

SCHOOL-BASED HEALTH CENTERS STRATEGIC PLANNING

INFRASTRUCTURE, POLICY, AND OPERATIONS WORKGROUP

Virtual Zoom Meeting
Thursday, November 19, 2020
1:00 PM - 2:00 PM



Agenda

- ▶ **Welcome**
- ▶ **Review Draft Recommendations**
 - ▶ Evidence/Rationale
 - ▶ Implementation Needs
 - ▶ Entities Accountable
 - ▶ Evaluation Considerations
- ▶ **Additional Considerations, Priorities, & Implications**
- ▶ **Adjournment & Next Steps**



Draft Recommendation

1.) New school based-wellness centers should follow a hub and spoke model with sites determined by school districts

The hub and spoke model allows for greater capacity to serve students and can enhance services available to students with rotating providers & availability at hub.

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
School Districts	<ul style="list-style-type: none">• Determination of siting hubs and spokes• 2-mile radius for spokes in urban/suburban, 5-7-mile radius for spokes in rural	
Medical Sponsors	<ul style="list-style-type: none">• Technical assistance and guidance on space needs hubs and spokes• Full menu of services available in the HUB• Partial services in SPOKE centers - Determine staffing & hours of operations at spokes (2-5-day staffing with NP/PA and BH professional, rotating)• Modify enrollment form to allow for receipt of services in all SBWCs in district (hub and spoke area)	
Division of Public Health	<ul style="list-style-type: none">• Provide technical assistance on how to manage hub and spoke model	
Department of Education	<ul style="list-style-type: none">• Provide technical assistance on where to situate hub and spokes	

Draft Recommendation

2.) School-based wellness centers will not serve as a student's primary medical home, unless necessary

School-based wellness centers are not equipped to serve as medical homes for patients given their staffing and operations, and therefore should assist in linking patients to PCPs. However, some patients may not be able to be linked to a medical home.

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
School-Based Wellness Center	<ul style="list-style-type: none">• Must ask student to list PCP on enrollment form• Must ask student about PCP during all service visits, maintain as part of medical records• If student does not have PCP, SBWC administrator must make effort to connect student with appropriate PCP• If student is not able to be connected to a medical home (uninsured, lack of community PCPs/availability), SBWC can serve as limited medical home	
Community PCPs	<ul style="list-style-type: none">• Develop relationships with SBWC administrators for referrals and linkages• Discuss SBWCs with patients	

Draft Recommendation

3.) Explore payment models that incentivize collaboration between SBWCs and community providers.

To enhance the relationship between SBWCs and community providers, other departments have explored payment incentives for referrals & linkages.

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
School-Based Wellness Center/Medical Sponsor	<ul style="list-style-type: none">• Develop relationships with community PCPs and specialty provider for referrals and linkages• Provide support for modifying EHRs and medical records to be interoperable with community providers within their network	
Community Providers	<ul style="list-style-type: none">• Develop relationships with SBWC administrators for referrals and linkages	
Division of Public Health	<ul style="list-style-type: none">• Provide technical assistance to SBWCs on how to develop linkages with community providers• Work with Medicaid to explore alternative payment options for incentivized collaboration	
Payors	<ul style="list-style-type: none">• Explore payment options like pay-for-performance measures, etc. that incentivize collaboration in care between SBWCs and community PCPs	

Draft Recommendation

4.) Siblings who are also enrolled in the school district and who do not have a SBWC in their schools, may receive services from a student's SBWC. Parents, however, may not receive services from a SBWC.

Allowing for siblings to access services at SBWCs enhances equitable access of services and allows for students to receive needed services

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
School-Based Wellness Center	<ul style="list-style-type: none"> Collaborate with schools in school district for referrals and linkages of sibling students Ensure staffing is competent in delivering services to students of other ages Reproductive & sexual health services and substance use services are only available at middle or high school SBWC Modify enrollment form to include enrollment of siblings also in school district 	
School Districts	<ul style="list-style-type: none"> Develop relationships with SBWC administrators for referrals and linkages across district Ensure schools and parents are aware of sibling enrollment 	
Division of Public Health	<ul style="list-style-type: none"> Provide technical assistance on modifying enrollment processes Ensure standards of record-keeping for students across district 	
Department of Education	<ul style="list-style-type: none"> Provide technical assistance on modifying enrollment processes 	

Draft Recommendation

5.) Develop opt-out SBWC enrollment for students in the school. Siblings in school district maintain opt-in enrollment

Changing to opt-out enrollment enhances accessibility to students who may have trouble getting forms signed by parents/caregivers. It also increases the potential long-term financial sustainability of SBWCs.

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
School-Based Wellness Center	<ul style="list-style-type: none">• Modify enrollment form to include opt-out language for students in school, but opt-in language for siblings• Maintain ability for parents/caregivers to opt-out of students' receiving specific services	
School Districts	<ul style="list-style-type: none">• Communicate opt-out enrollment policies to parents & students	
Division of Public Health	<ul style="list-style-type: none">• Provide technical assistance on modifying enrollment processes	
Department of Education	<ul style="list-style-type: none">• Provide technical assistance on modifying enrollment processes	

Draft Recommendation

6.) Establish a base service menu model that includes:

- Sports physicals (only physicals for those who need it/linkages to PCPs for physicals)
- Minor acute care
- Immunizations (only for those who need it/linkages to PCPs for immunizations)
- Reproductive health for middle and high school (STD & HIV testing, contraceptives, pregnancy testing, birth control pills)
- Behavioral Health (counseling, substance use screening for middle and high school)
- Health education
- Insurance navigation

Certain services must be guaranteed to students' at SBWCs to ensure equity and accessibility of health care.

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
School-Based Wellness Center	<ul style="list-style-type: none"> • Modify enrollment form to include opt-out language for students in school, but opt-in language for siblings • Maintain ability for parents/caregivers to opt-out of students' receiving specific services 	
School Districts	<ul style="list-style-type: none"> • Communicate opt-out enrollment policies to parents & students 	
Division of Public Health	<ul style="list-style-type: none"> • Provide technical assistance on modifying enrollment processes • Base Menu must be offered in all SBWCs. Contracts with medical providers must reflect base menu service offerings 	
Department of Education	<ul style="list-style-type: none"> • Provide technical assistance on modifying enrollment processes • Ensure space need for base menu services 	

Draft Recommendation

7.) Appoint an independent legislatively appointed council with representation from DPH, DOE, DSCYF, DSAMH, School Districts, Parent Teacher Association, and Community PCPs and legislators to assist in recommending future SBWC siting and additional service options for school-based wellness centers based on community needs and resources. Additional services to be considered:

- Psychiatry and psychiatry referrals
- Prescription & medication management
- Vision & hearing
- Reproductive health (including Depo-Provera)
- Oral health
- Social service navigation & assistance for families
- Evidence-based interventions

An independent council can assist in examining the needs of students & families in high-needs areas and recommend additional services based on need, community resources, and

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
Medical Sponsors	<ul style="list-style-type: none"> • Work with council & school districts to understand what service menu can be offered in district with hub and spoke model 	
School Districts	<ul style="list-style-type: none"> • Every three years work with School District Wellness Coordinator and Director of Guidance or Associate Superintendent for Socio-Emotional Learning and the medical sponsor to identify student needs • Convey findings from needs assessments to DPH and Council to include in service menu offerings by Medical Sponsors 	

Division of Public Health	<ul style="list-style-type: none"> • Owns and staffs the Council and recommends representatives to be appointed to the council to provide research and resources on health needs of areas 	
Department of Education	<ul style="list-style-type: none"> • Appoint representative to council to provide research and resources on social needs of students & families as well as site availability • Provide guidance to school districts in partnership with DPH to conduct needs assessments - every three years? 	
Department of Services for Children, Youth, and their Families	<ul style="list-style-type: none"> • Appoint representative from the Division of Prevention & Behavioral Health Services to council to assist in understanding BH needs and resources in schools • Coordinate with School Districts, DSAMH and DPH to coordinate behavioral health services for children and youth in DE 	
Division of Substance Use and Mental Health	<ul style="list-style-type: none"> • Appoint representative to the council to provide research & resources on behavioral health needs and resources in schools • Coordinate all DSAMH grant making for children and youth with DPH, DSCYF, DOE and the School Districts and manage medical sponsor and provider expectations 	
Parent Teacher Association	<ul style="list-style-type: none"> • Appoint representative to the council to provide insight and guidance on needs of schools & families 	
Community Providers	<ul style="list-style-type: none"> • Invite local pediatrician & specialists as needed (dental, vision, hearing) to the council to provide insight and guidance on needs of local community and how community PCPs can work with SBWCs 	

Draft Recommendation

8.) Recommend the following staffing model:

- Nurse Practitioner/Physician's Assistant for every 1,000 students enrolled
- Behavioral Health professional for every 1,000 students enrolled
- Rotating Registered Dietician for every 1,000 students enrolled
- Medical/Administrative Assistant for every 1,000 students enrolled
- Overseeing Physician for hub & spoke system
- Rotating Dental Hygienist for every 2,500 students enrolled
- Hearing & Vision specialist for every 2,500 students enrolled

Based on other state's models, staff should be determined through student ratio. Given hub and spoke model, staff may rotate between sites. Specialty staff (dental, hearing, vision) may be available on a quarterly basis.

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
School-Based Wellness Center	<ul style="list-style-type: none"> • Determine provider availability and staffing for hub and spokes 	
Medical Sponsor	<ul style="list-style-type: none"> • Provide assistance on staffing determination and operations 	
School District	<ul style="list-style-type: none"> • Support school nurses and counselors in collaborating and assisting with SBWC staff 	

Draft Recommendation

9.) Recommend the following hours of operation:

- August - June (limited July hours at the Hub)
- 9:00 AM - 5:00 PM (or until last bus)
- Once a week until 7:00 PM at Hub
- If Hub has external entrance, can do some weekend/holiday hours

SBWCs should have some hours and accessibility outside of the typical school day. Enhanced operations at the hub in a hub and spoke model allows for this.

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
School-Based Wellness Center	<ul style="list-style-type: none"> • Determine provider availability and staffing for after hour operations • Determine needs and frequency of after hour operations 	
School District	<ul style="list-style-type: none"> • Assist SBWCs in using SBWC facilities for after hour operations 	

Draft Recommendation

10.) Recommend the following SBWC set up:

- Hub: converted classroom, minimum 900 square ft. (exam room [with ability for mobile dental unit], waiting area, bathroom, counseling room, prep area, medical office)
- Spoke: designated space for SBWC, minimum 400 square ft

Hubs should be more expansive in their space requirements so that they can account for the additional services offered. Spokes do not need the space of a converted classroom but must ensure that no other entity uses space.

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
School District	<ul style="list-style-type: none"> • Provide space options and assist in renovations for SBWC • School Districts with the greatest need based on a specified siting formula must be permitted to submit a capital budget to the legislature through DOE budget submission process for renovations and space creation of two hub and spoke SBWC each year • Supply necessary administrative equipment/supplies 	
Medical Sponsor	<ul style="list-style-type: none"> • Provide assistance on site requirements, needed construction • Ensure Joint Commission compliance • Supply necessary medical equipment 	
Division of Public Health	<ul style="list-style-type: none"> • Provide technical assistance to school districts and medical sponsors on site requirements • DPH must be provided operating budget dollars for the addition of two hub and spoke SBWCs in alignment with the siting schedule 	
Department of Education	<ul style="list-style-type: none"> • Provide assistance to school districts and medical sponsors on site and renovation options 	

Draft Recommendation

11.) Recommended additional factors to consider for future school-based wellness center siting should include:

- Title I status
- Numbers of students who have every had free and reduced meals
- Insurance breakdown (increased Medicaid & uninsured)
- Poverty thresholds
- Volume of IEPs
- Availability of family care and private practice providers
- Costs associated with siting/construction

To ensure equity in siting of SBWCs, DPH and other should consider the following criteria after assessing schools deemed as high needs by DOE

<u>Entity Accountable</u>	<u>Implementation Needs</u>	<u>Evaluation Considerations</u>
School District	<ul style="list-style-type: none"> • Provide assistance to DPH and medical sponsors on needs of district • District Data and Performance Office should analyze and provide data that is responsive to the needs-based formula identified above - annually? 	
Medical Sponsor	<ul style="list-style-type: none"> • Work with school districts and DPH to determine needs 	
Division of Public Health	<ul style="list-style-type: none"> • Evaluate bids internally on these additional factors • DPH should work closely with DOE and the School Districts to analyze needs-based data generated by school districts - on a three-year cycle. • Schools to come online with a hub and spoke based SBWCs will be identified in a rolling three-year cycle 	
Department of Education	<ul style="list-style-type: none"> • Provide assistance to DPH on additional factors of school district need • DOE should work closely with DPH and the School Districts to analyze needs-based data generated by the School Districts on a three-year cycle • Support DPH efforts to site SBWC according to a rolling three-year cycle 	



Additional Considerations

Menu of Services:

- ▶ LGBTQ+ Health (hormone therapy, PrEP)

SBWC Space & Infrastructure:

- ▶ Capital budget line item or grants for renovations

SBWC Staffing:

- ▶ Formal or informal partnerships with school nurse or counselors
- ▶ Integration into student treatment teams



Next Steps and Adjournment

- Recommendations to be presented to Steering Committee

