Report to the Public Health and Education Committees of the Connecticut General Assembly On School Based Health Centers

Submitted by
The Commissioner of the Department of Public Health
(Established by P.A. 11-242 as amended in Section 44 of the CT General Statutes)

January 2012

School Based Health Center Advisory Committee
2010-2011 Summary

Background and History

In response to Public Act 06-195 §51, An Act Concerning Revisions to Department of Public Health Statutes, the Commissioner of the Department of Public Health (DPH) established an Ad Hoc Committee for assistance in improving health care through access to School-Based Health Centers (SBHC), particularly by underinsured or uninsured people or Medicaid recipients. Members of the Ad Hoc Committee included representatives from DPH, the Office of Policy and Management (OPM), the Department of Mental Health and Addiction Services (DMHAS), and SBHC Directors. Based on the five focus areas identified in PA 06-195, DPH invited the Executive Director from the Connecticut Association of School Based Health Centers (CASBHC) and representatives from the Department of Social Services (DSS), Department of Children and Families (DCF), and the State Department of Education (SDE) to participate on the committee.

In the 2011 legislative session, HB 6618 introduced language to replace the Ad Hoc Committee with a School Based Health Center Advisory Committee. Public Act 11-242, §44, describes the function and composition of the committee:

> **§44 SCHOOL-BASED HEALTH CENTER ADVISORY COMMITTEE**
> The bill replaces a committee on school-based health clinics (SBHCs) with a new SBHC advisory committee that must help the DPH commissioner develop recommendations for statutory and regulatory changes for improving health care through access to SBHCs. The committee includes the following: (1) the commissioners, or their designees, of public health, social services, DMHAS, and education and (2) three SBHC providers appointed by the board of directors of the Connecticut Association of School-Based Health Centers. The committee must meet at least quarterly and report, by January 1, 2012 and annually afterwards, to the Public Health and Education committees. Administrative support for the advisory committee may be provided by the Connecticut Association of School-Based Health Centers.

The committee met three times between January 2011 and December 2011. Committee members submitted information reflecting work done on behalf of SBHCs during the last year for purposes of this report. The following four areas were identified as priority areas for SBHCs:

1. Loss of technical support for the Clinical Fusion database in June 2012 and the transition to electronic health records
2. Determining the role of SBHCs in Person Centered Medical Home model
3. Develop language that provides a definition of "School Based Health Centers" in Connecticut

4. Revisit the recommended plan of expansion of the number of CT SBHCs which was detailed in the 2006 DPH Commissioners' Ad Hoc Report

The activities identified below are aligned with the School Based Health Center Advisory Committee focus areas:

Statutory and Regulatory

- In the 2010 legislative session, Public Act 10-118 created *An Act Concerning Insurance Payment Reimbursement to School Based Health Centers*. The bill states, "Each insurer licensed to do business in this state shall, at the request of any school-based health center or group of school-based health centers, offer to contract with such center or centers to provide reimbursement for covered health care services to persons who are insured by such licensed insurer. Such offer shall be made on terms and conditions similar to contracts offered to other providers of health care services. "

CASBHC created the initial language for the bill and provided testimony during legislative hearings. To date, most SBHCs have procured contracts with one or more commercial insurance carriers that provide services to members in their geographic area. The contracting process required education about the medical and mental health services provided in school based health centers, and the benefits of contracting with SBHCs for services provided to their members. SBHC directors provided education and navigated the contracting process through contract execution. At CASBHC's request, the Pro Bono Partnership in Hartford provided legal assistance with the commercial insurance contracting process, in response to the passage of SB 400.

Improving School Based Resources

- CASBHC secured a multi-year Connecticut Health Foundation Grant focusing on organizational capacity building, advocacy, and technical assistance and training for SBHCs.

- CASBHC secured a DPH Emergency Preparedness Grant to implement emergency preparedness in all DPH-funded SBHCs. Funds were used to support training, community collaboration with preparedness networks, the acquisition of necessary pandemic influenza supplies, and the development of emergency operations plans.

- CASBHC secured funding from the Perrin Family Foundation to conduct data collection, analysis, and produce reports demonstrating the impact of SBHC services in all DPH-funded SBHCs. Utilizing funds from Perrin Family Foundation and Connecticut Health Foundation, CASBHC contracted with the University of Connecticut Center for Nursing Scholarship to undertake a data project that resulted in the publication of four Brief Reports on health topics: asthma, mental health, addressing obesity, and immunizations (See Attachment 1: Brief Reports).

- CASBHC secured funding from the Connecticut Health Foundation in a new initiative -- Integrating Health Research and Advocacy. The eighteen month project is examining the ability of SBHCs to successfully engage African-American and Latino adolescent males in school based mental health services.

- DPH and CASBHC sponsored a conference in October 2010 entitled *Critical Issues in Child and Adolescent Health* for SBHC medical and mental health clinicians. One hundred thirty individuals attended.

- Throughout the period of this report, CASBHC representatives attended meetings of the Medicaid Assistance Program Oversight Council and the Primary Care Case Management committee to determine the role of SBHCs in the Person Centered Medical Home model.

Other Activities

- DPH staff met with the CASBHC Coordinating Council in two meetings to discuss results-based accountability and the development of performance measures that could be collected by all SBHCs to demonstrate the impact of SBHC services on student health.

- In response to the loss of technical support for the Clinical Fusion database utilized by the majority of the state-funded SBHCs, DPH staff have begun to explore the development of a database to collect specific SBHC demographic and service data, with the potential to document the outcomes of relevant quality indicators.

- SBHCs are engaged in transformations in health information technology. Some SBHC sites have converted to electronic health records or are in the process of doing so. CASBHC sponsored a webinar presented by eHealth Connecticut, the regional extension center for the state.

- CASBHC representatives, DPH staff, and DPH-funded SBHC sites provided information to contribute to the development of an adolescent health report. The Legislative Program Review and Investigations Committee (LPRIC) staff has been preparing a report entitled *Adolescent Health in Connecticut: RBA Project 2011.* The committee study is focused on evaluating state-funded services for meeting the health care needs of Connecticut's teens. The program performance evaluation portion of the study is focused on two areas: 1) school-based health centers (SBHCs); and 2) state-supported teen reproductive health services. The final report will be presented to the LPRIC Committee in February 2012.

- Ten Connecticut organizations were awarded federal funds for construction, renovation, or equipment purchases through the Health Resources Services' Administration (HRSA) School Based Health Center Capital grants program.

Funds cannot be utilized to support operational costs; however, all newly constructed centers must be operational within two years.

- The Department of Social Services completed the *2011 STATE SCHOOL-BASED HEALTH CARE POLICY ASSESSMENT SURVEY: Questions for the State Medicaid Office* created and collected by the National Assembly on School Based Health Care in Washington, D.C. The survey collects information related to Medicaid policy and billing issues related to SBHCs.

- The Connecticut Suicide Advisory Board has formed as a forum to foster evidence-based statewide suicide prevention efforts supported by DCF and DMHAS. Through the merger of two former groups, the goal is to further suicide prevention efforts in Connecticut resulting in reduced suicide attempt, contemplation, and death of youth and adults. The Board plans to develop a virtual network via a new website/social media that would link the Board to community/ grassroots-level suicide prevention efforts, activities, services, and initiatives via the statewide campaign "1 Word, 1 Voice, 1 Life." DCF and DMHAS Co-Chair the new Connecticut Suicide Advisory Board; a representative from the Child and Adolescent Health Unit of the Department of Public Health has joined the Connecticut Suicide Advisory Board

- The Connecticut School Health Survey 2009 is comprised of the Youth Tobacco Component and the Youth Behavior Component. The survey addresses health behaviors related to tobacco use and exposure among CT students grades 6-12 and monitors priority health risk behaviors experienced by students in grades 9-12. A copy of the report can be found here: http://www.ct.gov/dph/lib/dph/hisr/pdf/CSHS2009_Factsheet.pdf

Advocacy

Representatives from the Connecticut Association of School Based Health Centers are engaged in multiple statewide committees and councils. These partnerships expand the resources of SBHCs. Committee representations include:

- Medical Assistance Program Oversight Council: member of Executive Committee and co-chair of Quality Assurance Subcommittee/membership on Care Management Committee for Person-Centered Medical Home initiative
- Connecticut Behavioral Health Partnership Oversight Council
- Connecticut Dental Health Partnership
- Connecticut Coalition for Oral Health: coalition co-chair
- DPH Public Health Preparedness Statewide Hospitals and Healthcare Partners committee
- Medicaid Strategy Workgroup
- Keep the Promise Coalition Children's Mental Health Committee
- National Assembly on School Based Health Care: State Executive Directors' Leadership Council.

Emerging Issues

School based health centers are a critical element of the safety net for vulnerable children and adolescents. SBHCs are active participants in the changing healthcare landscape, and are currently involved in initiatives to meet state and federal requirements. Based upon the four priority areas identified for the 2011-2012 year, the SBHC Advisory Committee makes the following recommendations to improve health care through access to School Based Health Centers.

Recommendations

- Follow the recommendations of the 2006 Ad Hoc Report to bring all currently operating SBHCs up to the DPH Standard Model for a full-time comprehensive School Based Health Center as highest standard of care available (National Gold Standard) with respect to the range and quality of SBHC services (Robert Wood Johnson Foundation's 2003 report *Making the Grade*: State and Local Partnerships to Establish School-Based Health Centers)

- Utilize language from the 2006 Ad Hoc Report to create a definition of a Comprehensive School Based Health Center, described as "a unique service delivery model that provides *medical care and preventive and behavioral health services* provided by a team of licensed interdisciplinary professionals (at a minimum, medical and behavioral) with particular expertise in child/adolescent health who work side-by-side to address and coordinate a broad spectrum of students' health needs and routinely offer to students time-intensive anticipatory guidance and health education. Optional preventive and restorative dental services may also be provided." Align the definition with the federal SBHC designation as described in the Child Health Insurance Program Reauthorization Act: http://www.nasbhc.org/site/c.ckLQKbOVLkK6E/b.7543209/k.78CE/Childrens_Health_Insurance.htm

- Create a stepped approach or glide-path to achieve the Comprehensive SBHC Model based on 1) part time operation during the academic year including all hours of school operation, 2) full time operation during the academic year including all hours of school operation, and 3) part time or full time operation year round.

- One area of discussion focused on the creation of a licensure designation for School Based Health Centers under the current outpatient license or hospital satellite license as:

    a. School Based Health Center: comprehensive services (medical and behavioral health *required*/dental optional)

b. Enhanced School Health Clinical Services: generally one type of service only such as behavioral health or dental; but does not meet requirements of Comprehensive SBHC model

- As recommended in the 2006 report of the Ad Hoc Committee to Improve Health Care Access, develop a plan to expand the current SBHC system (new sites) in a thoughtful and consistent manner. Upon availability of funds, conduct a competitive Request for Proposal (RFP) process based on geographic need
- Expand the number of SBHCs that provide dental services or have partnerships with community dental programs.

Committee members will identify and choose priorities for the group to address for the remainder of the fiscal year. The intent of this report, particularly the recommendations, is to implement strategies or create regulatory changes that will strengthen and expand the delivery of care provided through SBHCs to Connecticut children, their families, and their communities.

APPENDIX A

School Based Health Center Advisory Committee Members
2010-2011

Department of Public Health	
Leonard Lee	Deputy Commissioner
Rosa Biaggi	Section Chief, Family Health Section
Janet Brancifort	Public Health Services Manager, Family Health Section
Meryl Tom	Social Work Consultant, Adolescent and Child Health Unit, Family Health Section
Mark Keenan	Supervising Nurse Consultant, Adolescent and Child Health Unit
Jill Kentfield	Legislative Liaison, Office of Government Relations
School Based Health Centers	
JoAnn Eaccarino	Child and Family Agency
Melanie Bonjour	City of Danbury
Deborah Poerio	Integrated Health Services
Carlos Ceballos	New Haven Public Schools
Rita Crana	Griffin Hospital
Jesse White-Fresé	Connecticut Association of School Based Health Centers
Department of Children and Families	
Marilyn Cloud	Behavioral Health Clinical Manager
State Department of Education	
Stephanie Knutson	School Health Consultant
Cheryl-Ann Resha	Child Nutrition and Health Services Manager
Department of Social Services	
Nina Holmes	Medical Policy Consultant
Carolyn Treiss	Legislative Program Manager
Department of Mental Health and Addiction Services	
Andrea Duarte	Behavioral Health Program Manager

ATTACHMENT 1
Connecticut Association of School Based Health Centers: Brief Reports

HEALTHY KIDS MAKE BETTER LEARNERS
CONNECTICUT ASSOCIATION OF SCHOOL-BASED HEALTH CENTERS

Protecting the Health of Connecticut's Young People: Brief Reports

Asthma

One tenth of American children aged 5-17 have asthma.[1] By providing basic primary care and prevention services – such as help with medication management – asthma-related absenteeism and the resulting educational disadvantage of children with asthma can be greatly reduced.[2]

A recent study found strong economic benefits of School-Based Health Care (SBHC) programs for managing childhood asthma. The authors found that nearly half the cost of administering SBHC programs is recaptured through reduced emergency room, hospital, and outpatient expenses.

Without school-based primary care, parents of children with asthma are required to leave work to attend to their childrens' special health care needs. This indirect cost of childhood asthma, in terms of lost work, costs the nation $23 billion dollars each year.[3] In terms of primary care for asthma, each dollar spent on supporting a SBHC program results in a net savings of between $4 and $5.

SBHCs offer high-quality medical care, provided by clinicians with expertise in child and adolescent health. SBHC clinicians provide asthma education to children and their parents, disease management, appropriate medications, and treatment for acute asthma episodes to maintain optimal health and reduce costly emergency department services.

SBHCs reduce barriers experienced in other healthcare settings including difficulty accessing care, parental loss of work time, and financial stress for families that lack insurance or are experiencing unemployment. SBHCs provide students immediate access to care for many serious health issues that impact school performance and academic success.

CT School-Based Health Centers

Students Receiving Care for Asthma

	'07-'08	'08-'09
Number of Students with Asthma	1,346	1,366
Total Number of Visits	2,343	2,996
Of these, Treatment of Acute Episodes	675	684
Demonstration / Evaluation of Nebulizer	218	238
Nebulizer Treatments	1,741	1,608
Of acute episodes, those returned to class	89.5%	96.4%

1 - CDC, 2011 2 – Guo, et al. 2004, *Journal of Adolescent Health*
3 – Tai and Barne, 2011, *Journal of Community Health*

Connecticut Association of School Based Health Centers

PO Box 771
North Haven, CT 06473
Phone Number: (203)230-9976
http://ctschoolhealth.org

University of Connecticut

Prepared by the Center for Nursing Scholarship,
University of Connecticut School of Nursing;
R. Cusson, W.D. Barta, R. Froman 10/28/2010r

Protecting the Health of Connecticut's Young People: Brief Reports

Immunization Program

Connecticut's School Based Health Centers (SBHCs) play a vital role in keeping children healthy and in school through the provision of immunizations on site. The state of Connecticut has mandatory immunization requirements for children. Without proof of such vaccines, children are not allowed to attend school.

Connecticut's SBHC program, during the 2 school years highlighted here, has contributed to the number of young people that have received these important vaccinations. "Vaccines are among the most successful and cost-effective public health tools available for preventing disease and death. Immunization programs have resulted in a vast reduction in deaths and illnesses from at least 13 once-common diseases, including smallpox, polio, diphtheria and whooping cough."[1]

While CT has a high success rate with child and adolescent immunizations, some children are not adequately immunized. This may occur when children from other states or countries attempt to enter CT schools, or when children or adolescents do not regularly access health care providers. SBHCs have the greatest impact in these situations because they can provide the immunizations on site in a timely manner.

SBHCs address identified barriers to immunizations. Barriers primarily fall into 3 categories: lack of knowledge about immunizations, fears about vaccine safety, and logistical problems that limit access to immunization services. Issues such as complicated immunization schedules, fragmented care and records, inconvenient clinic hours, long waits for immunizations, transportation problems, and cost also have been found in studies assessing immunization barriers.[2] Every dollar spent on routine childhood immunizations saves $5.30 on direct health care costs.[3]

(1) Council of State Governments. Healthy States: CSG's Partnership to Promote Public Health, 2006
(2) Burns and Zimmerman. "Immunization Barriers and Solutions", Journal of Family Practice, January 2005. (3) CDC data.

CT School-Based Health Centers

Common Immunization Types

	'07-'08	'08-'09
Students Receiving 1 or More	3,965	4,021
Meningococcal Vaccine	791	1,054
Measles, Mumps, Rubella (MMR)	459	476
Diphtheria, Tetanus, Pertussis*	1,465	1,365
Polio	380	361
Influenza	782	1,089
Varicella (Chicken Pox, including MMRV)	897	952
Hepatitis A,B	743	876
Human Papillomavirus	1,015	792
Type Unspecified**	2,083	1,736
Total Visits	8,615	8,701

* e.g., TD, Dtap Tdap ** Standard immunizations

Tuberculosis Screening and Prevention

	'07-'08	'08-'09
Screening Tests for Tuberculosis (PPD)	1,202	1,144
Positive PPD	106	88

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Protecting the Health of Connecticut's Young People: Brief Reports

Mental Health

It is estimated that only a quarter of children who need mental health care receive it. Of those who receive mental health services, 70-80% received that care in a school setting.[1] In an unpublished report in 2002, the CT State Department of Education found that the only school based health care system devoted to the mental health needs of regular education students in Connecticut is the School Based Health Center program.[2] School Based Health Centers (SBHCs) provide individual, group, and family counseling for mental health issues in more than 40,000 visits annually.

Studies have shown that SBHCs reduce Medicaid costs associated with emergency room use and hospitalization. Apart from asthma sufferers, the children and adolescents that are most likely to utilize emergency room care or inpatient hospitalization care are those who suffer from mental health problems.[3] SBHCs also provide a cost-effective means of delivering care. In the case of children and adolescents insured by Medicaid, each visit to an SBHC saves an estimated $35.00 in Medicaid costs per child per year.[4]

School Based Health Centers offer high quality mental health care, provided by clinicians with expertise in child and adolescent health, using an interdisciplinary approach to health. SBHCs reduce the barriers experienced in traditional mental health settings, including stigma, difficulty accessing care, and long wait times for appointments. SBHCs provide students with immediate access to care for many serious health issues that impact school performance and academic success.

CT School-Based Health Centers

Selected Mental Health Need

	'07-'08
Students with 1 or More Identified Need	5,337
Total Annual Visits, SBHC	40,828

Treatment is provided for the following:

High risk behavior / Self-injury
Psychosocial problems: family / peers
Attention deficit disorder / ADHD
Victimization; trauma; traumatic stress
Alcohol and substance abuse
Delusional/psychotic / personality disorder

Anxiety disorders
Learning disorders
Bipolar disorder
Major Depression
Conduct Disorder
Adjustment Disorder
Other disorders *

*Other disorders include eating disorders, autism, developmental delays, problem behaviors.

1 Burns B.J., et al. (1995). *Health Affairs* 1995: 14,3: 149-159. 2 *Mental Health Blueprint for Children in CT: Joint Task Force of CT Chapter of American Academy of Pediatrics and CT Chapter of American Academy of Child and Adolescent Psychiatry*, Jan. 2010. 3 Center for Health & Health Care in Schools., 2009. 4 Guo, J. et al.. (2010). *American Journal of Public Health*, 100, 1617-1623.

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Protecting the Health of Connecticut's Young People:
Brief Reports

Addressing Obesity

School Based Health Centers (SBHCs) offer an opportunity to identify and monitor obesity in young children and adolescents. Preventive services such as dietary and exercise counseling are offered at many SBHCs throughout the state.

The Centers for Disease Control and Prevention (CDC) reports that there has been a rapid four-fold rise in child and adolescent obesity (ages 6-19) over a 20-year period from the early 1980's to 2003.[1] The prevalence of obesity has doubled for children 6-11 years and tripled for teenagers in the past 2 decades. Approximately 17% of children between ages 2-19 are considered overweight and 34% are at risk for being overweight.[2] Studies indicate that about 80% of children and adolescents who are obese will be obese at age 25.[3]

Childhood obesity is affected by many factors: genetic, behavioral, and environmental. SBHCs can impact the behavioral and environmental factors by providing nutrition/dietary counseling, physical activity engagement, and by setting examples for a healthy lifestyle through educational programs both within the SBHC and as a partner with the school. The benefits of monitoring overweight and obesity in SBHCs is that it will reduce the incidence of adult health conditions that in many cases are very expensive to treat. A recent study estimated that a one-percentage point reduction in obesity among twelve year olds would save $260.4 million in lifetime medical expenditures.[4]

CT School-Based Health Centers

Services Addressing Weight-Related Issues

	'07-'08	'08-'09
Number of contacts with overweight or obese children / adolescents.	11,788	8,275
Number of students receiving care for weight-related health concerns	2,261	1,442

Services include:

(a) Dietary Counseling
(b) Exercise Counseling
(c) Observation
(d) Treatment for diabetes and other weight-related health problems

1- CDC, National Center for Health Statistics. National Health and Nutrition Examination Survey, 2003.
2 Shaya F.T. et al. (2008). *Journal of School Health.*
3 Whitaker R.C. et al. (1997) *New England Journal of Medicine.*
4 Trasande, L. (2010). *Health Affairs.*

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