California School Health Centers Association

Three-Year Strategic Plan Summary
July 2011 - June 2014

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School-Based Health Centers in California

SBHCs are health clinics located on school campuses. They are run by many different types of organizations, with the most common being school districts, community health centers, and county health departments. California's SBHCs offer a range of primary care services such as screenings, immunizations, physicals, and assessments. In addition, many SBHCs provide mental health or dental services, health education, and other prevention programs in the school.

CSHC counts 176 SBHCs in 53 different school districts within California. More than 175,000 K-12 students in California attend school on a campus with access to an SBHC. Unlike many states, California does not have any official certification for SBHCs. One of CSHC's bills passed in 2008 amended the Health and Safety Code (Section 124174) to read:

> "School health center" means a center or program, located at or near a local educational agency that provides age-appropriate health care services at the program site or through referrals. A school health center may conduct routine physical, mental health, and oral health assessments, and provide referrals for any services not offered onsite. A school health center may serve two or more nonadjacent schools or local educational agencies.

CSHC defines an SBHC as a facility that delivers clinical medical, behavioral health, or oral health services on a school campus or in an easily accessible alternate location including a mobile health van stationed on or near a school campus. SBHCs must have a written, formalized relationship between the school or school district and health providers.

Key Issues

The number of SBHCs in California has been growing consistently but is still not enough to meet the needs of all children who lack access to health care. Why don't more schools have health centers? What policy changes and capacity building are needed to sustain and further increase the number of SBHCs? How do we ensure that SBHCs are providing the services needed to improve children's health and academic success?

The primary obstacle to expanding SBHCs in California is financial. Many schools would welcome an SBHC but it is extremely difficult to sustain an SBHC that:

a) serves all students regardless of insurance status,
b) does so at no or low-cost to students, and
c) provides the full range of services that characterize the SBHC model (i.e., medical and mental health care, case management, health education, oral health, youth development).

Unlike some other states, California has no dedicated funding stream for SBHCs (see SB 564 below). This means that every school and medical provider that wants to start an SBHC has to put together a creative patchwork of grants, insurance payments, subsidies, in-kind contributions and donations. This process usually takes several years. Given the number of hurdles that must be surmounted to start and run an SBHC, the fact that there are 176 in operation is an indication of how popular SBHCs are.

What are the sustainability issues specific to SBHCs?

SBHCs serve many uninsured children.
SBHCs are generally located in low-income communities where there are high numbers of uninsured children. Some of these children may be eligible for public programs, but others are not. Any health care provider dedicated to serving the uninsured needs grants or other funding sources to stay afloat. In many other states, state grants to SBHCs help fill this gap. In Alameda, county grants to SBHCs help fill this gap. Most SBHCs in California do not have a stable source of grant funding to cover services to uninsured kids.

SBHCs' open door model runs counter to the managed care system.
Today, most children in California are enrolled in some type of managed care plan. They pick a "primary care provider" (PCP) and are supposed to go to that provider for their medical care. From the provider's perspective, this means that the patients who walk in their door are patients who have chosen them as a PCP. If other patients walk in, they must either pay out of pocket or they are turned away.

SBHCs operate in a different way. They locate themselves on a school campus and open their doors to any student at the school. However, the students on the campus will have a variety of different health insurance carriers and PCPs. Every time an SBHC provides a medical service to a student but is not that student's PCP, the SBHC is unlikely to be paid. There are a few exceptions, but most health plans do not reimburse other providers of primary care who are not the designated PCP.

SBHCs provide services that are not covered by insurance.
The services provided in schools are not the same as the clinical "office visit" reimbursed by health insurance. Ideally, SBHCs provide a wide range of health and public health services including: health education, case management, outreach for health insurance, obesity prevention, coordination with parents, consultation with teachers, and troubleshooting referrals. These services are not covered by health insurance. Again, other states and Alameda County provide stable grant funding to help cover these costs, but most SBHCs must write grants and cobble together resources from different programs, many of which only last for a few years. Some of these services are paid for by school districts but are in competition with other important educational programs for shrinking resources.

SBHCs lack capacity for billing and data collection.
There are several programs that most SBHCs in California bill – the Child Health and Disability Prevention Program (CHDP) and Family Planning Access Care and Treatment (FamilyPACT). Both of these programs do not involve working through managed care plans. The billing process is relatively simple and patients can be enrolled on the spot. Beyond these programs, SBHCs' capacity to bill health insurers is very uneven. Some SBHCs have little incentive to bill because most of their patients are uninsured, and it is not cost-effective to set up a complex billing infrastructure for the small number of insured patients. Other SBHCs are part of a larger institution that has not prioritized the SBHC as a place to generate revenue and has not sought to build that capacity in the SBHC. All SBHCs confront the challenge of obtaining insurance information from their patients (particularly adolescents) since SBHCs typically do not charge or turn away patients even if they do not get the insurance information. As the health care system covers more children, moves them into managed care, and places a greater emphasis on accountability, SBHCs will need to build capacity in data collection, billing and quality assurance. One important step in this process will be the adoption of electronic health records (EHRs). The federal stimulus bill passed in 2009 created large financial incentives for providers

to adopt EHRs. This provision is an opportunity for SBHCs to implement EHRs, but also raises the bar for the field. The entire health care system will be moving more rapidly to EHRs which will put some SBHCs at risk of being left behind and further compromise their ability to be reimbursed.

SBHCs need strong linkages to their host schools.
If school and district administrators are willing to go to the mat to keep an SBHC, its chances of long-term sustainability are vastly improved. Ironically, in an effort to improve sustainability through the health care system, some SBHCs have steered away from precisely the type of services that would make them most valuable to the school. For example some SBHCs have started turning away students for certain services if they cannot be reimbursed. They have eliminated or avoided "non-reimbursable" activities like doing health education in the classroom or consulting with teachers. In short, they act more like traditional health care provides that happen to be sitting on a school campus. While these choices are understandable from a business standpoint, they do not serve the long-term interests of providing the best possible care for children in a school setting or of making the SBHC an integral and indispensable part of the school.

Policy Accomplishments During the 2006-2011 Strategic Plan

In 2006, Governor Schwarzenegger released a white paper calling for the establishment of 500 SBHCs in elementary schools. Although there have been no concrete plans to implement the Governor's proposal, CSHC was able to take advantage of his support to vastly expand advocacy for school health centers. Awareness and support among policymakers and advocates increased dramatically, and interest at the local level in starting new SBHCs also grew.

AB 2560 (Ridley-Thomas) was passed and signed by Governor Schwarzenegger in 2006. It created a "Public School Health Center Support Program" jointly administered by the Department of Health Services and the State Department of Education. The program was designed to collect SBHC data, facilitate the development of SBHCs, and address the programmatic, clinical, finance and policy needs of California's SBHCs. Because no funding was appropriated for the program, the Departments of Education and Public Health were instructed to implement the provisions of the bill without additional funding. As a result, very little progress has been made.

SB 564 (Ridley-Thomas) The School Health Centers Expansion Act, was signed by Governor Schwarzenegger in September 2008. SB 564 builds upon AB 2560 to create a grant program for SBHCs administered by the Public School Health Center Support Program. CSHC sponsored the bill in partnership with the Latino Coalition for Healthy California and the California Primary Care Association (CPCA). The partnership with CPCA reflects greatly improved collaboration between community health centers and SBHCs on the local, state, and national levels. While the Governor's support for this bill was a big victory, to date, the grant program has not been funded.

A number of important developments took place at the federal level.

CHIPRA definition of SBHCs. When the Child Health Insurance Plan Reauthorization Act (Healthy Families) was passed in 2009, a definition of SBHCs was included. This marked the first time SBHCs were defined in statute at the federal level.

The Patient Protection and Affordable Care Act (federal health care reform) of 2010 included $200 million in one-time funding for capital and facilities in SBHCs. Proposals for the first $100 million were due in January 2011. Approximately 28 applications were submitted from California. The funding opportunity served to increase awareness of SBHCs.

Secondly, health care reform provided $11 billion for the expansion of federally qualified health centers (FQHCs). These funds will help existing SBHCs that are run by FQHCs as well as facilitate the expansion of new FQHC sites at schools.

Finally, a very significant provision included in health care reform was an *authorization* for a federal SBHC grant program. This is the first time that SBHCs have been recognized as an official ("authorized") federal program. Unfortunately funds have not been appropriated for the program, and the recession and budget cuts/freezes are making the prospects rather dim. Thus, with respect to direct grant funding for SBHCs, we are now at a similar point at both the state and federal levels—programs exist in statute but have not been funded. However, it is important to note that as an officially authorized federal program, SBHCs are now eligible for funding through other programs (e.g., disaster relief, economic stimulus).

Additional Accomplishments from the 2006-2011 Strategic Plan

Local Policy

- Los Angeles County allocated $4.8 million for new SBHCs and Los Angeles Unified School District allocated $28.6 million to build or renovate 19 SBHCs and $2.3 million for mobile van infrastructure from joint use funds generated by local bonds.
- West Contra Costa Unified committed to partial funding for an SBHC coordinator at each of six comprehensive high schools.
- Oakland Unified School District committed to construct 10 new SBHCs.
- LA Care Health Plan has expanded the services/populations for which it will reimburse SBHCs, and Health Net continues to reimburse SBHCs as out-of-network providers.

Field and Technical Assistance

- There are more SBHCs: 176 up from 140 in 2006. There are 35 communities actively working to start SBHCs.
- SBHCs, and communities interested in starting SBHCs, have a number of useful toolkits and other resources developed by CSHC to guide their efforts.
- Five SBHCs received funding from the Bechtel Foundation for obesity prevention pilots, and six sites received funding for start-up from Kaiser Permanente as a result of CSHC's work with these funders.
- Forty-two sites in California applied for capital and equipment funding for SBHCs from the federal government.
- Twenty-five SBHCs participated in an H1N1 vaccination campaign in conjunction with CSHC.
- The field has become actively involved in advocacy through activities such as legislative visits, advocacy days, signature campaigns, phone campaigns, and NASBHC's online advocacy center.
- Youth advocacy -- both high school youth and our college-aged youth board – has been significantly increased.

Organizational

- In 2005-2006 when the strategic plan was created, our budget was $429,000. Five years later, in 2010-2011, our budget is $938,000.

- In 2005-2006 our revenue from membership dues was less than $6,000. In 2009-2010, it was $20,000.
- We separated from our fiscal agent and are now operating fully independently.
- We have a comprehensive, online database that manages SBHC data, individual and organization contacts, fundraising activities, membership, start-up and technical assistance, and advocacy contacts.
- We regularly communicate with more than 1,500 school health stakeholders.

Mission, Goal Areas, and Strategic Directions

Vision

California's children and youth are healthy and achieving at their full potential.

Mission

Our mission is to improve the health and academic success of children and youth by advancing health services in schools.

Goal Areas

CSHC's work is organized into the following four areas:

Policy: Systems, policies and funding support school-based health centers (SBHCs) and school health services (SHS).

Communications: There is awareness, demand, and support for SBHCs/SHS.

Technical Assistance and Program Development: Schools and communities have the capacity to run SBHCs/SHS that address health, public health, mental health and education priorities.

Organizational Development: CSHC has the organizational capacity to lead California's movement for school-based health care.

Indicators

We are identifying five global indicators to monitor over time:

I. Number of students with access to an SBHC in California.
II. Number of SBHCs in California.
III. Number of SBHCs in California that offer each of the following: medical, mental health, dental treatment, preventive oral health, comprehensive reproductive health, limited reproductive health education, nutrition and fitness, and youth engagement programs.
IV. Number of school districts that have SBHCs.
V. Number of SBHCs with electronic health records.

In addition, we have identified indicators relevant to each of the four goal areas of our work. These are presented in the strategic workplan below.

Strategic Directions 2011-2014

The planning process resulted in the identification of five strategic directions for the next three years. These strategic directions are not intended to encompass all of the work of the organization but rather are directions in which we want to push organizational growth and activity.

Maximize the opportunities provided by health care reform.
Federal health care reform has provided new funding for FQHCs, opening up opportunities for FQHC partnerships with schools to create SBHCs or provide other school health services. In addition, there will be significant changes to the health care system on the horizon which provide opportunities for SBHCs and SHS to be better integrated into systems of care. This is an important time for CSHC to weigh in on state and federal policy that may impact SBHCs. We also need to work directly with health plans and other new potential payers to find a "market" for SBHCs/SHS and define the "product" we are selling.

Make SBHCs and SHS a higher priority for K-12 educators and policymakers.
Historically SBHCs have been more closely tied to the health care and public health fields than to education, despite the fact that SBHCs are housed in schools. For the past several years CSHC has been seeking to create a closer connection to education by recruiting board members in the field of education, developing partnerships with education advocates, having a presence at conferences in education, and producing materials of greater relevance to educators. We believe that the long-term success of SBHCs and SHS rests, in part, on making them an integral and valued part of the educational system. In addition, the upcoming authorization of the federal Elementary and Secondary Education Act reinforced our decision to continue the focus on education as a strategic direction for the next three years.

Improve SBHCs' use of information technology to gather, utilize and report data on services and patient outcomes.
Current trends are making the adoption of electronic health records essential for any provider to play a role in the health care system. This is particularly important for SBHCs given the concern that they fragment care if they do not communicate with other providers (see 2006-2011 strategic plan). For SBHCs to carve out a reimbursable niche in the health care system, they must be able to communicate with other providers—a process that will increasingly rely upon electronic health records and "health information exchange." Secondly, health care reform is moving in a direction that will make providers more accountable for outcomes (the term "pay for performance" sums up this concept). For SBHCs to compete in this environment, they will need to improve their ability to collect and report data for the purpose of quality assurance.

Expand mission of the organization beyond SBHCs to encompass other forms of school health services (SHS).
SBHCs are a specific service model that has great benefits but is not relevant or feasible for every school. Moreover, even school districts that embrace SBHCs are also interested in implementing other models and strategies for school health services (SHS). CSHC will be stronger if we respond to this broader range of interests in SHS and work on issues that are relevant to every school in California. In addition, there is no strong, recognized and consistent voice on school health in California. CSHC is well-positioned in terms of resources and reputation to move into this role. We propose to move in this direction while avoiding the dangers of spreading ourselves too thin, stepping on the toes of other organizations, or losing our identity and expertise in SBHCs.

Increase awareness and support for SBHCs/SHS within the general public and corporate sector.
During the past five years, CSHC has made tremendous strides in increasing awareness and support for SBHCs among policymakers and within the healthcare and education sectors. We specifically steered away from general public awareness because we did not have the resources to tackle this effort. While we are still mindful that this is a large task, we believe making SBHCs more of "a household word" is critical to our future success, and it is time to take some concerted steps, however small, in this direction. In addition, increased corporate support would benefit CSHC and individual SBHCs.

Strategic Workplan 2011-2014

This workplan provides a high-level view of the activities planned to move forward on each of the strategic directions. The work plan is organized in a table format. There are four tables -- one for each of CSHC's goal areas: policy, communications, technical assistance and program development, and organizational development.

The table for each of these areas includes a column for each of the strategic directions describe above abbreviated as follows:

Health care reform = Maximize the opportunities provided by health care reform.

Education = Make SBHCs and SHS a Higher Priority for K-12 Educators and Policymakers

Health IT = Improve SBHCs' use of information technology to gather, utilize and report data on services and patient outcomes.

Broadening mission = Expand mission of the organization beyond SBHCs to encompass other forms of school health services (SHS).

General Public = Increase awareness and support for SBHCs/SHS within the general public and corporate sector.

Some columns are blank because there are no activities in that goal area relevant to that strategic direction. The right-hand row of each table includes other "core activities" that are part of the ongoing work in that area but do not correspond to any of the strategic directions.

Finally, the bottom row of each table includes "indicators of success" for the each goal area. These indicators are not designed to capture every aspect of the work, but rather to identify key outcomes that CSHC plans to track to evaluate its success in each goal area. In general, these indicators are designed to be measurable, however some rely on qualitative description.

POLICY

Strategic Directions					Core Activities
Health care reform	**Education**	**Health IT**	**Broadening mission**	**General public**	
• Work on legislation, produce policy analyses/materials, and build relationships with staff in the Department of Health Care Services, Public Health, key advocacy organizations and the legislature to advance opportunities (and minimize threats) to SBHCs/SHS as health care reform is implemented. • Gather information from, and build relationships with, health plans, accountable care organizations, FQHCs, and private providers and other entities that might be in a position to contract with SBHCs. • Explore ways to have SBHCs better defined and recognized in the State of California. • Work with NASBHC to secure appropriation for the SBHC grant program in health care reform and to implement other policies, regulations or language that creates opportunities for SBHC reimbursement or funding. • Establish CSHC as a leader in the impact of health care reform on children's health care. • Facilitate/catalyze county-level policy change to support SBHCs/SHS.	• Work with NASBHC to obtain language in the reauthorization of the Elementary and Secondary Education Act that provides funding and support for SBHCs, SHS, and other aspects of student and family support. • Build partnerships with other advocates to strengthen the commitment of state legislature and administration to health and support services (e.g., Healthy Start) in education, while continually seeking opportunities to fund them.	• Stay abreast of developments in health information exchange (HIE) and pursue opportunities to include school health services. • Stay abreast of policy development related to electronic health records (EHR) incentives and weigh in to maximize the opportunities for school-based providers. • Promote inclusion of schools and SBHCs in pilots related to HIT and telehealth.	• Stay engaged with, and support, efforts to sustain or grow SHS with priority on school-based oral health, mental health, and immunization. • Collaborate with other advocates to enact policy changes within the Department of Health Care Services or the Federal Center for Medicaid and Medicare Services to maximize the revenue that local education agencies can generate from the LEA Medi-Cal billing program and administrative activities claiming. • Generate recommendations to facilitate delivery of immunizations in schools.		• Conduct on-going education of policymakers with an emphasis on grassroots and youth engagement. • Provide information to the field about policy issues. • Collaborate with partner organizations and coalitions on shared policy goals.

Indicators of Success

Note: Many aspects of policy work are not captured well by quantitative indicators. These indicators do not replace qualitative description of policy successes.

1.1 Number of health plans in CA that reimburse for out-of-plan services provided by SBHCs or school districts.
1.2 Number of legislative, policy and health plan contacts in SalesForce.
1.3 Number of in-person contacts with state and federal policymakers to educate them about SBHCs/SHS.
1.4 Number of in-person contacts with state and federal policymakers with youth or community members (including CSHC board) present.
1.5 Description of language in state and federal programs that funds or supports SBHCs/SHS reimbursement and operations

COMMUNICATIONS

Strategic Directions					Core Activities
Health care reform	**Education**	**Health IT**	**Broadening mission**	**General public**	
• Improve our communications to the field about opportunities/threats in health care reform. • Increase communications to policy audiences about the role of school health services in the health care system.	• Conduct active outreach to educators to expand the number that receive our communications. • Identify key data ("sexy statistics") to use widely in communications to support need for health services and link to education outcomes. • Enhance information in our electronic and printed materials that is relevant to the concerns of educators such as savings in ADA or reduction of school dropout.	•	• Utilize the spectrum of SHS as a broader framework for all of our work as represented on the website, rather than having it walled off in one section. • Develop common language for board and staff to use when talking about mission in broader terms, and modify language in existing CSHC materials on website, in toolkits, and printed fact sheets. • Add stakeholders interested in SHS (i.e., not necessarily interested in starting an SBHC) to our database and mailing list. • Add "School Health Services Corner" for ENews with different guest contributors.	• Develop three-year strategy for increasing broad public awareness of school health center model through media, social media, speaker's bureau, schools and other channels. • Capitalize on media opportunities presented by national stories, local news, and news feature opportunities.	• Continue to expand network of followers receiving e-communications. • Utilize website to cultivate new followers, engage stakeholders and provide information to key audiences. • Provide timely information and promote involvement opportunities through bi-monthly eNews and other e-blasts. • Maintain high quality print materials to support communications priorities. • Raise the visibility of youth as grassroots advocates for school health services.

Indicators of Success

2.1 Number of legislative, policy and health plan contacts in SalesForce.
2.2 Number of school district contacts in Salesforce.
2.3 Number of individuals receiving information from CSHC (in SF with valid email address; not opted out)
2.4 Number of individuals who take an action to support the school health movement in California through CSHC (e.g., respond to call to action, donate/fund, attend conference, participate in a coalition).
2.5 Average number of website visits per month
2.6 Email open and click through rates for all e-communications, health care reform and education focused articles.
2.7 Number of SBHC mentions in media as measured through Google alerts
2.8 Number of Facebook fans
2.9 Number of youth items (e.g., youth news, youth fundraising appeal) in CSHC electronic and print communications during the year (excluding photos alone).

TECHNICAL ASSISTANCE AND PROGRAM DEVELOPMENT

Strategic Directions					Core Activities
Health care reform	**Education**	**Health IT**	**Broadening mission**	**General public**	
• Increase FQHC interest in running SBHCs and build capacity to implement SBHC model (not just community clinic on school site). • Provide TA and seek out resources to improve SBHCs' practice in quality improvement and documentation of patient outcomes.	• Produce web-based and print materials and trainings that increase the extent to which SBHCs implement programs and policies that strengthen their impact on student success. • Seek opportunities to train school administrators on models and skills needed to collaborate with community partners on health services.	• Engage consultants with technical expertise in EHRs and HIE to assist CSHC in supporting SBHCs in implementing EHRs. • Provide training and technical assistance to SBHCs on EHR implementation and collection of essential data (NASBHC's minimum data set) even without an EHR.	• Develop more information and resources on SHS particularly for rural schools where this may be more feasible/appropriate than a SBHC. • Develop more information and resources that assist schools in entering into partnerships with outside providers of SHS with a focus on school-based mental health programs, immunization clinics, and oral health programs. • Provide TA and additional web-based resources on SHS.		• Provide technical assistance to schools and communities to start new SBHCs. • Provide technical assistance to improve programs and practices at SBHCs with an eye to area of strategic importance or opportunity (e.g., obesity prevention, telehealth) • Seek opportunities to direct funding to SBHCs; disseminate information on funding opportunities; and provide assistance in applying for funding.
Indicators of Success					
3.1 Number of start-ups 3.2 % of start-up sites that made forward movement during the year. 3.3 Number of FQHCs involved in running an SBHC or start-up. 3.4 CSHC training and TA capacity as indicated by the comprehensiveness of the "menu" and resources on website. 3.5 Number of organizations that receive some type of training or TA from CSHC.					

ORGANIZATIONAL DEVELOPMENT

Strategic Directions					Core Activities
Health care reform	**Education**	**Health IT**	**Broadening mission**	**General public**	
• Seek the continued engagement of the Endowment and the Blue Shield Foundation as funders of our work on health care reform. • Increase organizational capacity in areas that present opportunities for SBHCs such as accountable care organizations, medical home, or innovative payment systems by hiring consultants and increasing staff capacity.	• Consider recruiting board member(s) who are opinion leaders in the education field.	• Increase CSHC's staff capacity in HIT/EHR. • Consider recruiting a board member with expertise in HIT, health care quality improvement, or performance measurement.	• Upgrade capacity of current CSHC staff on SHS through professional development or new hires such as a staff person who has who has worked on SHS as a district employee. • Consider recruiting new board member with SHS experience (i.e., not in an SBHC) particularly in oral health, immunization or mental health.	• Diversify board to include people with corporate connections (outside of health/education / non-profit fields)	• Maintain active and diverse board including committees: executive, policy, resource development, finance, board development/personnel. • Conduct resource development activities following business plan (i.e., growing non-grant revenue while maintaining major funders). • Conduct outreach to expand donor base through membership, donations, and sponsorships. • Manage organization finances including grants/contracts, account maintenance, financial reporting and budgeting process. • Ensure that appropriate human resources policies are followed; staff are supervised and evaluated to promote performance and accountability. • Manage operations to ensure that staff have safe, productive work environment. • Engage in staff development and capacity building. • Coordinate annual conference.

Indicators of Success

4.1 Annual budget
4.2 Amount of unrestricted net assets at the beginning of the fiscal year (reserve)
4.3 Percentage of revenue raised from non-grant sources.
4.4 Total number of donors and average donation size within each funder category.
4.5 Board and committee meeting attendance.
4.6 Percentage of board members personally supporting CSHC.
4.7 Number of staff who left CSHC during the year after less than one year of employment.
4.8 Percentage of staff evaluated annually and beginning fiscal year with written workplan.