

School-Based Health Centers (SBHC) and the History of our Funding

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Funding Formula Review Process

- Part 1: Education of SBHC model and history of SBHC funding (Today's webinar)
- Part 2: In depth exploratory review of current funding formula

Today's Objectives

- Briefly review the SBHC model
- Recap the history of SBHC funding
- Describe the work of the previous funding workgroup

What is a School-Based Health Center?

- Public Health Access Model
 - Reduces traditional barriers children and adolescents experience
 - Students are seen regardless of insurance status or ability to pay for services
- Provides core set of primary care services in a school setting
 - Physical, Mental, Preventive
- Staffed like local pediatrician or family practice office
 - Variability based on local level need and resources
- National model
- Oregon Certification Standards
 - <http://www.oregon.gov/DHS/ph/ah/sbhc/certreqs.shtml>

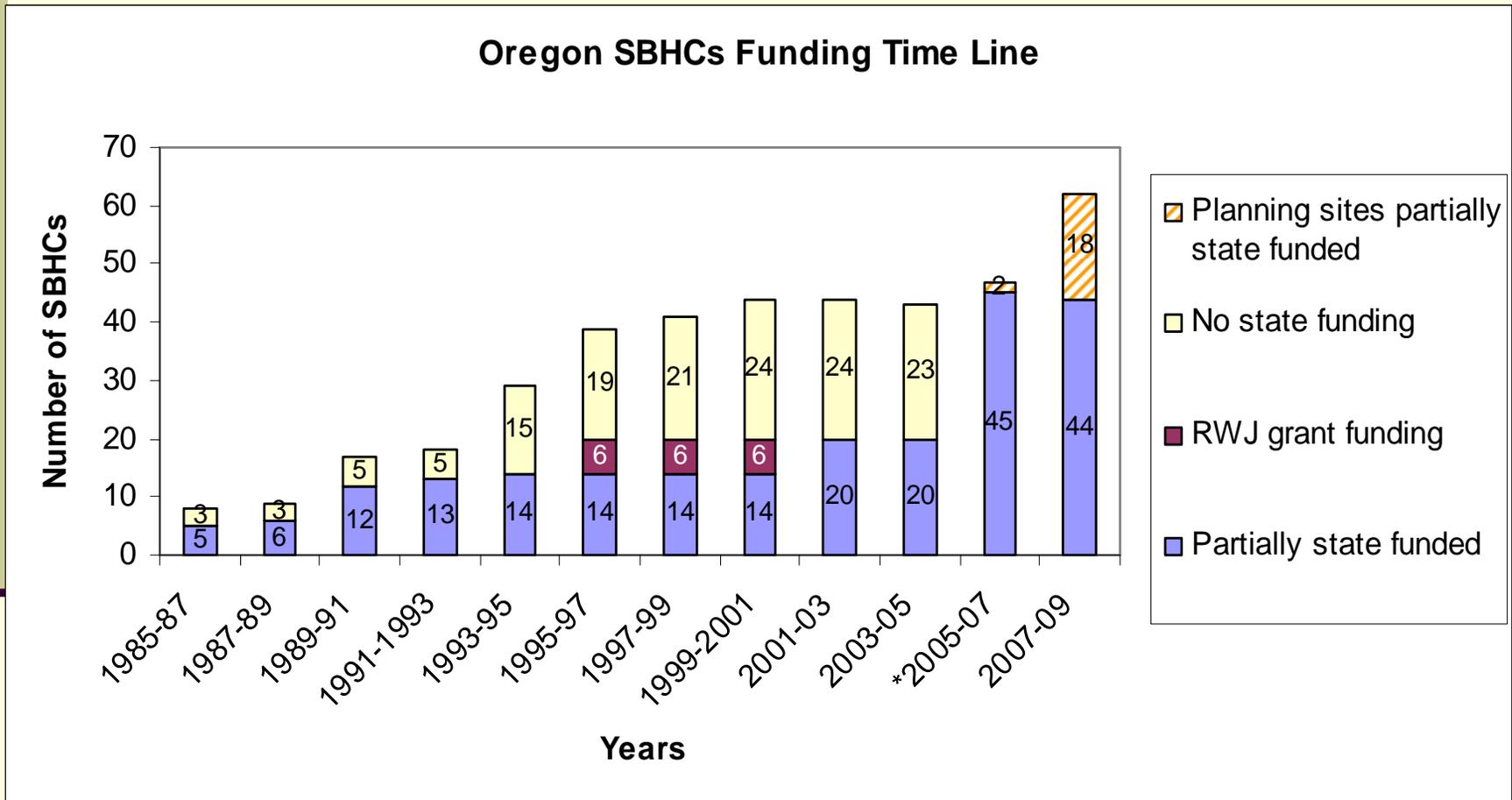
What are the goals of SBHCs?

- Improve **access to affordable quality** primary care, mental health and preventive services for school-aged youth
 - 63% of surveyed students reported they were unlikely to receive care that day without the SBHC*
- Ensure services are **developmentally appropriate**
 - 96% reported they found it easy to talk to SBHC staff*
- Improve educational outcomes because **healthy kids learn better.**
 - 53% reported receiving health care in the SBHC without missing one full class.*

*Data from 2008 SBHC Patient Satisfaction Survey

QUESTIONS ??????

History of Oregon's SBHC Funding



History of SBHC Funding: 1985-87

- 8 open SBHCs
 - 5 centers partially state funded
 - Varying models

- Funds were awarded to Centers based on competitive grant process
 - Centers received about \$50,000/yr
 - Distributed to administrative/medical sponsor (later corrected)
 - Once they received money, they did not have to re-compete and were not further reviewed by the State.

History of SBHC funding: 1987-1995

■ 1987-1991

- Went from 9 SBHCs (6 partially state funded) to 17 SBHCs (12 partially state funded)
- Maintained the \$50,000/yr amount

■ 1991-1993

- 18 SBHCs (13 partially state funded)
- State funding was cut to about \$28,000/yr for each receiving state funds site

■ 1993-1995

- State funding was restored to about \$50,000/yr for each site
- 29 SBHCs (14 partially state funded)

History of SBHC funding: 1994-1999

- State receives Robert Wood Johnson Grant
 - Allows partial funding for 6 new centers
 - State staffing focuses on statewide policy and refining SBHC model
 - Develop State Certification Standards
 - Develop data collection and reporting systems
 - Refine state model for funding
 - Developed and refined messaging

- By 1999
 - 41 SBHCs (20 partially state funded)

History of SBHC funding: 1999-2001

- Implementation of State Certification Standards
 - Did not redistribute dollars
 - Any center can request Certification regardless of funding source

- Goals of Certification
 - Increase emphasis on best practice
 - Decrease site-to-site variability
 - Increase ability to study clinical outcomes
 - Increase potential for insurance reimbursement

- 44 SBHCs (20 partially state funded)

History of SBHC funding: 2001-2003

- Robert Wood Johnson Grant ended
 - Legislature allocated money to maintain the 6 RWJ centers and fund State Program Office

- 2003: State funding for SBHCs and the State Program Office was eliminated
 - Resulted in closure of some centers and reduction in hours and staffing of others
 - State Program Office staff lay-offs
 - Program and funding reinstated August 2003 (at 2001 level)

- 44 Certified SBHCs (20 partially state funded)

History of SBHC funding: 2003-2005

- State Program was granted about \$2.1 million/biennium to fund 20 centers
 - Only about half of the sites are receiving state funding

- 2004: Funding workgroup convened
 - Allowed for the correction to historical error in funding distribution-funding to Local Public Health Authority (LPHA)
 - Decision of LPHA on how to distribute funds in their county
 - 1-2 Certified SBHCs- \$50,000/yr to LPHA
 - 3-5 Certified SBHCs- \$100,000/yr to LPHA
 - 6-9 Certified SBHCs- \$150,000/yr to LPHA
 - 10+ Certified SBHCs- \$200,000/yr to LPHA

History of SBHC funding: 2005-2007

- Funding Formula was put into effect

- Legislature allocated \$500,000 for SBHC Expansion
 - Successful opening and certification of 3 new SBHCs
 - 2 planning site- certified in 2007

- 45 certified SBHCs

History of SBHC Funding: 2007-2009

- Legislature allocated expansion dollars of \$2 million
 - Up to 18 planning site
 - 2 new State Program Office positions
 - Increase to funding formula base
 - 1-2 certified SBHCs- \$60,000/yr to LPHA
 - 3-5 certified SBHCs- \$120,000/yr to LPHA
 - 6-9 certified SBHCs- \$180,000/yr to LPHA
 - 10+ certified SBHCs- \$240,000/yr to LPHA

- Currently
 - 44 Certified SBHCs in 19 counties
 - 12 Phase II Planning sites
 - 4 Advanced Phase I Planning sites

QUESTIONS ??????

2004 Funding Workgroup

- Background report found at SBHC State Program Website under Reports and Publications.

<http://www.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml>

2004 Funding Workgroup: Objectives

- Revisit how the General Fund dollars were utilized to support the overall mission
- Address equity issues between funded/un-funded centers or counties
- Create a more stable public health funding framework to help improve ongoing support for both maintenance and growth

2004 Funding Workgroup: Process

- Representatives from SBHC stakeholders convened
 - SBHC State Program Office
 - Oregon School-Based Health Care Network (OSBHCN)
 - Maternal and Child Health Committee of the Conference of Local Health Officials (MCH-CLHO)

2004 Funding Workgroup Process cont.

■ Plan

- Workgroup would meet over a concentrated period of time
- Develop a report
- Propose new funding recommendations

■ Recommendations

- Open for comments
- MCH-CLHO → CLHO funding committee → CLHO for action

2004 Funding Workgroup Process cont.

■ Discussion topics

- Charge/goal of workgroup
- Historical background of SBHC funding
- Review of state model of SBHC funding
- Current political, economic, and contextual factors
- Review of comments from OSBHCN and Funding Loss Survey
- Use of un-obligated funds (short and long term)
- Principles/factors to consider for guiding our work
- Floor/ threshold funding level
- Targeting criteria
- Core vs. Expanded certification levels
- Future cycle of funding review
- Use of restricted funding sources
- Growth of projection/retraction

2004 Funding Workgroup: Criteria and Principles

- Preserve the link between certification and eligibility for existing or future funding
- Use existing General Fund dollars to support more centers and/or more counties to make the distribution of funds more equitable
- Do the least harm to the least number of SBHCs or SBHC systems currently receiving state funds
- Preserve some level or concept of floor or threshold funding
- Maintain an expectation of shared funding, local investment and ongoing work towards sustainability at the local level
- Increase ease of administration and flexibility of use of funds
- Maximize potential for future local community advocacy to maintain existing or to seek additional funds.

Possible Funding Models

1. Differential funding based on a defined need/ targeting criteria
2. Equal funding for all currently certified centers
3. Equal funding for all counties with one or more certified centers
4. Base county funding plus additional money for each certified center
5. **Base county funding by a range formula**

Model #5: Base county funding by range formula

■ Why it fit best...

- Avoided complexity and administrative burden
- Did not significantly reduce threshold level
- Avoided loss by the least number of counties (solutions proposed for those who lost funds)
- Provided max flexibility for counties to use dollars
- Best reflected a public health investment strategy
- Represented shared responsibility of county and local community investments
- Easy to communicate to policy makers and provides options for expansions
- Provided a guide for investment in this access model that addressed longer term cost understanding

Approval and Implementation

- Funding Formula

 - Range A: 1-2 Certified SBHCs- \$50,000/yr to LPHA

 - Range B: 3-5 Certified SBHCs- \$100,000/yr to LPHA

 - Range C: 6-9 Certified SBHCs- \$150,000/yr to LPHA

 - Range D: 10+ Certified SBHCs- \$200,000/yr to LPHA

- Recommendations went through CLHO approval process

- Implemented in 2005

QUESTIONS ??????

Next Steps: Part 2- Exploratory Review Work Sessions

- Review
 - Funding formula principles
 - Current economic and political climate
 - Current sustainability concerns

- Final decision:
 - Whether to maintain current funding formula or convene funding committee to evaluate other funding models.

Part 2: Schedule

- 4 Work sessions:
 - In person and teleconference meetings
 - Monday, 2/2/09 2:00-3:30pm
 - Wednesday, 2/11/09 9:30-11:00am
 - Wednesday, 2/18/09 9:30-11:00am
 - Monday, 2/23/09 2:00-3:30pm
 - Participants should include SBHC partners, planning site partners, SPO, OSBHCN, MCH-CLHO.

In your interested in participating in Part 2...

Contact me by **January 30, 2009**

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