

# Data, Evaluation and Best Practices

Date: 10/27/20

Time: 1-2pm

Location: Meeting URL: <https://healthmanagement.zoom.us/j/91271393398?pwd=ZlhQTC9qYnB3aklhU3NWZWVFTjFJQT09>

Meeting ID: 912 7139 3398

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Facilitator: CAITLIN THOMAS-HENKEL AND DIANA RODIN

Kristin Dwyer  
Kathy Cannatelli  
MJ Scales  
James  
Aileen Fink  
Gloria James  
Laura Rapp  
Terri Cook-Fausano  
Thowana Weeks  
Chris Kelly

## Agenda

- **Welcome and Call to Order**
- **Literature Review Discussion**
  - Literature review matrix
- Integration of school based wellness center- behavioral health linkages to PCP; screening for enrollment; building enhanced rel'ips with PCPs & pediatricians.

- Aileen had a question/comment regarding integration and the partnership with the SBHC provider and other school staff (e.g., counselors, staff)?
- The policy work group discussed this topic and the additional hiring of behavioral health coordinators. Different providers, employees. The coordinator would help coordinate services district wide.
- Kathy noted at Warner the principal took this on; looked at services, who was provided to look that the services were coordinated across the district. MTS system of support. PBPS- having someone who can integrate and communicate across. Also crisis intervention teams should work to coordinate with the IEP teams in schools. Concerns with the case loads and limits in terms of ratio.
- Project Aware required schools do an inventory of service providers across the continuum to assess the scope of providers. Recommendations: have schools and districts identify specific services and providers that are being delivered in the school. This could then help identify what auxiliary services may need to be augmented for services.
- Kristin noted it would be ideal to expand school based wellness centers in the elementary schools. In two elementary schools the behavioral health services are provided.
- Gloria noted that it would be helpful to identify the wrap around services that are being provided in the schools. Students without a medical home and have Medicaid eligibility could be enrolled. Identify if there is a need. There are licensed social workers in all the schools but they may float around and not have dedicated time to do eligibility and enrollment. Look at the roles and responsibilities of the staff in the wellness. Conduct a staff gap analysis of roles and responsibilities. The eligibility and enrollment is not necessarily a responsibility of the wellness centers currently.
- The BHCs do not have caseloads; families have expressed positive notes. Fifteen families on the caseload for the crisis. Are there BHCs in every middle school?
- School based wellness center counselors in other schools are not able to provide ongoing counseling. Christiana's therapists are able to provide ongoing and they do Medicaid eligibility and enrollment. CHWs are a great support for this function.
- Telehealth: Kathy noted that there are limitations with delivering medical care for students. How could we expand? There are some challenges at this time.
- Chris asked about access which was noted by Aileen. Is it possible for students to gain access to telehealth in the schools. Challenges with making accommodations for visits.
- Christiana has noted that one challenge is around managing COVID restrictions with social distancing to have a room for visit. One concern is related to access to ensure that the room was private. Is there a violation of student privacy if the student needs to notify the secretary they need access to the room. They see the students in the building. Other schools have provided wifi internet devices.
- Research- telehealth visits and the cost. Rates are the same copays by private insurance is the same, co pays have been waived but will end soon.
  - California School-Based Health Alliance Field Guide Reviewed strategies to show impact of SBWC through surveys, interviews and focus groups.
  - There are some concerns about linking students seen in wellness centers and how they perform academically.
    - Kristin has concerns about a pre and post of looking at academic indicators.
    - Chris mentioned how to capture the qualitative information from principals and leadership.
    - Aileen asked about wellness measures. This is not something that's captured now? Example if a student is treated for asthma there is no measure of their outcomes.

- Kathy noted chronic disease and do they have reductions in ED visits?
- What's the feasibility of getting the data from the hospitals- for Christiana they could go into the EHR. Could use the DHIN to track this data. It could be tracked but would need to be a coordinated effort across the state. Not all providers use DHIN. Concerns about using DHIN in a pediatric population. Who has access to DHIN for things such as reproductive health.
- Laura noted that the DPH evaluation report collected some of this data to link Medicaid data with school based wellness centers.
- With a decentralized data base we would need to leave it up to the medical sponsors to do so. They would have to agree to submit and agree to the data.
- Seat time logs- do these make sense? Kristin asked if CA they make comparisons to the absentee data? Recommendation: use seat time data.
- Stakeholder surveys: Chris thinks that there would be some value in capturing the data. Would need to balance if the work justifies the effort. May be easier than capturing this in a data base. Would this be a standardized survey across all center. How often, who will administer and how will this data be reported out.
- Christiana uses a satisfaction survey; how to rate the provider. They do not look at academic performance. They are done on ipad and done twice a year. They collect the data and is reported to DPH.
- Laura noted that their center does a survey in 5,8 and 11 in all public schools. Ask a question about why students use SBWC surveys. Would give a barometer by county; adding satisfaction. Could be a potential to expand. The expansion of wellness centers to expand could be a mechanism to survey students.
- Chris mentioned that during a previous meeting the group discussed the feasibility of the advisory board being one that the group to assess how to capture the data/information.
- Focus groups and interviews: Chris noted that developing qualitative measures from SBWC across the state would be useful. Combining the qualitative with the quantitative. MJ noted that this is important but time burden and survey burden are

- **Adjournment & Next Steps**