SLC Education Committee Virtual Program

School-Based Health Centers: Ensuring Student Access to Care – During the Pandemic and Beyond

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Director, Policy
School-Based Health Alliance
July 22, 2020
We are
The national SBHC advocacy, technical assistance and training organization based in Washington DC, founded in 1995

Our Mission
To improve the health status of children and youth by advancing and advocating for school-based health care

Our Goals
1. Support strong school-based health care practices
2. Be the national voice
3. Expand and strengthen the SBHC movement
4. Advance policies that sustain SBHC
We Believe…

In the transformational power of the health and education intersection

HEALTHY STUDENTS make better learners
Only when we meet our most vulnerable young people where they are...

...do we afford ALL children the opportunity to thrive
Equity is moving health resources into socially disadvantaged schools and communities so school aged youth can access medical, behavioral and oral health care.
STATE AFFILIATES
21 and growing

- Arizona School-Based Health Alliance
- School-Based Health Alliance of Arkansas
- California School-Based Health Alliance
- Colorado Association for School-Based Health Care
- Connecticut Association of School-Based Health Care
- Delaware School Based Health Alliance
- Georgia School-Based Health Alliance
- Illinois School-Based Health Alliance
- Louisiana School-Based Health Alliance
- Maryland Assembly on School-Based Health Care
- Massachusetts School-Based Health Alliance
- School-Community Health Alliance of Michigan
- Minnesota School-Based Health Center Alliance
- Show-Me School-Based Health Alliance of MO
- New Mexico Alliance for School-Based Health Care
- New York School-Based Health Alliance
- North Carolina School-Based Health Alliance
- Ohio School-Based Health Alliance
- Oregon School-Based Health Alliance
- Washington School-Based Health Alliance
- West Virginia School-Based Health Assembly

Emerging Affiliates
Florida, Hawaii, Indiana, Kentucky, Pennsylvania, Virginia, DC
SBHC 101
A school-based health center is a shared commitment between a school, community, and health care organizations to support students’ health, well-being, and academic success by providing preventative, early intervention, and treatment services where students are: in school.
• School-Based Health Centers

  • Primary care
    ✓ Preventive services
    ✓ Acute, and chronic care
    ✓ Immunizations
  • Oral Health
  • Vision Services

• Behavioral health (mental health and substance abuse)
  ✓ Screening, assessment, and early intervention
  ✓ Group and individual counseling

• Financing
  • Local school district
  • Community organizations
  • State grants and appropriations
  • Federal grants

• Tax levies
• Public health funds
• Foundation grants
• Medicaid reimbursement
SBHCs: The Evidence Base

- Health of communities *(an evidence-based intervention per the CDC & US Preventative Service Taskforce Community Guide)*
  - increased access to care → decreased health disparities
  - use of primary care (better care coordination)
  - improvements in social competency, behavioral and emotional functioning
  - inappropriate emergency room use
  - hospitalizations
SBHCs & Academic Improvement

- academic expectations, school engagement, and safety and respect
- improvements in academics (GPA, test scores, attendance, teacher retention)
- absenteeism and tardiness
- increase graduation rate

ABC’s for Education
The Census identified 2,584 School-Based Health Centers in 48 of 50 states and in the District of Columbia and Puerto Rico.
## SBHC Delivery Models

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>School-Linked</th>
<th>Mobile</th>
<th>Telehealth Exclusive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location where a patient accesses care</strong></td>
<td>A fixed site on school campus</td>
<td>A fixed site near school campus</td>
<td>Mobile van parked on or near school campus</td>
<td>A fixed site on school campus</td>
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<tr>
<td><strong>Location where providers deliver care</strong></td>
<td>Physically onsite, and remotely for some services</td>
<td>Physically onsite, and remotely for some services</td>
<td>Physically onsite, and remotely for some services</td>
<td>All primary care delivered remotely and other services may be available onsite or remotely</td>
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</table>

- **81.7%** for Traditional
- **3.8%** for School-Linked
- **3.0%** for Mobile
- **11.5%** for Telehealth Exclusive
Geographic Location of Community Served, by Delivery Model

**Traditional** (n=1,887)
- Urban: 51%
- Suburban: 17%
- Rural: 32%

**School-Linked** (n=87)
- Urban: 37%
- Suburban: 17%
- Rural: 46%

**Mobile** (n=69)
- Urban: 31%
- Suburban: 17%
- Rural: 52%

**Telehealth Exclusive** (n=267)
- Urban: 23%
- Suburban: 21%
- Rural: 56%
Number of SBHCs by State
(n=2,584)

Note: For the 2016-17 Census, we include only those SBHCs that we confirmed are open and include primary care. These counts include all SBHC delivery models. Telehealth exclusive SBHCs were located in Georgia (73), Indiana (3), Maryland (6), Michigan (5), North Carolina (35), South Carolina (30), Tennessee (2), and Texas (113).
SBHC Sponsor Organization Type

- FQHC or look-alike: 51.2%
- Hospital or medical center: 20.1%
- Non-profit/Community-Based Organization: 9.5%
- Local health department: 5.6%
- Other: 7.2%
- School system: 6.3%

(n=2,305)
Average Percent of Student Population Eligible for Free/Reduced Price Lunch

70%

- Schools with Access to SBHCs (n=10,629)
- Schools without Access to SBHCs (n=91,772)
Non-student populations served by SBHCs include:

- Students from other schools: 44%
- Faculty/school personnel: 39%
- Family of student users: 32%
- Out of school youth: 28%
- Other people in the community: 17%

62% of SBHCs provide care to populations other than students enrolled in their schools (n=2,313)
Funding Sources

- State government (1,540) 70.9%
- Federal government (n=1,500) 53.6%
- Private foundations (n=1,501) 40.4%
- School/school district (n=1,532) 33.9%
- County/city government (n=1,497) 31.7%
- Corporations/businesses (n=1,477) 17.2%
Percentage of SBHCs that Bill Entities for Reimbursement

- Medicaid: State agency (n=1,681) - 89.0%
- Medicaid: Managed Care Organization (MCO) (n=1,614) - 78.1%
- Children's Health Insurance Program (CHIP) (n=1,375) - 71.4%
- Private/commercial insurance (n=1,672) - 69.0%
- Tri-care (military insurance program) (n=1,522) - 51.6%
- Patients or families (self-pay) (n=1,664) - 48.1%
- State programs for the medically indigent (n=1,377) - 42.9%
- State family planning programs (n=1,478) - 38.2%
SBHC Integration and Collaboration

- School wellness committee (n=1,453): 63.5%
- Crisis management or early intervention team (n=1,443): 58.8%
- School district wellness committee (n=1,371): 43.8%
- School improvement team (n=1,378): 32.4%
- Individuals with Disabilities Education Act (IDEA) team (n=1,368): 23.3%
- Curriculum development committee (n=1,401): 13.4%
SBHC State Policies and Funding, FY2017
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<tr>
<th>State</th>
<th>Dedicated Funds (in millions)</th>
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<td>OR</td>
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<td>CA</td>
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# SBHC Models Eligible for State Directed Funding

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<thead>
<tr>
<th>Model Type</th>
<th>#</th>
<th>States</th>
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<tbody>
<tr>
<td><strong>Traditional</strong></td>
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<tr>
<td>Physically located on school grounds in a dedicated, permanent space</td>
<td>16</td>
<td>All</td>
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<tr>
<td><strong>Mobile</strong></td>
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<tr>
<td>Services provided on a van or other dedicated but mobile space</td>
<td>5</td>
<td>IL, MI, NC, NM, WV</td>
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<tr>
<td><strong>School-Linked</strong></td>
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<tr>
<td>Located near a school and has a formal partnership to treat students</td>
<td>5</td>
<td>DE, IL, NC, NM, WV</td>
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<tr>
<td><strong>Telehealth-exclusive</strong></td>
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<tr>
<td>Services provided via dedicated telehealth equipment, but not as a supplement to existing services.</td>
<td>2</td>
<td>MD, WV</td>
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</tbody>
</table>
Medicaid Policies that Work for SBHCs
SBHCs as Provider Type

• Medicaid agencies can identify and differentiate services provided at an SBHC from services provided at their sponsoring agency
• Important for attributing quality performance and improved health outcomes to SBHCs
• DE, IL, LA, ME, NM, NC, WV
Waive Prior Authorization for SBHCs

• Under many states’ Medicaid managed care programs, beneficiaries must choose (or be designated) a primary care provider (PCP)
• Patient care provided by non-PCPs often requires approval–or prior authorization–from the PCP in order to provide and bill Medicaid for those services
• CT, DE, IL, LA, ME, MD, NC, WV waive prior authorization
Then the Pandemic...
Re-imagining School-Based Health Care
Shifting Gears and Adapting to COVID

- Schools/SBHC closures = students going without
- Schools/SBHCs provide the only source of health services and supports for many low income students
  - Medication management
  - A safe place
  - Asthma management
  - Acute care
  - Behavioral health support (acute and long term)
  - Meals
From the Field - Innovating and Adapting

SBHCs working to keep their doors open:
- Security
- Janitorial
- Prioritizing Services
- Changing
- Adapting
- Connecting
- Communications
- Continuity of Care
- Creative solutions
- Outside doors
- Figuring out new community connections
- Tele-health
- Tweeting
- Creative Outreach
- Legislative changes
- Reimbursement rates
- Service Delivery Options
- Redeployment
- Clandestine operations
- School-linked
- Modular SBHCs
- Increase trauma
- Re-entry planning

Tele-health and mental health
COVID: Telehealth and Medicaid

- CMS – emergency flexibility to state Medicaid programs for telehealth services
- Audio/video communication
- FQHC sponsored SBHCs can serve as distant site provider
- CMS should make this expanded state authority and flexibility permanent
Re-Imagining School-Based Health Care: COVID and Beyond

- Better integration with education re: school reentry plans and protocols
- Ability to pivot rapidly to telehealth-only services as necessary
- SBHCs in every Title 1 eligible school across the nation
- Integration with/expansion of community schools
- Long term impact of pandemic > increased need
THANK YOU

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