

School-Based & School-Linked Health Centers and Programs: The Front Line for Children's Health

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**A White Paper
on School-Based and School-Linked Health
Centers and Programs**

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Working Together to Build a Healthy Future

EXECUTIVE SUMMARY

Today there are more than 50 school-based and school-linked health centers and programs in the State of Michigan delivering a range of primary, preventative and early intervention services to nearly 100,000 children of all grade levels in urban, rural and suburban schools across the state. These centers and programs have emerged as a powerful tool and safety net in meeting the health care needs of children, adolescents, families and other vulnerable population groups while addressing critical public health and social concerns.

With the arrival of a new Governor and administration, there is an opportunity to forge new and creative strategies that recognize the value of school-based and school-linked health centers and programs and the role they play in improving access to essential health care and support services. It is also an opportunity to improve school performance through addressing health concerns by way of developing a coordinated system of support across all State departments that uphold and celebrate the needs of children and families. Research has clearly demonstrated that healthy children are more likely to succeed academically.

Michigan's vision for improving the health and well-being of children through the development and support of school-based and school-linked health centers has impacted the lives of children throughout the State. It has proven to be a successful strategy for the promotion of health, healthy lifestyles and the delivery of both preventative and primary medical care services. Continued support and investment by each community as well as by the State is necessary to ensure that these health centers will be able to continue to serve the neediest of children.

What can the new Governor and administration do to support school-based and school-linked health centers while helping to improve the health and well being of Michigan's children? They can begin by considering the following:

- Convene an advisory group of State and community officials to develop a comprehensive strategy across all State departments aimed at improving school-aged children's health and well being.
- Develop an interagency team to examine potential funding sources within each department. Funding the State's portion of the program with funds from the Department of Community Health, the Department of Education and the Family Independence Agency. Such a strategy would help to defray the cost of any single agency while creating interagency support and shared leadership for these centers and programs.
- Assist in strengthening the ability of school-based and school-linked health centers to maximize all potential revenue sources such as, Medicaid and commercial billing, foundation support, while continuing to explore other innovative financing options available to the State.
- Assist in developing contracts between health centers and commercial and public payers. Strengthen the role of the center as a co-manager of care for children.
- Develop a process to ensure that changes in the Medicaid policy related to reimbursement is responsive to the unique needs of school-based and school-linked health centers.

- Examine ways hospitals, local health departments and FQHCs can better partner with school-based and school-linked health centers.
- Support the efforts of school-based and school-linked health centers to pursue federal funding as part of President Bush's initiative to double the capacity of the nation's federally qualified health centers including the Healthy Schools Healthy Communities funding.
- As State revenues increase, expand with new school based and school linked health centers and programs throughout the State.

Each of these recommendations helps to strengthen the safety net of care and support for school aged children and families while representing an opportunity to deliver health care and services in a coordinated way.

BACKGROUND

In 1986, the Michigan Department of Public Health established 20 school-based and school-linked health centers. This was initiated as the result of recommendations from a panel of blue ribbon experts and representatives from education, public health, social services, parents, community members, faith-based groups, civic groups and medicine. This adolescent health task force recommended that the Michigan Department of Public Health work towards the establishment of 100 school-based health centers across the State. This was part of an **action plan that addressed the alarming high rates of health and social problems within the adolescent population**. With minimal amount of state funding available, the number of school-based and school-linked health (SB/SL) centers has not been able to successfully meet the blue ribbon panel's recommendation. Currently, the FY2003 budget of \$3.7 million supports 33 SB/SL centers and programs.

Michigan's school-based and school-linked health centers have been **delivering comprehensive health care and a wide range of support services for more than 15 years**. In collaboration with local school districts, SB/SL health centers and programs are administered by community-based organizations such as hospitals, local health departments and non-profit organizations. These centers and programs are strategically located in areas serving low-income children and families and most are located in medically underserved communities with multiple access barriers and racial disparities. In many communities, these centers serve as medical homes for students and families and in some cases, local residents.

School-based and school-linked health centers focus on all aspects of a child's well-being, including medical, emotional and behavioral issues with an emphasis on working with both the home and school environment. Most centers offer a scope of services that extend beyond that of the Medicaid benefit plan. Centers provide the following services on site:

- Primary Care
- Substance Abuse
- Health Education
- Acute Care
- Support Resources
- Mental Health Counseling

Additionally, clinic and program staff commonly 1) mobilize existing community resources to create referral networks for students, 2) address difficult issues such as adolescent sexuality, reproductive health issues, depression and violence and 3) provide health and nutrition education. **These centers and programs meet important public health and social concerns** such as:

- Youth Tobacco Use
- AIDS
- Suicide
- Juvenile Crime
- Teen Pregnancy
- Obesity
- Violence
- Unintentional and Intentional injuries

School-based and school-linked health centers and programs are **staffed by an interdisciplinary team of professionals**, most commonly by nurse practitioners or registered nurses under the direction of a physician and provide a range of services specifically designed to meet the needs of children and adolescents. When funding is available, additional staff often includes a mental health counselor or social worker, a medical assistant, and clerical support. Many of the centers and programs also serve as training sites for the next generation of physicians, nurse practitioners, nurses and social workers.

Schools and parents have long recognized that **healthy kids are better learners**. Research has demonstrated that SB/SL health centers help increase MEAP scores, reduce attendance problems, address behavioral problems, strengthen support services for at risk students, decrease school violence and help schools meet increased immunization requirements while allowing teachers to do what they do best – teach. School linked health centers address public concerns such as teen pregnancy, infant mortality and serve as a vehicle for providing care and services for high risk youth who have dropped out of school.

“The Teen Health Centers are safe places to go. I always know that if I need to talk the staff will listen. They have helped me become the healthy person that I am today by teaching and helping me find the resources I need. The staff is really great.”

-Carol S., 17 years old

Local and national **data supporting the effectiveness** of school-based and school-linked health centers and programs includes:

- An evaluation conducted by the Henry Ford Health System found that MEAP scores improved by 23% for children that attended schools with school-based health centers compared to children attending schools without a health center.
- The same study found that attendance rates also improved for children that attended school-based and school-linked health centers compared to children attending schools without a health center.
- Immunization rates within schools with school based health centers are either at or near 100%.
- Children who participated in their school-based health center’s asthma intervention program improved their grade point average by 36% in one year and missed less school time (Henry Ford Health System and Weber, et al 2003).
- African American males were three times more likely to stay in school if a school-based health center was available and utilized (McCord, et al, 1993).
- Schools that participated in violence prevention activities through the school-based health center experienced a 70% decrease in violent incidents (Henry Ford Health System and McCord, et al, 1993).
- Schools that participated in pregnancy prevention activities through the school-based and school-linked health centers experienced a 50% decrease in the pregnancy rate after the first year (Henry Ford Health System and McCord, et al, 1993).

School-Based and School-Linked Health Centers and Programs...

Support Families!

- Help families to keep their children healthy
- Value parental involvement in their children’s health care
- Keep parents in the work place
- Strengthen the connection between school and the family
- Provide opportunities for the family to get needed services

“School Health Programs offer the opportunity for us to provide the services and knowledge necessary to enable children to be productive learners and to develop the skills to make health decisions for the rest of their lives.”

-National School Boards Association, et al. (1995)

These **centers and programs reduce barriers to learning** by keeping students in school and working with school personnel to remove physical and emotional barriers to learning. They provide counseling and support to students and families and provide early intervention services promoting a safe and healthy environment. SB/SL health centers and programs bring new resources to the school and serve as a strong connection between parents and their children by providing year round services. They help both parents and employers by providing care on site, therefore eliminating missed time from work. This is especially true for parents of children with chronic diseases or persistent health problems who require on-going care and follow-up.

There are currently more than 50 school-based and school-linked centers in or associated with elementary, middle and high schools throughout Michigan. Of these, 31 have been funded in part with State general funds for the last 15 years. **Most of the major health care systems and many local health departments support a SB/SL health program or service.** Over the last several years, health care providers have seen an environment in which there are fewer discretionary dollars with which to pay for services for people without resources, limiting otherwise willing providers ability to provide charity care. As the economy weakens, the need for a safety net of services increases significantly. Although health systems recognize the intrinsic value of these centers and programs, the lack of a sustainable funding stream and dwindling private resources have caused these health systems to limit their programs and turn down endless requests to expand the programs into other schools.

Until November of 2001, the State of Michigan had an unwavering 15-year commitment with **bipartisan support for school-based and school-linked health centers.** On November 3, 2001, Governor John Engler issued an executive order eliminating funding for the 27 health centers and programs receiving State funding. The Governor’s order caused a great deal of turmoil among SB/SL supporters and provoked an immediate response from parents, students, school staff and communities. Working with a coalition of child health advocacy organizations, the School-Community Health Alliance of Michigan, the Michigan Council for Maternal and Child Health and the Michigan Primary Care Association, were able in February 2002 to broker a bi-partisan plan to restore State funding, placing it temporarily in the school aid budget. The newly created funding was distributed based upon a new request for proposals process and resulted in 22 centers and 9 programs receiving funding in fall 2002.

“You are such an asset to our school. The children are so lucky to have you!”

-Cherie Brooks, teacher in the Detroit Public School District

While the State funding is only one part of the SB/SL health centers and programs’ budgets, it is an essential part. **State funding serves as the base and helps to leverage a mixture of other financial and staffing support** from sponsoring agencies, foundations, local government and many others.

DISCUSSION

In addition to providing medical care, school-based and school-linked health centers and programs provide a wide range of other services. **Services provided are designed specifically to meet the needs of children and teens and, as a result, attract large numbers of high risk youth that otherwise would not receive services.** Comprehensive services that are not provided in a physician's office include mental health counseling, suicide prevention, nutrition education, on-going family support, mentoring, peer counseling, food and immediate access to on-going counseling support. School-based and school-linked health centers frequently offer extended visit times. It is this comprehensive scope of services that is most effective at preventing costly health conditions and social problems for youth. Traditional primary care providers do not provide this level of youth-focused service. Despite acknowledged risk behaviors yielding poor health outcomes, adolescent visits to physician offices are short and counseling is not a standard component of care.

"As a concerned mother, I want to make sure that my teenage son and daughter receive the best quality healthcare. The staff always treats my teenagers with respect and listens to their questions. My son and daughter have learned how to make healthier choices. I feel very confident of the staff. They care about me and my children."

-Mother of 16 year old daughter and 13 year old son.

Further, **children ages 10 to nineteen have the lowest utilization of health care services of any age group while adolescents are least likely of any age group to seek care at a provider's office.** School-based and school-linked health centers provide all of the necessary services at one location by well-trained staff that are familiar and welcoming to children, teens and families.

Recent appropriations boilerplate language requires centers to bill for services rendered. National studies and experience has shown that no more than 20% of a center's budget can be funded through third party reimbursement. Billing Medicaid or commercial insurers does not generate sufficient revenue to replace state funding rather is used to augment other funding sources. **Adolescents are the most underserved age group and receive the smallest number of services of the Medicaid population.** Many centers have been billing Medicaid for some time, but realize a very small return for their efforts. The reasons for a small return include:

- Difficulty receiving payment from managed care providers. While State policy requires managed care organizations to reimburse SB/SL health centers, health centers do not have resources or expertise in negotiating contracts with health plans. In addition, managed care organizations have their own requirements that need to be addressed in order to recognize SB/SL health centers as providers.
- Many of the services provided through a SB/SL health center and programs are traditionally not available from private primary care providers and are not reimbursable by Medicaid. It is these very services that make them a unique, strong and viable resource for children, families, schools and communities.
- Not all services are provided to Medicaid eligible children. This has been a population based program since its inception 15 years ago. All youth regardless of their insurance status receive the same high quality services.

School Based and School Linked Health Centers and Programs...

Represent Wise Investments

- Help to keep our children out of hospitals and emergency rooms
- Detect illness to prevent expensive emergency interventions
- Reduce parental work leave time

State funded SB/SL health centers and programs do not rely solely on state funds but utilize these funds to leverage other financial resources. Funding from the state plays a critical role in providing stability to the overall operations of the SB/SL health centers and programs. State funding per site is minimal, with the average grant being \$100,000. This amount does not meet the overall cost of operating a center. These centers and programs depend on other resources to carry out their mission. For every state dollar spent on SB/SL health centers and programs, another dollar is matched through federal grants, local dollars and private contributions.

There are several issues and challenges that SB/SL health centers and programs face. Financial sustainability is one of the most crucial issues facing the long term viability of SB/SL health centers and programs. In addition, developing relationships with managed care organizations and working with Medicaid have created challenges. Most of these centers are staffed by skilled medical providers but not by staff skilled in Medicaid reimbursement or contracting. These centers are natural entry points for delivering care to this population. Two new challenges have also emerged as the result of the changed funding structures. 1) A new home within the Department of Education creates competition with other Department of Education priorities and 2) an increased emphasis on Medicaid billing.

Michigan's visionary program for improving the health status of children through school-based and school-linked centers and programs has impacted the lives of children throughout the State and has proven to be a successful strategy for health promotion, healthy lifestyles and primary care. Continued support and investment by the community as well as by State government is necessary to ensure that the program will be able to continue to serve the neediest of children.

**Healthy kids make better students,
and better students make healthy communities.**

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