



**SCHOOL-BASED
HEALTH ALLIANCE**
The National Voice for School-Based Health Care

Welcome

**Webinar will start in a few
minutes!**

www.sbh4all.org



Got Transition? Launching Students From SBHCs Into Adult Health Care

A New Playbook for Getting Started

April 26, 2022





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HEALTH ALLIANCE**
The National Voice for School-Based Health Care

Laura Brey, MS

Chief Operating Officer and
Chief Strategy Officer,
School-Based Health Alliance





School-Based Health Alliance

Transforming Health Care for Students

- We provide technical assistance and training to the school-based health care field
- We support the improvement of students' health via school-based health care by supporting and creating community and school partnerships

www.sbh4all.org



Hello, I'm Diana.

- School health consultant
- Advisor on K-12 COVID response
- School administrator: school health services, SBHCs, 504 plans, wellness, HIV/STI prevention, teen pregnancy and LGBTQ/transgender accommodations
- 25+ years working at intersection of health and education equity
- Parent of two college students!



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OBJECTIVES

Participants will be able to...

- Have a foundational knowledge of Healthcare Transition.
- Be aware of the playbook and its resources.
- Get excited about starting their own Healthcare Transition program.





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Agenda

- Introduction & how you can participate.
- The Playbook introduced by Samhita Ilango.
- Question & Answer from the Participants.
- Fireside Chat with Dr. Veena Channamsetty and Andrea Dobrozensky.
- Question & Answer with the Audience.
- Closing Poll & Thank you!



TODAY'S PRESENTERS



Veena Channamsetty, MD
Chief Medical Officer
Community Health Center, Inc.



Andrea Dobrozensky
Operations Manager
Community Health Center, Inc.



Samhita Ilango, MSPH
Health Research/Policy Associate
National Alliance to Advance Adolescent
Health Care



Margaret (Peggy) McManus MHS
President
National Alliance to Advance Adolescent Health Care



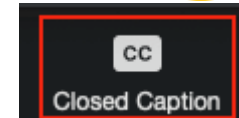
Patience White, MD, MA
Senior Medical Director at The National
Alliance to Advance Adolescent Health and
co-Director of Got Transition

How to participate:

- All attendees are in listen-only mode.
- To ask a question during the session, use the “Q&A” icon that appears on the bottom your Zoom control panel.



- To turn on closed captioning, click on the “CC” button
- Please complete evaluation poll questions at the end of the presentation.





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School-Based Health Center Playbook on Health Care Transition

Presented by Samhita Ilango





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About Got Transition

- **Got Transition[®] is the federally funded national resource center on health care transition (HCT).**
- **Its aim is to improve the transition from pediatric to adult health care using evidence-driven strategies for clinicians and other health care professionals; public health programs; payers and plans; youth and young adults; and parents and caregivers.**
- **Got Transition is a program of The National Alliance to Advance Adolescent Health and is funded through a cooperative agreement from the federal Maternal and Child Health Bureau, Health Resources and Services Administration.**





What is health care transition (HCT)?

- HCT is the process of moving from a child/family-centered approach to care to an adult/patient-centered approach to care
- This change involves assisting high school students in managing their own care and helping them navigate care independently
- HCT also helps them to understand the differences in privacy and consent that happen during adolescence and adulthood
- HCT helps students find and stay connected to adult care once they leave their SBHC
- Got Transition's HCT 101 video: [What is Health Care Transition? HCT 101](#)





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Why is HCT important?

- **80% of youth in the US ages 12-17 have not received HCT preparation from their health care providers¹**
- **Research has shown that a structured HCT process has significant positive improvements for youth in terms of health outcomes, self-care skills, satisfaction with care, and reductions in hospital admissions²**
- **The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians call for HCT to be part of routine primary, chronic, and behavioral health care, starting early in adolescence and continuing into young adulthood³**
- **These organizations recommend the Six Core Elements of HCT**
- **To learn more about the Six Core Elements of HCT, [click here](#)**

¹Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [04/18/22] from [www.childhealthdata.org].

²Schmidt A, Ilango SM, McManus MA, Rogers KK, White PH. Outcomes of Pediatric to Adult Health Care Transition Interventions: An Updated Systematic Review. J Pediatr Nurs. 2020 Mar-Apr;51:92-107. doi: 10.1016/j.pedn.2020.01.002. Epub 2020 Jan 22. PMID: 31981969.

³White PH, Cooley WC; Transitions Clinical Report Authoring Group; American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians. Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home. Pediatrics. 2018 Nov;142(5):e20182587. doi: 10.1542/peds.2018-2587. Epub 2018 Oct 22. Erratum in: Pediatrics. 2019 Feb;143(2): PMID: 30348754.





How can SBHCs help?

- Knowledge of one's own health and health care is part of the transition to adult care and an essential element of adolescent learning, one that has not previously received the attention it deserves.
- SBHCs are well-positioned to offer HCT services, building on their ongoing efforts to provide student-centered care and support students' active engagement in their own care.
- Use this Playbook!
- The Playbook guides SBHCs and other school staff on assisting students with their preparation for the transition from pediatric care to adult health care



The Playbook

The playbook has 4 sections to guide the process to integrate HCT into SBHCs

1. Starting An HCT Process
2. HCT Intervention Tools
3. Examples from the Field
4. Additional HCT Resources



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Starting An HCT Process

[Playbook Home](#)

[Starting an HCT Process](#)

[HCT Intervention Tools](#)

[Examples from the Field](#)

[Additional HCT Resources](#)



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The Playbook guides SBHCs and other school staff on assisting students with their preparation for the transition from pediatric care to adult health care. Guidance and sample resources can be found in the following Playbook sections: Starting an HCT Process, HCT Intervention Tools, Examples from the Field, and Additional HCT Resources.”

- Form a Team and Enlist School Support
- Develop an HCT Improvement Plan
- Develop an Implementation Plan/Workflow
- Track and Measure HCT Improvements
- Communicate, Disseminate, and Advocate

The Playbook

Starting an HCT Process

HCT Intervention Tools

[Playbook Home](#)

[Starting an HCT Process](#)

[HCT Intervention Tools](#)

[Examples from the Field](#)

[Additional HCT Resources](#)



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Four different HCT tools, described in detail below, can be used as part of the intervention: Welcome and care HCT policy, transition readiness assessment, medical summary, and a resource to find an adult doctor in the community. This table indicates at which age SBHC students may be ready to receive each tool during high school.

| Health Care Transition Tools | Younger High School Students (ages 14-16) | Older High School Students (ages 17+) |
|---|---|---------------------------------------|
| Welcome and Care HCT Policy | X | X |
| Transition Readiness Assessment | X | X |
| Medical Summary | X | X |
| Resource to Find an Adult Doctor in the Community | | X |

⊕ Welcome and Care Policy

⊕ Transition Readiness Assessment

⊕ Medical Summary

⊕ Resource to Find an Adult Doctor in the Community

The Playbook

HCT Intervention Tools



The Playbook

Examples from The Field



- *Connecticut's Community Health Center, Inc.*, with its network of over 100 SBHCs across the state, created a Transition Age Youth (TAY) playbook with templates from the Six Core Elements of HCT embedded in their EHR.
- *Michigan's Department of Health and Human Services* partnered with the Blue Devil Wellness Center in Wakefield, Michigan, an SBHC run by the health department of Northwest Michigan, to replicate an SBHC transition project based on the Six Core Elements of HCT.



Additional HCT Resources

[Playbook Home](#)

[Starting an HCT Process](#)

[HCT Intervention Tools](#)

[Examples from the Field](#)

[Additional HCT Resources](#)

[+ Youth, Young Adults, and Family Resources](#)

[+ Tools for Other School Settings](#)

[+ Tools for the SBHC HCT Team](#)

The Playbook

Additional HCT Resources



Q&A

Please enter your questions into the Q&A box in the Zoom control window.

Diana Bruce, Samhita Ilango , Peggy McManus, and Patience White



Welcome
to **Community Health Center, Inc.**



School-Based Health Care

Community Health Center, Inc.

Locations and Service Sites in Connecticut



Community Health Center, Inc.

Federally Qualified Health Centers (FQHCs)

- ⊙ Nation's largest safety net setting: 1,352 FQHCs
- ⊙ Located in designated high need communities
- ⊙ Caring for 28 million patients annually
- ⊙ 93% served are below 200% poverty
- ⊙ Public reporting on cost, quality, and utilization

Elements of Model

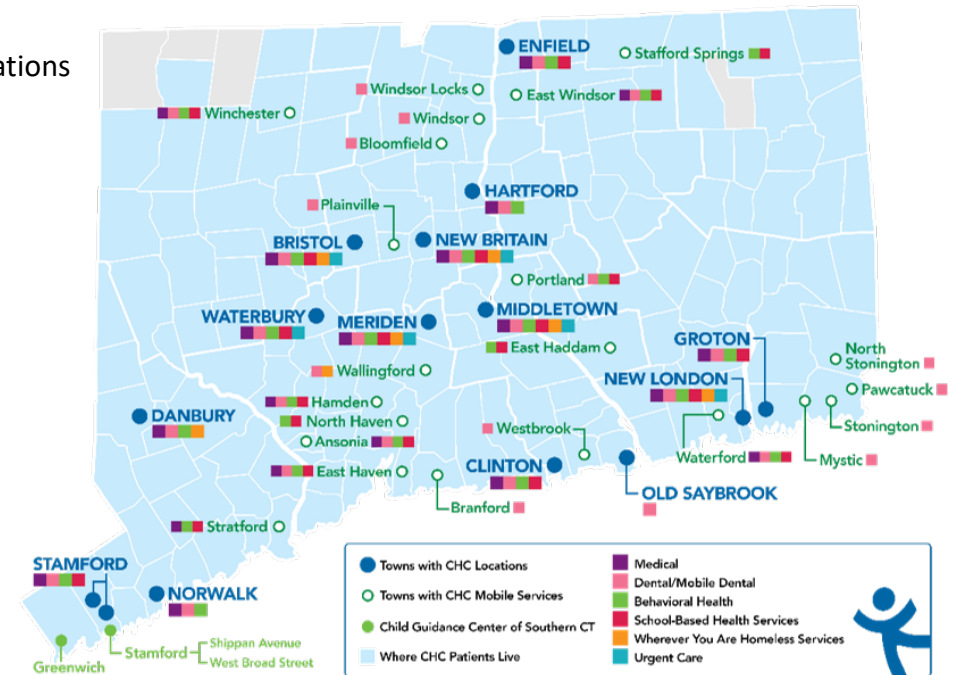
- ⊙ Fully Integrated teams and data
- ⊙ Integration of key populations into primary care
- ⊙ Data driven performance
- ⊙ "Wherever You Are" approach to special populations

CHC Profile

- ⊙ Founding year: 1972
- ⊙ Primary care hubs: 16; 204 sites
- ⊙ Staff: 1,300
- ⊙ Patients/year: 100,000; Visits/year: 600,000
- ⊙ SBHCs across CT: 180; Students/year: 18,000
- ⊙ Specialties: onsite psychiatry, podiatry, chiropractic
- ⊙ National leaders in quality and innovation

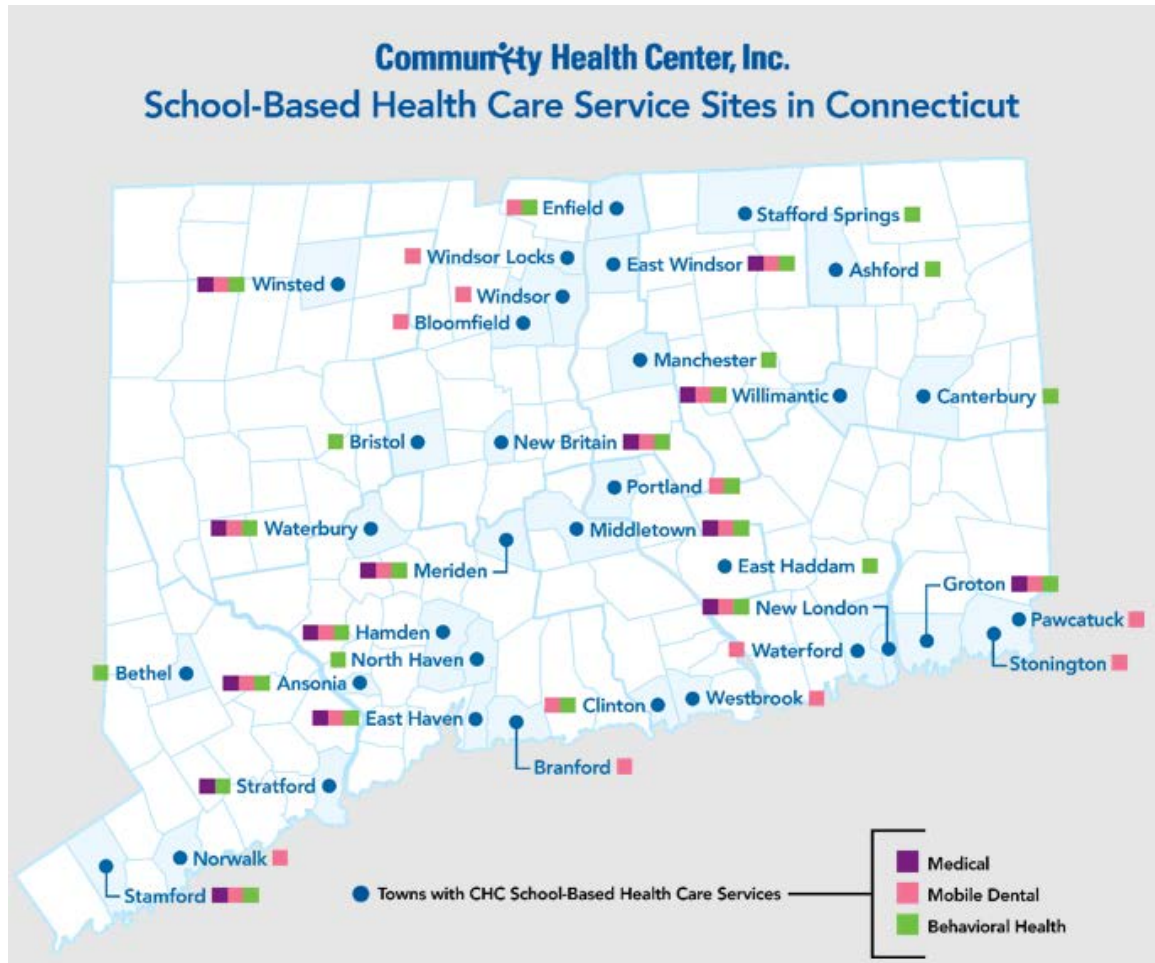
Weitzman Institute

- ⊙ QI experts; national coaches
- ⊙ Project ECHO® — special populations
- ⊙ Formal research and R&D
- ⊙ Clinical workforce development
- ⊙ NNPRFTC / NIMAA / ConferMED



THREE FOUNDATIONAL PILLARS





- ❖ Care since 1993
- ❖ In a school year we reached over **18,000 student/patients**
- ❖ Providing care in **175 schools** across the state
 - 31 Comprehensive services (includes Medical) locations
 - 76 fixed Behavioral Health and Mobile Dental locations
 - 78 Mobile Dental only locations

Health Care Transition

Pilot implementation



Community
Health Center, Inc.

- Value Based Care partnership with the state in 2018
 - Prioritized Transition Age Youth with Behavioral Health (BH) conditions
- Got Transition Resources
- Identified high school- School Based Health Centers
 - Prioritized 17 year old students in school based BH services
 - Piloted HCT in these students
 - Developed a Transition Age Youth (TAY) process and procedure
 - Identifying the appropriate population of students
 - Embedded TAY in our Clinical Decision Support System (CDSS) and E.M.R.
 - Trained all school based BH clinicians to the process

Health Care Transition

Post pilot expansion



Community
Health Center, Inc.

- Expanded eligible student population in BH to ages 13 years and older
- Completed a refresher training for the BH clinicians
- Began pilot in Medical: engaged out-patient pediatric medical practice in TAY trainings- 2021
 - Prioritized patients aged 17 years and older
 - Trained Medical Providers, Nurses, and Medical Assistants to the TAY process
- Engaging School Based Medical Providers currently in the TAY process

Embedding with in the E.H.R Transition Age Youth Care Module



Community
Health Center, Inc.

| | | | |
|---|--|----------------------------------|--|
| Problems Care plan | Transition Readiness | | |
| | Transition Care Planning Started? | <input type="text" value="Yes"/> | |
| | Encourage the adolescent to assume increasing responsibility for his/her healthcare management | <input type="text" value="Yes"/> | |
| | Assure the adolescent understands (can verbalize)his/her health conditions and medications | <input type="text" value="No"/> | |
| | Meet privately with the adolescent for part of the visit | <input type="text" value="Yes"/> | |
| | Assess the adolescent readiness for transfer to an adult provider and addresses gaps in preparation (knowledge and skills) as identified in the GOT Transitions assessment form (two scorable assessments for youth and parent) | <input type="text" value="Yes"/> | |
| | GOT Readiness Transition form patient | <input type="text" value="Yes"/> | |
| | GOT Readiness Transition form (Parent/Caregiver) | <input type="text" value="Yes"/> | |
| | Transition Planning | | |
| | Addressed gaps in preparation, knowledge and skills | <input type="text" value="Yes"/> | |
| | Assess the need for guardianships/conservatorships: assess the adolescents' ability to make independent decisions | <input type="text" value="Yes"/> | |
| | Identify potential barriers and solutions to ongoing engagement and success in transition. (Consider complexity of youth condition and intellectual ability) | <input type="text" value="Yes"/> | |
| | Identify possible adult providers within CHC | <input type="text" value="Yes"/> | |
| | Adolescent /Parent identifies a provider outside of CHC | <input type="text"/> | |
| | Children and youth with special healthcare needs(CYSHCN) are those at increased risk for a chronic physical, development, or behavioral condition AND services beyond those generally required. | <input type="text" value="Yes"/> | |
| Transition of Care and Transfer Completion | | | |
| Signed ROI for the adult provider if outside of CHC | <input type="text" value="Yes"/> | | |
| Discuss nuances of care with adult providers | <input type="text" value="No"/> | | |
| Transition Recommendations | <input type="text" value="free text"/> | | |
| Discharge | <input type="text" value="Yes"/> | | |

| ALERTS | Last Date | Due Date | Value | Notes |
|------------------------------------|------------|-------------|----------------|---------------------|
| *** BMI Percentile | 6/18/2021 | | 99.94 | |
| *** Nutrition & Exercise Education | 6/18/2021 | Every Year | | |
| ACT | 6/18/2021 | Every Visit | 25 | >19 is good control |
| *** Depression Screening | | | | |
| HIV Screen Needed | | | | Once, 13-64 yrs old |
| SOGI | Never Done | | | |
| MED TAY | Never Done | | | |
| Covid vaccine | | | 0 dose(s) done | PFIZER Only |

Next Medical Appointment:
4/20/2022 10:20:00 AM
CHC at CT Childrens Medical

Sex: M
Age: 16.0

Last Dental Visit:

Reason for Appointment

- 18yrs-cvaller
- Adolescent WCC - patient is here with
- check immunizations (HPV x2 6 mo apart, 3 doses if 1st dose after age 15 yrs)?
- IEP/504?
- Transition Age Youth
- GOT Forms completed and scanned into chart

Visit Codes

99394 WELL CHILD, EST. PT, ADOLESCENT.

Procedure Codes

96160 PT-FOCUSED HLTH RISK ASSMT
 96160 PT-FOCUSED HLTH RISK ASSMT
 96160 PT-FOCUSED HLTH RISK ASSMT
 96127 BRIEF EMOTIONAL/BEHAV ASSMT, Modifiers: U4
 92551 SREENING TEST, PURE TONE, AIR O
 99173 VISUAL ACUITY SCREEN
 96160 Health Risk Screen
 90620 Mening B Bexsero (State Supplied)
 90686 Influenza Quad FluLaval (State Supplied 6mo+ preservative free)
 90460 Imm Adm w/ counseling thru age 18 first component, Units: 2.00

Follow Up

1 Year (Reason: WCC)

Care Plan Details

Transition Readiness

| | |
|--|-----|
| TR - Transition Care Planning Started? | Yes |
| TR - Encourage the adolescent to assume increasing responsibility for his/her healthcare management | Yes |
| TR - Assure the adolescent understands (can verbalize) his/her health conditions and medications | No |
| TR - Meet privately with the adolescent for part of the visit | Yes |
| TR - Assess the adolescent readiness for transfer to an adult provider and addresses gaps in preparation (knowledge and skills) as identified in the GOT Transitions assessment form (two scorable assessments for youth and parent) | Yes |
| TR - GOT Readiness Transition form patient | Yes |
| TR - GOT Readiness Transition form (Parent/Caregiver) | Yes |

Transition Planning

| | |
|---|----|
| TP - Addressed gaps in preparation, knowledge and skills | No |
| TP - Assess the need for guardianships/conservatorships: assess the adolescents' ability to make independent decisions | No |
| TP - Identify potential barriers and solutions to ongoing engagement and success in transition. (Consider complexity of youth condition and intellectual ability) | No |
| TP - Identify possible adult providers within CHC | No |
| TP - Adolescent / Parent identifies a provider outside of CHC | No |

Monitoring Success

Monitoring and Tracking: Tableau reporting data



Community Health Center, Inc.

ndo → Redo ← Revert Refresh Pause View: Original Alert Subscribe Share Download

Patients Needing TAY by School

| School | Needs BHTAY | Has BH TAY | % With BH T.. | Needs Medi.. | Has Med TAY | % With Med.. |
|-----------------------------------|-------------|------------|---------------|--------------|-------------|--------------|
| School Based Bristol Tech | 8 | 6 | 75.00% | 0 | 0 | |
| School Based Broad Brook Elem.. | 2 | 1 | 50.00% | 2 | 0 | 0.00% |
| School Based Brookside | 11 | 3 | 27.27% | 0 | 0 | |
| School Based Bunnell | 18 | 8 | 44.44% | 18 | 0 | 0.00% |
| School Based Clinic NB | 39 | 17 | 43.59% | 299 | 0 | 0.00% |
| School Based Clinic Roosevelt | 40 | 16 | 40.00% | 105 | 0 | 0.00% |
| School Based E. Windsor High | 18 | 7 | 38.89% | 72 | 0 | 0.00% |
| School Based East Haven High | 48 | 15 | 31.25% | 0 | 0 | |
| School Based Emmett O'Brien T.. | 35 | 0 | 0.00% | 60 | 0 | 0.00% |
| School Based Enfield HS | 46 | 22 | 47.83% | 0 | 0 | |
| School Based Gaffney | 0 | 0 | | 1 | 0 | 0.00% |
| School Based Goodwin Tech | 23 | 13 | 56.52% | 99 | 0 | 0.00% |
| School Based Hale HS | 3 | 1 | 33.33% | 0 | 0 | |
| School Based Hale MS | 2 | 0 | 0.00% | 0 | 0 | |
| School Based John Barry Mental .. | 0 | 0 | | 4 | 0 | 0.00% |
| School Based Joseph Melillo | 1 | 0 | 0.00% | 0 | 0 | |

Agency Totals

| | |
|-------------------|--------|
| Has BH TAY | 274 |
| Needs BHTAY | 768 |
| % With BH TAY | 35.68% |
| Has Med TAY | 4 |
| Needs Medical TAY | 1,915 |
| % With Med TAY | 0.21% |





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Fireside Chat

**Dr. Veena Channamsetty & Andrea
Dobrozensky**





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Q&A

**Please enter your questions
into the Q&A box in the
Zoom control window.**





Resources & what is coming up next:

The recording will be available 1-3 business days after the webinar.

Join us for a twitter chat on May 11th from 3pm-4pm ET



@GotTransition2
@sbh4all

Join us at School-Based Health Alliance Conference for the GOT Transition presentation!

Access these tools and additional resources on at [GotTransition.org](https://gottransition.org)

The Playbook:

<https://tools.sbh4all.org/health-care-transition/health-care-transition-home/>

Additional webinars to explore from School-Based Health Alliance:

<http://www.sbh4all.org/webinars>



SAVE THE DATE!



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2022 
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HEALTH EQUITY
THROUGH SCHOOL-BASED HEALTH CARE

 VIRTUAL CONFERENCE June 27-30, 2022

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Website: www.sbh4all.org



THANK YOU!

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