LEGISLATIVE PROGRAM REVIEW & INVESTIGATIONS COMMITTEE

RBA Program Report Card

School-Based Health Centers (SBHCs) 2011

Contribute to the Quality of Life Results Statement:
"Connecticut adolescents have the health care services, supports, knowledge, and skills that promote optimal physical and mental well-being and success in life."

Main Contribution: Provide school-aged children greater and easier access to free primary care, mental health care, and dental care (in some cases), by making care available where children spend a large portion of their time: in school. Services are geared toward students/families who are uninsured, underinsured, or have public health insurance. Offering health care services within a school environment has been shown to increase academic achievement and reduce costly emergency department utilization.

Primary Partners: State agencies (DPH, DSS, SDE, DCF); heath care institutions and professionals (medical, dental, mental health, and substance abuse treatment providers); local schools/districts; local health departments; community-based, non-profit health and social service agencies; advisory and advocacy groups and associations for adolescent health care; parents/families, and students.

BACKGROUND

(Additional SBHC background information is provided in Appendix F of the committee's final report, available at http://www.cga.ct.gov/pri/2011_ahct.asp.)

- School-based health centers are located in schools or on school grounds and offer free primary care, mental health care, and in some cases dental care, to students. Parents must enroll their children in a center for the student to receive services, which are confidential. Some school-based health centers, at the time of enrollment, allow parents to opt-out of particular services offered through the health center.

- School-based health centers are integrated into the school environment and staffed with multi-disciplinary teams of state-licensed medical professionals, mental health professionals, and dental professionals. Each school-based health center must have a medical director (i.e., state-licensed medical doctor) available for consultation who is located either on-site at the center or within contact if not on-site. Centers must offer 24-hour referral to care.

- Health care services provided through school-based health centers are in addition to the services provided by school nurses and other staff. Coordination of students' health care typically occurs among school-based health center staff, school nurses, counselors, teachers, and administrators, along with other community service providers. School nurses, working in conjunction with SBHCs, refer students to school-based health centers for care when necessary.

- A sponsoring agency (e.g., nonprofit agency, community health center, local health department, school district, or hospital) is responsible for overseeing the operations of a school-based health center. School-based health centers – through their sponsoring agencies – must be licensed by the Department of Public Health either as an outpatient clinic or hospital satellite.

- A state grant program administered by DPH supports 71 school-based health centers established in elementary, middle, and high schools throughout Connecticut, many of which (57) primarily serve adolescents (see Appendix F for a list of their locations). An estimated 37 other entities licensed either as outpatient clinics or hospital satellites provide school-based care but are not state-funded SBHCs.

- The state also provides funds for expanded student health services at 10 schools in 3 communities. Additional, targeted services (e.g., mental health counseling) are offered at those sites but not the full range of primary care (physical, behavioral, and in some cases dental health services) available through comprehensive school-based health centers.

- In FY 2008-09 (the most current year automated enrollment and encounter information is available from DPH), 33,413 adolescents (ages 10 to 19) were enrolled in school-based health centers; of those, 15,672 (47%) received services through a SBHC at least once during the year, resulting in 77,675 visits.

- State grant allocations for school-based health centers totaled $10.3 million in FY 2011; funding for the 57 centers identified as primarily serving adolescents totaled $8.3 million. An additional $288,100 in federal funding through the Maternal and Child Care block grant was distributed to four sponsoring agencies. School-based health centers also receive funding and in-kind contributions from other sources, including foundations, local school districts, sponsoring agencies, and through public and private insurance reimbursements.

SBHC (State-Funded) Program Performance Summary

Symbols Used to Denote Progress (on Measures of How Well and Better Off):

+ Positive trend - Negative trend ⇔ Little/no change or mixed ? Cannot be determined

I. How *Much* Did We Do?

Centers Available

In FY11, the state funded 71 SBHCs in Connecticut, 57 of which served adolescent students (youth ages 10 to 19).

In total, 17 sponsoring agencies oversee the operations of state-funded school-based health centers in 20 towns throughout the state; 16 sponsoring agencies in 18 towns primarily serve adolescents.

Clients Served (Enrollment and Use)

Between FYs 2006-09, on average, 33,000 adolescents were enrolled in SBHCs over the four-year period.

43,100 students of all ages were enrolled in school-based health centers statewide in FY 2009; 33,400 (78%) were adolescents ages 10 to 19.

For FYs 2006-09, 7.5% of all public school students in Connecticut were enrolled in a school-based health center; 5.8% were among those ages 10 to 19.

An average of 16,700 adolescents visited a school-based health center for service at least once in each of the four years, 50% of all adolescents enrolled in a SBHC. The annual average number of SBHC visits for adolescents was 4.8.

Of the total 132,355 adolescents enrolled in school-based health centers during FYs 2006-09:

- 58% were 14-17 years old, with 17-year olds making up the largest percentage of enrollees (16%)
- 52% were female, and 48% male
- White (37%); Black (30%); Hispanic (13%); Asian (4%); other (4%); unknown (13%)
- 60% were in grades 9-12 (traditional high school), and just over 30% were in grades 6-8 (traditional middle school)

- Of the adolescents who received services during FYs 06-09:
  - 57% were 14-17 years old; 16-year olds made up the largest percentage of all adolescents

using school-based health center services (15%)

- 56% were female, and 44% male
- White (34%); Black (32%); Hispanic (13%); Asian (3%); other (5%); unknown (13%)
- 57% were in grades 9-12, and 33% were in grades 6-8

Funding

FY 2011 state grant funding for the 57 SBHCs primarily serving adolescents totaled $8.3 million; $10.3 million was available for all centers.

II. How *Well* Did We Do It?

KEY MEASURES	PROGRESS	CURRENT DATA
Serve intended population (students most in need of primary and preventive care, i.e., uninsured, underinsured/underserved)	✚	The state's poorest socioeconomic communities identified as having the greatest need for primary care, mental health care, and dental care services have at least one school-based health center in their school districts to serve adolescents, but not every school within each district has a center. Approximately two-thirds of adolescents using SBHCs either were uninsured or insured through Medicaid, which remained consistent over a four-year period analyzed.
High enrollment and utilization	⇔	• An average of 52% (33,100 students) of all eligible adolescents enrolled in their school-based health centers between FYs 06-09. • The trend in the overall enrollment rate remained relatively constant, ranging between 51-53%; there was a 2.8% enrollment increase over the period. • The rate of adolescents using SBHC services to enrolled adolescents ranged between 47-54%. SBHC utilization by adolescents averaged close to 16,700 per year for FYs 06-09. The number of service users remained relatively steady, between 15,700-17,500. • PRI staff survey results on how SBHCs view their capacity levels are mixed: 34% over capacity; 43% at capacity; 11% near capacity; and roughly 13% under capacity.
Meet overall primary health care needs	✚	SBHCs offer free care to students. The number of state-funded school-based health centers primarily serving adolescents increased to 57 since the 1980s, when centers were first funded in Connecticut. Adolescent visits to SBHCs for preventive health reasons increased between FYs 2006-09: immunizations (+56%) and exams/follow-up (+9%). The most frequent visits were for mental health reasons (32%), followed by treating/managing chronic conditions (26%). PRI staff survey results show 46% of SBHCs believe they are "very effective" in meeting adolescents' overall health needs and 54% are "effective." The service areas reported in need of most improvement are substance abuse, reproductive health, and dental care. Centers coordinate referral service with community providers. Results of a student satisfaction survey conducted by the Connecticut Association of School-Based Health Centers

		(2009) show 96% of the 992 respondents (ages 11-19) rated the care they received at their SBHC either as "excellent" (78%) or "good" (18%), indicating care met students' needs. An additional 92% said coming to the center was helpful, and 78% said the center improved their overall health. On average, during FY 11, school-based health centers remained open almost 2½ hours longer per week than normal school operating hours, providing students more access to centers; full summer hours are lacking across most centers.
Individual center performance satisfactory	⇔	Most centers are not staffed with both a medical and mental health professional for all their open hours. For FY 11, medical professionals (e.g., APRN or PA) were on-site an average of 33 hours per week, when centers were open 35.8 hours; mental health professionals (e.g., LCSW) were available an average of 32.7 hours; and dental professionals (e.g., dentist/dental hygienist) an average of 17.1 hours at limited sites. 55% of individual centers met or exceeded the average hours/week for medical professional staffing and 55% met or exceeded mental health professional staffing (although not necessarily the same centers.) • 26 of the 58 centers analyzed for FY 09 were above the average enrollment rate; 35 centers had utilization rates above the average. • Based on state grant allocations, the average state cost per adolescent user of SBHC services for FY09 was $109; 43% of school-based health centers had a per-visit cost below the average.
State-level program management efficient and effective	⇔	• There have been three program supervisors in last several years. • Improvements are necessary to refocus the SBHC program to better determine outcomes based on specific program measures. The department is making improvements, including working in collaboration with key stakeholders, to increase the overall efficiency and effectiveness of school-based health centers. • Additional work is also needed to develop a standardized protocol for distributing state grant funding to school-based health centers.
Proper Oversight and Quality Assurance	-	• Determination of individual center performance based on current, accurate data and targeted measures is lacking; information about nonstate-funded school-based health centers is not formally tracked. • The current management information system no longer supports the program and must be replaced; enrollment and encounter data used for program management purposes lags by two years, heightening issues with oversight, quality assurance, and proper data-driven program management. • Efforts are underway within DPH for designing a replacement automated data collection system.

		• SBHCs submit numerous reports throughout the year containing vast amounts of information and program data; analysis of the information for program oversight does not occur in a targeted manner focused on program results. • There is no overarching summary unifying performance measures, program data, and outcomes, making overall program effectiveness difficult to determine. • No standardized process using formal criteria exists at the state level to determine where to locate SBHCs or at what level to fund centers; little information exists about nonfunded entities providing school-based health for use in broader adolescent health planning. • Contract monitoring site visits occur, but not on a standardized basis. Additional work is necessary to connect site visits with performance outcomes. Coordination exists between the DPH contract monitoring and licensing functions. •
III. Is Anyone *Better Off*?		
KEY MEASURES	**PROGRESS**	**CURRENT DATA**
Improved health outcomes for students served	±?	• The mere ability to receive free physical and mental health care on site at schools, where students spend a large portion of their time, increases students' access to care – especially in communities having the greatest need for accessible, affordable, quality health care – and improves adolescents' chances of receiving care they need for improved health. • Results from a CT Association of School-Based Health Centers satisfaction survey (2009) of over 1,000 students who used SBHC services in Connecticut show 78% said using the center improved their overall health, 34% said they would not know where to go for care or their condition would have gotten worse without the SBHC, and 18% said they would have gone home from school or stayed home if care was not available in school. • National research indicates students who used SBHCs are more satisfied with their health and engaged in a greater number of health-promoting behaviors than students who do not use SBHCs.
Increased academic achievement	±?	• SBHCs' performance of returning adolescents to class is positive – a four-year average of 92% of adolescents receiving services from a school-based health center returned to class the same day, although no clear annual trend emerged for the period analyzed. National research shows improved academic performance on the part of students who use SBHCs compared with students who do not, yet additional work is needed in Connecticut to fully understand the impact of state-funded SBHCs on students' overall academic performance.
Cost effectiveness	±?	• National literature says use of school-based health centers can save an estimated $970 per person in avoided hospitalization/ED use, and up to $35 per child in Medicaid

		costs. • It is unclear how many adolescents in Connecticut avoided emergency room visits because they used SBHC services; determining the extent to which SBHCs reduce overall health care costs in the state needs further analysis. • Potential cost-saving benefits of SBHC care include: parents not having to miss work to care for a child; fewer transportation issues/ costs associated with finding care outside of SBHC; ability for more consistent and easier follow-up service; and more coordinated case management and referral services.