North Carolina’s School-Based and School-Linked Health Centers

North Carolina Institute Of Medicine
Adolescent Health Task Force
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Special thanks to

- Connie Parker
  - Executive Director of NCSCHA
- Carolyn Sexton, RN, MPH
  - Billing Guru
  - Health and Wellness Unit / Children and Youth Branch, DHHS DPH
Defining our terms

- School-Based Health Center
- School-Linked Health Center
- Mobile SBHC
- State Funded Center
  - Comprehensive Centers
  - Alternate Model Centers
- State Credentialed Center

Performance and Outcomes

- Evidence of high-quality care and higher performance than other models for selected measures
- Adolescents more likely to come to an SBHC than other settings for mental health services
- Decreased use of urgent and emergency care
- Increase in risk assessments and health care maintenance
- Reduction in Medicaid expenditures and cost of hospitalizations
- Decrease in risk behaviors and increase in health promoting behaviors
Performance and Outcomes (cont’d)

- Centers reach ethnically diverse populations, adolescent males, the uninsured and those without a regular source of care.
- Evidence of student satisfaction with ability of the centers to meet their needs
- Evidence of strong parental support
- Evidence that centers complement and do not duplicate services being provided elsewhere

NC DHHS School Health Center Initiative Program Goals

- Improve access to health care for school age adolescents.
- Collaborate with individual schools / local education agencies.
- Address a wide range of health challenges facing adolescents.
- Provide comprehensive services for adolescents in high risk communities.
- Develop community-based, multi-agency partnerships
Greene County Health Care
Founded 1983

Durham Hillside H.S.
Wilkes County MESH Unit

Where are SBHCs? (n=1708)

SBHCs by Community Characteristic

- Rural: 27%
- Suburban: 14%
- Urban: 59%

Locations of NC SB&SLHC
NC School Based Health Centers

The NC Urban/Rural Split

NC SBHC/SLHC Locations

SCHCs By School Type

Source: North Carolina School Health Center Database.

SB/SLHC Utilization

<table>
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<tr>
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<th>2006-2007 Registered</th>
<th>2007-2008 Registered</th>
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<tr>
<td>State Funded</td>
<td>16,000</td>
<td>14,000</td>
</tr>
<tr>
<td>Independent</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td>(estimate)</td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td>26,000</td>
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Closed Centers

- Greensboro, NC: 6 centers
- Harnett Co.: 4 centers
- Hertford Co.: 1 center
- Durham Co.: 1 center (Science & Math)
- Davie Co.: 2 centers
- Mecklenberg: 2 after-school pilots
- Swain Co.: 1 center
- Graham Co.: 1 center
- Cherokee Co.: 1 center

Reasons for closure - Greensboro

- Poor coordination between centers and health department
- Limited perception of value by the school district
- Loss of the “CHAMPION”
- Limited funding due to limited community understanding
Distribution of US SB/SLHC Users by Race

- Hispanic: 33%
- White: 31%
- Black: 30%
- Asian: 4%
- Native American: 1%
- Other: 1%

Source: North Carolina School Health Center Database.

Distribution of NC SB/SLHC Users by Race

- Black: 45%
- White: 51%
- Other/Unknown: 3%
- Asian: 1%

Source: North Carolina School Health Center Database.
SBHC Staffing Models - Nationally

Primary Care
- 31%

Primary Care - Mental Health
- 34%

Primary Care Only
- 31%

Other
- 4%

NC SBHC Visits Types

- Nursing Visits *
  - 36%

- Medical Visits
  - 25%

- Preventive Visits
  - 20%

- Behavioral Mental Health Visits
  - 16%

- Nutritional Visits
  - 5%

Source: North Carolina School Health Center Database.
NC Preventive Visit Subclasses

Categories of Preventive Visits, 2006-2007

- Immunizations 28%
- Risk Assessments 45%
- Well Child Visits 27%

Source: North Carolina School Health Center Database.

Visits by Provider Type

Visits by Provider Type, 2006-2007

- Other 9%
- Registered Nurse 39%
- Registered Dietician 6%
- Nurse Practitioner 24%
- Mental Health Professional 6%
- Physician Assistant 6%
- Health Educator 2%
- Substance Abuse Professional 2%
- Psychiatrist 0%
- Physician 7%

Source: NC School Health Center Database.
NC Aggregate Diagnosis Code Data, 2006-07

Diseases and Injuries

- V Codes
- Symptoms, Signs, and Ill-defined Conditions
- Neoplasms
- Mental Disorders
- Injury and Poisoning
- Infectious and Parasitic Diseases
- Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders
- Diseases of the Skin And Subcutaneous Tissue
- Disease of the Respiratory System
- Diseases of the Nervous System and Sense Organs
- Diseases of the Musculoskeletal System and Connective Tissue
- Diseases of the Digestive System
- Diseases of the Genitourinary System
- Diseases of the Blood and Blood Forming Organs
- Diseases of the Circulatory System
- Neoplasms
- Complications of Pregnancy, Childbirth, and the Puerperium
- Certain Conditions Originating in the Perinatal Period

Total # of Diagnosis

School Health Center Funding

According to a national survey conducted by the W.K. Kellogg Foundation:

- Approximately 2/3’s of Americans believe it is important for school-based health centers to have a stable funding source.
- Americans felt concerned that school health centers have to continually look for resources on a year to year basis to stay in business.

Source: Nationwide WK Kellogg Foundation Survey
National Data:
SBHCs that Bill and Collect

National Non-Patient Revenue
**Total State-Directed Funding**


**Trends in State Funding**

(Dollar amounts are in millions)

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Funding Sources for NC’s SBHCs

Breakdown of SBHCs and SLHCs Contributions, 2006/2007

- Federal: 37%
- State: 11%
- County: 7%
- Sponsor: 31%
- Community/Org.: 11%
- Other: 3%

Source: NC School Health Center Database.
* Does not include revenues from collections excluding NC-NCHC.

Sponsorship of NC Funded SBHC

- Hospital: 18%
- Community Health Center (FQHC): 7%
- Health Department: 32%
- Private Not For Profit: 43%

Source: North Carolina School Health Center Database.
NC SBHC Revenues
2006-2007 School Year

Revenues by Insurance, 2006/2007

- Health Check: 59%
- Health Choice: 11%
- Private Insurance: 19%
- Tricare Military: 10%
- Self Pay/Sliding

Source: North Carolina School Health Center Database.

Insurance Type for Registered Students in NC

Registrants by Insurance Type 2006-2007

- Medicaid: 37%
- Private Insurance: 31%
- Health Choice: 10%
- Unknown: 1%
- Uninsured/Self Pay/Sliding Fee Scale: 20%
- Tri-Care: 1%

Source: NC School Health Center Database.
Insurance Status for NC Versus SHC Registrants

* Data Source: Kaiser Family Foundation. Available at www.statefacts.org
* * Data Source: North Carolina School Health Center Database.

NC Defunded Centers

- Ashe Middle School - rural
  - Ashe County, western NC
- Erwin Middle School - urban
  - Asheville
- Totally Teens SLHC/ Mobile Van
  - Hickory
- Gates County High School - rural
  - Gates County, eastern NC
- Roberson HS & MS - Rural
  - Roberson County, eastern NC
Recommendations for Improving SBHC’s in NC

- Expand the scope of NC School Health Center Initiative to include all schools and students.
- Mandate reimbursement for services at state credentialed SB/SLHC by all insurers.
- Expand dental care to students by allowing dental hygienists to perform cleanings and screenings without a supervising dentist on site.