

## 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



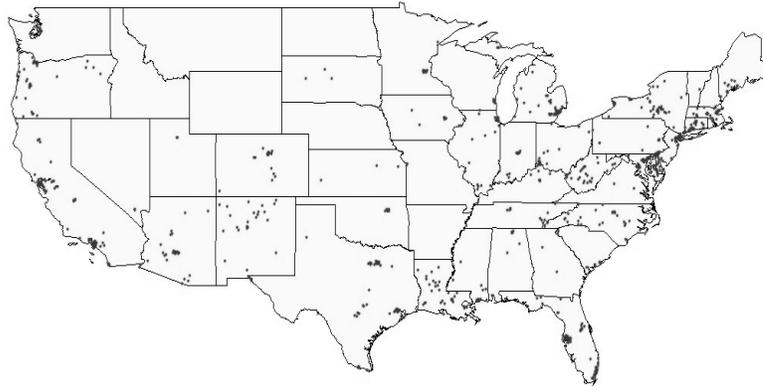
## Durham Hillside H.S.



## Wilkes County MESH Unit

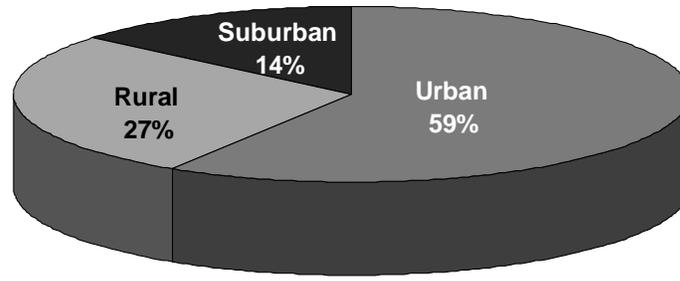


## Where are SBHCs? (n=1708)

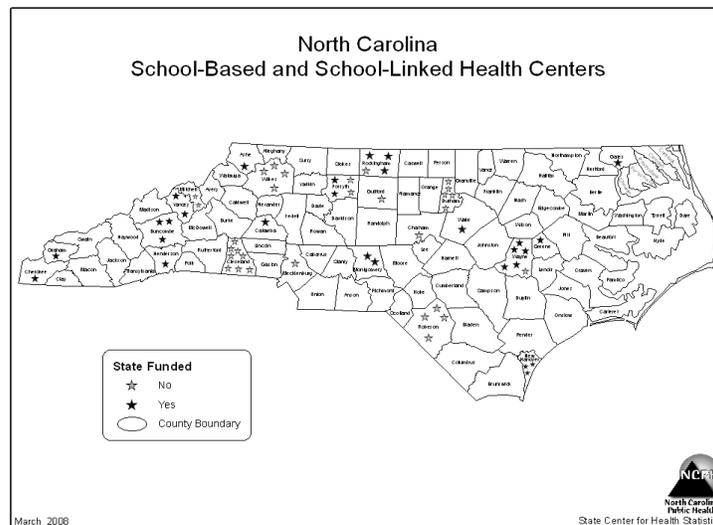


Juszczak, Schlitt, Moore. (2007). National SBHC Census. NASBHC. [www.nasbhc.org](http://www.nasbhc.org)

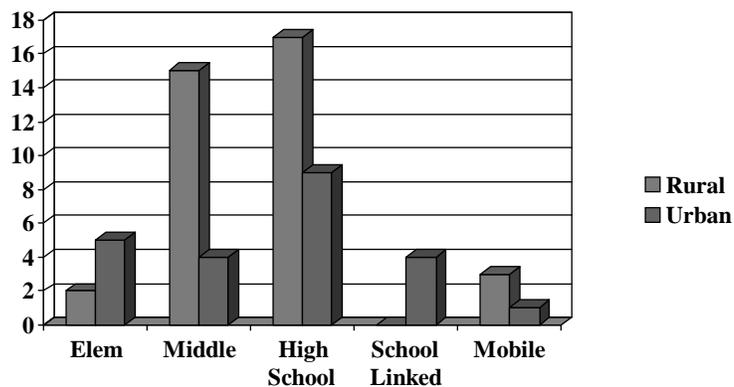
## SBHCs by Community Characteristic



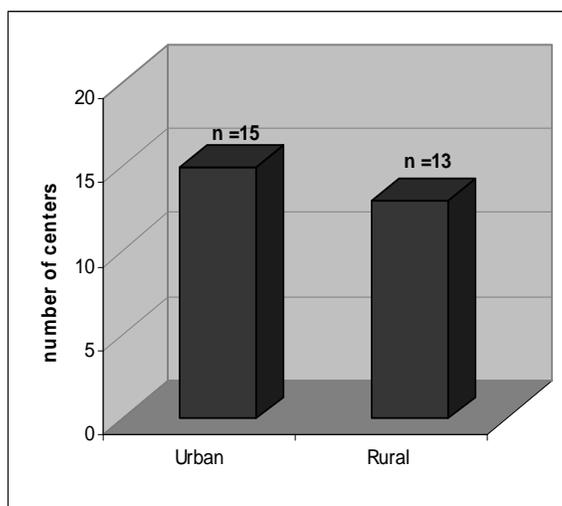
## Locations of NC SB&SLHC



## NC School Based Health Centers

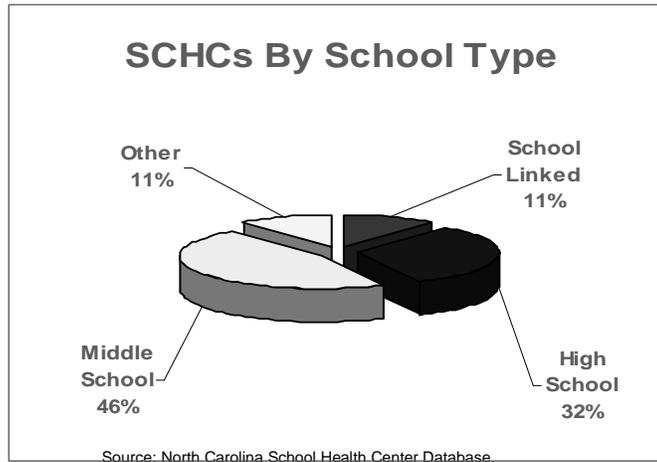


## The NC Urban/Rural Split



Data Source: 2005 List of Rural Areas, Universal Services Administration Company; [www.universalservices.org](http://www.universalservices.org), Accessed 1/30/2007  
 Census Tract Maps 2000, U.S. Census Bureau; [www.census.gov](http://www.census.gov), Accessed 1/30/2007

## NC SBHC/SLHC Locations



## SB/SLHC Utilization

	2006-2007 Registered	2007-2008 Registered
State Funded	16,000	14,000
Independent (estimate)	10,000	10,000
<b>Total</b>	<b>26,000</b>	<b>24,000</b>



## Closed Centers

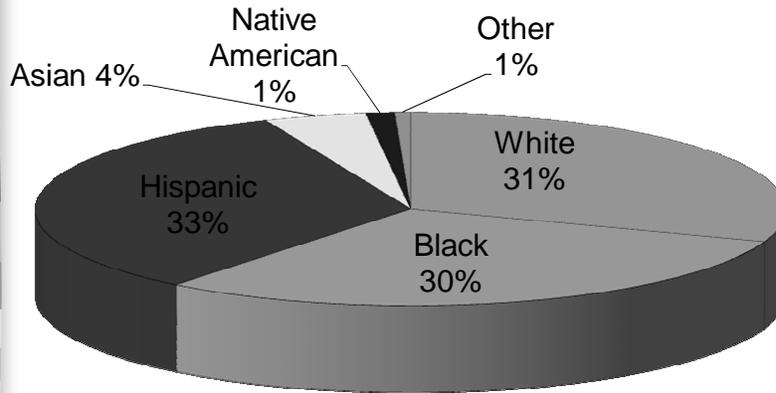
- Greensboro, NC: 6 centers
- Harnett Co.: 4 centers
- Hertford Co.: 1 center
- Durham Co.: 1 center (Science & Math)
- Davie Co.: 2 centers
- Mecklenberg: 2 after-school pilots
- Swain Co.: 1 center
- Graham Co.: 1 center
- Cherokee Co.: 1 center



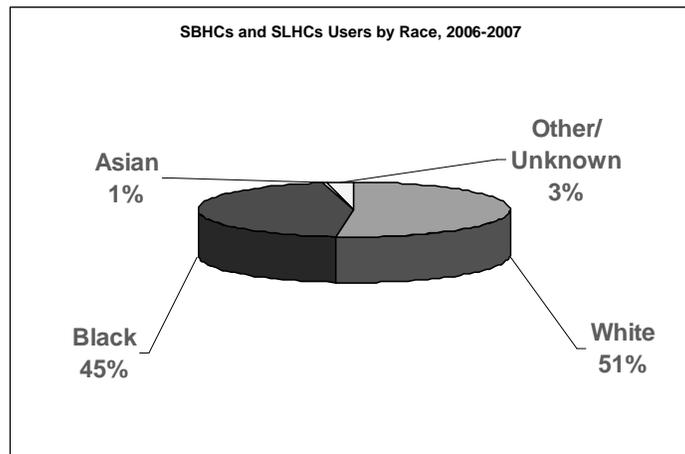
## Reasons for closure - Greensboro

- 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

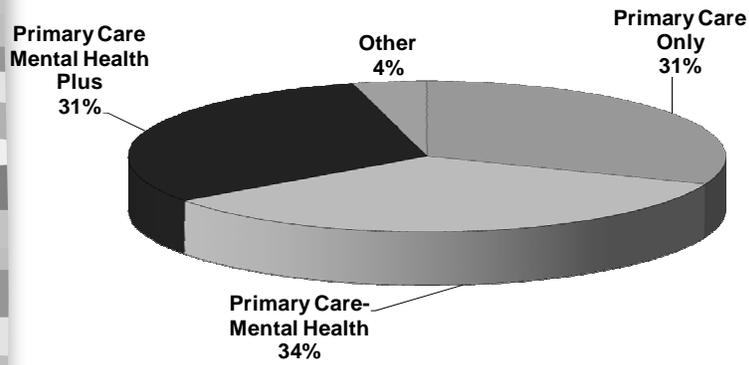


## Distribution of NC SB/SLHC Users by Race

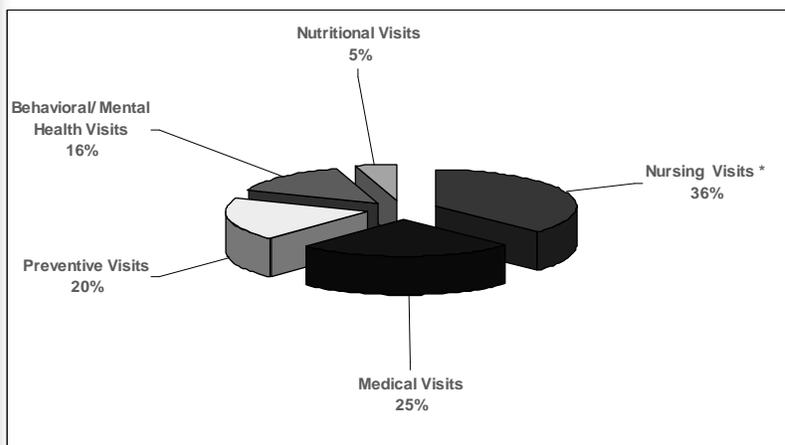


Source: North Carolina School Health Center Database.

## SBHC Staffing Models - Nationally

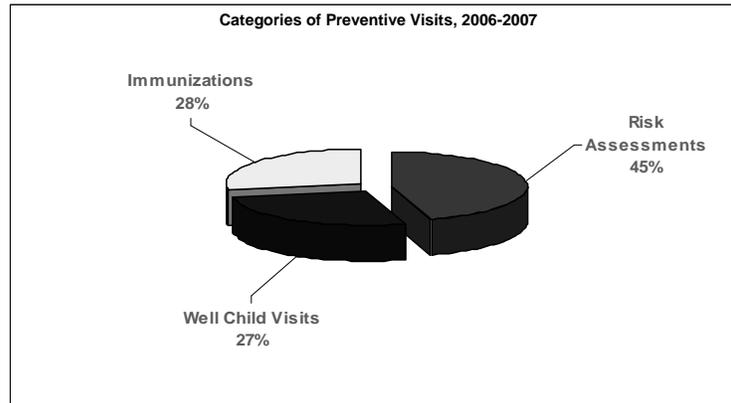


## NC SBHC Visits Types



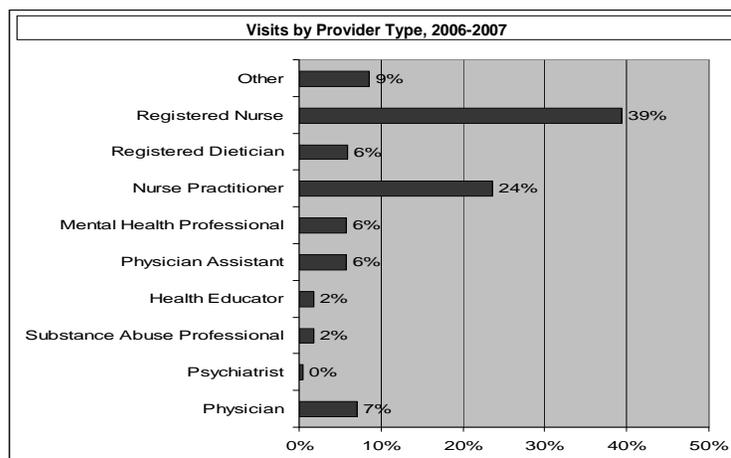
Source: North Carolina School Health Center Database.

# NC Preventive Visit Subclasses



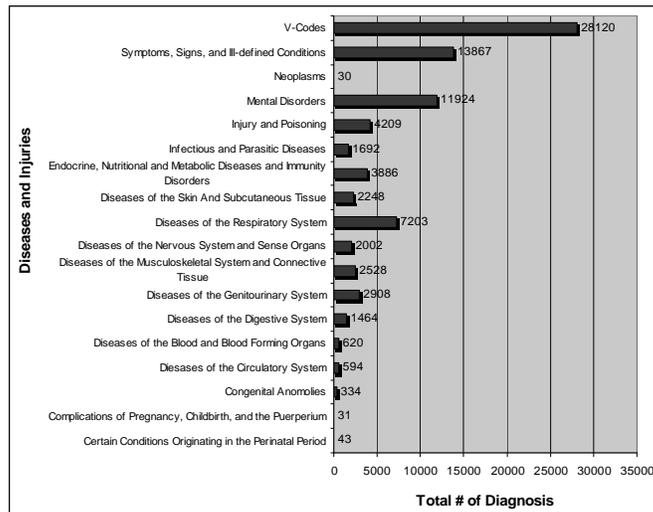
Source: North Carolina School Health Center Database.

# Visits by Provider Type



Source: NC School Health Center Database.

## NC Aggregate Diagnosis Code Data, 2006-07



## School Health Center Funding

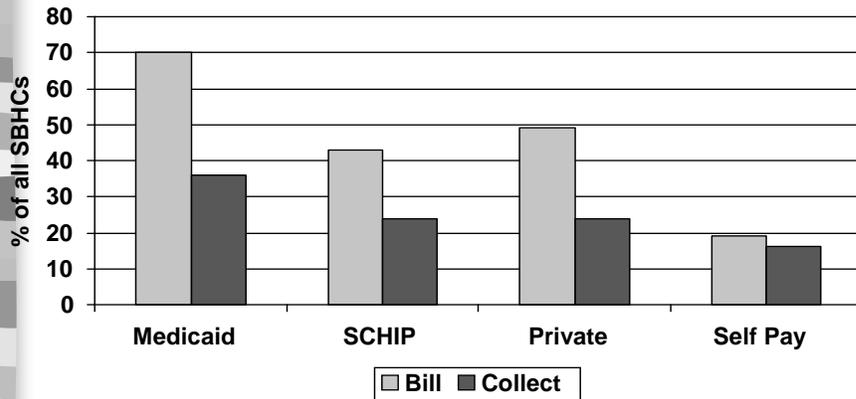
According to a national survey conducted by the W.K. Kellogg Foundation:

- ◆ 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.

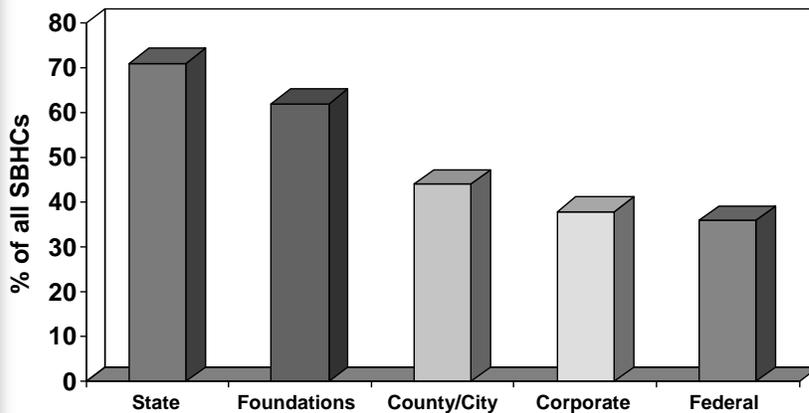
Source: Nationwide WK Kellogg Foundation Survey



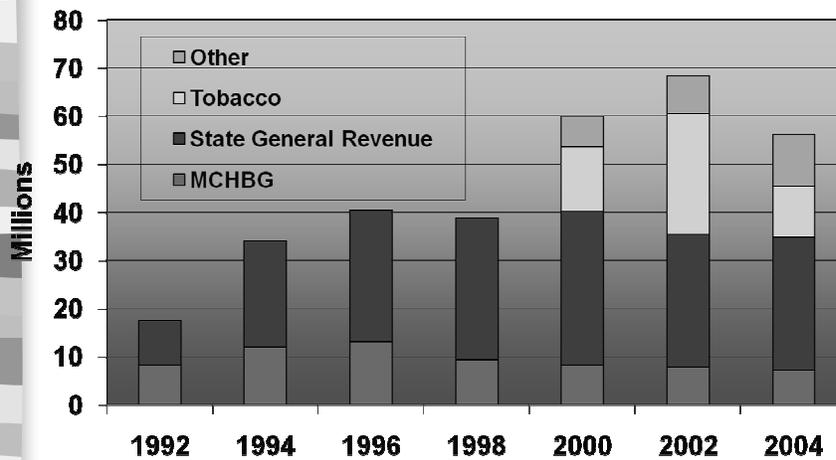
## National Data: SBHCs that Bill and Collect



## National Non-Patient Revenue



## Total State-Directed Funding



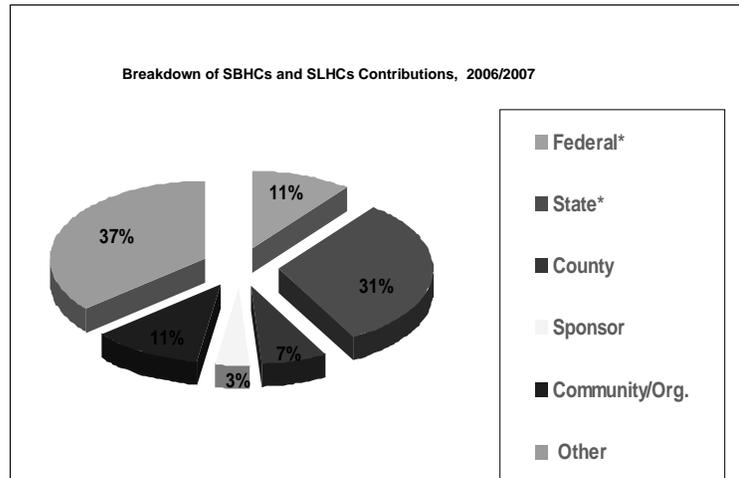
Schlitt, Juszczak, Eichner. (2008). Current Status of State Policies that Support SBHCs. *Public Health Reports*.

## Trends in State Funding (Dollar amounts are in millions)

	2000	2002	2004	2006	2008	% Change
NC	\$1.78	\$1.50	\$1.44	\$1.60	\$1.60	-10.2
National	\$43.6	\$58.2	\$52.6			+20.4

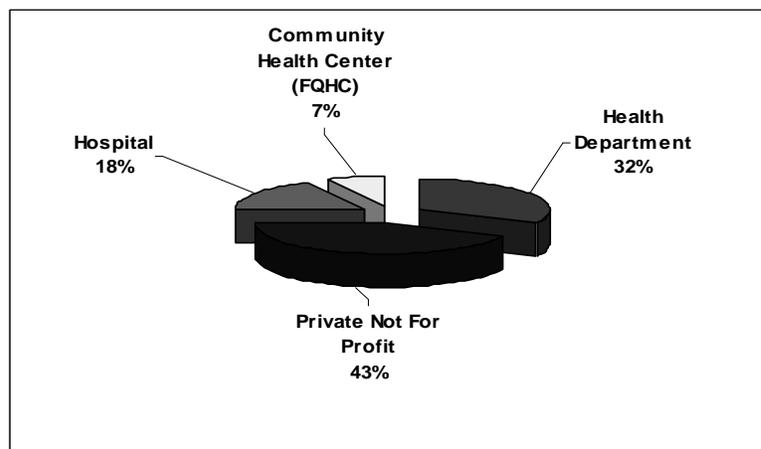
Schlitt, Juszczak, Eichner. (2008). Current Status of State Policies that Support SBHCs. *Public Health Reports*.

## Funding Sources for NC's SBHCs



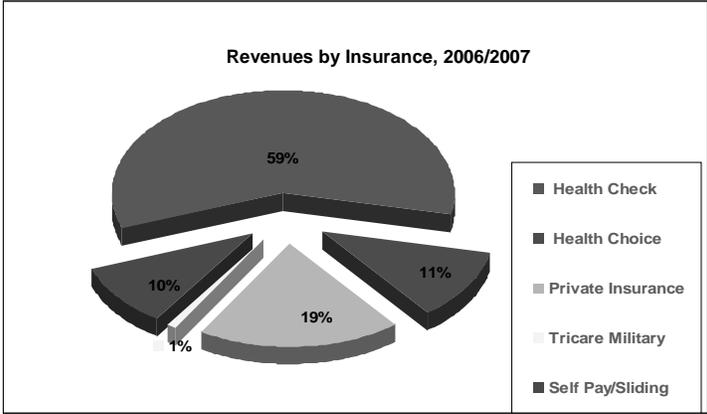
Source: NC School Health Center Database.  
 \* Does not include revenues from collections including HC/NCHC.

## Sponsorship of NC Funded SBHC



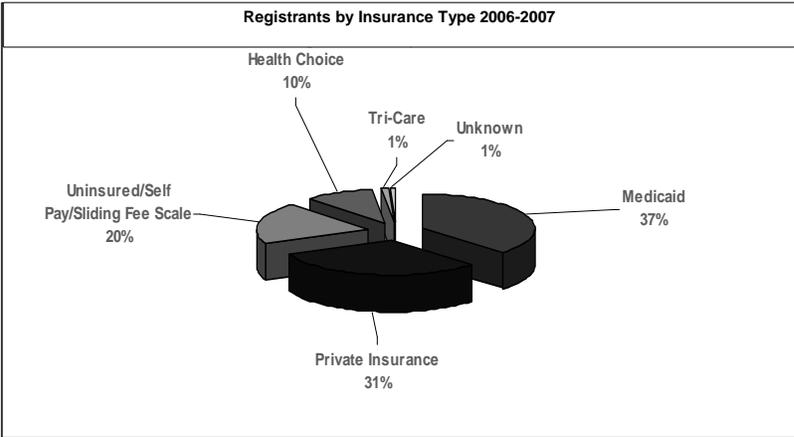
Source: North Carolina School Health Center Database.

# NC SBHC Revenues 2006-2007 School Year



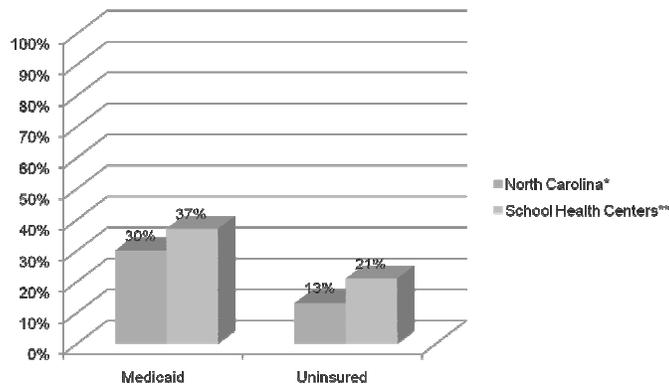
Source: North Carolina School Health Center Database.

# Insurance Type for Registered Students in NC



Source: NC School Health Center Database.

## Insurance Status for NC Versus SHC Registrants



\* Data Source: Kaiser Family Foundation. Available at [www.statefacts.org](http://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.