

Infrastructure, Policy, and Operations Workgroup

Meeting Minutes from October 15, 2020

Attendees: Forrest Watson III, Sharon-Rose Gargula, Jandy Albury, Rob Walter, Yalanda Thomas, Joyce Hawkins, Margaret Pisano, Jordan Weisman, Cathy Zorc, Nick Conte, Cassandra Davis, Uma Ahluwalia, Drew Hawkinson

Agenda Item	Discussion	Action Items
Welcome	<ul style="list-style-type: none"> • Uma started the meeting. 	
Recap of Previous Weeks	<ul style="list-style-type: none"> • Uma gave a recap of the previous weeks' discussion, where we landed on some issues, and where we need further exploration. <ul style="list-style-type: none"> ○ Menu of Services: have a base+ menu of services where things like physicals, immunizations, social services can be determined by need. Still need to determine more LGBTQ+ health services, but the Best Practices workgroup is discussing this. ○ Hours of Operation: August-June, could have limited hours at Hub. 9 AM – 5 PM (last bus) office hours with occasional evenings hours at the Hub. ○ Model Design: Hub and spoke model seems to work well, with school district dictating hubs and spokes. SBWC does not act as a medical home but connects kids to medical homes (asking about PCP on enrollment forms). No full family enrollment, but a sibling in the school district can receive services at another SBWC in school district. ○ SBWC Siting: siting should be determined by need (Title I status, free and reduced meal numbers, poverty thresholds, volume of IEPs, availability of community providers), costs associated with siting/construction • Rob: I don't feel like we have come to a consensus on the idea of physicals and immunizations being a part of the menu of services in SBWCs. I also think we need to have psychology for kids and not just psychiatry. <ul style="list-style-type: none"> ○ Uma: This is why I think we are landing on a base+ menu. In some communities there is a large network of community providers, so SBWC would focus more on nutrition and counseling, but in some communities, there may not be robust community provider networks, so SBWCs do need to take on more primary care services. 	<p>Health Management Associates:</p> <ul style="list-style-type: none"> • Ensure that telehealth and psychology/counseling services are reflected on menu of services • Check in with Best Practices workgroup on LGBTQ Health offerings

	<ul style="list-style-type: none"> ○ Rob: I do have some issues as well with the idea of Medicaid-enrolled students receiving both an annual well-visit and a sports physical. ○ Sharon-Rose: Sometimes annual well-visits are not satisfactory for the documentation needed by DIAA, so sports physicals at SBWCs are an important step in providing that documentation. ● Forrest: I want to make sure telehealth is added back in the mix. 	
<p>Topics & Initial Discussion</p>	<ul style="list-style-type: none"> ● Uma reviewed the guiding questions and topics of discussion for today's planning (Staffing Model, Credentialing & Training, Partnerships, Telehealth Staffing) <p style="text-align: center;">BREAKOUT GROUPS</p> <ul style="list-style-type: none"> ● Cathy: We talked more about the menu of services, because we have a shared vision of what should happen but are restrained by our reimbursement models. We emphasized the need for telehealth, especially for behavioral health counseling. ● Joyce: We talked about needing a psychologist, NP, and access to dental and vision services, because SBWCs may not necessarily have all of the equipment and set up for these services. We talked about the need for some nutrition professional. We also talked about collaboration within the school environment (school nurses, school psychologists), and the need for parental presence with telehealth. ● Nick: We spoke about similar things with dental and vision being able to be offered on a rotating bases (once a quarter, etc.). There are also newer models of dental health through telehealth where an NP or PA could use a camera to show a remote dentist and then the dentist could advise on needed referrals and next steps and make more case management decisions. 	
<p>Draft Recommendations</p>	<ul style="list-style-type: none"> ● Drew gave an overview of the research questions that groups will be drafting answers to in response to the previous discussions. <p style="text-align: center;">BREAKOUT GROUPS</p> <ul style="list-style-type: none"> ● Uma: we talked about the need for NP/PA, RD, behavioral health counselor, and medical assistant. We think of it as a base+ model of providers. With some + services being with outside contracted providers. ● Rob: We talked about integrating the school nurse and school counselor into the core team to help with referrals 	

	<ul style="list-style-type: none"> • Cassandra: I like this and it is happening now at some schools. • Margaret: SBWC staff should be able to have consults with school nurse and counselor even if they are not treating an enrolled child. • Nick: We spoke about the CA virtual dental home model where dentist are able to deliver instructions to dental hygienist via telehealth who may be there on a quarterly basis at the school. We also more about having a dental community coordinator who helps connects kids to community dental services. • Uma: Credentialing of providers and the credentialing process is a conversation we will want to have coming up related to the staffing model. • Margaret: I think public health should also have a say in the staffing model of SBWCs. • All: Telehealth needs to be incorporated into models to allow community providers (dentists, PCPs, nutritionists, etc.) flexibility in staffing models. This needs a designated space. 	
<p>Wrap Up and Next Steps</p>	<ul style="list-style-type: none"> • Uma wrapped up the meeting and gave next steps <ul style="list-style-type: none"> ○ Read materials and send Drew supplementary materials ○ Be prepared to work during next week's conversation on staffing/personnel and privacy/confidentiality 	