Infrastructure, Policy, and Operations Workgroup

Meeting Minutes from October 22, 2020

Attendees: Forrest Watson III, Sharon-Rose Gargula, Jandy Albury, Rob Walter, Kristin Dwyer, Fran Russo-Avena, Joyce Hawkins, Susan Haberstroh, Jordan Weisman, Joanna White, Nick Conte, Cathy Zorc, Cassandra Davis, Uma Ahluwalia, Drew Hawkinson

Agenda Item	Discussion	Action Items
Welcome	• Uma started the meeting.	

Recap of Previous Weeks	• Uma gave a recap of the previous weeks' discussion, where we landed on some issues, and where we need further exploration.
	  ○ Menu of Services: Still need to determine more LGBTQ+ health services like hormone therapy. We also need to think about who is determining the service menu, is it the school districts, is it DPH, is it a third-party entity?
	  ○ Staffing Model: Need to understand what the base model is and who determines staffing model. Also need to think about potential for contracting with dental, vision, and hearing specialists to bring in those services and complete nurse referrals.
	  ○ SBWC Siting: Costs associated with siting/construction will play a role that we need to determine and especially think about this in tandem with privacy needs and infrastructure needs.
	• Cathy: Our practice now can get reimbursed for telehealth physicals. The practice is to perform a physical and then schedule a time for the individual to come into the office to perform a more limited check-in. I will send more information on this
	• Forrest: I believe having physicals offered through telehealth allows for more opportunities to engage parents and obtain consent. We need to think about this as an evolving process.
	• Uma: Think about who makes base menu decisions, right now it is up to school districts, but it could be another entity.
	• Kristin: For vision and hearing, the problem is connecting kids with referrals. Right now we have "Vision to Learn" (nonprofit van that comes around to	

	schools once a year, we need to think more sustainably and systematically about this. • Uma: What are the treatment modalities built into DMMA and MCO reimbursement? Look at evidence-based practices like ,trauma-focused CBT, how are these billed? • Jordan: For SBWCs now, there are only 2 codes that a SBWC can bill a day, one physical health encounter during the day and one behavioral health encounter a day. These claim rates and codes are set by the state. • Uma: This means that if kids need more services, they are likely to refer. • Jordan: This is due to a state mandate in that MCOs cannot engage in FFS contracts, but have to come up with different modalities for payment, in the shift to value-based payment. • Uma: The finance and sustainability workgroup is working on tackling some of these issues around billing and rate structures, but it has an impact on what we can propose as the menu of services and process for contracting with external partners/referrals.	
Topics & Initial Discussion	**BREAKOUT GROUPS** • Joyce: We discussed that we need a baseline of services, grades would make difference of baseline. There may be a need to have a group that determines what this is. Staffing in high schools seems to be working. For elementary schools, hub and spoke model works well so we could riff of this. Financial piece would impact staffing, this allows for some level of flexibility, but need to have agreement on flexibility. • Kristin: There should be baseline services differentiated by grade. When we talk about a statewide entity, this is potentially a political question, there is a lot more information, more concerns that need to be discussed when we think of this. • Dr. Weisman: We discussed the MD model for state committee with community representation, core services. With all models, we need to give parents some voice in making decisions of services offered. • Susan: We discussed the need for a statewide entity. They would determine potential need for base set of menu, come up with a base and then push out what they want and see where it goes. Staffing NP/PA and nutritionist, social	

	worker vs. mental health provider. Depending on big picture of operating models (hub and spoke etc.) this helps guide the conversation. • Dr. Conte: We talked about the establishment of basic menu, there needs to be community alignment based on perception of need, but this does not always align. • Uma: When we talk about base staffing, it doesn't preclude the SBWC from determining specialty needs. Individually, they could have relationships with community providers to have rotation in the SBWCs • Forrest: Have a robust relationship with school district, all services delivered are passed through SD and get sign off on services. Any expansion of services is decided on with district, local school district should be a voice because they determine how they respond to school board and community.	
Draft Recommendations	• Drew gave an overview of the research questions that groups will be drafting answers to in response to the previous discussions. **BREAKOUT GROUPS** • Nick: There should be an entity regulating the core services offered at SBWCs with local influence. • Uma: Avoid legislation and think about it as a regulation instead. • Susan: DHSS has regulating authority and can add a clause about need for collaboration between entity and local SD. • Uma: Contracting with other specialists should be up to the local providers and SD. • Kristin: There should be a base+ mode with emphasis on mental health. The difference between the SBWC and school staff is that SBWC staff can provide a larger clinical lens, whereas other school health staff are limited by scope and caseload. DSCYF PBH staff also act in this ecosystem with behavioral health consultants in middle school and FCTs in elementary school, but they are again limited by their caseload and often times get more of the high-fliers than the whole school. • Cassandra: FCTs work with the whole family. • Kristin: We discussed idea of incorporating a behavioral health coordinator to help build the bridge of contracted entities and school ecosystem and coordinator with SBWC providers. This similar to Maryland.	

	• Joyce: We talked about who would be involved in the entity to determine services and it would be representatives from DPH, DOE, DSCYF, DSAMH, and 2 superintendents (who would coordinate with superintendents across the state). Within the service model, there needs to be an opportunity to teach health equity and health literacy. We also talked about the need for charter school representation in service determination. • Joyce: In regards to collaborating with the school, most times, the school principal is the head of the student intervention team that triages issues for kids. It is essential that SBWCs be a part of this team to take a whole-child approach. • Susan: I think this is two parts, collaboration within the school through the student intervention teams, and also collaboration within the school district across schools. • Joyce: We also talked about the need for good data.	

Wrap Up and Next Steps	• Uma wrapped up the meeting and gave next steps
	  ○ Read materials and send Drew supplementary materials
	  ○ Be prepared to work during next week's conversation on privacy, confidentiality, and infrastructure.
		Steering Committee:
		• Continue to read through the literature and come prepared to discuss.