Contact Information	Dunia Faulx, MPH Community Health Director DFaulx@co.jefferson.wa.us *Which organizations were involved in developing this project suggestion?* Jefferson County Public Health; Jefferson HealthCare; Jefferson Mental Health; Port Townsend School District; Chimacum School district; Coordinated Care; Public Health Seattle-King County; The Health Center in Walla Walla; Washington Dental Service Foundation; Washington School-Based Health Alliance
Project Title	*Increasing access to School-Based Health Centers and expanding services at current School-Based Health Centers to focus on whole person health and wellness.*

Rationale for the Project

Problem statement – why this project is needed

School-based health centers (SBHCs) are a model to provide medical, dental, and mental health services in a clinic located on-site of a school and are the result of a partnership within a community. SBHCs address a need for adolescent primary care, reproductive and mental health care to a population that are underserved in traditional models of care delivery. SBHCs have been providing appropriate care to school-aged children for over 40 years[i] and have been studied extensively for outcomes regarding reduction in healthcare costs by reducing the use of emergency services such as urgent care centers and emergency rooms, health care access, absenteeism and behavioral health issues, academic success of students. SBHCs are designed to meet the needs of the community of students they serve; the services focus on preventative services including immunizations, tobacco cessation, nutrition, eating and weight concerns, reproductive healthcare, physicals and mental health counseling, EPSDT protocols, and can also include oral health care. By providing comprehensive and appropriate care to school-aged children in an environment that is easily accessible and linked to the academic environment, SBHCs support the development of healthy children and work to reduce effects of some chronic diseases i.e., asthma, obesity, diabetes. However, right now, SBHCs are only operating in pockets across the state and there isn't equitable access to this holistic intervention for all school-aged children and youth.

Supporting research (evidence-based and promising practices) for the value of the proposed project.[ii]

SBHCs have been providing services to school-aged children in the United States in limited settings. As of a census performed in 2013 by the National School-Based Health Alliance there are over 2300 SBHCs in the USA with the majority of these being located in high schools (23.4%) or schools with pre-K through grade 12 onsite (27.9%)[iii]. SBHC's have been extensively studied for impact on health outcomes related to chronic conditions such as obesity and asthma, mental health, reproductive health, and substance abuse. Although SBHCs have been providing services for decades, it was not until the 2010 Affordable Care Act (ACA) when SBHCs were identified as a critical health care delivery mechanism and specific federal funding was allocated for implementation.

Relationship to federal objectives for Medicaid[iv] with particular attention to how this project benefits Medicaid beneficiaries.

Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations: SBHCs provide services to all students enrolled in schools where they are located; however they offer an easily accessible clinic for students who are un- or underinsured. In two high schools in Jefferson County, WA that have SBHCs 40% of students are low income and qualify for free and reduced lunch rates.

Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks: Most students in rural WA qualify for Apple Health and SBC offer a convenient way for them to establish a medical home. SBHCs provide access for school-aged children into the health care system and effectively link into the medical system, through the SBHC referral system. SBHCs are an alternative service delivery mechanism and are particularly effective at serving hard-to-reach populations. The JC SBHCs are staffed by Family Nurse Practitioners, licensed MH professionals, drug and alcohol counselors and an administrative assistant who signs eligible students and families up for Apple Health, the WA state Medicaid plan. JC SBHC offers all choices of Contraceptive methods including Long Acting Reversible Contraception. All students receive and Adverse Childhood Events Screening and referrals.

Improve health outcomes for Medicaid and low-income populations. Not only do school-based health centers improve health outcomes for children and youth but there is also evidence that they have improved educational outcomes and been beneficial care points for common pediatric chronic diseases, like asthma.[v]

Project Description

Which Medicaid Transformation Goals[vi] are supported by this project/intervention? Check box(es)

X Reduce avoidable use of intensive services
X Improve population health, focused on prevention
X Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

X Care Delivery Redesign
X Population Health Improvement – prevention activities

Describe:

Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).

School-based health centers provide access to medical and mental health services to all school-aged children that attend a school with an on-site SBHC. Adolescents specifically are often an underserved population with high levels of unmet physical and mental health needs. The program also attracts minority students and males, populations that are both harder to reach using more traditional models of health care access.[vii] In the US, over 70% of the students that attend schools with SBHCs are from a minority groups.[viii,iii] According to the Healthy Youth Survey in Washington State over 30% of grade 12 students have drank alcohol in the past 30 days, with the majority of students first using alcohol in high school (44% of students who have used alcohol versus 22% who first used alcohol below the age of 13).[ix] Increasing access to SBHCs in schools will provide early intervention and prevention points for youth that are at-risk of or already identified as having substance use and abuse issues/disorders.

Relationship to Washington's Medicaid Transformation goals.

The presence of SBHCs in schools has been proven to reduce avoidable use of intensive services and settings. In a study by Johns Hopkins University it was found that there was a reduction in inappropriate emergency room use among users of SBHCs.[x],[xi] Specific to the Medicaid population, SBHC use is associated with lower Medicaid-funded emergency room expenses.[xii,xiii,xiv,xv] SBHCs also work to improve population health, specifically providing access to programs for reproductive health, oral health, tobacco cessation, mental health and substance use. Relating to Medicaid costs, in a study by the Emory University School of Public Health, SBHCs were responsible for a reduction in Medicaid expenditures related to inpatient, drug and emergency department use.[xv] In Ohio, students who used SBHC facilities reported positive perceptions about their health, which correlated with lower Medicaid costs per patient (approximately $30.40 less than comparable youth who did not have access to a SBHC).[xvi]

Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity reducing health disparities.

The goals for SBHCs during the waiver period are two-fold and include (1) expanding SBHCs to additional ACHs throughout WA state, including regions that serve vulnerable populations and (2) expanding the services provided at all existing SBHCs to include oral health and long-acting reversible contraceptives (LARC). Interventions will continue to include chronic disease management, mental health support, primary and reproductive care, tobacco and substance use interventions, and oral health will be added when appropriate. Outcomes expected will include increase in access to care for WA state youths, reduction in teen pregnancies, improved chronic disease management, reduction in tobacco, alcohol and other substance use, and improved mental health outcomes. These outcomes can be monitored through patient monitoring, vital statistics data, and the Healthy Youth Survey.

Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.

SBHCs are becoming increasingly recognized for their positive contribution to the health/MH of our youth. As previously mentioned, the 2010 health care reform legislation included funding to support the establishment of SBHCs. Ongoing funding is lacking.

Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.

SBHCs are designed to be partnerships that include schools, community centers, local health jurisdictions, health providers, Insurance Companies MCOs and the broader community as a whole. The Olympic Community of Health (OCH) has agreed to support this transformation project as a single ACH, and expect that other ACHs in WA state will act similarly. The addition of oral health into the SBHC model in WA state requires the partnership of the WA Dental Association, who has already indicated their support of this project.

Core Investment Components

Describe:

Proposed activities and cost estimates ("order of magnitude") for the project.

The costs associated with SBHCs include two cost categories: the initial start-up costs as well as ongoing funding for sustainability. We propose that this project support the initial infrastructure and operating costs of new SBHCs and provide support to expand services already offered at existing SBHCs. An older study in Oregon indicated that the median start-up costs for SBHCs ranged from $50,000 to $128,000.[xvii] Average Seattle SBHC operating costs are between $300,000 to $350,000 per year, which covers personnel, supplies, medications and indirect costs. Ongoing funding is a constant challenge, with most SBHCs using a portfolio of funding. In WA State current SBHCs receive funding from foundations, federal grants, state public grants, local funding and community partners, and patient revenue, which includes billing public and private insurances and charging patient fees. The additional private and philanthropic funding helps subsidize foundational services SBHCs provide such as family engagement, connecting with school community, outreach, and health education in the schools.

Best estimate (or ballpark if unknown) for: Costs for SBC are based on size of the school population and are scale able from there.

- How many people you expect to serve, on a monthly or annual basis, when fully implemented. The implementation of SBHCs will be dependent on specific ACH priorities. In the Olympic Community of Health, we expect to expand. Ideally SBHC would serve 47% of their school enrollment so care could range from services to 900-280 each school building.
- How much you expect the program to cost per person served, on a monthly or annual basis. If Medicaid billing remains or improves for BHO services and schools allow expansion to non-enrolled family members, Costs could be within 25% of balancing the whole.

How long it will take to fully implement the project within a region where you expect it will have to be phased in.

The initial startup of SBHCs is a time-intensive process that includes multiple community meetings to receive community buy-in, school support, identification of sites and build out, development of contracts, and training for implementation. We expect that to start up a new SBHC it will take approximately one calendar year, with student participation beginning the following year and ramping up over time. Expanding services offered at existing SBHCs such as oral health and LARC can occur at start up.

The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.

SBHCs have been proven to save health costs on the systems by reducing inappropriate use of emergency facilities, improving chronic disease management, identifying and treating mental health disorders before they lead to individual and societal problems and reducing costs on the system related to teenage pregnancies and substance use. System cost savings have been described above and are a known outcome of SBHCs. In the Ohio model, there were "increased Medicaid costs of $1,179,264 (increased dental care of $121,344 plus increased mental health services of $1,057,920)" but these "were offset by the total savings of $1,713,228 (savings of $1,395,456 from prescription drugs and savings of $317,772 from hospitalization for students with asthma). Net 3-year Medicaid savings were $533,964 which equals roughly $35.20 savings per child/year."[xviii]

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.
Wherever possible describe:

- **http://www.hca.wa.gov/hw/Documents/waiverappl.pdf *pages 46-47*[xix].**
  SBHCs are a mechanism to provide comprehensive and appropriate care to school-aged children in WA state. Therefore, the performance measures that can be measured in populations supported with SBHCs includes access to primary care and prevention for children and adolescents (immunization status, weight assessment and counseling for nutrition and physical activity for children/adolescents, and child and adolescent access to primary care providers); effective management of chronic illness in the outpatient setting (use of appropriate medication for asthma; medication safety for adherence to prescribed medications; patient experience with primary care provider communication); and ensuring appropriate care to avoid overuse.
- Benchmarks for performance data are developed prior to each project implementation by analyzing data from state and local Healthy Youth Survey (HYS), BRFS and existing data collected from SBHCs throughout WA State. HCA could add questions to Healthy youth Survey of enrolled SBC members and general school population. Specific information related to improved health and educational outcomes, and reduction in risk behaviors, can be found here.

References

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