

SBWC INTERVIEW GUIDE

SBWC Key Stakeholder Interview Guide

Thank you for agreeing to be part of this (FOCUS GROUP/INTERVIEW), which will last about 90 minutes. The purpose of this (FOCUS GROUP/INTERVIEW) is to gather data on the current state of school-based wellness centers in Delaware, understand national and in-state innovations in practices and policies, and explore options moving forward to enhance SBWCs in Delaware within the local healthcare, education, and community landscape. The findings from this (FOCUS GROUP/INTERVIEW) will support a larger strategic planning effort for SBWCs in Delaware.

Delaware DHSS defines SBWCs as health centers, located in a school or on a school campus, which use a holistic approach to address a broad range of health and health-related needs of students. Services may also include preventative care, behavioral healthcare, sexual and reproductive healthcare, nutritional health services, screenings and referrals, health promotion and education, and supportive services. SBWCs are operated by multidisciplinary health professionals, which may include a physician's assistant or nurse practitioner overseen by primary care physician, licensed behavioral health provider, licensed nutritionist, and/or dental hygienist. SBWCs are separate from, but interact with, other school health professionals, including school nurses and school psychologists and counselors. SBWCs also operate alongside and interact with outside healthcare professionals and systems.

There are currently 39 SBWCs operating in the state of Delaware. All public high schools have an affiliated SBWC, 4 middle schools have a SBWC center affiliated with an attached high school, and 7 elementary schools have an affiliated SBWC. This strategic planning process was borne out of specific epilogue language in Delaware's FY20 budget to add 2 additional SBWCs each year in high-need elementary schools. Several questions will ask you to describe how your response may differ between elementary, middle, and high school SBWCs. While you may not have direct experience with these differences given the current state of SBWCs in Delaware, these questions are intended to explore potential differences in the future state of Delaware SBWCs given student needs, system structures, and other, national examples. Regardless of whether the question asks you, if you believe that your response may differ between the three levels of SBWCs, we encourage you to share those differences.

We are presenting you with the final SWOT Analysis developed by the Strategic Planning Steering Committee. The following questions were developed in response to the SWOT Analysis and are meant to be an informal guide to this interview. You are free to share additional ideas and opinions related to elements of the SWOT analysis that you believe are helping in strategic planning for SBWC infrastructure, policies, and operations.

Lastly, we recognize that not all questions will apply to your experience or your area of expertise. If you do not feel you are able to answer a question, please feel free to state that.

Practices

1. What is your understanding of the purpose of school-based wellness centers (e.g., annual examinations for sports, behavioral health, physical health)?

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2. What are the value/needs of SBWCs for:
 - a. Students?
 - b. School Educators?
 - c. School Nurses?
 - d. School Psychologists and Counselors?
 - e. Parents?
 - f. Community providers?

3. Discuss the menu of services offered by SBWCs to address the social, emotional, and physical wellbeing of students and their families.
 - a. What are the current services that are being provided across wellness centers in the state?
 - b. Do these vary in elementary, middle and high schools? If so, how and what types of services?
 - c. What physical and behavioral health services are most commonly used by students?
 - d. Are there gaps in services? What services should be offered? How might these vary across elementary, middle, and high schools?
 - e. How do we create continuity of care between all three levels as students transition across grades and for transition age youth in high schools?

4. What are national or other states' best practices for SBHCs in the following domain areas:
 - a. Types of services and service delivery?
 - b. Location, size, and set up?
 - c. Billing practices?
 - d. Confidentiality and Privacy Practices?
 - e. Waivers in play?
 - f. Telehealth and virtual operations?
 - g. Regular in-school operations?
 - h. Funding and oversight?

5. What service delivery models exist in Delaware? In other states? Identify national and in-state best practices for service delivery, including physical and behavioral health services.
 - a. What are the advantages and disadvantages of these models?
 - b. How could these models of service delivery (i.e., community hub and spoke model) be applied to Delaware SBWCs at various levels (elementary and middle schools)?

6. There are a variety of models that exists for SBWCs across other states, including SBWCs operating as part of a medical home community continuum for children and their families. What are the advantages and disadvantages of this model?
 - a. What are the implications of this strategy from a policy, practice, and infrastructure perspective?
 - b. What are the staffing considerations of this model?
 - c. Does this improve or deter financial sustainability?

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- d. Is this model, or parts of this model, worth pursuing in Delaware? Why? If so, what parts?

Policies

7. Describe the current policy and practice framework that exists across DPH, DSAMH, DOE, and providers in offering services at SBWCs?
 - a. What MOUs, contracts, or data use agreements are there, if any?
 - b. Can you share MOUs, contracts and any data use agreements?
 - c. What specific policies and MOUs could be developed to improve the operations of SBWCs?
 - d. How can these be incorporated into SBWC contracts?
8. What does health equity mean in the context of service delivery by SBWCs?
 - a. How do SBWCs address health equity for students and families?
 - b. What opportunities exist for improvement and enhancement in addressing health equity?
 - c. How might this differ between elementary, middle, and high SBWCs?
 - d. What policies can be developed to support this enhancement?
9. Please provide all alternative discipline policies (e.g. positive behavior programs, restorative justice) in elementary, middle and high schools.
 - a. Do SBWCs have a role in supporting alternative discipline practices?
 - b. How does that role get operationalized? Provide examples.
 - c. What suggestions do you have to improve the role of SBWCs in supporting alternative discipline practices?
10. How do SBWCs incorporate trauma-informed care and trauma-informed care frameworks into services?
 - a. What opportunities are there to enhance the level of trauma-informed care provided?
 - b. How might this differ between elementary, middle, and high school SBWCs?
11. What current practices and policies exist to support telehealth service delivery in SBWCs?
 - a. What are the barriers for expanding adoption of telehealth in SBWCs?
 - b. What are potential alternative policies or operational recommendations for telehealth service delivery?
 - c. If so, what type of telehealth services do you provide?
 - d. If not, do you plan to provide telehealth?
12. What policies are needed to strengthen confidentiality and privacy of SBWC services and student access and utilization?
 - a. Have confidentiality and privacy policies been harmonized across FERPA/HIPAA and 42 CFR?
 - b. Who owns the health/BH record? Who has access to the health/BH record?

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- c. Does case coordination occur between school staff and SBWC staff? If so, how?
- d. What are barriers for medical sponsors to access school data that affects health outcomes?
- e. What are barriers for medical sponsors to provide data to the school, district, and state level?
- f. What role does law enforcement play in case coordination for behavioral health issues and alternative discipline practices?
- g. How might these privacy policies differ between elementary, middle, and high school SBWCs and the school district?

Operations

13. How are students enrolled in SBWCs?
 - a. How can student and enrollment be strengthen/enhanced?
 - b. What policies and operations could be implemented to support student enrollment?
 - c. How might these policies differ between elementary, middle, and high school SBWCs?
 - d. What innovations in student enrollment are needed due to COVID and being in a virtual environment?
14. In some states, families are also offered enrollment in SBWCs. What are the advantages and disadvantages of allowing student and family enrollment in SBWCs?
 - a. How might family enrollment work in Delaware SBWCs? What policies and operations are needed to support this?
 - b. Should Delaware consider opening SBWCs to families? Why or why not?
15. How do students access and engage in SBWC services?
 - a. How might these policies differ between elementary, middle, and high school SBWCs?
 - b. What innovations in service access/engagement are needed due to COVID and being in a virtual environment?
16. How did you determine your operation model (months of operations, hours of operation, mix of providers, etc.)?
 - a. What are the disadvantages/advantages of different operation models (school year vs. 12-month, school days vs. 7-days, school hours vs. 8 hr vs. 10 hr, different types of providers, staff-run vs medical sponsor-run, etc.)?
 - b. What innovations in operations are needed due to COVID and being in a virtual environment?
17. Are other school providers and services (school nurses, guidance counselors, psychologists, educators) integrated into SBWC service delivery? If so, how?
 - a. What opportunities exist for enhanced integration of these school partners in SBWC service delivery?
 - b. What policies/standards of practice/workflows can be developed to support this enhancement?
 - c. Are there barriers that currently prevent the integration?

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Infrastructure

18. What infrastructure challenges do SBWCs currently face in:
 - a. IT infrastructure/EHR?
 - b. Billing capacity?
 - c. DHIN access and functionality for providers?
 - d. Contracting abilities?
 - e. Equipment?
 - f. Space?
 - g. Other?

19. In thinking about improvements and enhancements to service options in SBWCs, what changes in infrastructure are needed to support these services:
 - a. IT infrastructure/changes to EHR? School/district IT agreements?
 - b. Billing capacity?
 - c. DHIN access and functionality for providers?
 - d. Contracting abilities?
 - e. Equipment?
 - f. Space?
 - g. Other?

20. How is the physical space (location within school building) determined? How does the school capital budget development process work?
 - a. How are access, security, space considered in these determinations?

21. In thinking about improvements and enhancements to SBWC service options, what changes may need to be made in SBWC space siting and construction?
 - a. What policies and procedures around issues of access, security, space should couple these improvements and enhancements?

22. What are the current core requirements, as defined by regulations, for SBWC staff:
 - a. Composition?
 - b. Competencies?
 - c. Training/credentialing?
 - d. Capacity for billing?
 - e. What challenges do SBWCs face in meeting these requirements?

23. In thinking about improvements and enhancements to SBWC service options, how can staff core composition, competencies, and training/credentialing be enhanced and strengthened?
 - a. How might these differ between elementary, middle, and high school SBWCs?

Partnerships

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24. Sometimes SBWCs are seen as competitors to community providers. What is the role of community partners (PCPs, Pediatricians, Family practices, Urgent Care centers, child psychologists, etc.) in collaborating with SBWCs?
 - a. What are other states' models?
 - b. How can providers be incentivized to participate in and collaborate with SBWCs?
 - c. What specific policies and MOUs could be developed to support these referral networks and partnerships?
 - d. How might this differ between elementary, middle, and high SBWCs?
25. What is the role of parents/guardians and families in designing and engaging in students' care at SBWCs?
 - a. How might this differ between elementary, middle, and high schools?
26. What is the role of students in designing and engaging in their care at SBWCs?
 - a. How might this differ between elementary, middle, and high schools?

Data & Evaluation

27. To understand the full landscape of SBWCs, what unique measures might be helpful to track outcomes for students served by:
 - a. Elementary SBWCs?
 - b. Middle SBWCs?
 - c. High school SBWCs?
28. To support development of strategic plan and evaluation plan for SBWCs, what data:
 - a. Should be captured?
 - b. Are currently available?
 - c. Can medical sponsors provide?
 - d. What gaps in data collection and reporting are there between medical sponsors and the state?
29. From your organization's perspective, what performance and outcomes measures are important to collect on the behavioral and physical health of students served by SBWCs?
 - a. How might this vary between elementary, middle, and high school SBWCs?
 - b. How might this data be collected? How are the barriers/challenges in collecting and sharing this data?
 - c. What MOUs, policies, tools are needed to support this data collection?
30. What are the barriers to the medical sponsors collecting data?
 - a. What are potential solutions/strategies to overcome these barriers (e.g., cost of EHR, surveys)?
 - b. How can EHRs be useful tools for data reporting & evaluation in SBWCs?
 - c. If EHRs are used in SBWCs, how does that affect medical sponsors' ability to measure and improve quality?

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31. How are data being collected to show the impact of behavioral health and physical health services on emergency visits/medical aid unit type of visits?
 - a. If so, what is the impact? If not, could this data be collected?
 - b. Does this vary for certain populations?
 - c. How is this data stratified? (Zip code, race/ethnicity, age, gender, etc.) How may it be stratified? What are the benefits and challenges of stratifying data?
 - d. Is there a way to measure the impact on preventative health outcomes, such as preventable emergency room visits? If so, how?
32. How might SBWCs couple measures with outcome data from schools (i.e. truancy rates, academic outcomes, etc.)?
 - a. What infrastructure, policies and practices are needed to support this?
 - b. What are national examples of best practices for associating SBWC and educational outcomes?
 - c. How might this differ between elementary, middle, and high schools?
33. What are some best practices from Delaware and other states for SBWCs in:
 - a. Data collection/tools?
 - b. Data reporting?
 - c. Data analysis?
 - d. Evaluation and accountability?
34. Describe a potential continuous improvement framework to ensure products created and outcomes identified are actionable within a given timeframe approved by DHSS executive leadership.

Finance & Sustainability

DE has a very robust network of High School Wellness Centers that are funded with public, fee for service, and 3rd party billing resources. However, elementary and middle schools have not had the same investment.

35. Please describe the current operating model for your SBWC.
 - a. What percent of the budget is operating costs and how is that broken down?
 - b. What is the relationship between the medical provider and the host school and school district?
 - c. Is this relationship contracted or noncontracted? If contracted, what is included to ensure sustainability if there is a change in principal or superintendent, for example?
36. Please describe the planning and start-up costs prior to the SBWC opening.
 - a. What are the lessons learned about starting up a SBWC from a financing and sustainability perspective?

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37. What is your funding model/what is included in your service portfolio? What is the mix of payors? What are the other revenue sources?
 - a. What percentage do these other revenue sources make up of your total funding portfolio? What percentage of your revenue is from Medicaid?
 - b. Do you charge a patient fee?
38. How does the state work with federal guidelines in terms of reimbursement?
 - a. What is the process for setting up reimbursement from Medicaid and MCOs?
 - b. Please describe the relationship between the SBWC and MCOs.
39. Do you provide care coordination services at your SBWC?
 - a. How is this funded and what measures have you taken to ensure sustainability?
 - b. What lessons learned can you share about offering care coordination services in a financially feasible way?
40. How did you develop a financial sustainability model?
 - a. How have you approached diversifying your funding over time?
 - b. What is the minimum number of patients that must be seen given the cost and mix of providers?
 - c. What may be an appropriate cost-benefit methodology for SBWCs to create sustainable models?
 - d. How might this differ between elementary, middle and high schools?
41. What are potential collaborative financing strategies that leverage opportunities across sectors?
 - a. What parameters are there in creating collaborative financing strategies?
 - b. Are there public fund matching requirements or limitations that need to be identified?
 - c. How do third party insurers support SBWCs now? What role should third party insurance play?
42. How has COVID and remote learning impacted your financial sustainability?
 - a. What challenges/barriers has COVID created for existing financial sustainability models?
 - b. What innovations or changes are needed to adapt financial sustainability models?