INTERACT FOR HEALTH

A Catalyst for Health and Wellness

Introduction to School–Based Health Centers

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Objectives

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- Describe the What, Why and How of **School-based health centers (SBHCs)**
- Identify needed school or district support, resources, potential funding, and collaborative partnerships necessary for start-up and sustainable operation in SBHCs
- Provide links to resources
- Answer participants' submitted questions at the end of this webinar

What is a SBHC?

- Primary care service providers co-located in schools
- Staffing includes: Nurse Practitioner (NP), support person or school health aide, many have a RN, and supervising or part-time MD
- Can provide sick visits or well-child checks
- Can be designed or expanded to include or refer students for mental and behavioral health, dental, and vision services

From the National School-Based Health Alliance

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- "SBHCs ensure that kindergarteners through high schoolers can get a flu shot, have an annual physical, have their teeth examined and their eyes checked, or speak to a mental health counselor in a safe, nurturing place – without the barriers that families too often face.
- SBHCs exist at the intersection of education and health and are the caulk that prevents children and adolescents from falling through the cracks.
- They provide care – primary health, mental health and counseling, family outreach, and chronic illness management – without concern for the student's ability to pay and in a location that meets students where they are: at school.
- SBHCs may vary based on community need and resources." *

*National Assembly on School Based Health Care

Primary care provider services co-located in schools

SBHC Hubs

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- SBHC Hubs have been designed or expanded to include other services beyond medical care:
  - Mental/ Behavioral Health
  - Dental Care
  - Vision Services
  - Other (Aiken has Food Pantry and Calming Room)

- SBHC Hubs can work in several ways:
  - Services on-site
  - Hub and spoke: services in the community with strong school link
  - Telehealth future options

Comprehensive Health and Wellness Hubs

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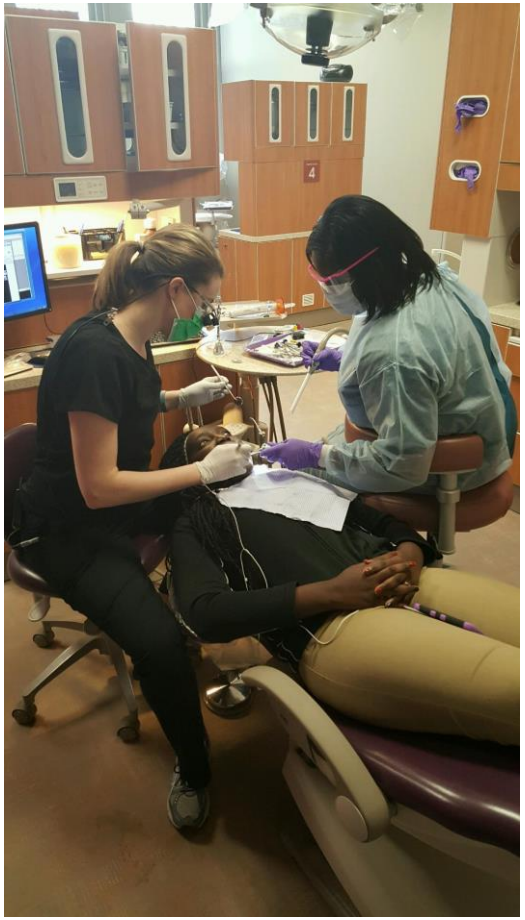
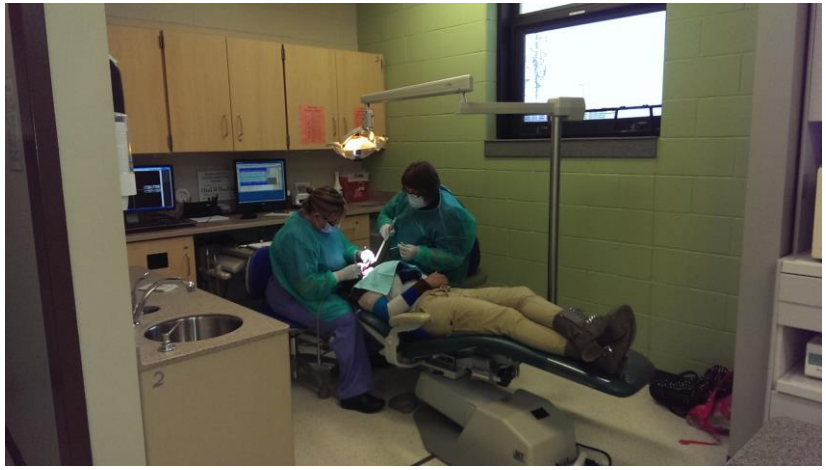
- Fairfield-Suburban District
- Hamilton City
- Manchester
- Oyler School
- West Clermont Local
- Western Hills and Withrow Dental Centers
- AWL and Middletown (Fall 2018)

On-site Dental Care

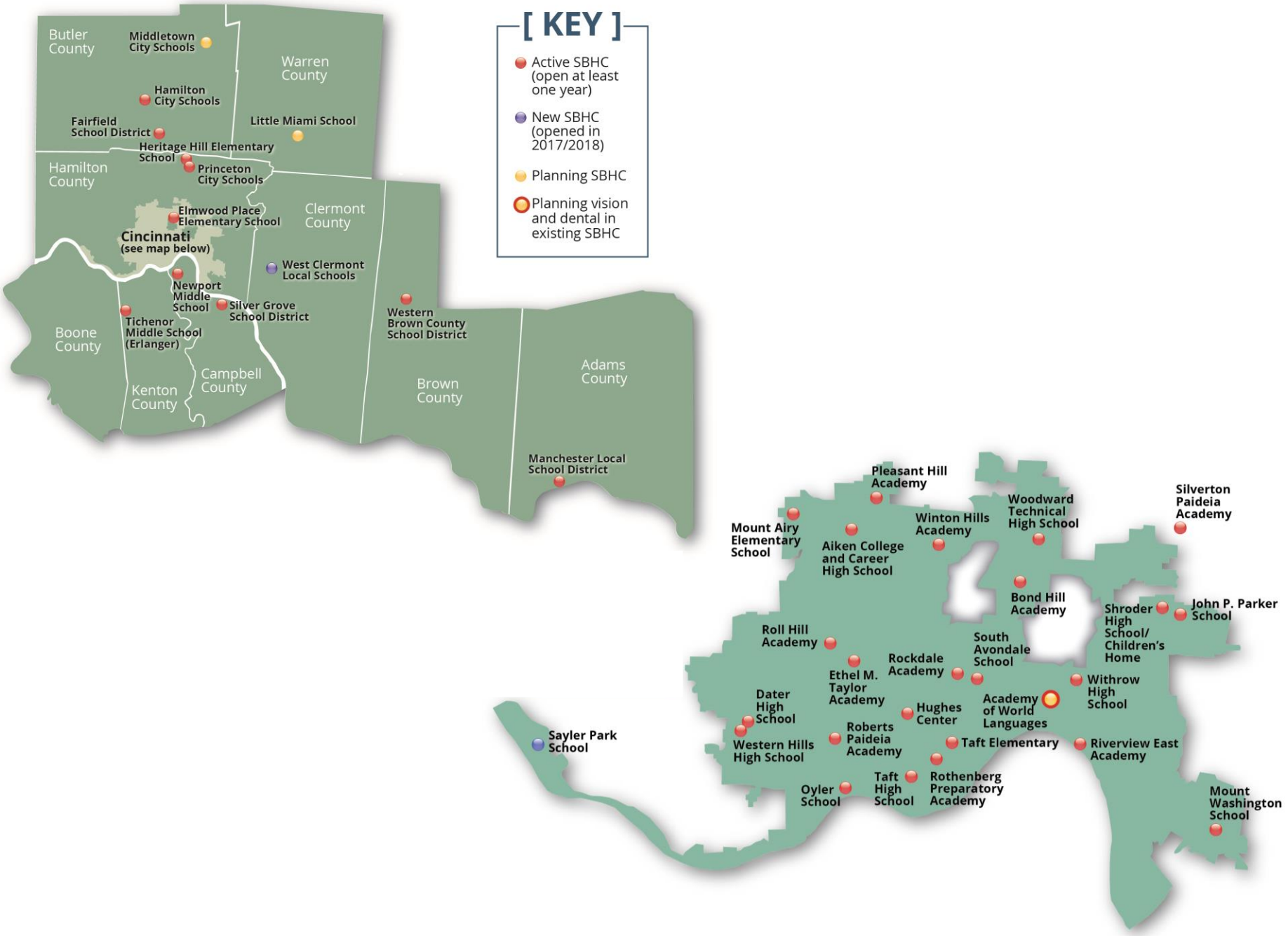




Portable Dental Equipment

On-site Vision Center

Interact for Health-funded School-Based Health Centers



Why Interact funds SBHCs

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- Too many children and families still experience barriers to health care
- SBHCs provide easy access to primary care and prevention services
- Students learn better when they show up for class healthy and ready to learn

Interact for Health SBHC goal

To increase access to health care and health promotion activities for low- resourced children and their families

Interact for Health funding

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- Interact for Health funds a limited number of SBHCs each year
- The medical partner is the grantee
- Interact provides priority funding for:
  - SBHCs that are hubs with access to multiple services
  - SBHCs that also serve members in the larger community
  - Schools and communities of highest need based on economic and academic indicators

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Research-based **benefits** of SBHCs in low-income populations

- Health Impacts
  - Increase in preventive health services, health care received and immunizations
  - Better control of chronic conditions and decrease in asthma morbidity
  - Better self-reported health
  - Decrease in risk behaviors such as substance use
- Educational Impacts
  - Decrease in high school non-completion
  - Increase of grade promotion
  - Increase of GPA

Source: Community Preventive Services Task Force. (2015). *Promoting health equity through education programs and policies: School-Based Health Centers.* Available from www.thecommunityguide.org/findings.

How SBHCs Work

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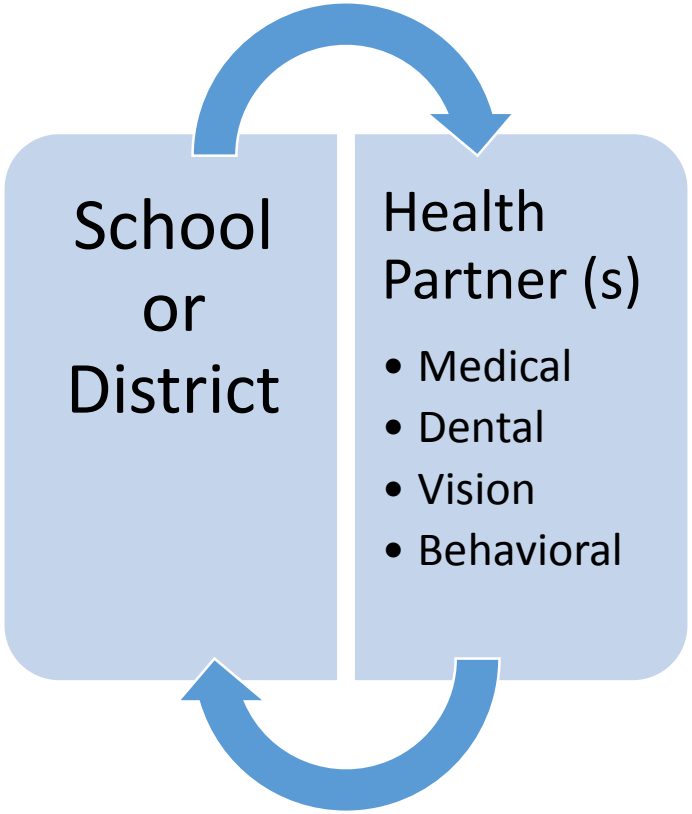
Partnership is formed



SBHCs are COLLABORATIVE

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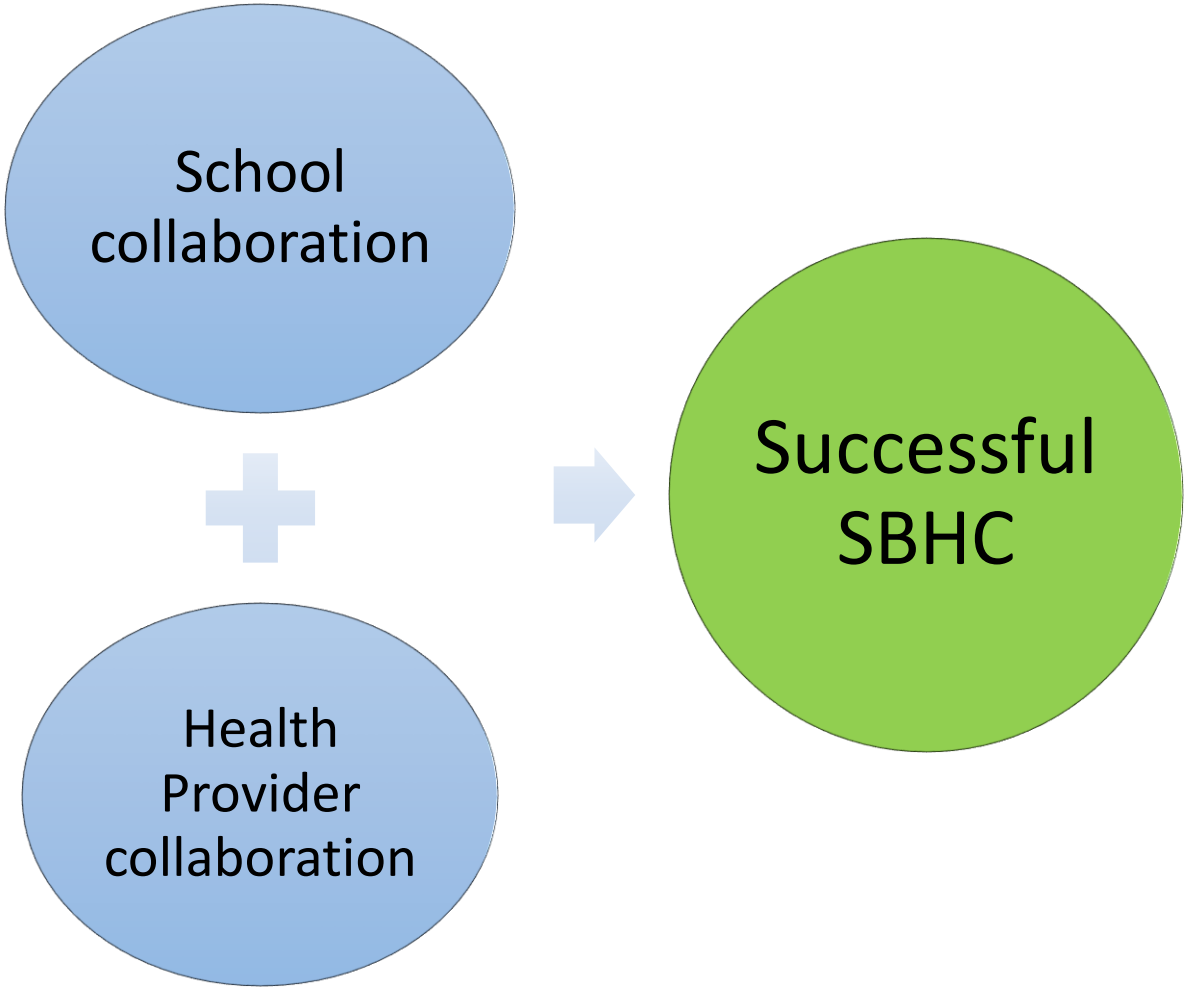

School or District Provides:

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- **Space**: A location for exam rooms, bathroom, lab area, reception
  - Hubs require larger space for other desired health services (vision, dental, behavioral, etc.)
- **Utilities:** electrical, water, internet
- **Patient population**: Need a minimum number to be sustainable. May include students, staff, families.
- **Support:**
  - Communication with staff and families
  - Support to health partner to get student consent forms
  - Ongoing input, support, and collaboration

Health Partner Provides:

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- **Health care providers**: Typically includes Nurse Practitioner, supervising physician, health aide, office staff
- **Equipment and supplies:** for the health center
- **Business Plan**
- **Billing:** Health provider can bill Medicaid and private insurance for services provided
  - This makes the model financially sustainable
  - Some hospital systems also use Community Benefit dollars
- **Connection** to larger system of care

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School and Health Partner jointly:

- **Decide on patient population**: Could include school students, students from elsewhere in district, school staff, community members

- **Sign MOU**

- **Discuss** how best to meet the needs of the school

How it works – sick visit

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- *SBHCs complement school nurse services.*
- Parent or guardian signs consent form for student to be seen by SBHC.
- Student is ill in class, goes to school nurse.
- School nurse does assessment, realizes child needs to be seen by primary provider.
- School nurse notifies the SBHC and sends student to the Nurse Practitioner.
- Provider has a health visit with the student. Student may go home if ill, or back to class if issue is mild.
  - Example: student with ear infection may get medication and return to class
- Provider communicates with parent / guardian, and sends notes to child's primary physician

How it works – Preventive Care

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- Parent or guardian signs consent form for student to be seen.
- SBHC works with school staff to make appointment with student in a time that will work well with academics.
- Student comes to SBHC for well-child check, dental, vision, or behavioral health care.
- Student returns to class. Provider communicates with parent / guardian, and sends notes to child's primary physician

Initial Funding Needs

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- Start-up expenses for a new SBHC may include:
  - Remodeling space
  - Purchasing equipment
  - Purchasing supplies
  - Marketing
  - Support for hiring staff, until patient population is established

- Comprehensive Hub (medical, vision, dental) may have start up costs of $2 Million

How to cover start-up costs

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- Align with existing partners
- Attract new funders and supporters
- Capitalize on success

Health Partner Examples

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- **Federally Qualified Health Center (FQHC):**
  - Experienced in treating lower-income population
  - Receives enhanced payment from Medicaid for meeting each patient's needs
  - Can also bill private insurance
- **Hospital partner**
  - No enhanced Medicaid payment, so harder to be financially sustainable
  - For some hospitals, an SBHC fulfills their strategic plan / mission to community, so they will support it with "Community Benefit Dollars"

Different SBHC Models

SBHC as part of Community Learning Center (CLC)

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- CLC is larger model of school district infrastructure

  Starts with deep engagement with school and community to determine community needs

  Includes Resource Coordinator who along with Local School Decision Making Committees and Principal endorse and manage all school partner relationships, programs, health care, child care, etc.

  - CLC forms multiple partnerships to meet those needs with agencies willing to serve any student
  - Cincinnati Public Schools has embraced this model and have received national attention for their work

SBHC Hub serving entire district

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- One suburban district used an adjoining building on their Middle School campus. It became a health center with medical, behavioral, vision, and dental services.
- Students transported in van by dedicated District driver to the SBHC for a sick visit, a well-child check, or a vision/dental visit.
- Year round service availability increases seat time and scheduling options for a family to get multiple services in one trip for several siblings

Innovative financial models

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- Comprehensive Hubs take 1-2 years to plan and require $2M from multiple funders
- Some services may be phased in
- Align with existing partners
- Attract new funders and supporters
- Capitalize on success

Community Benefit Dollars

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- Hospital partners sometimes have Hospital Community Benefit Dollars available for start-up funding
  - Mercy Health
  - Cincinnati Children's Hospital
  - Nationwide Children's Hospital
  - Metro Health Cleveland

Resources

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- Funding Partners Video: https://vimeo.com/261893565
- Growing Well: https://www.facebook.com/Growing-Well-110958269062492/
- State of Ohio SBHC Toolkit: http://education.ohio.gov/Administrators/School-Based-Health-Care-Support-Toolkit

Lessons Learned

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- Planning is essential
- Start promoting and gathering student consents early
- Choose the right partner and provider
- Most providers use student consents that stay in place as long as the student is in that school or district
- Everyone benefits when the school, families, and partners support each other
- Year round service availability can provide a consistent medical home, increases seat time, and scheduling options for a family to get multiple services in one trip for several siblings

Success Story

We have a student at Taft that had cancer of the eye as a newborn. Her right eye was removed at that time. She has had the same prosthetic eye since... then. It was definitely something that was very noticeable but in all honesty, I didn't know there was anything that could be done for this so I referred her to Oyler Vision!!!! After a routine exam the doctor started calling to try to coordinate care to get an appropriate size prosthetic eye. I am sure there were many calls and such to coordinate this. Today, the young lady came in to the office. She was just standing in front of me with the biggest smile but not saying anything. Kind of moving from side to side grinning until suddenly I realized what was different about her!!! Her eye looks great. It is equal with the other eye and is wide open. She could not be happier. I teared up. Great work!!! Thank you for taking such good care of my student!!

Meg Schroeder MSN, RN, PHNII CPS School Nurse

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Next Steps

Questions?

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What is the typical expense for a primary care school-based health center?

That really is going to depend on the available space, the size, the plumbing that exists, if there is or is not a restroom and who does that work. If the school district has staff that can be assigned to do this, it is often less expensive than if they have to use outside contractors. So, from our experience it's been like $30,000 to $50,000 for that kind of a project, depending on the amount of rooms, the location of the existing plumbing and if there a bathroom,. No existing bathroom can make a $20,000 difference in the answer.

Does Interact for Health fund outside of its service area?

At this point we do not. The school has to be within the 20 county region that we work in within Indiana, Kentucky, and Ohio. More information about our service area can be found on the Interact for Health website www.Interactforhealth.org

3. How does a school find a medical partner?

Sometimes that's easier and sometimes it's harder. For example, Sayler Park wanted a hospital partner and it took two years to find a hospital who wanted to be their partner. So basically, once we know that you actually have the appropriate space that could be a facility for a school-based health center, we can work with schools to help them figure out who could be a potential partner. Some of you have relationships right now with either hospitals or health departments. So that is not something I can give a one-size-fits-all answer. Contact me and we can talk about who some of the options are depending on what state you're in, what region you're in, and what kind of school-based health center you're trying to have. If you're hoping to have a hub, it's very difficult for a hospital to provide those services. They are mainly able to provide primary care services and referral to specialty care.

Questions

4. How long does it take to get a school-based health center open?

I would say the fastest turnaround I've had in the years I've been working in this is probably about 6 months and the longest is 3 years. So, it depends on what is really necessary to get this project together. But I would say the average is 6 months to a year from when you start initial meetings to when you get it open. And if it's a comprehensive center you're going to have to add 6 months to a year to that just because of the cost and complexity of adding vision and dental services.

5. What happens during the summer or other school breaks?

It depends. We have about 10 sites that serve the community that are open year-round, so they would just be open, see patients and it would be a regular working day for them. If it's a site that operates on the school schedule and is closed during days when the school is closed, then they would have a recorded number parents could call if a student was having an issue to get services, if the students had a different pediatrician or other primary care provider they would call that individual. Usually in the summer it depends on the provider. All SBHCs make a plan and inform the school know of the backup plan for the summer.

Questions

If you're not in Interact for Health's service area, how do you reach out for more conversations?

In Ohio, the best place to start is the Ohio Department of Education Toolkit [insert link]. Look there and there is a lot of ideas and resources for folks in the state of Ohio. If you are in Kentucky or Indiana, I'm not sure off hand outside of our service area but perhaps we can try to find out and post that somewhere. There are about 100 school-based health centers in Kentucky, there are fewer in Indiana. Basically, contact us and let us know where you're from. If you're from another state I would contact the School Based Health Alliance and refer you to the state representative for your state so they could help you be more aware of some resources within your state.

Is the school liable for SBHC staff malpractice?

Fortunately, SBHCs in OH have had no claims to date. However the individual health provider and the employer carry insurance. Schools are not responsible for the care delivery provided by practitioners not in their employ. Be sure to include that in the MOU. We have examples on the www.GrowingWell.org site and the OH ToolKit http://education.ohio.gov/Administrators/School-Based-Health-Care-Support-Toolkit

has one as well.