



# Helping Hands

News from the School-Community Health Alliance of Michigan

*News from the Grassroots:*

## Michigan Youth Speak Up at the Capitol

By Rod Johnson, Director, Community and Program Development

Michigan's school-based health centers (SBHCs) were well represented on April 21<sup>st</sup> when a total of ten students—four representing the Regional Alliance for Healthy Schools (Ann Arbor), three representing the Benton Harbor School-Based Health Clinic, and three representing the Baldwin Teen Health Center—testified before state law and policymakers at KidSpeak® 2005. Since 1996 Michigan's Children has held this youth public forum, which allows young people to have a unique opportunity to voice their concerns to legislative and community leaders that daily make decisions that affect their lives. Often among the most affected by federal, state, and local policies, youth can offer valuable suggestions for improvement in a range of areas.

The SBHC student-advocates not only had the opportunity to testify before legislators and state officials, but also had time to connect with legislators before and after the event. A few state legislators spoke before the event on their jobs as legislators, and encouraged the youth to get involved in the policy making process as

leaders of tomorrow. Indeed, the students who spoke up on behalf of Michigan's SBHCs helped make this year's event a rousing success.

Each of these students serve on a local Youth Advisory Council (YAC) for their school's school-based health center. YAC members play a vital role in school-based and school-linked health centers across the state. That is to say, in addition to helping centers provide quality assurance, the elements of youth engagement in child and adolescent health care policy parallels the roles of adults in the policy process. YACs can be involved from within, as participants in policymaking or advisory bodies, or they can exert outside pressure on public systems as advocates.

Following the KidSpeak® event, YAC members reported feeling empowered by the experience, excited to speak in future forums, and appreciative for the opportunity to voice their views to legislators that are in a position to change policy.

Overall this was a powerful experience for our youth participants.



*Members of the Benton Harbor and the Baldwin Teen Health Center Youth Advisory Councils*

We want to take this opportunity to again thank the staff and leadership at the Regional Alliance for Healthy Schools, the Benton Harbor School-Based Health Clinic, and the Baldwin Teen Health Center for sponsoring youth at this year's KidSpeak® event and we want to remind our YAC members who participated in this year's event that we couldn't be more proud of them.



*Staff and members of the Youth Advisory Committee at Stone High in representing the Regional Alliance for Healthy Schools.*

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## HELPING HANDS

Helping Hands is published quarterly by the School-Community Health Alliance of Michigan (SCHA-MI) for distribution to association members, friends of SCHA-MI, and state and national legislators.

SCHA-MI welcomes articles and information from our readers. Issue deadlines are February 10, May 10, August 10 and November 10. For membership information, permission to reprint, or submission guidelines please contact:

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# Message from the Executive Director

**D**o you ever get one of those crazy ideas and wonder if it could possibly work? That is exactly what happened two years ago when a few people sat down to explore ways to stabilize funding while increasing support for Michigan's school-based and school-linked (SBSL) health centers and programs. A small group of people including Doug Paterson and Carrie Tarry from the Michigan Department of Community Health, Paul Reinhart from Medicaid, Denise Holmes of MSU's Institute for Health Care Studies, Kathleen Conway from Henry Ford Health System and myself met to discuss ways to maximize funding through federal resources. Many ideas were shared, but one started to emerge as a possibility to explore—a partnership with the state Medicaid health plans.



Who would have ever thought of a partnership with the state's Medicaid health plans as a way to stabilize funding for SBSL health centers while maximizing federal funding? The answer to that was Rick Murdock, Executive Director of the Michigan Association of Health Plans. In the fall of 2003, a workgroup was convened at the request of the State Medicaid Director and under the direction of the Institute for Health Care Studies at MSU. This workgroup was charged with developing a plan to Medicaid match the \$3.7 million state general fund dollars allocated for child and adolescent health centers. As a result of the hard work of this dedicated group, a waiver request was submitted to Central Medicaid and Medicare Services (CMS) in the winter of 2004, requesting approval to establish a school-age rate adjuster through the Medicaid health plans for outreach services targeted towards school-aged children to be delivered through school-based and school-linked health centers across the state of Michigan.

One might ask themselves, who was crazy enough to believe that a waiver request could ever remotely be approved? No one did! The more important question is who believed in the importance and value of school-based and school-linked health care as part of the system of care for children and in the need to make sure that all of Michigan's children have access to health care, prevention services, and coverage? Everyone did! As many of us have learned, it is the intention of our actions that makes a difference and the quality of our relationships with others that brings goodwill to the world.

Through the collaboration of their creative and high quality work, the following people made a difference in the lives of children: Rick Murdock, MAHP; Kim Sibilisky, MPCA; Paul Reinhart, Susan Moran, Steve Fitton, Cheryl Bupp and Susan Yonz of Medicaid; Doug Paterson, Brenda Fink and Carrie Tarry of MDCH; Liz Haller, MDE; Bob Stampfly, MSU; Don Sweeney, School Health Foundation; and Kathleen Conway, Henry Ford Health System. Each of these individuals along with the organization or state department they represent, reflects the belief that children and families are important and should have access to health care and prevention services and further believe through good stewardship of public resources, creative thinking and strong public and non-profit partnerships can accomplish good things, even crazy ideas.

Yes, the crazy idea did become a reality! In the spring of 2004, CMS approved the state's waiver request. As the result, more than \$4 million dollars of new revenue was secured for

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## Message from the Executive Director *continued from previous page*

Michigan's children. In the winter of 2005, MDCH and MDE jointly issued a request for proposals for funding of school-based and school-linked health centers and programs. More than 95 proposals were received with funding available for approximately 60 centers and programs throughout the state. The number of centers and programs funded with state dollars will more than double. How exciting a crazy idea can be, but more importantly how significant a crazy idea can be in helping to address crazy budget problems while increasing services to Michigan's youngest citizens. What is your crazy idea?

In our next issue, I look forward to introducing our expanded network of school-based and school-linked health centers and programs. You will be amazed by the quality of their work and the dedication to serving children and the schools they attend.



Debbie Brinson, Executive Director  
School-Community Health Alliance of Michigan

## THANK YOU TO OUR NEW AND RENEWING MEMBERS!

Henry Ford Health System

Susan Szurek, FNP

St. John Health

Dawn Shanafelt

Mott Children's Health Center

Downriver Community Services, Inc.

Baldwin Family Health Care

Linda Meeder, RN, CNP

Becky Mehall

Ingham County Health Department

## Henry Ford Health System Honored for Community Service

By Alan Lantzer, AmeriCorps Volunteer

A generation ago, Pop Art icon, Andy Warhol claimed that in the future, "everyone would be famous for fifteen minutes." He may have just tossed off the comment, but since then it's happened pretty much as he suggested. "Fame" is indeed fleeting and has become too common to have much meaning.

But "prestige" is another matter. Pop Art hasn't intruded this far. The word still carries weight and meaning. And now, the Henry Ford Health System in Detroit can rightly claim a significantly higher level of prestige: they've been awarded the 2004 Foster G. McGaw Prize for Excellence in Community Service.

This is significant indeed. Each year, the \$100,000 award, sponsored by the American Hospital Association, The Baxter International Foundation and the Cardinal Health Foundation, is given to an organization committed to providing its community with innovative programs and services that promote the health and well-being of the community. Named for Fos-

ter G. McGaw, founder of the American Hospital Supply Corporation in Chicago and recipient of numerous awards, citations, and honorary degrees for his philanthropic work, the prize is known as one of the highest national honors in community service for health care organizations.

Foster G. McGaw's integrity and business acumen earned him his prestige, but successful applicants for the prize bearing his name must demonstrate their own credentials. Award criteria include *Leadership, Commitment, Partnerships, Breadth and Depth of Initiatives, and Community Involvement*. Each year, over 200 health delivery organizations of all sizes and types vie for the Prize. Only one wins, and for 2004 the winner is the Henry Ford Health System.

The Prize committee specifically noted HFHS's efforts in establishing school-based health centers in several Detroit public schools. These centers provide a range of services in communities where appropriate, affordable health care is dif-

ficult to find. Educators readily attest to the benefits of having health care available in the schools. Student academic performance has measurably increased compared to schools that do not have a health center.

In recent years, the city of Detroit and the Henry Ford Health System have struggled through a long series of financial challenges, but even when difficult decisions had to be made, the school-based health centers themselves were never threatened. It's exactly this kind of commitment, this willingness to go "above and beyond," that the Prize committee hoped to find.

Maybe in our era "fame" has become completely ephemeral. But "prestige" is still an impressive accomplishment because it must be earned through hard work and commitment. The Henry Ford Health System has shown their diligence and discipline in their efforts to meet the health needs of the people of Detroit. They have truly earned the Prize, and the prestige that goes with it.

# News from Lincoln / Jefferson-Barns Healthcare Center

## Member Contribution

By Susan Szurek, FNP, Oakwood Lincoln/  
Jefferson-Barns Healthcare Center in Westland,  
Michigan.

Our Annual Health Fair – “Our Five Sensational Senses” took place on Wednesday, May 4<sup>th</sup> at the Lincoln Elementary School in Westland. Over 323 students and family members attended this annual event co-sponsored by the Family Resource Center and the Oakwood Lincoln/Jefferson-Barns Healthcare Center. Funding for the event was provided by the McKesson Foundation and the Lincoln and Jefferson-Barns Parent Teacher Organizations.

Thanks to the participation of more than 100 volunteers and 30 student performers, this event was a huge success. A dedicated committee of schoolteachers, support staff, parents, and clinic personnel met twice a month since January to plan this annual event. There were over 25 activities and informative booths for students to increase their knowledge about our five senses. Many community organizations participated including the Westland Fire Department, the Westland Police and their canine unit-“Draco”, 911 simulations provided by State Farm, the Red Wagon Program, the Wayne County Health Department, Hegira, Headstart, the Westland Youth Assistance and the Wayne Youth Assistance.

We would like to acknowledge the many Oakwood staff members who volunteered for this event. Special thanks goes to Oakwood Community Services for providing free blood pressure screenings, glucose and cholesterol testing. Julie Brown returned to demonstrate car seat safety. Oakwood Westland Pharmacy’s George Jacob, Katty Hill, Marcy Morgan and Gina Gleeson touched us in many

ways by increasing our sense of touch with their magical boxes booth!

Our Medical Director, Dr. Scott Yackle assisted throughout the event along with Doris Ranski-Zalula, our Director. Special thanks to Mary Horton-Bischoff for helping out in the sign language booth. Former center staff member, Nurse Carol Nichols returned to educate students about dog and car safety. Maureen Perri and Lois Hinkle helped with our vision and hearing booth.

Many Lincoln parents also volunteered including *Parent 2 Parent* with a “Guess that Smell” booth. Marion Collins, our clinic Nurse organized students from Lincoln Elementary and presented “Our Sensational Sense of Taste” with a smorgasbord of foods that worked our taste buds! Students from the *Big Help Club* also participated by developing a maze to demonstrate the importance of sight, which was realized when you were blindfolded and had to use a cane to find your way through the maze.

While all these sensational activities were going on—our Health and Welfare Advisory Committee conducted a Needs survey for parents in the community. Special thanks to the Wayne-Westland School District for their help.

The evening was capped off with a short program including two wonderful musical songs performed by students from both Lincoln Elementary and Jefferson-Barns Elementary. The logo contest winners were recognized for their winning designs and presented with gift bags. Finally the moment our students were waiting for—THE RAFFLE! Over 25 gifts including 2 bicycles with helmets went home with our lucky student winners.



# One Year Anniversary of First MDServe Go-Live

By Brenda McCulloch, Billing and Technical Assistance Specialist

When I hired on as the Billing and Technical Assistance Specialist for the School-Community Health Alliance of Michigan, my biggest task was to get a group of centers set up to bill. The day I started work, I sat in on a meeting with two representatives from MDServe and we discussed how the billing system worked and what information would be needed for setup of the databases. For the next six months I gathered information and held meetings with the administrators of the sites I was to be working with. There was a great deal of anxiety surrounding whether we would actually be able to make this project work. It took a lot of preparation to get to the point where we were ready to actually provide MDServe with the information necessary to create the databases. Many people thought the task was impossible, yet I held strong and kept working.

In January of 2004, we were finally ready for MDServe to come back to Michigan and hold a Business Analysis. At that time they were given all requirements for reporting and all tracking needs. We discussed the time frame for training and began scheduling our training sessions. The trainings were very intensive and included every aspect of the system. Fourteen users attended the trainings, all from different sites, with different needs. This made it very hard for each user to envision themselves being able to work this into their daily routine. For one week, each month, for three months the users traveled to Lansing for their training. They all maintained a positive attitude, but it was clear that many were feeling a bit overwhelmed with everything they were learning. At the end of the training sessions, it came time to decide who would Go Live first. We determined it would be best if we staggered

the dates, that way we could handle any problems that came up one center at a time.

In May 2004, Oakwood Lincoln/Jefferson-Barns Health Center and University of Michigan's Health Place 101 and East Wellness Center went live. The MDServe trainer traveled back to Michigan to attend the centers Go Live dates. The Go Lives were successful, and the users began to see how they could make this work. In June 2004, Taylor Teen Health Center and Inkster Teen Health Center went live, with only my assistance and they were also successful. In July, Romulus Adolescent Health Center and Henry Ford Health System—School Based Health Initiative began using the system. A little later in the year, Battle Creek Central High School's Student Health Center and Detroit Department of Health and Wellness Promotion's Northwestern Health Center went live. As each group began using the system, my phone rang off the hook with questions, which was anticipated. Eventually the users got so comfortable that I rarely get calls from them now. As the users got used to using the system, the next step was to begin submitting their claims, and hope the insurance carriers would pay.

To date, the group as a whole has collected \$72,717.25 in insurance payments.

It took quite a while to get all the providers enrolled with Medicaid, but once we received the provider numbers, we began submission. Many of the HMO's paid,

no questions asked, just like they were supposed to. But a few of them denied all claims for lack of prior authorization. These claims were appealed to the HMOs with the documentation showing that SBSLHCs do not need prior authorization to bill Medicaid HMOs and almost all of them honored the agreement and paid the claims. This isn't to say that the denials stopped, they still come, and I still appeal them. There are, unfortunately, still one or two of the HMOs that really feel they don't have to pay, and we are trying to work this out, though it probably won't be very easy. Many of the centers thought they would only end up seeing Medicaid patients, and wouldn't have to worry about commercial carriers, but we have found that many of the patients do have some sort of commercial insurance, unfortunately many of them deny claim payment because the providers are not in their networks, another thing we hope to work on in the near future.

In the last year, all the sites that signed on for MDServe have implemented the system fully into their clinics. I want to let each of them know that we are very proud to have had the opportunity to assist each and every one of them on this project. If it weren't for all of their cooperation, we would not have been able to make this work. We started with two databases, one for the Oakwood Centers and one shared database for the remainder of the sites. Today we have 5 separate databases: Oakwood, Henry Ford, Calhoun County, University of Michigan, and a shared database with Inkster Teen Health Center and Detroit Department of Health and Wellness Promotion. To date, the group as a whole has collected \$72,717.25 in insurance payments.

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# Community Watch: Successful CACs

By Rod Johnson, Director, Community and Program Development

## *Rising to the Community Advisory Challenge*

For Michigan's state-funded Child and Adolescent Health Centers, a Community Advisory Council (CAC)—a.k.a., School Health Advisory Board—with 1/3 parent complement is a *minimum program requirement*; however, the requirement is there for a very important reason. Namely: The CAC serves as the catalyst for systemic changes in the school-health community that promotes student health and enhanced educational outcomes. Local CACs accomplish this role by serving as the communication and coordination link for consistent and focused short-term and long-range planning for the school-health community.

The challenge, however, is finding, focusing, and keeping talented people—especially parents. Following are some key considerations that we hope will assist centers that are in the throws of this challenge.

**Finding volunteers.** The first thing that we must do is commit ourselves to the notion that we need volunteers more than they need us. This is an important consideration for all volunteers (e.g., professional CAC members), but more so for parents. Next, we need to ensure that the work that we need our volunteers to do will be meaningful both to the organization and to the volunteers. Both of these tasks can be accomplished through the development and adoption of a policy statement. The aim here is to get serious and create a strong and meaningful statement about the roles that volunteers will play in the organization's work.

Having done that, we need to discover how our organization is viewed by those



whom we want to attract. This piece is key because it provides us the opportunity to shape our recruitment methods and messages around the perceptions that individuals may have of our organization. This may mean developing an educational message or campaign. Additionally, it provides insight into the barriers that our potential pool of volunteers is encountering.

Finally, we need to address or remove the barriers to volunteer service that are within our purview. For parent volunteers this often means scheduling meetings in the evening or during nontraditional hours.

**Focusing volunteers.** Following are ten needs from the volunteer's point of view that we need to address if we want to ensure that we meet our members' needs to be creative and involved in enjoyable, worthwhile projects that hold the promise of permitting them to contribute in a way that's both similar to and different from a paying job.

1. I need a SENSE OF BELONGING, a feeling that I am honestly needed for my total self, not just for my hands, nor because I take orders well.
2. I need to have a sense of sharing in planning our objectives. My need will be satisfied only when I feel that my ideas have had a fair hearing.
3. I need to feel that the goals and

objectives arrived at are within reach and that they make sense to me.

4. I need to feel that what I'm doing has real purpose or contributes to human welfare—that its value extends even beyond my personal gain, or hours.
5. I need to share in making the rules by which, together, we shall live and work toward our goals.
6. I need to know in some clear detail just what is expected of me—not only my detailed task but where I have opportunity to make personal and final decisions.
7. I need to have some responsibilities that challenge me, that are within range of my abilities and interest, and that contribute toward reaching my assigned goal, and that cover all goals.
8. I need to see that progress is being made toward the goals we have set.
9. I need to be kept informed. What I'm not up on, I may be down on. (Keeping me informed is one way to give me status as an individual.)
10. I need to have confidence in my superiors—confidence based upon assurance of consistent fair treatment, or recognition when it is due, and trust that loyalty will bring increased security.

**Suggested Guidelines for Recruiting CAC Members.** Although the size of an effective CAC tends to vary and may fluctuate over time, a good size CAC has about 20 members. Members should be selected based on the following criteria:

- *Interest and Involvement in Youth-Related Activities:* Individuals with recent involvement in activities to help children and adolescents.

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## Community Watch: CACs *continued from previous page*

- *Awareness of Community:* A general understanding of the cultural, political, geographic, and economic structure of the community.
- *Professional Abilities:* Individuals with professional training in a youth-related field, such as individuals employed in human service agencies. However, training and agency affiliation do not predict the value of the individual to CAC activities.
- *Willingness to Devote Time:* No matter what the person's qualifications and interest in youth, it is best to determine an individual's willingness to make time for the CAC.
- *Representative of Population:* The composition of the CAC should reflect the community based on age, sex, race, income, geography, politics, ethnicity, and religion. Careful selection can enrich the level of discussion, the credibility of the group in reflecting the views of the community, and the acceptance of proposed activities.
- *Respectability:* The credibility of the CAC is enhanced considerably by the personal characteristics of its members. Individual characteristics, such as honesty, trustworthiness, dependability, commitment, and ethics, all contribute to the character of the CAC.

**Keeping talented people.** The final step is to ensure that our CAC is geared up to meet the expectations of new volunteers. The strong policy statement (developed earlier) should guide our efforts. That is to say, it does little good to proclaim our desire to attract new volunteers to our organization if new volunteers are made to feel unwelcome, or are greeted by a disorganized CAC once they make their way through our door, or who are not recognized for their contributions to the organization's goals and objectives.

*If you'd like more information on this or other topics related to CAC or volunteer program development, please contact Rod Johnson at [rjohnson@scha-mi.org](mailto:rjohnson@scha-mi.org).*

## One-Year Anniversary of First MDserve Go Live *continued from page 5*

For the centers out there that already have a billing system in place, I serve as a resource to you for coding and billing questions. For this group that signed on with MDserve, I act as a little more. But overall, my job is to help the School-Community Health Alliance of Michigan's members with billing, whether it be re-

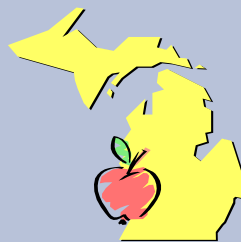


*Brenda McCulloch and the MDserve Users being honored at the 2004 SCHLMI Annual Meeting for their role in the success of the SCHLMI Billing Service.*

searching certain requirements, helping to determine what kind of trainings you might need, or keeping the information flowing through the listserv. I am here to assist you whether you are an MDserve user or not, so please feel free to make use of the technical assistance I can provide.

*For more information, assistance, or to sign up for the SCHLMI billing listserv please contact Brenda McCulloch at (517) 381-8000 x. 226 or [bmcculloch@scha-mi.org](mailto:bmcculloch@scha-mi.org).*

## Attention All Michigan Schools and Communities!



Do you think your school or a school in your community is a healthy place for students and staff? If so, Michigan's Surgeon General, Dr. Kimberlydawn Wisdom, in conjunction with the School-Community Health Alliance of Michigan invites this school to step up and be recognized. Dr. Wisdom, Michigan Steps Up and Michigan Action For Healthy Kids want to celebrate

schools that are improving policies, programs and practices focusing on healthy eating, physical activity and tobacco-free lifestyles. Michigan has many schools that are doing wonderful things that improve the health of students and staff. Schools working toward a healthy environment deserve to be recognized and share their successes with others. Please encourage and assist schools in your community in completing the online application by December 31, 2005 at [www.mihealthtools.org/greatschools/](http://www.mihealthtools.org/greatschools/). The School-Community Health Alliance of Michigan is proud to be a partner in recognizing healthy schools.

**Kate Conway, *President***

Henry Ford Health System

**Val Overholt, *Vice-President***

Oakwood Teen Health Centers

**Ken Coleman, *Treasurer***

St. John Health System

**Barbara Blum, *Secretary***

Taylor Teen Health Center

**Margaret Betts**

Detroit Department of Health  
and Wellness Promotion

**Joan Chesler**

The Corner Health Center

**Jennifer Salerno**

Regional Alliance for Healthy Schools

**Gail Stewart**

Henry School-Based Health Initiative

**Sue Szurek**

Oakwood Lincoln/Jefferson Barns  
Healthcare Center

**Angelia Williams**

Health Delivery, Inc.

# Calendar of Events 2005

## JULY 2005

### CAHC Planning Grants Summer Meeting

July 11 ■ 8:30am-3:00pm

Treetops Resort  
Treetops Village, Michigan

### SCHA-MI Board Meeting

July 21 ■ 9:30-11:30am

Lyon Meadows Conference Facility  
New Hudson, Michigan

## AUGUST 2005

### Coding & Documentation Workshop

August 3 ■ 9:00am-2:00pm

Hampton Inn  
Okemos, Michigan

### SCHA-MI Membership Meeting

August 11 ■ 9:30-11:30am

Ingham County Health Department  
Lansing, Michigan

### MICHild Online App. Training

August 11 ■ 1:00-3:00pm

Western Michigan Lansing Campus

## SEPTEMBER 2005

### SCHA-MI Board Retreat and Strategic Planning

September 15 ■ 9:30am-3:00pm

Genoa Woods Executive Conference Center  
Brighton, Michigan

## OCTOBER 2005

### SCHA-MI Board Meeting

October 20 ■ 9:30-11:30am

Lyon Meadows Conference Facility  
New Hudson, Michigan

## NOVEMBER 2005

### SCHA-MI Annual Meeting

November 10

Location TBD

## DECEMBER 2005

### SCHA-MI Board Meeting

December 15 ■ 9:30-11:30am

Lyon Meadows Conference Facility  
New Hudson, Michigan

Working together to build a healthy future!