Testimonial submitted to CT Commission on Educational Technology – Meeting June 3rd, 2019

By Supriyo B. Chatterjee MSc MBA MA (Econ)

Copy:
Dr. Velandy Manohar, MD, *Distinguished Life Fellow, Am. Psychiatric Association
velandy_manohar_md@comcast.net

In February 2019, Dr.Velandy Manohar and I had submitted a testimonial to the CT State Healthcare Innovation Model's Population Health Group program. Our testimonial advocates an increasing inclusion of School-Based Health Centers (SBHC) in the Health Enhancement Community initiatives in the program and in the ongoing healthcare reform in CT.

We did receive a favorable response* from the State Healthcare Innovation Model (CT SIM) and we expect that the SBHCs in CT will receive a greater interest and support.

An item in our testimonial that may be congruent with the Educational Technology Commission's objectives calls to improvise SBHCs' data systems and infrastructure. Attached is a copy of our testimonial for your information and consideration.

Thank you,
Supriyo B. Chatterjee MSc MBA MA (Econ)
CT State Healthcare Innovation Model – Practice Transformation Task Force Member
E: Sb.chatterjee@gmail.com

*Health Enhancement Community Framework Approved (via CT Office of Health Strategy)
- Please see pg.47 under 'Public Comments' in the link below

https://portal.ct.gov/OHS/Press-Room/Press-Releases/HEC-Report-approved

HEALTH ENHANCEMENT COMMUNITY INITIATIVE PROPOSED FRAMEWORK – PUBLIC COMMENT

Dr. Velandy Manohar, MD., DLFAPA*
Supriyo Chatterjee, MSc MBA MA (Econ)

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The Health Enhancement Community Proposed Framework document describes two Health Priorities as recommended by the SIM Population Health Council:

1). Improving Child Well-Being in Connecticut Pre-Birth to Age 8 Years: Assuring all children are in safe, stable, and nurturing environments

2). Improving Healthy Weight and Physical Fitness for All Connecticut Residents: Assuring that individuals and populations maintain a healthy or healthier body weight, engage in regular physical activity, and have equitable opportunities to do so

In this public testimonial, we would like to elaborate by highlighting the use of School-Based Health Centers (SBHC) in the HEC initiatives and in the ongoing healthcare reform (PCMH+). Both have common ground and mutually contribute to health outcomes.

As per the HEC Technical Report – "In 2018, there are 93 state-funded SBHC sites in 26 communities including sites located in elementary, middle, and high schools and in urban, suburban, and rural communities. Forty-five thousand students are enrolled in the SBHCs, and nearly 131,000 visits are provided annually." However, in another source – "Of the 1,163 public schools in Connecticut, only 75 schools have comprehensive SBHCs that provide both medical and mental health services (2012)." Clearly, School-Based Health Centers (SBHC), which can provide a broader outreach and effective care, are in small numbers in Connecticut and can provide opportunities for improvement in care.

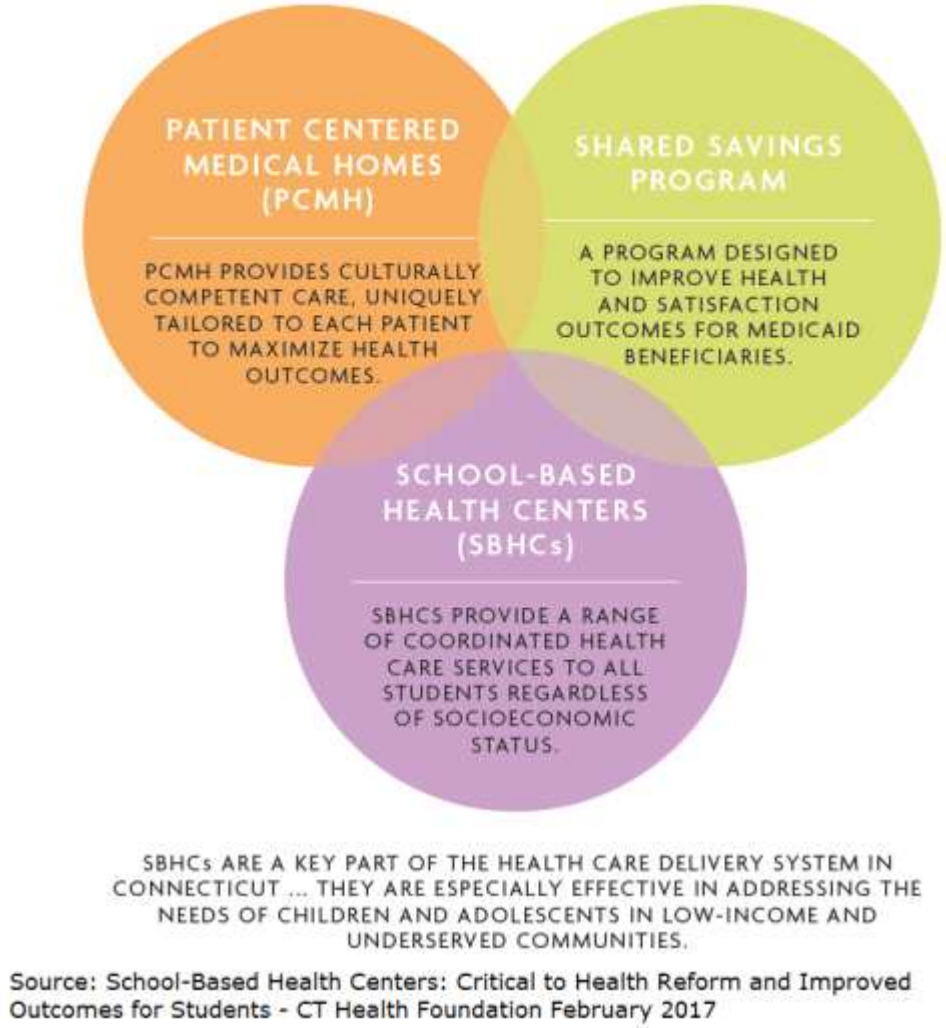
The benefits in deploying and using SBHCs are well known. With the availability of additional resources, e.g. Community Health Workers (CHWs) and enhanced SBHCs, healthcare delivery can improve outcomes and health equity.

To integrate SBHCs in to the ongoing healthcare reform efforts, the following needs to be addressed:

- Formal inclusion of SBHCs into the Medicaid program
- Improvise SBHC's data systems and infrastructure
- Billing and coding of Medicaid services at SBHC

The Reference Communities of the HEC Initiative utilize resources that may be used, perhaps with additional features, in the fusion of PCMH+ and the HEC. For example, HEC's data and HIT infrastructure – CDAS and AIMS resources.

This diagram illustrates the important role SBHC can play in underserved communities by establishing links with Patient centered Medical Homes (PCMH).



Source: School-Based Health Centers: Critical to Health Reform and Improved Outcomes for Students - CT Health Foundation February 2017

From Dr. Velandy Manohar:

During my tenure as the Psychiatrist member of the Integrated Medical team called POD D: My colleagues - 2 PCPS, Child and Adult Psychiatrist, LCSW, Nurse and 2 Nursing Assistants coordinated our capacities and resources to assist staff of the SBHC's all over the state. The need arose to coordinate care when we had to address the needs of the children and the challenges posed by severe family stressors by their mother - a victim of battery placed in a DV shelter and the behavior patterns of the alleged perpetrator. Early identification and coordinated interventions can mitigate the severe consequences of ACES experienced in Childhood.

The children and parents may be diagnosed with AUD or SUD, comorbid MH and medical diagnosis. All the members of the team can with timely consultation and diligence, follow through more efficiently and comprehensively address legal issues, housing [some families are homeless], transportation issues, medical, and psychiatric needs. We are better able to address the needs of parents and children whose family members are confined in Correctional facilities

more often than we can imagine to try to mitigate the debilitating 30 million word Vocabulary gap, impact of living in very destabilizing communities on Brain development and the capacity of the children to perform to their full potential in early grades which can contribute to their longer term health and wellbeing, resilience and longevity.

SBHCs currently serve as de facto medical homes for children in many low-income and minority populations who lack access to care in other settings. [This is especially true form families that are homeless or living in temporary shelters.] Establishing strong linkages between PCMH and SBHCs would benefit underserved children and adolescents. In the Middletown CHC, through my work with the integrated medical team, we made use of a high-quality digital network that supported a secure and effective EHR across the State. We could keep track of the preventive health-promoting interventions that must be implemented by the network of teams in SBHC and PCMH across the state regardless of where our patients are located. An Outreach program was called 'WYA-Where You Are' - this allowed the staff to treat various members of the family in different locations and keep coordinating MH and Medical care.

In summary, we would like to suggest that the HEC Initiative explore the formal integration of an HEC intervention at a Reference Community that is using a SBHC with an established PCMH program at the SBHC.

References

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Contact:
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Supriyo Chatterjee, MSc MBA MA (Econ)
CT State Healthcare Innovation Model – Practice Transformation Task Force Member
Sb.chatterjee@gmail.com