Sioux Falls School-Based Health Pilot

South Dakota Division of Medical Services

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As evidenced by the letter attached to the state's application, this proposal is supported by Larry Iversen, Director, South Dakota Division of Medical Services

Applicant Preference Request

Serving Rural or Underserved Medicaid Beneficiaries
This proposal will provide services to Medicaid beneficiaries in Minnehaha County in South Dakota. The county has a designated primary medical care Health Care Shortage Areas, and is a Medically Underserved Areas by the Health and Resource Services Administration.

HPSA	ID#	Type	Score
Minnehaha County: City of Sioux Falls Health Center	1469994653	Community Health Center	5
MUA/MUP	**ID#**	**Type**	
Minnehaha County: CT 00007.00	03167	MUA	

Partnership with Local Community Hospital
Delivery System Description
Avera is a regional healthcare system based in South Dakota. Avera Health is affiliated with health care facilities in South Dakota, Iowa, Minnesota, Nebraska, and North Dakota. Through support services, Avera provides assistance to 227 affiliated hospitals, clinics, long-term care facilities, and mental health centers in 90 communities. Avera is a faith-based health system whose mission is to make a positive impact in the lives and health of persons and communities by providing quality services. Avera's focus is to increase access to health services and to promote health and safety for our residents. Twenty-eight hospitals, including 24 Critical Access Hospitals (CAHs), over 100 clinics, and 40 long term care centers make up the majority of Avera Health's providers. The facilities are staffed by over 12,000 employees throughout the five-state region. Avera McKennan Hospital & University Health Center in Sioux Falls, South Dakota, Avera Health's largest tertiary care facility, will employ the mid-level provider for the Sioux Falls School-Based Health Pilot. Additionally, the community hospital will supply laboratory, diagnostic and administrative support to the project, as indicated in the attached letter of commitment.
Length of Operation
Avera's dedication to health care stretches back to the mission of its founders. The Benedictine and Presentation Sisters opened a number of frontier hospitals in Dakota Territory in the 19th century, striving to serve those most in need. The merger of these two groups came in the founding of Avera Health in 1998, with the creation of the corporate entity of the largest healthcare system in South Dakota.
Impact to the Current Emergency Services Delivery System
The Sioux Falls School-Based Health Pilot will involve one of three public high schools in the urban area. The schools enroll an average of 1950 students each. Based on this figure, and the goal to serve 30% of the high school students in the pilot site, it is projected that 585 individuals will be directly affected by this project. The current emergency services delivery system will be positively impacted by the program by providing relief to an already crowded system. Currently, 14-19 year-old youth make up 14% of total emergency room claims at Avera McKennan, and many of these claims are for non-emergency cases, or for illness/injury that could have been prevented. This project will reduce the number of ER visits.

Sioux Falls School-Based Health Pilot
Abstract

Geography, lack of health care providers, reliance on public financing for health care, and health factors all converge in South Dakota and result in many areas of the state, particularly areas with a high concentration of American Indian people, where improvements in non-emergency health care access will provide fiscal and health outcome benefits.

Access to most health care services, including primary care, is limited due to health care professional shortages in the state. Primary care Health Professional Shortage Areas exist in 55 of South Dakota's counties, or 83% of all counties. Furthermore, 47 entire counties are considered by the Health and Resource Services Administration to be Medically Underserved. This represents 71% of the counties in the state. An additional 9 counties have Medically Underserved communities, including the county with the largest population, Minnehaha.

School aged children have a wide range of health care needs which must be addressed to optimize their participation in education. Often these are compounded by serious challenges to obtaining care. Parents cannot afford to miss work to take a child to the doctor; students compete with busy schedules and other priorities that push healthcare into the back seat. Placing health care in the schools through school-based health centers provides a convenient and effective means of catching and caring for these students before they end up with more serious health issues. Providing primary care, preventative screenings, health education and wellness activities keeps these youth healthy and ultimately keeps them out of the emergency room.

The proposed project would pilot a school based health center in one of three public high schools in Sioux Falls, SD. By providing convenient, alternative access to non-emergent health care, this program is intended to reduce the number of Sioux Falls high school students seeking non-emergent care in area emergency rooms. Currently, space outfitted for clinical use is available. Selection of the pilot sites would be based on healthcare needs, with the expectation that the program would grow from a pilot to encompass additional schools, including area middle schools. A mid-level health care provider will be available to students each day of the week for four hours for primary care. The provider would be employed by Avera McKennan Hospital & University Health System, a local tertiary care facility. The existing school nurse will fill the critical role of helping to build awareness of the services provided, triage cases, and identify students in need.

Goals of the project include serving 585 students with primary care in their school setting, reducing non-emergency visits to the emergency department. Outcomes will include decreased absenteeism among youth and earlier intervention for youth, improving health and productivity. The impact upon Medicaid of decreasing emergency room visits through improved primary care and preventive services for school aged youth is substantial, not only in financial terms but also in health outcomes. This project, if funded, will decrease the number of emergency room visits for non-emergent reasons among the target age group at a statistically significant rate.

Sioux Falls School-Based Health Pilot

Statement of Project Need

Geography, lack of health care providers, reliance on public financing for health care, and health factors all converge in South Dakota and result in many areas of the state where improvements in non-emergency health care access will provide fiscal and health outcome benefits.

South Dakota is a geographically large state with an estimated population of 781,919 people. There are approximately 10 persons per square mile, compared to about 80 per square mile across the United States. It is also one of the least urbanized states; more than 50 percent of South Dakotans live in rural areas. In fact, only four counties in the state have more than 30,000 people. Nine Indian reservations are also located in the state, some of which are located in the poorest counties in the nation.

Access to most health care services, including primary care, is limited due to health care professional shortages in the state. Primary care Health Professional Shortage Areas exist in 55 of South Dakota's 66 counties, or 83% of all counties. Furthermore, 47 entire counties are considered by the Health and Resource Services Administration to be Medically Underserved. This represents 71% of the counties in the state. An additional 9 counties have Medically Underserved communities, including the county with the largest population, Minnehaha.

In state fiscal year 2007, 128,400 different people were covered by Medicaid for at least one month. American Indians are the largest racial minority in the state and comprise 9.2 % of the population and 36% of total Medicaid eligibles. Put another way, Medicaid covered 50% of all American Indians in South Dakota, and 80% of American Indian youth under age 20. The rate of emergency room use by South Dakota Medicaid eligibles is 74.2 per 100 eligibles for the

latest twelve months available. This compares to a national rate of 80.3. 40% of all emergency room claims were for non-emergency care. This represents $5,713,666 in dollar value of claims.

There are improvements possible in usage of expensive emergency room services. The three top primary diagnosis for emergency room claims in the state are acute upper respiratory infection; otitis media (middle ear infection); and acute pharyngitis (sore throat). 60% of the individuals seen in emergency rooms in Minnehaha County are under the age of 19, half the emergency room visits occur on Saturday through Monday, and available data suggests that many who visit the emergency room in a given year are repeat users of emergency room services. The availability of school based clinics to diagnose and appropriately treat common diagnoses, and educate individuals who repeatedly utilize the emergency room will result in a substantial reduction in visits to the emergency room. The Sioux Falls School-Based Health Pilot will provide students with a health care home, and result in improvements in overall health status.

The lack of access to primary care in South Dakota is serious. The lack of health care providers in South Dakota is aggravated by the vast geography that many people must travel to receive health care and reliance on public financing for payment for health care. This proposal will increase access to non-emergency health care services that will result in less use of inpatient and emergency room services and improved health status for school aged children in Minnehaha County.

Project Justification

School aged children have a wide range of health care needs which must be addressed to optimize their participation in education. Often these are compounded by serious challenges to obtaining care. Parents cannot afford to miss work to take a child to the doctor; students

compete with busy schedules and other priorities that push healthcare into the back seat. Placing health care in the schools through school-based health centers provides a convenient and effective means of catching and caring for these students before they end up with more serious health issues. Providing primary care, preventative screenings, health education and wellness activities keeps these youth healthy and ultimately keeps them out of the emergency room.

Sioux Falls, population 132,000, is the largest city in South Dakota. The Sioux Falls School district enrolled over 19,000 students in 2006, with over 5,800 youth in the three public high schools. Currently, these schools are served by part-time school nurses, whose schedules are filled with students seeking care. None of the schools currently have a school-based health center program in place.

The proposed project, the Sioux Falls School-Based Health Pilot, would identify and select one of the three public high schools in which to pilot a school based health center. Currently, space outfitted for clinical use is available. Selection of the pilot sites would be based on healthcare needs, with the expectation that the program would grow from a pilot to encompass additional schools, including area middle schools.

The Pilot would provide one 1.0 FTE midlevel provider, available to students each day of the week for four hours for primary care. This person would also be in charge of health education and immunization activities. The provider would be employed by Avera McKennan Hospital & University Health System, a local tertiary care facility. Medical supplies, laboratory, billing, and administrative needs would be supplied with the help of the hospital as well. The school will work in partnership with the hospital and the school health program to provide administrative support and clinical space. The existing school nurse will fill the critical role of helping to build awareness of the services provided, triage cases, and identify students in need.

Initially, the Pilot will focus on providing students with primary care, in addition to prevention, health education, disease management and wellness services. Health education will be targeted at nutrition, dental care, and substance abuse, and disease management efforts will focus on diabetes, asthma and care of other stable chronic conditions. It is anticipated that the program will grow to include behavioral health care services in partnership with Avera McKennan's Behavioral Health Hospital and Outpatient services.

Because the program will exist within the school, it will provide convenient healthcare access to youth of all backgrounds. The service will be available to students regardless of their availability of source of coverage, or ability to pay. The Pilot program will be promoted through the help of the school nurse and existing forms of communication to parents and students.

By providing convenient, alternative access to non-emergent health care, this program is intended to reduce the number of Sioux Falls high school students seeking non-emergent care in area emergency rooms. According to the Partnership for Medicaid, "Studies have shown that having a regular source of health care…reduces ER use significantly, not only for health patients but also for those who are sicker and have greater health care needs." (Partnership for Medicaid, "Reducing Inappropriate Emergency Room Use among Medicaid Recipients by Linking Them to a Regular Source of Care"). This program will provide students with a health care home, thus improving overall health and reducing the number of emergency room visits.

Project Goals and Outcomes

Goal: Provide alternative non-emergency care to 30% of youth in one Sioux Falls High School through a School-Based Health Center Pilot by October 30, 2009.

Outcome: 585 students will receive primary care in their school setting, reducing non-emergency visits to the emergency department.

Outcome: Decreased absenteeism among youth.

Outcome: Decreased absenteeism among parents of ill youth.

Outcome: Earlier intervention for youth, improving health and productivity.

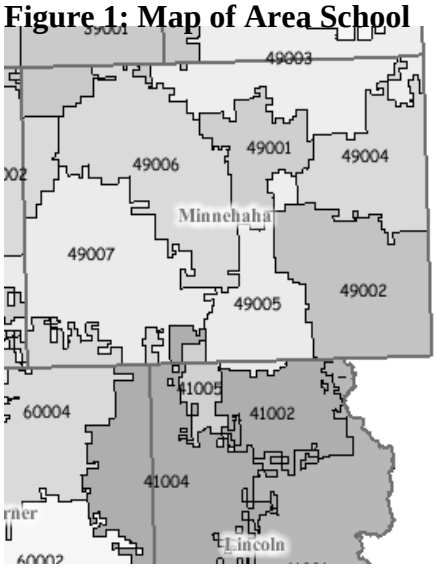
Goal: Introduce school-based health center model to the Sioux Falls School District, and expand program to include behavioral health issues by October 30, 2009.

Outcome: School-based health center covering all 19,000 students in the school district.

Outcome: Behavioral health care access provided to all 19,000 students in the school district.

Estimate of Impact to Beneficiaries

Figure 1: Map of Area School



The Sioux Falls School-Based Health Pilot project would fall within the Sioux Falls School District, which is inside of Minnehaha County and just into Lincoln County, South Dakota. Please see **Figure 1.** The Sioux Falls School District is identified as 49005 in the center of the map.

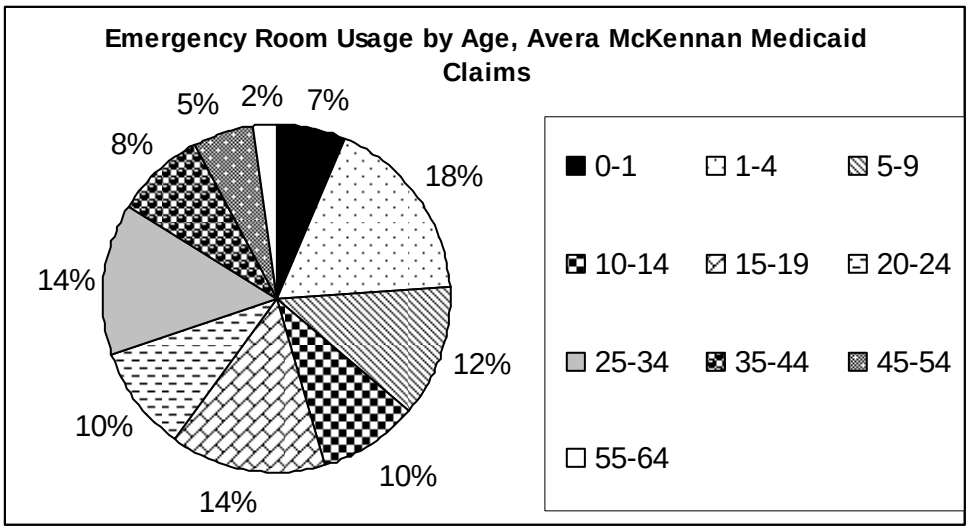
The Sioux Falls School-Based Health Pilot will involve one of three public high schools in the urban area. The schools enroll an average of 1950 students each. Based on this figure, and the goal to serve 30% of the high school students in the pilot site, it is projected that 585 individuals will be directly affected by this project.

This projection is based on information from the Denver School-Based Health Centers. Currently, this program involves six high schools and serves 42% of these schools total student population in 2006. As the Sioux Falls program will be a pilot and operational for 3 semesters, first year projections have been lowered by 30% (of the 42% in Denver) for a goal serving 30% of the total student population in the first 3 semesters.

Description of Magnitude of the Impact to Medicaid

The impact upon Medicaid of decreasing emergency room visits through improved primary care and preventive services for school aged youth is substantial, not only in financial terms but also in health outcomes. Thirty-four percent (over 6,700) of the children in the Sioux Falls School District are on either Medicaid or SCHIP. In the last twelve months, 441 different children ages 14-18 utilized emergency room services 659 times. Sixty-seven percent of emergency room visits occurred Monday through Friday. The most common primary diagnosis was abdominal pain. Also among the top primary diagnoses were sore throats, urinary tract infections, sprained ankles, and headaches. Based upon the primary diagnoses, the availability of primary care services on-site at high schools would clearly impact the use of unnecessary emergency room utilization.

- 289 Medicaid recipients between 14-19 had an emergency room admission at Avera McKennan Hospital & University Health System in the last 15 months. Avera McKennan Hospital is one of two major hospitals in Minnehaha County. **See graph below.**
- Between May 2006 and April 2007, Minnehaha County represented 13% of South Dakota Medicaid recipients with emergency room claims.



This project, if funded, will decrease the number of emergency room visits for non-emergent reasons among the target age group at a statistically significant rate.

Description of Sustainability of Project

Long-term sustainability is critical if this proposal is to succeed. This proposal will enable the development of foundation and infrastructure for a school based health care center, and then rely on third party and Medicaid funding for covered services to cover the costs of ongoing operations. Additionally, the provider of services has committed to contribute significant matching funds to supplement the grant funding.

The ongoing sustainability of the pilot and any future expansion will rely on Medicaid funding to pay for services that are currently reimbursed under the Medicaid State Plan.

Third party insurers already cover the services that will be provided in the Pilot. Current Medicaid reimbursement policies for services provided through the Pilot will be examined to determine if there are policy impediments to ongoing sustainability for services provided to Medicaid eligibles. Any needed changes, i.e., adding covered services, may be accomplished in a budget-neutral manner by applying savings attributable to reduced emergency room utilization to future increases to provide primary health care services. The true long-term savings to the Medicaid program will be in the improved health outcomes as a result of better primary healthcare services.

Evaluation Plan

To measure the effectiveness of the Sioux Falls School-Based Health Pilot, the following outputs will be measured at the end of each school semester:

Number of students utilizing services and number of health care visits;

Number of Medicaid students enrolled;

Number and cost of emergency and non-emergent cases in target ages presenting at local emergency rooms.

In addition, participating students and their parents will be surveyed at the beginning of the project and after 12 months to determine perceptions of student health status and measure changes in health promoting behavior.

Description of Project Implementation Readiness

Task	**Completion Date**	**Milestones**	**Status**
Grant awarded/project initiated	October 31, 2007	Grant awarded	October 31, 2007
Conduct needs assessment to identify pilot site	December 1, 2007	Pilot site selected	October 31, 2007-December 1, 2007
Hire midlevel provider and additional support staff	December 15, 2007	Staff hired	October 31, 2007-December 15, 2007
Develop protocols and policies	January 1, 2008	Protocols and Policies in place	November 1, 2007-January 1, 2008
Outfit and stock Pilot School-Based Health Center	January 1, 2008	Pilot site equipped for use	December 1, 2007-January 1, 2008
Conduct outreach to schools and other interested parties in the community	January 15, 2008	Schools and interested parties aware of available service	December 1, 2007-January 15, 2008
Inform local emergency rooms of opportunity for non-emergent care for students	January 15, 2008	Local emergency rooms aware of school-based health center availability	December 1, 2007-January 15, 2008
Begin Providing services at Pilot School-Based Health Center	January 15, 2008	Students able to access primary health care within their school	January 15, 2008-ongoing
Complete Evaluation of each semester	October 30, 2009	Measures documenting the success of the program collected each semester. See evaluation plan for details	January 15, 2008-October 30, 2009

BUDGET

	Year 1	Year 2	Total
Federal Grant	$181,258	$121,379	$302,637
In-Kind	$212,450	$216,935	$429,385
Total	$393,708	$338,314	$732,022

Budget			**Year 1**	**Year 1**	**Year 1**
			Federal Grant $	**In-Kind $**	**Total $**
Personnel	*Salary*	*Time*			
Project Coordinator	$ 60,000	0.25 FTE		$ 15,000	$ 15,000
Provider	$ 80,000	1.00 FTE	$ 40,000	$ 40,000	$ 80,000
Administrative Support Hospital	$ 30,000	0.50 FTE	$ 15,000		$ 15,000
Administrative Support School	$ 30,000	0.20 FTE	$ 6,000		$ 6,000
School Nurse	$ 60,000	1.00 FTE		$ 60,000	$ 60,000
Personnel sub-total			**$ 61,000**	**$ 115,000**	**$ 176,000**
Fringe Benefits					
Project Coordinator				$ 4,500	$ 4,500
Provider			$ 12,000	$ 12,000	$ 24,000
Administrative Support Hospital			$ 4,500		$ 4,500
Administrative Support School			$ 1,800		$ 1,800
School Nurse				$ 18,000	$ 18,000
Fringe sub-total			**$ 18,300**	**$ 34,500**	**$ 52,800**
Contractual					
Clinic Space				$ 22,950	$ 22,950
Lab and X-ray				$ 40,000	$ 40,000
Contractual sub-total			**$ -**	**$ 62,950**	**$ 62,950**
Supplies					

Medical/Admin. Supplies	$ 70,000	$ -	$ 70,000
Supplies sub-total	**$ 70,000**	**$ -**	**$ 70,000**
Equipment			
Computer & Clinical Software	$ 3,000	$ -	$ 3,000
Medical equipment	$ 20,000	$ -	$ 20,000
Equipment Sub-total	**$ 23,000**	**$ -**	**$ 23,000**
Total Direct Charges	**$ 172,300**	**$ 212,450**	**$ 384,750**
Indirect			
Indirect Costs	$ 8,958	$ -	$ 8,958
Indirect Sub-total	**$ 8,958**	**$ -**	**$ 8,958**
TOTALS	**$ 181,258**	**$ 212,450**	**$ 393,708**

Year 1 Budget Narrative

Personnel - The Project Coordinator will provide general project oversight, and coordinate efforts related to management, evaluation, medical records support, coding support, and information technology support. One midlevel provider will be hired to provide services in the pilot site. The position will also work with the school and the hospital to build the program, provide patient education, and oversee daily operations. Avera McKennan Hospital & University Health Center will support this position with $40,000 in kind. Administrative support from the hospital is requested to assist with the logistics of coordinating care with labs, providing medical supplies, and providing billing support. Additionally, administrative support for the school is also requested. This position will help to coordinate clinic activities with the school's needs and resources. The current school nurse will assist the program by helping to build awareness of the services provided, triage cases, and identify students in need. **Fringe Benefits -** Fringe benefits include a standard benefits package, including health insurance, retirement

support, unemployment insurance, etc. Fringe benefits are estimated at 30% of salaries.

Contractual - Clinic space valued at $22,950 will be donated in kind for the project. Avera McKennan Hospital & University Health Center will provide laboratory and x-ray services to the clinic.

Supplies - $70,000 is budgeted for standard medical and office supplies. The clinic space will need to be completely outfitted with appropriate supplies to become operational. This includes standard disposable clinic supplies including bandages, syringes, sutures, splints and a variety of medications. It also includes administrative supplies (folders, paper, receipts, etc.).

Equipment - $23,000 is budgeted for medical equipment. This includes $3,000 for a computer station and associated clinical software to allow access to Avera McKennan Hospital's electronic medical record and clinical support tools. An additional $20,000 is requested for medical equipment such as stethoscopes, otoscopes, laryngoscope, blood pressure cuffs, scales, wheel chairs, and AEDs.

Budget			**Year 2**	**Year 2**	**Year 2**
			Federal Grant $	**In-Kind $**	**Total $**
Personnel	*Salary*	*Time*			
Project Coordinator	$ 61,800	0.25 FTE		$ 15,450	$ 15,450
Provider	$ 82,400	1.00 FTE	$ 41,200	$ 41,200	$ 82,400
Administrative Support Hospital	$ 30,900	0.50 FTE	$ 15,450		$ 15,450
Administrative Support School	$ 30,900	0.20 FTE	$ 6,180		$ 6,180
School Nurse	$ 61,800	1.00 FTE		$ 61,800	$ 61,800
Personnel sub-total			**$ 62,830**	**$ 118,450**	**$ 181,280**
Fringe Benefits					
Project Coordinator				$ 4,635	$ 4,635
Provider			$ 12,360	$ 12,360	$ 24,720
Administrative Support Hospital			$ 4,635		$ 4,635
Administrative Support School			$ 1,854		$ 1,854
School Nurse				$ 18,540	$ 18,540
Fringe sub-total			**$ 18,849**	**$ 35,535**	**$ 54,384**
Contractual					
Clinic Space				$ 22,950	$ 22,950
Lab and X-ray				$ 40,000	$ 40,000
Contractual sub-total			**$ -**	**$ 62,950**	**$ 62,950**
Supplies					
Medical/Admin. Supplies			$ 30,000	$ -	$ 30,000
Supplies sub-total			**$ 30,000**	**$ -**	**$ 30,000**
Equipment					
Medical equipment			$ 3,000	$ -	$ 3,000
Equipment Sub-total			**$ 3,000**	**$ -**	**$ 3,000**
Total Direct Charges			**$ 114,679**	**$ 216,935**	**$ 331,614**
Indirect					

Indirect Costs	$ 6,700	$ -	$ 6,700
Indirect Sub-total	**$ 6,700**	**$ -**	**$ 6,700**
TOTALS	**$ 121,379**	**$ 216,935**	**$ 338,314**

Year 2 Budget Narrative

Personnel -A three percent cost of living adjustment is requested for all salaries. The Project Coordinator will provide general project oversight, and coordinate efforts related to management, evaluation, medical records support, coding support, and information technology support. One midlevel provider will provide services in the pilot site. The position will also work with the school and the hospital to build the program, direct activities, and oversee daily operations. Administrative support from the hospital is requested to assist with the logistics of coordinating care with labs, providing medical supplies, and providing billing support. Additionally, administrative support for the school is also requested. This position will help to coordinate clinic activities with the school's needs and resources. The current school nurse will assist the program by helping to build awareness of the services provided, triage cases, and identify students in need.

Fringe Benefits - Fringe benefits include a standard benefits package, including health insurance, retirement support, unemployment insurance, etc. Fringe benefits are estimated at 30% of salaries.

Contractual - Clinic space valued at $22,950 will be donated in kind for the project. Avera McKennan Hospital & University Health Center will provide laboratory and x-ray services to the clinic. $40,000 is requested in grant funds to help defray these costs.

Supplies - $30,000 is budgeted for standard medical and office supplies. This includes standard disposable clinic supplies including bandages, syringes, sutures, splints and a variety of medications. It also includes administrative supplies (folders, paper, receipts, etc.).

Equipment - $3,000 is budgeted for medical equipment. This includes any additionally needed medical equipment such as stethoscopes, otoscopes, blood pressure cuffs, scales, wheel chairs, and AEDs.