

Introduction to School-Based Health

Show-Me School-Based Health Alliance

September 2019 Convening

Margaritaville/Tan-Tar-A Resort

Objectives



Review National and State School-Based Health Alliance



Understand the connection between health and education



Define types of School-Based Health Programs



Introduce School-Based Health Programs Core Competencies and Framework for Excellence



Review the current policies and relevant initiatives in Education and Health



Develop action items for next steps

About the National School-Based Health Alliance

- Founded in 1995
- Non-profit, national membership organization
- Advancing the school-based health care field through programmatic technical assistance and advocacy
- State affiliates

Show-Me School-Based Health Alliance of MO

- **Mission:** We support communities in building and sustaining quality school-based health programs.
- **Vision:** Every child and youth in Missouri has equal opportunity to succeed by assuring access to high quality health care.
- **Our Values:**
 - Access
 - Collaboration
 - Equity
 - Inclusiveness
 - Innovations
 - Outcomes-driven
 - Student-centered decision-making and practices
 - Sustainability

State Affiliation with National Alliance

SBHA and Affiliates:

- Working together to build a strong national alliance
- One organization per state
- Alignment with SBHA vision, mission, & strategic goals
- Co-branding

Working Together:

- Policy
- Programming
- Communications
- Technical assistance/consulting
- Learning opportunities and convention
- Initiatives/grants

SMSBHA Affiliate Status

- Emerging state affiliate of the National School-Based Health Alliance
- **Target audience:** School districts, community stakeholders and the healthcare providers that serve them

SMSBHA Services

- Access to Resources & Best Practices
- Advocacy & Coalition Building
- Data Collection & Evaluation
- Peer-to-Peer Networking & Information Sharing
- Technical Assistance
- Training & Education

Organization Structure



Leadership: Board Officers



Melodie Donatelli
Chair
Slalom



Melissa Randol
Vice-Chair
MSBA



Chaketa Mack-Riddle
Secretary
Riverview Gardens
School District



Brian Schmidt
Treasurer
Kids Win Missouri

Leadership: Board Members

Kim Bakker

SSM Health

Maria Burnham

St. Joseph School District

Jasmine Burris, MPH

CareSTL Health

David Campbell, MD

iFM Community Medicine

Marge Cole, RN

Missouri Department of Health
and Senior Services

Deb Cook

Kennett Public Schools

Sarah Garwood, MD

Washington University School of
Medicine

Aline Hanrahan

United Healthcare

Perry Hilvitz

North Kansas City Schools

Lane DePrima Jacobs

Missouri Primary Care Association

Michael Loynd

Interco Charitable Trust

Lisa Meadows, PNP

St. Louis Children's Hospital

Joe Miller

Wyman/Normandy School
Collaborative

Nancy Mueller

Washington University in St. Louis,
Brown School Evaluation Center

Jason Purnell, PhD

Washington University in St.
Louis

Margo Quiriconi

Children's Mercy

Kim Ratcliffe

Missouri School Boards'
Association

Toniann Richard

Health Care Collaborative of
Rural Missouri

Chardial Samuel, LCSW

Washington University School of
Medicine, The SPOT at Jennings

Donna Wilson, RN

MOSAIC Life Care

Leadership: Staff



Molly Ticknor
**Executive
Director**

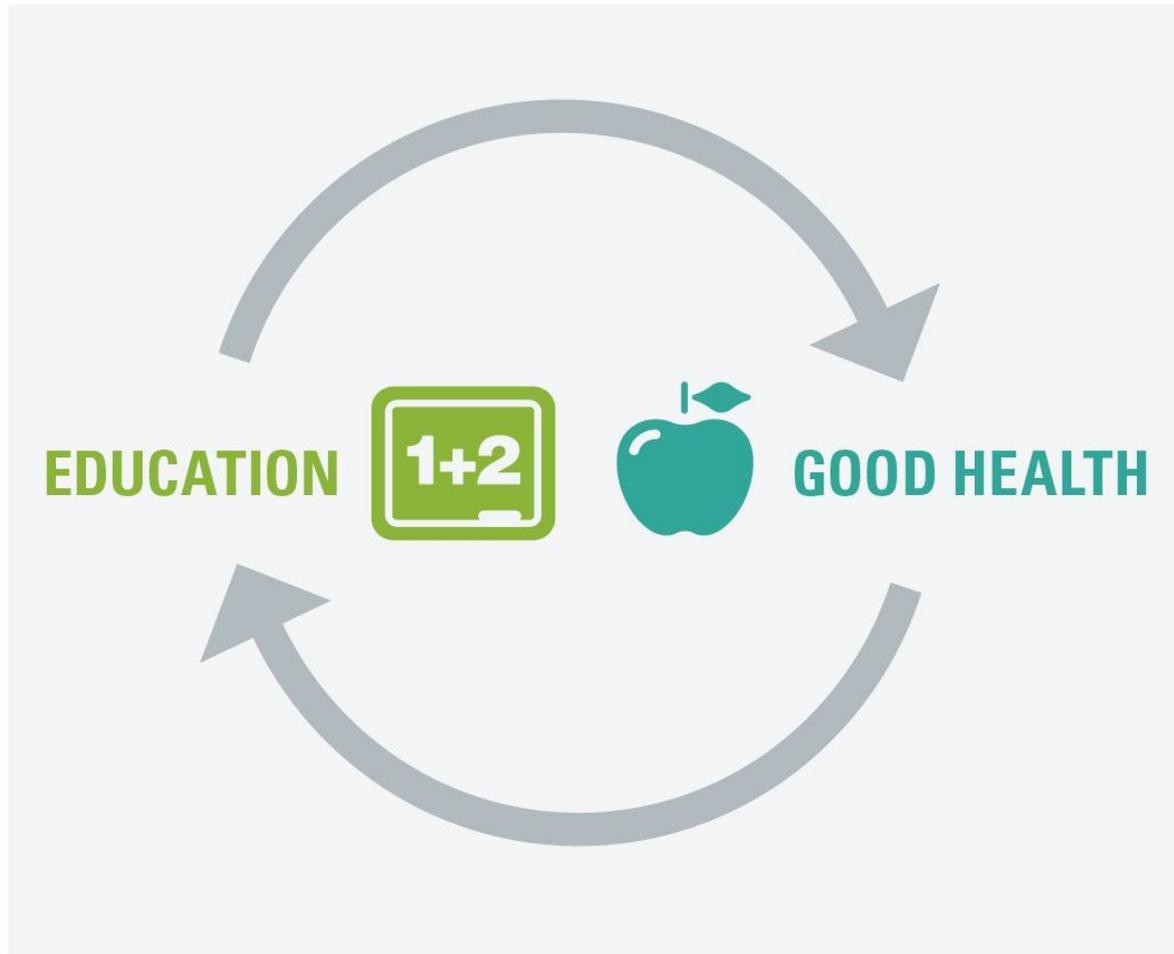


Molly Imming
**Training & Technical
Assistance Manager**



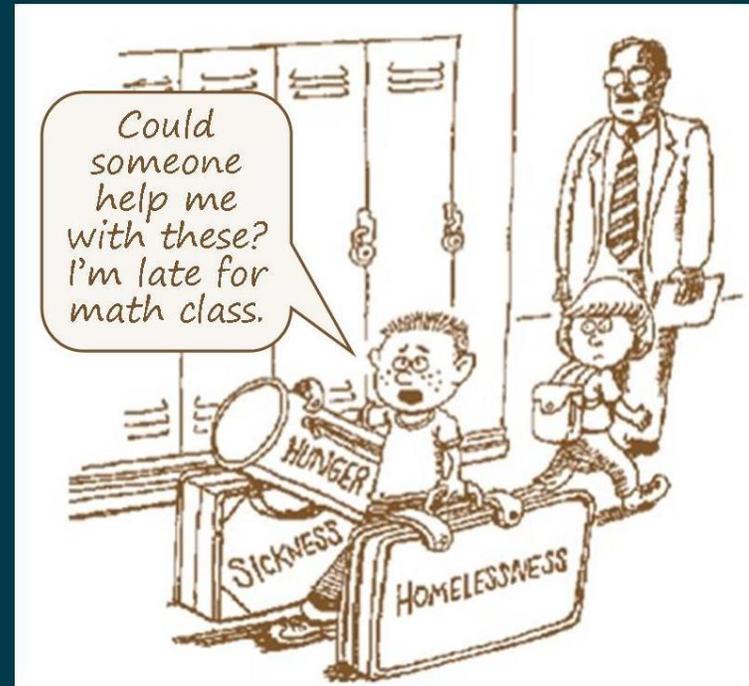
Rachel Barth
**Evaluation
Coordinator**

The Why: Health and Education



Health Equity Works: For the Sake of All Report

Only when we meet our most vulnerable young people where they are...



...do we afford ALL children the opportunity to thrive

National School-Based Health Alliance

Missouri Kids & Youth

Poverty

18.6% of children live in poverty (32nd out of 50)²

Over 36,000 students classified as homeless¹

51% of students are eligible for free/reduced lunch¹

Health Outcomes

40th out of 50 in preventable hospitalizations²

44th out of 50 in public health funding, spending only \$55/person²

32% increase in teen suicide between 2016 & 2017²

Education

49% of students are Language Arts proficient¹

26% student mobility rate¹

Over 11,000 suspensions/expulsions in 2017¹

1. <https://dese.mo.gov/>

2. <https://www.americashealthrankings.org/>

The Why: Health and Education

An evidenced-based model using evidenced-based practices.

- Increased access to care  Decreased health disparities
- Reduction of hospitalizations
- Efficient and effective delivery of healthcare

Adaptable and sustainable to meet the needs of students, families, schools, and communities across rural, suburban, or urban areas of MO.

- Potential for reimbursement for services provided (public or private insurance)
- Increased access for hard-to-reach populations

The Why: Health and Education

Leads to improved health

- Better care coordination and use of primary care – rather than emergency room visits
- Early identification of chronic and acute health issues (asthma, diabetes, mental health issues)

Leads to improved education outcomes

- Improvements in academics (GPA, test scores, graduation rates – correlation over time)
- Improved attendance (both students and staff)
- Increased school engagement, feelings of safety and connectedness to school
- Reduction in absenteeism and tardiness
- Staff retention

What is a School-Based Health Program?

A school-based health program is a shared commitment between a community's schools 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**.



National School-Based Health Alliance

THE BIG SIX

The Show-Me School-Based Health Alliance has expanded the types of school-based health programs to represent the six types of programs that exist in districts throughout Missouri.



① Comprehensive School-Based Health Center

Comprehensive School-Based Health Centers are a partnership between schools and community health organizations that deliver primary health care, behavioral/mental health care, oral care, and vision care coordinated by the center—even if they are delivered by different providers.

② School-Based Health Center

School-Based Health Center (SBHC) programs are partnerships between schools and community health organizations that deliver primary health care, at minimum, through a fixed site on a school campus.

③ School-Linked Health Care

School-Linked Health Care programs (SLHCP) are linked with schools to coordinate and provide health care for students. Services are delivered off campus through a fixed site near the school.

④ School-Based Mental Health Program

School-based mental health programs (SBMHP) are partnerships similar to SBHCs but only provide behavioral/mental health.

⑤ Mobile Health Care

Mobile Health Care (MOBILE) programs are without a fixed site that rotate a health care team through a number of schools, including mobile van/bus/clinic on wheels that parks on or near school property/campus.

⑥ Telehealth

Telehealth programs deliver 100% of school-based health care services using telemedicine technology.

Variety of School-Based Health Services Provided in Missouri

Physical Health

- Preventative services
- Acute and chronic care
- Immunizations

Behavioral/ Mental Health

- Psychiatric care
- Counseling
- Groups
- Substance use/abuse

Dental

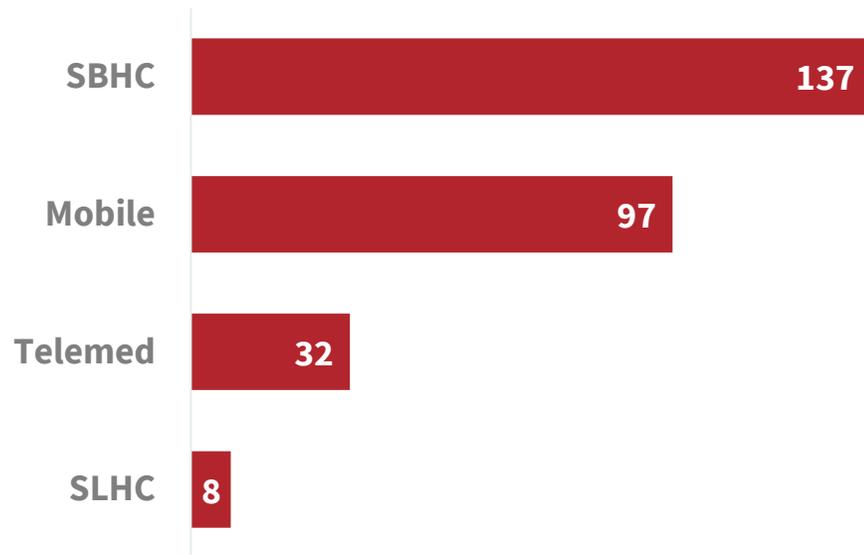
- Cleanings
- Family & student education
- Screenings & x-rays
- Varnish & sealants
- Treatment/restorative care

Vision

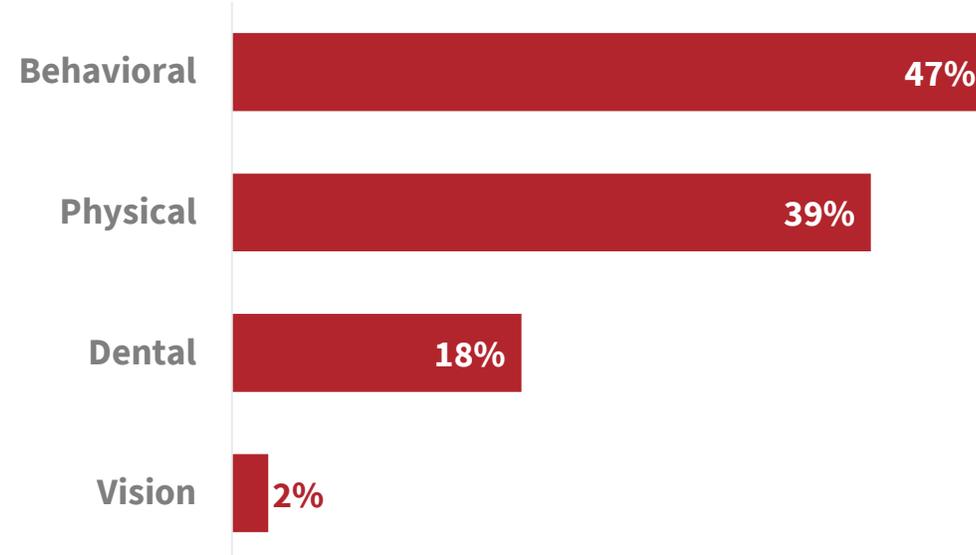
- Screenings
- Glasses/contacts

Missouri School-Based Health Programs

Program Types



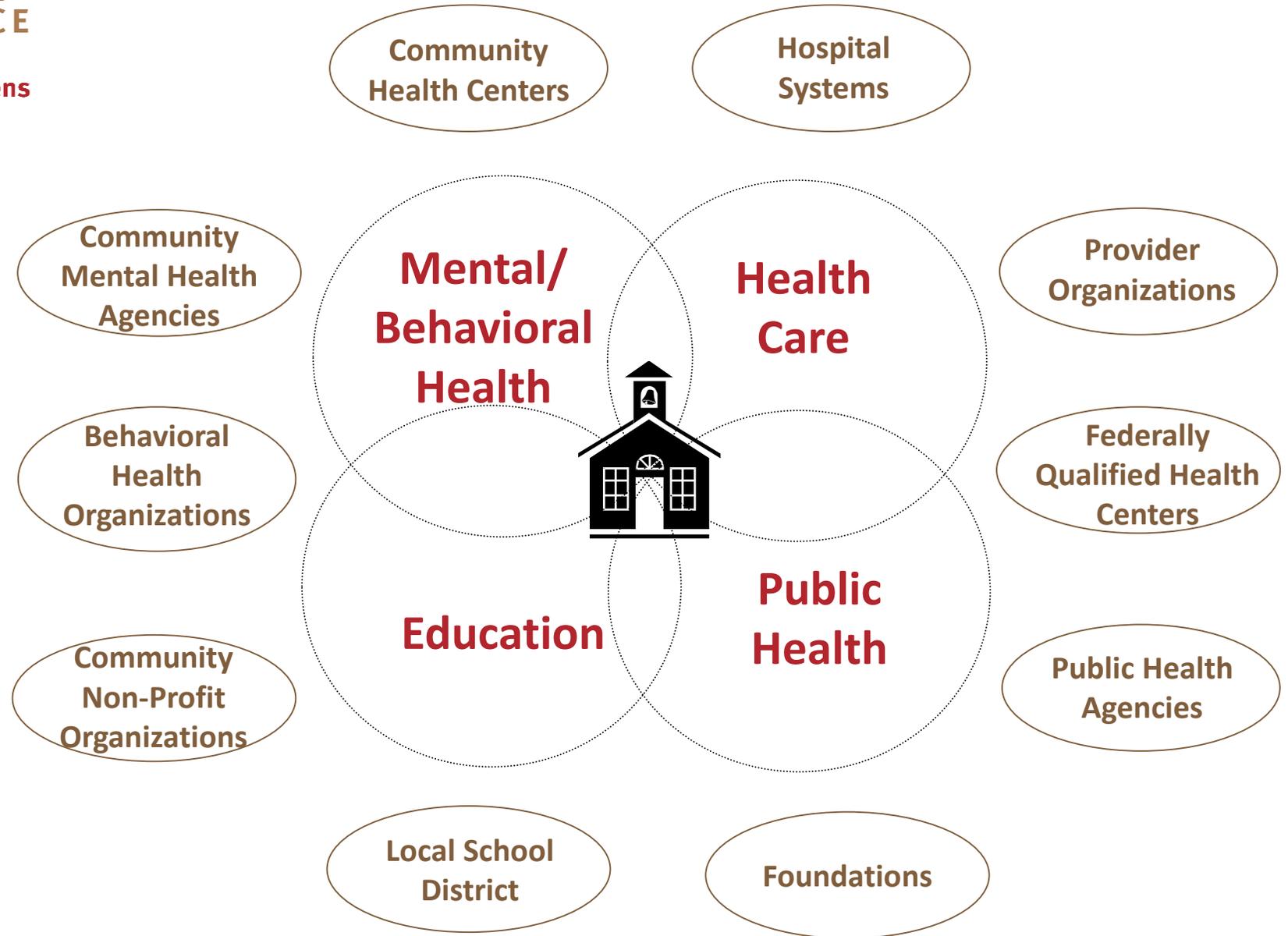
Services Provided



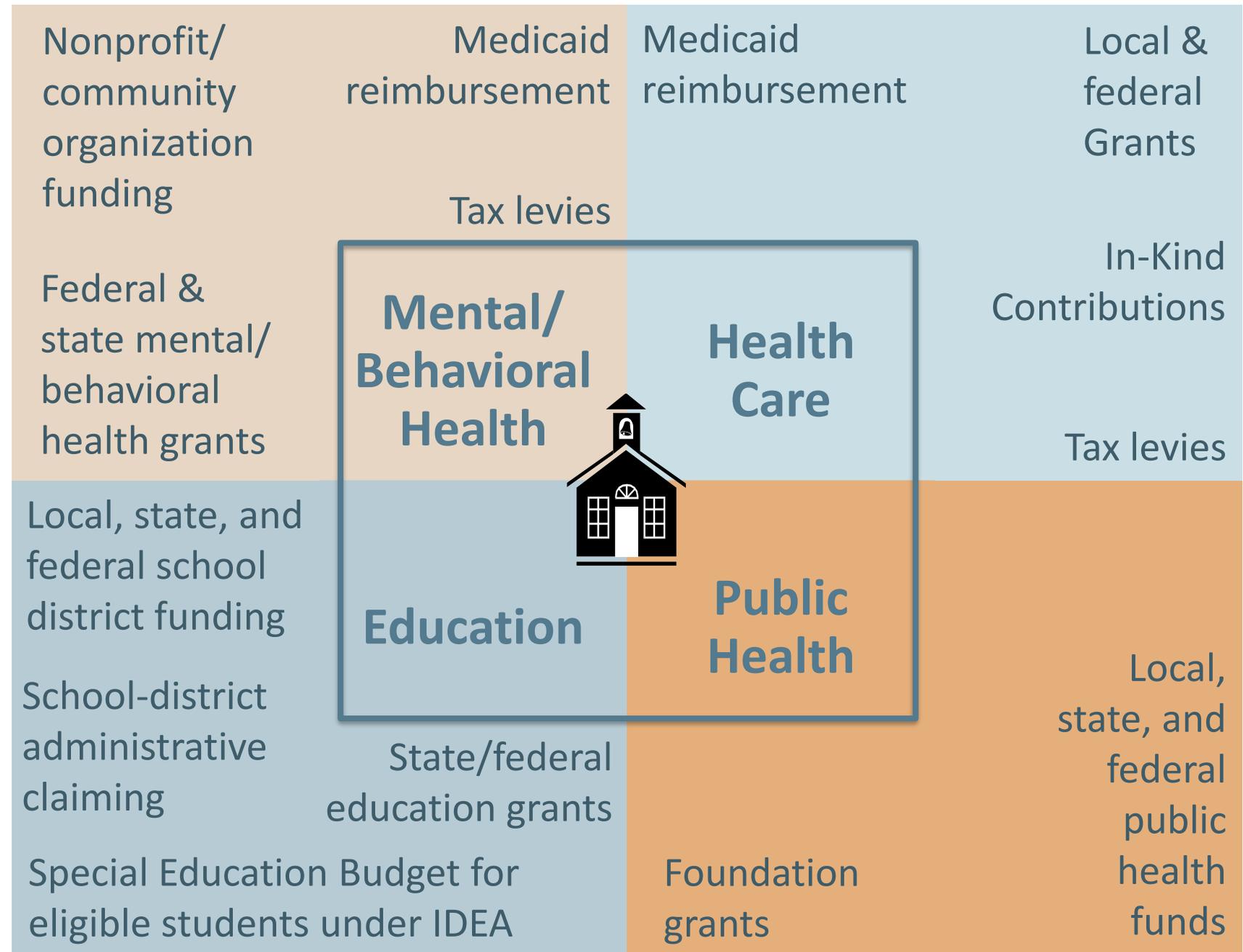
Adaptable Models

- Mobile units – can cover multiple schools and communities
- Part-time services or multiple providers to ensure all needs are met
- Telemedicine to reach students or families that do not have access – can be both medical and behavioral health
- Services can be provided to staff
- Community access (siblings, youth of out of school or community residents)

The Who: Sponsorships



Financing/ Funding Models





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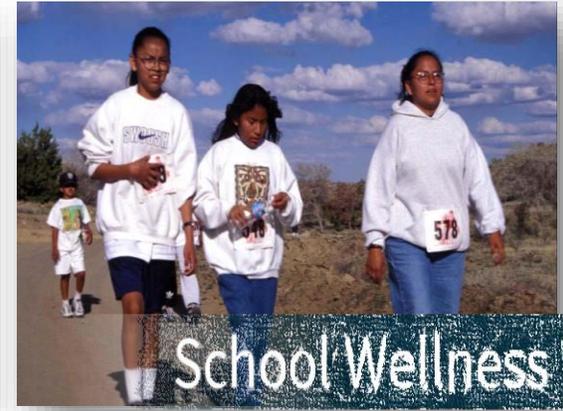
**SCHOOL-BASED
HEALTH ALLIANCE
OF MISSOURI**

Redefining Health for Kids and Teens

core



Systems Coordination



School Wellness

Core Competencies

National School-Based Health Alliance



Access



Student-Focus



Integration



Sustainability



Accountability

**compe
tencies**

Access



Riverview Gardens opened a clinic right in the school to service their students.



Student-Focus



- The SBHC team and services are organized and created specially based on the needs of the school and the students
- Relevant to the health issues that impact student well-being and academic success
- Health center staff and materials are developmentally appropriate and culturally responsive and respect the privacy of those served
- Patients/students/families are engaged in the planning process and development

School Integration



The SBHC integrates into the education, environment, and culture of the school to support the vision and mission of the school/district.

A true partnership includes:

- Shared vision for student success
- Shared outcomes and common goals
- Integration of policies, procedures, and structures
- SBH staff being part of the school environment – involvement in committees or assessment teams

School Wellness

SBH programs promote a culture of health across the entire school community:

- School climate
- Student/family/staff wellness
- Health authority of advisor
- School-wide wellness education & professional development
- Nutrition and health-related student and/or parent education



National School-Based Health Alliance

Systems Coordination

Memorandum of Understanding or Partnership Agreement

- Expectations for each partner
- HIPAA VS FERPA and data sharing

Coordination across all relevant systems of care includes:

- Care coordination – exchanging of health information with existing systems or providers
- Care partners – formal partnership referrals and follow-up linkage process (e.g., Specialists)
- Parent/Guardian/Caregiver engagement – informing and educating and involving caregivers in treatment

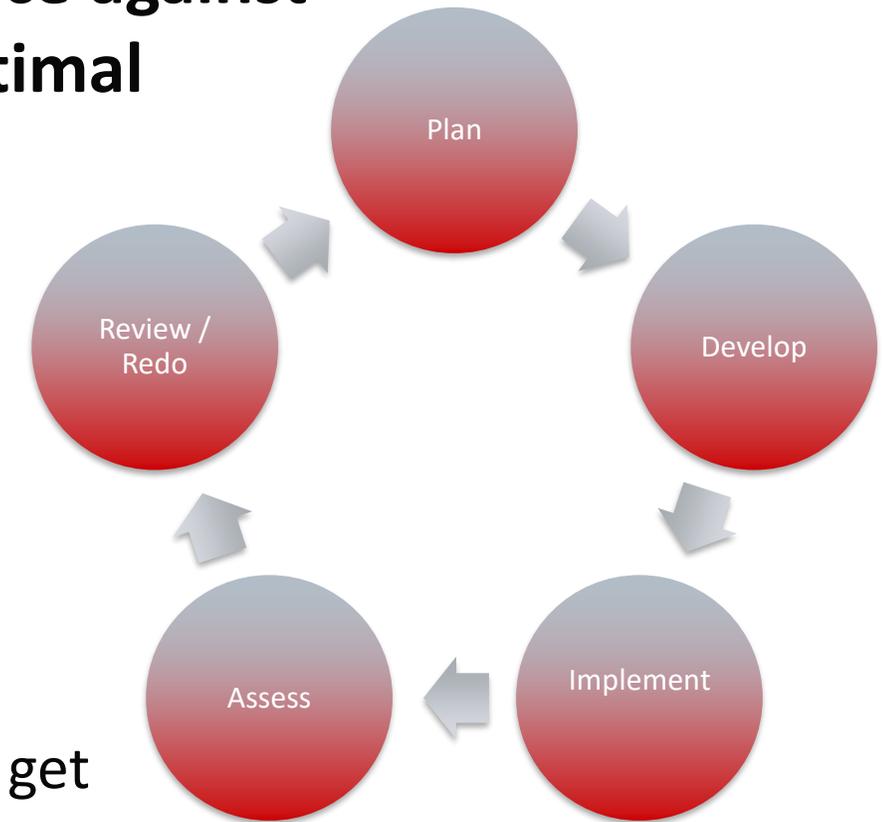
Accountability

SBH programs routinely evaluate performance against accepted standards of quality to achieve optimal outcomes for students

- Quality Improvement
- Patient Satisfaction
- Performance Measures

Data Sharing between provider and school:

- HIPAA / FERPA
- Outlines what both entities can access in order to get the true picture of the student's needs and progress



SBH programs employ sound management systems, policies, and practices to ensure a sustainability business to include:

- Administrative systems
- Billing infrastructure
- Routine analysis of financial standing
- Sustainable resources

Sustainability

Multiple funding/revenue streams

- Medicaid reimbursement
- Managed Care/private insurance
- Self-pay
- Grants

Hours of operation and patient population

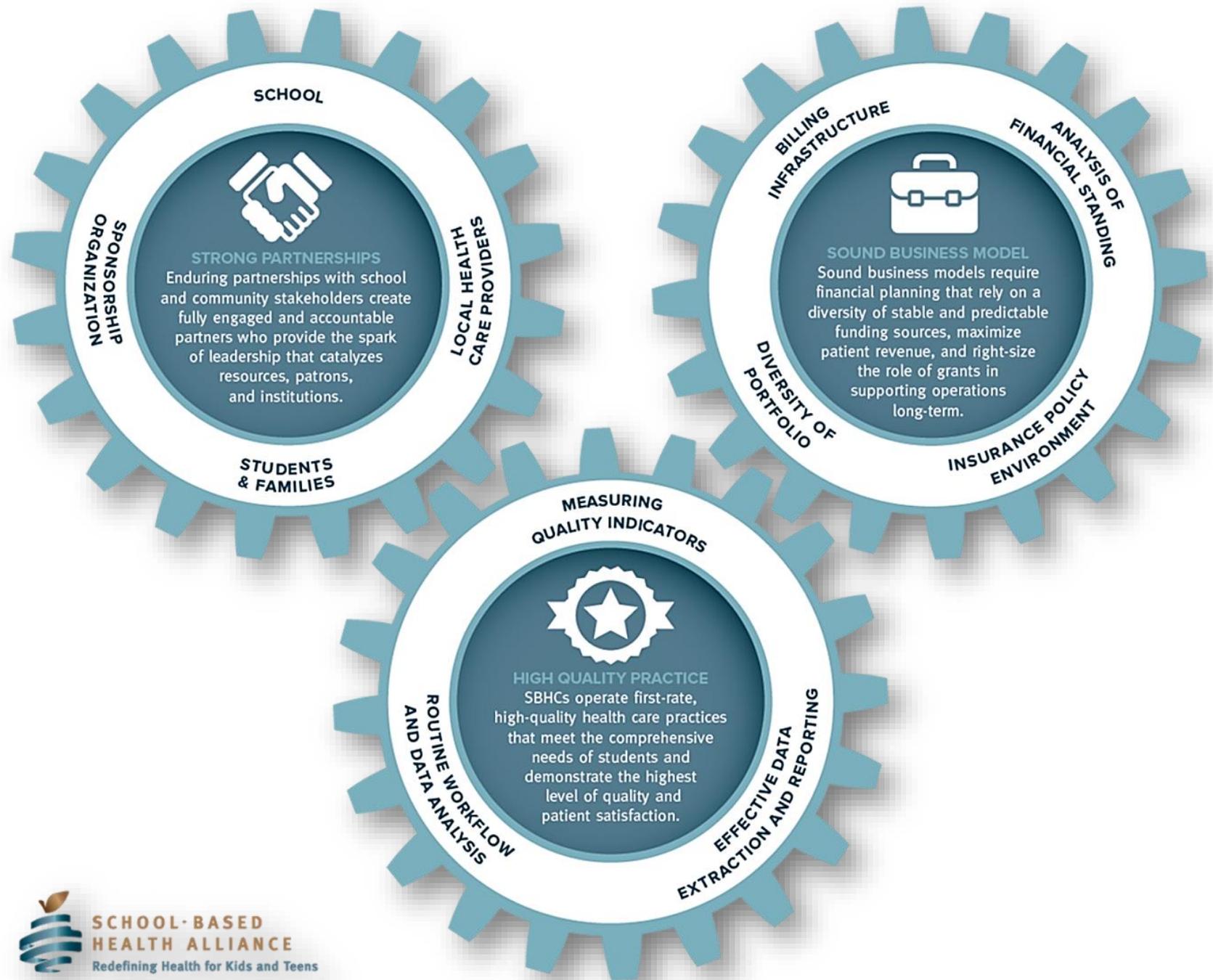
- Number of students or patients served is key



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SCHOOL-BASED
HEALTH ALLIANCE
OF MISSOURI

Redefining Health for Kids and Teens

A Framework for Excellence for School-Based Health



SCHOOL-BASED
HEALTH ALLIANCE
Redefining Health for Kids and Teens

Strong Partnerships



Strong Partnerships

Potential Partners

- District administration
- Building-level administration & staff
- Students
- Parents
- School-board members
- Community organizations
- Local nonprofits
- Local funders
- FQHCs
- Local/state departments (DESE, public health, mental health, etc.)
- Existing SBH program administrators
- Hospital systems
- Private practitioners (generalized or specialized)



Characteristics of strong partnerships

- Resourceful
- Transparent
- Knowledgeable
- Grass-roots & grass-tops

Qualities of strong partnerships:

- Collective, shared vision
- Clear roles & responsibilities
- Mutual respect
- Shared decision-making

Strong Partnerships

Activity: Storytelling & Dialogue

- Existing programs:
What role has a strong partnership played in your program's level of success?
- Considering programs: What does a strong partnership look like in your community?

Sound Business Model

Questions to ask:

- Does the health sponsor have the appropriate billing infrastructure or ability/capacity to incorporate the billing infrastructure?
- Is a partner's contribution to the sustainability of a school-based health care program always monetary?
- Have partners taken ownership of achieving one of the sustainable business practice measures?
 - School population enrolled in the SBH program
 - SBH program utilization
 - Primary care appointment capacity
 - User health insurance status
 - Primary care efficiency
 - Behavioral health provide efficiency

High Quality Practice

- Quality improvement incorporated in the foundational development of a health care program ensures the partnership will practice due diligence and observe opportunities where improvements can be made.
- National Quality Initiative: Core Performance Measures
 - Annual well child visit
 - Annual risk assessment
 - BMI screening and nutrition/physical activity counseling
 - Depression screening
 - Chlamydia screening
- NQI: Business and Test measures



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**SCHOOL-BASED
HEALTH ALLIANCE
OF MISSOURI**

Redefining Health for Kids and Teens

**Policy Update
September 2019**

Overview

- **State Support for School-Based Health Research Project**
- **Federal Priorities**
- **Youth Who Are Homeless**
- **Medicaid Enrollment**

State Support for School-Based Health Programs

- Project of the Alliance's Advocacy and Policy Committee
- Utilizing the list of programs cultivated by the Alliance, we invited programs to participate in a research project
 - Geography
 - Provider-type
 - Services offered
 - Type of program
- Goal is to identify funding gaps as well as challenges and barriers to program sustainability
- Qualitative (interview) and Quantitative (online survey) elements to the project

Federal Priorities

- **Reauthorization of Excellence in Mental Health Act (CCBHCs)**
- **Reauthorization of School-Based Health Services Act**

Youth Who Are Homeless

Increased Need

DESE has reported an increase of 36,055 homeless students in 2018, an increase of 3 fold in five years, the majority of these children “doubling-up” with other families or couch-surfing.

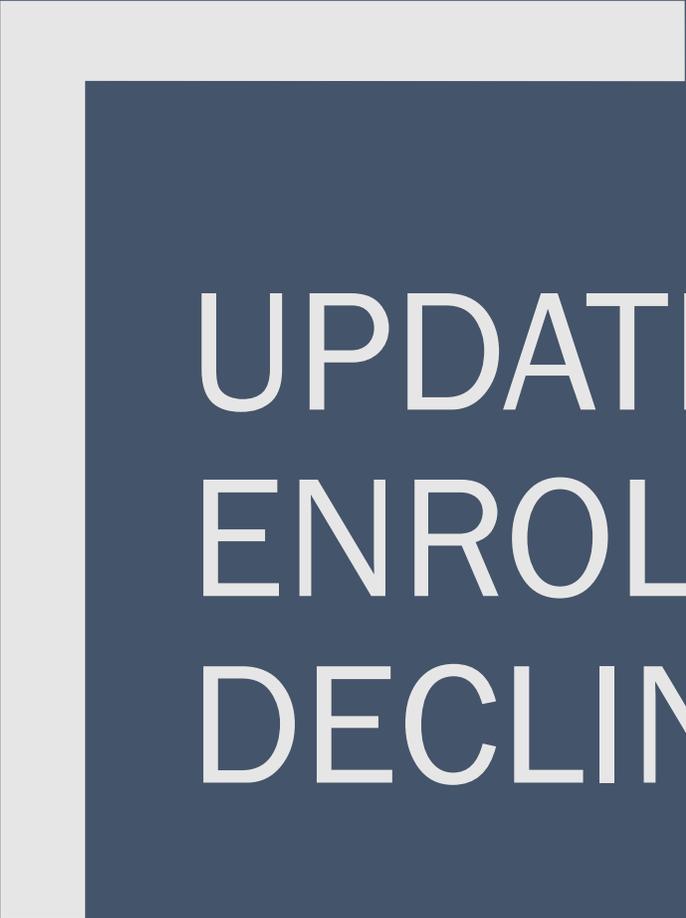
Working-Group Formed

Summer 2019, a working group was formed to address legislative challenges. Organizations include: MSBA, Missouri Coalition for Children’s Agencies, Legal Services of Eastern Missouri, Missouri Primary Care Association, School Nurses, Youth In Need, Missouri Alternative Education Network, Rural Health

Youth Who Are Homeless

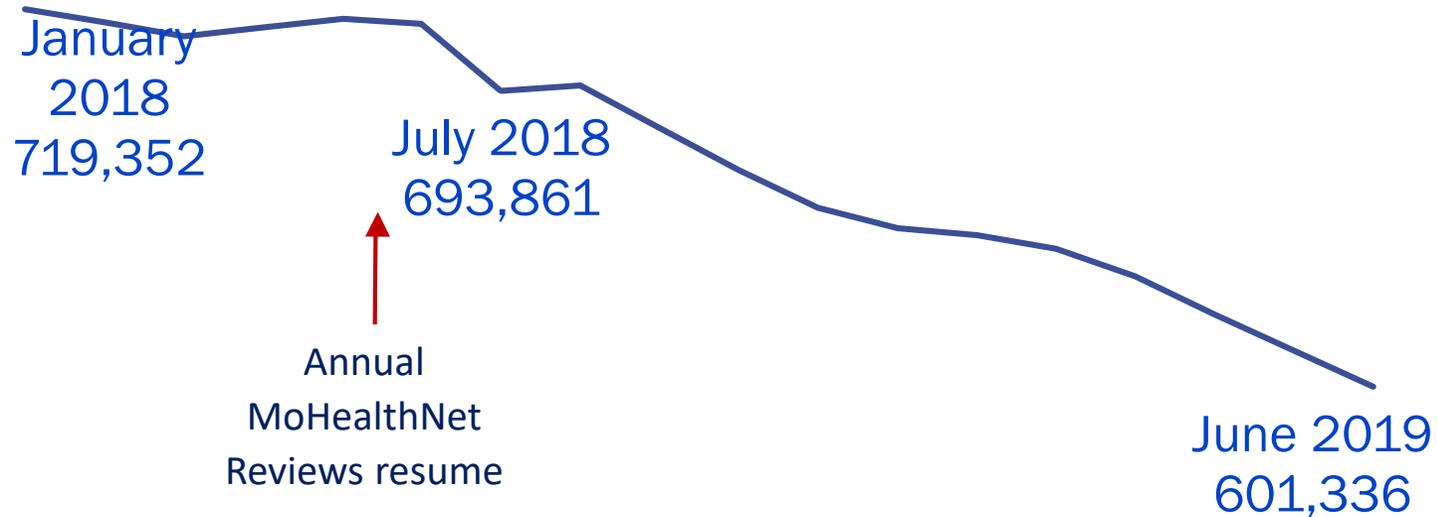
Areas In Need To Be Addressed

- Age of medical consent
- Access to birth certificate
- Medicaid coverage for former foster youth (13+)
- Clarity of residency for enrollment
- Increase funding for a FT statewide coordinator at DESE (currently PT)
- Clarity/revisit bank account legislation



UPDATE ON THE
ENROLLMENT
DECLINE IN MISSOURI

MoHealthNet Enrollment: Kids & Parents

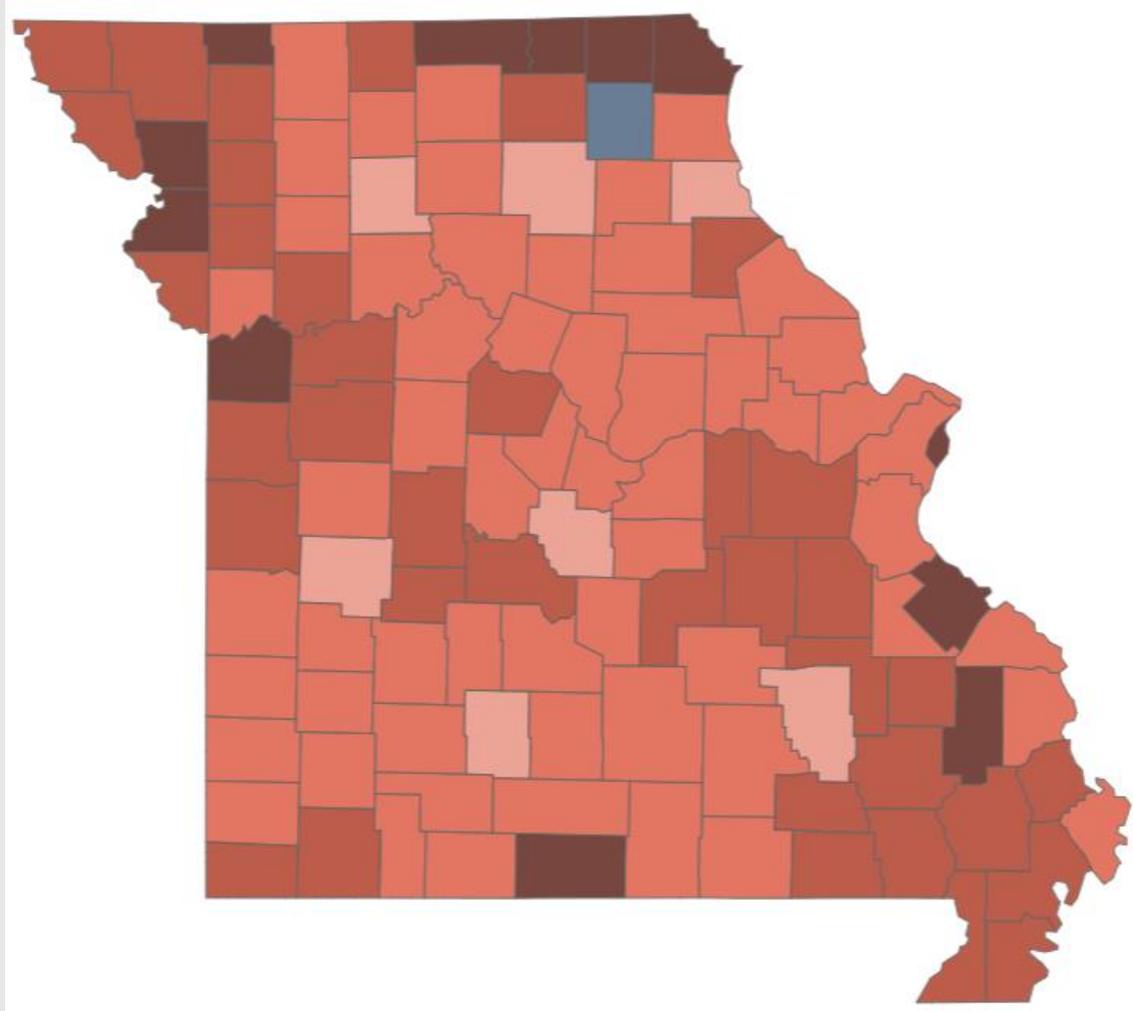


- Over 118,000 (or 16%) of children & parents lost MoHealthNet coverage
 - Nearly 95,000 Missouri children (or ~1 in 6)
 - Nearly 24,000 parents (or ~1 in 4)
- *Largest drops occurred among kids ages 1-3*

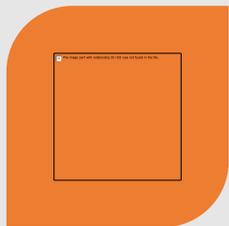
MoHealthNet decline occurred in nearly all counties

Legend

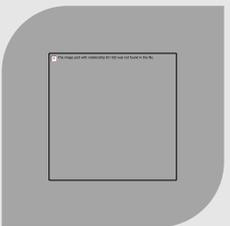
- $\geq 20\%$ Decrease
- 15% to 19% Decrease
- 10% to 14% Decrease
- $< 10\%$ Decrease
- Increase



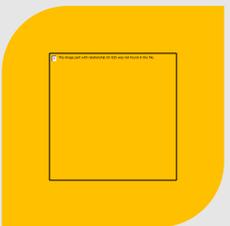
What is causing the decline?



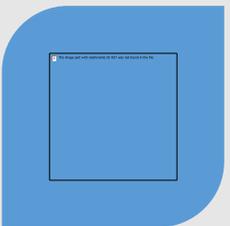
ANNUAL REVIEW PROCESS



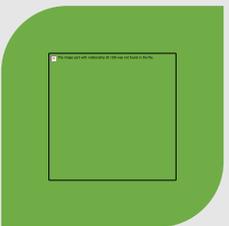
SYSTEMS NOT FULLY
EQUIPPED FOR NO-TOUCH
RENEWALS



ISSUES WITH CALL
CENTERS AND
PAPERWORK PROCESSES



REMOVAL OF INDIVIDUAL
INSURANCE MANDATE



ECONOMIC FACTORS



Themes identified from providers

- The vast majority of children and families losing coverage are still eligible.
- The call centers and resource centers are overwhelmed and unable to efficiently address participants' needs.
 - *Long wait times or deflected calls*
 - *Staff not adequately trained on all parts of process*
 - *No way to receive in-person assistance*
- There are a number of process issues preventing families from maintaining coverage
 - *Never receiving paperwork or state not receiving returned paperwork.*
 - *Not aware of process or don't understand renewal information.*

POLICY SOLUTIONS FOR IMPROVING MEDICAID



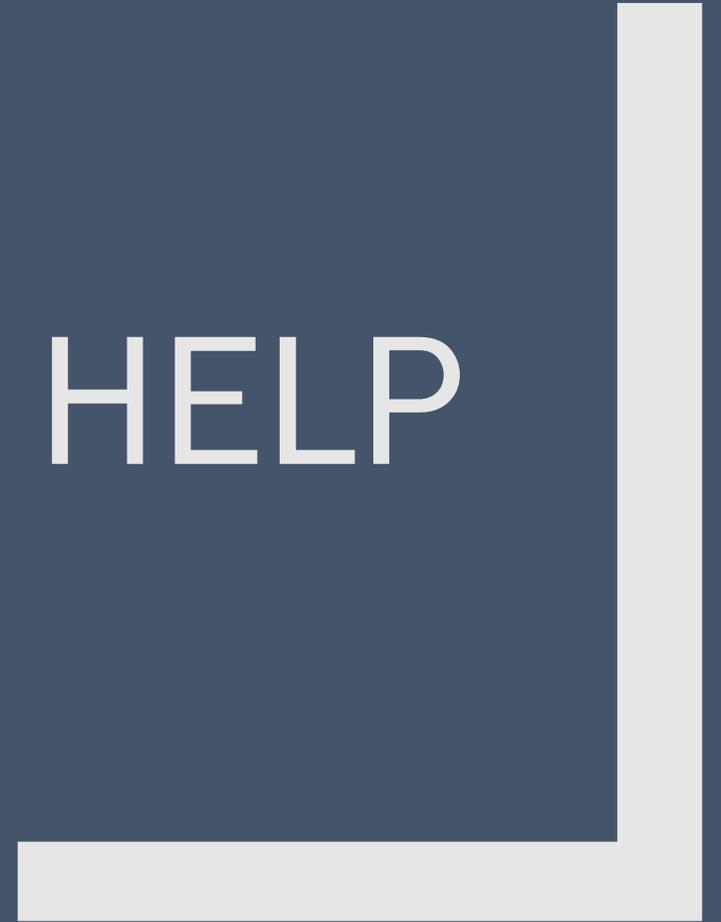
Proposed Legislative Change

- **Implement 12-Month Continuous Eligibility**, allowing families to maintain coverage for a full year regardless of income or other changes.
 - *The policy would increase the continuity of care, resulting in improved health outcomes, while at the same time reducing administrative burdens and the cost of churn.*
 - *Alabama, Louisiana, Kansas, South Carolina and West Virginia all use 12-Month Continuous Eligibility.*
 - *In all, 24 states have enacted 12-Month Continuous Eligibility in Medicaid, and 26 states use the policy for their CHIP population.*

Proposed Administrative Policy Changes

- *Place a moratorium on quarterly reviews and automated closures until systems issues are resolved.*
- Using Technology to Maximize Efficiencies
 - *Consider best practices and **implement “Express Lane Eligibility”** and increase **No Touch Renewals**, using data from other public assistance programs such as SNAP, and/or wage data to automatically determine eligibility for Medicaid, without requiring supporting materials from the family.*
 - *Enhance **Online Accounts** for Medicaid patients to allow them to electronically update critical information, such as address, family or income changes and upload documents.*
- Improving Staffing and Internal Processes
 - ***Increase staffing and improve training** of call center and resource center staff.*
 - ***Create a Special Unit** of trained workers tasked with working intensively on finding solutions for cases at risk of closure.*
 - ***Utilize existing Community Information Specialist positions** at every Family Support Division Resource Center to help families that walk into the offices with enrollment and renewal concerns.*

HOW YOU CAN HELP



What we need now

- Commit to help us pursue our policy goals
- Help us map our relationships
- Stories of children and families impacted by Medicaid enrollment decline
- Talk to us about hosting an event or feedback session in your area with stakeholders

Questions?

- Contact us if you're interested in more information and how you can get involved:
 - *Casey Hanson, Director of Outreach and Engagement*
chanson@kidswinmissouri.org
(314) 703-8126

SMSBHA Resources

National School-Based Health Alliance

[w] www.sbh4all.org

Show-Me School-Based Health Alliance of MO

[w] www.moschoolhealth.org

[p] 800-807-8494

[e] info@MOschoolhealth.org

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Next Steps

- **Virtual Policy Update→**
Monday, September 30 at 1:30 pm via Zoom
- **Virtual Follow-Up: Key Points Recap & Q&A→**
Tuesday, October 29 at 9:30 am via Zoom

Sign up for both calls on our website