Infrastructure, Policy, and Operations Workgroup

Meeting Minutes from September 17, 2020

Attendees: Susan Haberstroh, Forrest Watson III, Joanna White, Sharon-Rose Gargula, Yolanda Thomas, Jandy Albury, Jordan Weisman, Cathy Zorc, Kristin Dwyer, Nick Conte, Cindy Madden, Joyce Hawkins, Cassandra Davis, Uma Ahluwalia Drew Hawkinson

Agenda Item	Discussion	Action Items
Welcome	• Uma started the meeting.	
Review Operating Models Background	• Cassandra gave overview of current operating model of SBWCs in Delaware. Each SBWC is staffed with an NP, behavioral health professional (LCSW, LPC), and administrator. Some SBWCs have a rotating dietician. SBWC staff are not always exclusive to their site. SBWC staff are overseen by physician, with some who specialize in reproductive health. SBWCs operate during school hours for 10 months out of the year (August-May/June), some SBWCs have limited summer hours. William Penn HS, the largest high school in the state, has an additional NP onsite. The most common service utilized by SBWC patients is yearly sports physicals. • Nick: Dental services are not currently offered at SBWCs but I would like to see this happen. It is an important service, especially for this patient population. There is an opportunity to provide services like teeth cleanings, mouth guards, and other treatment options. CA has a virtual dental home model to integrate private dental practices into the SBWCs or partnering orgs (MCOs, etc.) • Uma: DSAMH has been crafting grants using SOR money to integrate substance use services for students. • Jordan: Do SBWCs have an internal and external entrance onsite? ○ Cindy: Most of the time, SBWCs are located in the school. For security reasons, the school does not want students to leave the building to go to the SBWC. ○ Cassandra: Most of the time they are in the center of the school near the nurse's office. Schools do not encourage external entrance, given security reasons. ○ Uma: This is an important question for new SBWCs.	

	• Uma: SBWCs are open, but have been moved to a virtual framework. There were some initial challenge moving paper records. • Cassandra: SBWCs are currently funded through the state. Several years ago, state funding was cut in half. There is some Medicaid and third party billing. Budget is determined by the state budget office. • Cindy: There is a base salary from state for a base complement of staff with a general school population index. Base salary is $129,000. When you count all personnel salaries (looking at averages of Delaware salaries) , benefits, etc. these costs run way over. • Cassandra: Most SBWCs run out of money in January/February. • Cindy: While we can get revenue from third party and Medicaid, it does not nearly make up costs. This is because we see everyone regardless of coverage and we do not charge deductibles or co-pays – these are in the Delaware code. We don't want to get away with this code because that defeats the accessibility purpose of these SBWCs. • Uma: We don't want to get too down the funding question, but we recognize that the operating model questions we have to answer will then affect funding.	
Brainstorm Research Questions	• Uma: Forrest, starting in the elementary schools, what are the base services that should be offered? ○ Forrest: We do not have any representation in the middle schools. Our SBWCs are staffed by one NP total for 5 schools to provide. We have a hub and spoke model. Eisenberg elementary is the hub, it has a lab, waiting room, exam rooms, etc. and then 4 satellite SBWCs that provide minimal physical services. NP rotates around to those schools and any higher level need (immunizations, labs, etc.) are referred to Eisenberg. We have a licensed mental health professional in each school, additional counselors, 2 social workers to support the 5 schools, an administrator, a medical director to provide oversight with a focus in nutrition to sub as the dietician, and two LPNs that serve as health educators and additional nutritional counseling. Hub and spoke works well for us. Eisenberg cost a little lest than $500,000 to operate and has an outside entrance with a security measure between school (card entry). • Uma: Was there a formula for determining hub and spoke?	

	○ Forrest: No, it was just geographic proximity and school district alignment that helped make the decision. We also offer telehealth services for some of the other schools. • Uma: Who knows anything about middle school SBWCs ○ Cindy: The only way they can be incorporated in the SBWCs is if the middle school is already in the high school. We don't have additional staff. The only difference is that for children under 12, they do not offer reproductive health care. • Uma: Is reproductive health up to school district? ○ Cindy: The school boards must vote to offer reproductive services and which kinds of services can be offered (birth control, testing, contraceptives, etc.). ○ Cassandra: That is the only service the school district has the authority to vote on. ○ Cindy: I don't believe there is a law about it but it is in the agreement with the schools. ○ Cathy: This should be a recommendation change, no one should be able to vote away services. • Uma: What are people's opinions on operating hours and months of operation for SBWCs? ○ Jordan: Can we answer this question without asking if SBWCs should enroll students and families? ○ Uma: Yes, but we also have to think about this in terms of access of site as well. Do we only think about this for new SBWCs? ○ Forrest: Can think about this as well for hub and spoke model. Some SBWCs with appropriate access could be open, but some might not. • Uma: Think less about what exists now and think more about what is best practice. • Cindy: I would like to take a step back and think about what our goal is. Is our goal to be providing services to everyone in the community? We should address before we talk about hours. ○ Uma: One option is to keep it during school hours and limited it to students. Another is to open it up to community and have more hours.	

	There could also be a hybrid option giving revenue and access considerations.
	• Uma: Generally people are saying that SBWCs should be open 12 months, with extended hours, and include families. However, this may be impacted by the design and location of the SBWCs, as well as schools cleaning in the summer. Hub and spoke approach may work well for summertime openings.
	• Nick: These are still deep-rooted questions. The idea of restricting services to students only in some areas is a miss, especially in some areas where it is difficult to find community providers outside of SBWCs.
	• Uma: Are there other specialties and services that we want for SBWCs?
	  ○ Chat box: Vision (optometry), dental, hearing services, child psychiatry.
	  ○ Yolanda Thomas: Also the extension of services and operating hours can help reduce emergency room visits. Especially useful for dental services, as EPSDT needs to be available for children on Medicaid and CHIP.
	• Uma: What is the percentage of Medicaid enrolled students in your SBWCs?
	  ○ Cindy: It varies school to school and community to community. Sometimes between 5-20%.
	  ○ Uma: If the percentage is that low, then is there a redirection of dollars out of DSH or community benefits that can be made into SBWCs. Can you run emergency visits by child by injury or issue to understand what types of visits could be diverted and then divert funds.
	• Jordan: We agree that alternative payment models would be of interest by MCOs, but there are questions related to allocation, attribution, and volume that need to be answered.
	• Uma: Are there psychiatrists that SBWCs have or consult with?
	  ○ Cindy: No.
	  ○ Jordan: Delaware Child Psychiatry Access Program is a free program for physicians across the state to get C training or call board-certified psychiatrist to get guidance on medication scenarios.
	  ○ Uma: Could this be extended to SBWCs?
	  ○ Cassandra: Yes, there was a meeting to extending this service to SBWCs. We have met with medical vendors to share this.
	  ○ Cathy: However, this program is a grant, so when it ends, we need to think about the sustainability of it. There are 3.5 years left of this grant.	

	• Uma: What should enrollment model look like for caregivers and siblings? This is especially important for when siblings are enrolled in different districts/school levels.
	  ○ Cassandra: These types of decisions would probably have to include superintendents and principals about other individuals entering the buildings.
	  ○ Drew: In Colorado, they are experimenting with flexibilities on how to extend enrollment in SBWCs to students based on the schools geographically closest to them rather than the schools they attend.
	• Uma: When COVID hit, enrollment required innovation (online packets, electronic registration form, various methodology, getting students' cellphone number). Do we want to think about SBWCs as a medical home, or incorporate it into a Medicaid ACO?
	  ○ Cindy: Community pediatricians already see SBWCs as potential interlopers into their practice.
	  ○ Forrest: When we were opening a SBWC, we held several meetings with community pediatricians in order to understand where they were coming from.
	• Forrest: Wraparound services are critical for elementary school SBWCs. It is where children may have most need and we get most buy-in from parents. We refer out for social services, but we are the initial safety net for families where they feel comfortable talking about needs with SBWCs. We found that the level of demand for social services skyrocketed with COVID. This is of the upmost importance. When you talk about adding SBWCs to Medicaid ACOs, you are looking at access points to nonmedical care, and I think schools are the perfect access point. But at this point, we are not included in ACOs because we are not a primary care provider, and I think this is a mistake.	

Wrap Up and Next Steps	• Uma: We were able to make a dent into questions of services and operational hours/months. We did not land anywhere, but we have options. I think it would be helpful to understand the ACO, MCO, and Medicaid delivery context to understand idea of serving as part of medical home. What are the risks and strategies we need to consider. • Uma: We will revisit this conversation on operating models next time.	**Steering Committee:** • Continue to read through the literature and come prepared to further discuss operating model questions.