

Maine School-Based Health Center Sustainability Study



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George Shaler, MPH, Evaluation Coordinator

The author is on the staff of the
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About the Muskie School of Public Service

The Edmund S. Muskie School of Public Service educates leaders, informs public policy, and strengthens civic life through its graduate degree programs, research institutes and public outreach activities. By making the essential connection between research, practice, and informed public policy, the School is dedicated to improving the lives of people of all ages, in every county in Maine and every state in the nation.

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Background:

School-based health centers (SBHC) provide access to physical and mental health services by bringing health care and mental health professional to students. As more school officials, health care administrators and practitioners, parents, and students realize the benefits of SBHC care, the number of centers has grown. With this growth have come some concerns about the future stability of these centers. Some SBHC advocates are now focusing their energy on how to sustain SBHCs and trying to determine what factors may sustain SBHCs as they mature.

The Maine Bureau of Health's Teen and Young Adult Health (TYAH) Program provides operational support to many of the state's SBHCs. For this study, the TYAH Program partnered with researchers from Edmund S. Muskie School's Institute for Public Sector Innovation to study SBHC sustainability issues. The lead researcher has more than six years of experience evaluating SBHCs in Maine and West Virginia.

Purpose:

This study seeks to identify and describe the factors that sustain Maine SBHC over time, specifically examining what level of services is needed to make a Maine SBHC sustainable. In addition, the study explored the types of resources (funding and staffing) necessary to sustain a Maine SBHC, and how the SBHCs that participated in this study evolved to take advantage of opportunities to enhance their sustainability.

Methods:

Initial telephone interviews were conducted in October, 2003 with coordinators from six Maine SBHCs that had all been open since at least 1997. After these interviews, the results were shared with the Maine Bureau of Health's Teen and Young Adult Health (TYAH) Program.

The TYAH Program then selected three of the six sites that have more in common with other new and emerging SBHCs across the state for more in-depth case studies. The results from these three case studies constitute the majority of this report.

Description of SBHC(s) and the Schools served:

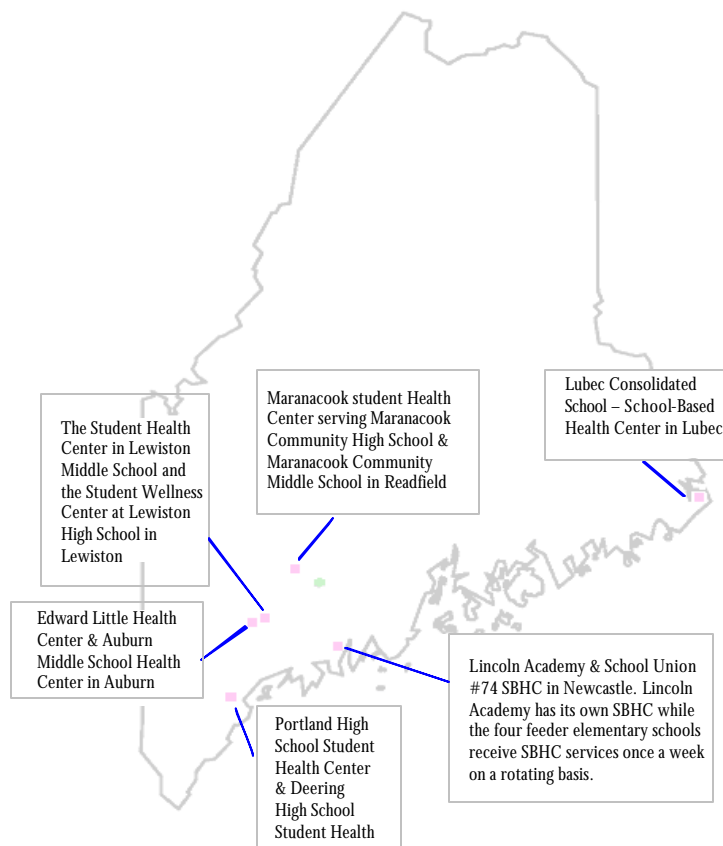
The six school-based health center coordinators interviewed by telephone work at the SBHCs listed below. These SBHCs have gone through many changes, and after seven years have emerged as relatively stable centers.

1. Edward Little Health Center & Auburn Middle School Health Center serving Edward Little High School and Auburn Middle School respectively in Auburn.
2. Lincoln Academy & School Union #74 SBHC in Newcastle. Lincoln Academy has its own SBHC while the four feeder elementary schools receive SBHC services once a week on a rotating basis.
3. Lubec Consolidated School School-Based Health Center in Lubec.
4. Maranacook Student Health Center serving Maranacook Community High School & Maranacook Community Middle School in Readfield.
5. Portland High School Student Health Center & Deering High School Student Health Center in Portland. (In the case of Portland, the focus is on the student health centers opened the longest).
6. The Student Health Center at Lewiston Middle School & the Student Wellness Center at Lewiston High School in Lewiston.

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Subsequently, three of the SBHC programs (#1, #2, and #4 above) were chosen for more in-depth interviews. All six sites are depicted on the map below. These in-person interviews took place during January and February of 2004. At the three sites, the following groups of people were interviewed:

- SBHC staff
- SBHC advisory group members
- SBHC school personnel (e.g., principal, school nurse, etc.)
- School district officials (e.g., superintendent)
- Sponsoring agency officials (if not school)
- Area health care providers
- School board
- Students



Years of Operation:

All of the SBHCs included in this paper have been open at least since 1997 with two of the centers open 10 or more years.

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Sponsor:

Of the six sites selected for the initial interviews, two (Auburn and Lewiston) of them are sponsored by a hospital system – Community Clinical Services (e.g., St. Mary’s Regional Medical Center). Community Clinical Services is also a federally qualified health center. Two are administratively sponsored by school systems or schools – Maranacook and Lincoln Academy. One is run by a local/city health department (Portland Public Health) and the other is run by a federally qualified health center system (Healthways, previously known as the Regional Medical Center of Lubec).

The two SBHCs run by schools also have medical sponsors: MaineGeneral Health Associates is the medical sponsor for Maranacook Student Health Center, and Miles Memorial Hospital is the medical sponsor for the Lincoln Academy SBHC.

Data Analysis:

The researcher performed a review of all case study and initial interview notes, to generate a list of themes. The researcher then re-read and coded the notes. The resultant information was formatted to show the significant organizational findings that are seen as contributing to these SBHCs’ sustainability are presented.

Findings – Sustaining Factors:

The 19 sustaining factors detailed in the following pages are listed in the table below. Each sustaining factor has key points listed that summarize the major findings from the case study sites. The most critical sustaining factors are the first five. If these factors are present, they often lead to the presence of the remaining factors.

SUSTAINING FACTORS

- 1. Staff leadership and rapport***
- 2. Positive student perceptions of the center***
- 3. Favorable school/community perceptions***
- 4. Staff continuity***
- 5. School support***
- 6. Active involvement of the sponsoring medical agency***
- 7. SBHC integration within the school***
- 8. SBHC personnel work closely with school nurses***
- 9. Partnerships with community organizations***
- 10. Providing mental health services***
- 11. High quality of care***
- 12. Regular hours of operation***
- 13. Diversified funding sources***
- 14. Use of board members and volunteers***

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- 15. *Having marketing plans***
- 16. *SBHC co-location with other services***
- 17. *Expanding services***
- 18. *Billing for services***
- 19. *Productive relationships with area providers***

1. STAFF LEADERSHIP AND RAPPORT

- *Exemplary staff*
- *School health coordinators play a key role*
- *SBHC staff keep stakeholders well informed*

All the SBHCs profiled in this report have staffs who display leadership through delivering high quality services, networking, and building positive relationships with students and parents. Staff leadership often starts with the school-based health center coordinators (SBHCC). All three SBHCCs profiled in this report are in large part responsible for the success of their SBHCs. In addition other staff members (nurse practitioners, physician's assistant, administrative assistants, medical directors, and volunteers) play important leadership roles. SBHCs that have staffs that work well together enhance the chances of students accessing the services. As a school administrator indicated, how students relate to staff is important. If they like the staff and feel respected, they are more likely to use the services.

At Auburn, the SBHCC has the Herculean assignment of not only coordinating the two Auburn sites, but the two Lewiston sites as well. Auburn school administrators consider the coordinator a real asset to the school. The coordinator was also lauded for her role in keeping school personnel informed.

Similar to Auburn, the Lincoln Academy school officials and trustees report that they receive a lot of useful information from the SBHCC on student health issues, SBHC visit activity, and the center's finances. According to Lincoln Academy and Union #74 school officials the SBHCC is a big key to the SBHC program's success. The coordinator was praised for her great communication skills and her ability to network with various constituent groups.

At Maranacook, the SBHCC's leadership draws many compliments. One of the reasons the center has been so successful is that the coordinator is constantly in touch with parents and other community members addressing their concerns or receiving input from them.

2. POSITIVE STUDENT PERCEPTIONS OF THE CENTER

- *Students speak highly of SBHC staff*
- *Students are using the SBHCs more often*

Students interviewed for this reports all spoke highly of the SBHC staffs and the services they provide.

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Students interviewed spoke about the centers as a safe, confidential place to get care. At Lincoln Academy, students report knowing that the staff wants to be of service to them. Edward Little High School students mentioned that the staff are very welcoming and provide thorough care.

As the reputation of these centers increases among students, more students are using the centers' services for a variety of medical and mental health concerns, realizing that the centers provide convenient and high quality services. While the centers do not advertise their locations as gathering places, site visits provide the evidence that SBHCs have high volume of student traffic, leading to the conclusion that they are important venues of information/brochures for young people.

Students interviewed for this report were also constructive in their comments. The students at Edward Little High School like their SBHC but would like to see it enlarged, equipment upgraded and the wait time reduced.

3. FAVORABLE SCHOOL/COMMUNITY PERCEPTIONS

- *Centers at study sites receive high marks from their respective schools & communities*
- *SBHCs have been responsive to community need*
- *SBHCs perceived as a valuable resource*

All three SBHC projects garnered high marks from their respective schools and communities for being responsive to the needs within their communities. Even after many years of service at their respective schools, these centers and their staffs are still working on ways to improve their services. While the staffs still have to educate parents about the advantages of SBHCs, there is a greater understanding of the SBHC concept. Community recognition of the value of SBHCs has had a positive effect on local funding from school board and town meeting budgets.

Lincoln Academy and Union #74 officials mentioned that the SBHC has been responsive to the communities' needs even when it has gone against the state's wishes. School officials also report that parents are now promoting the SBHC through testimonials to other parents.

At the Auburn SBHCs, the teachers view the SBHC a valuable and convenient resource. Administrators and SBHC staff report that there is more parental acceptance of the SBHC as part of the school. Some parents understand their children can attend school with mild illness, knowing that if their condition worsens, they can get care at the SBHC.

4. STAFF CONTINUITY

- *Case Study sites have had minimal staff turnover*

Consistency of personnel has added to the stability of these SBHCs. All three projects profiled in this report have had minimal staff turnover over the past several years, even though they have had to fill some positions since they first opened. Having broad support within their respective school communities is cited as crucial to weather the disruption in services that staff turnover and vacancies can engender.

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School administrators and students have come to count on the SBHC health care providers to meet the health care needs of students. When there is no provider on site, the gap in meeting the health care needs of students is acutely felt. When a new provider is hired, sometimes the school community takes a period of time to accept the new person. The SBHC programs that have strong school and community support have shorter periods of inculcating the new person into the school and broader community.

5. SCHOOL SUPPORT

- *School administrative support is important*
- *In-kind support from the school is vital*

At all three case study sites, school support was seen as one of the most important contributing factors to the SBHCs' success. School support is demonstrated in the following ways:

- school administrators and/or central office administrators who are actively involved in the operations or direction of the Center,
- key school personnel who have strong interest in the SBHCs, often manifested as being the communicator of Center activities to broader audiences and stakeholders

More tangibly, SBHCs with considerable amounts of in-kind support from the schools are more sustainable. This in-kind support includes free rent, janitorial services, copy expenses, utilities. Without these contributions, the SBHCs would have much harder time providing the services they do.

6. ACTIVE INVOLVEMENT OF THE SPONSORING MEDICAL AGENCY.

- *Among case study sites medical sponsor involvement is significant*

The involvement of the medical sponsor is viewed as significant in the growth and maturation of a SBHC. The three SBHCs projects portrayed in this report receive important contributions from the area hospitals that serve as their medical sponsors. The challenge for these hospitals is how to maintain the level of financial and technical support they provide to their respective SBHCs in these fiscally-constrained times.

MaineGeneral Health Associates (MGHA), the Maranacook sponsor, has allowed several staff members to provide services such as medical or administrative advising in SBHC matters on work time. MGHA's involvement in the program has been a constant throughout the life of the center. The SBHC staff is particularly cognizant of the time and expertise that Dr. Barbara Crowley has devoted to the center and her advocacy efforts on behalf of the SBHC at the state and national level.

Lincoln Academy officials cited the enthusiasm for the SBHC concept among several Miles Memorial Hospital physicians as one of the reasons the SBHC got started. One Lincoln Academy administrator stated that the SBHC provides for a "fantastic marriage between medicine and education."

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The Auburn and Lewiston SBHCs receives considerable support from Community Clinical Services (CCS), the parent organization of St. Mary's Regional Medical Center. Auburn Middle School and Edward Little High School officials categorize the relationship they have with CCS as a true partnership. "There are no turf issues between the schools and CCS."

7. SBHC INTEGRATION WITHIN THE SCHOOL

- *Case study SBHCs are considered part of school*
- *SBHC services are integral to school success*

A crucial facet of a successful SBHC program is its integration within its host school. When people view the SBHC as part of the school and not a separate service, the SBHC has turned an important corner in its maturation. Acceptance can be demonstrated in several ways.

At the Auburn SBHCs, the staff and the center are considered part of the school. One Auburn school administrator mentioned that she "could not imagine the schools running without the SBHC." People interviewed indicated that the SBHC staff and school administration personnel "talk the same language and understand one another." Other Auburn school staff member referred to the center as integral and staff as active participants in school life.

Among Union #74 officials, SBHC services are an important component of the comprehensive school health model. The Lincoln Academy Headmaster advocates for the SBHC at the district level and it is a top priority for him. Lincoln Academy students feel the center is part of the school. At Lincoln Academy, SBHC staff participates in weekly student review meetings. Likewise, the Maranacook SBHC staff participates in monthly school staff meetings, participates as a member of the Student Assistance Team, and is kept well informed of changes at the school and district level.

8. SBHC PERSONNEL WORK CLOSELY WITH SCHOOL NURSES

- *SBHC staffs enjoy productive relationships with their respective school nurses*
- *School nurses at the case study sites have been very supportive of SBHCs*

At the SBHCs included in this report, the SBHC staffs enjoy productive relationships with their respective school nurses. SBHC staffs include school nurses in the communication loop and keep school health nurses educated about SBHC issues.

Most of the SBHC coordinators report that they have integrated the school nurse into their SBHC team, and if not on the team formally, then regularly inviting school nurses to internal SBHC staff meetings, and vice versa. At Maranacook, SBHC staff use the staff meeting forum to share information with the school nurses. The staff feels that is very important for the medical provider and the school nurse to hold frequent conversation to outline roles and discuss expectations. These discussions are especially important if the school nurse and SBHC staff are not co-located.

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Likewise the four Lincoln County elementary school nurses have been very supportive of the elementary SBHC services. This support had to be cultivated by the SBHC staff. School nurses were not as well-informed at first about the SBHC. The staff educated the nurses about when to use the SBHC and when to encourage parents to have their children use the center.

9. PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS

- *Each of the case study sites has done a lot of networking in their respective communities*
- *Some community organizations offer services at the SBHCs*

Each of the three sites profiled in this report network extensively with other community-based organizations in their service area. The case study and initial interview sites are actively looking for ways to expand their services whether through partnering with other local organizations or exploring possible funding opportunities. Further, these sites and their staffs are open to looking at non-traditional avenues for building support in their communities.

The Maranacook Student Health Center has partnered with such groups as the Family Planning Association of Maine, Ala-Teen, the Family Violence Project, Sexual Assault Crisis and Support Center, and Dayspring (HIV prevention services organization) to provide counseling and prevention services at the school. Likewise, Lincoln Academy SBHC staff has strived to identify relationships in the community. The SBHC works very closely with its local Healthy Maine Partnership (HMP) – TLC for Life - which played an important role when SBHC services were extended to the Union #74 elementary schools.

Similar to Maranacook Student Health Center, the Auburn SBHCs work closely with their local family planning organization. The Auburn SBHCs also work closely with their HMP – Healthy Androscoggin – on various health promotion efforts. The HMP actively promotes the SBHC and its services. The Auburn SBHCs have also worked with its local YWCA and Sexual Abuse Crisis to provide additional counseling services on an as needed basis.

10. THE PROVISION OF MENTAL HEALTH SERVICES

- *Mental health services are in high demand at the three case study sites*
- *Some of the case study sites have developed creative approaches to addressing the demand for services*

Mental health services are in high demand at the three SBHCs profiled in this report. In some cases, the demand for these services exceeds that of physical health services. This demand for service has led some SBHCs to craft local partnerships to expand access.

At Maranacook, the staff worked with several area mental health organizations to create a mental health collaborative. These organizations, who had little or no history of working together before the collaborative, are important contributors to the services provided at the center. Through the SBHC, these mental health practices now work together and provide coverage at the health center. The collaborative has eliminated a lot of barriers for students to getting mental health care and provided greater access.

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Similar to Maranacook, Lincoln Academy has creatively provided for delivery of mental health services. The center contracts with Sweetser to provide 3.5 days of coverage at the elementary and high school level. It also relies on day a week of pro bono mental health coverage from Miles Memorial Hospital, its medical sponsor. In addition, one elementary school has a full time social worker, 2 schools have 3 days per week and the high school and other elementary school have one day per week. Despite these numbers there is a need for more mental health services.

11. QUALITY OF CARE

- *The quality of care provided at the SBHCs was widely praised*
- *SBHCs provide an important safety net function for uninsured students*
- *SBHCs enhance access to care for students*

Many people (school staff, community members, health care administrators and students) all praised the quality of care delivered at the SBHCs. The centers mentioned in this report have made it a priority to inform the key constituent groups about the types of services provided. When students were asked what they thought of the care they received at the SBHCs, all the students gave the providers and the care they received high marks. Students said they would definitely recommend the services without any reservations.

School administrators lauded the SBHCs for their willingness to see students who would not get services elsewhere. One school administrator mentioned that “the SBHC treats students from the lower end of the socio-economic status scale.” One Lincoln Academy administrator stated that “the SBHC is part of the safety net for kids.”

More importantly, some school staff mentioned the accessibility of care that SBHC provides to students. By offering accessible services in school, students do not have to leave school grounds and thereby miss class time for a medical or behavioral health services. As one Union #74 administrator indicated “illnesses are not interrupting the school days like they once did.”

A Lincoln Academy official likes the model because it takes a holistic look at the child. Others enjoy the model because it empowers students to become more involved in the management of their own health care needs. One health care administrator maintains that SBHC care is “a good bargain for the money.”

12. REGULAR HOURS OF OPERATION

- *Regular services are important to students at the three case study sites*

Among the six sites included in this report, all of them indicated that their SBHCs are open every day with at least nurse coverage. Three of the sites have mid-level coverage every day of the week. The other three SBHCs have at least three days of mid-level coverage. Two sites have seen their mid-level hours decrease since they were first opened, while one site’s provider coverage hours have increased. If more funds (grant resources, patient reimbursements) were available, most sites would increase coverage.

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Regular mid-level and nurse coverage appears to be a way of attracting students to use the centers. Students take advantage of a service that is more regular, one on which they can depend for various types of treatment.

13. DIVERSIFIED FUNDING SOURCES

- *Case Study SBHCs have worked hard to diversify revenue sources*

Diversifying its funding sources is an essential step for a maturing SBHC. The SBHCs mentioned in this report have worked hard to make sure they are not dependent on any one source of income to operate their SBHC program.

At Maranacook, the SBHC has expanded its funding sources to include federal funds (Medicaid Day Treatment and Safe and Drug-Free Schools), local funds (contributions from the towns in its district), in-kind support from the school, and increased billing receipts (expanded billing receipts in the past year enabled the center to ask for fewer funds from the towns in its district and none for the 2004-2005 school year.) Maranacook is still dependent on these sources to operate the center and a cut in one of these sources would make it difficult, but the center is on more stable financial ground than in the past.

Similar to Maranacook, the Lincoln Academy SBHC staff relies on a patchwork of funding sources to support the services at Lincoln Academy and the four elementary schools in Union #74. All six towns in the union provide the program with funds. In recent years, the SBHC staff has requested more funds from the six towns. In these fiscally tough times, the approval of these funds speaks to the local acceptance of SBHC services.

14. USE OF BOARD MEMBERS AND VOLUNTEERS

- *The case study SBHCs all still rely on their advisory boards*

When a SBHC is being planned, the common practice is to form an advisory board to oversee its implementation. Typically, this body is made up of school officials, parents, community members and sometimes students. After the SBHC opens, many SBHC advisory boards meet less often or not at all. Many SBHCs fail to consider the many ways a board can help to solidify and sustain the center.

What differentiates the three centers profiled in this report from some other SBHCs is how they continue to utilize their SBHC advisory boards. The Maranacook Student Health Center advisory board is noteworthy; it has 40 members with representation from every town (Readfield, Mt. Vernon, Wayne, and Manchester) in the Maranacook service area. Board members are involved in policy development. More importantly, board members are made to feel that their contributions are counted on and valued. The staff listens to what members have to say and follows up on their requests.

Likewise at Lincoln Academy, the advisory committee continues to be very active long after the center opened because the staff and the board have developed new roles for the board. Recently, the board underwent some structural changes that reflect its new role. The advisory board now has sub-committees –

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Fundraising, Policy, and Publicity. The advisory board consists of about 25 members and meets quarterly. Between meetings, advisory boards are kept informed through e-mail by the SBHCC and the Union #74 school health coordinator.

At Auburn, the advisory board provides the vision and the direction for the SBHC. In part, the board decides what services the SBHC provides. Board meetings also provide a forum for communication between various stakeholders.

15. MARKETING PLANS

- *The SBHCs put a lot of energy into parent and school communication*
- *Students are the best marketers of SBHC services*
- *Garnering local media coverage is important*

As SBHCs mature, some pay less attention to such issues as parent and school communication. In some cases, this decision has little or no impact on SBHC operations. In other cases, this lapse can quickly undo years of hard work. All the coordinators at the SBHCs highlighted in this paper see the need for continued communication with various constituent groups.

Marketing SBHC services may be one of the more time consuming tasks for a SBHCC. The energy the SBHCCs bring to this aspect of their job is admirable considering how redundant marketing the same services from year to year can be. Many of them recognize they still need to do a lot more. Clearing up student and parental misconceptions about the centers were mentioned by many interviewees. Often students know the staff but not the particular services. Many students take advantage of sick care and treatment of sport injuries, but have little knowledge of the SBHCs' preventive services (e.g. immunizations, asthma plans, sports screens etc.) offered by the SBHCs.

While the coordinators gave numerous examples of how they market their programs, the best marketing channel, according to the coordinators, are students. A peer talking to a peer is still the best way to convey SBHC information. The challenge is how to get one student or students talking about the SBHC. The Maranacook Center coordinator has shared SBHC information with the Health Committee of the student senate in an effort for them to convey information to other students. Obviously, providing quality services in a welcoming and safe place is an important prerequisite.

With an influx of new students each year, marketing remains a constant for most coordinators. The Maranacook Health Center coordinator has held forums for incoming 6th graders during the spring of their 5th grade year. The coordinator attends lots of advisor/advisee meetings and class meetings. The Lincoln Academy coordinator works with kindergarten teachers to educate them about the types of SBHC services. Once teachers learn that students miss less class time when they use a SBHC instead of being sent home, SBHC become very popular with them.

Parental outreach is big aspect of SBHC marketing. All three centers engage in several strategies to convey information to parents. In Lincoln County, the coordinator attends several "chowder and chats" to inform parents about SBHC services and allay any concerns they might have. The Maranacook Student Health Center SBHCC distributes flyers to the parents of incoming middle school students, attends open houses for

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these parents as well, and posts information on the middle and high school web sites. In Auburn, the SBHCs host open houses in which they provide BP and cholesterol checks for parents.

Most of the centers mentioned in this report have done a solid job garnering local press that promotes the SBHC. In addition, school publications regularly run SBHC articles. The Union #74 superintendent runs articles in his school newsletter about the SBHC program. In addition to monthly informational articles in the middle and high school parent newsletters, the Maranacook Area Schools school district often runs articles on the SBHC in its bi-monthly newsletter, the “Chalk Board,” which is distributed throughout the school district to all residents in the four communities. At Auburn Middle School, the principal provides the SBHC with space for articles in its newsletter.

16. SBHC CO-LOCATION WITH OTHER SERVICES

- *Co-location with other services can create greater exposure for SBHCs*

SBHCs depicted in this report have done joint programming with other organizations as a way to bolster their programs. Other SBHCs have allowed outside organizations to be co-located within their centers. These partnerships create more of a one-stop service environment that makes it easier for students to access an array of services. At the same time, students accessing non-SBHC services come in contact with SBHC services when they visit such a service center. When and if, they need SBHC services they are already somewhat familiar with the center from their previous visits to the service center.

Maranacook Student Health Center shares its space with the school sports trainer. Many of SBHC users first found out about the center because they accessed the sports trainer service. The Maranacook Health Center is looking into other ways it can open its doors to other services. They have heard from students that would like more programs on fitness and eating disorders. When there are multiple services obtainable at the center students are more apt to avail themselves of the services.

Location of the mental health services is a very important issue. Some Lincoln Academy students indicated that whenever possible the mental health services should be provided at the same location as that of the physical health services. Co-location further emphasizes to young people that both services are integrated, reducing the potential stigma of seeking mental health services.

17. EXPANDING SERVICES

- *The case study sites have shrewdly added services*

Mature SBHCs receive modest state financial support so adding services can be quite challenging; however, these sites have added services when the opportunities have arisen. The sites interviewed for this report indicated that expansion had to be carefully planned out, but that it could be used to attract new users and satisfy demand for new services. All three sites indicated that the demand for services, especially for mental health services, is increasing. Given additional resources, these SBHCs would develop and/or expand services.

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At Lincoln Academy, the SBHC staff with the approval of the Union #74 central office expanded its services to the elementary schools. While this undertaking has stretched its resources, SBHC staff feel that it has created more support for the services within the community. Similar to Maranacook, it has expanded its reproductive health services. Based on Lincoln Academy student input, it is considering educational sessions that deal with nutritional education and relationships.

Based on demand, Auburn SBHC staff would like to add dental and preventive health services. School officials would like to see the SBHCs accessible to not only students but school staff and parents as well. One school employee said that by making it a family health center hub more parents would be better informed about the center. Another school employee suggested making the center more available to nearby Franklin Alternative High School students.

18. BILLING FOR SERVICES

- *The case study sites have adopted billing strategies to enhance revenues*

When SBHCs first opened, many adopted the practice of assessing each registrant an annual user fee to access SBHC services instead of billing. To improve utilization, some SBHCs eliminated their user fees. Some students interviewed were not aware that the fee had been eliminated and suggested that more students need to know that they no longer need to pay the \$35 fee. As a result, billing is relatively new venture for many SBHCs with many adopting the practice the past couple of school years.

The centers mentioned in this report now recognize that billing revenues are a key source of revenue. The Auburn SBHCs have determined that they need to concentrate on more billable services if they are going to be sustainable in the long run.

Among those coordinators interviewed last fall, many said that the SBHCs needed to have at least seven billable encounters per day to generate sufficient billing revenues. At the time, half of the six sites interviewed last fall were meeting this target. In an effort to enhance billing revenues, some SBHCs are helping uninsured student users apply for insurance so that if they use the centers again their insurance will be billed for services.

Some SBHCs fear students might not use the SBHC services if they have to contend with a bill or an explanation of benefits being sent home, especially for a mental health condition or reproductive health issue. This raises a potential conflict because the visit is supposed to be confidential. Billing for mental health or reproductive health issues adds layers of complexity. To bill, you need a diagnosis code; a diagnosis code attaches a label to a student, making it difficult to ensure that minors are indeed receiving confidential services.

19. PRODUCTIVE RELATIONSHIPS W/ AREA PROVIDERS

- *Productive relationship with area medical and mental health providers have helped the case study sites*

Amicable and productive relationships with area health care providers can go a long way towards building a

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successful SBHC program. These relationships are fundamental when a program is in development. Area health care providers who feel threatened by a potential competitor can make it difficult for a SBHC to open. Once a SBHC opens, sustaining these relationships should not be overlooked.

All three SBHC programs worked closely with area health care providers when they were being developed. Initially there was some opposition from some area health care providers who did not fully understand the model. Some felt that they might lose business. The medical sponsors for all three of the centers depicted in this report played important roles in securing acceptance among area health care providers.

All three SBHC program regularly fax letters to primary care physicians (PCP) when their patients are seen. If further care is needed, SBHC staff will refer the student back to their PCP. Many PCPs now understand and appreciate the SBHC model and no longer fear they will lose business.

RECOMMENDATIONS:

The following recommendations are based on observations and feedback the author received from SBHC stakeholders interviewed for this report. They are listed in order of difficulty and importance with those most difficult and of greatest importance listed first.

1. Enhance State Funding for Existing SBHCs

Some SBHC staff interviewed for this report mentioned that the state needs to rethink how SBHCs are funded in Maine. One SBHC staff person said it would be more prudent for the state to have established centers instead of opening more new ones. A school official offered that if the state is interested in increasing the number of new sites it should provide some funds to existing sites to mentor the new ones.

Funding at the \$50,000 level would be sufficient for most SBHC projects. This would enable most to increase health care and mental health provider coverage to meet the current demand for services. This amount is roughly what the SBHCs get in the second year of funding from the TYAH Program. The state should also move away from higher funding levels to new SBHC in the early years and provide a more consistent amount over time.

2. Address the Need for More Mental Health Services

At most Maine SBHCs that provide mental health counseling services there is a waiting list for such services. This demand places a lot of pressure on SBHC counselors. The increasing need for mental health services is not unique to just the sites in this study. As more teens seek services most, if not all, SBHCs will grapple with this situation. A partial solution to bolster mental health services is for SBHCs to develop collaborative relationships with area mental health providers similar to the contacts that the Maranacook Student Health Center has fashioned.

In the long run, many SBHCs will not be able to provide mental health services without some increase in funding. The current way of providing such services is taxing the limited resources of Maine SBHCs. As the demand for services increases, especially among the underinsured and uninsured, some SBHCs end up paying for mental health services out of its limited budget.

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3. Develop a Statewide SBHC Business Plan

Currently, most Maine SBHCs look for funding on their own. These efforts could be better coordinated at the state level so that Maine SBHCs could be working together instead of competing with one another. Some other state SBHC assemblies have strategically addressed this issue for the benefit of all SBHCs in their state.

4. Exercise Patience with HMO Pilot Study

At the time of these interviews, all three sites profiled in this report were downplaying expectations from the HMP Pilot study. This differs somewhat from the initial interviews last fall. All of sites had anticipated more reimbursement revenue. Maranacook reported that reimbursements were picking up slightly by late February. Nevertheless, the take home message from the case study sites was keep fastidious records on the collections from this project and be modest in your budget projections.

5. Develop Media Plan

While community perceptions of the SBHCs have improved, some parents, teachers, and students still view the SBHC as a place where poor kids can get care. To gain even greater acceptance, the state's SBHCs will have to overcome this stereotype. While stressing the importance of providing important safety net services to all young adults, the Maine Assembly may want to consider how to market SBHCs services and dispel notions that SBHCs are just for needy teens.

A media or marketing plan should identify the following questions:

- Who is the audience?
- What is the message?
- Who are your allies?
- What do the SBHCs/Assembly members want people to know about the centers?
- What type of data will you need to promote your message?

6. Provide more State Technical Assistance

The three SBHCs profiled in this report all expressed a desire for the state to expand its technical assistance efforts. Staff at one site would like more frequent site visits from TYAHP staff. Currently, the TYAH Program staff visit the SBHC about once every two years. Quality assurance protocols, standards of practice, and networking opportunities for providers and clerical staff were some of the areas that SBHC staff would like assistance from the TYAH Program.

7. Encourage SBHC Staff Continuing Education

As mentioned in the findings, staff continuity at the three profiled SBHCs has been a key sustaining factor. One way to support staff continuity is to provide continuing education opportunities for all SBHC staff. While most SBHCs have modest continuing education budget lines, SBHC staff could still take advantage of in-state and web-based training opportunities. Maine Assembly on School-Based Health Care (MeASBHC)/TYAH Program meetings have a strong educational component to them. These meetings, which should be strongly encouraged for all SBHC staff, could provide SBHC practitioners and support staff

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with great educational and networking possibilities. In addition, the TYAH Program should continue to inform SBHC staff about web-based and video-conferencing training opportunities.

8. Recognize School Support

If they do not do so already, ME SBHCs should periodically recognize the school support they receive. This recognition could come in many forms – a letter of gratitude, a written statement read at a board of education meeting, an advertisement in the local paper, etc. The important point being that it happens. This praise would create further goodwill between the SBHCs and their host schools.

9. Bolster Statewide Evaluation Data

Some SBHC staff expressed frustration at the lack of state level data. Some SBHCs would like to know how they compare with other sites on cost and utilization. One site intimated that Clinical Fusion – the computer management information system used by most ME SBHCs - data could be used to establish some benchmarks on certain performance indicators such as the percentage of students registered to use the SBHC.

While recognizing the TYAHP has been understaffed, some SBHCs would like the state to provide them with more like feedback on their data and to see how they are doing vis a vis other SBHCs.

10. Streamline the Distribution of SBHC Forms

Registration and insurance forms continue to pose problems for Maine SBHCs. Staff from all three case study SBHCs were mindful of streamlining the paperwork process, especially the insurance forms. One possible solution to improve the completion of insurance forms is to send home along with the other SBHC forms at the beginning of the school year instead of waiting for a returned consent form. Parents expect to complete forms at this time of year and might be willing to complete such a form then as opposed to later.

11. Foster SBHC Staff Leadership

Staff leadership is an integral component of a successful SBHC program. MeASBHC and the TYAH Program should consider the adoption of a SBHC staff mentoring program. New SBHCs could be paired with more mature centers. Under this relationship, SBHCs from mature centers could provide phone, e-mail, and even in-person technical assistance to new SBHCs and/or new SBHCs. The same type of arrangement could be extended to other SBHC staff as well.

12. Market Standards of Care

All SBHCs in the state adhere to guidelines approved by TYAH and MeASBHC for use by the TYAH Program. Many SBHC follow certain practice guidelines such Bright Futures, and GAPS. Most centers have quality improvement plans in place and other centers are developing them. SBHC providers (nurse practitioners, physician's assistant, social workers/counselors, and nurses) are all credentialed through their respective professional organizations. The centers have practice plans in place to provide services for medical (e.g., asthma) and mental health conditions (e.g., depression).

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The MeASBHC and the TYAH Program may want to consider choosing certain sentinel conditions (e.g. obesity and asthma) for further statewide study. Patients would be screened for these conditions and professional standards of care followed for these conditions. Data on these conditions would be recorded at the outset and every subsequent visit to gauge any changes in conditions. These guidelines should be marketed to policymakers, students, parents, and school staff as further evidence that standards of care are being followed at the SBHCs.

13. Clarify and Disseminate a Common Definition for the School Nurse Gatekeeper Role

While some SBHC staffs have developed referral practices with their school nurses, this is not always the case. At Maranacook, the SBHC staff held several discussions with the school nurses that led to the creation of a referral practice to the SBHCs. The current practice is for the school nurse to triage the students. At other schools school nurses unknowingly limit access to SBHCs. Developing these referral practices can take an inordinate amount of time at some SBHCs. In conjunction with their colleagues at Department of Education, TYAH Program should develop a model referral policy.

14. Involve Students on SBHC Advisory Boards

One area of board development that was echoed at all three SBHCs was the need for more student involvement on SBHC advisory boards or SBHC issues. Student involvement on SBHC advisory boards might increase student “ownership” in the SBHCs. If nothing else, student representation on the advisory boards would probably encourage other students to use the center. Currently, students are a part of the board at the Lewiston SBHCs. At Auburn and Maranacook, students were once active in board matters. At Maranacook there is a student advisory committee that provides input to the larger advisory committee on the health needs of students.

15. Differentiate the Services a Nurse Practitioner and a School Nurse Deliver

Some confusion still exists among some students on what types of services a nurse practitioner and a school nurse can provide. Students that were interviewed for this report could not differentiate the two. The same is true to a lesser extent for school guidance counselors and SBHC counselors. Individual SBHCs and/or the TYAH Program may want to develop some brochures/documents that spell out the types of services SBHC staff can provide.

16. Identify Best Practices when it comes to SBHC/School and Community Relationships

As outlined in the findings, favorable school/community perceptions of the SBHCs are an important sustaining factor. The SBHCs portrayed in this report have all taken steps to develop and maintain these perceptions and relationships. While some of these steps are difficult to document, the actions that successful centers have taken should be recorded so that new centers can replicate them. This could be done as part of the W.K. Kellogg Foundation initiative.

17. Make Use of the Internet

Several SBHC staff indicated that MeASBHC and the TYAH Program should make better use of the Internet to post documents such as policies and procedures, job descriptions, reports, and data. Several SBHC staff interviewed for this report indicated that posting this information would not only help new and existing

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SBHCs, but it would serve as clearinghouse for people wanting to learn more about ME SBHCs. Once the Assembly develops its own web site this should become a reality.

Conclusion:

The SBHCs profiled in this study have learned many valuable lessons from their years of operation in various stages of development. These lessons learned provide useful ideas to new and existing SBHCs as they refine the way they deliver services.

The interview data point to five conditions as being most crucial for sustainability:

1. STAFF LEADERSHIP AND RAPPORT
2. POSITIVE STUDENT PERCEPTIONS OF THE CENTER
3. FAVORABLE SCHOOL/COMMUNITY PERCEPTIONS
4. STAFF CONTINUITY
5. SCHOOL SUPPORT

It may behoove the TYAH Program to disseminate the results of this study to MeASBHC and other adolescent health care advocates as useful information to develop strategies as they craft programs to address the physical and mental health needs of adolescents and teens in Maine.

With W.K. Kellogg Foundation support to enhance SBHC infrastructure in the state, the future of Maine SBHCs looks promising. This new initiative will result in more recognition of the SBHC model as an appropriate way to deliver adolescent health care services.

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Summary of Recommendations:

Each recommendation is followed by two numbers. The first number indicates the feasibility/difficulty of implementing the recommendation and the second number indicates the importance of the recommendation. The next column identifies the type of recommendation (administrative, quality, resources, and services). The last column identifies the type of action (local, State/TYAH Program, and/or MeASBHC) needed. The table below summarizes the analysis the author performed in making determinations.

Prioritized Recommendations

Recommendation	Feasibility/Difficulty 1 (Simple) – 5 (Hard)	Importance* 1 (Not) – 5 (Extremely)	Type of Recommendation	Action Needed
1. Enhance State Funding for Existing SBHCs	5	5	Resources	State/TYAHP
2. Address the Need for More Mental Health Services	5	5	Resources	State/TYAHP
3. Develop a Statewide SBHC Business Plan	3	5	Resources	MeASBHC
4. Exercise Patience with HMO Pilot Study	2	5	Resources	MeASBHC, Local
5. Develop Media Plan	3	4	Administrative	MeASBHC
6. Provide more State Technical Assistance	2	4	Services	State/TYAHP
7. Encourage SBHC Staff Continuing Education	2	4	Administrative	MeASBHC, State/TYAHP, & Local
8. Recognize School Support	1	4	Administrative	Local
9. Bolster Statewide Evaluation Data	3	3	Administrative	State/TYAHP
10. Streamline the Distribution of SBHC Forms	3	3	Administrative	State/TYAHP, Local
11. Foster SBHC Staff Leadership	3	3	Administrative	MeASBHC, State/TYAHP, & Local
12. Market Standards of Care	2	3	Quality	MeASBHC, State/TYAHP

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Recommendation	Feasibility/Difficulty 1 (Simple) – 5 (Hard)	Importance* 1 (Not) – 5 (Extremely)	Type of Recommendation	Action Needed
13. Clarify and Disseminate a Common Definition for the School Nurse Gatekeeper Role	2	3	Services	State/TYAHP, Local
14. Involve Students on SBHC Advisory Boards	2	3	Administrative	Local
15. Differentiate the Services a Nurse Practitioner and a School Nurse Deliver	2	3	Services	State/TYAHP, Local
16. Identify Best Practices when it comes to SBHC/School and Community Relationships	2	3	Administrative	MeASBHC, State/TYAHP, & Local
17. Make Use of the Internet	1	3	Administrative	MeASBHC, State/TYAHP

* Importance Scale = (1 – Not Important, 2 – Somewhat Important, 3 – Important, 4 – Very Important, & 5 – Extremely Important)

Types of Recommendations:

- Resources – those dealing with school-based health center (SBHC) financial issues
- Administrative – those dealing with SBHC operational issues
- Services – those dealing with SBHC services or services provided to SBHCs
- Quality – those dealing with the quality of SBHC services

Other Important Acronyms:

- MeASBHC = Maine Assembly on School-Based Health Care
- TYAH = Teen and Young Adult Health Program – a program of the Maine Bureau of Health

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The table below groups the recommendations by type and action needed.

Recommendations by Type and Action Needed

Type of Recommendation				Action Needed		
Administrative	Quality	Resources	Services	Local	State/TYAHP	MeASBHC
5. Develop Media Plan	12. Market Standards of Care	1. Enhance State Funding for Existing SBHCs	6. Provide more State Technical Assistance	8. Recognize School Support	1. Enhance State Funding for Existing SBHCs	3. Develop a Statewide SBHC Business Plan
7. Encourage SBHC Staff Continuing Education		2. Address the Need for More Mental Health Services	13. Clarify and Disseminate a Common Definition for the School Nurse Gatekeeper Role	14. Involve Students on SBHC Advisory Boards	2. Address the Need for More Mental Health Services	4. Exercise Patience with HMO Pilot Study
8. Recognize School Support		3. Develop a Statewide SBHC Business Plan	15. Differentiate the Services a Nurse Practitioner and a School Nurse Deliver		6. Provide more State Technical Assistance	6. Provide more State Technical Assistance
9. Bolster Statewide Evaluation Data		4. Exercise Patience with HMO Pilot Study			9. Bolster Statewide Evaluation Data	9. Bolster Statewide Evaluation Data
10. Streamline the Distribution of SBHC Forms					10. Streamline the Distribution of SBHC Forms	10. Streamline the Distribution of SBHC Forms
11. Foster SBHC Staff Leadership					13. Clarify and Disseminate a Common Definition for the School Nurse Gatekeeper Role	13. Clarify and Disseminate a Common Definition for the School Nurse Gatekeeper Role
14. Involve Students on SBHC Advisory Boards					15. Differentiate the Services a Nurse Practitioner and a School Nurse Deliver	15. Differentiate the Services a Nurse Practitioner and a School Nurse Deliver
16. Identify Best Practices when it comes to SBHC/ School and Community Relationships						17. Make Use of the Internet
17. Make Use of the Internet						