House Budget and Research Office

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School Based Health Centers

Final Report

House Resolution 640, passed during the 2015 Legislative Session, created the House Study Committee on Health, Education, and School-Based Health Centers. The intent of the legislation was to improve and maintain the health of students so they are alert and engaged in school, ultimately improving academic success. The Study Committee was comprised of five members appointed by Speaker David Ralston: Representative Bruce Broadrick, Representative Sharon Cooper, Representative Demetrius Douglas, Representative Buddy Harden, and Representative Darlene Taylor. Representative Bruce Broadrick was appointed Chairman and presided over the Health, Education, and School-Based Health Centers Study Committing during its two meetings at the Georgia State Capitol. After careful consideration, the committee offers the following recommendations for members interested in more information on how to establish a School-Based Health Center in their community.

School-Based Health Centers (SBHCs) provide an effective system of health care for the underserved in this country. It is a system of care that essentially eliminates barriers to healthcare (i.e. cost, hours of operation, transportation, easy access) and the holistic, multidisciplinary approach to providing healthcare is effective in addressing health disparities in the context of the social determinants of health. Parents do not miss work to take their children to a doctor and students spend less time out of the classroom. Providing care for students, irrespective of the patient's ability to pay, in a coordinated, integrated system where all providers are operating under the same roof makes school-based health an ideal model for addressing the needs of the most underserved members of our society. A school-based health center may be located in the school but it is not funded through the school. They operate as a private practice with convenience. Schools may contribute to the process by providing the roof and walls but after the original startup costs a SBHC that is properly ran can sustain itself.

There are essentially three phases to a SBHC: Planning; Implementation; and Sustainability. The first phase is arguably the most important, planning. There has to be a need and community support in order for a SBHC to be successful. If need and support are not present from the onset the project will likely fail. In addition to SBHC, telemedicine can be a useful tool, especially for rural districts, to provide healthcare to students.

Planning Phase

Since 2010, planning grants (funded through the Zeist Foundation) were awarded to counties/communities interested in developing SBHCs. Through this planning process, community stakeholders collectively strive to understand the challenges of their children and develop strategies to address these challenges. The planning grants provided funding for a 12 month period to bring community stakeholders together to identify and address the healthcare needs of its children and adolescents through the development of a SBHC.

The planning grants included the following activities:

- **Grantees participated in**
  - developing a community advisory group to work towards accomplishing the goals of the grant,
  - conducting a needs assessment to define the health and academic needs of students,
  - defining strategies to address needs,
  - identifying specific school(s) for clinic services, and
  - developing a business plan for establishing the SBHC

Implementation Phase (Year 1)

After at least one year of planning, most communities are poised to move to the implementation phase. The elements involved in implementation include:

- **District and school engagement along with School Board approval**
  - Requires creating a Memorandum of Understanding with the School District which will probably require School Board approval
  - Involves school and sponsoring organization legal/risk management review
  - Requires a 'champion' within the school system to advocate on behalf of the SBHC
- **Identification of space for SBHC and renovation of space**
  - Space renovation is negotiated between the sponsoring medical organization and the school system
  - Successful negotiations minimizes the cost of the SBHC to the school district
- **Hiring staff**
  - Average length of time is 2-3 months
  - Bi-lingual staff may take longer to recruit
- **For FQHC sponsoring organizations, obtaining a 'Change of Scope' approval from HRSA**
  - Requires at least 3 months for approval
  - Relationships with HRSA project officers are key in expediting Change of Scope authorizations
- **Certifying SBHC site with Medicaid and private insurers**
  - Each SBHC is considered a satellite of the FQHC; requires a minimum of 30-60 days after the "Change of Scope" is approved.
- **Credentialing staff with Medicaid and private insurers**
  - Can be a lengthy process (3-10 months)

- **Student Recruitment and Enrollment**
    - Marketing and outreach to school, parents and community
        - Planning grants begin the process of marketing to the parents and school personnel and are key to a site's success in this area.
    - Distribute consents with other school documents (i.e. registration), at PTO meetings, health fairs.
    - Recruitment/Enrollment is on-going throughout the year
- **Clinic utilization**
    - Requires coordination and collaboration with school nurse and staff
- **Advisory Council Input**
    - To assure the quality and the alignment of the SBHC with school and community needs, each site should have an advisory council which guides and provides feed-back to the SBHC's activities.
    - Advisory council members composed of school administrators and nursing staff, SBHC staff, parents, community members (i.e., school board members, local politicians, etc.).

Sustainability Phase (Years 2 – 3)

From historical data, most SBHCs require at least 3 years of external funding to become sustainable. It takes that amount of time to recruit and enroll a sufficient patient base who will utilize the services. Sustainability depends not only upon patient utilization but on insurance status and patient satisfaction which is a reflection of the patient's perception of the quality of care he/she receives. There are several non-patient billing revenue options that can fund SBHCs including state government, private foundations, sponsoring organizations, school district, federal government, Medicaid/PeachCare for Kids, private insurance. Finally, sustainability involves strong business practices and community collaboration.

It is recommended that a sustainability plan be developed. The plan includes the components of:

- developing strong partnerships (i.e., local health department and hospital system)
- program marketing outreach and promotion
- establishing quality benchmarks (i.e., enrollment and utilization; health outcomes/quality measures)
- a strong business model (billing and infrastructure; Medicaid eligibility and enrollment; client/payer mix; provider enrollment)

Telemedicine

Telemedicine has an important role to play in expanding access to healthcare especially in the rural counties where provider shortage and transportation issues are key barriers to healthcare. To be effective, telemedicine has to be integrated into a system of healthcare that has the capacity to provide comprehensive health services to patients. Telemedicine should be an adjunct to services, not the only means of providing these services. There should be an infrastructure in place before telemedicine is introduced.

- The infrastructure can be a part of a hospital system, private practice, health department, community health center or academic health center.
- Investments should be made state-wide to create these systems of care and increase on-site providers who can use telemedicine to expand their scope of practice (i.e. subspecialty, behavioral health, etc.)

Examples of Schools Implementing SBHCs

Community involvement, as well as support and need assessments are essential for School Based Health Centers to be successful.

- Lake Forest Elementary School in the Fulton County School System surveyed its students and found that 77% reported barriers to obtain health care services. The nearest community health center was 15 miles away and their school had a large population of ESOL students increasing their disparity to health care access. Years of careful study and community outreach were necessary to implement a successful model. Once their SBHC was implemented, Lake Forest saw a decrease in absentee rates and drop-out rates as well as increased grade point averages for students receiving mental health services and parental engagement.
- Albany Area Primary Health Care (AAPHC) opened a School Based Health Center at Turner Elementary School. The school populous had a 99% free and reduced lunch rate, taking into consideration that a high poverty area usually corresponds to low access to health care AAPHC took a closer look into Turner Elementary. Various data was studied in addition to the poverty level including attendance, test scores, and demographics before making the decision to open a SBHC which was based on school need. Turner Elementary showed increased attendance and was able to identify students at risk for behavioral health problems, asthma, and obesity. The health center then responded with intervention or referral to appropriate treatment once these students were identified.

Potential partners for SBHC services in your area

The Zeist Foundation: *http://www.zeistfoundation.org/*
Georgia School-based Health Alliance: *http://gasbha.org/*
Georgia Department of Public Health, School Health Program: *http://dph.georgia.gov/school-health*
Federally Qualified Health Centers (FQHCs) **DCH** https://dch.georgia.gov/federally-qualified-health-centers-fqhcs-community-health-centers-chcs.
Georgia Partnership for Telehealth: *http://www.gatelehealth.org/*
American Public Health Association Center for School, Health and Education: *http://www.schoolbasedhealthcare.org/index.php/about/school-based-health-care-policy-program/*
Center for Disease Control and Prevention – School Health Program: *http://www.cdc.gov/healthyyouth/schoolhealth/index.htm*

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Bruce Broadrick, Chair

_____December 1, 2015_____
Date