



Commonwealth of Massachusetts School-Based Health Center Program 2023-2024 Annual Report

Released: August 2025



For more information about DPH SBHC-Program-funded SBHCs go to www.mass.gov/school-based-health-centers-here-for-the-kids

About School-Based Health Centers

School-Based Health Centers in Massachusetts

School-Based Health Centers (SBHCs) are health centers that offer a variety of health care services, including primary and behavioral health care, where children and adolescents can most easily access them—school. There were 65 SBHCs in Massachusetts in 2017, according to the national nonprofit School Based Health Alliance's voluntary census of SBHCs.¹

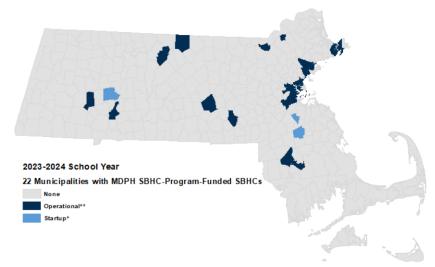
The Massachusetts **D**epartment of **P**ublic **H**ealth (DPH)'s SBHC Program, which funded 41 of the SBHCs in the Commonwealth in the 2023-2024 school year, has evolved since its beginning in 1989 to provide children and adolescents with comprehensive health care in selected communities.

DPH-Funded SBHCs

Every child and adolescent needs access to health care and other resources to succeed; yet, where they live, grow, and learn impacts their ability to access such resources.

DPH's funded SBHCs are strategically located where they can make the greatest impact on the lives of the youth they serve. These centers develop nurturing, stable, therapeutic relationships with students from communities that have historically experienced structural and physical barriers to comprehensive health care.

SBHCs Funded in the 2023-2024 School Year



^{*}Startup indicates that a sponsoring agency is in the process of establishing a new SBHC in partnership with a school district.

Municipalities noted here as startups only have a startup.

SBHC Program Partners

SBHCs are run by community health centers, hospitals, behavioral health agencies, and local public health agencies. The 19 sponsoring agencies the DPH SBHC Program funded in the 2023-2024 school year share the belief that all kids deserve the resources that they need to be healthy and demonstrated an ability to bring community organizations together to build hope and health.

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^{**}Municipalities noted as operational have at least one operational SBHC though they might also have a startup SBHC.

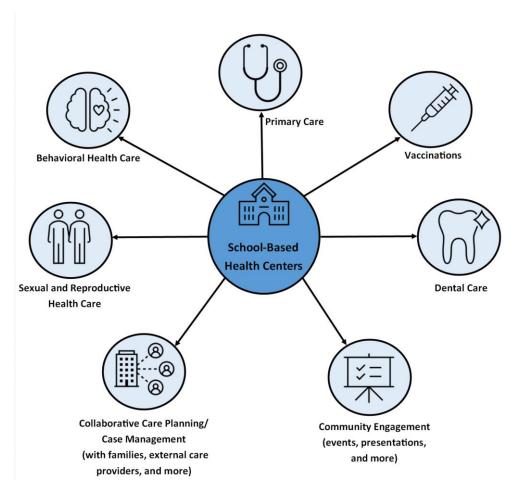
SBHC Services and Programming

In SBHCs, a collaborative team offers an extensive range of services to support students' well-being.

- Medical providers deliver comprehensive health assessments, physical exams, screenings, sexual and reproductive care, immunizations, nutrition counseling, treatment for health issues, prescription management, lab tests, emergency triage, respond to public health emergencies, and communicate with parents.
- Behavioral health providers offer critical services including assessment, treatment, crisis intervention, prevention, therapy, medication management, advocacy, and communication with parents.
- Community health workers facilitate insurance enrollment, address social needs, promote SBHC services, coordinate care plans, connect families to resources, conduct home visits, and educate students on health management.

These combined efforts represent a portion of the support provided by SBHC teams to enhance students' well-being in the school setting.

The SBHC Program requires all funded SBHCs to continuously work towards attaining our <u>quality standards</u>, which include required service offerings and a staffing framework mandating a full-time medical provider, a full-time behavioral health provider, and a full-time community health worker. In the 2023-2024 school year, services provided by SBHCs included behavioral health care, primary care, vaccinations, dental care, community engagement, collaborative care planning/case management, and sexual and reproductive health care.



SBHC Impact in 2023-2024

School-Based Health Centers: Impact by Numbers

In the 2023-2024 school year, DPH-funded SBHCs had:

63,645 SBHC Visits



13,740 Clients



31,714 1* Primary Care Visits



7,329 1*
Reproductive
Health Visits



30,334 *
Behavioral Health
Visits



The visits above include all clients who were seen at the SBHC, regardless of age or enrollment status. While most clients are K-12 students, some are community members.

Visits are not limited to Primary Care and Behavioral Health Visits, which is why the total number of visits (64,645) is greater than Primary Care plus Behavioral Health Visits (31,714+30,334= 62,048).

* Visit count categories are based on the primary International Classification of Diseases (ICD) code, Current Procedure Terminology (CPT) code, and other information assigned to the visit by the SBHC.

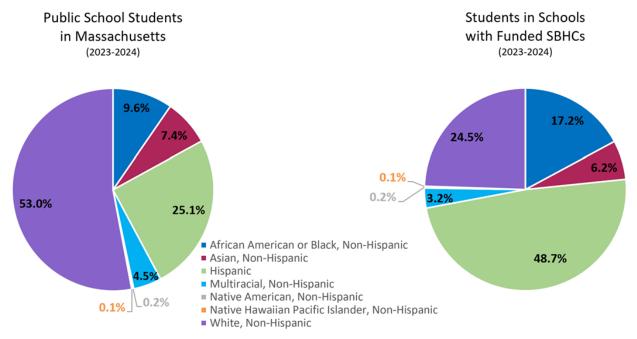
¹ Primary Care Visits include Reproductive Health Visits.

Centering Racial Equity

The American Academy of Pediatrics states that "Racism...has a profound impact on the health status of children, adolescents, emerging adults, and their families. Although progress has been made toward racial equality and equity, the evidence to support the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear. Failure to address racism will continue to undermine health equity for all children, adolescents, emerging adults, and their families." Equitable access to health care services across all racial/ethnic groups is a first step in centering racial equity for SBHCs.

Youth in the United States face significant racial and ethnic disparities in access to medical care.³ DPH's SBHC Program strives to improve access to health care for youth and children in communities profoundly impacted by health inequities, particularly those deeply affected by racism and poverty. To identify areas with the greatest need for SBHCs, various factors were considered such as chronic absenteeism, dropout rates, the proportion of English language learners, the percentage of children living below the federal poverty level, and localities where housing costs surpass 30% of income.⁴ SBHCs serve communities whose racial makeup differs significantly from the broader Massachusetts demographic.

The pie charts below show the racial/ethnic demographic characteristics of all students in public schools in Massachusetts and those of students in schools with DPH-funded SBHCs. The pie charts demonstrate that we are effectively improving health care access for those who are less likely to have it, and that we help ensure that every child in the Commonwealth has equitable access to health care.

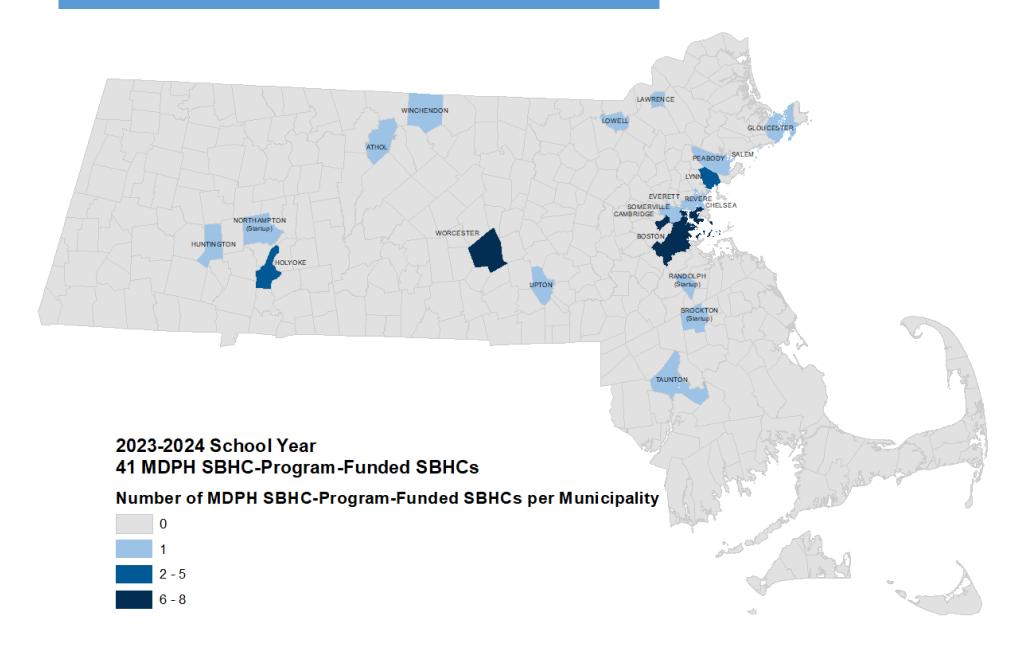


Source: Massachusetts Department of Elementary and Secondary Education (DESE) K-12 public school data⁵ Totals are not equal to 100% due to rounding.

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[&]quot;Students in Schools with Funded SBHCs" refers to all students in schools that have SBHCs that are funded by DPH's SBHC Program in FY24

Appendix I



References

- 1. (2017). *Locations*. Massachusetts School-Based Health Alliance. Retrieved February 19, 2025, from <u>Locations</u> <u>Massachusetts School Based Health Alliance</u>
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- 5. (2025). *Massachusetts Department of Elementary and Secondary Education*. DESE. Retrieved January 30, 2025, from 2023-24 Class Size by Race/Ethnicity Statewide Report