



Leveraging Resources of Safety Net Providers in an Ethnically Diverse Community

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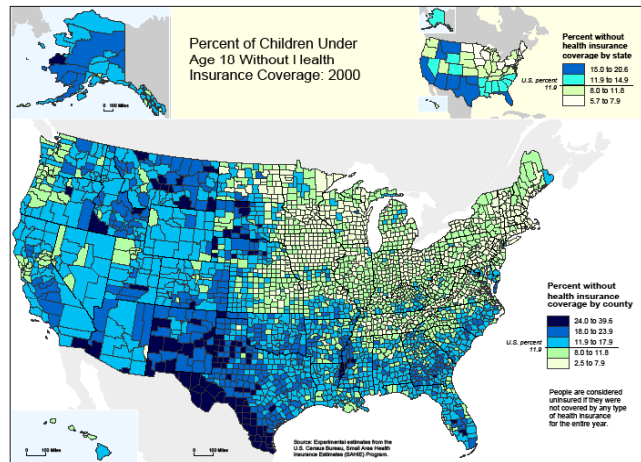


Presentation Objectives

- **Identify** the need for an alternative model of SBHC in a multi-ethnic urban community with limited funding
- **Evaluate** the financial impact, program utilization and systemic challenges encountered during program implementation and expansion
- **Assess** both the quantitative and qualitative arguments for a nurse based network anchored by strategically located safety net clinics



Miami-Dade County is amongst the highest rates of uninsurance in the country.



Miami-Dade County: Demographics

- One-quarter of Miami-Dade's 2.4 million residents are children under 18 (575,000)
- Racially and ethnically diverse: 56% Hispanic; 24% Black; 17% White; 3% other
- Almost 70% of children are foreign born or have at least one foreign born parent. The same proportion speak a language other than English at home.
- 37% live in single-parent households and 47% of all births are to unmarried women; 3% are to moms under 18
- 60% of public high school students graduate
- 23% of children live in families that earn below the Federal Poverty Level; 50% live below 200% of the Federal Poverty Level
- Out of over 350,000 students in MDC Public Schools, 16% do not have health insurance. Of these, 28% are not eligible for government funded insurance because they are not US residents.



Because All Children Are Our Children



To improve the lives of all children and families in Miami-Dade County by making strategic investments in their future.



The Children's Trust

- Florida statute allows local government to create an independent special taxation district (Children's Services Council)
- The Children's Trust is one of eight Children's Services Councils in the State of Florida
- The Children's Trust was created by Miami-Dade County voter referendum in 2002, funded through local property taxes
- In 2008, The Children's Trust was re-authorized in perpetuity, with an 86% voter approval
- Our cost to the median, Miami-Dade homeowner is \$57.88 for the year – just over a dollar a week. This generates approximately \$90 million of annual revenue.



Decision to invest in health programs

- In 2004, the Board of The Children's Trust directed creation of a strategic health initiative to ensure improved health outcomes for children and to serve as a catalyst for county-wide systems change.
- Reviewed existing literature on children's health and conducted needs assessments
- Developed a comprehensive, strategic, systemic approach to child health that addressed:
 - 1) Access to care
 - 2) Insurance
 - 3) Medical Homes
 - 4) Prevention models
 - 5) Universal - ALL children



HEALTHCONNECT
IN THE EARLY YEARS

HEALTHCONNECT
IN OUR SCHOOLS

HEALTHCONNECT
IN OUR COMMUNITY







HealthConnect
In Our Schools

- Nurse / Nurse Practitioner
- Social Worker
- Health Aides


HEALTHCONNECT
IN OUR SCHOOLS



HealthConnect In Our Schools
(165 Schools Served)

Resources:

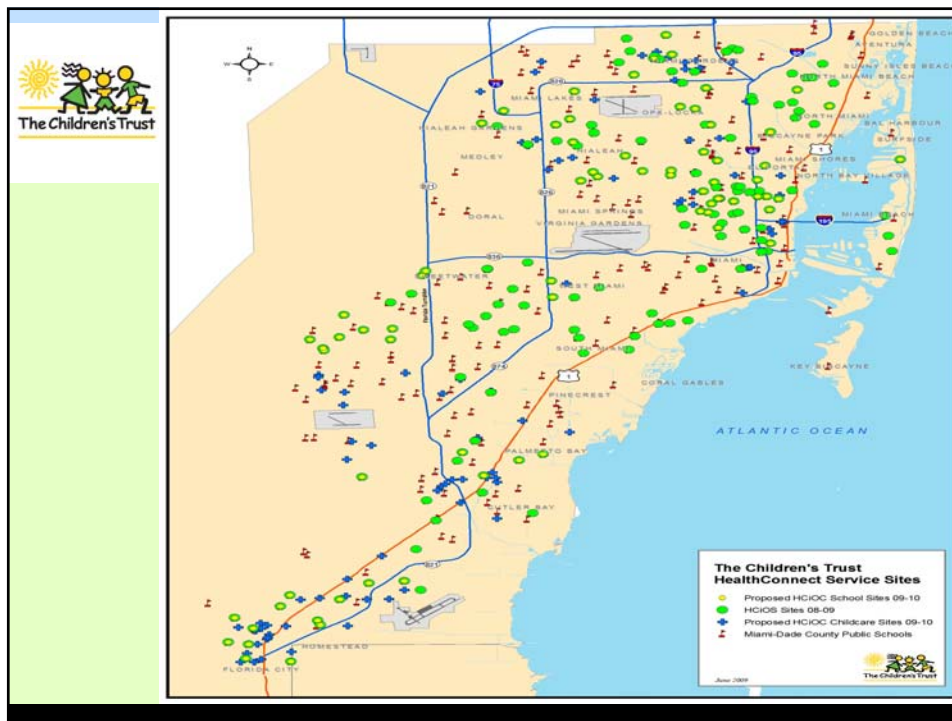
The Children's Trust	\$16.9 million
Department of Health	\$ 3 million
Miami-Dade Public Schools	\$ 7 million
Provider matching funds	<u>\$ 4 million</u>
	\$ 31 million





HCiOS Implementation Highlights

- 6 contracts; 10 agencies implementing services
 - 5 Federally Qualified Health Centers
 - 2 Hospitals
 - 1 University
 - 1 Non-Profit Community Health Center
 - County Health Department
- 165 schools
- Administrative partnership between:
 - The Children's Trust
 - Miami-Dade County Health Department
 - Miami-Dade County Public Schools





HCiOS Implementation Highlights

- Evolution of a health program
 - Year 1: program initiation
 - Year 2: program implementation
 - Year 3: health systems integration



Compare/Contrast current model with more traditional models of SBHC

Models of care are contingent on economic resources and range from:

Most Expensive



Least Expensive

- MD in each school
- MD in feeder pattern
- ARNP (school ratio 1:1, 1:2, 1:3)
- RN (school ratio 1:1, 1:2)
- Health Aide or LPN in each school



HealthConnect in Our Schools Staffing Model

School A



Health Aide



RN or ARNP



Social Worker

School B



Health Aide

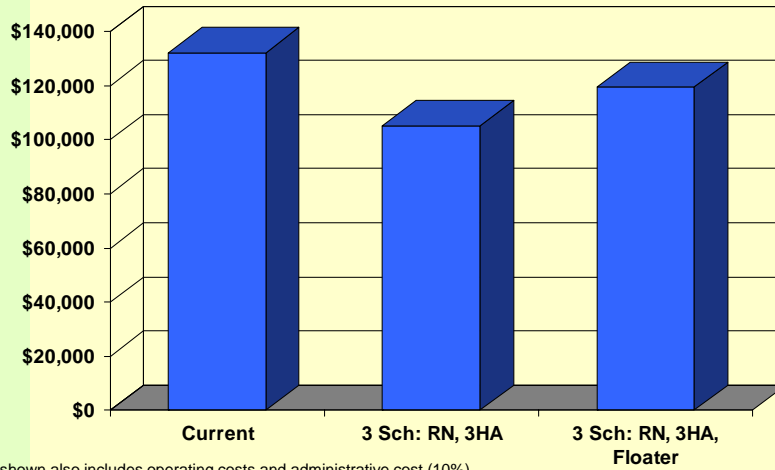


Variability of Service Model Across Providers

- ARNPs used exclusively across 2 provider sites – risk management and historical/billing
- LPNs used in place of health aides – risk management
- Feeder pattern approach with MD providing services – medical home model and foundation funding
- Health aide 'floaters' to alleviate high volume schools



Implementation cost and models of sustainability



Building a Functional Coalition of Hospitals, FQHC's, Universities, County Health Department, and Public Schools

HealthConnect in Our Schools Consistent and Defined Collaborative Structure



Contracts with 10 Agencies

Monthly Program Coordinator Mtgs.

- HR, team hiring and management
- Sharing barriers and solutions
- Utilization
- Data and reporting
- Continuing ed & training
- Public health clearinghouse (inventory immunization, H1N1 info and school closings, school entry physicals)
- Health IT



Student Services: Comprehensive Health

- Access to Schools
- Social Work
- Compliance w/ MDCPS policies
- School site challenges
- Distribute information to principals



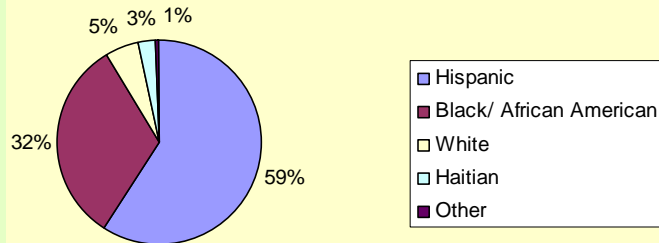
County Medical Director

Health Educator

- HCiOS Medical Director Monthly Conference Calls
- Clinical education and training
- Special Immunization Program
- Report all school health data to Tallahassee



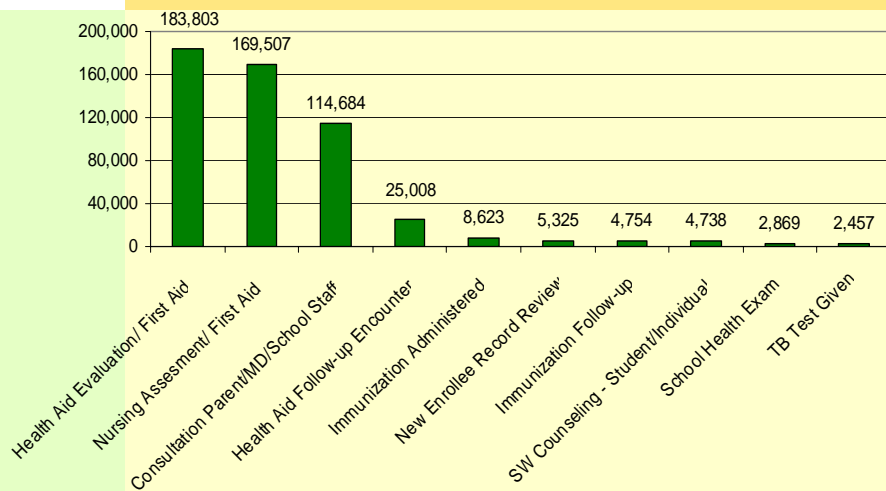
Utilization: Students Served



- Approximately 65% of enrolled students at the 165 schools have received services at the health suites.



Utilization: HCiOS Staff Activities – Aug08 to Apr09





Leveraging Safety Net Resource: Immunization

Alignment of mission across partner agencies to improve immunization compliance in response to reduced funding for from state.

- Monthly aggregated data on immunization compliance for all schools
- Close working relationships with Principal and Registrar to identify children in need of immunization
- Coordinated trainings to empower HCiOS teams to provide immunization services at school sites
- Support of FL standards, including FL SHOTS, vaccination schedule, information dissemination
- Empower coordinators to leverage immunization safety net outside of their own agency to meet demand
- Initiatives impossible without partnership
- Plan to capitalize upon HD Volunteer Nurse Program to provide sovereign immunity and leverage VFC program



Implementation Challenges

- Development of school health culture within individual school communities: engagement of principal
- Adequacy of space, equipment and security
- Consistency in policy and procedure
- Consistency expectations by stakeholders (e.g. universal preventive screening v. state mandated screening; services to school staff)
- Consistency in roles and training of school health staff
- Communications (reporting, electronic records; management infrastructure)
- Parental consent and follow-up
- FERPA



Lessons Learned

- “Inreach”-collaboration across providers/sites and other Children’s Trust initiatives;
 - e.g. placing community health workers at school clinics
- Data collection systems:
 - one size does not fit all
- Social determinants of health:
 - child services vs family/adult case management
 - ongoing discussion about collaborative, community-based solutions
- Time and technical assistance for ramp-up; continuous quality improvement approach to program improvement
 - Importance of both formative and summative evaluation



• QUESTIONS?

