System Integration and Funding Workgroup Minutes from June 26, 2017 Call:

Understanding the grant review and award process within MSDE and MDH:

AT MSDE staffing has stabilized and everyone has been trained. MSDE has worked hard to make the SBHC grant application more efficient and aims to have grant award letters to SBHC by the end of September 2017.

When a SBHC application comes in Lynne/Alicia and team review the application

All 19 application are in and Alicia has entered them all into the grant software system at MSDE.

By mid-September grant award letters are expected to go out.

Next cycle grant notices will go out in Mid September as opposed to mid-February in the past.

When award is delayed into the start of the fiscal year, it often happens that the agency has money left over at the end of the grant period and it was stated that previous year funds can be accrued and carried over into the next fiscal year using a no cost extension or using an amendment methodology.

Advance Payment – Not possible at MSDE

Contract period - 2-3 year contract period – language says subject to appropriation

MDH – 50% of entire annual grant award is given in the first quarter and then require information on how the funds were used – quarterly. For CHRC the requirement is for 6 month reporting and if dollars unspent then no new disbursement occurs until dialog and follow up occurs. There are claw back provisions.

SBHC grants are not competitive. They are continuations and the annual application is to meet standards The application effectiveness period will now extend to a 2-3 year contract period for MDH but not for MSDE. Application is intended to assure the State agency that standards are met and not for a new competitive award.

Grantees are level funded though they can move funds between facilities within the same jurisdiction.

Activities/Tasks:

Task 1: Map different sources of funding for SBHC and HSWC from:

MDH

MSDE

CHRC

Outstanding issues needing to be addressed:

How to strengthen and standardize needs requirements

Track outcomes and not just numbers served

Identify components of sustainability plans – demonstrate need and effectiveness

Track Program Growth

Which tool should we use to demonstrate need?

Are there good effectiveness measures we can lift from other SBHC projects around the country?

Leverage key stakeholders to support integration – identify key partners and map strategies for integration

2 more calls scheduled. Next call on 8/31

8/31 call Minutes:

Attendees:

Mark Luckner

Kate Connor

Maura Rossman

Sharon Hobson

Casey sitting in for Beth

Cheryl DePinto

Lynne Muller

Uma Ahluwalia

FUNDING:

1. Currently funds could shift only within the span of current grantees. Do we want to make a recommendation to change that to allow new grantees to enter into the network? – Policy question
    This led to a discussion that we currently do not have a good sense of what is the funding mix among all school based health center providers in the state and
    Task 1: is that it was important to get this breakdown between state and local public fund sources, philanthropy and third party billing activity.
    We also don't have a good feel for what is the alignment between the needs articulated in a proposal and subsequent enrollment numbers once the grant is received.
    Task 2: gather data to determine if need and utilization are aligned
    There are all data points critical to the work of the Integration Workgroup.

Lynne – offered to check in with Alicia on what is collected today in the survey and circulate the survey to all of us on the group to ensure that we all weigh in on the data elements and the questions to be asked. (Task assumed by Lynne and completed by Alicia already)

Maura also asked for prior years' funding to the grantees and Lynne offered to pull that as well. (Task assigned to Lynne)

2. The group had a conversation about 3rd billing – statewide variance amongst SBHC providers and the need to explore this more. Are there legislative and regulatory levers that can be pulled here? This needs greater exploration.

   Cheryl shared that the Medicaid Billing Manual for SBHC is pending imminent release at MDH and she will check and share the release schedule. (Task assumed by Cheryl)

   Task 3: Connect with SBHA and conduct listening sessions with SBHC Administrators and the Medicaid TA providers to frame a recommendation around this that will lay a roadmap for deepening this work.

3. Decision by group that once the above data is available the funding recommendations will be framed around three buckets:

   a. Based on the information on funding mix of each grantee and a better understanding of the sustainability frame of each, newer grantees could be allowed into the network within a flat funded budget – the task would be to develop the protocol for such a shift in strategy to be transparent and supported.

   b. Ask for additional funding using data to make the case that the SBHC demonstrates a clear Return on Investment and improves, patient and population health and demonstrates clear systems integration

   c. Using outcomes data develop a framework for performance incentives to SBHCs who are achieving our integration and care delivery outcomes.

DATA:

1. The issues identified by the integration workgroup –

   a. Defining needs requirements and alignment with enrollment and outputs;

   b. Outcomes tracking,

   c. Developing a methodology to track program growth and

   d. All of this data feeding into sustainability plans

   - All intersect with the work of the Data Workgroup.

   Cheryl offered to speak with Tina who leads the Data Workgroup and is at MDH to set up a time for us to have a shared conversation with identified members of the Data Workgroup to help develop cross-workgroup recommendations and identify strategies to support each other's key priorities. Mark Luckner and Uma Ahluwalia offered to join the call that Cheryl will set up, possibly while everyone is at the SHIP conference this Wednesday….(Cheryl is taking the lead but Mark and Uma will join)

2. Kate and others will provide information through the National Quality Initiative – voluntary reporting and alternative medical home status criterion for SBHC

   Kate wants to come away with clear recommendations for changes to data collection in the December Report.

SUSTAINABILITY PLANS:

        1   The group had a discussion of what makes up the components of a sustainability plan:

            a.   Should the components include the following – policy; practice, infrastructure, human capital, others?

Kate suggested that we talk with the Administrators. Further discussion revealed that the administrators had last met in February. Lynne offered to work on setting up a fall meeting and using that forum to discuss the sustainability question and identify components at that meeting. (Task assumed by Lynne)

The group engaged in a detailed discussion of what does integration mean. Mark then pointed us to the charter document that established the newly constituted Council. It outlined for key areas:

➢ Integration of Primary Care, Behavioral Health and Oral health
➢ Patience Centered Practice
➢ Participating in MCO Networks
➢ Inclusion of SBHCs into networks of school based services

This then led to a discussion of how to actually frame the funding and data recommendations in the context of the definition of integration. Mark offered to develop a grid that would map the key areas of integration and the recommendations as they would support those key areas of integration. Uma will help as needed. (Mark to lead and Uma to support this document development)

The next meeting will be on August 14 from 9-10:30 a.m.

The call in number will be the same – 1 (951) 797-1058; Password - 142552