



Texas Department of Health

Fiscal Year 2002

Annual Report on School-Based Health Centers

December 2, 2002

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Fiscal Year 2002 Annual Report on School-Based Health Centers

Executive Summary

House Bill 2202, 76th Legislature, Regular Session, directed the Texas Department of Health (TDH) to issue an annual report on school-based health centers (SBHCs) in Texas. This is the second such report submitted by TDH. It draws on recommendations presented in the “Fiscal Year 2001 Annual Report on School-Based Health Centers, November 30, 2001” as well as additional data sources.

Findings

- TDH-funded SBHCs offer services to medically underserved populations such as uninsured children, those of low socioeconomic status, parenting students, rural residents, and undocumented children.
- SBHCs can serve as a health information system for both the campuses served and the community at large.
- The presence of SBHCs means students have access to treatment for serious and sometimes life-threatening problems.
- Because of financial reasons, some families without access to SBHCs may allow acute problems to go untreated or to develop into more serious conditions that are even more costly if medical attention is not received early.
- Stakeholder interviews indicate that when setting up a SBHC project, a number of SBHCs face barriers to implementation. These include development of a protocol concerning policies and procedures, recruitment of qualified medical staff, a lack of adequate space/facilities, and challenges with billing and reimbursement procedures.
- Factors that contribute to school districts choosing not to apply for start-up grant funding include on-going expenses, lack of space and facilities, concerns regarding funding regulations, an inability to recruit qualified personnel, and an uncertainty about how the SBHC program works.

- SBHC clients indicate a great degree of satisfaction with the services provided.
- Tests for mean differences between SBHC campuses and all Texas campuses yield no significant differences with regard to absenteeism, dropout rates, or TAAS scores.

Future Activities

- Continue to use existing administrative educational data and quarterly reports to monitor the activities and impact of TDH-funded SBHCs.
- Continue the case study of the WELL (**W**ellness **E**ncouraged through **L**ifelong **L**earning) Clinic in Hays Consolidated Independent School District (CISD).
- Develop and implement a standardized client satisfaction survey for TDH-funded SBHCs.
- Continue to identify and eliminate barriers to school district efforts in pursuing TDH start-up grant funding.

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Background

House Bill 2202, 76th Legislature, Regular Session, directed TDH to issue an annual report on SBHCs in Texas. This is the second such report submitted by the TDH. It draws on recommendations presented in the “Fiscal Year 2001 Annual Report on School-Based Health Centers, November 30, 2001” as well as additional data sources.

SBHCs are facilities located in schools or on school grounds dedicated to providing affordable and accessible primary and preventive care to the school-age population using a comprehensive, multi-disciplinary approach including mental health and interrelation of family, school and community. The categories of services SBHCs may provide include family and home support, primary health care, immunizations, mental health services, dental health care, health education, and preventive health strategies. In Fiscal Year (FY) 2002, TDH provided grant funding to seven school districts for the establishment of SBHCs.

The FY 2001 report and supporting analyses served as an exploration of the impact of SBHCs in Texas. More specifically, the link between health care access and academic achievement was examined. Although there were a slightly lower number of absences per student for campuses with a SBHC compared to those without a SBHC, there were no significant differences with regard to graduation proportions, dropout rates, and basic skills test scores in FY 2001.

Drawing on recommendations made in the 2001 annual report as well as additional sources of data, the purpose of this report is to:

- Provide an overview of TDH-funded SBHCs with regard to provision of services.
- Examine the barriers to establishment/implementation of a SBHC.
- Assess the reasons why some Texas school districts are choosing not to seek funding to establish a SBHC.

- Provide an overview of TDH-funded SBHCs with regard to community reception.
- Examine the impact of SBHCs on academic achievement, absenteeism, and dropout rates.

Data Collection

Multiple sources of quantitative and qualitative data were used in the analysis. These included program quarterly reports, Texas Education Agency (TEA) Public Education Information Management System (PEIMS) data, TDH SBHC Funding Survey of School Administrators, key leader interviews (e.g. SBHC project coordinators, medical directors, and clinical staff), client satisfaction surveys, and a case study.

TDH-funded SBHCs are required to submit a summary of activities four times throughout the fiscal year. An account of enrollment, visits, immunization rates, common medical diagnoses, lab procedures, prescriptions, billing and reimbursement, and anecdotal information are provided.

TEA PEIMS data were used to examine whether students who attend schools with SBHCs were more likely to have higher academic achievement test scores, higher attendance, and/or lower dropout rates. It is important to note that comparisons were made between the 44 campuses that were served by a TDH-funded SBHC in FY 2002 and an average of all Texas campuses.

During the summer of 2002, TDH conducted a mail survey of Texas school district administrators. The purpose of the survey was to determine awareness of TDH SBHC funding opportunities and reasons for the decline in applicants for TDH-funded SBHCs. All 1,064 school districts in Texas were contacted and 452 (42.5%) responded.

During the fall of 2002, telephone interviews were conducted with key SBHC stakeholders. Administrators at all TDH-funded SBHC sites answered questions about

barriers to implementation, staff and community receptivity, insurance billing, and ways that TDH can best facilitate the implementation process. A total of 12 administrators in six SBHCs were interviewed.

All TDH-funded SBHCs were asked to administer client satisfaction surveys. Results were obtained from three of the seven TDH-funded SBHCs. It is important to note that non-standardized surveys were administered. Data collection efforts and processes varied across sites. In most cases, parents completed surveys.

A case study was conducted at Hays CISD WELL Clinic in October 2002. SBHC operations were observed, and stakeholders (e.g. school administrators, teachers, nurses and parents) were interviewed.

Key Findings

Overview of Current TDH-Funded SBHC Operations

- 1) All TDH-funded SBHCs provide access to health care for medically underserved populations including the uninsured, children of low socioeconomic status, parenting students, rural children, and undocumented children. Although some sites report seeing Medicaid or Medicaid-eligible patients, not all private physicians accept Medicaid. In communities without SBHCs, those who are uninsured must forego medical treatment or rely on emergency room treatment should a health concern arise. Thus a SBHC is a place where students can establish a medical home and limit the number of emergency room visits. Basic services such as immunizations and physical exams decrease the chances of chronic or life-threatening problems. Because the health care services are located on a school campus, the amount of time away from class is kept to a minimum. As also noted, SBHCs are convenient for parents and often eliminate the need for parents to take off from work. For students with problematic health

concerns, a SBHC can provide case management and on-going health care assistance. As one administrator noted:

Because of our convenient location, kids in our school receive immediate treatment and care. Traditionally, many parents have never had a consistent health care provider and relied solely on the emergency room. At our clinic, people know them and care for them by name.

Services, which are either free or offered on a sliding fee scale, are available throughout the week. All sites have a referral protocol that provides patients with access to health care services after hours, weekends, and holidays. However, the breadth and scope of services tend to vary as a function of locality (urban versus rural), staffing, and sponsorship. For example, a SBHC located in a small, rural school district may operate with fewer staff than school districts located in or near metropolitan areas. Affiliations with leading Texas medical programs such as the Texas Tech Medical School and the University of Texas Medical Branch help to facilitate the depth of services provided in urban areas.

While a large number of visits to Texas SBHCs are for routine health care or minor illnesses/injuries, it is evident that SBHCs can serve as a health information system for both the campuses served and the community at large. In many communities, the advent of SBHCs means students have access to treatment for serious and sometimes life-threatening problems as well. Because of financial reasons, some families without access to SBHCs may allow acute problems to go untreated or to develop into more serious conditions that are even more costly if medical attention is not received early.

A case study conducted at the Hays CISD WELL Clinic revealed the short-term impacts of SBHCs. Prior to program implementation, many students had to rely on emergency room care because they lacked medical insurance. Transportation also limited their access to health care. Once the Hays WELL Clinic was

established, administrators noted increases in enrollment, utilization, and immunizations.

- 2) Key administrators noted several barriers to starting a school-based health center. Basic growing pains associated with the development of any new program were cited. Among other issues raised were community awareness, staffing issues, and policy/protocol development.

One of the most common barriers pertains to financial sustainability. While TDH funding plays a crucial role in the development of SBHCs, additional sources of funds are required to maintain service delivery. Most administrators noted school district support, private insurance, Medicaid billings, anonymous donations, and in-kind services from local labs and medical facilities as additional sources of support. However, with few exceptions, Medicaid billing appears to be the most problematic barrier to sustainability. Most administrators applied for Medicaid provider eligibility during the initial developmental phases of their programs, but even after a year or more of operation, many are still waiting for a Medicaid provider number. While lack of provider status poses financing problems for SBHCs, none of the SBHC administrators reported turning down a client because of Medicaid problems or the lack of private insurance.

- 3) Recently, there has been a noticeable decline in the number of applicants seeking TDH grant funding for SBHCs. In order to explore this trend, TDH obtained input from school district representatives throughout the state. A total of 1,064 surveys were mailed, and 452 surveys were received, resulting in a 42.5% response rate. The findings are as follows:

- A. Though many school district administrators are aware of TDH SBHC funding, over 72.1% of the 452 responses stated their school districts had no immediate plans to pursue TDH funds.

- B. Of the 452 responses, 46% identified specific barriers to the application process. Each respondent identified multiple barriers. Barriers included:
- On-going expenses after the grant period ends (mentioned in 75.7% of responses)
 - Lack of space and facilities (71.8%)
 - Concerns regarding funding regulations (57.3%)
 - An inability to recruit qualified personnel (45.6%)
 - Uncertainty about how the SBHC program works (37.4%)
- 4) Client receptivity and perceived satisfaction was garnered from client (parent) satisfaction surveys at three locations. Non-standardized questionnaires were used and TDH focused on questions that provided an overall measure of satisfaction with care. Generalizations based on these questions should be made with caution not only because of the non-standardized questions but also because some questions required multiple answers while others required unique answers.

Results from these surveys indicated that:

- All of the Dallas respondents (n=246) were very satisfied or satisfied with the SBHC.
 - If the SBHC had not been available, 39% percent would have gone to other agencies to get the services. Another 24% indicated they would not have sought treatment, and 16% would have gone to an emergency room. Smaller proportions listed other alternatives to obtain services. Each respondent checked one answer.

- In Sundown, 76% of the 37 survey respondents felt that their child got good medical care at the SBHC.
 - If the SBHC had been unavailable, 87% of parents would have taken their child to a doctor, and 4% indicated that they would have gone to an emergency room. Each respondent checked one answer.
- All of the Houston respondents (n=176) indicated that they agreed with the medical advice provided by the SBHC.
 - Eighty-four percent came to the SBHC because of the lack of insurance. Lack of questions about citizenship (31%) and convenience (22%) were other reasons most often cited for visiting the SBHC. Each respondent checked multiple responses.

5) ANOVAS (Analyses of Variance) were conducted to determine the impact of SBHCs on attendance, dropout rates, and TAAS scores. Comparisons were made between the 44 campuses that were served by a TDH-funded SBHC and an average of all Texas campuses. Tests for mean differences between SBHC campuses and statewide data for all campuses yielded no significant differences. The presence of SBHCs in the district did not affect any of the outcomes examined relating to attendance, dropout rates, or TAAS scores.

Conclusion and Future Activities

The research initiatives outlined in the “Fiscal Year 2001 Annual Report on School-Based Health Centers, November 30, 2001” were taken into consideration for the preparation of this document. More specifically, data drawn from quarterly reports, key stakeholder interviews, a funding survey, client satisfaction surveys, and a case study were used to provide an overview of TDH-funded SBHC operations.

The primary objective of all SBHCs is to improve and promote wellness for school-aged children. During fiscal year 2002, TDH-funded SBHCs provided access to health care to

more than 29,000 students across 44 campuses. The siblings of children enrolled at schools served by SBHCs and other community members have also benefited from SBHCs in communities that have chosen to extend the health care services beyond the target population of students. Interviews with stakeholders also indicated that TDH-funded SBHCs aid medically underserved populations.

Several issues confronting SBHC operations were also identified. Many SBHCs faced challenges putting together a protocol, hiring qualified personnel, and receiving reimbursements for Medicaid billings. Variations among SBHCs were also noted. SBHCs in non-metropolitan settings may offer a narrower range of services than those located in metropolitan areas.

Parents of students served by SBHCs indicated a high degree of satisfaction with health care services available to them.

Although the short-term impacts of SBHCs are evident, students who attended schools with a SBHC compared to other Texas campuses showed no significant difference in academic achievement.

In FY 2003, TDH will continue to document the progress of TDH-funded SBHCs, looking both at their successes and the challenges they face, utilizing the tools referenced in this report for measuring the health and educational impact of SBHCs on Texas students. TDH will also continue in its efforts to improve and expand the data available by implementing a standardized client satisfaction survey for TDH-funded SBHCs by the spring of 2003. Efforts to identify and eliminate barriers to obtaining funding for SBHC operations will also continue.

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