



# CHILDREN'S CABINET

DECEMBER 2, 2019 WEST READING ROOM



# SCHOOL-BASED HEALTH CENTER TASK FORCE

FINAL REPORT AND RECOMMENDATIONS HOLLY COY, DEPUTY SECRETARY OF EDUCATION

## THE TASKFORCE

- SB 1195 (Dance) / HB 2006 (Aird) charged the Children's Cabinet with developing a School-Based Health Centers (SBHC) Taskforce.
- The Task Force convened 4 times this fall and included legislative patrons, interested stakeholders, state and local health and education agencies, university partners, and practitioners

*The charge of the Taskforce was to:*

- Identify best practices across SBHC model types
- Make recommendations about the best structure for state support/ TA for communities that want to pursue SBHCs
- Identify and make recommendations to remove systemic barriers to successful implementation of SBHCs
- Make recommendations about any necessary state investments in SBHCs

## OVERVIEW OF WORK

- Vision for the legislation from Sen. Dance
- National landscape and context (National School-Based Health Alliance)
- Petersburg efforts to establish a SBHC (Audrey Trussell and Leanne Lytle)
- Shenandoah County SBHC (Dr. Johnston)
- School-Based Services throughout Virginia (VDOE)
- Behavioral Health Redesign in Virginia (DBHDS & DMAS)
- Calls with West Virginia and Maryland State Affiliates
- The Big Picture: Health and Behavioral Health Needs of Virginia's Children (Ebony Lambert)
- Telehealth in the Commonwealth (Dr. Wibberly)
- State Affiliate and State Program Office Panel
  - Mark Johnston and Pam Murphy; Audrey Trussell; Neal Graham
- Final review of draft Guiding Principles and Recommendations

## SBHC 101

A SBHC is *student-focused* health center that delivers *comprehensive care* on or near school campuses *during school hours*. Delivery models include on site /adjacent to the school, mobile clinics, or telehealth services.

SBHCs provide an innovative model for the promotion of health equity among children and adolescents, with the end goals of fostering a culture of health advocacy within school communities, increasing health care access, and promoting community wellness.

*SBHCs provide services such as:*

- General health examinations
- Immunizations;
- Vision and hearing screenings;
- Oral and dental services;
- Laboratory and prescription services;
- Treatment of acute and chronic illnesses;
- Access to mental health providers;
- Counseling and behavioral risk assessments

## PROVEN BENEFITS

*SBHCs provide services necessary for student success and health, and thus are a powerful tool for the promotion of health equity among children and adolescents. The research demonstrates that SBHCs are associated with:*

- Improved rates of healthcare utilization and immunizations
- Reductions in hospitalizations, school absences, out-of-class time, and early dismissal rates
- Lower rates of depression among students with access to mental health services
- Improved school environments and student perceptions of belongingness
- Greater parent engagement

## MIXED DELIVERY ECOSYSTEMS TO MEET THE NEEDS OF STUDENTS

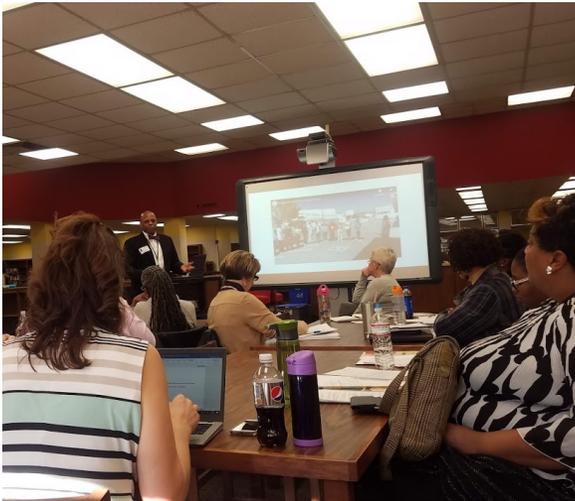
### *School Based and Community Based Services*

- School based personnel - school psychologists, nurses, occupational therapists, etc
- Private, community based providers - hospitals, health systems, private practices
- Public, community based providers - CSBs, public health departments, FQHCs

### *School Based Health Centers*

- Local partnerships leverage any of those assets to create a comprehensive health and/or behavioral health center that delivers services on site at a school
- Provide comprehensive, whole-child care that supports youth academically, socially, emotionally, and physically by providing access to health services within a school setting.
- This model allows students and families to thrive despite barriers such as insurance, access, and transportation.

## VIRGINIA LANDSCAPE



*Petersburg SBHC  
Planning Team*



*FQHC Partnerships*



*Shenandoah SBHC*

## DEFINING THE CHALLENGE

- Student health and behavioral needs in particular are going unmet, and having a negative impact on academic success.
- Schools are on the front lines of working with those students, but schools and communities lack the resources or personnel to meet all the needs of students.
- The mechanisms exist for schools to bill Medicaid for some school based services, and create SBHCs and bill for services delivered in those centers. But school divisions lack the ability to navigate complicated Medicaid billing challenges in both cases.
- SBHCs are uniquely positioned to address these outstanding challenges. But Virginia does not have any existing infrastructure at the state level to support the creation of SBHCs at the local level.

## GUIDING PRINCIPLES

- All students should have access to quality healthcare regardless of insurance status or background (such as race, socioeconomic status, ability, gender, sexual orientation, etc.).
- Medical and mental health are necessary foundations for academic success.
- SBHCs take many different forms, and are one tool that a community can use to meet the health, behavioral health, and safety needs of students in a community.
- SBHCs should be a locally driven, collaborative community effort to leverage community strengths to meet the outstanding healthcare needs of students, teachers, and/or community members.
- The state should play a supporting role to SBHCs and communities pursuing their creation.
- SBHCs should incorporate a focus on student resiliency and trauma-informed care
- Support for SBHCs in Virginia should be aligned with the Commonwealth's Behavioral Health Redesign, as both share goals to better meet the behavioral health needs of children by investing in prevention and early intervention services

## ISSUES BEYOND OUR SCOPE

*While outside the purview of the legislation, the Task Force recommends that the state continue to prioritize solutions related to:*

- The lack of health care professionals available to serve in high-demand fields, particularly behavioral health, and in underserved areas.
- The lack of broadband in many rural localities, which prevents communities from maximizing telehealth opportunities.

## RECOMMENDATIONS: BEST PRACTICES

### *Trauma Informed and Best Practices*

- Regardless of SBHC model or types of services offered, SBHCs should coordinate care with Primary Care Providers (PCPs) to ensure continuity of care for students.
- All SBHCs should incorporate a focus on student resiliency and trauma-informed care.
- The state should increase funding for trainings and implementation of evidence-based trauma-sensitive and trauma-informed trainings and implementation practices in Virginia schools.

### *Telehealth*

- SBHCs should leverage telehealth models to ensure provision of medical and behavioral health care where access to providers is a challenge.
- A separate study is needed related to barriers in billing for telehealth services

### *Quality and Accountability*

- The state (per our recommended state office) should develop a process to solicit community-driven feedback on SBHC quality standards and evaluation to empower community voices and ensure accountability for outcomes.

## RECOMMENDATIONS: FINANCING AND BILLING

### *State Funds:*

The state should provide a pool of competitive grant funds for which communities can apply for startup support. Allowable expenses should include:

- Capital;
- Personnel; and
- Trauma-informed care training.
- Applicants should be expected to demonstrate community collaboration for such projects.

### *Expanded School Based Services*

The General Assembly should direct DMAS to submit a Medicaid State Plan Amendment (SPA) to provide Free Care Services

### *Billing:*

A separate follow up initiative is needed to thoroughly evaluate billing challenges related to the use of telehealth models.

The state should develop a best-practices tool-kit for communities to identify and adapt SBHC billing models that best fit their needs.

DMAS should provide technical assistance to school divisions to facilitate their understanding of and compliance with federal ordering, referring and prescribing (ORP) provider screening and enrollment requirements.

## RECOMMENDATIONS: STATE SUPPORT

*To support the expansion of SBHCs in Virginia, the creation of both a state affiliate (independent non-profit organization) and a state program office (government agency) is ideal in the long-term.*

In the short-term, the Taskforce recommends:

- Providing start-up funding for divisions developing SBHCs using a match-funding program.
- Develop and staff a state program office, housed within either the VDOE or VDH, which collaborates with DMAS and DBHDS to:
  - Oversee distribution of start up grant funding;
  - Provide guidance to school divisions;
  - Creating a billing toolkit;
  - Identify relevant metrics; and
  - Collect data regarding SBHCs.
  - Explore options for the development of a state affiliate.

# CHILDREN'S CABINET

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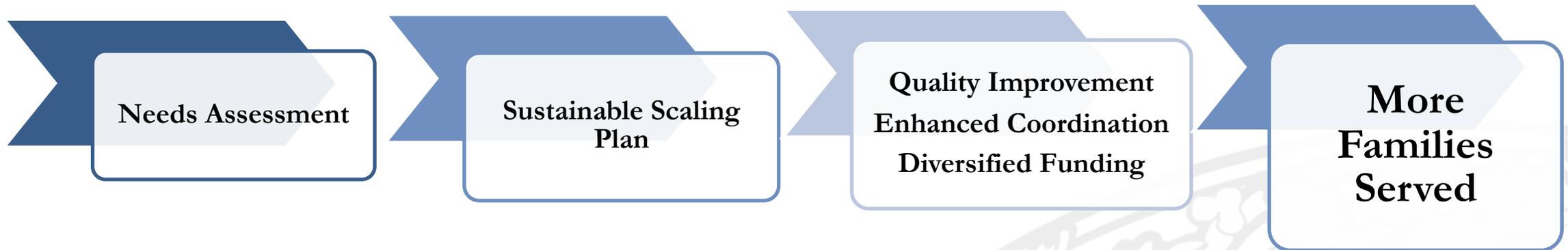


# EARLY CHILDHOOD DEVELOPMENT AND SCHOOL READINESS

JENNA CONWAY CHIEF SCHOOL READINESS OFFICER

## Update on Home Visiting

Early Impact Virginia is conducting a statewide Needs Assessment to identify existing capacity and needs at the community-level that will be used to drive future growth strategies.



## Preschool Development Grant Birth to Five (PDG B-5)

In January, Virginia received and began to implement a \$9.9m PDG B-5 grant, focused on 3 key activities:

1. A statewide vision, needs assessment and strategic plan

*Process and materials will be catalyst for strengthening the early childhood care and education system to improve outcomes including school readiness.*

2. Community models ready to scale

*Ten early adopter communities, representing Virginia's diversity, will demonstrate proof of concept with \$6 million in funding and support from state, including \$4 million in recognition grants for teachers.*

3. A stronger foundation at the state level

*The Commonwealth will be well positioned to scale the efforts statewide, having built the necessary capacity and infrastructure.*

**Pilots are not only strengthening their own systems but building models to be scaled to other communities. We are already using lessons learned from these efforts to inform policymaking and practice at the state level.**

## PDG B-5: Community Model Approach

Virginia seeks to establish and/or strengthen local early childhood networks that include every locality in the Commonwealth within three years.

### Year 1: Building

- Convene and coordinate
- Measure access
- Measure quality
- Engage families

### Year 2: Expanding

- Expand relationships
- Plan for and test new approaches to improve access, strengthen quality and deepen family engagement

### Year 3: Sustaining

- Establish more lasting governance
- Measure impact
- Sustain access, quality and family engagement efforts

## PDG B-5: Renewal

On November 5, Virginia applied for up to \$37.5 million in funding over three years to:

- Expand the community pilots to include all localities in Virginia;
- Deepen family engagement including establishing a family council and supporting communities to strengthen family engagement across programs;
- Sustain the Educator Incentive that provides up to \$1500 for child care educators in centers and family homes for as many educators as possible\*;
- Connect child-level data to the access and quality data, ultimately linking to the statewide longitudinal data system; and
- Collaborate with communities to establish lasting, sustainable local governance.

**The PDG B-5 Renewal can be used to build the foundation for a statewide uniform measurement and improvement system. Scaling and sustaining the educator incentive will require additional state funds.**

## Executive Directive #4

Governor Northam issued Executive Directive 4 to explore how to increase access and strengthen quality in advance of the 2020 General Assembly. In response, the state team:

1. Conducted listening sessions with 300+ stakeholders;
2. Called for increasing access by restructuring VPI and expanding Mixed Delivery to serve more at-risk 3s and 4s in public and private settings while preserving key federal funds (e.g., Head Start, child care subsidy) to preserve access, especially for infants and toddlers;
3. Recommended building a uniform quality measurement and improvement system for all early childhood care and education programs that accept public funds; and
4. Encouraged legislation to consolidate state oversight and administration for early care and education programs.

*For full summary, please see <https://bit.ly/2qOwWTm>*

## Protecting Infant and Toddler Access

*Virginia must preserve access for vulnerable families with infants and toddlers by:*

- Supporting coordinated enrollment with local partners who count and connect families to infant/toddler slots;
- Continuing setting annual targets for Child Care Subsidy Program to ensure maximum enrollment;
- Continuing to preserve and strengthen Early Head Start programs and partnerships;
- Expanding mixed delivery model to bring new public funding, services and families to the private sector programs currently serving infants and toddlers;
- Centering the quality measurement and improvement system around developmentally-appropriate teacher-child interactions that can help promote development and learning in infant and toddler classrooms;
- Continuing to provide accessible, high-quality resources and supports (e.g., scholarships, coaching, instructional tools like curriculum) specifically for infant and toddler educators as part of pathways to improvement;
- Providing tiered reimbursements and educator incentives to private child care centers and family day homes participating in the subsidy program; and
- Focusing on infants and toddlers as part of next round of Preschool Development Grant Birth to Five.

## Early Childhood: On the Horizon

**Recommendations would require both legislation and new state funding. The Executive Leadership Team recommends that:**

- *The Administration puts forth legislation to:*
  - Establish and require publicly-funded programs to participate in uniform measurement and improvement system
  - Transition functions and regulations related to child care and early learning out of the home – oversight of CCDBG, child care subsidy, child care licensing and Head Start Collaboration – to Board of Education and VDOE
- *The Administration's Biennial Budget seeks to:*
  - Increase funding for and/or reduce non-participation rate and revise several aspects of VPI
  - Enable more flexibility with VPI ratios and group size
  - Expand VPI eligibility to include at-risk 3s on a pilot basis provided additional conditions are met
  - Increase funding for Mixed Delivery and expand eligibility to include at-risk 3s on a pilot basis
  - Cover costs resulting from transition of CCDBG functions to VDOE



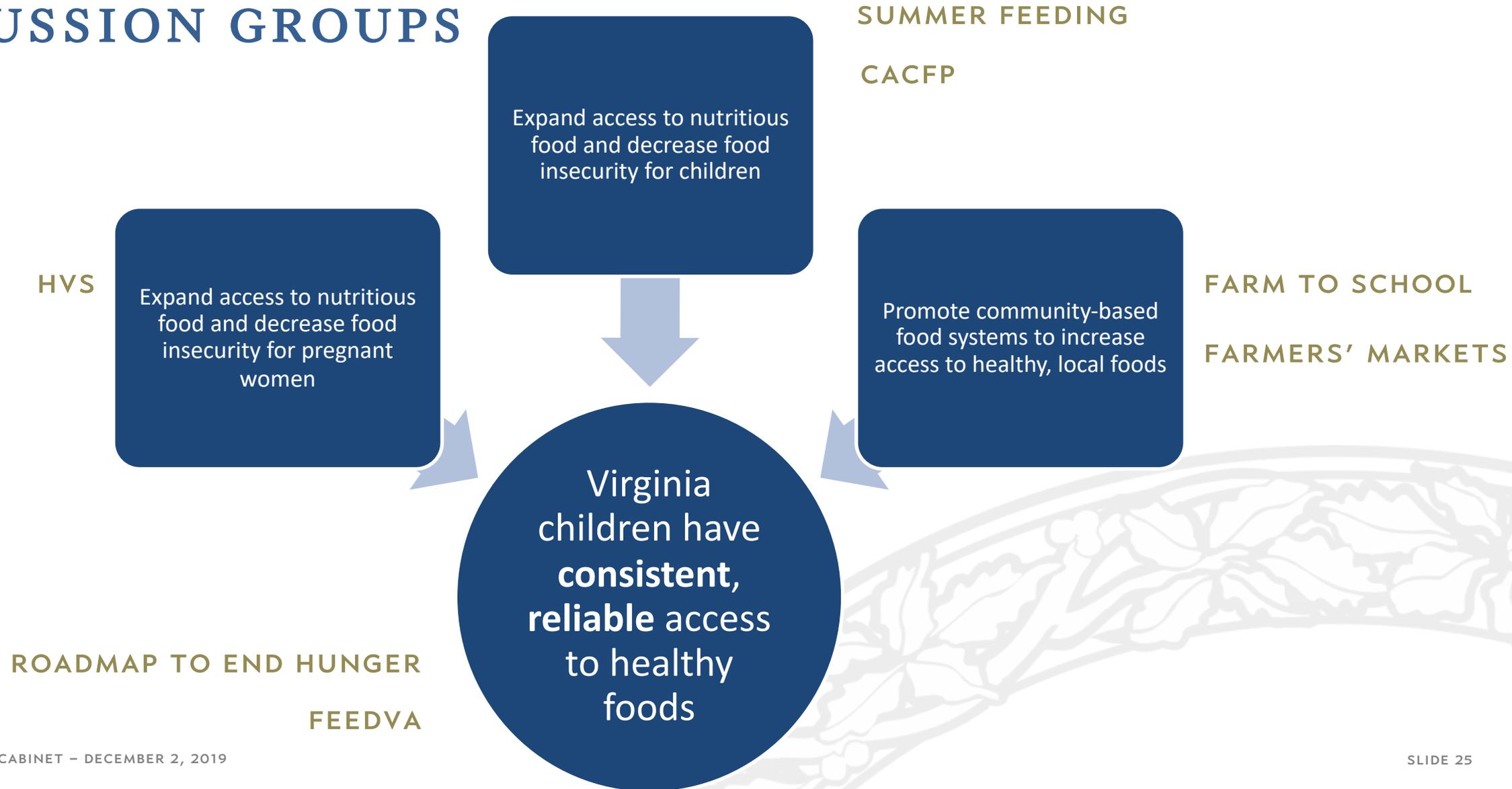
# NUTRITION AND FOOD SECURITY

HEIDI HERTZ MS, RD

ASSISTANT SECRETARY OF AGRICULTURE AND  
FORESTRY

# CHILDREN'S CABINET

## DISCUSSION GROUPS

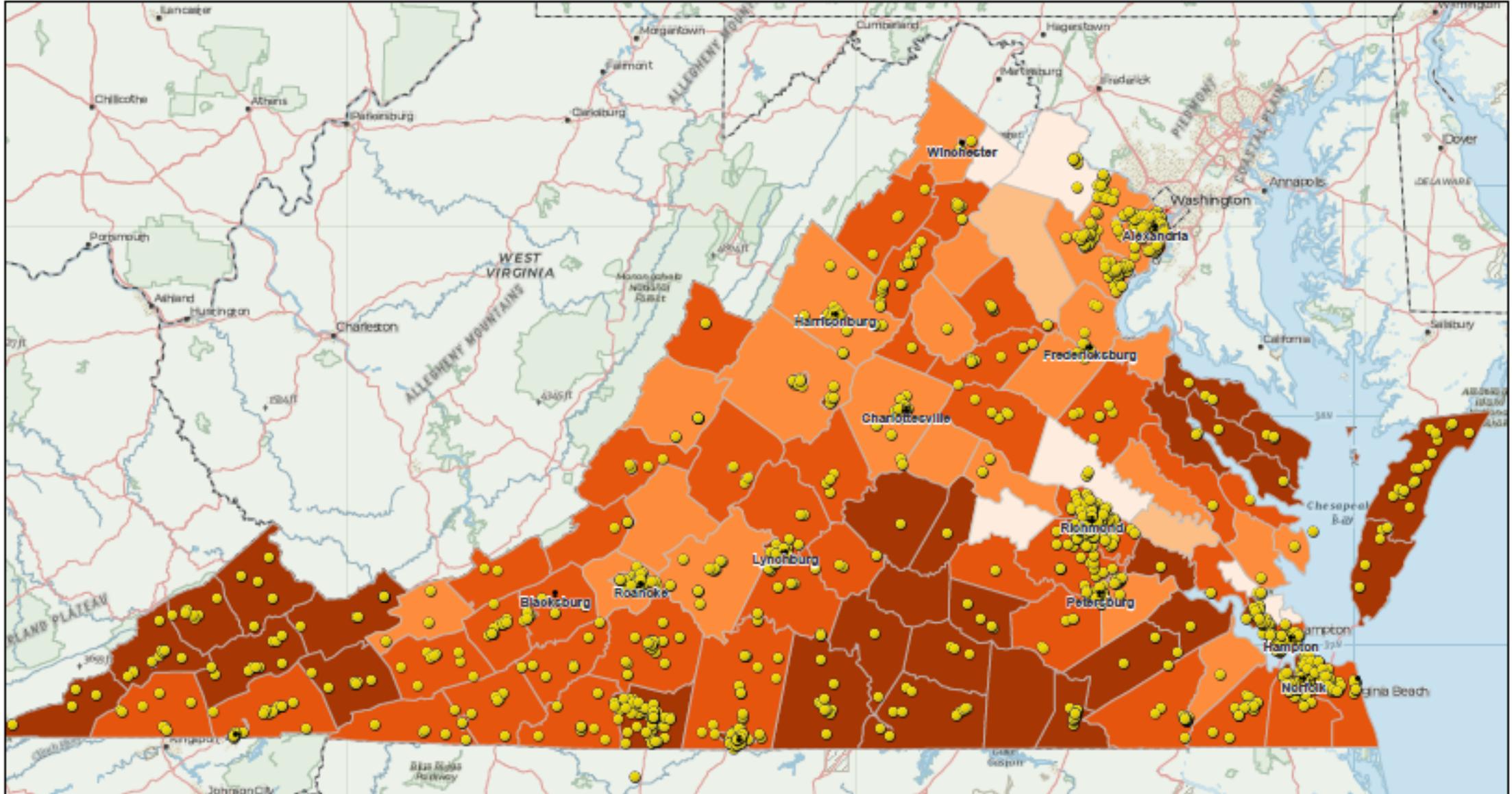


## SUMMER FEEDING 2019

- Coordinated effort led by VDOE and VA NKH with state and local partners
- Engaged the Children's Cabinet in new ways
  - Partnered with state agencies to gauge where each was on the continuum of engagement
- Need to reach students in area of high school meal participation and also those where there is limited access to summer feeding sites

# CHILDREN'S CABINET

## School Lunch Participation and Summer Feeding/Seamless Summer options



## 2019 VIRGINIA GENERAL ASSEMBLY SESSION ACTION

- Governor Northam included, and the General Assembly kept, \$3 million in the 2019 Appropriations Act to support the Federation of Virginia Food Banks to strengthen outreach to food-insecure children throughout the Commonwealth.

## SUMMER FEEDING 2019



## SUCCESS STORY

- Latoya Brown, Agency & Programs Coordinator

# FREDERICKSBURG REGIONAL FOOD BANK

Locust Grove • Stafford • Caroline  
Spotsylvania • King George • the  
City of Fredericksburg

MEMBER OF  
**FEEDING**  
**AMERICA**



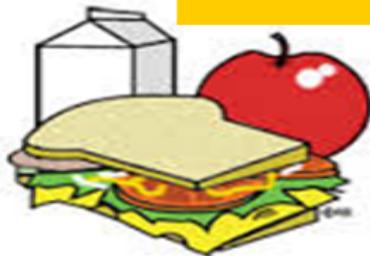
## Kids On the Go Summer Feeding Program



**SUMMER MEALS**

# The Evolution of Kids on the Go Summer Feeding

## A Program of the Fredericksburg Regional Food Bank



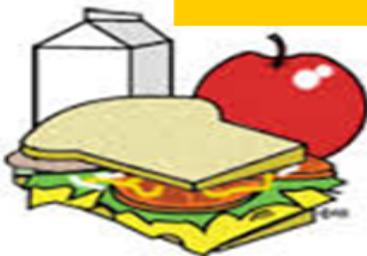


# Kids On the Go Summer Feeding Program



**SUMMER MEALS**

Our program served 2,200 meals throughout the summer of 2015.



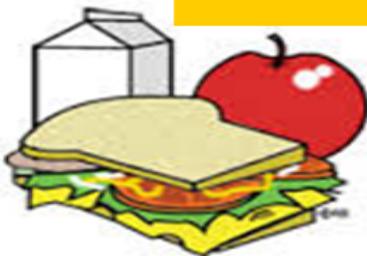


# Kids On the Go Summer Feeding Program



**SUMMER MEALS**

Our program served 4,550 meals throughout the summer of 2016, an increase of over 100%!



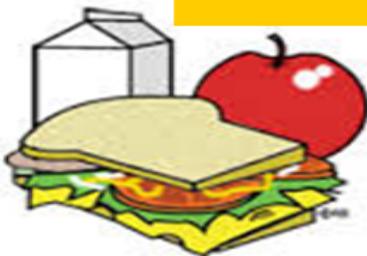


## Kids On the Go Summer Feeding Program



Our program served 6,000 meals throughout the summer of 2017.

**SUMMER MEALS**



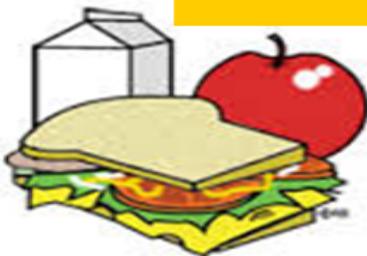


## Kids On the Go Summer Feeding Program



Our program served 5,718 meals throughout the summer of 2018.

**SUMMER MEALS**





# Kids On the Go Summer Feeding Program



SUMMER  
MEALS

Our program served 9,683 meals throughout the summer of 2019, a 68% increase! **Thanks to TANF funds for the addition of parent meals.**



## STATEWIDE SUCCESS!

- Approx. **3.6 MILLION** total summer meals for 2019
  - More analysis to come



# TRAUMA-INFORMED CARE

**CHIDI UCHE** ADVISOR ON CHILDHOOD TRAUMA AND  
RESILIENCY

## PREVALENCE OF TRAUMA

- Rates of Child Abuse: Physical, Sexual, Neglect
- Foster Care: # of children in Foster Care AND % of children who age out
- Youth Homelessness: # of students who are homeless
- Poverty: # of households living with incomes below the poverty line
- Incarceration: # of incarcerated people in Virginia (Adult and Children)

## SYSTEMS OF CARE

### Workforce:

- # of Mental Health providers (Pediatric and Adult)
- Child Welfare Worker Caseload Ratio
- Specialized Student Support Staff Ratio

### Training:

- % of Mental Health Providers and Child Welfare Workers trained in Cultural Relevance/Implicit Bias and Trauma-Informed Care
- % of Schools participating in Virginia Tiered Systems of Support (VTSS)



## RESILIENCY OUTCOMES

### **Educational Outcomes:**

- % of children starting kindergarten ready (VKRP)
- High School Graduation Rate
- High School Dropout Rate
- % of students who are Chronically Absent

### **Health & Wellbeing Outcomes:**

- Rate of Maternal & Infant Maternal Mortality
- Uninsured Virginians (Child & Adult)
- Juvenile Justice Diversion Rate

### **Family Resilience Outcomes:**

- % of Virginians Earning a Living Wage
- % of Virginians with Access to Affordable Childcare
- Virginia's Unemployment Rate for Young Adults ages 16-24 not enrolled in postsecondary education, and Adults ages 25+

## GUIDING PRINCIPLES

### **Universal Access and Equity**

*Promote universal access and equitable services that meaningfully account for differences in race, ethnicity, language, sexual orientation, gender identity, and disability status.*

### **Cross-Systems Collaboration**

*Enhance and maintain effective cross-systems collaborative work.*

### **Trauma-Informed Screening**

*Support a standard practice of trauma-informed screening for victimization and trauma.*

### **Coordinated Services**

*Support consistent, appropriate, and meaningful services with coordinated systems navigation and a shared understanding of information sharing parameters.*

### **Workforce Development**

*Support workforce development around trauma-informed practices.*



# UPDATE ON EFFORTS TO IMPROVE MATERNAL HEALTH

**GENA BERGER** DEPUTY SECRETARY OF HEALTH AND HUMAN  
RESOURCES



# MATERNAL HEALTH LISTENING SESSION

Following Governor Northam's announcement this year of a goal to improve maternal health and eliminate the racial disparity in the maternal mortality rate in Virginia by 2025, the Office of the Secretary of Health and Human Resources will hold a series of Maternal Health Listening Sessions and Community Forums this fall across the Commonwealth. Each roundtable aims to bring together community organizations, local health care providers and hospital systems, elected officials, and leaders at state agencies to hear from individuals with lived experience and discuss strategies to improve maternal health. These sessions will help inform the development of a five-year strategic plan for achieving the Governor's goal to improve maternal health. All sessions are open to the public.

 **Thursday, September 26, 2019**  
Hampton, VA  
6:30pm

 Hampton University  
Turner Hall Building  
Auditorium Room #129  
200 William R. Harvey Way  
Hampton, Virginia 23668

 **Partners**

- Delegate Jeion Ward
- Senator Mamie Locke

 **Monday, September 30, 2019**  
Annandale, VA  
6:00pm

 Northern Virginia Community College Annandale Campus  
Ernst Community Cultural Center  
President's Dining Room  
8333 Little River Turnpike  
Annandale, Virginia 22003

 **Partners**

- Delegate Chamiele Herring

 **Thursday, October 3, 2019**  
Lynchburg, VA  
6:00pm

 Community Access Network  
800 5th St.  
Lynchburg, Virginia 24504

 **Monday, October 7, 2019**  
Petersburg, VA  
6:00pm

 Virginia State University  
Gateway Event Center  
2804 Martin Luther King Dr.  
Colonial Heights, Virginia 23834

 **Partners**

- Delegate Lashrece Aird
- Senator Rosalyn Dance

 **Tuesday, October 8, 2019**  
Prince William, VA  
7:30pm

 Hylton Education Center  
Sentara Northern Virginia  
Medical Center  
2300 Opitz Blvd  
Woodbridge, Virginia 22191

 **Partners**

- Delegate Elizabeth Guzman
- Delegate Jennifer Carroll Foy
- Delegate Hala Ayala

 **Wednesday, October 9, 2019**  
Portsmouth, VA  
6:00pm

 Lucas Lodge  
1214 County Street  
Portsmouth, Virginia 23705

 **Partners**

- Senator Louise Lucas

 **Thursday, October 17, 2019**  
Danville, VA  
6:00pm

 320 Holbrook St.  
Danville, Virginia 24541

 **Wednesday, October 23, 2019**  
Abingdon, VA  
6:00pm

 Southwest Virginia Higher Education Center  
One Partnership Circle  
Abingdon, Virginia 24212

 **Partners**

- United Way of Southwest Virginia

 **Monday, October 28, 2019**  
Richmond, VA  
6:00pm

 Richmond Main Branch Library  
101 E Franklin St  
Richmond, Virginia 23219

 **Partners**

- Senator Jennifer McClellan

 **Tuesday, October 29, 2019**  
Winchester, VA  
6:00pm

 Handley Regional Library  
100 W. Piccadilly St.  
Winchester, Virginia 22601



## LISTENING SESSION THEMES

- Individual, system, structural bias is negatively impacting the health care environment and maternal health outcomes
- Healthy pregnancies start with healthy individuals prior to pregnancy
- Women and families want more choices for maternal care providers and support team and our current reimbursement models do not allow for full range of choices
- Certain policies and practices are leading to women being fearful of seeking prenatal and postpartum care
- Need for greater emphasis on mental health/trauma screenings in prenatal and postpartum period; specifically more focus on care and services in the postpartum period
- All solutions must be community-driven and community-specific

## NEXT STEPS

**December 9 Strategy Session to concentrate on statewide solutions in:**

- Insurance coverage
- Health care environment
- Criminal justice and child welfare response
- Community-based services
- Contraception

**Spring Strategy Session to focus on region-specific solutions**

# QUESTIONS?

Gena Boyle Berger, MPA

Deputy Secretary of Health and Human Resources

Virginia, Office of the Governor

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# PUBLIC COMMENT

DECEMBER 2, 2019 WEST READING ROOM



# CHILDREN'S CABINET

DECEMBER 2, 2019 WEST READING ROOM