

# Key Findings from the FY 2014 State Policy Survey

#### **September 15, 2015**





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- 1. Understand state-level SBHC funding and trends over time
- 2. Identify state policies pertaining to Medicaid and SBHCs
- 3. Identify most frequently tracked performance indicators by state public health department.



## **Today's Presenter**



#### Suzanne Mackey, MPH



# State Investments and Policies that Support School-Based Health Centers

Key Findings from the FY14 State Policy Survey

Suzanne Mackey, MPH Policy Analyst

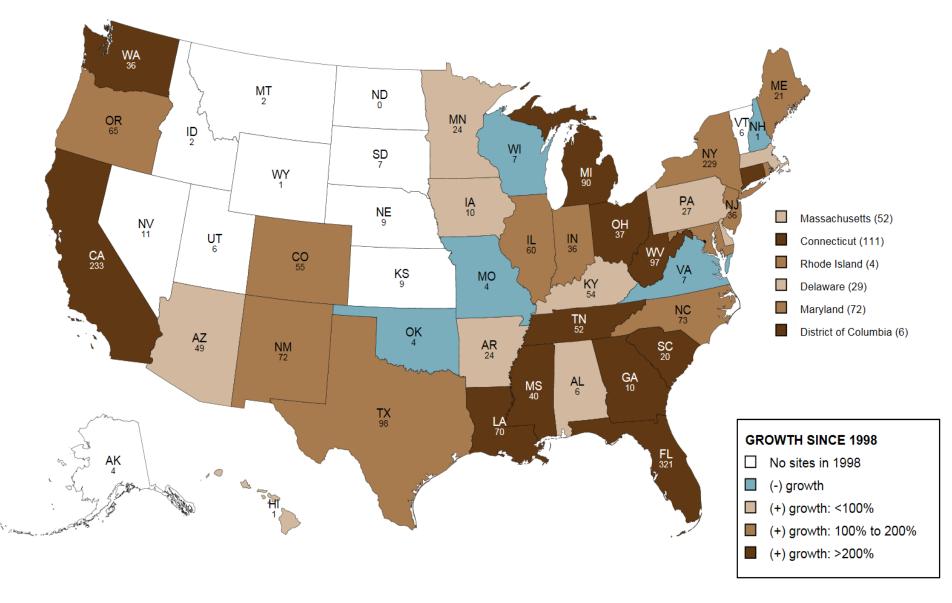




# School-Based Health Centers (SBHCs)

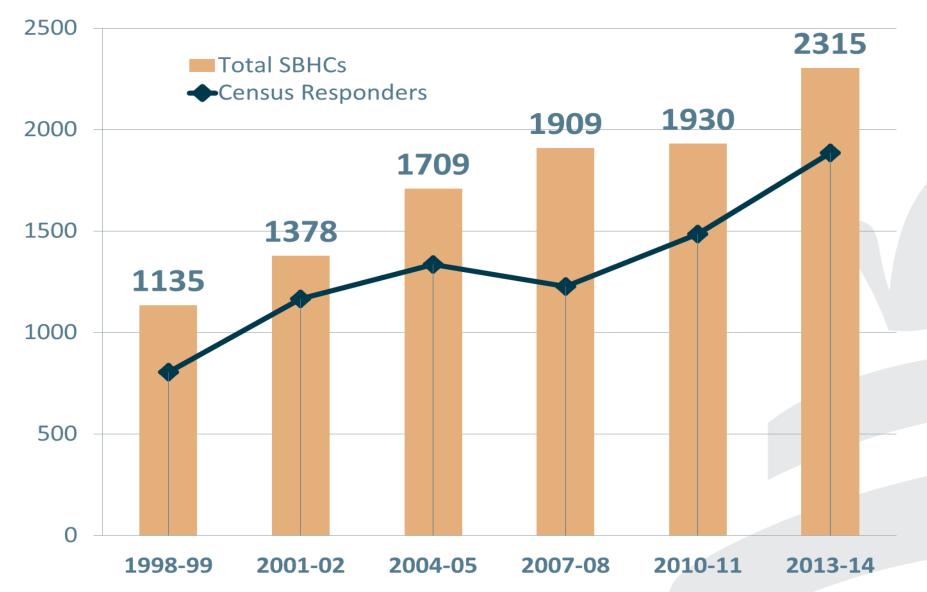
- Provide quality, comprehensive health care services that help students succeed in school and in life.
- Located in or near a school facility and open during school hours.
- Organized through school, community, and health provider relationships.
- Staffed by qualified health care professionals.
- Focused on the prevention, early identification, and treatment of medical and behavioral concerns that can interfere with a student's learning.

#### Estimate of SBHCs by State, 2013-14, Growth Since 1998



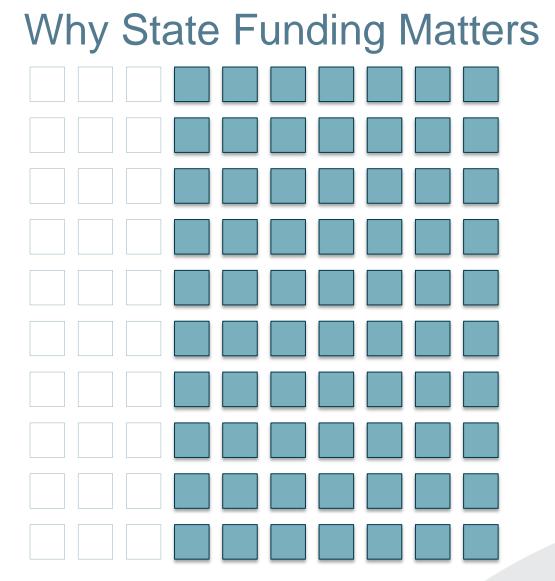


National SBHC Census Findings, 1998-2014



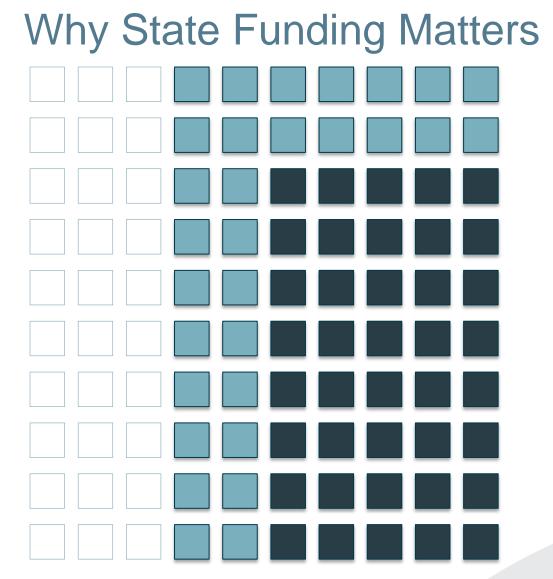


# health centers School-based





# health centers School-based





## **Data Sets**

#### State SBHC Program Office Survey

- Target: State public health and education agencies that fund SBHC program (18 states)
- Objective: assess types and amounts of state SBHC funding, technical support and data collection
- Completed surveys from 17 states

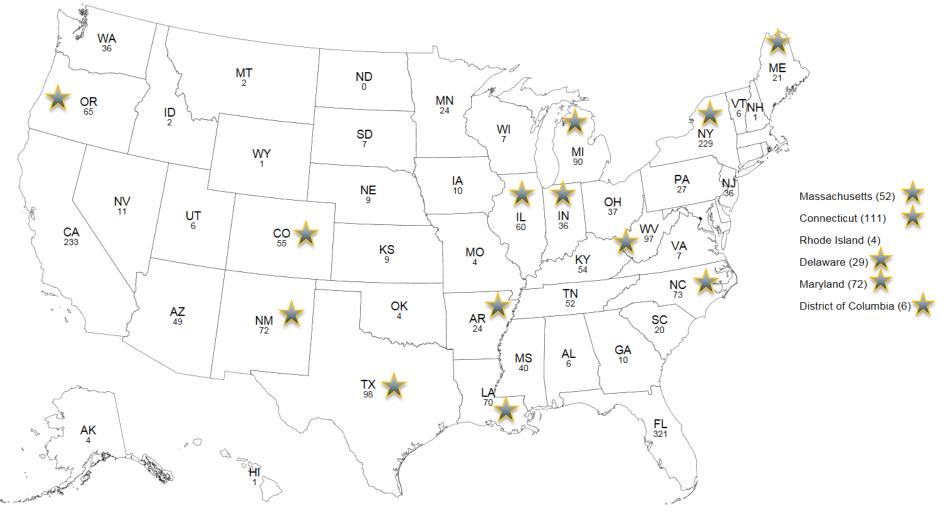
#### **Medicaid State Policy Survey**

- Target: State Medicaid agencies in the 18 states that fund SBHCs
- Objective: assess state Medicaid SBHC policies
- Completed surveys from 15 states

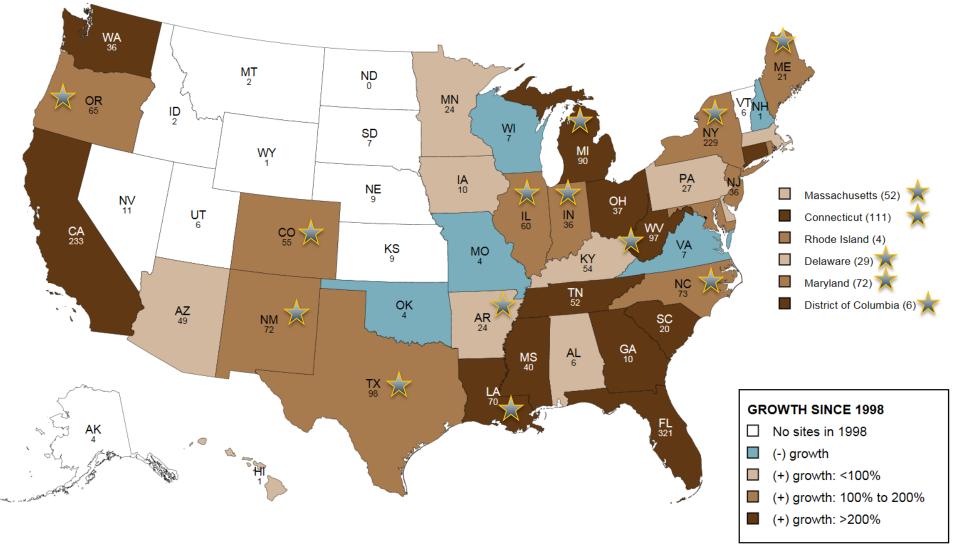


# State SBHC Program Office Survey











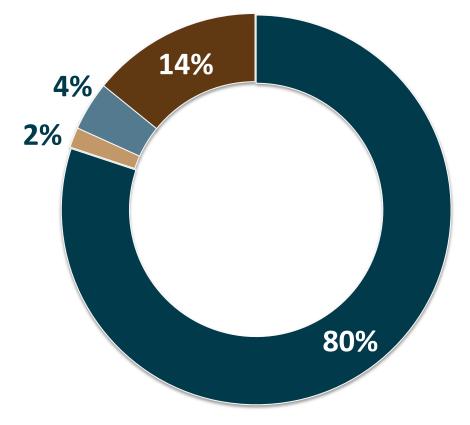
## Summary of State-Directed Funds, FY2014

	State Investment	# SBHCs funded	Grant size/ SBHC
Total	\$85.1M	915	\$93,000
Average	\$4.7M	51	<b>\$92,000</b>
High	\$13.5M	218	\$338,000
Low	\$200,000	2	\$21,000

N=18 states



## Total State-Directed Funds by Source Total for FY2014: \$85.1M



State General Revenue
Tobacco Settlement
Title V MCH Block Grant
Other



5

#### State-Directed Funding for SBHCs By State, FY 2014

-									
	SBHCs	Total		State General	Tobacco	Title V MCH			
State	Funded	SBHCs*	Total	Fund	Settlement	Block Grant	Other		
AR	21	24	\$2,000,000	\$2,000,000					
СО	47	55	\$5,200,000	\$5,200,000					
СТ	94	111	\$12,336,716	\$12,048,716		\$288,000			
DC	6	6	\$2,025,000	\$2,025,000					
DE	29	29	\$5,235,300	\$5,235,300					
IL	41	60	\$4,118,117	\$1,279,000	\$942,200	\$845,917	\$1,051,000		
IN	2	36	\$200,000			\$200,000			
LA	64	70	\$8,734,531	\$8,734,531					
MA	34	52	\$2,958,292	\$2,958,292					
MD	71	72	\$2,800,000	\$2,800,000					
ME	16	21	\$699,700	\$219,130	\$480,410	\$480,410 \$160			
МІ	70	90	\$13,500,000	\$3,500,000			\$10,000,000		
NC	32	73	\$1,377,664	\$1,377,664					
NM	52	72	\$3,534,100	\$2,534,100					
NY	218	229	\$12,282,352	\$10,400,000		\$1,882,352			
OR	65	65	\$6,800,000	\$6,800,000					
ТХ	3	98	\$250,000			\$250,000		\$250,000	
WV	50	97	\$1,027,100	\$1,027,100					
Total	915	2315**	\$85,078,872	\$68,138,833	\$1,422,610	\$3,466,429	\$12,051,000		

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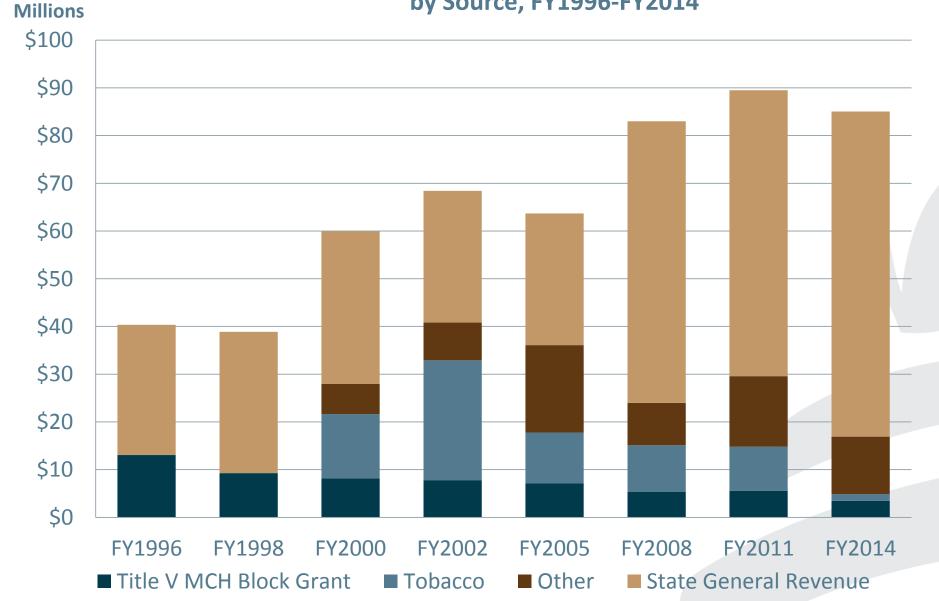


## Largest State SBHC Programs, FY2014

State	# SBHCs	Total Investment
MI	70	\$13.5M
СТ	94	\$12.3M
NY	218	\$12.3M



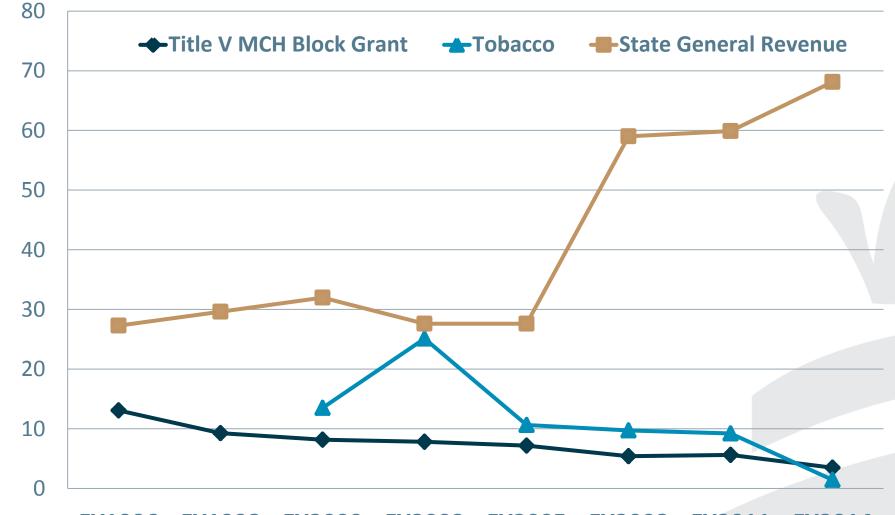
# State-Directed Funding for SBHCs, Totals by Source, FY1996-FY2014



SCHOOL·BASED HEALTH ALLIANCE Redefining Health for Kids and Teens

State-Directed Funding for SBHCs, Totals by Source, FY1996-FY2014

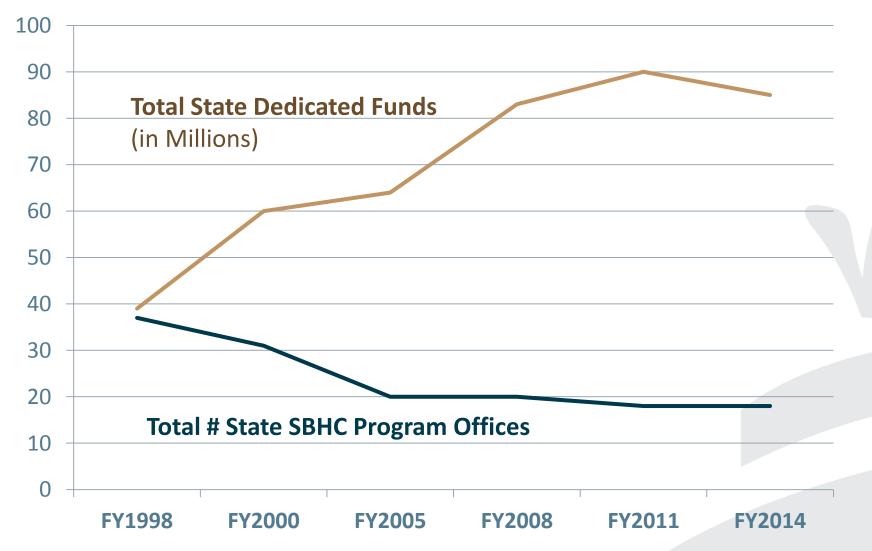
#### Millions



FY1996 FY1998 FY2000 FY2002 FY2005 FY2008 FY2011 FY2014

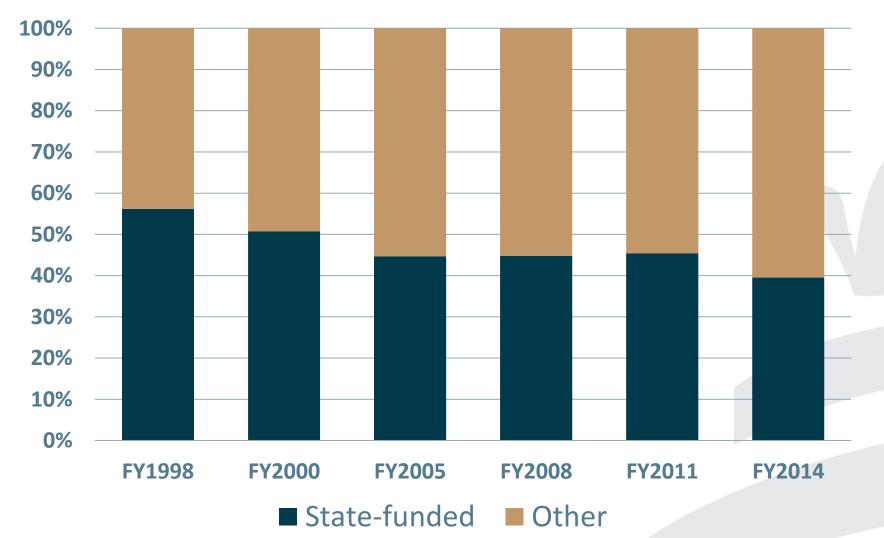


Number of State Programs Declines; Total State-Directed Funds Increased Through FY2011





#### % of SBHCs Funded by State SBHC Programs, 1998-2014





#### States with Ten-plus Years Investment in SBHCs, FY2002, 2008, 2014

State	FY2002	FY2008	FY2014	% Change FY2002-2014
СО	\$375,000	\$1,699,810	\$ 5,200,000	1287%
СТ	\$6,246,505	\$9,168,186	\$ 12,336,716	97%
DE	\$4,646,800	\$5,400,000	\$ 5,235,300	13%
IL	\$3,956,000	\$4,234,400	\$ 4,118,117	4%
LA	\$7,100,000	\$10,249,823	\$ 8,734,531	23%
ME	\$631,376	\$745,300	\$ 699,700	18%
MD	\$3,949,941	\$2,731,206	\$ 2,800,000	-29%
MA	\$5,545,943	\$3,893,559	\$ 2,958,292	-47%
MI	\$2,892,300	\$10,671,000	\$ 13,500,000	367%
NM	\$400,000	\$3,870,000	\$ 3,534,100	78 <mark>4</mark> %
NY	\$19,645,000	\$22,800,000	\$ 12,282,352	-37%
NC	\$1,500,000	\$1,627,000	\$ 1,377,664	-8%
OR	\$1,313,512	\$2,838,000	\$ 6,800,000	418%
WV	\$900,000	\$962,100	\$ 1,027,100	14%
Total	\$59,102,377	\$80,890,384	\$ 80,603,872	36%



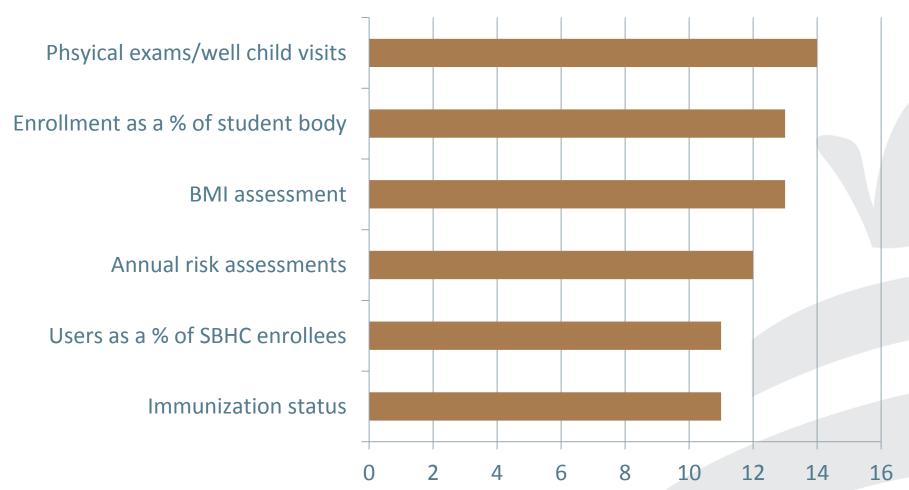
## **18 States Fund SBHCs**

- 18 collect data from SBHCs, including performance indicators
- 18 staff a dedicated office or unit providing oversight and support to state-funded SBHCs
- 16 set and monitor SBHC standards
- 7 define SBHCs in law or regulation



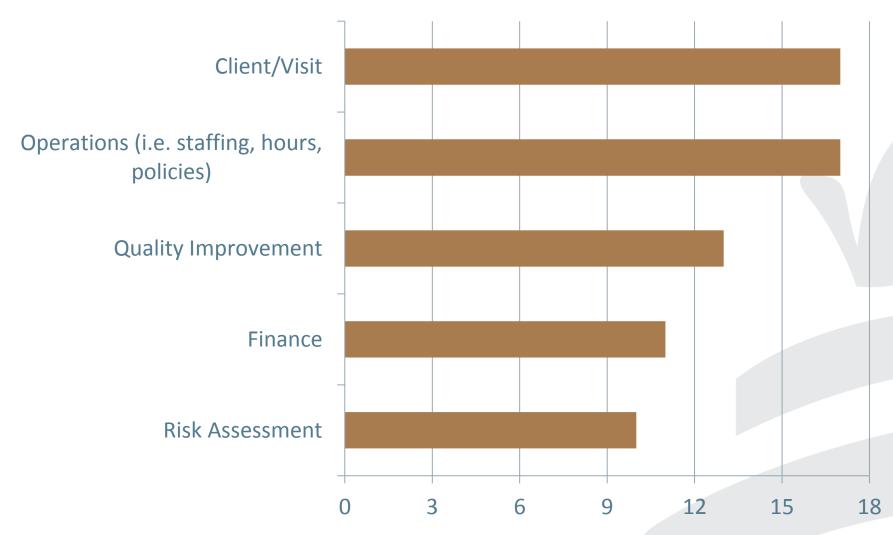
#### SBHC Performance Indicators Most Frequently Tracked by States

Top 6 of 24 choices



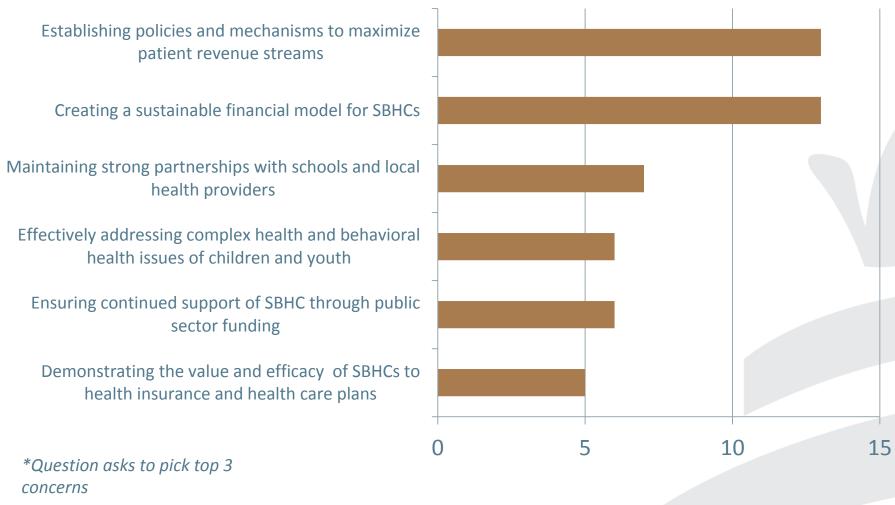


#### Most Common SBHC Data Collected by States





#### **Top Concerns to Growing and Sustaining SBHCs\***



N=17



# State Medicaid Office Policy Survey



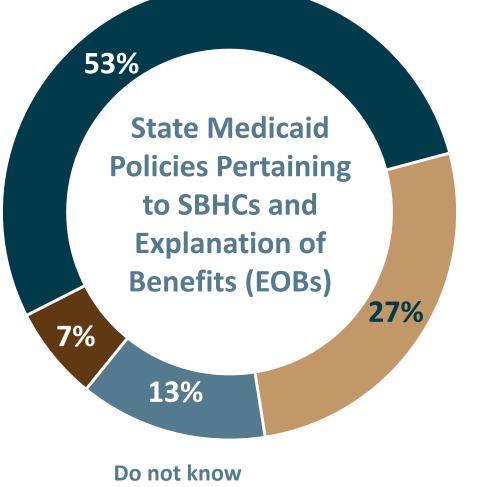
#### **State Policies Pertaining to Medicaid and SBHCs**

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	Define SBHCs as Provider Type	Waive Preauthorization for SBHCs	Waive Preauthorization for Specific SBHC Services	Managed Care Organizations Required to Reimburse and/or Contract with SBHCs
	Delaware	Illinois	Colorado	Delaware
	Illinois	Louisiana	Connecticut	District of Columbia
	Indiana	Michigan	Indiana	Illinois
	Louisiana	North Carolina	Maine	Maryland
	Maine	West Virginia	Maryland	Michigan
	New Mexico			New Mexico
	North Carolina			
	West Virginia			



State/contracted plan do not send EOBs to its members

State/contracted plan routinely send EOBs home to member's family



State/contracted plan does not send EOBs home for minor sensitive services\*

\*includes: STD testing and treatment, pregnancy testing, contraception, other reproductive health services, mental health and substance abuse services

N=15



#### **Conditions Required to Bill Medicaid**

	СО	СТ	DC	DE	IL	LA	MD	MI	NC	NM	NY
Licensure of SBHC		$\checkmark$						$\checkmark$		$\checkmark$	
Certification		$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$			$\checkmark$	$\checkmark$
Maintain Comm w/PCP		$\checkmark$			$\checkmark$		$\checkmark$		~		
Licensure of Sponsor Agency		$\checkmark$	$\checkmark$				$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$
MCO Credentialing	$\checkmark$					$\checkmark$			$\checkmark$	$\checkmark$	

Of the 18 states that fund SBHCs, 15 responded



#### **State Medicaid's View of SBHC Role**

	CO	СТ	DC	DE	IL	LA	MD	ME	MI	NC	NM	NY	OR
Prevention	$\checkmark$												
Reproductive	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$			$\checkmark$	$\checkmark$	$\checkmark$
EPSDT Provider	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	
Outreach/Enrollment					$\checkmark$				$\checkmark$		$\checkmark$		$\checkmark$
Behavioral health provider	$\checkmark$	~					$\checkmark$			$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Acute Care	$\checkmark$			$\checkmark$		$\checkmark$							

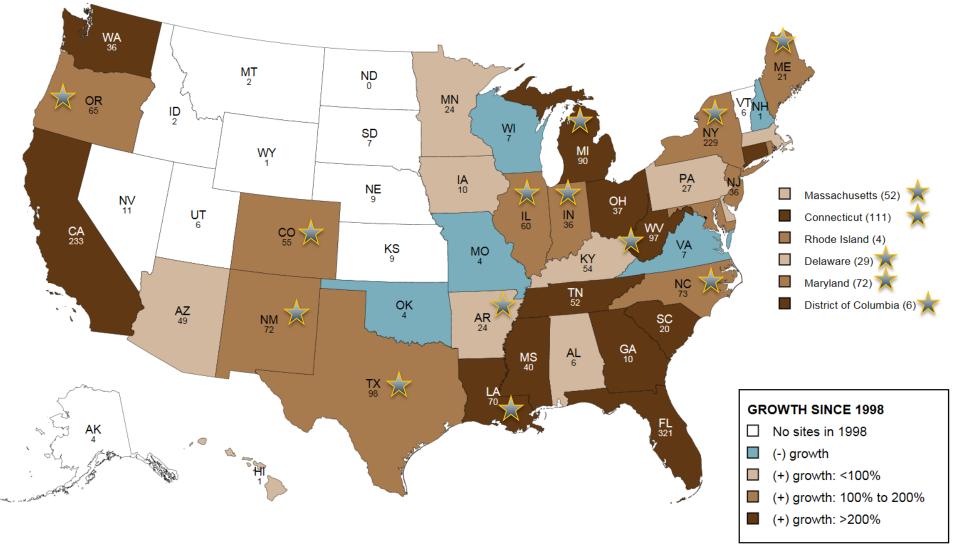
Of the 18 states that fund SBHCs, 15 responded



# Summary

- Number of states with dedicated SBHC investments has been stable over past decade
- State funding increased steadily through FY2011, and dropped off slightly in FY2014
- States are continuing to remove Medicaid policy and payment barriers to SBHCs, but more work to be done







# Summary

- State funding through an SBHC program office is critically important – we want one in every state!
- In addition to funds, they help set high standards of care and accountability
- Counties and localities are developing innovative financing strategies and partnerships to sustain SBHCs





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# How well did the presentation meet the stated objectives?



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