

SBHC COORDINATORS MEETING

October 10, 2013

BUDGET AND LEGISLATIVE UPDATE



BOB NYSTROM

ADOLESCENT, GENETICS & REPRODUCTIVE HEALTH
SECTION MANAGER

2013 LEGISLATIVE UPDATE



- We are in statute
- We (will) have rules
- We (will) issue a report
- We are expanding
- We got a surprise



SBHC LEGISLATION

HB2445

- Definition, establish rules for certification & grant program
- OHA Workgroup Recommendations
- Funds to expand number of SBHCs
- Funds to improve funding formula parity
- Funds to contract for technical assistance
- Funds to incentivize CCOs

SB436

- SBHCs addressed in CCO Community Health Improvement Plans



NEW INVESTMENTS

NEW funds = \$3.9M

- Expansion (\$1.0M)
- Funding Formula Parity (\$1.5M)
- Technical Assistance (\$300K)
- Incentive Grants (\$777K)
- SPO for Implementation (\$368K)



**TOTAL budget for 2013-2015 Biennium =
\$10.8M**

- >85% LPHAs



CHANGES IN STATE PROGRAM OFFICE

○ New Adolescent & School Health Manager

- School-Based Health Centers
- Coordinated School Health
- Policy & Assessment
- Nutrition & Physical Activity
- Youth Sexual Health

○ New SPO Staff

- Program Analyst (PA2)
- Public Health Nurse (PHN2)
- Administrative Specialist (AS1)
- Mental Health Program Analyst



SURPRISE !!!

NEW INVESTMENTS IN MENTAL HEALTH

Partnership with Addictions &
Mental Health Division

Total New Funding = \$6.3M

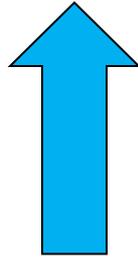
- Increase SBHC MH FTE
- Special Projects
- [School MH – ODE]



IMPACT OF ACA ON SBHC IN OREGON

Bottom line is more students and their families will have a source of insurance

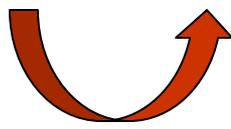
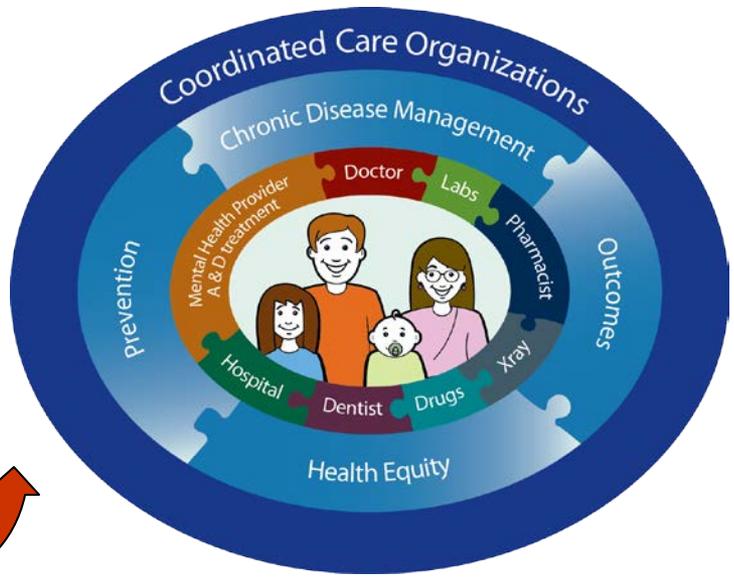
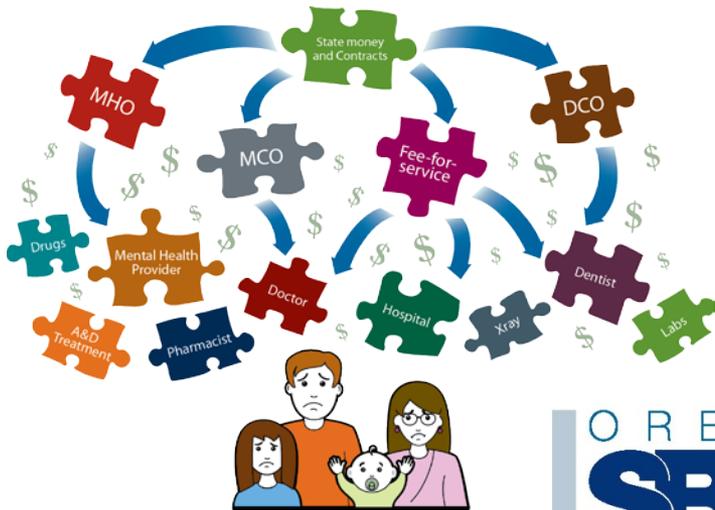
- Numbers of insured
- +
- Potential for reimbursement



= Improved financial sustainability



THE FUTURE OF SBHCs IN HEALTH SYSTEMS TRANSFORMATION



The future of SBHCs in Health Systems Transformation is up to YOU!



IN TIMES OF TRANSFORMATION WHEN ALL
ELSE FAILS...



SBHC PROGRAM OFFICE UPDATES

- HB2445 - Rosalyn
- Mental Health funding opportunity- Rosalyn
- Certification - Carol
- KPMs - Carol
- Data - Sarah



HB2445

- Statutory definition of school-based health centers
- Rules for certification
- Technical assistance funds
- Workgroup
- Expansion funds



“SCHOOL-BASED HEALTH CENTER”

- HB2445 Section 2. **ORS 413.225** amended to include definition of SBHC and services.
- Effective now
- No change to current model.



RULES

- “shall adopt by rule the procedures and criteria for the certification, suspension and decertification of school-based health centers. The procedure must allow certified school-based health centers a reasonable period of time to cure any defects in compliance prior to the suspension or decertification of the school-based health centers”
- What does this mean for you?....



RULES

- **No changes to existing certification process for currently certified sites.**
- New sites that wish to be certified must complete a certification application.
 - SBHC will be approved based on application.
 - Site visit is for verification.
 - Certification status and entry into funding formula (if funds are available) will be the following fiscal year.
- No changes to waiver, suspension and decertification process.
- Includes updates to Certification Standards(based on stakeholder workgroup recommendations)



RULES TIMELINE

- By 10/15 → Rules docs sent to Secretary of State office
- By 10/18 → proposed rules posted to website and partners notified for public comment
- 11/1 → Notice is published to Oregon Bulletin
- 11/19 → Public Hearing, 1pm, PSOB room 221
- 11/22 → Public comment period closes
- 11/22 – 12/9 → Respond to each comment in the report. A copy of the report is then sent to everyone that provided comments.
- No later than 1/1 → file the final rulemaking with the SOS and Legislative Counsel.



RULES

- Effective January 2014
 - Includes new certification process for planning sites
 - Updated certification standards
 - Expect waivers completed for those standards you can not meet at the time of rule adoption
- Future changes to certification process and standards will go through rules process.
 - If there are future updates to rules, the program will allow the SBHC until the beginning of the next fiscal year or a minimum of 90 days to come into compliance.



TECHNICAL ASSISTANCE FUNDS

- HB 2245 Section 1(4)
- Contract with Oregon School-Based Health Care Network to:
 - Conduct in depth interviews and facilitate a discussion with SBHCs, partners and CCOs to help expand the SBHC/CCO relationship in the areas of care coordination, billing and reimbursement and role of SBHC in community.
 - Assist SBHCs in improving business practices, as related to billing.
 - Facilitate the integration of health and education in policies and programs at the local level so SBHC can operate in an optimal environment.



WORKGROUP

○ Recommendations for:

- Optimizing the effective and efficient use of SBHC by CCOs, including effective care coordination and reimbursement.
- Ensuring the coordination and disclosure of protected health information by SBHC in accordance with ORS 414.679.
- Developing financial incentives for:
 - Increasing # of SBHCs as PCPCHs
 - Improve care coordination between CCOs and SBHCs
 - Improve the effectiveness of the delivery of health services through SBHCs.
- **Report due to Legislature by December 31, 2013.**



WORKGROUP

- Three meetings of stakeholders:
 - September 23
 - October 29th, 8:00-12:00pm
 - November 25th, 1:00-5:00pm
- For more information contact Rosalyn at rosalyn.liu@state.or.us



EXPANSION FUNDING

- Increase in based funding
 - Counties with only one certified SBHC receive \$60,000/yr.
 - Counties with > 1 certified SBHC receive **\$53,000/yr** for each center.
- 12 Planning Grants awarded in 9 counties:
 - Columbia (1), Deschutes (1), Jackson (3), Grant(1), Klamath (1), Multnomah (1), Polk (1), Washington (2), Yamhill (1).



MENTAL HEALTH FUNDING

- Funding available to increase capacity of SBHCs to provide mental health services. ~\$4.8 million
- Funding areas:
 - Mental health staff in every SBHCs
 - Ability to collect and report MH data
 - Other mental health focused projects.
 - MH screening tool or framework
 - Telehealth project
 - Youth advisory committee to do youth action research project
 - Promote/support equity and cultural competence
- RFPs to be released soon.



CERTIFICATION UPDATE

- Certification standards review committee
 - Met over the summer several times
 - Revised the standards
 - HB2445 passed, starting the rules writing process
 - Certification standards were revised to reflect rules
 - You have a copy in your packet
 - There is a public meeting on November 19th at 1:00pm at the Portland State Office Building (PSOB) if you'd like to attend
 - New standards won't take effect until January 2014 but there will be a "grace period" to allow you to implement changes
 - Take a deep breath, there are very few changes!



CHANGES TO CERTIFICATION STANDARDS BY SECTION!

- A – Primarily language changes to reflect the new rules defining our processes, which have not changed
- B - Billing support has been added to the list of supports/services provided by the sponsoring agency; specifically excludes mobile units from Oregon's SBHC model
- C – Rearranged content for improved flow; aligned policies and procedures with PCPCH and county liaison office; changed wording around ORS defined services; requires individual signatures on each policy/procedure...



CERTIFICATION STANDARDS UPDATE CONT.

- Here is the major change to section C
 - Sites must have a process to reassign administrative requests, prescription refills and clinical questions when the provider is not available
- D – Removed sickle cell testing
- E – Developmental assessments are now required on-site; reproductive health services section reorganized and some language changed; HIV testing and counseling – per CDC guidelines – are now required on-site for MS and HS, treatment is referred; equipment maintenance and calibration requirements changed to reflect agency guidelines



CERTIFICATION STANDARD CHANGES CONT

- F – 3 variables were added
 - Payer name
 - Total charges
 - Total payments
- G – This is a NEW section, all about BILLING!
 - The only new requirement is that SBHCs bill Medicaid, which most of you are already doing.
- Over arching changes
 - Quality assurance section embedded throughout
 - Recommendations were removed; will be used to create a “best practices” document
 - Aligns more closely with PCPCH and County Liaison (triennial review) processes



QUICK NOTE ABOUT WAIVERS!!

The database does not notify us when a new waiver is submitted – Please remember to send me, or the program, an email to let us know when you submit a waiver, and more importantly, when you've met the waiver!!

KEY PERFORMANCE MEASURES

“Counting” CPEs

- Performing the CPE on site
- Obtaining CPE documentation from client’s PCP (ROI)
- Documenting 3 attempts to offer or obtain a CPE (these are dropped from your denominator when calculating KPMs)

Change in age range

- CPE age range has been changed from 5-19 to 5-21 to align with Bright Futures recommendations and PCPCH metrics.
- A data analysis found <10 clients across ALL centers; effect should be minimal



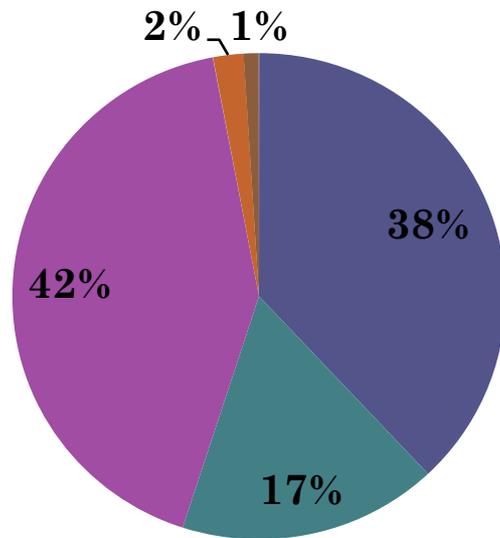
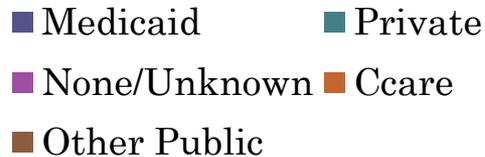
2012-13 SBHCs: BY THE NUMBERS

- 67 sites seeing clients
- 22,408 clients served in 65,705 visits
- 19,385 school-aged clients served in 59,002 visits
- 56% of clients were female
- 24% were Hispanic



2012-13 INSURANCE & BILLING

SBHC Client Insurance Status

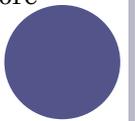
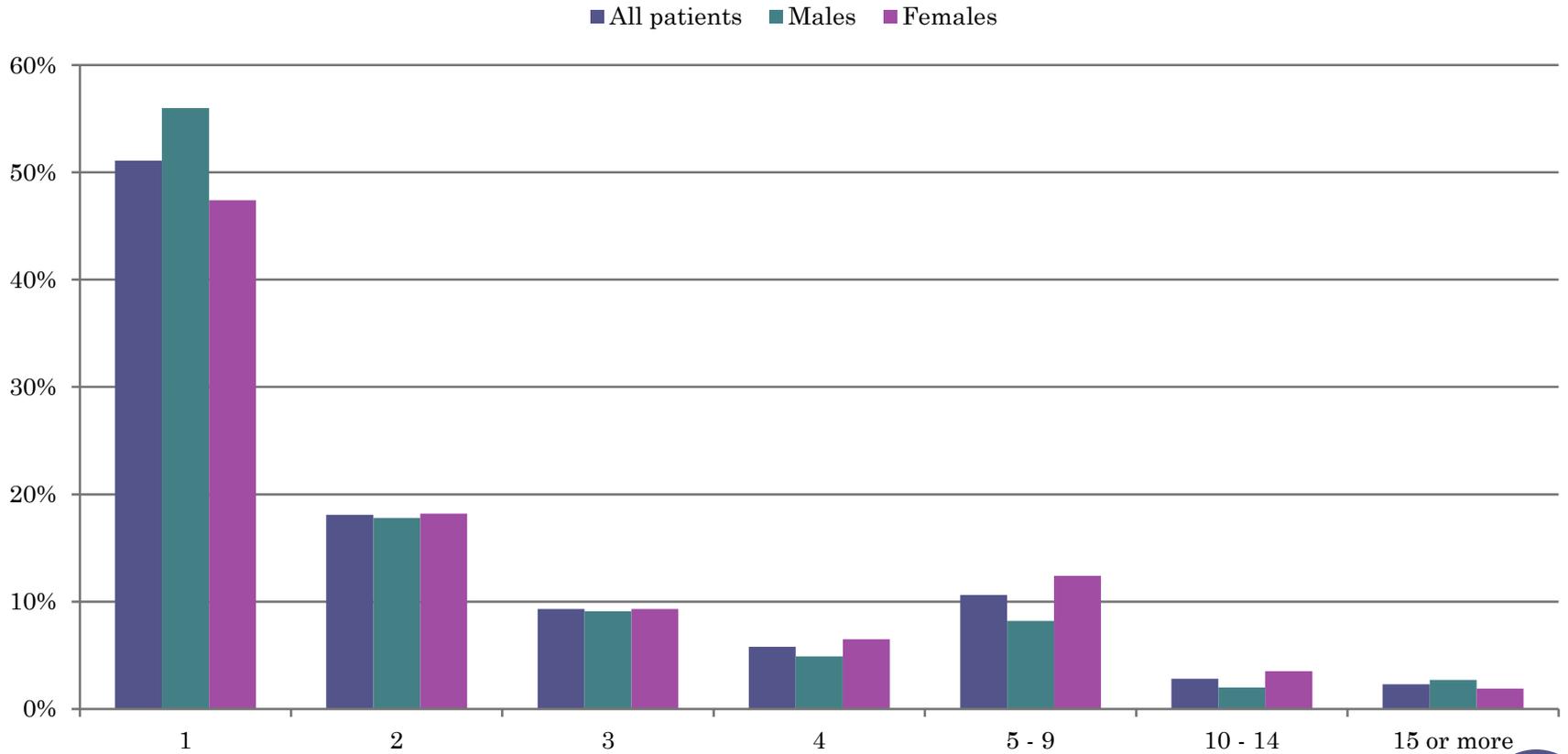


- 67% of Medicaid and private insurance visits were billed
- 65% of Medicaid visits were paid
- 49% of private insurance visits were paid



2012-13 VISITS PER PATIENT

of Annual SBHC Visits per Patient



SBHC SERVICES PROVIDED

- 30% of clients received at least 1 immunization
- 31% of school-aged clients received a well visit
- 13% of visits related to reproductive health
- 18% related to mental health

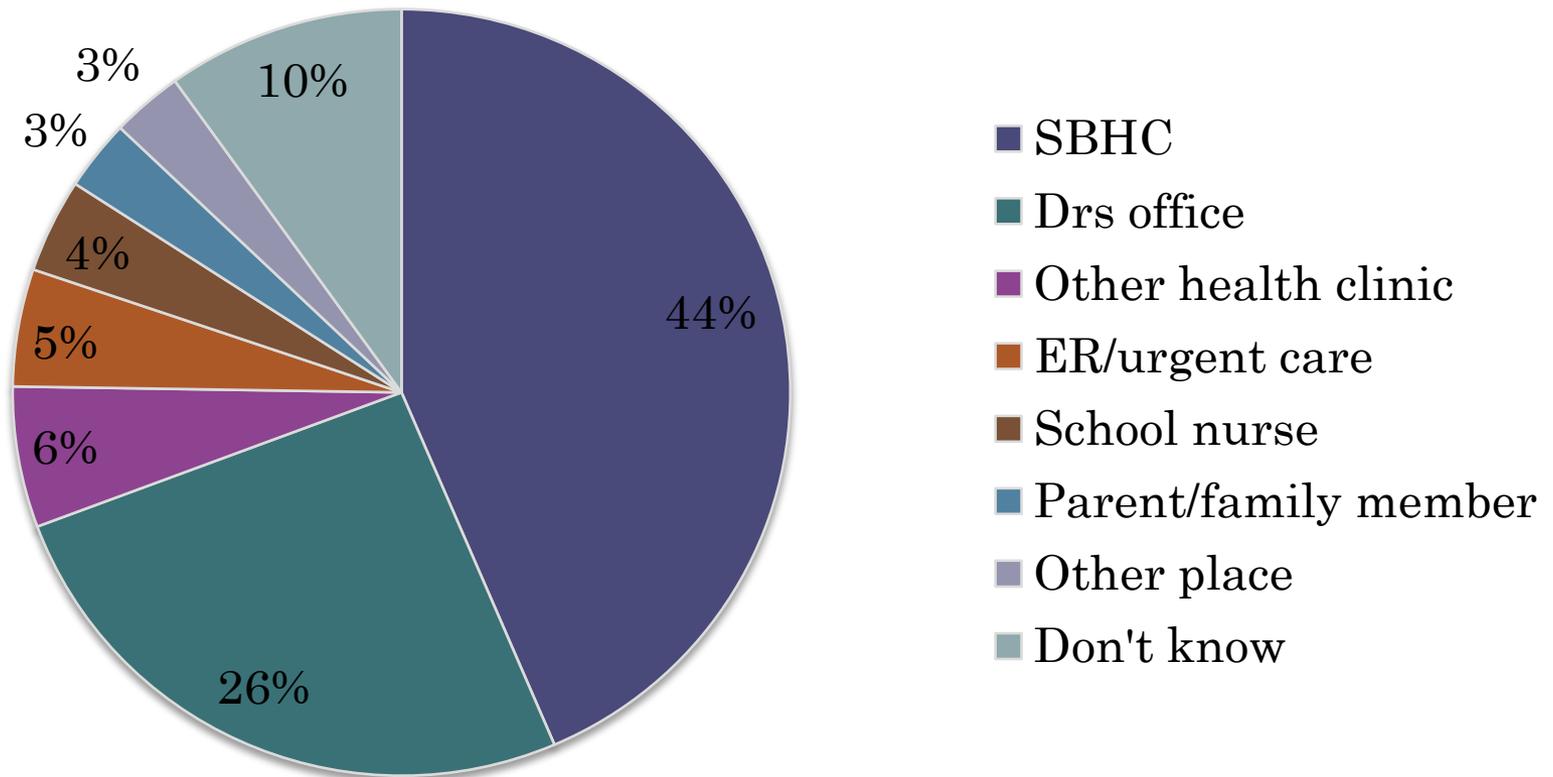


2012-13 SBHC SATISFACTION SURVEY

- N = 1,293 students ages 12-19
- 8% iPad/92% Paper
- 70% Female
- 46% Very Good/Excellent Physical Health
- 43% Very Good/Excellent Mental Health



IN THE PAST 12 MONTHS, WHERE DID YOU USUALLY GO TO GET PHYSICAL AND/OR MENTAL HEALTH CARE?



IN THE PAST 12 MONTHS, HAVE YOU VISITED AN ER OR URGENT CARE CLINIC FOR A PHYSICAL OR MENTAL HEALTH CARE NEED?

- 56% No
- 33% Yes
 - 16% During school hours
 - 12% Before/after school
 - 11% During summer
 - 11% On the weekend
- 11% Don't know/can't remember



MISSED CLASSES & OTHER SOURCES OF CARE

Classes Missed to Visit SBHC

- 68% None/<1 class
- 26% 1-2 Classes
- 3% 3-5 Classes
- 1% All Day

If Not for SBHC...

- 13% have another source of care AND would use that source of care
- 22% have NO other source of care



2013-14 SATISFACTION SURVEY

- 10/14: Paper surveys mailed out (FedEx)
- SPO will be tracking and confirming paper surveys
- By week of 10/21: iPad survey available for download
- Trying to get at unmet needs around specific health topics



INCREASING UTILIZATION OF SBIRT IN THE ADOLESCENT WELL VISIT

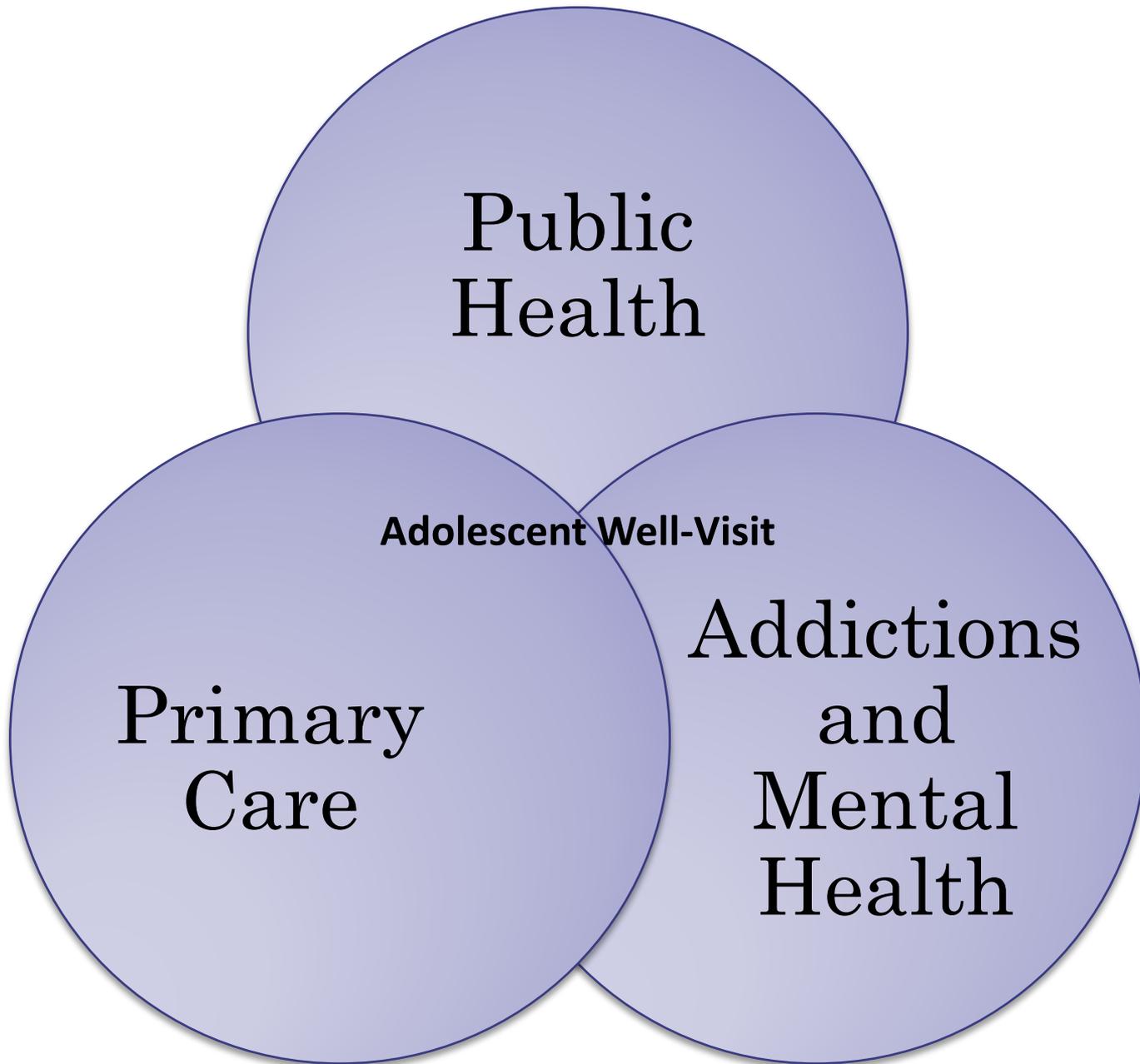
Liz Thorne, MPH

Adolescent Health Policy & Assessment Specialist

Oregon SBHC Coordinator's Meeting

October 10th 2013





SCOPE OF WORK

- Develop training modules for each component of SBIRT and Depression Screening framework
 - Screening
 - Substance use (CRAFFT)
 - Depression
 - Brief intervention
 - Referral to treatment
 - Connect to referral network within clinic community
- Implement in at least 8 geographically diverse clinic settings

OUTCOMES OF INTEREST

- Changes in provider:
 - **Awareness** of risk of lifetime dependence among early alcohol initiators;
 - **Awareness and knowledge** of evidence-based screening tools;
 - **Ability** to provide brief interventions;
 - **Awareness** of community resources for referral;
 - **Behavior** as indicated by objective practice improvement measures (i.e. coding, EMR/EHR data)

CURRENT ACTIVITIES

- Convening of expert panel
 - Representatives from SBHCs, Public Health, Addictions and Mental Health, CCOs, pediatric/adolescent providers, SBIRT experts
- Development of training module content
- Development of objective performance improvement indicators

HAVE QUESTIONS?

If you have questions or may be interested in participating in the SBIRT training and practice improvement project, contact:

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