Cross Team Learning Session: Lessons Learned from Cohort 1
Policy Learning Collaborative
December 14, 2015
1-2:30pm EDT
Reminders

This presentation will be posted on Basecamp.

All attendees are in listen-only mode until the Q&A session. This session will be recorded.

We want to hear your questions! To ask a question during the presentation, use the chat tool that appears on the bottom right side of your control panel. Participants will be unmuted for the Q&A session.
State Teams (Cohort 1): Aug 2014 - Feb 2016

Illinois

Oregon

Connecticut
Policy Collaborative

Purpose

• Health reform is underway
• SBHCs must be at the table

Goal

• Improve knowledge, skills and relationships of team members
• Build case for integrating SBHCs into state and local innovations and reforms

Vision

• Full integration of school-based health care within emerging health care delivery and payment models, to achieve high-quality, cost-effective, population focused health improvements and outcomes.
State Teams: Structure & Key Activities

- Develop state team work plan
- Attend 2-day learning summit in Washington, DC
- Attend 3 virtual cross-team learning sessions
- Execute activities listed in work plan
- Participate in SBHA site visits
Cohort 1 State Team Leads

Jesse White-Fresé  
Executive Director  
Connecticut Association of School-Based Health Centers

Heidi Ortolaza-Alvear  
Director  
Illinois School-Based Health Alliance  
Sponsored by EverThrive Illinois

Maureen Hinman  
Policy Director  
Oregon School-Based Health Alliance
Connecticut SBHC Policy Collaborative

Cross-Team Learning Session

December 14, 2015
CT Policy Collaborative Team Members:

- Jesse White-Fresé, Executive Director, CASBHC, Team Lead
- Mark Keenan, Department of Public Health
- Nina Holmes, Department of Social Services
- Elizabeth Krause, Connecticut Health Foundation (former member, Yolanda Caldera-Durant)
- JoAnn Eaccarino, Child and Family Agency
- Melanie Bonjour, CT Institute for Communities
Our Connecticut Team with John Schlitt
Goals for CT Policy Collaborative

Goal 1: Engage the DPH SBHC program office, DSS, SBHC Advisory Committee, and CT Policy Team members to ensure minimum standards and a definition for CT SBHCs are adopted into state statute or state regulation.

Expected Outcome:
- SBHC definition and standards introduced in legislative session
- SBHC definition passed into state statute by end of session
Goal 2: Align the DPH SBHC program office, DSS, SBHC Advisory Committee, and SIM Program office around the Patient-Centered School Based Health Care (PC-SBHC) standards that will be tested in CT SBHCs.

Expected Outcome:
• Educate members of CT Policy Team on current status of SBHCs in CT medical home program; review PC-SBHC standards
• Select pilot sites to be assessed for readiness and implement practice transformation
• Provide updates to SIM and DSS
Goal 3: Inform CASBHC member organizations, DSS, DPH, and the SIM Project Office in the developments of the PC-SBHC model project and advocate for acceptance and recognition of the PC-SBHC model statewide and nationally.

Expected Outcome:
• Support of DPH, SIM, School Based Health Alliance, and DSS for PC-SBHC model
• Policy team/stakeholders have knowledge of payment reforms that impact practices achieving recognition -- enhanced payments, meaningful use, value-based payments
• Work with DSS/DPH to create mechanism to achieve recognition/receive enhanced payments to sustain SBHCs
Results

Goal 1:

• Strong advocacy from CASBHC members and supportive organizations throughout legislative session

• SBHC definition passed as Public Act 15-59 and signed into law by Governor in July 2015 - Victory for SBHCs!

• Statute states “minimum quality standards may be adopted by Commissioner of Public Health” - standards not yet codified in statute or regulation - SBHC Advisory Committee to strategize in meeting on 9/29
Results

Goal 2:

• Pilot sites in East Hartford and New London received initial training and readiness assessment for practice transformation through Patient-Centered School Based Health Care model

• Receiving bi-weekly TA from Primary Care Development Corporation (PCDC) on achievement of standards and elements

• Sites are currently on ‘glide path’ and are preparing for accreditation through PCDC
Results

Goal 3:

- CASBHC member organizations, funders, DPH, DSS, and SIM are aware of pilot project

- Meeting on PC-SBHC held with SIM Program staff at East Hartford High SBHC

- Meeting on PC-SBHC held at DSS with pilot site staff, DSS staff, CHN-CT staff, CASBHC

- DSS PCMH Care Management Committee and SIM Practice Transformation Taskforce informed that SBHCs are testing model and achieving NCQA 2014 standards
Lessons Learned

• **Definition:** Consistent advocacy with a broad base of supporters is key to achieving legislation.

• Flexibility and persistence led to success of PA15-59.

• **PC-SBHC:** Inadequate understanding of pediatric primary care and integrated behavioral health delivered in SBHCs.

• Systems change requires applied energy over time.

• Creating an accreditation process and PC-SBHC recognition may well be a multi-year effort that involves a range of stakeholders.
Next Steps

Patient Centered - SBHC Model:
- Identifying potential barriers to participating in the CT ‘medical home’ program
- Creating a pathway for potential recognition as a PC-SBHC
- Pilot project to demonstrate achievement of pediatric outcome measures in SBHCs: use measures developed in various state initiatives (SIM, DSS, PCMH) and National Quality Initiative
- Eligibility/barriers to receiving primary care rate increase to 100% of Medicare rates for SBHC medical clinicians

DPH Minimum Standards:
- Achieve adoption of standards into DPH regulation
- If not regulatory, legislation to adopt standards in statute
Questions?
Illinois School-Based Health Alliance
Policy Collaborative Team

EverThrive Illinois
Champions for Healthy Communities
Formerly Illinois Maternal & Child Health Coalition
Presentation Overview

• Project Goals
• Team Composition
• Progress
• Key Successes
• Lessons Learned
• Tools & Future Plans
Project Goals

- Increase alignment between State Medicaid office and State SHC program*

- Identify statewide indicators for child and adolescent health

- Ensure that Managed Care Entities understand the value of SHCs*

- Build a network of safety net providers with similar Medicaid populations and aligned goals
Team Composition

- Rush School Health Centers
- Rock Island School Health Center
- Illinois Department of Public Health (IDPH)
- Illinois Department of Healthcare and Family Services (HFS)
- Polk Brothers Foundation
- Illinois School-Based Health Alliance
Progress

• Many transitions in team composition

• Alignment between State Medicaid office and State SHC program:
  – Multiple meetings and increased communication
  – HFS presentation to SHCs and establishment of contract language

• Managed Care Entities understanding of SHC value:
  – Relationship with association for Medicaid health plans CEO and health plan leaders
  – Individualized TA focused on marketing to managed care organizations
  – Support for legislation to support patient privacy
  – Panel discussion
Key Successes

- “Open-access”
- Contract language between HFS and Medicaid Managed Care Organizations (MCOs)
- HB2812
- TA project with Miami-based consultant Mary Saiz
Lessons Learned

• Set realistic goals and be flexible as the landscape changes

• The work is never done - contracting and administrative policy changes need to be communicated on an ongoing basis, through various means

• There isn’t a one size fits all solution, need to adapt TA approach and supports
  – I.e. Hospital sponsored SHC vs. School or Health District sponsored SHC vs. FQHC sponsored SHC
Tools & Future Plans

• Panel discussion on Medicaid Managed Care and SHCs in Illinois

• Toolkit including:
  – tools on how to market to MCOs
  – contract examples
  – sample timelines
  – common challenges

• 1:1 meetings with MCOs articulating the model’s value

• Continue to monitor and troubleshoot issues related to managed care
Thank you!!

Questions?

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Oregon SBHC Policy Learning Collaborative
Update on Workplan and Next Steps
Collaborative Partners are Key

- **Sarah Knipper**, School Health Epidemiologist/Economist
  Adolescent and School Health Program, Oregon Public Health Division

- **Don Ross**, Mgr., Policy and Planning, CCO Contract Admin
  Medical Assistance Programs, Oregon Health Authority

- **Jill Daniels**, SBHC Consultant

- **Martin Taylor**, Director of Public Policy and Member Centricity
  CareOregon

- **Charles Ashou**, Alternative Payment and Care Model Project Manager
  Oregon Primary Care Association
Goal: Legislation strengthens existing SBHCs, allows for expansion of services and centers, and ensures SBHC inclusion in CCO planning processes

2015 Session

► Received $600,000 to bring SBHCs closer to funding parity and to support 3 new SBHCs that become certified in the 2015-2017 biennium

► CCOs are required, to the extent practicable, to include SBHCs and other school/education entities in their community health needs assessments

► $10 million allocated to the Safety Net Capacity Grant Program to serve kids still not eligible for health coverage

► $2 million increase to mental health funding for SBHCs

► Capital construction funds are available for schools, and can include SBHCs

► Awareness Day was a huge success. We filled the room beyond capacity with youth and many legislators said it had a large impact.

2016 Session

► Created legislation for a pilot project to use SBHCs to create trauma-Informed schools - in process

► Potential administrative way to increase funds for SBHC planning grants and/or parity
Goal: SBHCs receive increased revenue from Medicaid

MAC and TCM reimbursement does not appear to be a viable option for Oregon SBHCs to increase their revenue.

The Alternative Payment Innovation Project (APIP) has been running for nearly a year, with the goal to find an APM specific to SBHCs. There is good partner engagement, with a commitment to continuing work into the upcoming year, and funding from the Oregon Health Authority.

Health Share, a partner ACO, is currently analyzing SBHC patient utilization data across the Medicaid provider system.
Goal: *Improved representation of SBHC value*

- A UB Modifier (part of a billing code) has been developed to allow for identification of services that happen at the SBHC versus the medical sponsor. SBHCs are now required to use the code.

- Alternative Payment Innovation Project contributes to this goal by working on defining value to payors
SBHC APIP Key Questions:

- What is the problem trying to be fixed?
- What is the value of SBHCs?
- How would an APM fix the problem?
- Who is responsible to pay for what?
SBHC Value Statement

- SBHCs are a cost-effective model offering accessible health services to children and adolescents in school. They address health disparities and social determinants of health, promote health literacy, and improve academic outcomes by keeping students in the classroom and ready learn.
SCHOOL-BASED HEALTH CENTER IDEAL SERVICES

Community-Based Population Health and Preventative Services:
Family, parent, and Community Partner events and services

School Coordination & Engagement Services:
Providing expertise and consultation to school staff and administration

Integrated Mental, Physical, and Oral Health Services:
Clinical services provided in the SBHC

Youth-Based Population Health and Preventative Services:
Providing information directly to students through groups or in classrooms
SBHC Ideal Services Defined

- **Population Health & Preventative Services - Community-Based:**
  - Attend family-oriented school events: B2SN, multi-cultural night, resource fairs
  - Coordinate outside resources
  - Facilitate/Support Parent Groups (budgeting, healthy eating, navigating social services)

- **School Coordination and Engagement Services:**
  - Attend school staff and committee mtgs (PBIS, SIT, Safety, etc.)
  - Coordinate with school staff regarding high risk students
  - Work with school administration to develop policies and procedures regarding health and wellness
  - Provide crisis response and support
  - Provide subject matter expertise on health topics and student population

- **Youth-Based Population Health and Preventative Services**
  - Student groups (anger management, nutrition, coping with stress/anxiety)
  - Health education in classrooms

- **Integrated mental, physical and oral healthcare services:**
  - Well-child exams
  - Immunizations
  - Preventive and primary dental care
  - Mental health counseling
  - Behavioral health counseling
  - Family planning
  - Chronic disease management
  - Screenings (depression, substance abuse)
  - Health education
  - Panel management outreach and coordination

**Staffing:**
- LNP or PA
- LPN
- Reception/Support Staff
- Mental Health Therapist and/or Behavior Health Consultant
- Dental Hygienist - expanded practice
- RN - case management and care coordination
- Community and School Engagement Coordinator
How does an APM fix the problem?

Need to understand SBHC utilization within the larger context of SBHC clients who have Medicaid
Moving Forward with the Collaborative

- Relationships have been built and participants are invested

- Collaborative participants have agreed to continue in a more intensive fashion, prioritizing specific goals and actively coming together as a working group to accomplish them. Future priorities include:
  - Continuing APIP
  - Legislation to pilot trauma informed systems change in schools
  - Work with CCOs to develop one statewide standard for SBHC credentialing
  - Develop a pilot that creates a shared community funding model for an SBHC that includes CCOs, schools, local public health and other local partners
Questions?
Thank you!