California School Health Centers Association

LA Coalition of School Health Centers
Wednesday, May 2, 2012
1:00 PM – 4:00 PM
The California Endowment

## Meeting Agenda

| | |
|---|---|
| 12:30 – 1:00 | **Lunch & networking**<br>Sponsored by Health Net |
| 1:00 – 1:15 | **Welcome and Introductions**<br>Sandra Jones, California School Health Centers Association, former Board President<br>Jan Marquard, Northeast Valley Health Corporation |
| 1:15 – 1:30 | **NASBHC updates & current advocacy efforts**<br>Joshua Rovner, National Assembly on School-Based Health Care (by phone) |
| 1:30 – 1:45 | **State policy and budget updates**<br>Cynthia Carmona, Community Clinic Association of LA County |
| 1:45 – 2:00 | **State Association policy updates & Healthy Families Transition**<br>Joanie Rothstein, California School Health Centers Association (by phone) |
| 2:00 – 2:30 | **Successful implementation of EHR at a school-based health center setting: A case Study**<br>Nomsa Khalfani, St. John's Well Child and Family Center |
| 2:30 – 2:40 | **LA County TB Testing policy**<br>Pamina Bagchi, LA County Department of Public Health |
| 2:40 – 2:50 | **STRETCH BREAK** |
| 2:50 – 3:00 | **NASBHC Census updates**<br>Jan Marquard, Northeast Valley Health Corporation<br>Sang Leng Trieu, California School Health Centers Association |
| 3:00 – 3:30 | **School health center profile: Eisner Pediatric's 4 school based health centers**<br>(LA High School, Metropolitan High School, Friedman Learning Complex, Santee Learning Complex)<br>Liliam Fernandez, Eisner Pediatric and Family Medical Center |
| 3:30 – 3:50 | **CSHC Annual Conference highlights—open mic**<br>Sandra Jones, California School Health Centers Association, former Board President<br>Jan Marquard, Northeast Valley Health Corporation |
| 3:50 – 4:00 | **Announcements, Adjournment** |

**This meeting is generously sponsored by Health Net.**

# Federal Policy Update

- Appropriations Update
  - Senate schedule for voting on domestic appropriations
- New attacks on the Prevention and Public Health Fund
  - About the Fund
  - Student loan proposal passed House; Obama promised veto
  - Re: “War on Women.”
- Medicaid block grants in this Congress
  - House passed the Paul Ryan Budget, which included language to block-grant Medicaid
  - Likelihood?
  - Please keep informed of why block grants are bad for SBHCs

NASBHC National Assembly on School-Based Health Care

California School Health Centers

# State Updates

- Exchange
  - Qualified Health Plan Requirements
  - Quality Measures
  - Navigator Program
- Governor's Budget
  - FQHC rates
  - Healthy Families Transition
  - EPSTD Re-alignment
- Legislation


# Updated School TB Screening Policy

Frank Alvarez, MD, MPH and Pamina Bagchi, MPH
Los Angeles County Department of Public Health
Tuberculosis Control Program

# Topics

- Background
- Data
- Myth-Busting
- New Approach
- Feedback

# Introduction

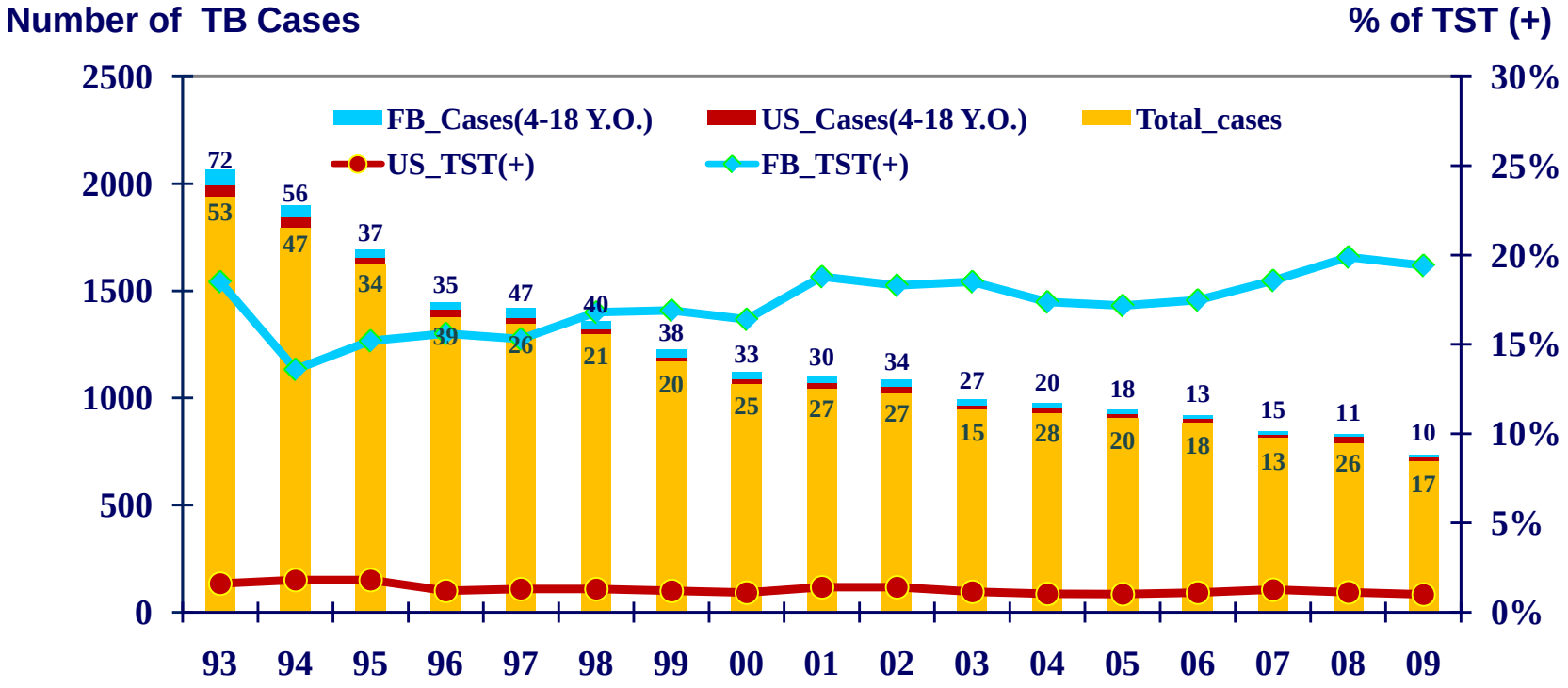
- In 1980, amended California Administrative Code, Title 22, Division 22, Chapter 9, Sections 41301-41329 *to enable the Local Health Officer to mandate tuberculosis (TB) testing of school children*, if deemed necessary, for that specific jurisdiction

- Since the 1985-86 school year, the LAC TB Control Program has required that *all kindergartners and students who have never previously attended school in California* provide written documentation of a TB skin test (or IGRA) result

# Purpose of Previous Pre-K TB Testing Requirement

- To collect County-wide data to assess improvement in TB control and better understand the presence of TB infection and disease
- To determine the impact of immigration patterns on local TB incidence
- To identify children who are candidates for treatment of latent TB infection (LTBI)
- To measure annual TB infection rates in the school-aged population

# TB Skin Test Results Among New School Entrants (K-12) and TB Cases (4-18 year old) in Los Angeles County 1993-2009




| Year | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| US Tested | 173,004 | 182,986 | 166,033 | 198,064 | 222,268 | 165,663 | 122,050 | 152,050 | 151,606 | 166,337 | 133,946 | 128,662 | 125,643 | 130,577 | 113,458 | 125,664 | 132,376 |
| FB_Tested | 42,541 | 39,145 | 29,439 | 31,457 | 34,572 | 27,719 | 21,506 | 29,325 | 28,672 | 27,247 | 23,289 | 23,388 | 21,266 | 21,354 | 17,348 | 15,523 | 14,443 |
| US_PO | 2,768 | 3,294 | 2,989 | 2,377 | 2,889 | 2,154 | 1,465 | 1,673 | 2,122 | 2,329 | 1,539 | 1,317 | 1,269 | 1,433 | 1,429 | 1,402 | 1,321 |
| FB_PO | 7,870 | 5,324 | 4,475 | 4,907 | 5,290 | 4,657 | 3,635 | 4,809 | 5,390 | 4,986 | 4,308 | 4,062 | 3,652 | 3,733 | 3,223 | 3,088 | 2,804 |

# Myth 1 About TB

- **Myth**: Being infected with TB (positive skin test or blood test) means you have active TB disease.

- **Fact**: Infection does not necessarily mean disease.

| TB Infection | TB Disease |
|---|---|
| Does not feel sick | Usually feels sick |
| Has no symptoms | Has symptoms |
| **Cannot spread TB bacteria to others** | **May spread TB bacteria to others** |
| Usually has a positive skin test or blood test | Usually has a positive skin test or blood test |
| Has a normal chest x-ray and a negative sputum smear | May have an abnormal chest x-ray, and/or positive sputum smear, and/or positive culture |
| **Needs treatment for TB Infection to prevent developing active TB disease** | **Needs treatment for active TB disease** |

# Myth 2 About TB

- **Myth:** TB testing is the same as TB screening.
- **Fact:** Testing for TB is not the same as screening.

| TB Screening | TB Testing |
|---|---|
| Risk assessment (series of questions) performed by clinician | Skin test (TST) or blood test (QFT or T-Spot) |
| If deemed higher risk, test for TB infection is done | If positive, then chest x-ray is done |

# Myth 1 About Previous Testing Requirement

- **Myth**: The Pre-K Testing Requirement was used as a method of finding children with active TB disease.

- **Fact**: The requirement was designed to determine / monitor TB infection rates, NOT to find and treat active TB disease cases. TB Control utilizes contact investigations to find active TB cases of all ages.

# Myth 2 About Previous Testing Requirement

- **Myth**: The Pre-K Testing Requirement was an effective means of getting TB-infected children treated.

- **Fact**: Monitoring was not in place to ensure that children who tested positive for TB infection began treatment. Evidence suggests that many who did begin treatment did not complete the full treatment regimen.

# Myth 3 About Previous Testing Requirement

- **Myth**: If the requirement were not in place, there would be a rise in pediatric TB cases in LA County.

- **Fact**: Jurisdictions that either rescinded their Pre-K Testing Requirement, like Riverside County, or that never had a Pre-K Testing Requirement, like San Diego County, have continued to see a steady decline in pediatric TB cases.

# New Requirement

- Rescind the testing requirement for children entering kindergarten or a California school for the first time.

- Incorporate universal TB screening and risk-based testing in existing California State physical examination requirement for children entering first grade.

- Health providers, as part of this routine health assessment, will screen students and test them for TB only if a risk factor is present.

# New Requirement

| | Current Policy | New Policy |
|---|---|---|
| **Screening for High Risk** | None | All Students |
| **TB Testing** | All Students | Only those at high risk |
| **Additional Office Visits Needed?** | Likely | Not likely *(same as physical exam)* |
| **When?** | Entering Kindergarten | Entering First grade |

# Factors to Assess High Risk for TB

**If any of these is "Yes" ➔ TB skin test**

- Parent/child born outside US in high-prevalence region
- Travel to high-incidence country > 1 week
- Contact with confirmed or suspected TB case

# Why the Change?

- To promote evidence-based best practice, as recommended by the CDC, AAP, USPSTF, etc.
- To avoid redundancy and prevent fragmented care
- To prevent false positive children from receiving treatments that may harm their livers
- To focus on placing children in medical homes
- To focus on more effective interventions (e.g. CI)
- To focus on higher-risk populations (e.g. homeless)

# Partners

- Los Angeles County Office of Education (LACOE)
- Los Angeles Unified School District (LAUSD)
- American Academy of Pediatrics, Local Chapter (AAP)
- American Academy of Family Practice, Local Chapter (AAFP)
- Los Angeles County Medical Association (LACMA)
- American Lung Association in California (ALAC)
- Child Health and Disability Prevention (CHDP)
- Maternal, Child and Adolescent Health (MCAH)
- Los Angeles County Department of Health Services (DHS)
- CA Department of Public Health, TB Control Branch (TBCB)
- Long Beach Department of Health, Human Services (LBHHS)
- Long Beach Unified School District (LBUSD)

County of Los Angeles Public Health

# For Information on IGRAs

- Cellestis (QuantiFERON Gold In-Tube)

  Nancy Hyland

  nhyland@cellestis.com

  (661)289-2557

- Oxford Immunotec (T-SPOT)

  Deneen Jackson

  djackson@oxfordimmunotec.com

  (619)887-6109

# Questions?

LA County TB Control Program Website
www.publichealth.lacounty.gov/tb/

Pamina Bagchi, MPH
Policy and Planning, TB Control Program
cbagchi@ph.lacounty.gov
(213) 744-6194

EISNER PEDIATRIC & FAMILY MEDICAL CENTER

# School Based Clinic`s

A safe place for teens

# Mission

Our mission is to educate and provide family planning services for the students, with a healthy sex life and to be a confidential place where our adolescents can come with questions regarding sex.  Also to receive that support they are yearning for.

Eisner Pediatric and Family  Medical Center have four Clinics inside the schools

Metropolitan High School
Abram Friedman Occupational Center
Los Angeles High School
Santee Complex Education

# School Based Clinic's history

Metropolitan High School is the first clinic to open with over 10 years providing family planning services, with a capacity of 300 students recieving our services.

Abram Friedman Occupatinal Center is our second clinic to open  in 2007 with  a revenue of adults and adolescents, with more than 3000 students recieving our services.

Los Angeles High School is our third clinic to open in 2009 with a great outcome of 3000 students recieving our services. Also selectected by California Family Health Council to render and support an outbreak of STD in the past.

Santee Complex Eduacation High School is our fourth clinic to open in 2010  with an accomplishment exceeding 3000 students recieving our services. Opening due to the outcome of many pregnancies and STDs among students.

# Family Planning Services

- Physical Exam
- Birth control methods
- Emergency Contraceptive
- Pregnancy test
- Pap smears

- STDs Testing
- STDs treatment
- Education on prevention of STDs
- HIV/AIDS prevention education
- Pregnancy prevention education
- On-campus first aid treatment

As a conclusion to this presentation is to communicate and emphasize the importance of adolescent's social sexual health life with all students at Los Angeles Unified School District and given the opportunity to communicate the importance of Family planning services

# QUESTIONS AND ANSWERS

# Current CSHC Policy Work – April 2012

## Health Benefit Exchange

This is one of the centerpieces of health care reform. The California Health Benefit Exchange (HBEX) will be the new clearinghouse of health plans, where people will be able to buy individual or small business plans, with a subsidy if they are low-income. Only health plans that meet yet to be determined requirements (Qualified Health Plans) will be eligible to participate in the Exchange. There will not necessarily be many SBHC patients enrolled in the Exchange, but it is has potential to be a "systems leader" and create change in other systems (e.g., Medi-Cal). In addition, if SBHCs get on the radar of Qualified Health Plans, it would be important recognition and could open doors in other arenas. However, the tension with the Exchange is that the higher the bar for Qualified Health Plans (more covered services, more requirements, more accountability measures), the more expensive the plan premiums will be. Expensive premiums will undermine the popularity of the Exchange, make care less affordable, and possibly torpedo the whole thing by causing not having enough people to enroll. Right now, the overriding goal for the Exchange is just to get the whole thing up and properly running on a very tight timeline. The Health Benefit Exchange Board wants plans chosen and starting to enroll members by July 2013.

Qualified Health Plan Requirements. As explained above, the HBEX needs to move quickly toward lining up the plans that will be included. To do this they need to define requirements for the plans. In these requirements it is possible that we can:

- Get SBHCs defined as 'essential community providers' (ECPs) in the Exchange. This is our main ask. The federal government has defined ECPs at 340(B) providers, which includes SBHCs run by FQHCs, but not those run by school districts. We can still advocate to the State Exchange Board for the inclusion of SBHCs in California. We have drafted a sign-on letter, which will be distributed by both us and Children Now, asking that SBHCs, family planning clinics, children's hospitals and rural clinics be explicitly recognized by the California Exchange Board as ECPs.

Quality Measures. To promote health care quality and transparency, California's health plans are required to report on various Quality Measures (QMs) with the exact set of QMs depending upon the specific plan and payer. It is currently unclear how the HBEX will select QMs. Will it be HEDIS measures? Some other measures? What will the consequences be for good or bad performance? The measures and accountability systems could impact the level of interest that Qualified Health Plans have in making sure kids get preventive care and their interest in working with SBHCs. CSHC is working on a sign-on letter with Children Now which states that ideally, we would like to see the HBEX adopt a comprehensive set of 24 CHIPRA QMs, which were recently identified through an extensive stakeholder process at the federal level. Knowing that this may not be possible, we recommend a subset of QMs (we are still determining which ones).

Navigator Program. The HBEX will establish the Navigator Program to assist consumers in determining health insurance eligibility and enrolling in appropriate coverage. The Navigator Program must be designed to reach out to California's diverse populations, including low-income families and young adults, who are often less informed about coverage and less likely to be insured. The role of counties is unclear. However, it is expected that there will be some kind of funding for entities to do outreach and enrollment, as the ACA requires states to establish Navigator Grant Programs. We are working hard to ensure that the Navigator program, which is still being designed, includes significant opportunities/a significant role for SBHCs and schools. This could be big area of opportunity for SBHCs to demonstrate their value because the primary priority of the Exchange is to open its doors with a lot of participants and a "balanced risk pool" (i.e., including young healthy people, not just old sick people), otherwise the finances won't work out.

## Governor's Budget

The Governor is expected to release his budget revision in mid-May, so we will be watching for any changes on the following issues:

FQHC Rates. The Governor's budget proposes a 10% cut to the rates that federally qualified health centers are paid. Because half of SBHCs are run by FQHCs, this cut could seriously impact SBHCs. This is a top priority for the California Primary Care Association, and we will support their efforts.

Healthy Families. The Governor has proposed to end the program and begin moving kids to Medi-Cal this year. We, along with other children's advocates have been calling for a slower transition, beginning only with the 'bright line' children that would move to Medi-Cal in 2014, regardless of what the state does this year.

EPSDT Realignment. The transfer of fiscal responsibility for EPSDT to counties began with the 2011-12 budget and the Governor is proposing permanent realignment in 2012-13. If this happens, counties will be responsible for the full non-federal share of cost but will also be given some additional funds from the state. However, if the cost of the program increases (e.g., if more people become eligible or more services are provided), the counties would not receive additional state funding. We are watching this issue closely but have not yet taken a position.

## Education

Education Funding and State Ballot Initiatives. If the voters do not approve a tax increase in November, significant additional cuts are very likely to be made to K-12 education. We have not taken a position on any specific ballot initiative but do support increased education funding.

Notice of Federal Interest (NFI). In order to apply for the federal SBHC capital grants, districts have to sign an NFI acknowledging that the federal government has an interest in the facility paid for by the grant. This created a lot of challenges in some districts. We are working to get the California Department of Education to issue a statement that would allay districts' concerns.

Distinguished Schools. We are working with the California Department of Education to explore how they might incentivize and recognize a focus on school health services through the Distinguished Schools award process. We would like to see SBHCs and school health services explicitly identified as potential "signature practices" for which schools can get recognition.

## Legislation

CSHC is supporting the following bills:

- SB 694: Dental Care. This bill, introduced by Senator Alex Padilla, would authorize an on-the-ground study to test workforce models to meet the dental care needs of California's underserved children and strengthen California's leadership in public oral health by establishing a Statewide Office of Oral Health, led by a Dental Director. STATUS: Assembly Health Committee.

- SB 1235: Reducing Excessive Suspension. This bill, authored by Senators Steinberg and Price, would strengthen existing law to require, rather than encourage, schools to take steps to address high rates of suspension. It requires schools with high rates of suspension to implement evidence-based school-wide behavioral strategies aimed at reducing behaviors that lead to suspension. It applies initially to schools that suspend 25 percent or more of their total students or of any numerically significant racial or ethnic subgroup, and eventually to schools that suspend 15 percent of more students. STATUS: Passed Senate Education Committee and referred to Senate Appropriations Committee.

- AB 1729: Pupil Rights: Suspension or Expulsion. Assemblymember Ammiano introduced this bill which strengthens existing law that requires, in most circumstances, that suspensions may be imposed only after "other means of correction" have failed to bring about proper conduct. It expands the list of examples of other means of correction and requires documentation of the other means that have been pursued before a student may be suspended for discretionary offenses. STATUS: Passed Assembly Appropriations Committee and referred to Assembly Appropriations Committee.

- AB 1781: School Meals: Free or Reduced Price Meals. This bill, introduced by Senator Brownley, would require the governing board of each school district and county superintendent of schools to ensure that during meal times, children shall be able to receive a free or reduced-price meal at any serving line that the school food services program operates, manages, or from which the school food services program receives revenue. STATUS: Assembly Appropriations Suspense File.

- AB 2009: Communicable Disease: Influenza Vaccinations. Existing law requires the State Department of Public Health to provide appropriate flu vaccine to local governmental or private nonprofit agencies at no charge in order that the agencies may provide the vaccine, at a minimal cost, at accessible locations in the order of priority first for all persons 60 years of age or older in this state and then to any other high-risk groups identified by the United States Public Health Service. This bill, introduced by Assemblymember Galgiani, would include persons who are not

more than 18 years of age among those who have priority to receive the vaccine. STATUS: Passed Assembly Health Committee and referred to Assembly Appropriations Committee.

- AB 2109: Communicable Disease: Immunization Exemption. California is one of 20 states that allows for the broad use of the Personal Belief Exemption (PBEs) from immunizations that are required for children to enter school. In California, obtaining a personal belief exemption is simple — parents are only required to sign their name to a 2-sentence standard exemption statement on the back of the California School Immunization Record ('the blue card') or provide a signed written statement. This bill, introduced by Assemblymember Pan, would still permit parents to choose a personal belief exemption, but would require that a physician, nurse practitioner, or physician assistant to sign a form or letter stating that they informed the parent or guardian of the benefits and risks of immunization. This requirement would support informed decision-making, while still protecting parents' rights to make the final decision regarding vaccination. The health care provider who signs the form is only asked to document that they have informed the parent/guardian about the risks and benefits of vaccines–not to endorse or approve the parent/guardian's decision to leave their child unvaccinated. STATUS: Passed Assembly Health Committee and referred to Assembly Appropriations Committee.

- AB 2145: Pupils: Expulsion and Suspension. This bill, by Assemblymembers Alejo and Dickinson, requires that expulsion and suspension data already collected by the state be disaggregated by race, ethnicity, special education status, English learner status, socioeconomic status, and gender and cross-tabulated by gender and race. STATUS: Assembly Appropriations Suspense File.

- AB 2242: Pupils: Grounds for Suspension and Expulsion. This bill, authored by Assemblymember Dickinson, amends current law to provide that the act of disruption of school activities or otherwise willfully defying the valid authority of supervisors, teachers, administrators, school officials may subject a student to an in-school suspension in a supervised suspension classroom, but not to an off-campus suspension, extended suspension, or expulsion. STATUS: Passed Assembly Education Committee and referred to Assembly Appropriations Committee.

- AJR 24: Student-To-School Nurse Ratio. This resolution, introduced by Assemblymember Susan Bonilla, states that the California Legislature supports the the federal Student to School Nurse Ratio Act of 2011 (HR 2229). That bill authorizes the Secretary of Education to make matching demonstration grants to local educational agencies in which the student-to-school nurse ratio in each of their public elementary and secondary schools is 750 or more students to every school nurse to reduce such ratio. STATUS: Senate Rules Committee.