

SCHOOL-BASED HEALTH CENTERS STRATEGIC PLANNING

INFRASTRUCTURE, POLICY, AND OPERATIONS WORKGROUP

Virtual Zoom Meeting
Thursday, October 22, 2020
1:00 PM - 2:00 PM



Agenda

- ▶ Welcome
- ▶ Recap of Previous Weeks
- ▶ Initial Thoughts/Reactions (Breakout Groups)
 - ▶ Share out
- ▶ Research Questions & Draft Recommendations (Breakout Groups)
 - ▶ Share out
- ▶ Group Discussion on Priorities & Implications
- ▶ Adjournment & Next Steps





Review of Previous Discussions:

Menu of Services:

Services determined by community need assessment, school district, school nurses, community providers

- ▶ Sports physicals & well child visits for those in need
- ▶ Minor acute care
- ▶ Immunizations
- ▶ Telehealth services (physicals/minor acute care?)
- ▶ Reproductive Health (middle & high)
- ▶ LGBTQ+ Health? (hormone therapy, PrEP)
- ▶ Behavioral Health (psychology, psychiatry, substance use counseling)
- ▶ Nutrition counseling
- ▶ Vision and Hearing
- ▶ Oral Health
- ▶ Health Education
- ▶ Social Services (insurance, food, housing, income, energy) especially in elementary and middle

SBWC Staffing:

Staffing model determined by DPH, SD, and align with needs

- ▶ Core staffing: NP/PA, BH counselor, Medical Assistant, rotating RD
- ▶ Routine meetings with school nurse & psychologist
- ▶ Dental hygienist & coordinator, hearing & vision specialist every quarter (emphasis on beginning of year)

Hours of Operation:

- ▶ August - June, limited July hours at Hub, weekdays only
- ▶ Office hours: 9 AM - 5 PM (or last bus)
 - ▶ Once a week until 8 PM at Hub
 - ▶ Depending on SD building staff/if Hub has external entrance, could have hours during school closures

Model Design:

- ▶ Hub and Spoke Model with siting dictated by school districts
- ▶ Not a medical home (unless necessary), connects kids to a medical home and incorporated into Pediatricians' care practice
 - ▶ Ask about PCP on enrollment forms
- ▶ No full family enrollment, but siblings enrolled in district can receive services at SBWC that is not their school (through hub and spoke)

SBWC Siting:

- ▶ Title I status, ever free and reduced meal numbers, insurance breakdown, poverty thresholds, volume of IEPs, availability of family care and private practice providers
- ▶ Costs associated with siting/construction

Guiding Questions & Structure

Guiding Questions (of entire process):

- ▶ What is goal of SBWCs in Delaware?
- ▶ What practices from other states resonate?
- ▶ How can SBWCs enhance health equity?
- ▶ How can SBWCs and community providers collaborate more efficiently?

Topics to Discuss:

- ▶ Service Determination
- ▶ SBWC Staffing Models
- ▶ SBWC Partnerships (Internal/External)
- ▶ Telehealth Integration/Staffing



The host is inviting you to join Breakout Room:
Breakout Room 1

Join

Later



Joining Breakout Rooms...

Breakout Room 1

It may take a few moments.

Draft Recommendations

Research Questions:

- ▶ Currently school districts determine the base service menu. Should there be a neutral statewide entity making this decision to ensure consistency across the State? How would this function?
- ▶ What should be the staffing for a base+ model?
- ▶ Should the base staffing model be the same for all SBWCs that are classified as elementary and middle and classified as high school wellness centers? Who should determine this base staffing level and role definition?
- ▶ How should we more clearly define the partnership between the school nurse and psychologist with the school-based wellness center staff?
- ▶ What should be the model to engage outside partnerships/contractors to provide specific services for SBWCs (social services, dental, vision, hearing, etc.)?
- ▶ How should SBWCs incorporate telehealth into SBWC staffing models? What services should be offered via telehealth and by whom/how?



Draft Recommendations

- ▶ Currently school districts determine the base service menu. Should there be a neutral statewide entity making this decision to ensure consistency across the State? How would this function?
 - ▶ Entity regulating core services with local influence on additional services.
 - ▶ Avoid legislation and go to regulation instead (DHSS has some regulatory authority), when regulations are developed need to add some collaboration language
 - ▶ DPH, DOE, SD reps (1 or 2 superintendents total, need to coordinate and advocate, instead of doing things with individual districts), Nemours, DSCYF
 - ▶ Need for teaching health equity and literacy
 - ▶ Need to talk about charter school service determination
- ▶ What should be the staffing for a base+ model?
 - ▶ Up to providers based on the needs of the center
 - ▶ Needs to be differentiated by school level
 - ▶ Base staffing model: mental health counselors, there can be some flexibility (pyramid)
- ▶ Should the base staffing model be the same for all SBWCs that are classified as elementary and middle and classified as high school wellness centers? Who should determine this base staffing level and role definition?
- ▶ How should we more clearly define the partnership between the school nurse and psychologist with the school-based wellness center staff?
 - ▶ SBWC is clinical and the other is not
 - ▶ Mental health counseling is something they are trained in, but cannot always take it to the clinical level, this is overwhelmed with the other aspects of their job
 - ▶ Middle school behavioral health consultants (KIDS Dept) are limited by caseload. FCT (elementary school) are limited in caseload and work with entire families. Cannot provide services to entire school.
 - ▶ Behavioral health coordinators, bridge between contracted entities and school ecosystem to coordinate and collaborate BH services
 - ▶ Student intervention team headed by principal triages issues with kids and determines who should work with children on issues. Wellness center should be part of this group. (Whole-child approach). Collaboration within a school.
 - ▶ Within a SD there needs to have professional collaboration cross schools/professionals
 - ▶ Consistency in data across the board, especially for baseline data
- ▶ What should be the model to engage outside partnerships/contractors to provide specific services for SBWCs (social services, dental, vision, hearing, etc.)?
 - ▶ Addressed through contracting and MOU
- ▶ How should SBWCs incorporate telehealth into SBWC staffing models? What services should be offered via telehealth and by whom/how?

Next Steps and Adjournment

- Next week discussion: Privacy & Confidentiality
 - Read Literature Review
 - Explore materials & supplementary materials
 - Send supplementary materials to dhawkinson@healthmanagement.com
- Review materials on [Virtual Binder](#)
- Next Meeting: October 29, 1:00 PM - 2:00 PM

