Data, Evaluation and Best Practices

Date: 9/22/2020

Time: 1-2pm

Location: Meeting URL: https://healthmanagement.zoom.us/j/91271393398?pwd=ZlhQTC9qYnB3aklhU3NWZWFVTjFJQT09

Meeting ID: 912 7139 3398

Passcode: 894728

Facilitators: CAITLIN THOMAS-HENKEL AND DIANA RODIN

Agenda

- ## Welcome and Call to Order

- Kathy C. introduced the meeting
- Gloria James – briefly history of SBWCs and data collection; previously, reports that each submitted; centralized; a few years ago, became decentralized, and all medical sponsors are responsible for providing data with specific parameters. When there was a centralized database, IT people at the state said they couldn't store a large amount of data in a centralized way. When it was in Access, as well as in centralized database, every other year decided to have LCSWs, NPs, dieticians, administrators on – were there any codes that were obsolete. Haven't done that since were decentralized. Whatever we come up with, how to make sure that everyone is on the same page to measure the same thing at each site.
- Thowana Weeks – Back in 2004, had Access database to which data came (on floppy disks) from centers. School Community Health Alliance of MI provided a centralized database for some time, and now we're decentralized. Need to come up with a good way to meet everyone's needs with data.
- Dana Carr – DSAMH
- Chris Kelly, UDel Institute for Public Administration. Involved with Kathy and a few other stakeholders to work to consolidate the data for an annual report that was shared during JFC(?). Looking at issues relevant to expansion of SBWCs.
- Terry Cook-Fasano – program manager for Middletown HS SBWC, lead mental health practitioner for Christiana, including current elementary school SBWC
- Khaleel Hussaini – epidemiologist and clinical lead investigator for SBWC evaluation(?). Happy to give perspective on what are some key things we need to be involved in regarding data collection.
- MJ Scales - Udel center for drug and policy studies(?) – YRBSS in the schools and administer several substance use and mental health-related programs and surveys in the state.
- Aileen Fink – Co-Chair Steering Committee; soon to be director of division of prevention and behavioral health.
- Patches Hill – DOE head of technology operations. Anything to do with intake of data and education data is out of his shop; sister team that does a lot with reporting. Systems, servers, standardization, and governance is under him.

- ## Charge of the Committee

- Caitlin reviewed

- ## Review Data and Best Practices Background
  - Current State in Delaware
  - Problems/Priorities in Delaware
  - Innovations

- Data and evaluation considerations
- Best practices considerations

- **Brainstorm in Response to Research Questions**
  - Are there any gaps as it relates to the core set of services offered by SBWCs?
- Gloria - If money were no object, dental would be ideal to include; as well as expanded nutrition services
- Kristin – how is utilization of dietician services?
- Kathy - in some schools they're very well utilized, while in others not so much. They are an integral part of our interdisciplinary team and a necessary service.
- Terry – some students use it for weight management, but also had success using this with sports nutrition. Broadening out past weight management pieces has helped develop vegetarian and nutrition eating plans, for example.
- Gloria – there are also some exercise programs before or after school. Depending on school and provider, there are all kinds of different aspects of nutrition and exercise.
- Kristin – if money were no object, would like to have a coordinator to work with school and make sure everything is integrated; have school-based meal programs, have athletic departments, but then also, yoga and meditation; integrate into behavioral health school-wide type of curriculum. One of the biggest challenges this group will have is integration of SBWC within the school community; having a coordinator act as that liaison. Kerwin commission, when they presented their budget to the governor, outlined behavioral health coordinators; for each school. That would be something for me. Integration into the school community.
- Terri - Access to child and adolescent psychiatric care can take months. Having a child and adolescent psychiatrist available for children who need to be referred, because pediatricians are often not willing to engage in basic psych medication management.
- Aileen - Based on prevalence of chronic conditions in childhood, would any specialty care be appropriate? Asthma; child psychiatry (shortage particularly in Sussex)
- Gloria – state contract says that we're not supposed to be PCP or do chronic illness management. Though we do see the necessity, for the most part, the emphasis is not on the management of chronic disease states. When we're making recommendations, if this is something people want, that is one of the focuses. For something like asthma, that would be a different data set than we're usually dealing with. How you strategize really does depend on how you do due diligence with your data.
- Kathy – think in the last round of contracts were given some liberty to do chronic disease management. Looking at asthma, we'd be remiss if we didn't address asthma, and probably other chronic diseases.
- Kristin – vision
- Khaleel – evidence-based work as part of mental health work we're currently doing.
  - Research questions include:

Best Practices Questions

- What is the purpose of the School Based Wellness Center (e.g., annual examinations for sports, behavioral health, physical health)?

- Terri – to treat the entire child so they remain healthy and able to engage in school. Holistic.

- Chris Kelly – educational aspect. Healthy eating, healthy coping mechanisms. Holistic, preventive model involving the whole child.

- Aileen - Health education and promotion, early intervention and treatment- so a continuum from prevention, early intervention and treatment
- Khaleel – adversity in the home environment; ensure that students have support, connections, resilience skills to fully thrive. USPSTF mission; idea that early prevention is going to help them
- MJ - What do the caregivers think the purpose is? Youth perception?
- Kristin – We talk a lot about the student – what about engagement with the family, treatment of the family.
- Kathy – Across the state, when we need to have families involved, we involve them. CHWs particularly at elementary level work with families to engage and bring them in. May be something that we want to consider, not just involving them, but eventually treating them.
- Kristin – if that's included in the purpose, that would expand the amount and type of services, cost, everything – that would have to be explicit in the purpose put forward.
- From a student perspective, how do they engage and access care from SBWCs?
- Khaleel – to answer MJ's question, in our 218-19 report had narratives that emerged from parents. Comfort, satisfaction, and confidentiality emerged – a lot surrounding mental health and that they could comfortably talk. Don't know if elementary school kids have the comfort to do that. From parent's perspective, more about bridging, especially around specific sensitive topics. Around mental health, elementary school kids the goal is to generally provide them with more basic services. Bridge and connection to the team.
- Gloria – SBWC – transitioning high school kids to be more engaged with their own health and care in preparation for adulthood
- MJ - For data about how they engage, I would likely look at either of the school survey responses that include those questions.
- Gloria – would you say students more readily access reproductive health services than they would if they were just going to a non-school-based clinic?
- Kathy – Anecdotally yes, would say that's the case. When we closed for COVID, the two services that stayed open were basically mental health via zoom and reproductive health – getting contraception to young women in person.
- Terri – in Middletown, there's no reproductive health care access for teens except in Newark
- Access, convenience
- Kristin – Perception – how people felt about using the services at school? Do people have a negative perception of SBWC services, and if so, how other states address and increase utilization
- Terri – school culture affects that a lot. At one school it may be cool to be engaged in therapy, and at another there may be a lot of stigma. Culture of the school and promotion of the wellness, as well as norms/social pressure among students. If they're among a group of students that all struggle, students have always been the best referral resource. It really does depend on the nature of the school and population and culture of the school.
- Aileen - some percentage of youth (not sure if we have data) engage/access with SBWC at the recommendation to the youth and their caregivers of community healthcare providers

- Identify national and in-state best practices, including physical and behavioral health services and potentially developing a list of essential services

- What are the current services that are being provided across wellness centers in the state? Do these vary in elementary, middle and high schools? If so, how and what types of services?
- Khaleel – there's a lot of variability because of flexibility offered by medical sponsors, and school districts – what kind of services can or can't be offered. Challenge that there aren't standard set of services that are implemented to fidelity. Comparison of costs to different sponsors etc. if variation it's because schools are unique, medical sponsors are trying to tailor services to locales. But that creates challenges standardizing services. But some things can be done, e.g., trying to do asthma management program; same thing with CBT, standard practices we have to do. Preventive services.
- Gloria – before 2012, all of our schools had to have a registered dietician (high schools only). After 2012 when the contract changed, and because of severe budget cuts, no longer included that, although some centers still provide RD hours, and as far as the reproductive health part, has to be voted on by school districts (they didn't have it prior to 2012). All are on board except for Del Mar. All offer some form of medical, some form of mental health, some form of prevention education.
- Kristin – personal issue with school boards getting to vote on what services are available – is that legislation or regulation? Why do they get to vote if they aren't paying for it.
- Gloria – DHSS signed off in the 80s on there not being repro health services, and that school boards would have to vote on whether they did STI diagnosis/treatment, HIV testing/counseling, pregnancy tests. Amazed because original purpose of SBWCs was to address infant mortality and teen pregnancy. To me the intervention would have been reproductive health. This wasn't in statute, but the state board of education person – cabinet secretary to DOE and cabinet secretary to DHSS, that was how it started. Not all centers that do repro health do HIV testing/counseling.
- Patches – where we identify policy changes that need to be made, we need to push that. Probably will find that school boards are made up of more privileged people, and want to make sure centers provide services to kids that have less access. I'm ok with the state saying it's not my decision as a school board member. Senior state leadership may need to intervene. It is our job to push for the necessary services to be made available.
- What are the most frequent physical and behavioral health issues students connected to the SBWCs present?

Data Questions

- SBWCs are providing both behavioral health and physical health services – what is the impact of those services on attendance, behavior? (Christiana has worked with the district and examined this for Red Clay and Colonial)
- Can data shed light on the impact on emergency visits, medical aid unit types of visits for certain populations?
- Potentially look at how the health and student behavior outcomes at these centers have been integrated. Is there a way to marry health and student behavior (e.g., YRBS data) and academic?
- Is it possible to do some data mapping to see what instruments are used across SBWCs and whether they're similar, current expectations and how data flows?

- Identify minimum data/benchmark performance indicators and ideal measures to track outcomes for students served by SBHCs K-12
- To support development of strategic plan and evaluation plan:
  - What data do we want to capture?
  - What data is currently available?
  - What data can medical sponsors provide?
- What gaps in data collection and reporting are there between medical sponsors and the state?
- What models are available from wellness centers in the state and out of state that DE can learn from and apply?
- How can EHRs be useful tools for data reporting & evaluation in SBWCs?
- Joint application of FERPA and HIPAA – how is that working or how could it work?

- **Adjournment**
- **Next Meeting Tuesdays at 1:00 & Next Steps**