Health Resources & Services Administration and School-Based Health Care Services

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Healthy Schools, Promising Futures Learning Collaborative
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Purpose

- To familiarize you with HRSA as a federal agency
- To enhance your knowledge about HRSA’s programs that focus on school-based health services
What is the Health Resources & Services Administration (HRSA)?

• An agency of the U.S. Department of Health and Human Services (HHS)

• Mission – To improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs

• The primary federal agency for providing health care to people who are geographically isolated, or economically or medically vulnerable

• Background facts:
  • Contains six Bureaus plus Offices
  • Has a presence in the 10 public health regions
  • Maintains a workforce of 2135
  • Provides $1.5B funding to 3000 grantees through more than 90 programs
How does HRSA support school-based health care services?

- Supports individual school-based health centers (SBHCs) as “satellites” of community health centers
- Provides support for capital improvements of existing SBHCs
- Provides support and resources for use of telehealth technology, especially in rural SBHCs
- Supports quality improvement, sustainability, and the growth of two models of school-based health services
  - SBHCs
  - Comprehensive school mental health systems
- Provides direct fiscal support and oversight of SBHCs through the Title V MCH Block Grant
Support of SBHCs through the Health Center Program (Bureau of Primary Health Care)

- A national network of health centers that provides comprehensive primary health care services to nearly 26 million people nationwide, regardless of patients' ability to pay, charging for services on a sliding fee scale
  - Nearly 1,400 health centers operate more than 11,000 service delivery sites in every U.S. state and territory
  - One in 12 people in the U.S., including one in three living in poverty and one in ten children, relies on a HRSA-funded health center for medical care

- Community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services
  - Majority integrate access to pharmacy, mental health, substance use disorder, and oral health services
  - Provide supportive services such as health education, translation, and transportation that promote access to health care

- Are designated as Federally Qualified Health Centers (FQHCs) by CMS’s Medicare program around reimbursement for medically-necessary primary health services and qualified preventive health services
Community Health Center Program and SBHCs

• Support of SBHCs as satellites of individual community health centers
  • Provide staffing and resources
  • Allowable but not mandated in guidance documents
  • More than 40% of SBHCs are sponsored as satellites by health centers
    • Modal category of sponsoring organization
    • About 19% of health center program grantees sponsor SBHCs

• SBHC Capital Improvement Program, FY 2019
  • Purpose – to increase access to mental health, substance abuse, and childhood obesity-related services in operational SBHCs
  • Funds minor alteration/renovation projects and/or the purchase of moveable equipment, including telehealth equipment, for operational SBHCs
  • Anticipate $10 million in one-time funding to support an estimated 100 awards of up to $100,000 each
    • Will give funding preference to SBHCs that serve a large population of children eligible for medical assistance under the state Medicaid plan
Support for SBHCs through HRSA’s Federal Office of Rural Health Policy (FORHP)

• Functions of FORHP
  • Coordinates activities related to rural health care within HHS
  • Has department-wide responsibility for analyzing the possible effects of policy on the 57 million residents of rural communities
  • Provides grant funding at the state and local levels to improve access, quality and financing for rural health care
  • Provides resources promoting the use of telehealth technologies for health care delivery, education and health information services

• Telehealth Network Grant Program
  • Includes a focus on services delivered through SBHCs, particularly those serving high-poverty populations
  • 21 grantees across 19 states, with awards of $300K, 4-year project period, 2016-20
Support for school-based health services through HRSA’s Title V Maternal and Child Health Block Grant (MCHB)

• **Title V MCH Block Grant**
  - Promotes and improves the health and well-being of the nation’s mothers, children, including children with special needs, and their families
    - Access to quality health care for pregnant women, mothers and children, especially for people with low incomes and/or limited availability of care
    - An increase in health assessments and follow-up diagnostic and treatment services, especially for low-income children
    - Family-centered, community-based systems of coordinated care, including rehabilitative services, for children with special healthcare needs
  - Formula grants to 59 states and jurisdictions provide health care and public health services to more than 61 million pregnant women and children, representing 84% of all pregnant women and 63% of all children
  - Accountability through a formal performance measurement system
  - Administered by the Maternal and Child Health Bureau (MCHB)
  - Each state Title V MCH program and state Medicaid office has a reciprocal MOU
Support for SBHCs through HRSA’s Title V Maternal and Child Health Block Grant (MCHB)

• State-based support
  • Of 18 states that provided direct funding to SBHCs in 2014, six used Title V MCH Block Grant dollars (CT, IL, IN, ME, NY, TX)
    • These states tended to fund multiple SBHC sites
    • Plan to reassess this funding stream within next couple of years
Support for school-based health services through HRSA’s Maternal and Child Health Bureau (MCHB)

• Support through Special Projects of Regional and National Significance (SPRANS)
  • Title V Block Grant’s set aside, administered by MCHB

• Long-standing history of support for school-based health care
  • First support for SBHCs in partnership with BPHC in 1994
  • Starting in 1995, successive technical assistance and resource center programs for strengthening school mental health systems
    • Comprehensiveness, quality
    • Public policy analysis
  • Starting in 2000, successive technical assistance and resource center programs for strengthening SBHCs
    • Quality, business practices
  • In 2014, programs were merged to form CoIIN on School-Based Health Services (CoIIN-SBHS)
Goals of CoIIN-SBHS

• Improve the quality of school-based health centers (SBHCs) and comprehensive school mental health systems (CSMHSs)
  • Develop and implement standardized national performance measures for school-based health services
  • Develop a collaborative improvement and innovation network (CoIIN) to support quality improvement in SBHCs and CSMHSs and measure improvement

• Expand and improve the sustainability of SBHCs and CSMHSs through the spread of innovative and practical policy and finance approaches in order to increase the numbers of SBHCs and CSMHSs by 30% in four years
  • Develop a CoIIN to support use of best business practices and constructive internal policies by SBHCs and CSMHSs that enhance their sustainability and promote the growth of school-based health services on a national basis
A word on Comprehensive School Mental Health Systems

• Strategic collaboration between school systems and community programs that provide a full array of evidence-based, tiered services that promote mental health among all students in the school (universal), provide selective prevention of behavioral health issues among identified students, and offer early clinical intervention for students with mental disorders

• Benefits
  • Assist schools and classrooms in promoting students’ mental health and well-being, behaviors conducive to learning, engagement with and connectedness to school, and academic success
    • Decrease absenteeism, disciplinary actions and referrals to special education
  • Increase school community’s comfort with mental health and trauma and decrease stigma associated with mental disorders and receiving treatment supports
  • Increase ability to identify students who need extra supports and to intervene
  • Increase access to mental health services in a familiar setting
  • Leverage resources by partnerships among school staff, community programs, and families – promote sustainability
  • Focus on quality improvement, evidence-based practices, and performance measurement
Summary

• HRSA supports school-based health services through an array of programs

• MCHB’s CoIIN on School-Based Health Services provides supports to states interested in SBHCs and comprehensive school mental health systems
  • A new program period will start on September 1 and will feature enhanced attention to the needs of states
Contact Information

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