

Data, Evaluation and Best Practices

Date: 10/20/20

Time: 1-2pm

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

Meeting ID: 912 7139 3398

Passcode: 894728

Facilitator: CAITLIN THOMAS-HENKEL AND DIANA RODIN

Attendees:

Kristin Dwyer, Chris Kelly, Laura Rapp, Gloria James, MJ Scales, Terri Cook-Fausano, Thowana Weeks, Patches Hill, Khaleel Hussaini, Aileen Fink, MJ Scales, Chris Kelly
HMA: Diana Rodin, Caitlin Thomas-Henkel,

Agenda

- **Welcome and Call to Order**

Kathy discussed planning for the Data Hub presentation and aiming to share this information.

- **Literature Review Discussion**

Literature review matrix discussion and key recommendations

- Diana Rodin provided an overview of the literature review including the states that we examined.
- Discussion around the reproductive health- looking at barriers to reproductive health care. Areas of agreement; eliminating EOBs, barriers, looking at working toward LARC access (policy changes); as not all SBWC are offering LARs which would mean linking to the policy work group.
- Alternatives to school boards, as done in Montgomery County. Kristin noted that we have not yet discussed this as an option.

- Aileen asked if we were focused on reproductive health advocating this as that is a best practice? Yes, the group discussed this option.
- Workgroup convened of youth to discuss reproductive health options and parental input. Is this something that the group would like to discuss.
- Is the purpose to gather more information about reproductive health- to inform what services should be offered. Kathy thinks this idea is important. Hospital systems have to do a community needs assessment. In DE we should be routinely checking in with youth and parents. DPH and Colonial found the qualitative to identify ongoing and emerging needs such as mental health services and how they're underutilized. An ongoing assessment that's broader to support the emerging needs. This working group could be established. Would this be local or statewide? Could be done by county or statewide? In counties with multiple medical providers would this be challenging. Kathy thinks that medical providers. Using data-based decisions to drive and inform best practices. Mapping with the policy workgroup. There is a financial component to this aspect.
- Gloria noted that the LARC has cost implications as it's confidentiality.
- Kathy asked a question as it relates to what happens in the wellness centers. Is it in our contracts that they have a say? It's in the RFP.
- Thowana noted that there is a requirement that the SBWC must report reproductive health data. There are 14 tables that are reported quarterly from Office of Population Affairs. There are 40 data sets. This information will be implemented soon and training people how to enter that information. Currently the data is unduplicated numbers. They are not sending data. Don't know how much it will change. It's all quantitative data. TO be a Title 10 provider it's required. What's missing is what is the impact. Is it reductions in teen pregnancies?
- Gloria noted that there are only seven elementary schools to identify what data sets do we want to collect? If it is standardized what we want to collect. If we want to look at absenteeism.
- Colonial and Red Clay do not have a contract with DPH. Then the districts are required to do some data reporting. One place to examine are the performance measures for elementary schools. DPH cannot mandate anything as they do not have the data. Will pull the measures from SBHA; Kathy collaborated with Nemours and aligned their data. They work with data service center is partnership between Colonial and Red Clay- they are connecting to gather data for the 2019-2020; can pull that data. Potential recommendation: pull the data.
- Examine the feasibility of the current process in which school boards make determinations. Currently the school district has to sign off that the SBWC can offer reproductive services. One thing that has not been discussed is that there is no contract between the school and medical providers. There is an extensive process involved in working through agreements/ an MOU would not be needed. Concerns about what is reproductive health and the services offered.
- If the advisory committee would serve the role of providing input on the services. There may be a need for MOUs in the future (as opposed to school districts).
- Patches noted that the school boards should not be the final decision-making in-service determinations. If parents and youth identify; should the boards weigh in on what items.
- The YRBS has a lot of research focused on health and outcomes (e.g., did you and your partner use birth control?) this data already exists. We can only get it county level or statewide. This would inform what's resonating with students. This could be a potential source of data.
- How can trauma informed care be integrated into schools; the community sense/ model. There is discussion of adopting a screening tool. How does trauma informed care vary from SBWC and the school? This could be duplicative and ineffective as a result. Without having someone who is focused on this, I want to ensure that we are not duplicative.

- Trauma informed care is an approach; trauma specific services- are the things that you're doing to assist those who have experienced trauma. Approach- how do you; Services- universal screening from trauma. The state's work is at the trauma informed; where it makes sense to screen and refer adults.
- From a school-based perspective in the RAAP assessment; depending on the type of tool can be used to guide the care that you want to do. Focus more on the specific services, given the limitations, and thinking about this from an outcome perspective. What are we trying to see a change? We can have data on ACEs but then don't offer clinical services (not making an impact).
- Special education teachers collect data on ACEs for kids who have experienced trauma. They track this to ensure the services are offered. It is individualized by student.
- The trauma informed approach should be aligned with the school-based approach. The state has adopted a trauma informed framework with DOE and the school districts. They are working to implement this framework. Recommendation: alignment with the framework. How the state could align with providers to provide training on trauma informed services. Pote rec: when a child is identified with trauma, they would work to increase access to services to ensure the child has appropriate services. Take Care Delaware Program, based on West Virginia, involves collaboration between schools and law enforcement. A notification to schools that may be impacting them. Aileen does not know the involvement. (NOTE FUTURE DISCUSSION)
- Terri would also like to see how the providers can share follow up with the child's school team to ensure they are aligned in providing coordinated wrap around services. Collaborate an approach with providers to ensure the SBWC is aligned.
- The Department of Education Delaware Project: is creating contacts with students to connect them with services in their community. Terri Lawler is a good contact for this work.
- We want to make sure we are connected and aligned with this work. The SBWC could be the service that they turn to for services.
- Behavioral Health Integration:
- Providing linkages to community pediatricians during enrollment and insurance eligibility for screening. Building relationships and trust with community pediatricians. Enhancing collaboration/ information sharing.
- Kathy noted that sometimes there is concern about the SBWC and community pediatricians. Particularly with ACOs and the purpose of the wellness centers. How do the SBWC serve? How to ensure better coordination and alignment.

California School-Based Health Alliance Field Guide

- **Adjournment & Next Steps**

Next meeting will focus on reviewing case studies. We have identified Montgomery County, California and Colorado as three models. We will plan to discuss during our next meeting.