

## Steering Committee Meeting

### Meeting Minutes from January 21, 2021

**Attendees:** Creig Dunlop, Thowana Weeks, Jon Marinucci, Cassandra Davis, Gloria James, Ana Bueno, Shelly Lazorchak, Christopher Beardsley, Kathy Cannatelli, Leah Woodall, Christina Bryan, Aileen Fink, Drew Hawkinson, Uma Ahluwalia, Patches Hill, Dara Hall, Jon Cooper, Fran Russo-Avena, Priscilla Mpas, Valerie McCartan, Midge Barrett, Shannon Breitzman, Caitlin Thomas-Henkel, Amy Burnett, Cathy O’Neill

Agenda Item	Discussion	Action Items
<b>Welcome</b>	<ul style="list-style-type: none"> <li>Uma welcomed the meeting.</li> </ul>	
<b>Approval of Meeting Minutes</b>	<ul style="list-style-type: none"> <li>Jon motioned to approve.</li> <li>Aileen seconded.</li> </ul> <p>Minutes were approved</p>	
<b>Review Consolidated Recommendations</b>	<ul style="list-style-type: none"> <li>Uma reviewed the recommendation clusters: Oversight, Infrastructure, Delivery, Finance &amp; Sustainability</li> <li>Shannon: The recommendation related to oversight will be tackled by the Steering Committee</li> </ul> <p>Recommendation 1</p> <ul style="list-style-type: none"> <li>Uma: This is a structure that reports to DPH, not a legislatively appointed structure. The Steering Committee will be response</li> <li>Gloria: We should add Medicaid and insurance representation to the list in the committee because a lot of the funding is determined by Medicaid.</li> <li>Leah: Geographic representation is important from each county so it should be considered as well.</li> <li>Aileen: We should add consumers to this recommendation.</li> <li>Fran: We should also capture BH providers.</li> </ul> <p>Recommendation 2</p> <ul style="list-style-type: none"> <li>Cassandra: I still think we need to be careful with the “must be a full hub model” and feasible. I think we should instead say “should consider”.</li> <li>Jon: I think we should say that they strive to implement a hub and spoke model.</li> </ul>	<ul style="list-style-type: none"> <li>Steering Committee: Send additional comments/edits to Drew by 1/25.</li> </ul>

- Gloria: The only hub and spoke model we have is not contracted by DPH so we do not have data on it.
- Aileen: we could say “ideally use a full-service hub and spoke model”.
- Uma: Potentially “are strongly encouraged to be a full-service hub and spoke model”.
- Uma: This would pull in both new and existing SBWCs. New sites would be full-service model and existing sites that wish to expand in SBWCs would be hub and spoke model.
- Kathy: When you expand to spokes, do those spokes need to be high need?
- Uma: I don’t think that is part of the conversation. The high needs schools would be the hub and then expansion to other schools in SD for spokes are more geographic expansion, not necessarily needs-based expansion.

Recommendation 3

- Gloria: If the sibling is middle school aged and they are utilizing a hub elementary school SBWC, there may be some issues with confidentiality in billing that affects the SBWCs revenue.
- Aileen: We should change the wording from parents to parents and caregivers.
- Jon: I think the key phrase too is that siblings are enrolled in the same SD can utilize the SBWC. This is a fairly narrow group where you have 2 siblings of similar ages that go to two schools within the school district.
- Fran: That is fairly narrow and that is how you Warner and Shortlidge are setup.
- Leah: This recommendation may require regulatory changes. The way this is defined in the regulations is “the student enrolled in the school”

Recommendation 4

- Uma previewed the recommendation about creating a blueprint model for SBWC set up. This is important to have a template because it is easier to budget for capital costs and think through the structure of what is affected by the blueprint process.

- Jon: Does this mention JACO standards?
  - Aileen: Just to clarify, the spokes won't offer BH services?
  - Jon: We participated in a conversation with the Colonial SD CFO about SD's ability to access capital funds.
  - Leah: My worry is that it is so specific that it may limit the intent of being helpful. This is a blueprint or guide.
  - Amy: All SBWCs are JACO compliant.
  - Kathy: I think we suggest the language. Not everyone that you bid on and construct is JACO compliant. But if you open a new SBWC one of the points you have to push is that the space is Joint Commission compliant.
  - Uma: There are 1 FQHC and 4 hospitals that are operating SBWCs. We can say that it is suggested that they are JACO Compliant.
  - Gloria: The way that the code is that you don't necessarily have to put out an RFP to establish a SBWC. There are places where they may be a new vendor that comes aboard that are not necessarily JACO compliant.
  - Jon: I would like the square footage stands to be recommended so as not to prohibit schools.
  - Uma: There may be a way to tack on JACO standards. But this is just a guide, get as close to it as you can.
- Recommendation 5
- Uma previewed the recommendation about developing data collection infrastructure around standard data collection and reporting, working with school district's IT departments, encouraging adoption of EHRs, developing the ability for DPH and SBWCs to generate reports and dashboards of metrics
  - Priscilla: I like these recommendations, the consideration I have is around encouraging adoption of EHRs. I wonder if this should be considered a separate recommendation. Because the EHR part is also helpful for medical records sharing, it is a little bit different than getting the data, though it does help get data.
  - Uma: Let's put a pin on it and see if it should be in other recommendations.

Recommendation 6

- Uma previewed the recommendation about the base menu of services.
- Aileen: I would indicate BH screening and counseling rather than just SUD screening.
- Priscilla: I presume that DPH provides the immunization through the VFC. I know that there are other centers that are struggling resources for these immunizations. Also, is this just the yearly flu or well-visit? This could be a way
- Leah: Funding has been under-resourced for immunizations, the funding comes from the VCF program, so the SBWC would have to meet the requirements for this program. Some of the medical sponsors have found funding elsewhere or have providing in-kind funding for immunizations as well.
- Priscilla: I still think immunizations should be an option, but I would like to understand the resource allocation. I don't want this to be competition for resources.
- Uma: I think this sits as a challenge that the implementation workgroup will address.
- Gloria: There has been a reduction in the number of immunizations offered through the VFC after the medical sponsors were able to bill for services.

Recommendation 7

- Uma previewed the recommendation that address the need for aligned BH and MH care, trauma-informed modalities and consistent with CLAS standards.
- Aileen: I would suggest changing the wording to trauma-informed care including trauma-informed treatment.
- Leah: I think for the implementation side, we should figure out what standard is for TIC and where they would go to get TA.

Recommendation 8

- Uma previewed this recommendation around linkages and connection with community providers and SBWCs and the potential to explore financial incentives for linkages.

	<ul style="list-style-type: none"> <li>• Jon: For implementation, this is going to involve some type of a campaign for reaching out to providers.</li> <li>• Uma: Medicaid had some heartburn about incentivizing linkages to PCP.</li> </ul> <p>Recommendation 9</p> <ul style="list-style-type: none"> <li>• Uma: We will add a little but of language to add encouragement of adoption of EHR to facilitate this</li> </ul> <p>Recommendation 10</p> <ul style="list-style-type: none"> <li>• Uma previewed recommendation about increasing discretionary funding for SBWCs. This is directed at the budget/policymakers.</li> </ul> <p>Recommendation 11</p> <ul style="list-style-type: none"> <li>• Uma previewed this recommendation about increasing efficiencies in credentialing SBWCs as a practice instead of individual providers.</li> </ul> <p>Recommendation 12</p> <ul style="list-style-type: none"> <li>• Uma previewed the recommendations around goals for working with commercial payors to suppress EOBs, provide an all-inclusive code for SBWC services, and waive cost-sharing responsibilities and co-payments for services received at SBWCs</li> </ul> <p>Recommendation 13</p> <ul style="list-style-type: none"> <li>• Uma previewed the recommendation around maximizing billing and coders.</li> </ul> <p>Discarded Recommendations</p> <ul style="list-style-type: none"> <li>• Uma previewed the recommendations that were discarded. The caseload standards may shift due to hub and spoke. Hours of operation should sit with the SBWCs.</li> <li>• Priscilla: These discarded workgroup recommendations are they discarded for good or are they just in a parking lot? I think some of them may make sense for implementation workgroups</li> <li>• Uma: The hours of operation may be an implementation question that comes up with each of the building of new school-based wellness centers. The staffing and caseloads may also be rec that could guide the implementation framework because they are best practices. The other finance and sustainability will not be included because the groups did not feel that they were a priority.</li> </ul>	
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	<ul style="list-style-type: none"> <li>Leah: I think the 2 operational questions could be included as best practices in the report but maybe not as formal recommendations.</li> </ul>	
<b>Timeline &amp; New Phase of Work</b>	<ul style="list-style-type: none"> <li>Uma: We are going to draft the strategic plan with the consolidated recommendations and launch the implementation workgroups. April will have some public townhalls and refining the reports to deliver in June. We will also have a part in April where we</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>DPH Role</b>	<ul style="list-style-type: none"> <li>Leah: I appreciate everyone’s feedback on roles and next steps as we move into the implementation phase. I want to share the principles that have solidified for us in going forward with the expansion of SBWCs and beyond. We think that it is important that allocation of resources take into account the communities with the highest need and are most underserved. The services of SBWCs must be delivered in partnership with the communities and the base menu should include BH services and services to support healthy lifestyles. It is important to have a diverse funding base to support sustainability. The funding for the capital funds should be appropriated for come directly through the districts and not public health. We also want to promote flexibility and entrepreneurship and reduce State oversight.</li> <li>Leah: I think our role for DPH is to implement and monitor the Strategic Plan moving forward through an independent body that has a diverse membership. And also thinking through a timeline for implementation. We will also manage and approve application process for State-recognized SBWCs, though there are SBWCs that do not go through this process. We will also take ownership for Evaluation and Surveillance. DPH has a role in partially funding SBWCs for operations through a base formula that we will develop. We will do contract management and oversight. We also will offer TA, which can come through many forms (webinars, consult, developing toolkits, etc.). We are also thinking about whether or not we will fill the TA gaps through contractual support.</li> <li>Midge: I think it is not obvious</li> </ul>	
<b>Plan Ownership &amp; Accountability</b>	<ul style="list-style-type: none"> <li>Uma: We want to have a brief discussion of creating the structure for plan implementation and accountability. Leah has brought up a</li> </ul>	<ul style="list-style-type: none"> <li>Steering Committee: email Drew (<a href="mailto:dhawkinson@healthmanagement.com">dhawkinson@healthmanagement.com</a>) if you are interested in participating in a</li> </ul>

	<p>structure of that sits in DPH but will need support from others. Who should be part of this ownership and accountability structure?</p> <ul style="list-style-type: none"> <li>• Jon: We need to have a structured conversation about this as part of the process. I think the SBHA is an advocacy model?</li> <li>• Midge: Is the Healthy Women, Health Baby Consortium a model? To use DE Thrives infrastructure. Could be a partnership model of “Stand by Me” with DSEA support. We have a lot of public-private models to look at.</li> <li>• Uma: Right, we also need to map what kind of resources will be need to make this implementation successful.</li> </ul>	<p>1-2 hour conversation about plan ownership &amp; accountability.</p> <ul style="list-style-type: none"> <li>• HMA will research potential accountability models to present at this conversation. Please also send other model that you know of.</li> </ul>
<p><b>Implementation Workgroup</b></p>	<ul style="list-style-type: none"> <li>• Uma: These recommendations now have implementation needs. We have to think through what it will take to actually operationalize these recommendations. This is where the rubber meets the road. The workgroups will report to the Steering Committee. These will run in a structured and fast-pace. We will make sure there is enough time for the meeting, but</li> <li>• Jon: Is there an explicit plan to engage the legislature between now and April?</li> <li>• Uma: Yes. I think our goal is to flesh out the implementation timeline by mid April, but we keep prepping the legislature along the way.</li> <li>• Uma: The Steering Committee members are able to join, but Infrastructure Workgroup</li> <li>• Uma previewed the draft membership. We have identified some SMEs that we will call on an ad hoc basis to provide expertise around implementation around particular recommendations.</li> <li>• Uma: We will ensure that the ad hoc SMEs will be incorporated Delivery Workgroup</li> <li>• Kathy: Martha is required as well. She was clinical manager and I was operational manager. Terri Cook-Fasano is also a strong Christiana representative as an alternate.</li> <li>• Leah: We could sub in Connie Feely perhaps if Martha is not available.</li> <li>• Jon: Karen Antel may also be helpful as the medical director for Christiana</li> <li>• Caitlin: Dr. Herman Ellis the Medical Director for Life Health Center</li> </ul>	<ul style="list-style-type: none"> <li>• HMA: add Priscilla to the Infrastructure workgroup.</li> <li>• HMA: Change Jon’s title. Jonathan Miller is the Director of Value-Based Care for Nemours.</li> <li>• Jon &amp; Kathy: Reach out to Karen Antel and copy HMA for interest in serving on the Delivery Workgroup.</li> <li>• HMA: Check Tanisha Merced may not be at the DOI could be now in DHSS.</li> <li>• HMA: Check in with Leah about including someone from OMB on the Finance &amp; Sustainability workgroup.</li> </ul>

	<p>Finance &amp; Sustainability</p> <ul style="list-style-type: none"> <li>• Uma: Any others that should be here?</li> <li>• Midge: Jonathan Miller would be good for this one.</li> <li>• Uma: There may be some additional DMMA folks that would help with credentialling.</li> <li>• Midge: Should we have someone from OMB or a legislator?</li> <li>• Uma: I think you should keep informing the legislature along the way, but</li> <li>• Jon: Tanisha will be great in this role as an SME for insurance.</li> </ul>	
<b>Open Forum</b>	<ul style="list-style-type: none"> <li>• None.</li> </ul>	
<b>Next Steps and Adjournment</b>	<ul style="list-style-type: none"> <li>• Uma overviewed the next steps: <ul style="list-style-type: none"> <li>○ Send feedback on consolidated recommendations to <a href="mailto:dhawkinson@healthmanagement.com">dhawkinson@healthmanagement.com</a> by 1/25</li> <li>○ Send recommendations for implementation workgroups to <a href="mailto:dhawkinson@healthmanagement.com">dhawkinson@healthmanagement.com</a> by 1/25</li> <li>○ Let Drew know if you are interested in participating in a conversation about plan ownership &amp; accountability.</li> </ul> </li> </ul>	