

Illinois School-Based Health Alliance:
Annual Field Survey Report
June 2016

The Illinois School-Based Health Alliance is sponsored by the Child and Adolescent Health Initiative at EverThrive Illinois



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Background

The Illinois School-Based Health Alliance (ISBHA), sponsored by the Child and Adolescent Health Initiative at EverThrive Illinois, brings together a broad-based coalition of organizations and individuals to advocate for and support school health centers (SHCs) as school and community assets. The ISBHA provides technical assistance to the SHC field, advocates for policies that promote child and adolescent health, works to protect the State SHC grant program, and provides networking opportunities for SHC staff and supporters.

The ISBHA launched its first Annual Field Survey in May 2016. The purpose of the survey is to gather data that will inform the development of data-driven advocacy tools, as well as gather feedback from the SHC field that will help the ISBHA reflect on and improve its work and technical assistance. This report highlights the findings from the survey.

Methodology

The questions on the survey include multiple choice, rating scales, and open-ended responses to collect both quantitative and qualitative data.

All individuals associated with the health center (administrator, nurse, front desk staff, etc.) were encouraged to complete the survey. Only administrators were permitted to answer the SHC data section.

The data presented in this report is based on the number of respondents for each question, which could differ from the total number of survey respondents.

Respondents

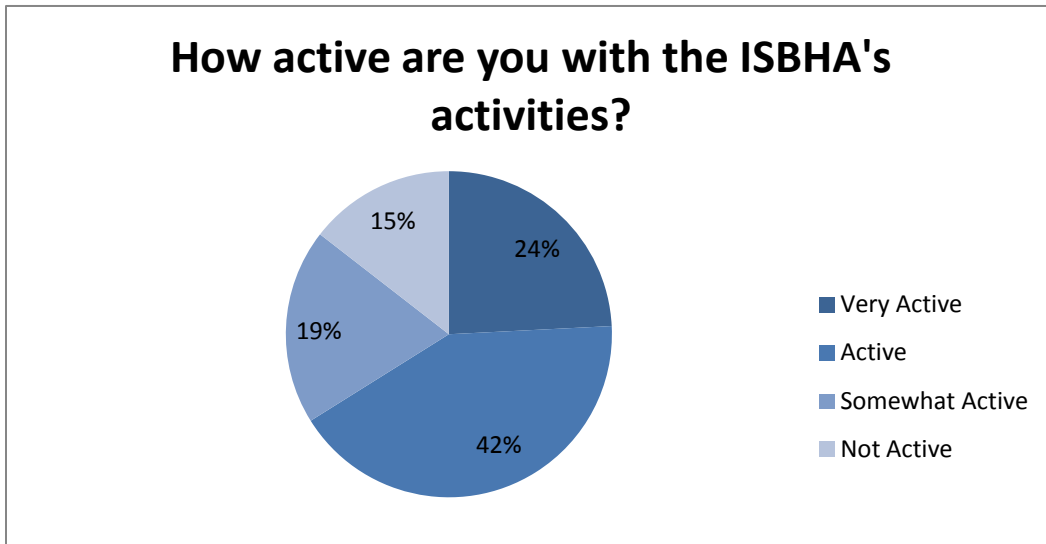
Sixty-two respondents from 45 of the 64 SHCs completed the survey, with 71% of the SHCs in Illinois represented. There are 28 FQHC/RHC sponsored SHCs and 17 designated Type 56 SHCs represented. The following SHCs participated in the survey:

- Amundsen
- Anna-Jonesboro
- Auburn Gresham Health & Wellness
- Aunt Martha's
- Beethoven
- Blackhawk Park
- Carver
- Cass County
- Clemente
- Comer Youth
- Crane Adolescent
- Crusader Community
- Davis
- District 207
- Evanston Township
- Gallatin County
- Harrison Primary
- Hibbard
- Hope Health & Wellness
- Johnson
- Juarez
- Lakeview
- Macoupin County
- Manual High
- Marquette Elementary
- Morton East
- National Teacher's Academy
- Niles North
- Niles West
- Orr Adolescent
- Pontiac Township
- Proviso East
- Roosevelt
- Senn
- Simpson
- SIU Care-A-Van
- South Beloit High School
- South Beloit Jr. High
- The School Health Link
- The School Health Link II
- Trewyn
- Uplift Community
- Urbana
- Ward
- Young Women's Leadership Charter

Survey respondents by role in their SHC:

Individual's Role at their SHC	
Administrator (Administrative Oversight/Manager/Director, etc.)	25.8%
Medical Provider (Nurse Practitioner, Advanced Practice Nurse, Pediatrician, etc.)	24.2%
Administrative Support (Front Desk, etc.)	14.5%
Behavioral Health Provider (MSW, LSW, LCSW, LCPC, etc.)	12.9%
Clinical Support (Medical Assistant, Nursing Assistant, etc.)	12.9%
Other	4.8%
Health Promoter (Health Educator, AmeriCorps Member, etc.)	3.2%
Nutritionist/Dietician	1.6%
Total	100%

Survey respondents by level of engagement with the ISBHA:



- Very Active (*i.e. I attend regional meetings, read the monthly newsletter, and participate in technical assistance activities on a regular basis*)
- Active (*i.e. I participate in at least one of the services provided by the ISBHA, such as regional meetings, webinars, or newsletter, on a regular basis*)
- Somewhat Active (*i.e. I have attended or participated in at least one activity/service over the last year*)
- Not Active (*i.e. completing this survey is my first activity with the ISBHA*)

Data

Fifteen SHCs are represented in the SHC Data section of the survey:

- Auburn Gresham Health & Wellness
- Amundsen High
- Beethoven
- Hope Health & Wellness
- Clemente
- Simpson
- Crane Adolescent
- National Teacher's Academy
- Urbana, Davis Elementary
- Ward (Ryerson)
- Johnson (Henson)
- Lakeview and YWLC
- Orr Adolescent

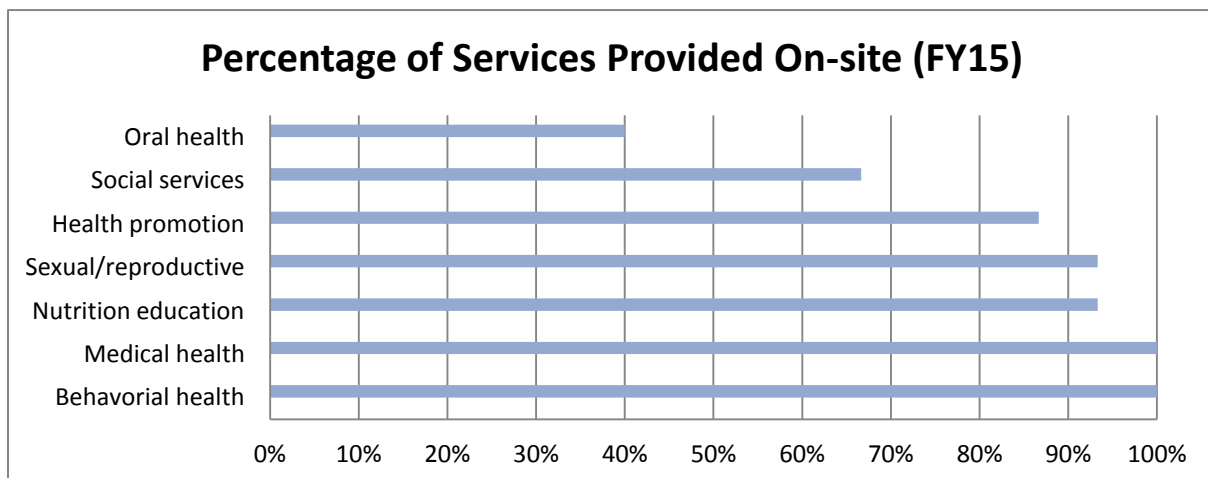
**Due to the small portion of SHCs represented in this portion of the survey, data results will reflect a subset of SHCs in Illinois.*

Unduplicated SHC users and their insurance status:

	Average	Range
Number of unduplicated users served by SHC (aged 0-21)	645	170-1865
Number of unduplicated users served by SHC (aged 0-21) enrolled in Medicaid, a Medicaid MCO or uninsured	610	150-1865
Percent of unduplicated users served by SHC (aged 0-21) enrolled in Medicaid, a Medicaid MCO or uninsured	88%	48%-100%

Services provided on-site during last fiscal year (July 2014 - June 2015):

- 100% provide medical and behavioral health services
- 93% provide nutrition education and sexual/reproductive health services
- 87% engage in health promotion activities
- 67% provide social services; and
- 40% provide oral health services



Top three most commonly sought services:

1. Medical Health
2. Behavioral Health
3. Sexual/Reproductive Health

Top three care coordination and referral types:

1. Reproductive Health, including mammograms, prenatal care, urology, and STDs
2. Dental/Oral Health
3. Asthma

Additional common reasons for referrals were: mental/behavioral health services, diabetes/chronic disease management, allergies, and ENT.

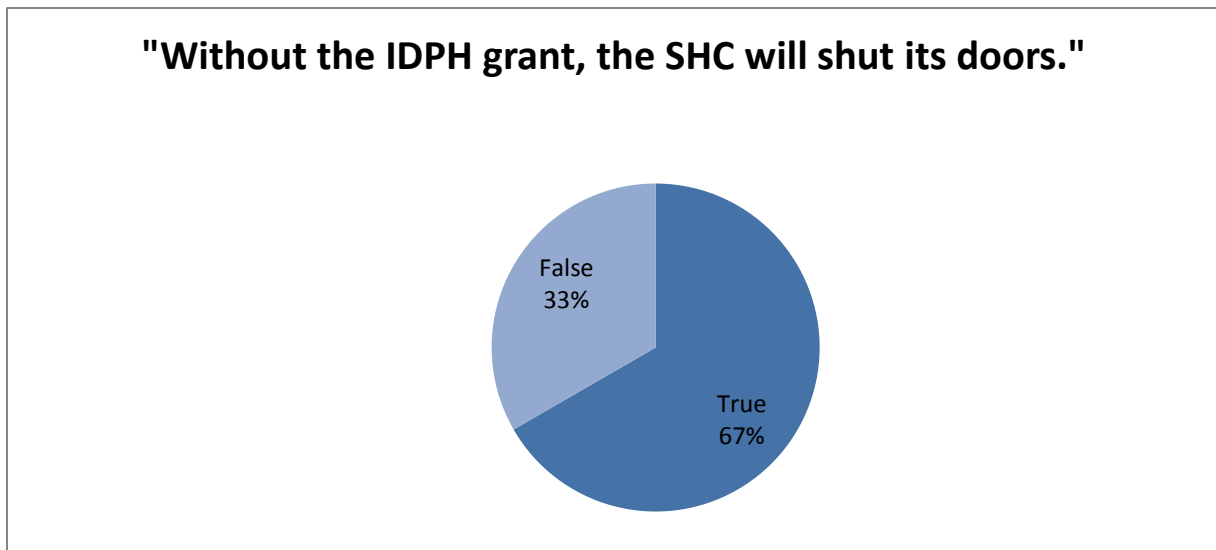
Top three sources of revenue for the last fiscal year and their average share of the SHC budget:

Revenue Source	Average Share of SHC Budget
1. Insurance/Billing	47%
2. Government	38%
3. Foundation	16%

Billing was listed as the primary source of income for 11/15 SHCs that responded. For many SHCs, billing and government funds were equivalent or close to equivalent shares of the total SHC budget.

Importance of IDPH SHC grant program for SHC sustainability:

Of the 12 respondents who indicated that they receive funding from the IDPH SHC grant program, 67% indicated that it is critical to the SHC's sustainability and without the funding the SHC would have to shut its doors.



Illinois School-Based Health Alliance Feedback

We asked the school health center (SHC) field to provide feedback on the Illinois School-Based Health Alliance's (ISBHA) Mission, Vision, and Values, and on the five areas identified in the ISBHA's strategic plan:

1. Mission/Vision/Values
2. Advocacy
3. Sustainability and Strategic Growth
4. Training and Technical Assistance
5. Emerging Issues
6. Organizational Infrastructure

Mission, Vision, and Values

- 97.5% of respondents strongly agreed or agreed that the ISBHA has been successful in achieving its mission over the last year:
 - *The Illinois School-Based Health Alliance (ISBHA) works to ensure that children and adolescents are healthy, safe, and ready to learn by advocating for and supporting school health centers (SHCs) as school and community assets.*
- 97.5% of respondents strongly agreed or agreed that the ISBHA has been aligned with its vision over the last year:
 - *The ISBHA's vision is that children and adolescents in Illinois are healthy and have a foundation that enables them to achieve their fullest potential in school and beyond.*
- 100% of respondents strongly agreed or agreed that the ISBHA has been aligned with its values over the last year:
 - *Children and adolescents have a right to high-quality health care.*
 - *When children and adolescents have access to high-quality health care, they are better equipped to learn and succeed.*
 - *SHCs are an effective and practical model for delivering high-quality health care to children and adolescents and addressing health inequity.*
 - *SHCs recognize that children and adolescents exist in the context of their family, and they work to engage and support the family whenever possible.*
 - *SHCs vary by community needs and available resources, but all SHCs bring additional supports and value to schools and their communities.*

Advocacy

- 100% of respondents strongly agreed or agreed that the ISBHA's strategic partnerships are important to the field.
- 98% of respondents strongly agreed or agreed that the ISBHA helps them stay informed and take action on legislative priorities.
- 85% of respondents strongly agreed or agreed that Youth Advocacy Day is important part of the ISBHA's work, while 15% of respondents were unsure.

Priority issue areas for advocacy:

- Sustainability, including general sustainability and specifically for behavioral health services
- Comprehensive sexual health services, including education and outreach in schools
- Support for dental services
- At-risk screening tools
- Obesity/healthy lifestyles initiatives

For many of the issues, respondents suggested educating and involving parents and the larger community in the advocacy process and with projects that articulate the importance of SHCs. Many respondents also suggested sharing models for the delivery of behavioral health services.

Sustainability and Strategic Growth

- 90% of respondents strongly agreed or agreed that the ISBHA should continue to disseminate curated lists of funding opportunities
- 97% of respondents strongly agreed or agreed that the ISBHA should continue to disseminate information on Medicaid managed care
- 100% of respondents strongly agreed or agreed that the ISBHA should continue to identify and advocate for ways to increase funding for behavioral health services

Priority issue areas for sustainability:

- Medicaid billing
- Contracting with MCOs and fulfilling contracts
- More funding or grant opportunities for general operations and reproductive and behavioral health services
- Grant writing resources

In terms of growth, many respondents suggested an increase in the amount of school health centers in the State and increasing the use of SHC's when schools are not in session.

Training and Technical Assistance

- 85% of respondents strongly agreed or agreed that the TA the ISBHA provides is based on the needs of the field, while 15% of respondents were unsure
- 97% of respondents strongly agreed or agreed that the ISBHA serves as a helpful resource clearinghouse
- 91% of respondents strongly agreed or agreed that the SHC field is better equipped to articulate the value of SHCs because of tools/resources the ISBHA has shared, while 9% of respondents were unsure

Priority TA areas:

- Billing, including assistance with coding, utilizing EMR/EHR's, and coordination with MCO's to increase utilization rates
- Addressing domestic and community violence
- Behavioral health
- Asthma treatment
- Comprehensive sexual health services such as early sex education, contraception, family planning, and STD screenings
- How to use data to tell their story and additional resources to help SHCs demonstrate outcomes data

Additional comments highlighted a need to increase promotion of TA opportunities and to provide more TA opportunities that are relevant to behavioral health providers.

Suggestions for how to address the training and technical assistance topics included bringing in area experts or consultants as well as identifying those with best practices to present at regional meetings. Besides utilizing experts in the field, respondents would like the ISBHA to continue providing webinars and conferences as a way of delivering technical assistance.

Emerging Issues

- 89% of respondents strongly agreed or agreed that the ISBHA is responsive to their needs, while 11% of respondents were unsure
- 94% of respondents strongly agreed or agreed that the ISBHA remains current and disseminates information related to trends impacting SHCs and child and adolescent health, while 6% of respondents were unsure

Additional comments highlighted that while many are pleased with the ISBHA's communication, some SHC staff felt that most of the communication is directly with administrators.

As a way to enhance the ISBHA's communication, respondents suggested continuing to send out the newsletter and to encourage submissions from individual health centers to feature in the newsletter.

There was also a request for more e-mails on emerging issues, webinars, and conferences, as well as developing an interactive listerv that members can post to in order to exchange ideas.

Organizational Infrastructure

- 85% of respondents strongly agreed or agreed that the ISBHA is visible on the EverThrive IL website, while 9% of respondents were unsure, and 6% of respondents disagreed
- 88% of respondents strongly agreed or agreed that the ISBHA branding is consistent and clear, while 6% of respondents were unsure, and 6% of respondents disagreed
- 85% of respondents strongly agreed or agreed that they feel connected to and supported by the ISBHA, while 12% of respondents were unsure, and 3% of respondents disagreed

Additional comments highlighted that there are barriers to finding the ISBHA webpage based on how it's embedded in EverThrive Illinois' website, and that individuals who are not familiar with the website may have problems locating the ISBHA webpage. It was also highlighted that branding for the ISBHA on the webpage could be clearer. Suggestions for improved branding include, increasing the visibility of the ISBHA on the EverThrive Illinois website and on other social media outlets.

Feedback unrelated to the webpage includes requests for additional points of engagement outside of the newsletter, including more on-site visits and more opportunities for informal networking, both in person and through social media.