Sustaining School-Based Health Centers: from the State Funder to the Funded Site

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Session Objectives

This session aims to equip participants with the knowledge to be able to:

1. SBHC funders will be able to implement meaningful engagement and collaboration practices to identify new program partnerships and strategies to align funding opportunities to support SBHCs.

2. SBHC administrators will be able to assess the financial, operational, and partnership elements that strengthen the stability of school-based health centers.

Sustaining School-Based Health Centers: from the State Funder to the Funded Site Part 1

State Funder Perspective

Michelle Shultz, MHS, CPH

School-Based Health Center (SBHC) Program Manager

Colorado Department of Public Health and Environment (CDPHE)

Digital accessibility statement

CDPHE SBHC Program Operations Funding History

1987
Initial grant program launches with federal funding

1994 - 2001
Robert Wood Johnson Foundation Grant support

2006
SBHC Grant Program established in state statute, general fund support $1-$5 million/year

2018-2020
HB 18-1003: marijuana tax fund support

2020 - 2024
Short-term awards from COVID-19-related funding

2024
SB 24-034: expands to school-linked care

Colorado Revised Statute SBHC Grant Program 25-20.5-501-503
House Bill (HB) 18-1003 Opioid Misuse Prevention
Senate Bill (SB) 24-034 Increase Access to School-Based Health Care

The CDPHE SBHC Grant Program

Funding Supports:

- Planning grants to establish new SBHCs.
- Grants to operating SBHCs to sustain & expand services.

Prioritized for SBHCs serving communities with a high proportion of:

- Uninsured populations.
- Low-income populations.

Minimum Onsite Service Requirements

Primary Care

- Triage medical emergencies with BLS-certified providers.
- Diagnose & treat acute/chronic conditions.
- Assessments (well-child) & immunizations.
- Prescriptions & OTC meds.
- Sports physicals & reproductive health education.
- On-site testing (strep, glucose, etc.).

Oral Health

- Oral health assessments.
- Identify problems & provide education.
- Referrals to oral health providers.

Behavioral Health

- Screening & diagnosis.
- Individual, family, & group counseling.
- Case management & crisis intervention.

Exploring Additional SBHC Funding

Internal Ad-hoc Funding

- Unallocated state family planning funds to SBHC grantee budgets for contraception.
- State personnel funding support through

State Agency Partnership

- Secured carve-out of state substance use block grant for screening, brief intervention & referral to treatment (SBIRT).
- Amended SBHC contracts to add.

State Affiliate Grants to SBHCs

- Some grants through CDPHE programs.
- Challenges;
  - Duplicative reporting
  - Conflicting data collection
  - Administrative burden

Additional Funding Challenges

Short-term Funding Reliance

Short-term opportunities supported new SBHCs and COVID recovery.

Stagnant Operating Funds

Operating funding remains at FY 2014 levels despite having more sites.

Budgetary Gaps

Insufficient to support expanding oral health, behavioral health, or preventative services.

Contractual Complexity

New sites or funding often require new solicitations and separate contracts.

Administrative Burden

State affiliate- or other CDPHE-funded projects require separate application, tracking for reporting, communication, and invoicing.

Additional Funding Lessons Learned

- SBHCs wanted and utilized the funding opportunities, even when it was administratively burdensome, unpredictable, and unsustainable.
- The state affiliate's CDPHE tobacco grant project sparked internal discussions about efficiently funding SBHCs for tobacco prevention and cessation.
- CDPHE and the state affiliate communicate regularly about funding opportunities and the best approach to funding SBHCs.

Goals for the FY 2023-27 SBHC Program Contract

- Reduce SBHC & CDPHE administrative burden.
- Enhance school-based health program partnerships across CDPHE.
- Braid funding from multiple sources to support SBHCs in expanding services.
- Increase contractual flexibility.

Funding Partnerships Secured

CDPHE Oral Health Program

- FY 2023-27
- ~$200,000 annually
- Oral Health State Funds

Colorado Department of Human Services

- FY 2017-27
- ~$1.5 million annually
- Federal SAMHSA block grant

CDPHE Tobacco Program

- FY 2024-27
- ~$200,000 annually
- State Cash Fund

School-Based Oral Health (SBOH) Strategy

SBOH Project Strategy Activities:

- Needs and assets assessment.
- Implementation plan (including any needed training).
- Implementation of evidence-based and evidence-informed interventions, such as:
  - Oral health education and instruction.
  - Screenings.
  - Fluoride varnish.
  - Sealants.

SBIRT-SBHC Project

SBIRT-SBHC Project Strategy Activities:

- Needs assessment.
- SBIRT & motivational interviewing training.
- Coaching and quality improvement.
- Implement substance use & mental health screening using project data collection tools.
- Document provider actions (positive reinforcement, brief intervention, and/or referral to treatment) in data system.

School-Based Tobacco Treatment Integration (SBTTI) Project

SBTTI Project Strategy Activities:

- Needs assessment
- Tobacco & vaping training, coaching and QI
- Implement tobacco & vape screening using project data collection tools.
- Document provider actions (positive reinforcement, brief intervention, and/or referral to treatment) in data system.
- Refer to evidence-based cessation services.
- Assess potential need/interest in nicotine replacement therapy.

SBHC Program Application Tracks & Strategies

Operating School-Based Health Centers (SBHC) Track

Applicants choose one or more strategies per site (add at renewal):

- Operating Phase: SBHC Site Support
- SBIRT-SBHC Project
- School-based Oral Health (SBOH) Project
- School-based Tobacco Treatment Integration (SBTTI) Project

Planning to Operate (PTO) SBHC Track

Applicants choose only one of the strategies per site:

- Beginning PTO Phase: SBHC Site Support
- Accelerated PTO Phase: SBHC Site Support

PTO sites may apply for Operating SBHC Track Strategies at renewal

Contractual Components

One contract with multiple awards

Contract Toolkit outlines allowable purchases by award.

Flexible solicitation & Contract

Standard statement of work + individualized grantee implementation plan.

Annual continuing application

To add or remove sites/strategies from year to year.

Streamlined Administrative Processes

- Shared grantee Google folder with all contract documents.
- One data platform with patient-level data funded through all projects.
- Combined quarterly progress report.
- Central inbox and coordinator.
- Contract toolkit with all strategy guidance.
- One invoice form with tabs for each budget.
- Shared communication platform (Basecamp).

Most Grantees Reported Benefits of Approach

1. Project funding supported work we would not have otherwise implemented without additional, dedicated funding.
2. The combined contract made it easier to apply for additional funding to support our SBHC(s).
3. The combined contract made it easier to monitor multiple CDPHE awards supporting our SBHC(s).
4. The individual project funding would not have been sufficient as a separate grant/contract to manage, but helpful as part of larger contract.

“The multi-strategy contract streamlined administrative processes, reduced duplication in reporting, and allowed for more cohesive program implementation by aligning SBIRT and SBTTI efforts.”

“We appreciate reporting in one space for multiple grant opportunities. This approach allows us to take advantage of multiple opportunities while keeping administrative costs contained to ensure our financial focus can directly support patient care.”

Reported challenges

- Managing multiple project requirements
  - Training
  - Reporting
  - Timelines for various project
- Varying contract leads across programs
- Invoicing
  - Appropriately allocating time and effort to each project
  - Determining which project to seek reimbursement from

Implementation Considerations

Partner Approaches & Questions

Identify internal partnerships

- What other programs aim programs working with school-age populations?

Identify points of alignment

- What are the program objectives that could be met by SBHCs?

Determine SBHC funding eligibility

- Do SBHCs meet eligibility requirements for program funding?

Contract Approaches

Identify application process requirements (initial & annual renewal)

Identify budget requirements & ability to braid funding

Determine statement of work & modification processes

Project Coordination Considerations

Internal communication

- Meetings
- Project management platform or processes
- Shared documents

Contract management

- Dedicated primary contact on staff to triage
- Application review & award
- Contract monitoring
- Invoice processing
- Documentation
- Data collection and deliverables

External communication

- Primary contact(s)
- Tool(s) & frequency
- Meetings or calls

Worksheet Discussion

Review page 1 and discuss the potential opportunities & challenges for your state program

Summary

- Leveraging multiple grants/sources increased overall SBHC funding and enhanced the service delivery.
- Reduces administrative burden at funder and grantee level, saving resources for all parties.
- The approach promotes internal partnership and reduces duplication to promote the integrated care model in SBHCs.

Thank you!

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Sustaining School-Based Health Centers: from the State Funder to the Funded SBHC

SBHC Perspective

Angela Ruiz, LCSW-BACS

Assistant Vice President of School Behavioral Health

Access Health Louisiana School Based Health Centers

Digital accessibility statement

Question?

What is your greatest concern if you operate SBHCs?

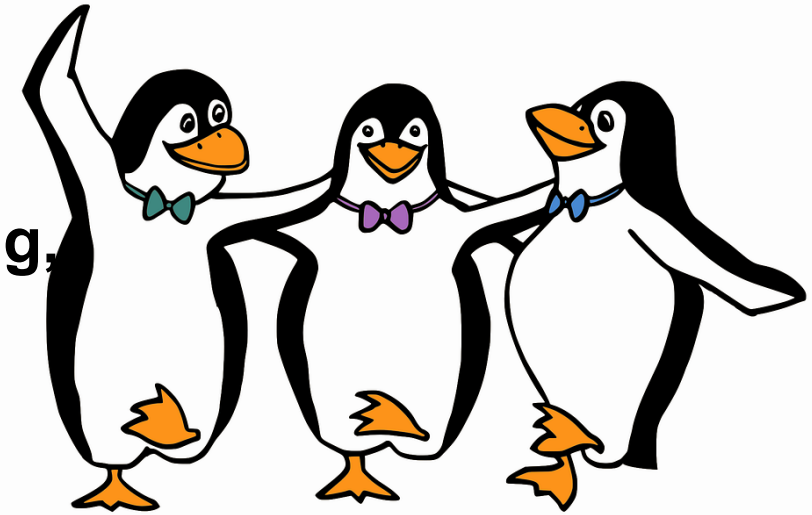
Number One Answer?

Solution!

I am going to share my thirty-year experience from

Establishing several SBHC's from scratch with no funding,

To having a robust program and savings in the bank!



30 Year Journey with SBHCs

- SBHC Social Worker in rural K-12 grade school in Central Louisiana in 1996
- Named Director of Jefferson Parish SBHCs in 2020
- Established five SBHC which are still operational today and now expanded to eleven sites
- Currently the Assistant VP of School Behavioral Health SBHCs with Access Health Louisiana with 48 sites across Louisiana

Director of JPPSS SBHCs

2000-2018

Largest Public School System in Louisiana

- With 74 Schools and 45,000 students
- Most diverse district with over 30 languages
- 76% are economically disadvantaged

Core Components for Long-term Sustainability in SBHCs

1. Diverse and Stable Funding Sources
2. Great Collaboration with Schools
3. Invested Community Partnerships
4. Recruit + Retain Mission Driven Staff

Core Components for Long-term Sustainability in SBHCs

5. Good Data and Outcome Systems
6. Strategic Planning
7. Policy and Advocacy Support
8. Good Leadership is Key

Diverse and Stable Funding

State Grants

- Diversify, Diversify, Diversify!
- State Funding - La SBHC's
  Average Grant - $125,000 per site
- Other State Grants - Specific purpose
  Rural Transformation Grants
- HIV Prevention Grant
- Diabetes Prevention Grant

John Ehret High School HIV Grant $30,000

LSU-AG Nutrition Grant

Riverdale Nutrition and Diabetes Grant

Diverse and Stable Funding

Federal Grants

- HRSA: Health Resources and Services Administration
- 2012 -JPPSS awarded two SBHC
  Capital Grants
  $500,000 each – Riverdale and Ehret H.S.
- SAMHSA: Substance Abuse and Mental Health Services Administration
- Rural Transformation Grant
- Grants.gov

Riverdale SBHC

Riverdale SBHC

Before:

Ehret SBHC

After: Ehret SBHC

Former Janitor's House

Diverse and Stable Funding

Private Grants

- 2005 Hurricane Katrina - New Orleans President of the Louisiana Assembly on School Based Health Care
- Kellogg Foundation- Granted 8 million dollars to rebuild and expand SBHC in NO area
- Jefferson Parish received funds to build 3 SBHCs and two vans to transport students to SBHCs
  1.4 million dollars in Kellogg grants through Louisiana Public Health Institute

West Jeff

SBHC

Kellogg Grant

Great Collaboration with Schools

- Befriend everyone at school at local, administrative and school board level
- Make your program indispensable
- Be a part of School Culture
- What is important to school - reduce absenteeism, behavioral issues, crisis, Asthma/Diabetes management, etc
- Memorandum of Understanding
  Important to define roles and partnership
  Example: Who is cleaning SBHC?

Invested Community Partnerships

- Partnerships = Building Relationships
  Communication is key!
- Be creative - think out the box
- Medical Organizations - Ochsner, W.J.
- Universities - LSU, Tulane, Northwestern
- Local government - Police, Coroner's Office
- Non-Profits - Baptist Community Ministries

Invested Community Partnerships

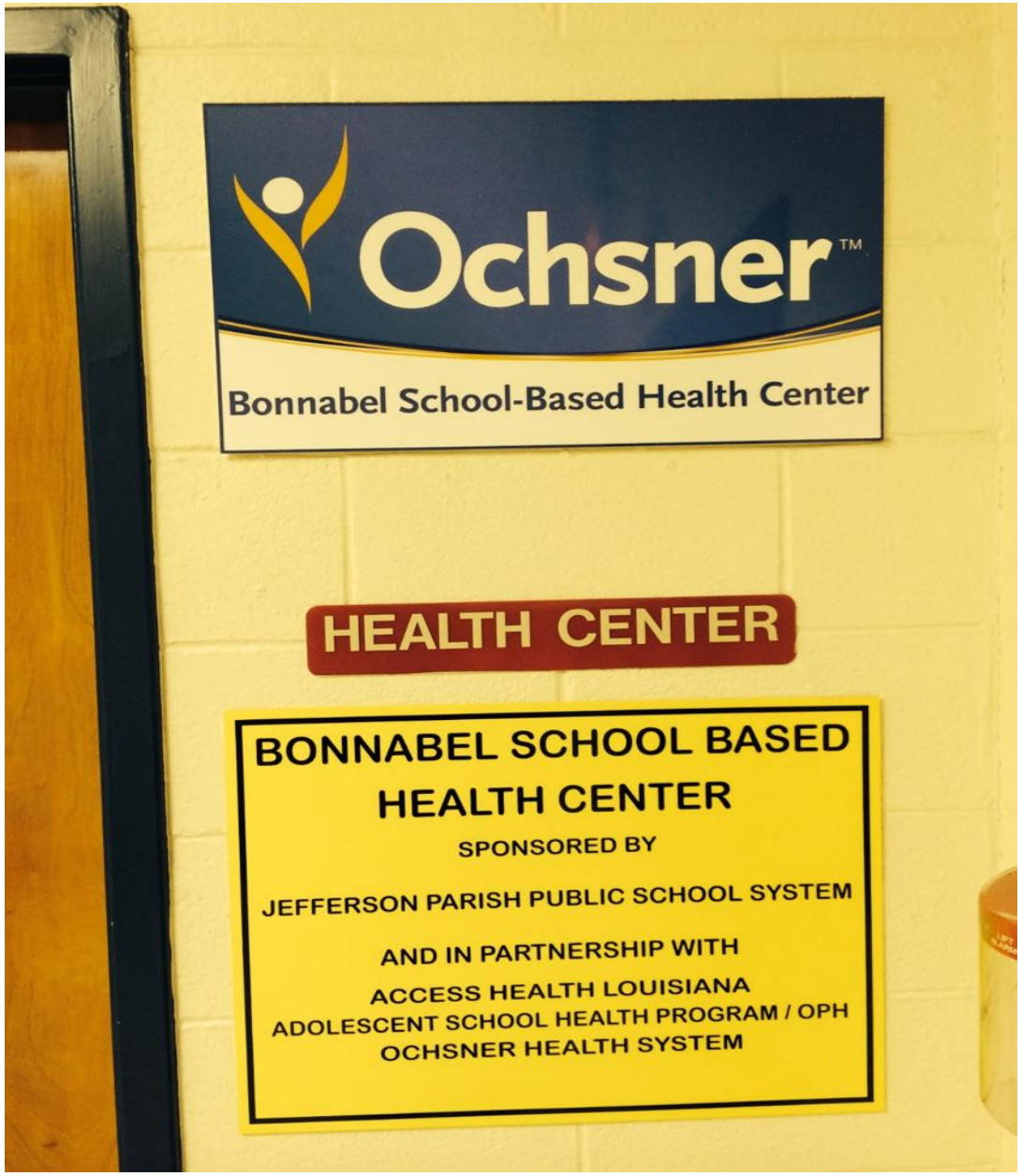
Find Community Partners that can share SBHC mission and vision:

Ochsner Medical System:
Pays for two Nurse Practitioners' salaries, benefits, etc.

Jefferson Parish Coroner's Office
Hired full time staff to teach:
Teen Sex and the Law
Suicide Prevention
Tv Show

Baptist Community Ministries
Consultant to help with Grants and
to partner with FQHC - Access Health

Bonnabel SBHC Partnerships



Invested Community Partnerships

- The most important partnership was collaborating with a FQHC and the school system
- JPPSS partnered with Access FQHC to increase billing
- Many Louisiana SBHCs have moved to this model to be sustainable

Access Health Louisiana
Your Community Healthcare Network

How does FQHC Partnership Work?

1. JPPSS receives $75.00 per visit for any visit including **uninsured** and FQHC bills so JPPSS has to use Access EMR and follow quality measures, and FQHC rules

2. Christus Health has 18 SBHCs in Central Louisiana and Access pays for all salaries, benefits, supplies and retains all billing Christus uses Access EMR and follows FQHC rules, but remain Christus employees

Recruit and Maintain Mission Driven Staff

- So important to hire staff that are committed to the mission and become passionate about SBHCs
- Not just a job but a mission!
- Better to have no service than bad service

Ex: Ehret SBHC

Good Data and Outcome Systems

- Data helps tell the stories of SBHCs
- Projects to prove SBHC's value
- FQHCs = Quality Measures
- Ex: Check out rate
  Depression Remission or Reduction- PHQA
  Anxiety
  Asthma
  Surveys

Policy and Advocacy Support

- Advocate for SBHC and don't let it be the Best Kept Secret!
- Build relationships with your legislators
- Invite them to your SBHC's
- LA. State Organization LASBHA - Lobbyist
- A Bill can start out as a good idea and turn out to be nightmare with amendments

Good Leadership and Strategic Planning

- Good Leadership = Servant Leadership
- A person with vision, integrity, empathy and
- Strategic Planning important with clear mission and vision.
- Involve stakeholders - Community Advisory Board
- Use tools like SWOT - Strength, Weaknesses, Opportunities, Threats
- Set Priorities - share expectations
- Build Sustainability so that it will last!

Summary

- Sustainable and diverse funding is the goal
- It is attainable by challenging you and your team to think outside the box! Start with who you know and grow partnerships
- Search out local, state and federal grants to support SBHCs
- Build strong collaborative partnerships with schools, health systems, public and private organizations.

SBHC's Spread Love Peace and Hope!

Thank you!

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Questions?

WHY NOT YOU?

by Steve Mariboli

1. Today is a new Day!
Many will seize this day!

2. Many will live it to the fullest!
Why Not You!