

2012

Colorado Department of Public Health and Environment – School-Based Health Center Program: Process Improvement Workgroup Synopsis



Colorado Department
of Public Health
and Environment



Acknowledgments

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Introduction

The Process Improvement Workgroup (PIW) convened for seven meetings from July 26-April 12, 2012.

The workgroup was composed of staff from School-Based Health Centers (SBHCs) around the state funded by the Colorado Department of Public Health and Environment (CDPHE) SBHC Program, representatives from the Colorado Association for School-Based Health Care's Board of Directors, and staff from CDPHE. Electronic invitations were sent to partners prior to each meeting. Invitations included meeting notes from the previous meeting, an agenda for the next meeting, and supporting documentation for the meeting to encourage participation from all interested parties.

The goals of the workgroup included:

- ✚ Identifying ways to build stronger relationships between CDPHE and its partners
- ✚ Determining ways to improve communication between CDPHE and its partners
- ✚ Increasing the efficiency and effectiveness of the grant, contract and reporting processes.
- ✚ Connecting work on SBHC standards to health outcome deliverables from the SBHCs contracting with CDPHE

At the PIW meeting on September 21, 2010 the workgroup agreed to a list of issues and topics to address at five subsequent meetings:

- i. Request For Applications (RFA) Process
- ii. Reporting
- iii. Invoicing/budgeting revisions
- iv. Contract monitoring and budgeting strategies
- v. Appeal Process for RFAs
- vi. Work plans
- vii. Evaluation
- viii. Data
- ix. Communications
- x. Decision-making
- xi. Capacity-building
- xii. Quality Standards for Colorado School-Based Health Centers Role of the State
- xiii. Role of Partners
- xiv. Medical Home
- xv. Electronic Medical or Health Records (EMRs and EHRs)

Summary of Workgroup Process

In an effort to improve the 2013-2016 Request for Applications (RFA) guidance and process, the PIW reviewed the 2010-2013 RFA process administered by the Colorado Department of Public Health and Environment (CDPHE). The review included presentations by CDPHE contracting staff members Deb Polk and Lisa McGovern. The review also included determining what funding formula is most appropriate for the upcoming RFA. This included a presentation by CDPHE Epidemiology, Planning and Evaluation Branch staff member Carsten Baumann who led a discussion about how the current funding formula was derived.

Next the PIW engaged in a review of the current work plan and reporting process that the SBHC Program uses to gather data and information from contracted SBHCs. The workgroup discussed possible options and created a draft of the new structure. Recommendations for using the new reporting template were developed by the SBHC Program evaluator.

During conversations about the RFA and funding, the PIW discussed what process would be in place to appeal funding decisions in the upcoming funding cycle. Members of the group acknowledged that there had been concerns in the SBHC community in the past around open and transparent communication between SBHC representatives and the SBHC Program regarding funding decisions. Ultimately, in an effort to be consistent with other CDPHE programs and processes, and in recognition that the work of the PIW was improving communication channels, the group agreed that an appeal process would be unnecessary.

Additionally, the group concluded that the continued development of multiple communication methods between CDPHE and SBHCs would be a more effective and constructive means of exchanging thoughts and ideas, in addition to maintaining a comfortable environment conducive for SBHCs to seek information on CDPHE and the SBHC Program policies and practices.

Lastly, the PIW discussed the roles of the state and partners as well as capacity building (technical assistance on report writing, data gathering and analysis, evaluation, responding to the RFA, etc) for SBHCs. The conversation linked many of the earlier discussions and included: a review of how to best implement the new reporting template; the move to greater accountability around implementation of the *Quality Standards for Colorado School-Based Health Centers*; and methods of communication between CDPHE staff and SBHCs.

PIW Recommendations

2013 Request for Applications (RFA)

The 2013 RFA was discussed in-depth over several meetings. The highlights from those meeting are below.

A timeline for the application process was developed. In order to align with the SBHC Program's focus on supporting the ongoing implementation of existing programs the group decided that sites will need to be open by fall 2012 to apply for funding through this RFA. This will assure that by the start of the new contract cycle, August 1, 2013, centers new to school-based health care will have moved from their start-up phase to full implementation. This is the same timeline that was used for the 2010-2013

application process. Given the SBHC Program's limited funding, the group agreed it would be impossible to support every site in Colorado.

The group recommended that the SBHC Program leave the funding formula as it is. That to say, as long as an applicant meets the minimum requirements they will be funded. This may reduce the amount that each center receives but it will provide support to the broadest number of centers and students.

The group recommended that the SBHC Program ask for a Letter of Intent from centers planning to apply. This will allow the program to give the currently funded centers as much information as possible as early as possible regarding changes in the amount that may be allocated to each center. The discussion also clarified that not all centers within a "system" (a program that oversees more than one SBHC) may seek funding or be funded.

Given the new elements and reporting recommendations that need to be folded into the new application, the group recommended that the SBHC Program provide orientation and technical assistance to the RFA process. The SBHC Program agreed to provide at least two orientations prior to the release of the new RFA which will be in late March or early April 2013.

Communication

The group recommended the creation of a learning community, convened by CDPHE, that would meet quarterly (January, April, July and October) to exchange information between centers, allow the SBHC Program to communicate about issues and provide a place where subject experts can share information. The group suggested that the meetings be named the SBHC Learning Forum.

The suggested formation of the SBHC Learning Forums came from the group's conclusion that there is not a venue for them to network and learn – both from each other and from experts in the field – on a frequent basis. Forums will be held quarterly starting in July 2012 to review topics of interest or concern to members of the SBHC community. The forums will be 2-3 hours in length with time set aside for programs to share lessons learned with each other, to address strategic topics and for topic-based educational speakers to share information and lead a question-and-answer period. Topics suggested by the group include: current services offered by SBHCs and associated data to help centers get a sense of how service delivery may vary from center to center; coordination and partnership challenges related to behavioral health care; the SBHC Program's plan for the implementation of the *Quality Standards for Colorado School-Based Health Centers*; ideas for how to improve reimbursement through better billing coding; coordination of care and how SBHCs fit into the Medical Home model; youth sexual health; challenges implementing EMRs/EHRs; addressing provider shortages; and how Colorado SBHCs fit into both the state and national health care delivery model, particularly in the age of health care reform.

In addition, the group recommended continued attention to on-going communication between CDPHE and SBHCs through site visits, emails and regular contact from the program through alternative means such as their website and the use of social media. The SBHC Program is committed to this course of action.

Minutes from the PIW meetings are available from Jo English, SBHC Program Coordinator, at CDPHE, as will be notes from the Learning Forums in the future.

Data and Reporting

A number of discussions focused on simplifying and systematizing data reporting. A new work plan and reporting elements were addressed to provide consistent data that will show the value of SBHCs and that will be more straightforward for centers to gather. The discussions on data were also related to ways to better measure and assure the implementation of the quality standards. The SBHC Program will finalize the work plan and what data will be required.

Data to be gathered as part of the funding requirements under the new RFA were discussed in depth to allow centers an opportunity to ask questions around why the data are being requested and to assure that the data being requested could be gathered by most, if not all, centers.

With encouragement from the PIW, the SBHC Program introduced a slightly revised list of data that will be required from the SBHC contractors in the 2012-2013 contracts. The revisions include:

- ✚ removal of the request that data be broken down by provider type;
- ✚ insurance enrollment will be based on visits; and
- ✚ total numbers of immunizations, depression screenings and BMI screenings will be reported and narratives will be provided on the interventions provided to youth with high BMIs.

The centers will continue to report on:

- ✚ enrollment (of the host school, the SBHC, and of youth who are from linked schools/the community);
- ✚ general user information by gender and race/ethnicity; visits by type; and
- ✚ group information on health education, health promotion activities and mental health groups.

The SBHC Program's frequent requests for the average cost to run school-based health centers in Colorado led the PIW to recommend that the SBHC Program continue to request that contractors list the full cost to administer/operate their centers on their budget forms.

Conclusions

The Process Improvement Workgroup members invested significant time and effort to achieve the goals listed above, and they should be commended. The conversations were respectful, frank and at times pointed but they were ultimately very productive. Participants brought their concerns, ideas and solutions to the table for discussion and in the end produced materials and generated recommendations that will improve the administration of SBHC funding, improve the data gathered from SBHCs, improve the communication between the centers and the program, allow for better evaluation of the impact of SBHCs and build a more cohesive, interactive SBHC community.