

**SCHOOL BASED HEALTH CENTER ADVISORY COMMITTEE (AD HOC COMMITTEE)**

Minutes of Meeting (**Approved**)

**Date:** July 16, 2024

**Location:** Microsoft Teams Meeting

**Member Participation:** John Flanders, Tricia Orozco, Judy Kanz, Dr. Robert Dudley, Dr. Ranbir Bains, Ali Mulvihill, Sherry Linton-Massiah, Debbie Chameides, Alice Martinez, Amanda Pickett, Catherine Holt, Melanie Wilde-Lane, Melanie Bonjour

**Absent Members:** Christin Kondash, Anna Goddard, Lynn Weeks, Thomas Nuccio, Andrea Duarte, Yvette Cortez, Jill Holmes Brown

**Other Attendees:** Christine Velasquez, Johanna Davis, Baindu Akinrotiba, Nicole Hampton, Dr. Alice Forrester, Dr. Paul Dworkin, Deborah Travers, Leah Hass (CT-N)

Item	Action	Follow Up
<b>1. Introductions</b>	<ul style="list-style-type: none"><li>Attendance taken</li></ul>	
<b>2. Approval of Minutes</b>	<ul style="list-style-type: none"><li>Approved minutes from 4/16/24 (1. Melanie Bonjour 2. Amanda Pickett) Abstain Dr. Ranbir Bains</li></ul>	
<b>3. Children’s Health Summit – Sub-committee work and recommendations.</b>	<ul style="list-style-type: none"><li>Presentation by Dr. Paul Dworkin and Dr. Alice Forrester</li><li>See attached presentation</li></ul>	
<b>4. CASBHC Updates</b>	<ul style="list-style-type: none"><li>Annual Conference “Cultivating the Culture of Care” is on November 19<sup>th</sup> at the Heritage Hotel in Southbury. Dr. Robert Keder will be the keynote speaker. For more information: <a href="https://ctschoolealth.org/annual-conference/">https://ctschoolealth.org/annual-conference/</a></li><li>Lunch in Learns will start again in December.</li><li>CASBHC has secured grant funding to support general operating costs. Bond funding was also awarded to purchase and renovate office space for the CASBHC main office.</li><li>Over 35 CT SBHC staff attended the School Based Health Alliance National Conference in DC. Staff were able to connect during a CT breakout meeting.</li></ul>	
<b>5. DPH Update</b>	<ul style="list-style-type: none"><li>Maternal and Child Health Block Grant application was submitted to HRSA on July 11,2024. SBHC work was showcased in several sections of the application.</li><li>DPH will be working on the Maternal and Child Health 5-year needs assessment in the coming months. Will be reaching out to stakeholders and partners to help develop the 5-year priorities.</li><li>Additional Epidemiology staff will be hired to help the SBHC program with SBHC data collection and transition to new reporting system.</li></ul>	
<b>6. Member Updates</b>	<ul style="list-style-type: none"><li>No Updates</li></ul>	

**7. Next Meetings**

- October 15, 2024 1:30-3

Meeting Adjourned (1. Amanda Pickett, 2. Sherry Linton-Massiah)

Respectfully Submitted, Christine Velasquez

# Children's Healthcare Subcommittee: Advancing a Child Health Value-Based Care Model

School-Based Health Center (SBHC) Advisory Board Meeting

July 16, 2024

Alice Forrester, PhD

Paul Dworkin, MD

# Origins

- **Children's Health Care Summit** organized by Comptroller Sean Scanlon at Sacred Heart University, September 2023
  - Many organizations invited to send delegates
- **One of 8 areas of focus**
  - Workforce
  - Rural Healthcare
  - Urban Healthcare: Equity and Disparities
  - Urban Healthcare: Affordability and Accessibility
  - Mental Health
  - Women's Healthcare
  - LGBTQIA+ Healthcare
  - **Children's Healthcare**

# Charge

Identify **policy and programmatic recommendations** to advance child health and submit these recommendations to inform the Comptroller's priorities and actions for 2024

“When I asked healthcare leaders to join this cabinet, I told them that I wanted it to be more than the typical task force report that collects dust on a shelf. I wanted the Healthcare Cabinet to be a living, breathing entity that is representative of our state and its needs and, accordingly, would challenge leaders to do more to improve healthcare in Connecticut.”

Comptroller Sean Scanlon



# Children's Healthcare Subcommittee

## 2-Month Deliberation Period

- Subcommittee of **18** individuals
- Series of **4** bi-weekly meetings
  - Individual discussions
  - Shared materials
  - E-mail exchanges
- Methodology
  - **Key concepts**
  - **Critical issues demanding our attention**
  - **Defining of target population**
  - **Recommendations for policy and programmatic priorities**

# Key Concepts

- Critical importance of **social, environmental, and behavioral drivers** of health and well-being
- Benefit of a clearly defined **target population**
- Need for relevant **data** to inform priorities
- Imperative of a **focus** on key issues and opportunities and the need to **prioritize** a select few
- Opportunity to **elevate work** already in progress
- Importance of increasing families' **access to resources** to address needs
- Need for recommendations to be **aligned** with similar efforts of other key subcommittees
- Benefit of relevant and related groups **coalescing and synergizing** around goals and priorities
- Imperative of encouraging and rewarding **cross-sector collaboration** that “connects the dots” for families, children, and youth
- Utility of **funding streams and structures** to achieve scaling and sustainability, including the **blending and braiding** of funds and funding models, such as value-based contracting

# Critical Issues Demanding our Attention

- **Generational poverty** and social inequity
- Limited access to **basic needs** such as diapers, food, and housing
- **Health care access** and costs, including barriers to prenatal care
- **Mental health crisis** and the lack of community-based mental health models
- Challenges accessing **siloed programs** and services
- Need for enhanced **supports for caregivers**, including those caring for children and the elderly

# Defining of Target Population

- Appeal of programs and policies that benefit the **entire population**
- Importance of meeting the daunting needs of **underserved populations** and ensuring their facilitated access to programs, services, and resources.
- Embrace the process of **targeted universalism**
  - Set **universal goals** pursued by **targeted processes** based on the real complexities within certain populations
  - Identify necessary, tailored solutions to ensure **facilitated access** by those with the greatest needs.
- Specific groups deserving our particular attention
  - Those residing in the **urban core** and **rural periphery**
  - Disengaged, disconnected, so-called **opportunity youth**

# Programmatic and Policy Recommendations

- **Increase access to programs, services, and resources for target populations**
  - Mental health parity
  - Maximize relief payments and services
  - Funding model flexibility
  - Revamp service delivery locations
- **Sustain key programs, services, and resources through an “invest-reinvest strategy”**
  - Advance return-on-investment (ROI) methodologies through state-funded technical assistance
  - **Pilot test a value-based care program that examines creative financing strategies for child health services in the State of Connecticut Health Plan**
- **Advance collaboration and system building**
  - Emulate a number of states who have formed **children’s cabinets** as effective vehicles for inter-agency collaboration
  - Create coherent policy necessary to ensure that care coordination services are comprehensive, organized, and integrated to best serve all families’ needs in all regions of the state
  - Enable access to and utilization of cross-sector, inter-agency data sharing to inform system building, performance improvement, and policy priorities

# Prioritization of a Child Health Value-Based Plan

- Meeting with **Josh Wojcik**, Director, Health Policy and Benefits Services Division
  - Confirmation of the State Health Plan as a viable vehicle for a value-based pilot
  - Interest in further exploring the feasibility and desirability of an initial focus on child health services
- Discussion on whether to focus on proposing meaningful measures and metrics or take a broader approach
  - Invitation to share our broader thoughts on how to best identify:
    - **Performance and quality metrics**
    - **Key outcomes**
    - **Innovations** to enhance child health services to optimally advance
      - Health promotion and prevention
      - Early detection of vulnerable populations
      - Referral and linkage to programs, services, and supports
- Focus on identifying a **process**, not providing answers

# Essential Elements of a Value-based Care Proposal

- **Enhance the content of child health services to include feasible, efficacious innovations that promote optimal outcomes**

- e.g., Reach Out and Read, Healthy Steps, Help Me Grow, Pediatric Integrated Care, Medical-Legal Partnership Program

- **Identify desired outcomes that reflect the goal of optimizing children's health, development, and wellbeing**

- Children's developmental functioning, academic performance, and social-emotional well-being
- Ensure families' access to their daily needs, such as diapers
- Promote children's optimal social-emotional well-being by advancing hope and happiness

- **Incorporate meaningful, impactful, and feasible performance measures and metrics to guide payments to participating providers**

- Early detection and intervention for children at risk for developmental delays
- Diversion from unnecessary developmental/behavioral assessments and/or early intervention evaluations
- Referral to positive parenting services
- Maternal depression screening and referral for treatment
- Referral for SNAP/WIC benefits
- Referral for early preventative dental care

# Next Steps Proposed to Develop Prototype

- **Review the pediatric content** of the current State Employee Health Plan to determine the extent to which certain content, outcomes, and measures and metrics are consistent with the goals of the new plan and should be retained within the design
- **Expand the workgroup** to design and implement a pilot study of a child health value-based plan to include, in addition to the **Children's Subcommittee**, representation from **OSC**, the current Department of Social Services **Primary Care Program Advisory Committee**, key **child health provider groups, payers, child health experts, families, and others** with a stake in child health, development, and well-being
- Consider the merits of developing a **Request for Proposals** from experts who could serve as **consultant** in the development of a comprehensive, integrated, value-based plan for child health services transformation within the State Employee Plan to be evaluated via a rigorous pilot study. The expanded Children's Subcommittee would work closely with the consultant as an advisory board to ensure incorporation of the **key elements** necessary to inform both the **content of the plan** and the **design of the pilot study**