Adolescent Health Coordination and School-Based Health Centers in Connecticut: RBA Project 2011

Background

The program review committee authorized its third study using Results-Based Accountability (RBA) principles, an evaluation of state-funded services for meeting the health care needs of adolescents including those supported through Connecticut's Medicaid and Children's Health Insurance (HUSKY) programs, in March 2011. The study also summarized and compared state laws and best practices about parental involvement in adolescent health care.

Health care for Connecticut's adolescents, defined as those between the ages of 10 and 19 (about 485,000 total youths), involves many programs and organizations and a wide-range of services. Four state agencies, the Departments of Children and Families, Education, Public Health, and Social Services (DCF, SDE, DPH, DSS) have major roles. All state resources allocated to adolescent health could not be determined within the study timeframe, but in 2011, readily identifiable General Fund expenditures on health care for this age group totaled more than $224 million.

To keep the scope manageable and still permit examination of a comprehensive cross-section of adolescent health services and issues, the program performance portion of the study focused on two key areas: state-funded school-based health centers (SBHCs); and state-supported primary and preventive teen reproductive health services.

The committee's report includes an RBA report card on the state's progress in improving the health of its adolescent population and possible ways to achieve better overall results. Performance information on state-funded SBHCS and recommendations for increasing their efficiency and effectiveness also is presented in a report card format. The full report, with written agency responses from DCF, SDE, DPH, and DSS, is available at: http://www.cga.ct.gov/pri/2011_ahct.asp

Main Findings

Overall, Connecticut compares well with national and other state data on most key indicators of child and youth well-being but there is room for improvement. PRI found significant disparities in adolescent health status and access to care persist by race, ethnicity, and other demographic characteristics. For example, teen fatality and birth rates in Connecticut are among the lowest in the country. At the same time, deaths among black youths in the state are double the rate for white teens and births to Hispanic teen girls are almost three times the state average.

At present there is no concerted state effort to address barriers to better health outcomes for all Connecticut youth. Connecticut is fortunate to have many public and private resources available for meeting the complex physical, behavioral, and oral health care needs of its adolescent population. Yet, as the PRI study revealed, **statewide planning for adolescent health as well as service delivery remains fragmented.**

Connecticut's school-based health center program is a critical component of the state's adolescent health care system. National research shows SBHCs can be a cost-effective way to make essential primary and preventive care available to students, particularly low-income, uninsured, or underinsured teens. **PRI found state-funded SBHCs generally have been successful in increasing access to comprehensive health care services for the most at-risk adolescents; however, better results could be achieved with stronger oversight and data-driven decision making by the Department of Public Health.**

PRI Committee Recommendations

The program review committee adopted 22 recommendations aimed at enhancing performance of state-funded SBHCs and improving the state adolescent health system through more effective coordination and planning, stronger leadership, and improved data and data analysis.

PRI identified a dozen ways to improve DPH administration of its school-based health center program, and ultimately, health outcomes for the teens they serve. These include: a more streamlined reporting and management information system based on targeted program performance measures and actual results; and revision of the SBHC grant allocation process. To promote accountability and more informed decisions on the investment of scarce state resources, PRI also recommended more research and analysis of the long-term impact of SBHCs, and other currently funded teen health services, in terms of cost-effectiveness and reduction of health disparities, be conducted.

Ten overarching corrective actions were proposed by the committee, including: formation of a new adolescent health stakeholder workgroup; designation of agency adolescent health coordinators; and an updated strategic plan. PRI specifically recommended state agencies and other partners give greater attention to making primary and preventive care accessible to, and used by, adolescents, especially older teens eligible for state's HUSKY health insurance programs who tend to be underserved.

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