

Policy Learning Collaborative Cohort 2 Endpoint Cross Team Learning Session

January 27, 2017



Collaborative Goal and Vision

GOAL: to improve the knowledge, skills and relationships of state leaders and state policy teams to engage stakeholders and build the case for integrating SBHCs into state and local health care innovations and reforms.

VISION: full integration of school-based health care within emerging organizational and financial models to achieve high-quality, cost-effective, population focused health improvements and outcomes.

Cohort 2 Teams

Georgia

Arkansas

California



PUBLIC/PRIVATE POLICY COLLABORATIVE
GEORGIA INITIATIVE
August 2015 – February 2017



TEAM MEMBERS

Veda Johnson, MD, *Professor – Emory University*

Veatrice Futch, *State Supervisor – Advocacy & Community Based Programs – WellCare Health Plans of GA*

Suleima Salgado, *Director of Telehealth & Telemedicine, GA Dept. of Public Health*

Polly McKinney, *Advocacy Director - Voices for Georgia's Children*

Atiba Mbiwan, *Associate Director - Zeist Foundation*

Ruth Ellis, *Program Director - PARTNERS for Equity in Child & Adolescent Health*

OVERALL GOAL:

To educate, promote and explore funding opportunities for the expansion of school-based health centers throughout the state of Georgia by engaging lawmakers, private funders, state agencies, Medicaid CMOs and other organizations involved in school health in an effort to increase public/private will and establish the groundwork for public-private funding.

ACCOMPLISHMENTS TO DATE:

Engaging Georgia Lawmakers:

- Met with several members of the House and Senate and committee leaders to discuss the merits of SBHCs
- Creation of House Study Committee through House Resolution 640 in 2015
 - Testimony provided by Georgia School-Based Health Alliance, local SBHCs, local foundations, and the SBHA (Laura Brey).
 - Outcomes:
 - The Final Report of the Study Committee recognized the value of comprehensive SBHCs.
 - Each Georgia legislator was given a copy of the report and was encouraged to continue the conversations in their respective districts.
 - Possible pilot in North Georgia to care for non-certified school employees (i.e., bus drivers, janitors, cafeteria personnel) through SBHC

Engaging Private Funders

- Presentations to/meetings with the Georgia Grant Makers Alliance; Savannah Business Symposium; DeKalb Chamber of Commerce
 - Outcomes:
 - R. Howard Dobbs Foundation grant award to fund 1 SBHC start-up (Hollis Innovation Academy)
 - Interest expressed by Pittuloch Foundation for SBHC start-up in North GA
 - Jesse Parker Williams Foundation grant award to fund 2 SBHC start-ups (Miles & Dobbs)
 - Zeist Foundation ongoing support and continued advocacy to other foundations

Engaging State Agencies

Meetings held or scheduled with various state agencies:
Department of Public Health; DFACS; Department of Behavioral Health and Developmental Disabilities

- Outcomes:
 - Co-Sponsor School-Based Health meetings with Voices for Georgia's Children. Four meetings held so far with attendance from various state agencies, legislators, medical and behavioral health providers, advocacy organizations, funders, etc. The goal is to identify gaps in services, align efforts and create partnerships to address the needs of Georgia's children and adolescents.



Engaging State Agencies...

- Outcomes cont'd..
 - Participation in the “Access to Care” Advisory Group convened by the Georgia Department of Public Health to develop a State Health Improvement Plan. School-based health centers were identified as a means to increase access to primary care services. GA collaborative members sit on the SBHC focus group; the legislative focus group and the telehealth focus group. Recommendation included for funding SBH in the state budget.

Engaging Medicaid CMOs

- Meetings with the three Medicaid CMOs in the state of Georgia
 - Outcomes:
 - WellCare grant award to support student health services at North Clayton High SBHC
 - Peach State grant award to support behavioral health services at 2 SBHCs (Dobbs & Miles)
 - Talks with Amerigroup regarding providing support for students with Asthma through SBHCs
 - Continued advocacy for comprehensive SBHCs with Medicaid representatives

PLANS TO CONTINUE THE WORK

- Encourage existing SBHCs to invite their legislator to tour their facility during this legislative session
- Host various legislative committee tours to Whitefoord SBHC (the anchor SBHC in state)
- Organize SBHC Day at the State Capitol
- Continue the discussion with:
 - Georgia School Nurses Association
 - Department of Education
 - Juvenile Justice
 - Various Chambers of Commerce
 - School Counselors Association
 - Georgia Hospital Association

PLANS...

- Continue outreach to foundations
- Continue collaboration with Medicaid CMOs
- Continue funding SBHC planning grants
- Continue co-sponsorship of School Health Meetings with Voices for Georgia's Children
- Continue participation in "Access to Care" Advocacy Group with the GA Dept. of Public Health
- Create platform for public-private funding

GASBHA PROMOTIONAL VIDEO A TOOL FOR SBHC OUTREACH AND ADVOCACY

<https://youtu.be/MTCauWNFAAo>

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SCHOOL-BASED
HEALTH ALLIANCE
of ARKANSAS

Redefining Health for Kids and Teens

Policy Learning Collaborative

Arkansas



Introduction

The School-Based Health Alliance of Arkansas started in 2012 and became an official affiliate of the SBHA in 2016. School-based health centers that are functioning in Arkansas right now began in 2010 when tobacco excise dollars were allocated to the Arkansas Department of Education to distribute funding to schools to start school-based health centers. Through a competitive grant process, schools are awarded funds to remodel a facility, establish partnerships and open a SBHC.

Currently there are 28 SBHCs in Arkansas and SBHAA is committed to promoting, advocating and representing all sites. SBHAA is the hub of information and established standards for any SBHC in Arkansas. We are still growing as an organization and do not yet have paid staff or an executive director.

Scope of Work

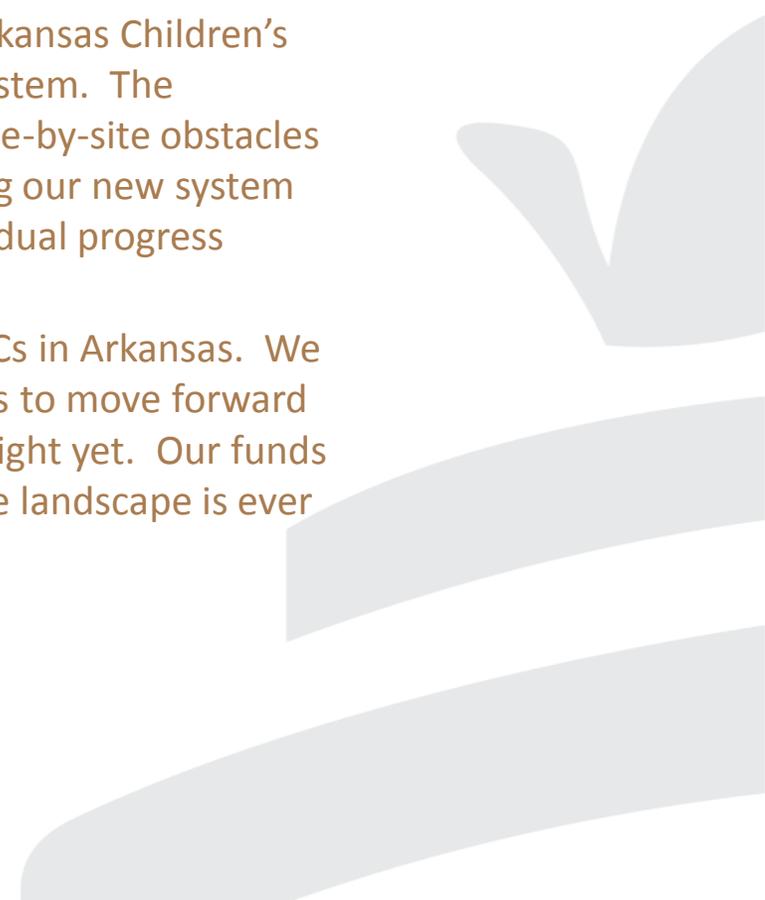
Given that our organization is young and still becoming established we felt it was wise and necessary to begin with policy statements and standards. We developed a policy statement that outlines the purpose and practice of SBHCs in Arkansas. We invited stakeholders to review the document and had the opportunity to make connections as a result of those meetings. We have made the standards available on our new website. <https://sbhaar.org/wp/wp-content/uploads/2016/08/ARSBHC-Standards-post-041916.pdf>

Creating a public voice and a website for people to find out more about SBHCs was an important goal for us. If we develop policy, create statements, do great things – but have no way to share the information and communicate with our supporters and those who may be interested in our work – then we have tied our own hands. We invested in a website with monies from this grant and made available policy statements on episodes of care, PCMH, behavioral health and care coordination. We were pleased to work with ACHI (Arkansas Center for Health Improvement) to create these documents. <https://sbhaar.org/our-work/issue-briefs/>

Scope of Work

We have begun to establish a standard evaluation plan for SBHCs in Arkansas. When the competitive SBHC grant began in 2010 the grant advisors utilized the “report card” resource from the SBHA to gather information from grantees. The report card has been our primary reporting tool since that time but we recognize its limitations. We are excited about the work being done by the SBHA through the NQI (National Quality Initiative) and we want to make steady challenges alongside the SBHA to improve our reporting. We have been collaborating with ACH (Arkansas Children’s Hospital) to create a modified report card and online reporting system. The selection of indicators and working through the ins and outs of site-by-site obstacles has been the focus of our work in 2016. We have 6 SBHCs piloting our new system for the first time this month. We plan to make continued and gradual progress toward improved reporting.

One of our goals was to develop sustainable business models for SBHCs in Arkansas. We discussed this goal often and seriously considered several projects to move forward with this goal. In the end we determined that the timing wasn’t right yet. Our funds are too limited for a return on investment project. The healthcare landscape is ever shifting and very big changes may be on the horizon for us.



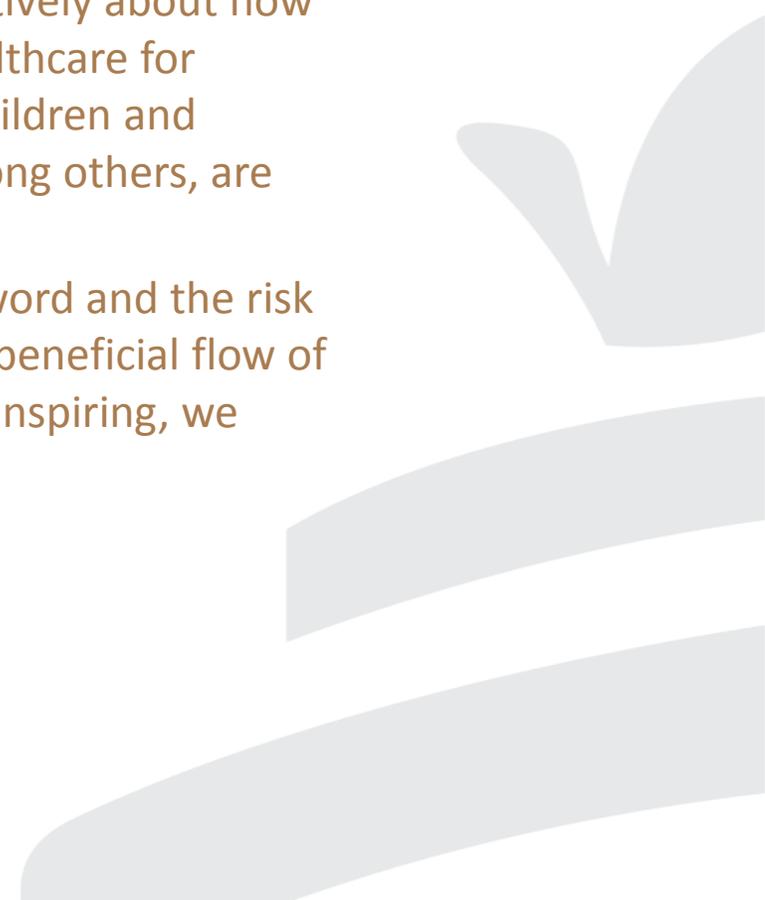
Lessons Learned

Building connections and partnerships is a long road.

There are misconceptions about SBHCs and we need to continue to actively educate, sharing what a SBHC is and isn't, at every opportunity.

Key partners understand the value in SBHC and are thinking creatively about how they can be a part of this work and the answer for better healthcare for kids. Arkansas Children's Hospital, Arkansas Advocates for Children and Families, AR Oral Health Coalition and safe school group, among others, are working with the SBHAA to offer resources and support.

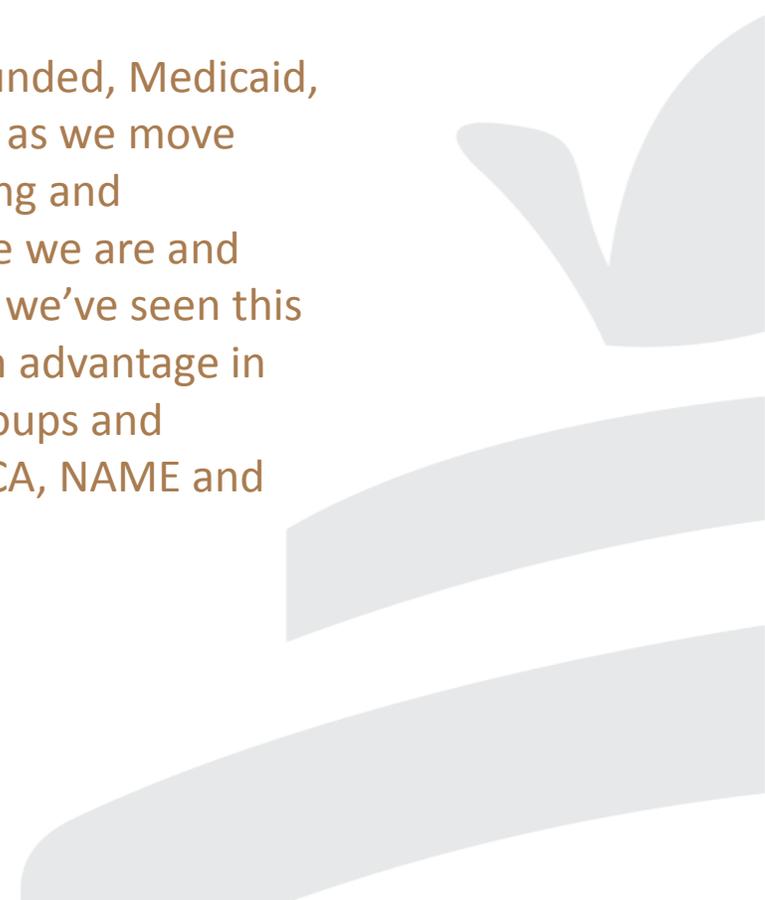
Opening the Medicaid rules and regulations is a double-edged sword and the risk must be weighed carefully. We already had a functional and beneficial flow of money, so although the Michigan model was interesting and inspiring, we didn't see a need to pursue a plan to replicate it.



Lessons Learned

Adopting standards was a good way to get past barriers (like the problems with setting a policy that we can't enforce). So now we right now we have best practice guidelines in place which helps to strengthen the state grants and offers a foundation to new grantees.

We learned that we are unique in lots of ways (how SBHCs are funded, Medicaid, community driven support, etc.) We have to think creatively as we move forward and figure out ways to get around barriers. Comparing and contrasting to other states helps us to see who we are, where we are and what we do in a clear light. Our team was very cohesive and we've seen this in other environments (like AAP TEAMS project). We have an advantage in the strong relationships. We enjoy connecting with other groups and members of our team got great insights and ideas from GA, CA, NAME and the national SBHA team.



Barriers & Challenges

Our goal of developing a sustainable business model wavered for a number of reasons including changes in the political environment, and the healthcare landscape, but also because our contacts at DHS (Medicaid) turned over 3 times in the course of this 18 month project.

Arkansas has a unique Medicaid landscape as our state still functions under a fee for service type system. This has proven to be a barrier as we continue strategic planning. However, conversations around managed care continue to take place on every platform across the state. Arkansas SBHC's are at the table as this discussion moves forward to ensure to we take advantage of foreseeable opportunities.

We continue to discuss the best way to collect and use data. Although we were interested in a return on investment project we didn't end up having the resources we needed to move forward. We need to begin by doing a better job of collecting meaningful data and from there we will grow in our capacity to examine the return on investments.

Long-Term Plans

There are a lot of things we would be able to accomplish if we had an executive director that we simply can't do with a group of volunteers. So, as we look ahead to sustainability and bigger policy goals, we recognize that we need to continue to do what we can while we plan for and work toward hiring an executive director.

Connect SBHAA president to key advisory groups.

More work establishing relationships with legislators, with a focus on inviting them to site visits when they are home.

We will continue with our data collection pilot and we expect that our report card will continue to be shaped and adjusted as we learn more about what works from our SBHCs and from the national SBHA. We know that data analysis captures the impact we are making. Our needs are unique because we have a large percentage of our SBHCs in elementary schools only.

We want to leverage our website and use it as a platform to continue to advocate for students, families and school-based health centers.

Being a part of this PLC work has prepared us to be a better partner to like-minded organizations and stakeholders in SBHC work.



California Team



Team Members

Margie Bobe, Los Angeles Unified School District

Sheri Coburn, California School Nurses Organization

Lisa Eisenberg, California School-Based Health Alliance

Tammy Evans, San Joaquin Public Health

Erynne Jones, Harbage Consulting

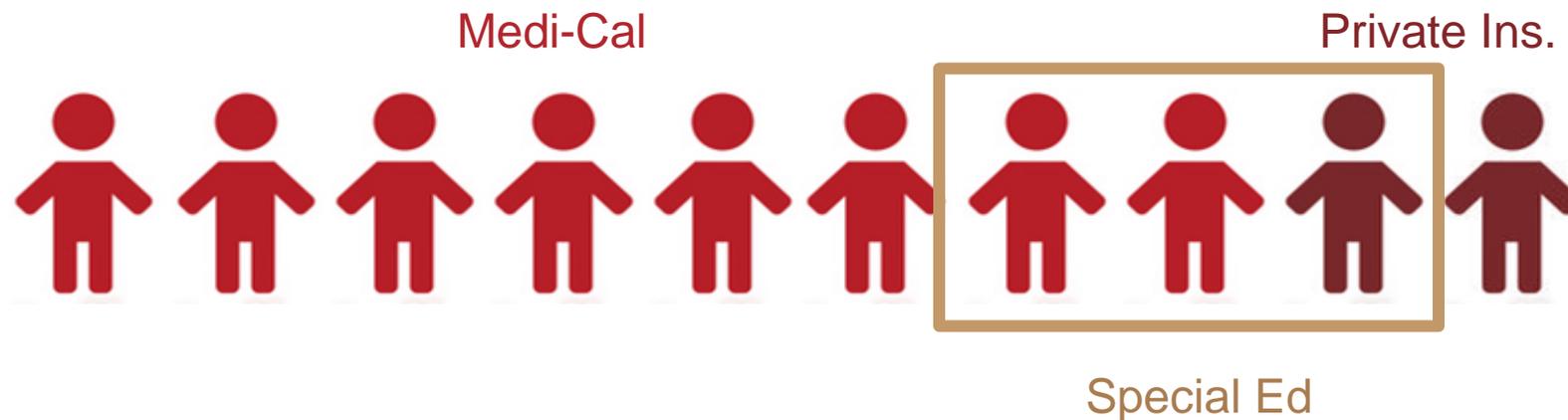
Heather West, previously with HealthNet



Reminder: What is the “Free Care” Rule?

Schools could not claim Medicaid reimbursement for services provided to students enrolled in Medicaid if those same services were available **at no cost to everyone else**

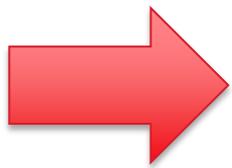
EXCEPTION: for services in an IEP or IFSP (special education students)



Most schools only bill for services for special education students with Medi-Cal

CMS's Free Care Rule Reversal

- In December 2014, CMS sent a letter to all states reversing their policy about free care
 - A lot of other administrative barriers are still in place but it does free up schools to seek reimbursement for services to all Medi-Cal students
- Implementing this change in California requires making changes to our state's LEA Medi-Cal Billing Option



Since then, a lot of advocates and states have been trying to understand the change and figure out what to do next

Goals:



California's school health field (CDE, SBHCs, school nurses, school mental health, LEAs, etc.) is aware that the state is implementing the change to free care and is prepared to take advantage of the opportunity.



Support LEAs and SBHCs in optimizing opportunity to invest in expanded role for school health services.



Enhanced coordination between LEAs, SBHCs, and Medi-Cal managed care health plans to maximize resources and improve health outcomes for students.

Presentations
to school
nurses and at
CSHA
conference

Goal 1: School
health field is
more aware
of change to
free care

Regular
updates from
state
program staff

Released
report and
hosted
webinar





Increased
partnership
between
CDE & DHCS

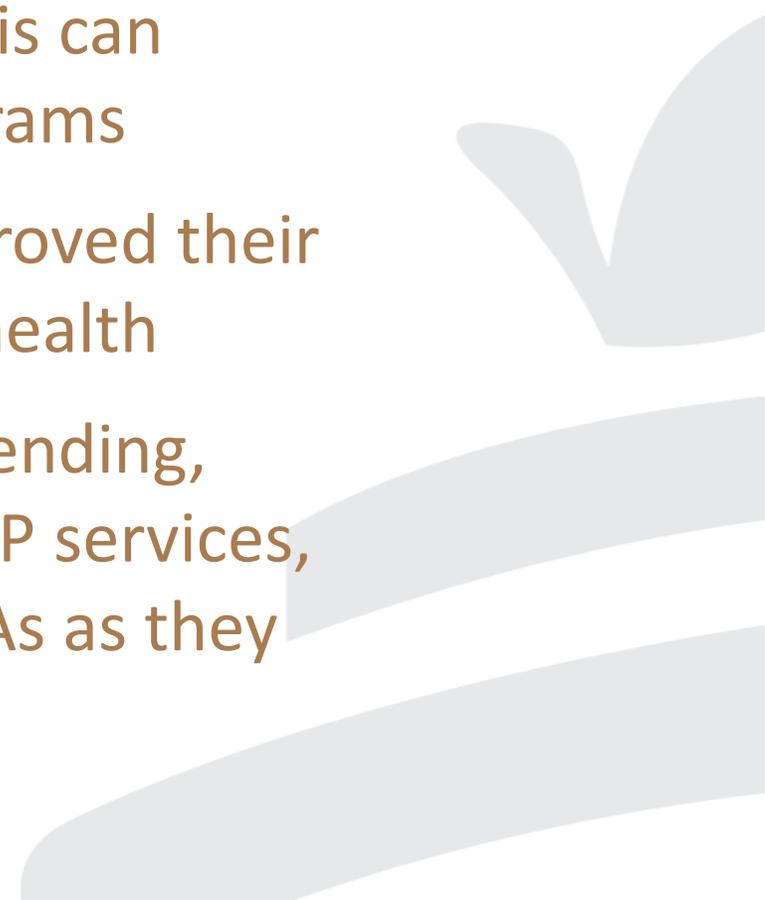
**Goal 3: More
coordination
with health
plans &
partners**

Meetings
with health
plan
associations

Hosted
convenings:
Fresno &
San Joaquin



Successes:

- Created a backbone of engaged LEAs, organizations, and individuals really thinking about how to expand school-based Medicaid billing and how this can support overall school-based health programs
 - State Medicaid & Education agencies improved their connection to each other around school health
 - Despite uncertain times, we have a SPA pending, LEAs can bill (up to 24 services) for non-IEP services, and state program office is supporting LEAs as they prepare to bill
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Questions?

Discussion

