



Board of Directors Meeting

February 9, 2012

Request Approval: Replication of School-Based Health Clinics

Item IV.C.

Recommended Action: Board approval to transfer up to \$145,498 Special Teen Outreach Program (STOP) funds for a School Health Center replication in FY 11-12.

Board approval to allocate a portion of the All Children's Hospital (ACH) donation for FY 12-13 for a School Health Center replication.

Budget Impact: The annualized cost of a third clinic is estimated by the Pinellas County Health Department (PCHD) at approximately \$395,570. Funding for FY 11/12 is a transfer of funds from the discontinued STOP program, a non-evidence based teen pregnancy prevention program. Funding for FY 12-13 will be made possible through collaborative partnerships with PCHD, Pinellas County School Board, JWB, and the All Children's Hospital donation.

Strategic Plan Goal: Ensuring School Success

Background:

The purpose of JWB's involvement with school based health clinics is to advance the strategic focus area of school success by assuring youth, particularly those in at-risk zip codes, are provided preventative services in a holistic manner to remove obstacles to school attendance. JWB currently partners with the Pinellas County Health Department (PCHD), Pinellas County school system, and Suncoast Center for School Based Health Clinic services. The current program provides prevention, intervention, counseling, and mental health services to children attending two high schools in Pinellas County, Gibbs and Northeast. Northeast High School began services in FY 98-99 and Gibbs became operational in FY 10-11. The purpose of the clinics is to improve the overall school success of students by providing preventative health screenings and guidance related to adolescent development and health risk behaviors, as well as counseling and mental health treatment. In addition to preventative efforts, the clinics provide on-site treatment for acute illnesses, chronic medical conditions, as well as daily care needs.

The clinics are currently staffed with a multidisciplinary team of professionals including a pediatrician, A.R.N.P., health support technicians, registered nurses, licensed practical nurses and licensed counselors. The program serves to improve the overall health of students, thereby allowing the youth to remain in the classroom healthy and ready to learn. Additional goals of the program include, but are not limited to, improved access to medical care for minority, underinsured and uninsured students, fewer hospitalizations and emergency room visits. Another important aspect is improved student knowledge of how and when to use the health care system, demonstration of self-care skills in children with chronic conditions, more students receiving well exams and risk assessments, increased identification of new or previously unrecognized health problems and increased awareness of risk behaviors. One example of risk behaviors which can be addressed through the clinics are pregnancy testing, STD testing, and discussion of risky behaviors.

In addition to the medical services provided in the clinics, each clinic location is staffed with a full-time licensed counselor, providing participants with timely and direct access to services. Medical staff are able to provide a warm transfer to counselors when needs arise. The collaboration among the medical and counseling providers offers a holistic approach to any at-risk student's full range of needs. The Family Services Pool can be used to provide wrap around services.

The total program budget for FY 11-12 to operate the program at the two high schools is \$779,430 of which JWB funds \$466,357. The remaining revenue comes from the PCHD, Medicaid revenue, and in-kind support from the school system. In FY 10-11 the program served 1,070 youth. The service level is anticipated to increase during the current fiscal year as the Gibbs High School clinic becomes fully operational.

Related Research on Benefits:

Please see the attached National Assembly on School- Based Health Care information page related to research on similar programs. The attached document references research and evaluations which have demonstrated outcomes similar to the goals of the current Pinellas County program, including reduced inappropriate emergency room visits, reduction in Medicaid expenditures, increased use of mental health services, increased health care access, reduction in hospitalizations and increased school attendance. These outcomes are expected to enhance JWB's strategic goal for school success.

Proposed Replication:

A proposal has been made by the Pinellas County Health Department (PCHD) to replicate this program at Boca Ciega High School (located at 924 58th Street South in Gulfport, FL). Replication at this school will provide access to care for approximately 1,500 unduplicated youth annually. The current time frame for partial services to begin is March, 2012 with full services no later than August, 2012 which will allow services to begin in alignment with the 12-13 school year. Consideration is being given to having two of the three clinic locations provide summer services. The cost to support the expansion through the end of the current fiscal year is estimated to be \$180,000. Funding for the 11-12 expansion will be made possible through a reallocation of existing PCHD Special Teen Outreach Program (STOP) funds, by mutual agreement of JWB and PCHD.

The annualized cost of an additional clinic is estimated by the PCHD at approximately \$395,570. Funding for FY 12-13 will be made possible through collaborative partnerships with PCHD, Pinellas County School Board, JWB, and the donation from All Children's Hospital. The program will also bill Medicaid as appropriate.

The clinics will be able to participate in JWB's biometric system, allowing for streamlined administration and services. The palm scanner used in the program is familiar to students because it is already in use by Pinellas County Schools. Students will be checked into and out of visits which will allow PCHD and JWB to get a clear view into how the clinics are being utilized.

The data captured through the program will be collected and maintained in the JWB data warehouse. With appropriate client and parent consent, this data can be shared among varying parties who play a role in the healthcare of an individual student. For example, a youth's doctor could receive the information through a Health Information Exchange, offering a more holistic view of the overall well-being of their patient. JWB will also benefit from the health data which informs us on various health metrics, information previously unavailable, and which provides a richer base for analysis the overall health of youth in Pinellas County.

PCHD and JWB have discussed the potential of further replications, as well as allowing access to the surrounding community to the clinic. Possible uses could include serving youth ages 0-5 for immunizations, physicals, and well-care visits.

The collaboration between All Children's Hospital and JWB makes replication of health clinics possible without the use of JWB ad valorem revenues in FY 12-13. It is possible an expanded collaboration with All Children's Hospital may lead to additional opportunities to replicate health centers in target zip codes. ACH has interest in providing staffing for these centers in the future. Staff has also had preliminary discussions with Bayfront regarding a potential donation.

Sources

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3. Juszczak, L., Melinkovich, P., Kaplan, O., Use of health and mental health services by adolescents across multiple delivery sites. *Journal of Adolescent Health* 2003;328:108-118.
4. Kaplan, O.W., Calonge, B.N., Guernsey, B.P., Hanrahan, M.B. Managed care and SBHCs. Use of health services. *Archives of Pediatric Adolescent Medicine*. 1998 Jan; 152(1):25-33.
5. Key, J.D., Washington, E.C., Hulsey, T.C., Reduced emergency department utilization associated with SBHC enrollment, *Journal of Adolescent Health* 2002; 30:273-278.
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7. Lurie, N., Bauer, E.J., Brady, C. Asthma outcomes in an inner-city SBHC. *Journal of School Health*. 2001; 71(9):916.
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10. Webber, M.P., Carpinello, K.E., Oruwariye, T., Yungtai, L., Burton, W.B., and Appel, O.K. Burden of asthma in elementary school children: Do SBHCs make a difference? *Archives of Pediatric Adolescent Medicine*. 2003; 157:125-129.
11. Dallas Youth and Family Centers Program: Hall, L.S. (2001). *Final Report - Youth and Family Centers Program 2000-2001* (REIS01-172-2). Dallas Independent Schools District.

SBHC= school-based health center

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Benefits of School-Based Health Centers

Research and evaluation has demonstrated that school-based health centers represent cost-effective investments of public resources.

- A study by Johns Hopkins University found that school-based health centers **reduced inappropriate emergency room use** among regular users of school-based health centers. (5,9)
- A study of school-based health center costs by Emory University School of Public Health attributed a **reduction in Medicaid expenditures** related to inpatient, drug and emergency department use to use of school-based health centers. (1)
- School-based health centers have demonstrated that they attract harder-to-reach populations, especially minorities and males, and that they do a better job at getting them crucial services such as mental health care and high-risk behavior screens. Two studies found adolescents were **10-21 times more likely to come to a SBHC for mental health services** than the community health center network or HMO. (3,4)
- A national multi-site study of school-based health centers conducted by Mathematica Policy Research found a **significant increase in health care access by students who used school-based health centers**: 71% of students reported having a health care visit in past year compared to 59% of students who did not have access to a SBHC. (6)
- A study of elementary school-based health centers conducted by Montefiore Medical Center found a **reduction in hospitalization and an increase in school attendance** among inner-city school children for asthma (10). Another study on school-based health care's effects on asthma found decreases in hospitalization rates of 75-85% and improvements in the use peak flow meters and inhalers. (7)
- Adolescents who received counseling services in a school-based health center significantly **decreased their absenteeism and tardiness**, while those not receiving counseling slightly increased their absence and tardiness rates. (2)
- A study of student users of health centers found that **students who reported depression and past suicide attempts were significantly more willing to use the clinic** for counseling services. Those with perceived weight problems reported more willingness to **use a school clinic for nutrition information** than those who did not feel overweight. Sexually active students were willing to **seek information on pregnancy prevention** and to have general disease checks. (8)
- Dallas school-based health centers found that medical services helped **decrease absences by 50%** among students who had three or more absences in a six-week period; students who received mental health services had an **85% decline in school discipline referrals**. (11)