

# School-Based Health Centers and Comprehensive School Health Services In Oakland Unified School District

## WHY?

### **Good Health is Necessary for Academic Success**

*It is difficult for students to be successful in school if they are:*

- Depressed
- Stressed
- Abused
- Tired
- Sick
- Using alcohol or other drugs
- Being bullied
- Hungry

### **Many Oakland Youth Don't Have Access to Health Care**

*Many families don't have:*

- Health insurance
- Basic dental or vision care
- Regular primary care
- Needed specialty care

### **The School-Based Health Center (SBHC) Model Works!**

*SBHCs offer to all students in need:*

- Free, comprehensive health services
- Low-cost, efficient health service delivery
- Onsite convenience to students and families
- Research-based, developmentally appropriate care



## WHAT?

### **Comprehensive, Onsite Health Services:**

- Medical Services
- Complementary School Nursing Services
- Mental Health Services
- Health System Information and Referrals
- Health Education
- Youth Development Programs
- Insurance Enrollment
- Some Sites: \* Dental Care
- \* Nutrition Services

## WHERE?

### **OUSD currently has School-Based Health Centers at six schools:**

- Hawthorne Elementary School
- Castlemont High School (Youth Uprising)
- Roosevelt Middle School
- McClymonds High School
- Fremont High School
- Oakland Technical High School

*Lead agency partners: Alameda County Health Care Services Agency School Health Services Coalition, La Clinica de la Raza, Children's Hospital, East Bay Asian Youth Center*

## MORE?

### **SBHC Expansion in Oakland:**

- **AWARDED: Kaiser Permanente Grant to Universal Access Initiative in Schools**  
The City of Oakland, Mayor's Office, in partnership with the Alameda County School Health Services Coalition and OUSD, will collaborate with local school communities and partners in philanthropy to launch the Oakland Universal Access Initiative in Schools. This initiative will ensure that all middle and high school

students have access to comprehensive and integrated health services on or near campus. Kaiser Permanente has granted \$3 million over three years to support the development of 10 new middle and high school-based health centers.

- **PENDING: Atlantic Philanthropies Integrated Services in Schools (ISS) Initiative**  
As part of the ISS Initiative, OUSD will develop *four new middle school-based health centers*, and expand the Roosevelt Health Center. In partnership with the County of Alameda, the City of Oakland, and Safe Passages, OUSD anticipates implementing the ISS Initiative in 2008-09. The Atlantic ISS Initiative also includes family support and expanded after school and summer school programming at the target middle schools:

- Madison MS
- Havenscourt Campus (CCPA & Roots)
- Simmons Campus (Peralta Creek & United for Success)
- Cole & West Oakland MS
- Roosevelt MS (new, larger clinic will be built)

Measure B Bond dollars will support the development of SBHC facilities at target sites. Third party billing/reimbursement will supplement the base operational funding provided by the Atlantic ISS Initiative. *The grant award will be determined in March 2008.*

- Oakland High School is in the process of developing The Wildcats Youth Center. The school-based health center should open in 2009.

## WHAT ELSE?

### **Additional OUSD School Health Services/Initiatives:**

- School Nursing Services
- Asthma Education/Management
- Diabetes Care
- Comprehensive Health Education
- Coordinated School Health Council
- Healthy Eating, Active Communities Grant
- Alameda County Public Health Department Partnership
- City/Schools Technical Assistance Grant

*"Health and education go hand in hand: one cannot exist without the other. To believe any differently is to hamper progress. Just as our children have a right to receive the best education available, they have a right to be healthy. As parents, legislators, and educators, it is up to us to see that this becomes a reality" — Former Surgeon General Dr. Antonia Novello, 1992*

FOR MORE INFORMATION PLEASE CONTACT:

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## Alameda County School Health Services Coalition

Founded in 1996, the Alameda County Health Services Coalition (formerly School-Based Health Center Coalition) began with four school-based health centers coming together to share information and support one another in developing their services. From those humble beginnings, the Coalition has become a unique collaborative unlike any other in California.

Today, the Coalition supports 12 school-based/linked health centers, 30 schools with OUR KIDS behavioral health programs, 8 coordinated school health programs, and 5 new school health expansion initiatives in 11 school districts! What makes this Coalition unique rests in both the active participation of program providers and the key partnership of the County Board of Supervisors and the County Health Care Services Agency (HCSA) as evidenced by their commitment of resources and long-term involvement in the Coalition's work.

The Coalition represents a cross-disciplined stakeholder group, including practitioners, school and school district administrators, advocates, providers and policy makers, dedicated to improving the health of youth in Alameda County. The Coalition's more than 40 members reflect the diversity of our communities, particularly the cultural and ethnic diversity of the student populations that we serve. Coalition members share their expertise, insights, and experience to improve the delivery of health care in schools across Alameda County.

While school-based/-linked health centers are the cornerstone of the Coalition, the Coalition has sought to expand services to more schools through better integrated partnerships with school districts. In 2004, the Coalition launched a three-year *Coordinated School Health Program Initiative* to build infrastructure to support adolescent health and wellness in all county school districts using the coordinated school health model (see model on next page). This Initiative has enabled greater coordination and communication among existing services, programs, and created an alternative mechanism to sustain the expansion of comprehensive health services for Alameda County youth. In 2006, the Coalition assumed oversight of the County's OUR KIDS Program, which provides clinical case management of behavioral health services in more than 30 elementary and middle schools.

The Coalition advances program planning through advocacy and public health policies that are data-driven and can impact the health care delivery system in ways that are clearly in the best interest of our youth. As the Coalition's success and the demand for more programming grows, expansion efforts are underway. Over the past year, local city officials, school district administrators, principals, teachers, parents, and students have formed a planning committee to create school health programs in Tri-Valley and Fremont. Resources have been set aside with the expectation that either a SB/LHC or coordinated school health program will be realized in these areas by 2007.

Since 1996, the HCSA has dedicated staff support and advocated for county funding to finance school-based health care through the Coalition. As a vital partner, HCSA has helped to build the infrastructure necessary to sustain the work, increase services, and expand the presence of the Coalition. Together, HCSA and the Coalition comprise a committed and diverse team whose accomplishments are the result of a shared vision, dedicated partnership, and collective work.

2006 marked the end of our first decade of accomplishments and the beginning of greater future success in improving adolescent health status in Alameda County.

For more info about the Coalition, contact (510) 667-4487.

# Alameda County School Health Services Coalition

## School-Based/-Linked Health Centers

1991 Berkeley High School Health Center  
 1993 Alameda Family Services SBHC Alameda High School  
 1996 Logan Health Center  
 1996 TechniClinic  
 1998 Tiger Clinic  
 1999 Alameda Family Services SBHC Encinal High School  
 1999 San Lorenzo High Health Center  
 2002 Roosevelt Health Center  
 2003 Tennyson Health Center  
 2003 Chappell R. Hayes Health Center  
 2004 Youth UpRising Health Center\*\*  
 2008 Wildcat Wellness Center (planning in progress)

\*\*school-linked health center

## OUR KIDS Programs

### Oakland Unified School District

Bret Harte Middle School  
 Brewer Middle School  
 Claremont Middle School  
 Cole Middle School  
 Elmhurst Community Preparatory  
 Alliance Academy  
 Frick Middle School  
 Howard Elementary School  
 Madison Middle School  
 Roots Academy Coliseum College  
 Preparatory  
 United for Success/Peralta Creek  
 Westlake Middle School

### San Lorenzo Unified School District

Bohannon Middle School  
 Edendale Middle School

### Hayward Unified School District

Bowman Elementary School  
 Brenkwitz Continuation School  
 Bret Harte Middle School  
 Burbank Elementary School  
 Chavez Middle School  
 Cherryland Elementary School  
 Glassbrook Elementary School  
 Harder Elementary School  
 King Middle School  
 Longwood Elementary School  
 Muir Elementary School  
 Ochoa Middle School  
 Project/Markham Elementary School  
 Ruus/Peixoto Elementary School  
 Treeview/Bidwell Elementary School  
 Tyrell Elementary School

## Coordinated School Health Programs

2006 Berkeley High School  
 2006 Oakland Technical High School  
 2006 Youth UpRising/Castlemont Community of Small Schools  
 2007 Hayward Unified School District  
 2007 Longfellow Middle School  
 2007 Oakland High School  
 2007 Robertson Continuation High school  
 2007 Tennyson High School

## New School Health Services Expansion Initiatives

Atlantic Philanthropies Integrated Services in Schools Initiative (SBHC)  
 Cole Middle School/West Oakland Middle School/KIPP  
 Coliseum College Prep/Roots Academy  
 Madison Middle School  
 Roosevelt Middle School  
 United for Success/Peralta Creek  
 Fremont Adolescent School Health Initiative  
 Oakland High School Wildcat Wellness Center (planning in progress)  
 San Leandro Unified School District 9<sup>th</sup> Grade Campus Design Team  
 Tri-Valley Adolescent Health Initiative

## Coordinated School Health Model



For more info about the Coalition, contact (510) 667-4487.



# School-Based Health Center Financing

Alameda County School-Based Health Centers (SBHC) utilize the five criteria for exemplary financing strategies identified by the National Assembly of School-Based Health Care's *National SBHC Finance and Patient Revenue Study* (June 2002). The study defines five "criteria for exemplary financing strategies" as articulated by key advocacy, research, and policy groups. These criteria are used to benchmark standards for core service delivery, service expansion, and guide financial planning for SBHCs.

## Development Phases of SBHC Financing

### Planning Phase



Analogous to sowing seeds with the vision to create a forest, schools in the planning phase cultivate interest and assess need by engaging students, school district staff, parents and the broader school community to explore the feasibility of building a new SBHC. An operating budget is likely to be \$100,000.

### Start-up Phase



SBHCs focus on building client base, stabilizing core services (i.e., medical, mental health, and health education) and generating third-party revenue streams. Unrestricted funding is key during this ramp up period to build infrastructure despite instability of revenue. The total operating budget is likely to be \$250,000.

### Operating Phase



Defined by a funding infrastructure that supports 25-32 hours of core service delivery, funding for SBHCs is more diversified and proportional by source. The total operating budget is likely to be \$500,000.

### Expanded Care



Defined by a diversified fund portfolio, SBHCs at the expanded care phase have stable funding for core services and care is accessible 32-40 hours weekly with the provision of 24-hour on-call assistance. Additional resources are generated that enable service capacity expansions (i.e., nutrition, on-site pharmacy, dental services, after school programs, etc.). The total operating budget is likely to exceed \$900,000.

## 5 Criteria for Exemplary SBHC Financing Strategies

### 1. Comprehensive Program

Total revenue (cash and in-kind) supports a comprehensive program that includes minimum service hours of medical care, behavioral health care, health education/promotion and youth development.

### 2. Diversified Funding

Multiple sources of funding, including at least one local source of support (city/county, medical sponsor/community health center, local foundation, school district, etc.) ensure long-term sustainability and financial flexibility.

### 3. Core Support

A minimum of 30% and maximum of 60% of revenue must come from a single source (maximum of 60% is not applicable if core support is patient revenue). The core support is continually renewable but not necessarily guaranteed.

### 4. Third-Party Billing

The SBHC must have the capacity to bill patients and third-parties as evidenced by collection of patient revenue.

### 5. Replication Potential

Core support must not be dependent upon an environment, situation or relationship that is unique and therefore cannot be replicated in another service area.

# Investing in SBHCs to Offer Comprehensive Health & Wellness Services



## Sample SBHC Operating Phase Budget

Position	FTE	Total
SBHC Director	1.0	\$60,000
Medical Staff	1.8	\$100,000
Behavioral Health Staff	2	\$150,000
Health Educator	1	\$36,200
Receptionist/Billing Staff	1	\$36,500
Benefits		\$114,810
<b>TOTAL</b>	<b>6.8</b>	<b>\$497,510</b>

### School Health Services

20 hrs/wk of Medical Services  
40 hrs/wk of Mental Health Services  
40 hrs/wk of Health Education & Youth Development

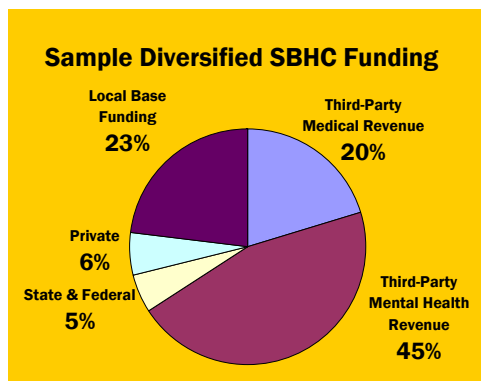
### Health Access for All Students

Average 4,250 clinic visits per year  
Average 525 students served per year

### On-site Health & Wellness Services

First Aid and Triage  
Immunizations  
Reproductive Health Education  
Sports Physicals  
Mental Health Counseling  
Crisis Management  
Peer Programs & Mentoring  
Youth Leadership

## SBHCs Achieve Financial Stability through Diversified Funding



A SBHC's financial stability is based on its capacity to secure operating capital from a variety of funding sources to ensure core support for medical, mental health, health education, and youth development services.

In Alameda County, SBHC financing generally falls into three categories:

### ① Third-Party Revenue

Third-party revenue is maximized by establishing provider partnerships and developing efficient patient billing processes carried out by experienced personnel. Although revenues do not provide all the financial support needed by a SBHC, these sources do provide a viable and sustainable core funding and play a vital role in strengthening, supporting and reinforcing a SBHC's financial infrastructure. SBHCs that partner with

FQHCs (Federally Qualified Health Centers) to generate billing revenue are reimbursed up to 100% for the actual cost of medical services compared to non-FQHC reimbursement rates of only 15-30% (approximately 17% in middle schools and 30%-50% in high schools) of actual costs. Similarly, in Alameda County, SBHCs who partner with mental health providers with EPSDT (Early Periodic Screening, Diagnosis, and Treatment) contracts generate substantial revenue for the delivery of comprehensive behavioral health services. EPSDT partnerships have resulted in the County's ability to leverage \$19 dollars in state and federal mental health revenue for every dollar invested in SBHCs.

### ② Local Base Funding

The ability for SBHCs to successfully leverage school district, city and county financial support is contingent on how SBHCs integrate into the broader school community through coordination and communication. These discretionary funds are crucial to support services that are not billable such as the services for the uninsured and indigent.

### ③ State, Federal and Private Grants

State, federal, and private grants are an important source of capital to finance innovation to expand SBHC programs and service delivery. Sound fund development planning ensures greater success in the solicitation of these types of funds and provides a more strategic approach to tapping into these resources to support SBHC growth.

The ability of SBHCs to draw from these funding streams enables them to develop a diversified financial portfolio that promotes fiscal stability. Moreover, by securing the investment of a variety of stakeholders, SBHCs encourage financial accountability from many diversified interests to help sustain their efforts.