

Grantmakers In Health Webinar: School Health Center Sustainability

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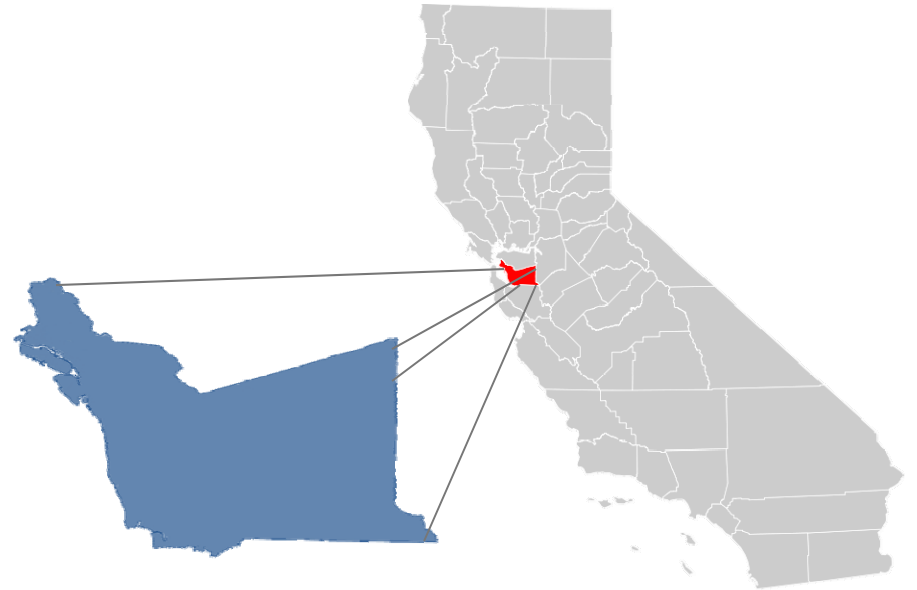
October 23, 2012



Alameda County Health Care Services Agency
School Health Services Coalition

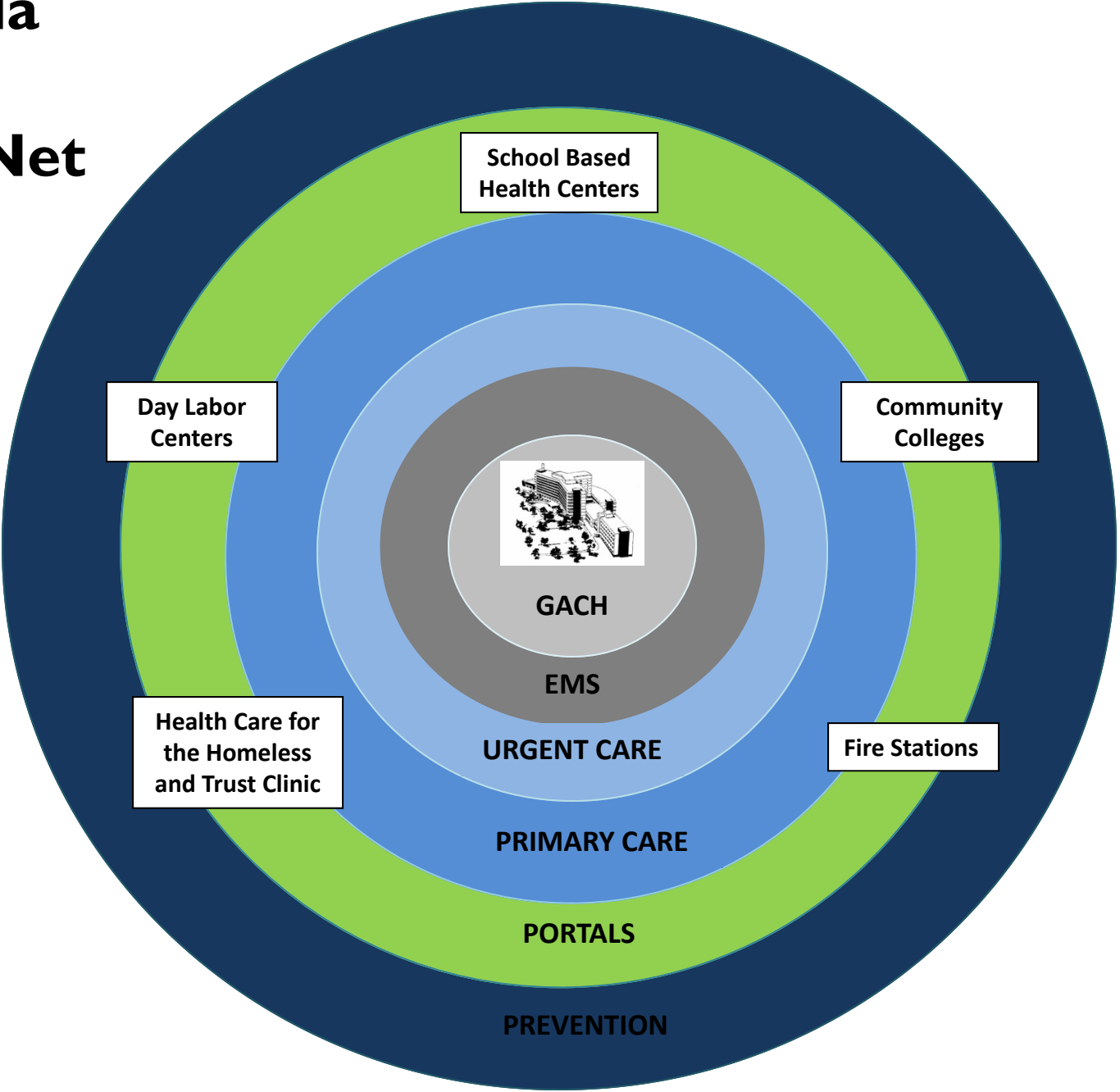
LINKING HEALTH AND EDUCATION TO CHANGE LIVES

Profile of Alameda County



	Alameda County	California
Population (2009)	1,556,657	38,292,687
Land Area (square miles in 2009)	738	155,959
Persons (per square mile in 2009)	2,110	246
College Graduates (persons 25 and over in 2007)	46.3%	36.7%
Housing Units (2009)	573,111	13,530,719
Homeownership Rate (2007)	57.3%	58.4%
Median Household Income (adjusted 2007 dollars)	\$66,430	\$58,361

Alameda County Safety Net



Health Portals

A Health Portal is a new access point for primary and preventative care, fully integrated in the existing health care system, but serves as an extension to the primary care home. Portals are designed to meet patients where they are at, at a time that is convenient to them. Portals also help residents understand and access health care coverage.

Portals provide the **3 P's**:

- **P**oint of Entry
- **P**lace for Health Services
- **P**athway to Resources

School Health Centers

Point, Place & Pathway to achieve health and education equity





Alameda County Health Care Services Agency School Health Services Coalition

LINKING HEALTH AND EDUCATION TO CHANGE LIVES

School Health Centers

- Service coordination
- Medical services
- Mental health services
- Health education
- Youth development

26 School Health Centers
15 high schools
7 middle school
1 elementary school
1 community college
1 Youth Center
1 multi-school campus
9 school districts

School-Based Behavioral Health Initiative

- Promotion of positive social-emotional development
- Behavioral health services
- Family supports
- Service coordination & capacity building
- Crisis Response

150+ School-based behavioral health school sites
9 School district consultation and capacity building programs

Local Systems Building

- Align shared vision & framework
- Maximize & expand services
- Leverage resources
- Integrate health and learning supports
- Develop tailored strategies

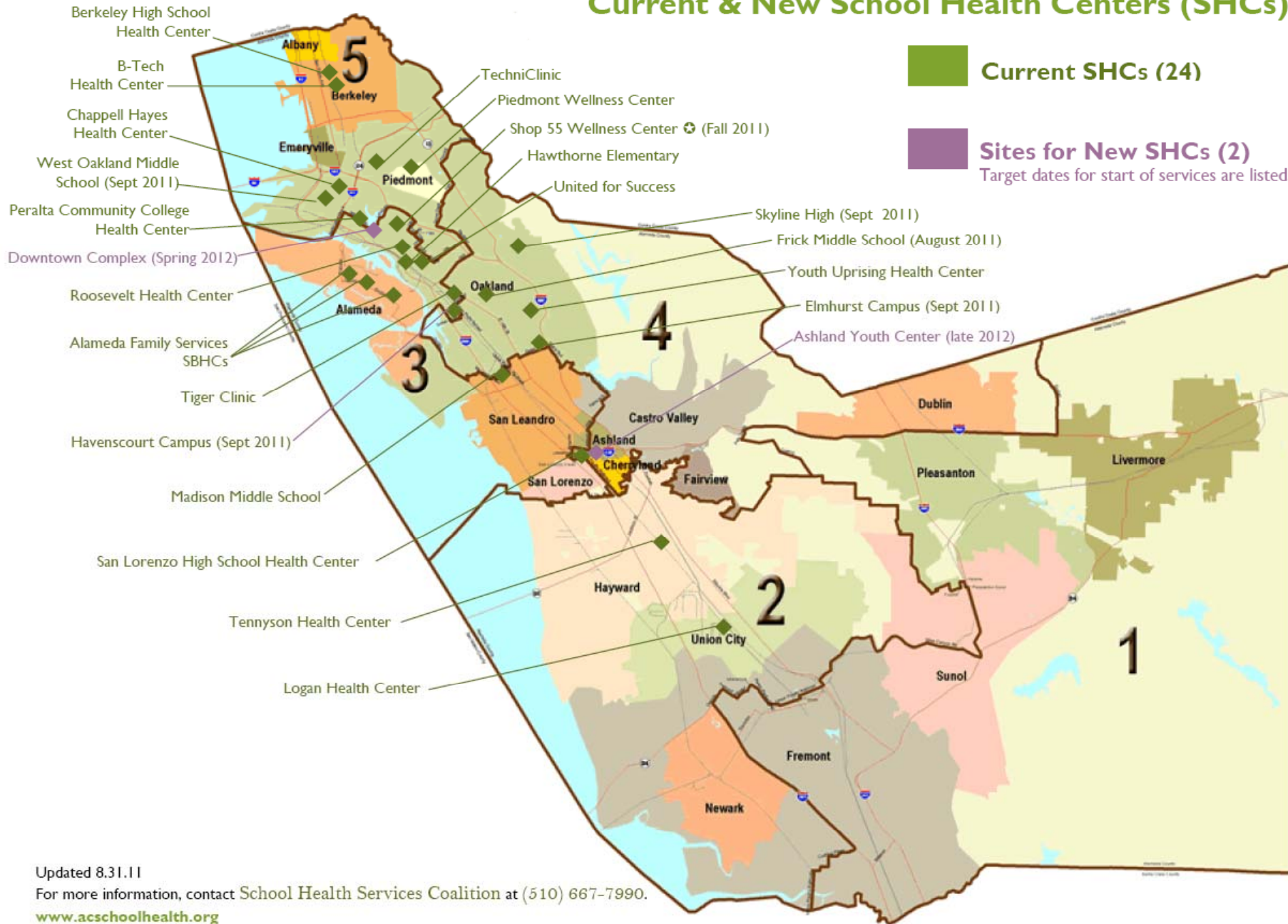
11 Initiatives

Berkeley 2020 Vision
Emeryville School Health Initiative
Fremont School Health Initiative
Hayward Full Service Community School
New Haven School Health Initiative
Newark School Health Initiative
Oakland Community Schools Initiative
San Leandro School Health Services
San Lorenzo School Health Initiative
Tri-City FSCSN Initiative
Tri-Valley School Health Initiative

Current & New School Health Centers (SHCs)

 **Current SHCs (24)**

 **Sites for New SHCs (2)**
Target dates for start of services are listed.



Updated 8.31.11

For more information, contact School Health Services Coalition at (510) 667-7990.

www.acschoolhealth.org

SUSTAINABILITY: OVERVIEW

Our initial SHC Sustainability work started with the UCSF evaluation team

Purpose was to collect and synthesize data to advance SHC sustainability in Alameda County

1. 2011 Sustainability Assessment Tool

- Implemented an assessment tool to describe current sustainability models and provide recommendations.

2. Discussions with SHC Directors

- Held follow-up discussions regarding qualities that lead to strong and thriving SBHCs.



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SUSTAINABILITY: FACTORS

2011 Assessment Tool:

- Staffing
- Provision of Services
- Facilities
- Marketing and Outreach
- School Integration
- Community Partnerships
- Funding Strategies



2012 NASBHC

Convening:

- Quality
- Integration
- Financing/Operations



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INTEGRATION



INTEGRATION

- African American Male Oral History
- Latino Men & Boys Project
- Youth Organizing and Leadership Opportunities (YOLO)
 - It Stops with Me Campaign to end drugs, violence and dysfunctional families
- Oakland Based Urban Gardens (OBUGs)



QUALITY

Draft Indicators

1. Equity
2. Scope of Practice
3. Capacity
4. Evaluation

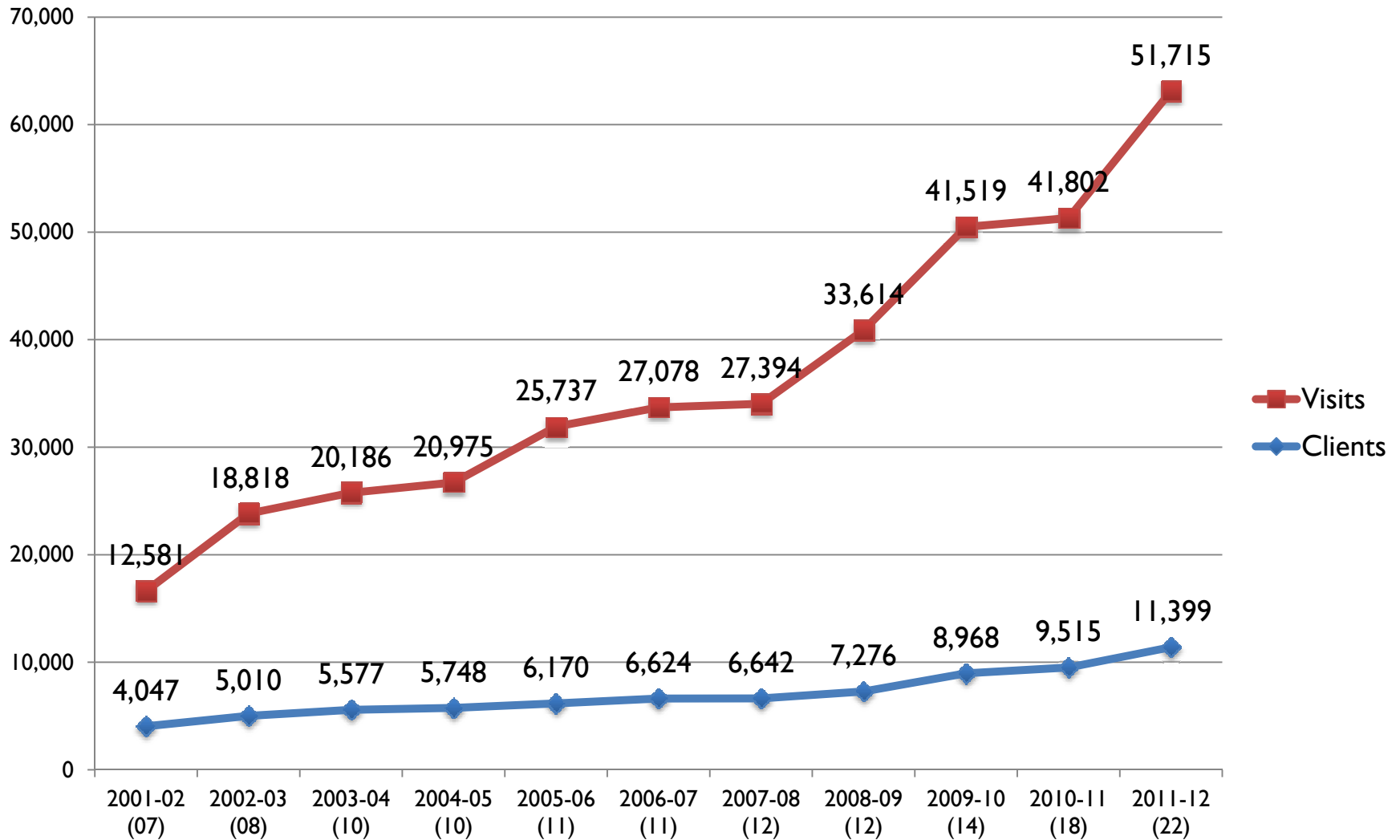


Current Strategies

- Monthly SHS contractor meetings
- Monthly data collection requirements in ETO
- Quarterly narrative reports
- Safety Net Provider Meetings
- Professional Development Trainings and Conferences
- Evaluation

School Health Centers

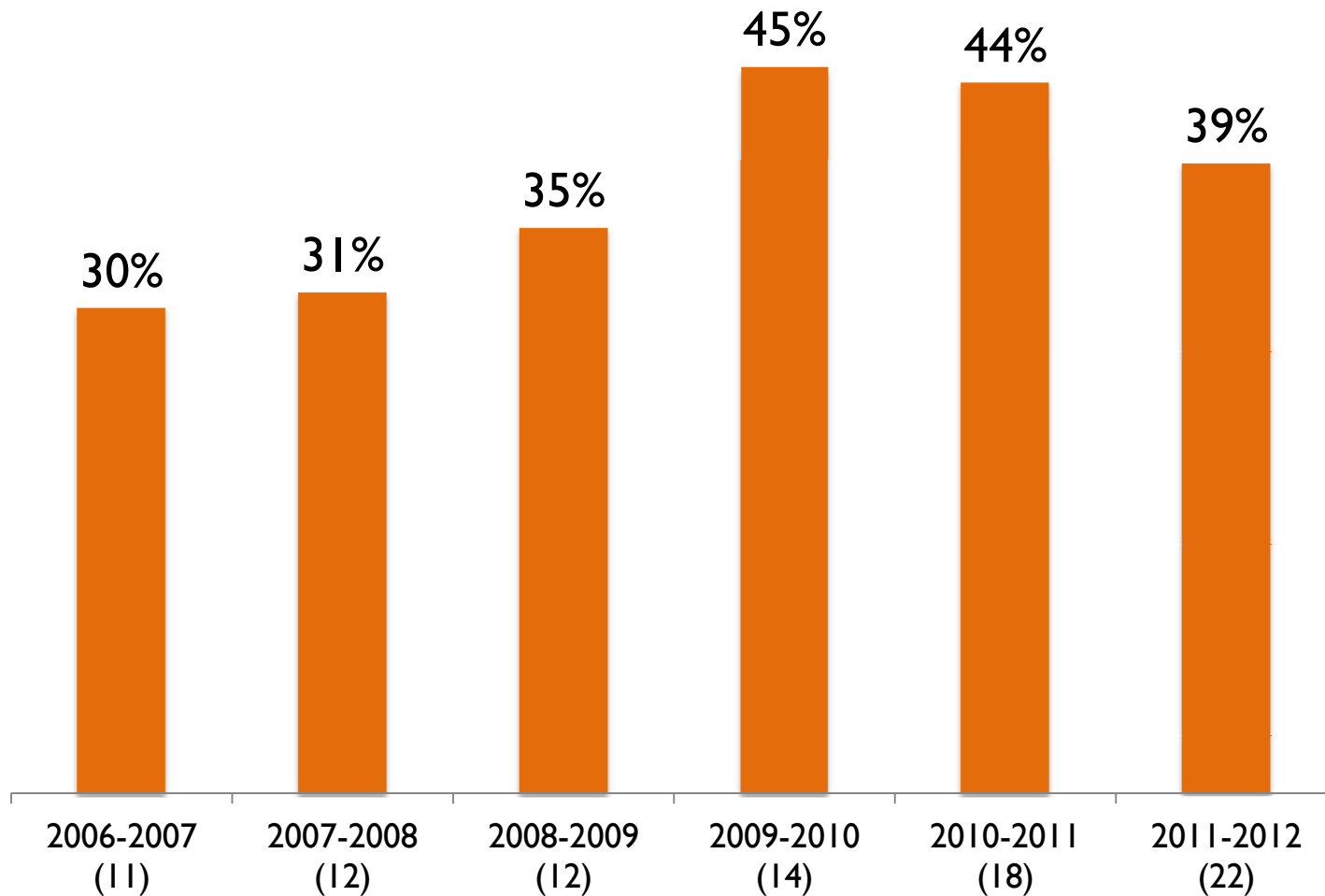
Increase Health Access & Utilization



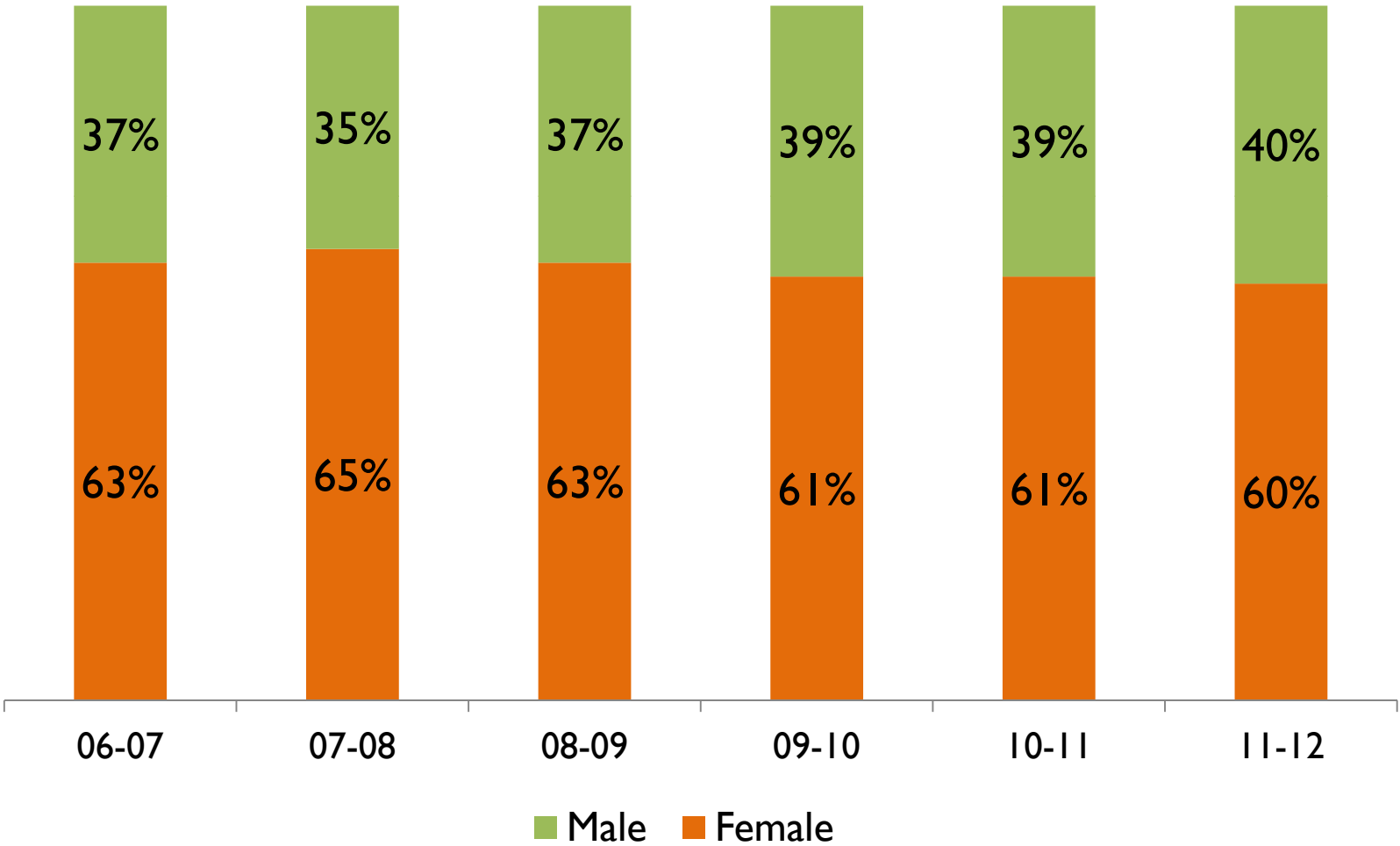
School Health Centers

Increase Health Access & Utilization

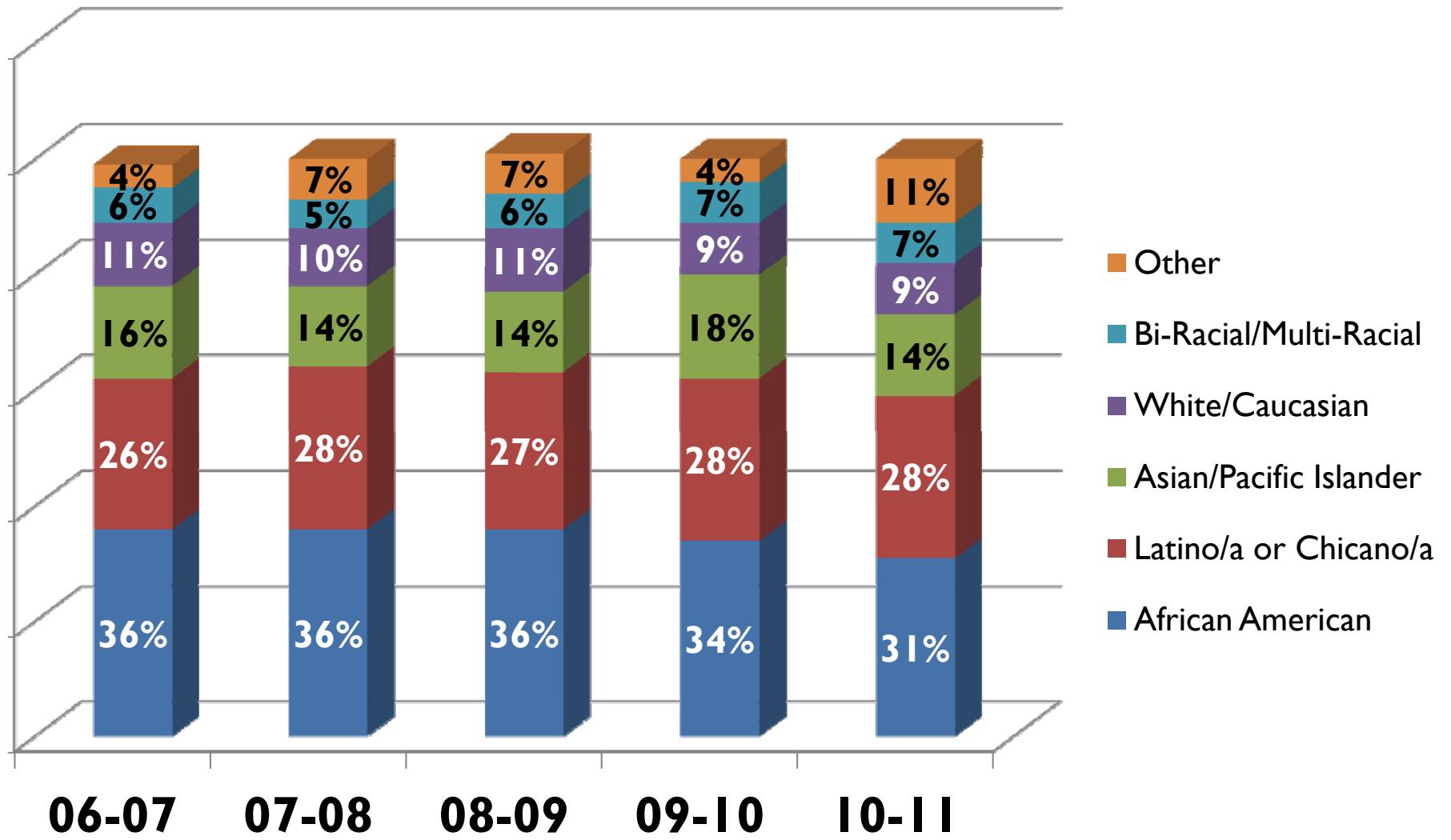
Percentage of school population who were SHC Clients



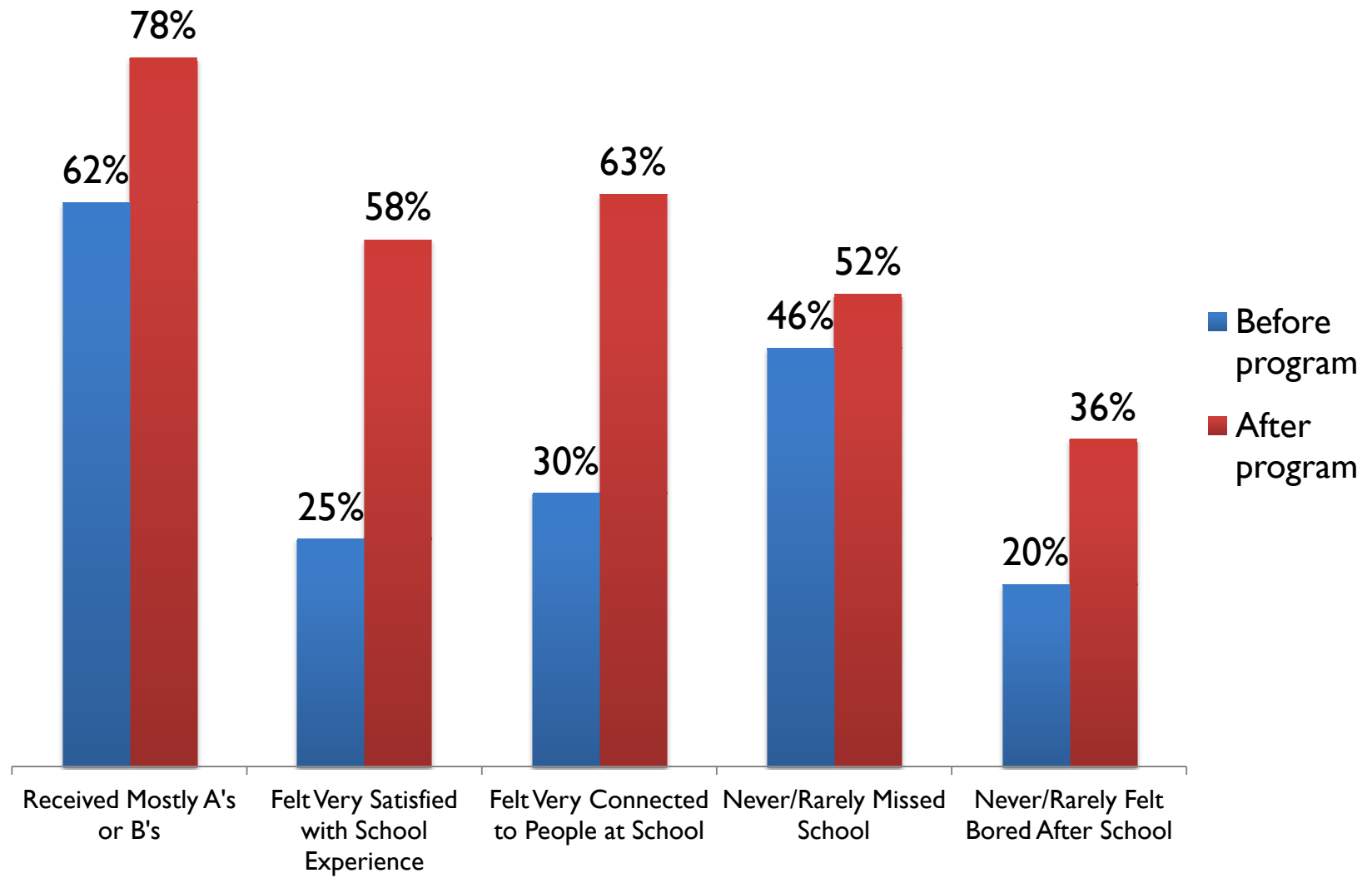
Percentage of SHC Clients by Gender



Percentage of SHC Clients by Race



Youth Participants Report Improved Academic & Personal Indicators



Data Source: Youth Program Post Survey 2010-11 (n=179-204)

FINANCING STRATEGIES

1. Core Local Support
2. Third-Party Billing
Revenue/Health Coverage
3. Partnerships with Philanthropy
4. In-Kind Partnerships and Support

FINANCING STRATEGIES

Core Local Support

Alameda County provides a yearly \$105,000 base allocation of flexible funding

- Measure A—local bond for health services
- Tobacco Master Settlement Funding (TMSF)
- Require 1:1 match
- Blended funding for behavioral health care (EPSDT, MAA, Medi-Cal/Medicare)
- Medi-Cal (Medicare), EPSDT, MAA

FINANCING STRATEGIES

Health Coverage, Billing & Leverage

Connecting Kids to Coverage Initiative

- Sebelius Challenge

Third Party Billing Revenue

- State specific (FPACT, Sensitive Services Medi-Cal)

Blended funding for behavioral health care (EPSDT, MAA, Medi-Cal/Medicare)

FINANCING STRATEGIES

Partnerships with Philanthropy

- Funder support includes both funding and fundraising strategies
 - Helps diversify the funding before the grant ends
- Commitment and involvement of the funder
 - Convening similar grantees (Atlantic Elev8)
 - Participation in local programs (Kaiser)
- Length of funding 4 years or more allowing SHCs to establish and embed themselves

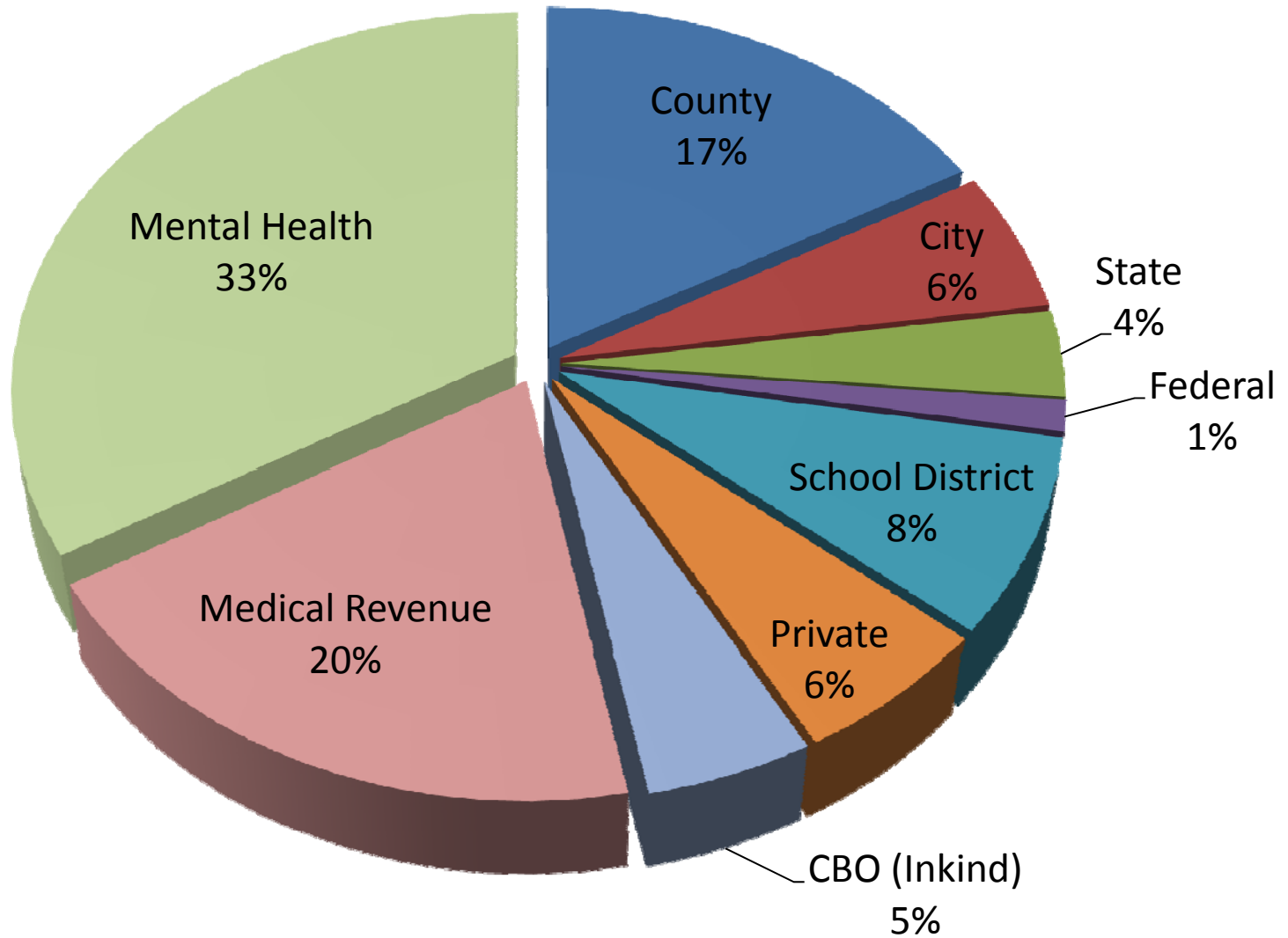
FINANCING STRATEGIES

In-Kind Partnerships and Support

- Schools & Districts
 - Facilities and related costs (phones, electricity, etc)
 - Custodial
 - School Nurses (non-billable services)
- Leverage Extended Day Programs
 - Youth Development/Peer Health Educators
- Local Public Health Departments
 - Nutrition and Dental Programs
 - Public Health Nursing
 - Take Back the Tap Initiative

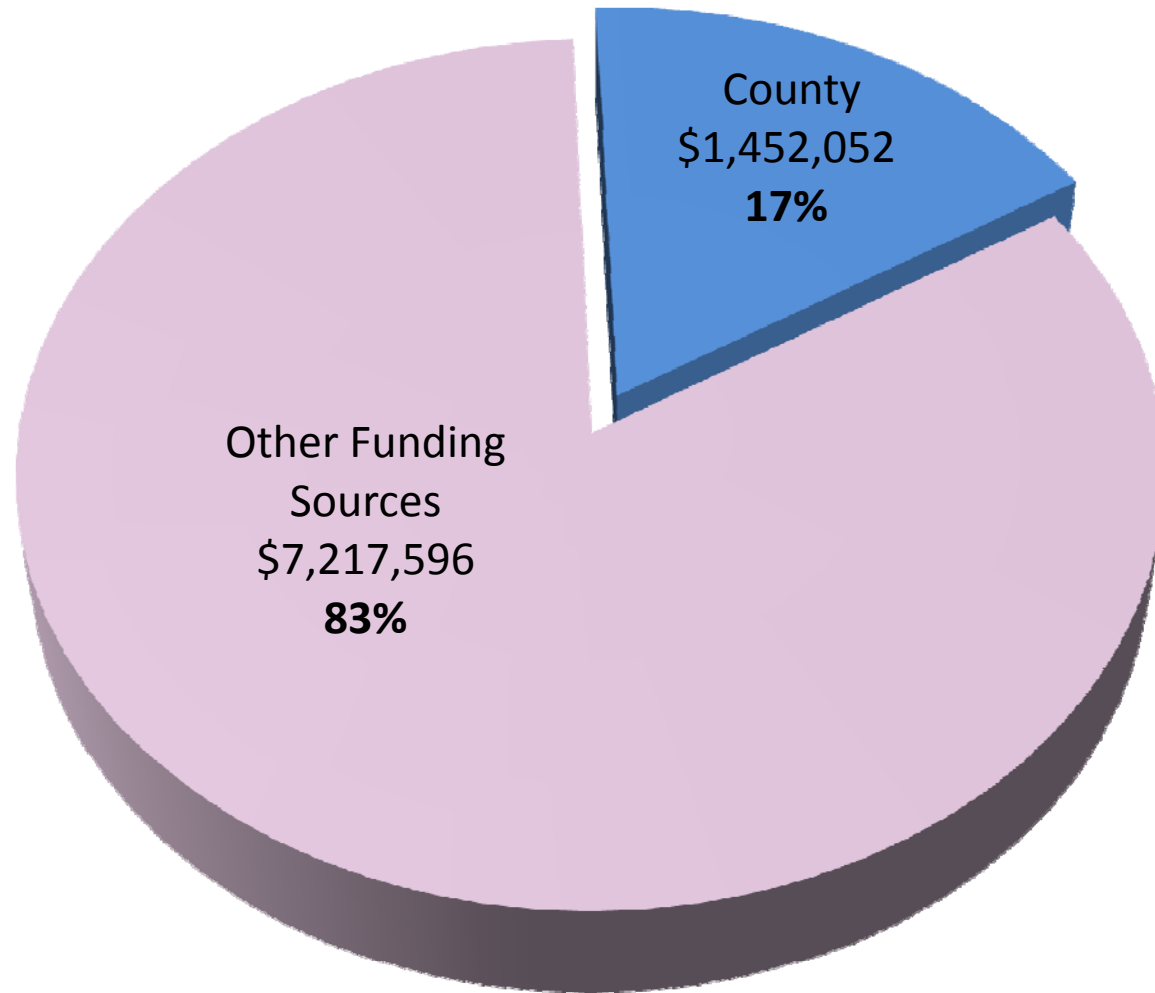
FINANCING

SHC Funding Sources FY 2010-2011



FINANCING

SHC Funding Sources FY 2010-2011



FINANCING

Lesson Learned

Successes

- FQHC Model
 - Reimburse rate for both medical and mental health
 - Integrate dental services into model
 - Maximize State funded Medi-Cal programs (i.e. Sensitive Services)

Barriers

- Managed Care & PCP
 - *SHC are not usually the PCP for the SHC clients*
- Capacity for administrative and coordination functions
 - *Coverage determination, consents, recertification processes, collaborative meetings and duo-data entry.*

For More Information

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(510) 618-3425



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