

NASBHC

National
Assembly on
School-Based
Health Care

Bringing Health Care to Schools for Student Success

State Policies that Support School-Based Health Centers *School Year 2004-05*

Federal Level

CONGRESS

- Authorization
- Appropriations

ADMINISTRATION

- Regulatory

State Level

- State Directed Grant Funding
 - Medicaid/SCHIP Policies
 - Data Collection/Reporting
 - Quality Assurance
- Technical Assistance/Networking

School-Based Health Care Policy DOMAINS

- City/County Grant Funding
- Public Health policies/funding for SBHCs
- Local school board and building level policies
- Community-based organization efforts to partner with schools

- Staffing Profile
 - Services
- Student Demographics
 - Funding
- Data Collection/Reporting
 - Quality Assurance
 - Policies
- Technical Assistance needs

Community Level

School-Based Health Center

NASBHC Data Sets

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- State Policy Survey (N = 52)
 - Target: State public health and health care financing agencies
 - Objective: to assess types and amount of funding, technical support, data collection, Medicaid/SCHIP policies
- SBHC Census (N = 1725)
 - Target: school-based health centers
 - Objective: to assess demographics, student user profile, staffing and services, quality and evaluation activities

Methodology

- Survey instrument refined by NASBHC and Center for Health & Health Care in Schools, GWU (April 2005)
- Paper survey mailed to all state health departments, typically MCH/Adolescent & School Health Branch, incl. DC and PR (May 2005)
- Follow up phone calls to non-responders (June/July/August, 2005)
- Solicited support from state SBHC membership organizations (June/July/August, 2005)
- Final response: 49 states (incl. DC)

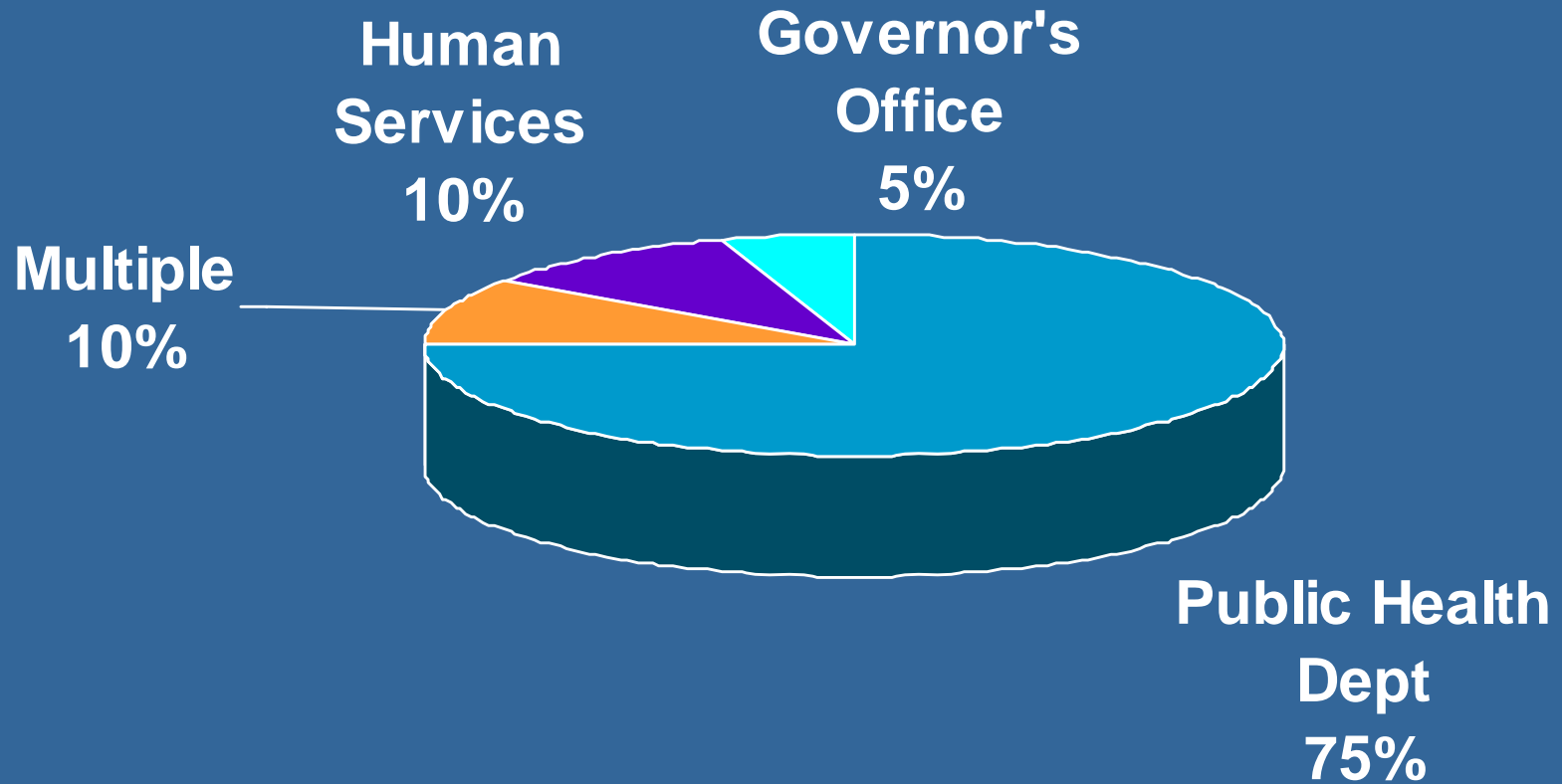
Key Findings:

NAASBHC

	# STATES	
	FUND	DON'T
	20	29
Staff a State Program Office	15	2
Convene Statewide Network	15	0
Collect Data from SBHCs	19	2
Prohibit Contraceptives in SBHCs	5	6
License SBHCs	8	2
Set Standards for SBHCs	16	0
Monitor Standards	16	0
Define SBHCs as Medicaid provider	11	0

State Agency that Directs SBHC Program

NAAC
States that Fund SBHCs (n=20)



States that Fund SBHCs

NASBHC

- Arizona
- Colorado
- Connecticut
- Delaware
- Florida
- Illinois
- Kansas
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- North Carolina
- New Jersey
- New Mexico
- New York
- Oregon
- Rhode Island
- Texas
- West Virginia

STATE-DIRECTED FUNDING FOR SCHOOL-BASED HEALTH CENTERS, 2004-05

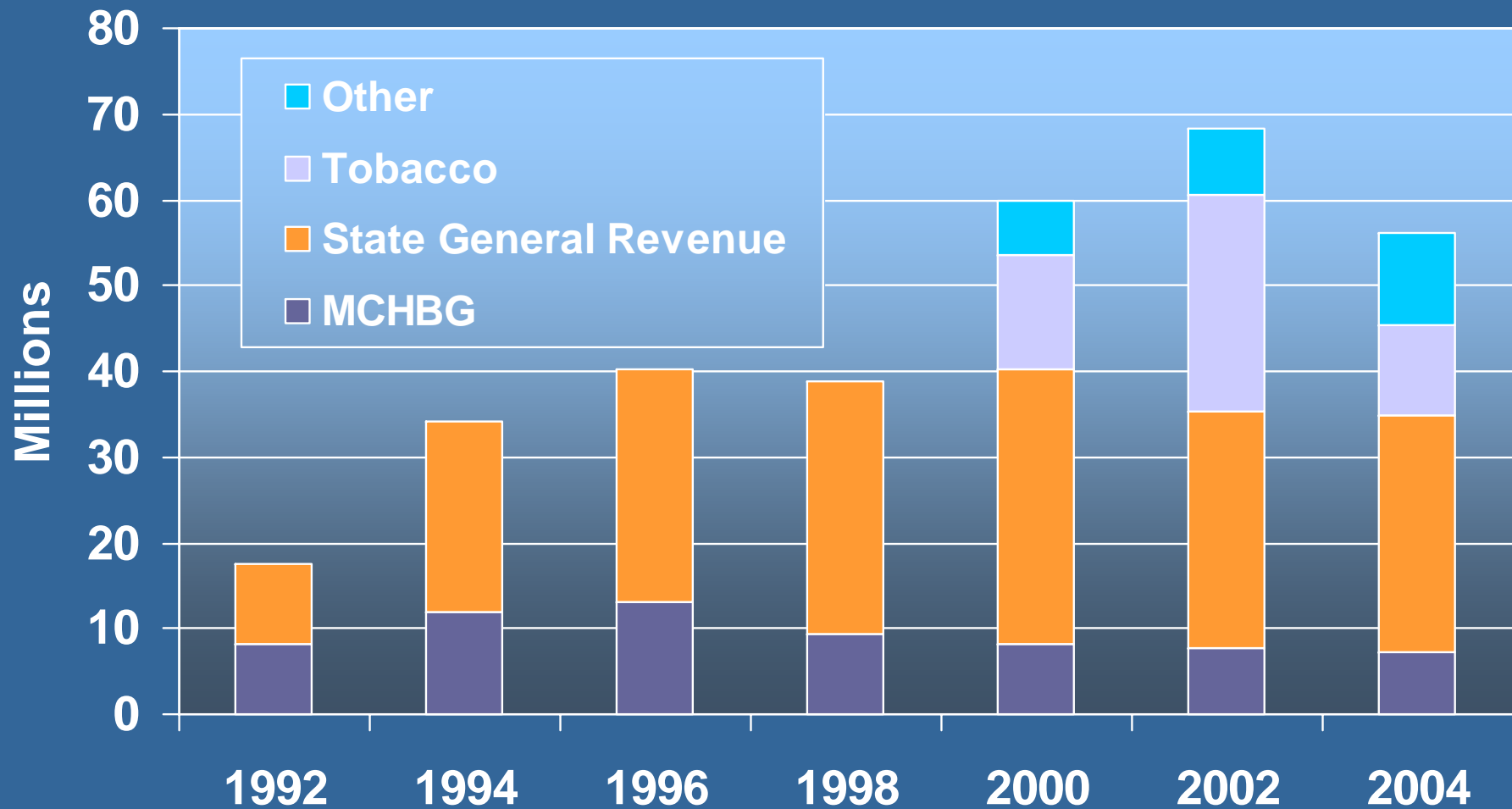
ST	SBHCs funded by state	Total	Title V MCH Block Grant	State General Fund	Tobacco Settlement	Title XX Soc Srvs Bkck Grant	Grant other
AZ	40	\$ 625,000	\$ -	\$ 625,000	\$ -	\$ -	\$ -
CO	6	\$ 240,000	\$ 240,000	\$ -	\$ -	\$ -	\$ -
CT	63	\$ 6,180,825	\$ 288,096	\$ 5,892,729	\$ -	\$ -	\$ -
DE	27	\$ 5,399,542		\$ 5,399,542	\$ -	\$ -	\$ -
FL	2	\$ 497,030	\$ -	\$ 497,030	\$ -	\$ -	\$ -
IL	38	\$ 3,897,300	\$1,109,200	\$159,800	\$ 1,840,000	\$ 400,000	\$ 388,300
KS	5	\$ 176,744	\$ -	\$ 176,744	\$ -	\$ -	\$ -
LA	54	\$ 7,736,992	\$ 480,000	\$ -	\$ 7,160,192	\$ -	\$ 96,800
MA	49	\$ 3,018,466	\$ -	\$ 3,018,466	\$ -	\$ -	\$ -
MD	22	\$ 2,871,825	\$ -	\$ 2,871,825	\$ -	\$ -	\$ -
ME	20	\$ 623,000	\$ -	\$ 255,000	\$ 368,000	\$ -	\$ -
MI	45	\$ 3,740,000	\$ -	\$ 3,740,000	\$ -	\$ -	\$ -
NC	28	\$ 1,443,044	\$ -	\$ 1,443,044	\$ -	\$ -	\$ -
NJ	6	\$ 600,000	\$ -	\$ 600,000	\$ -	\$ -	\$ -
NM	34	\$ 450,000	\$ -	\$ 450,000	\$ -	\$ -	\$ -
NY	127	\$15,514,400	\$4,431,500	\$ -	\$ 1,257,900	\$6,500,000	\$3,325,000
OR	26	\$ 1,350,000	\$ -	\$ 1,350,000	\$ -	\$ -	\$ -
RI	7	\$ 525,000	\$ 59,500	\$ 390,000	\$ -	\$ -	\$ 75,500
TX	6	\$ 562,500	\$ 562,500	\$ -	\$ -	\$ -	\$ -
WV	47	\$ 900,000	\$ -	\$ 900,000	\$ -	\$ -	\$ -
Total	652	\$56,351,668	\$7,170,796	\$27,769,180	\$10,626,092	\$6,900,000	\$3,885,600

of States that Allocate SBHC Funding Sources

SBHC
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<i>Source</i>	<i># States</i>	<i>Average Allocation</i>
MCH Block Grant	7	\$1,000,000
General Revenue	16	\$1,735,000
Tobacco Settlement	4	\$2,656,000
Federal – TANF	1	\$3,325,500
ALL	20	\$2,800,000

Total State-Directed Funding 1992-2004



Percent of SBHC Budget Covered by State Funds

SBHC
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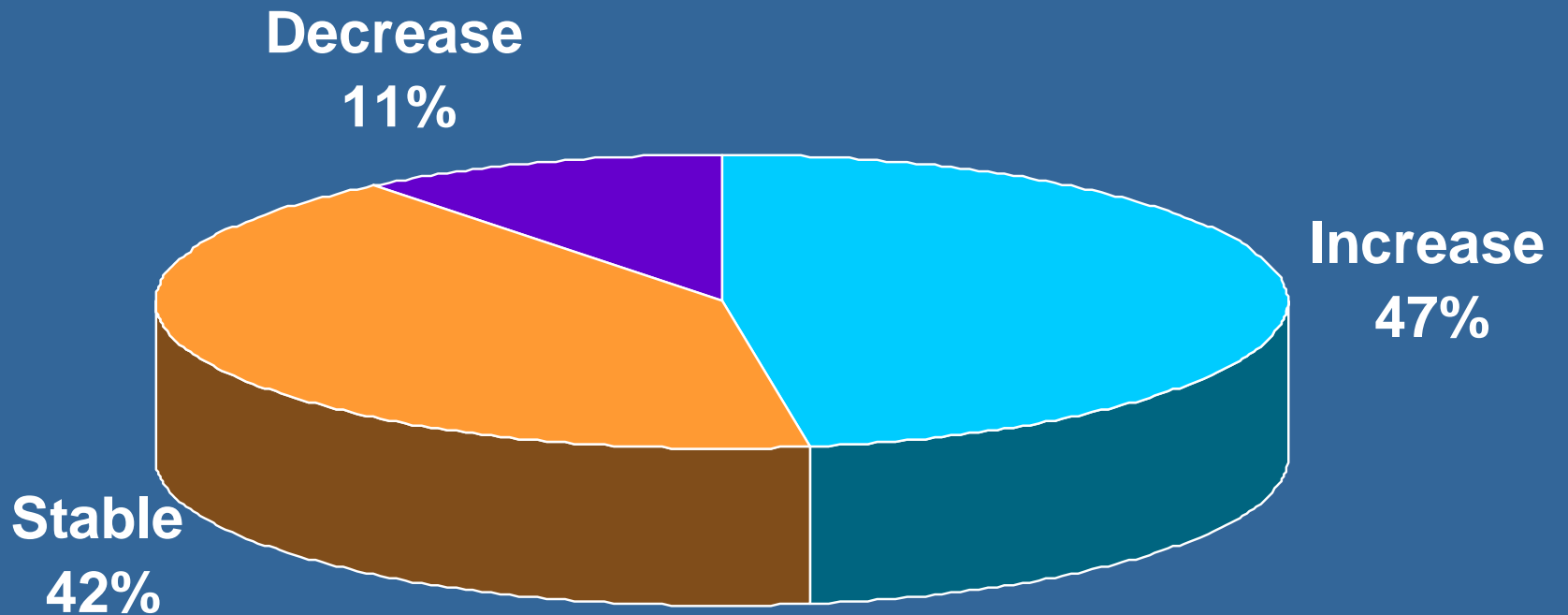
<25%	25-50%	50-75%	>75%	Don't know
CO	IL	CT	DE	MA
NC	KS	LA	FL	NY
NM	ME	MD		
OR	RI	MI		
	TX	NJ		

State Support Indicators by States with State SBHC Associations

State Support Indicators	AZ	CA	CO	CT	LA	MA	ME	MD	MI	NM	NC	NY	OR	TX	WV
State \$ >25% of SBHC budget				✓	✓		✓	✓	✓					✓	
State program office >1 FTE				✓	✓	✓	✓		✓	✓	✓	✓	✓		
Convene state network			✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	
Collect/report SBHC data			✓	✓	✓	✓		✓	✓	✓			✓	✓	✓
No policies restricting FP	✓	✓	✓			✓	✓	✓		✓	✓	✓	✓		✓
Monitor state standards			✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓

State Outlook for SBHC Funding

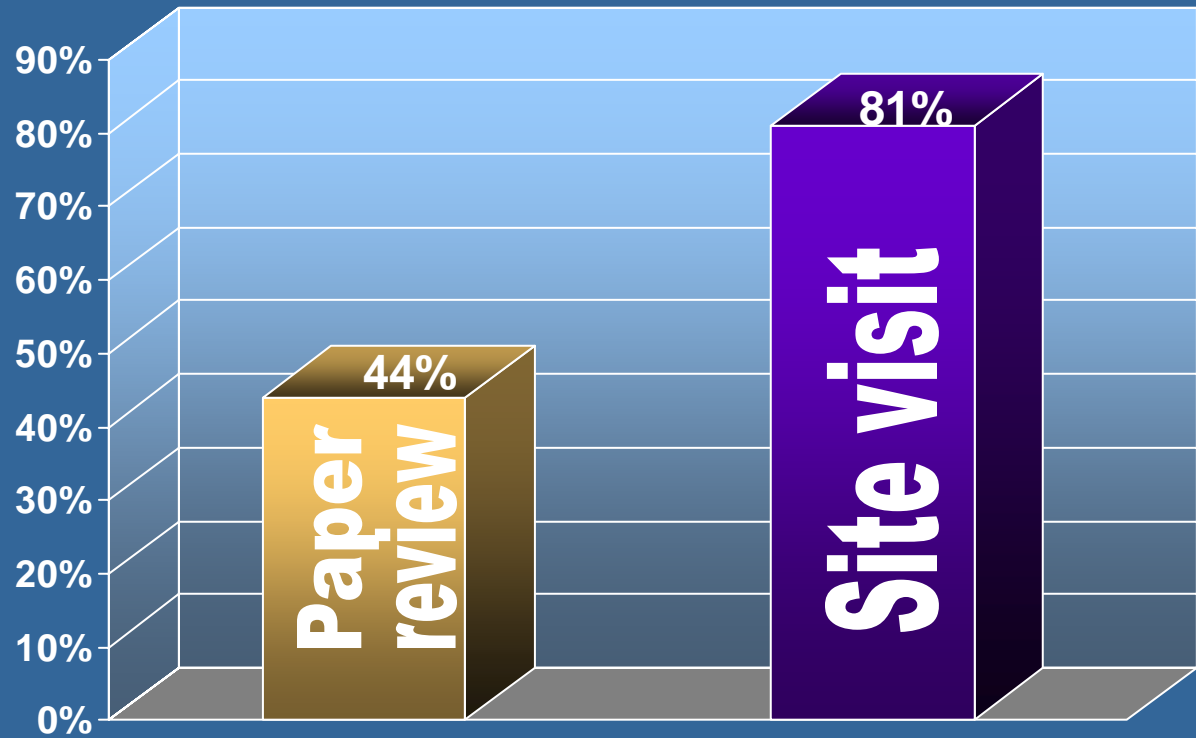
NAACSBHC
States that Fund SBHCs (n=20)



State Sets/Monitors SBHC Standards

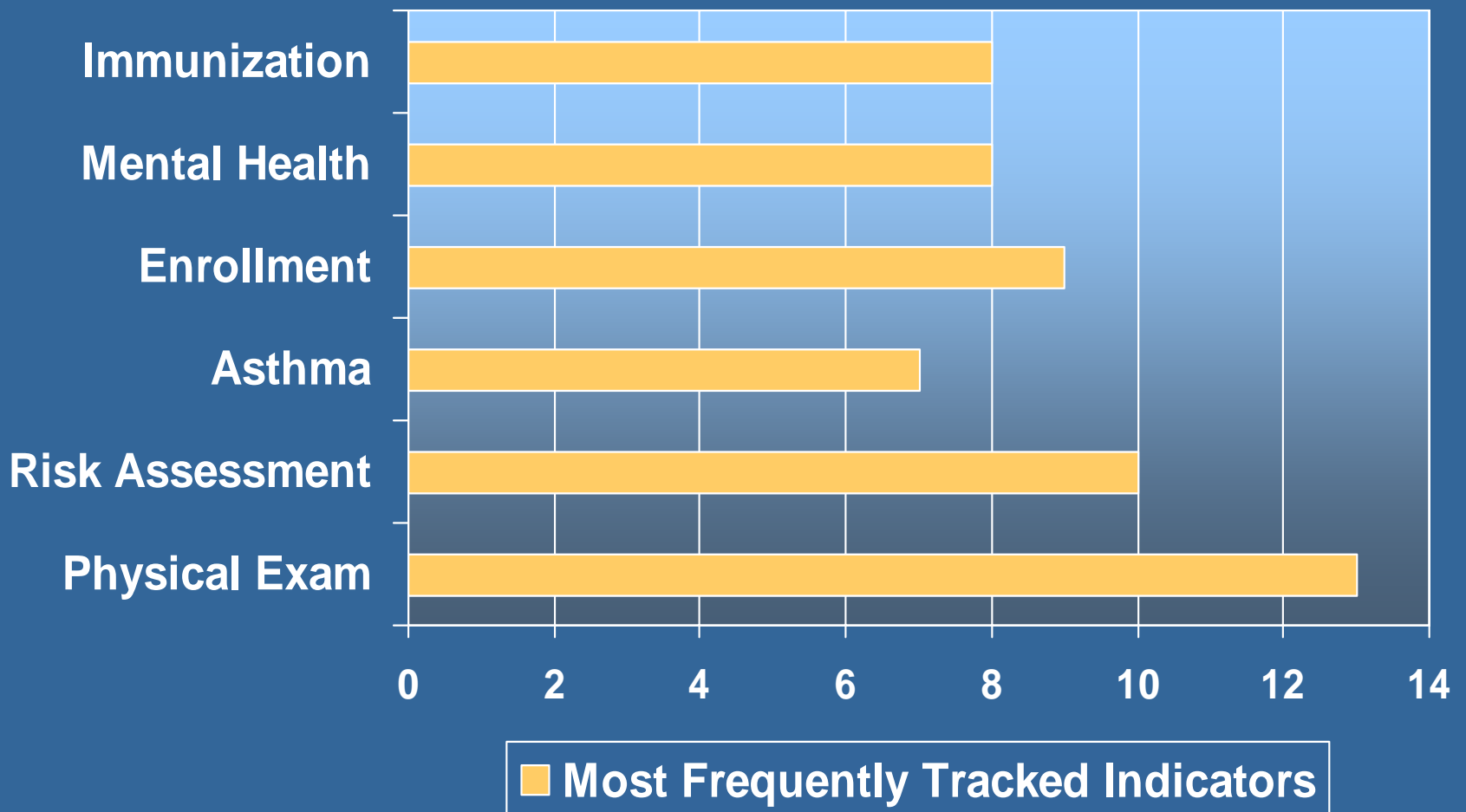


NAACSBHC
States that Fund SBHCs (n=20)



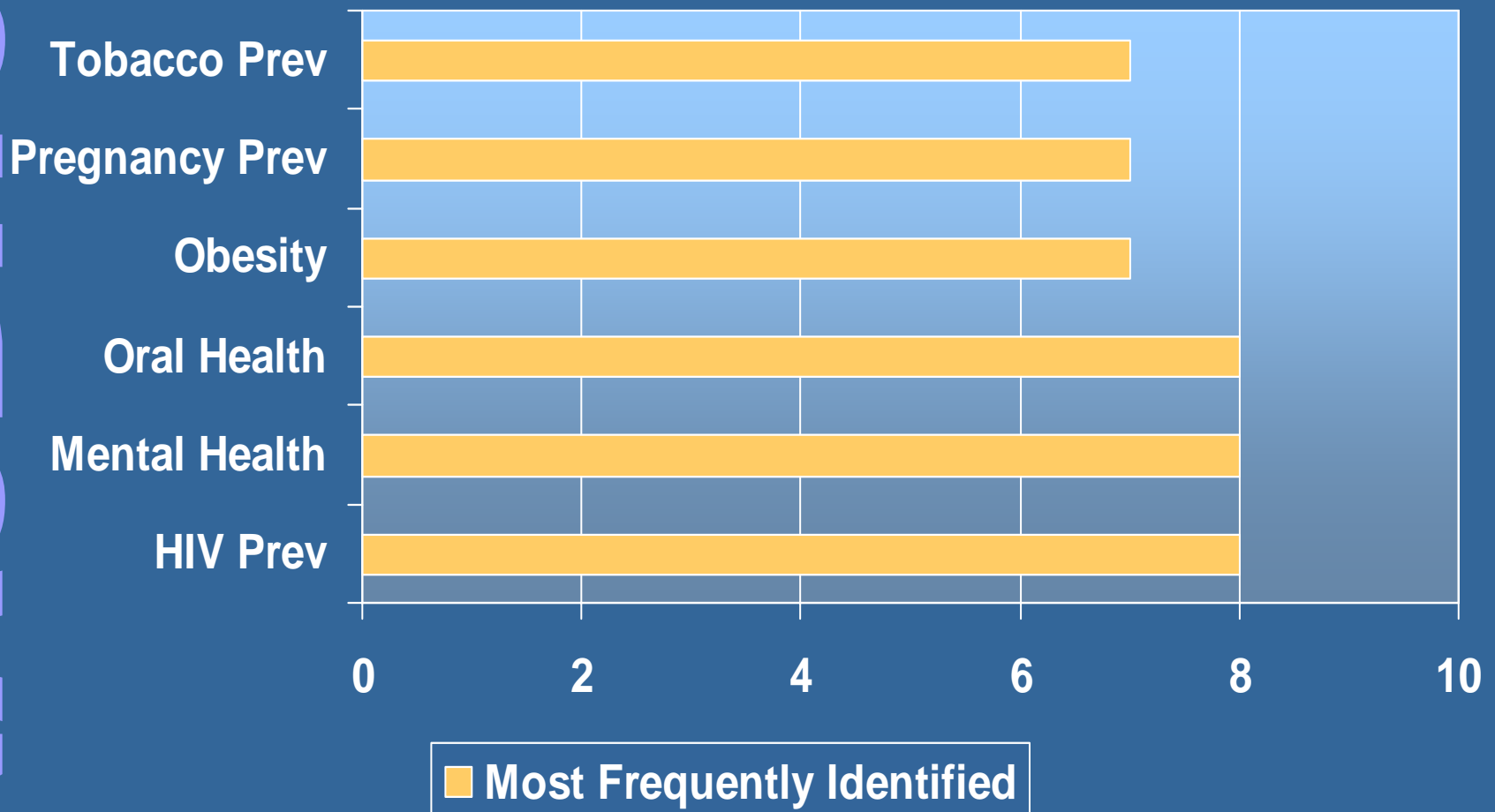
SBHC Performance Indicators Tracked by State

NAACSBHC
States that Fund SBHCs (n=20)

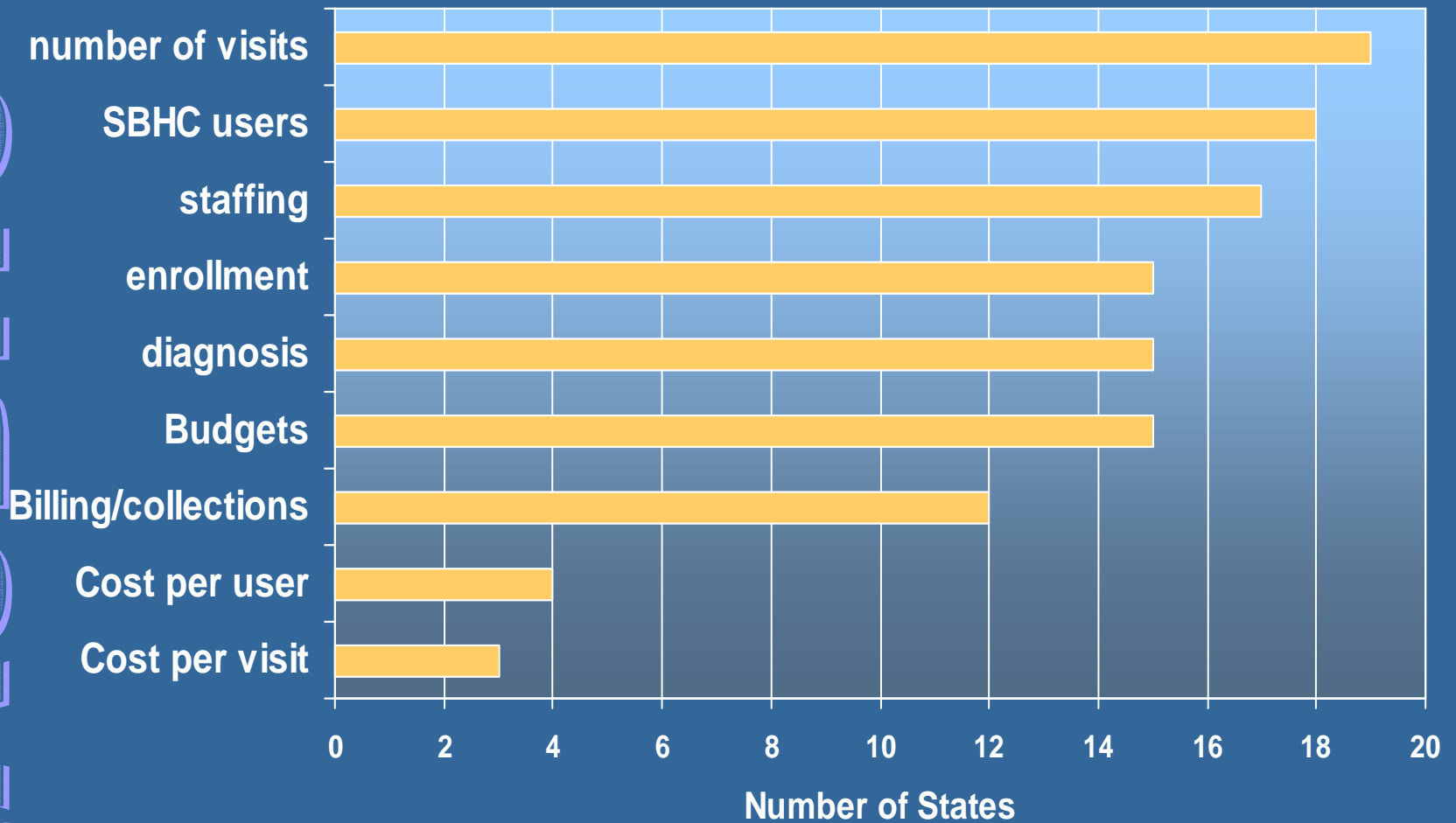


Contributions of SBHC to State's Public Health Mission

NAACSBHC
States that Fund SBHCs (n=20)



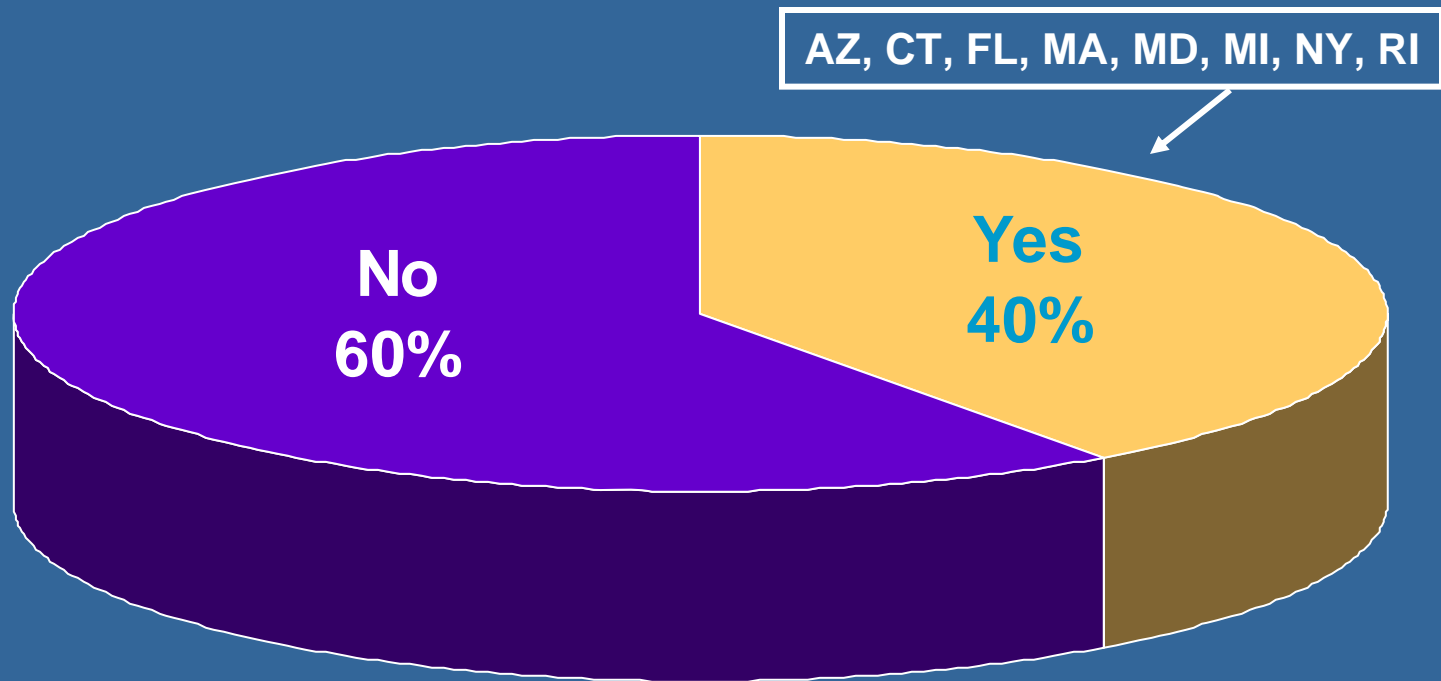
Types of SBHC Data Collected by States



NAASBH
States that Fund SBHCs (n=20)

State Licenses SBHCs

NAASBH
States that Fund SBHCs (n=20)



State Medicaid/SCHIP Policies

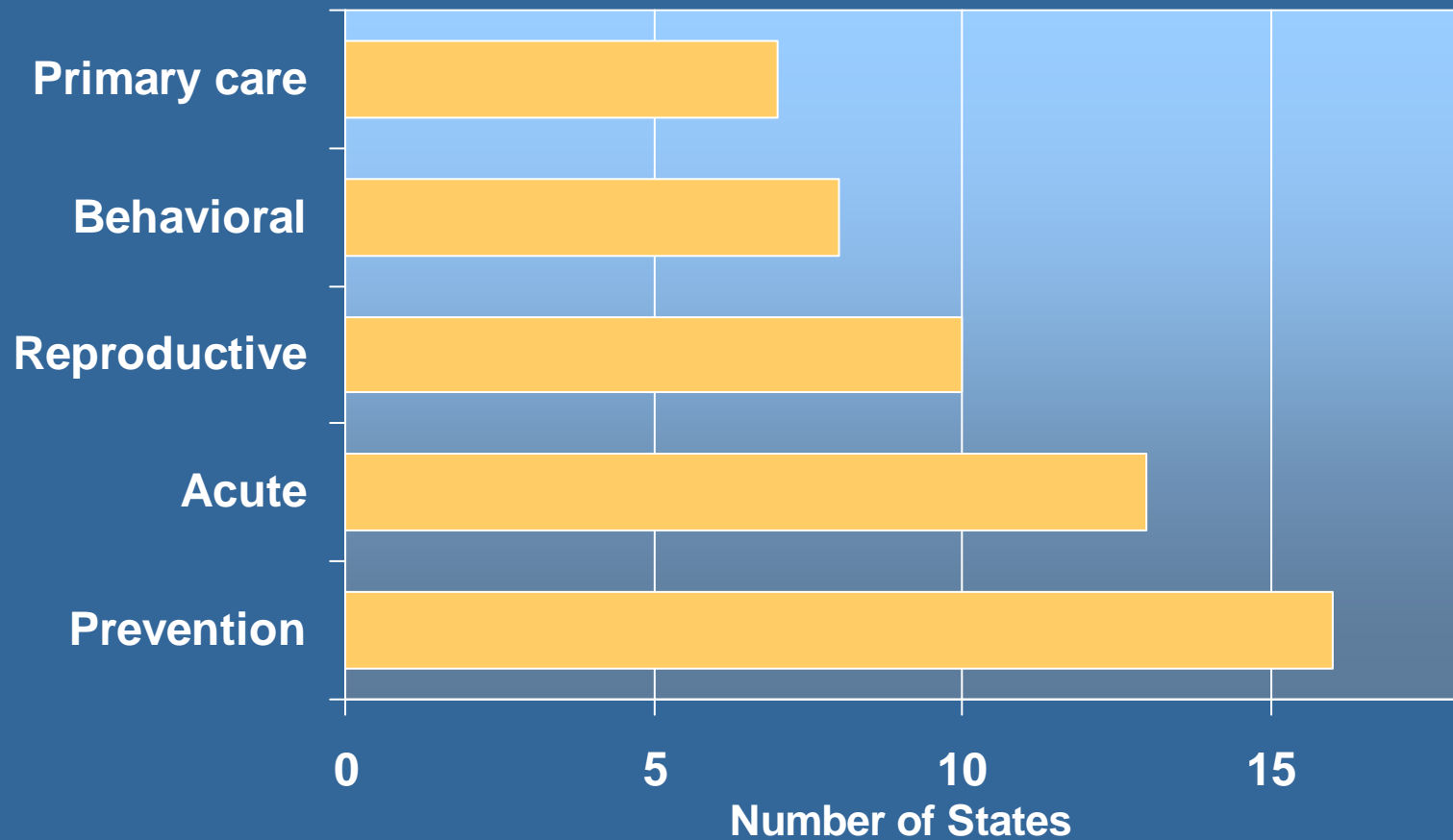
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	Medicaid	SCHIP
Define SBHCs as provider type	CO, CT, DE, IL, LA, MA, MD, ME, NM, NY, RI	IL, LA, MA, MD, ME, RI
Waive prior authorization (PA) for SBHCs	IL, LA, MA, ME, MI, NC	IL, LA, MA, ME
Waive PA for specific SBHC services *	CA, MD, NM, NY	CA, MD, NM
Mandate contracts between MCOs and SBHCs	CT, NM, RI, WV	NM, RI

* Examples: Family planning, well child, acute care, any service where there is no managed care

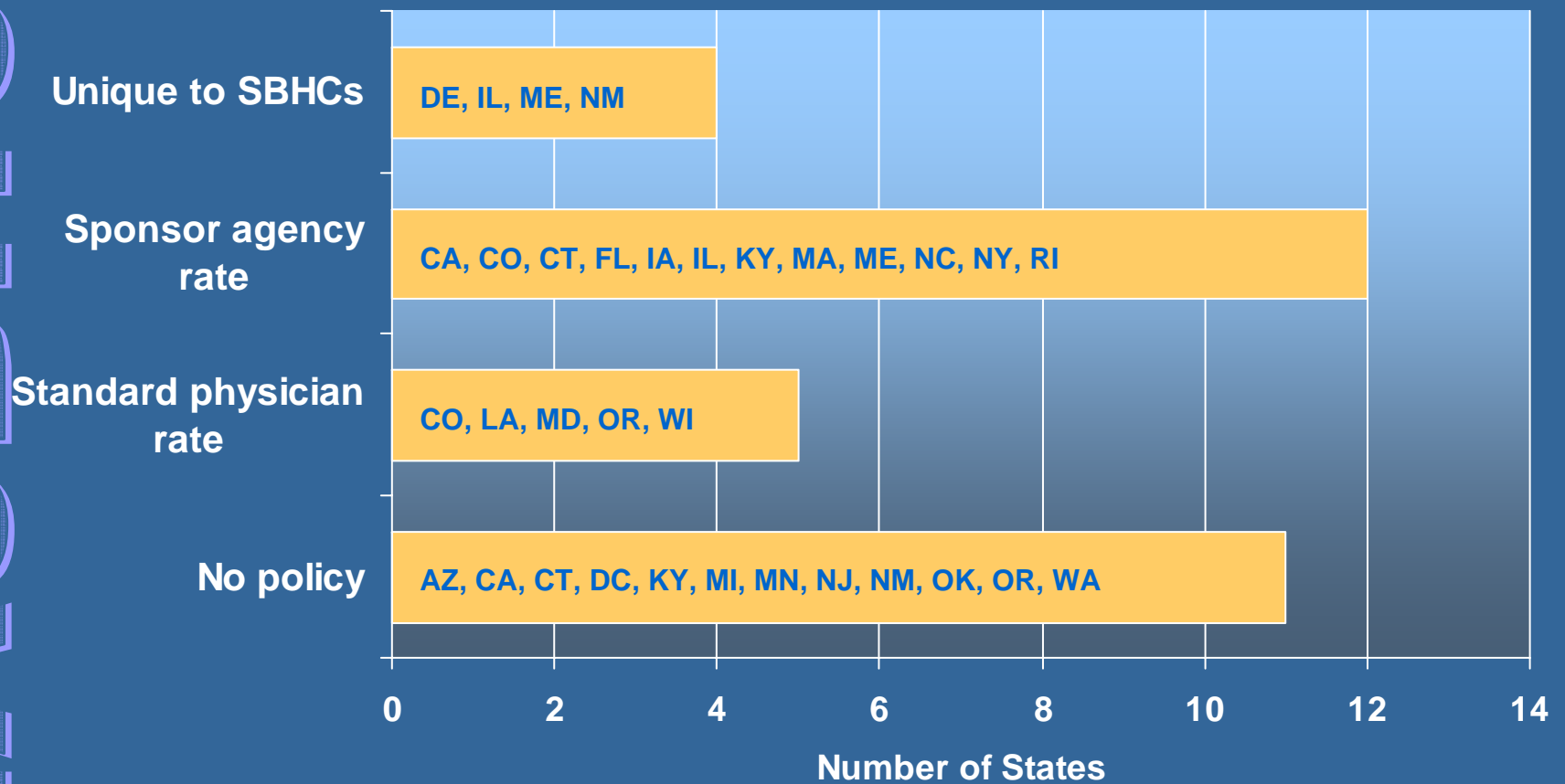
States' View of SBHC Role in Medicaid

SBHC
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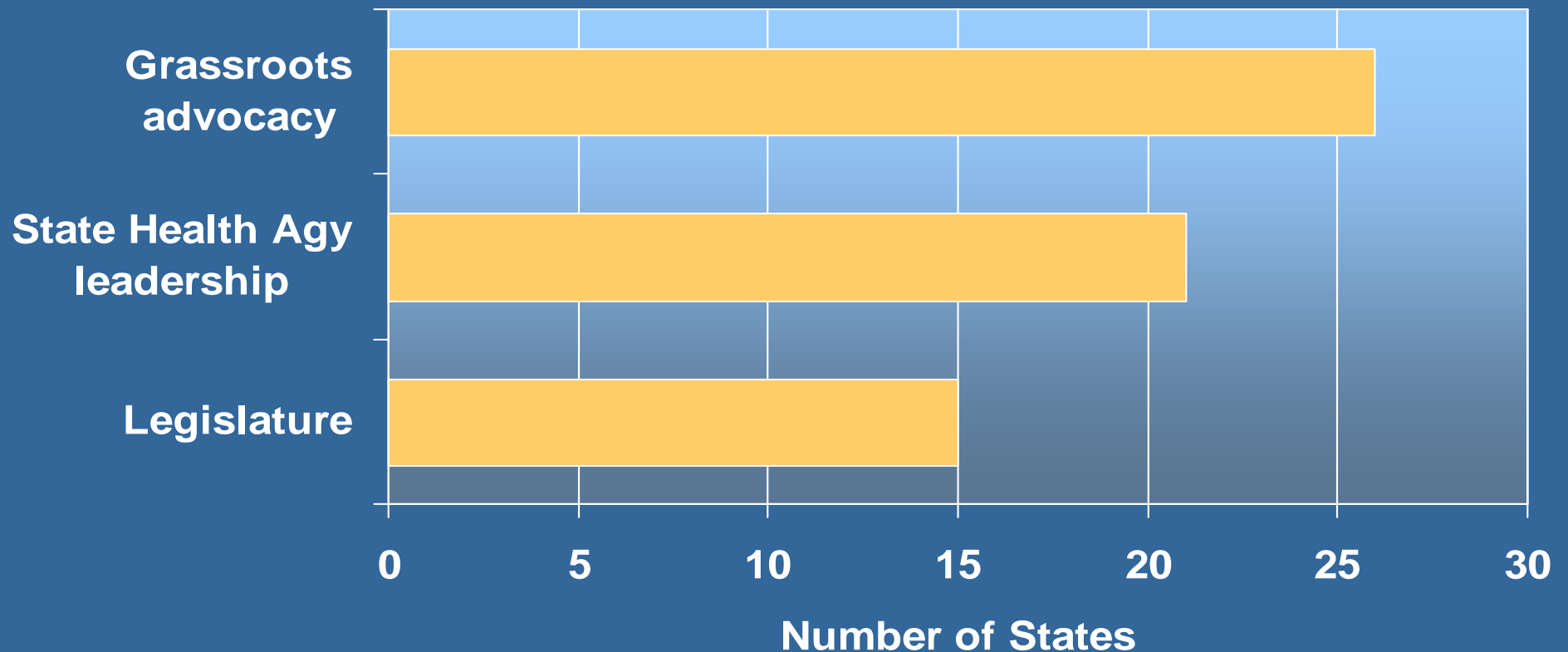


State Policies for Medicaid Payments to SBHCs

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What states attribute to growth/ support of school-based health centers



In Summary

MA SBHC

- State-level initiatives are critical part of diverse funding portfolio to assure long-term sustainability
- Medicaid policies must have teeth and not place burden on SBHCs
- Practice management capacity building is essential to realizing revenue potential
- Data collection and reporting is important advocacy function