

**DELAWARE SCHOOL-BASED WELLNESS CENTER STRATEGIC PLANNING COMMITTEE S.W.O.T. ANALYSIS**

		<b>HELPFUL</b>		<b>HARMFUL</b>		
		<b>STRENGTHS</b>	Things you <i>can</i> control	<b>WEAKNESSES</b>		
<b>INTERNAL</b>		<ul style="list-style-type: none"> <li>• Long standing history since 1985</li> <li>• Engaged and energized leadership within the Executive and Legislative branches</li> <li>• Recognition of the role of SBWC and social emotional learning</li> <li>• State agency support and collaboration</li> <li>• Dedicated community providers</li> <li>• Long standing partnerships</li> <li>• Established SBWC structure</li> <li>• Implementation of SBWC in majority of high schools</li> <li>• Parental &amp; caregiver involvement</li> <li>• Direct access to BH services that are limited in the private sector</li> <li>• Startup infrastructure for SBWC in elementary schools</li> <li>• Support from school boards</li> <li>• SBWCs start to address health disparities at all levels sometimes better than the private sector</li> <li>• SBWC are a value-based care strategy</li> <li>• Increased focus and attention on SBWC</li> <li>• Schools function as a hub (population/community health model)</li> </ul>		<ul style="list-style-type: none"> <li>• Annual underfunding of SBWC program</li> <li>• Lack of strategic plan for future expansion</li> <li>• Inconsistent adoption of EMR/EHR</li> <li>• Inconsistent outputs across providers</li> <li>• Limited number of outcome measures</li> <li>• No standardized performance measures for SBWCs in elementary schools</li> <li>• No public sector funding stream supporting elementary SBWCs (ESBWC) currently in operation. It is difficult to determine an ESBWC base budget formula</li> <li>• Variance of core services for public health and behavioral health where DPH does not have contracts</li> <li>• Underutilized for preventative care services (survey identified majority use for required sport physicals)</li> <li>• Missing an algorithm for expanding SBWC in Title I schools</li> <li>• Varying periods of operation (hours of operation, calendar of operation)</li> <li>• Lack of consistent coordination of care with other community providers, system of care</li> <li>• Challenges with reimbursement for services</li> <li>• Lack of understanding leading to lack of support from other community providers</li> <li>• Competition for financial incentives, inadequacy of rate structure</li> <li>• Inconsistent coordination with other school services provided (school nurses, school counselors)</li> <li>• Challenges with data sharing between SBWC and school districts (competing demands of HIPAA and FERPA) – both practical and legal</li> <li>• Inconsistency of mental health services for students during the summer</li> <li>• Lack of diversity in funding portfolio</li> <li>• Lack of integration of health education and health literacy in school curriculum</li> <li>• Revisit contracts in relation to continuity of care</li> <li>• Lack of support for caregivers &amp; parents for wraparound services in schools</li> <li>• Hours of operation that limit participation of caregivers in healthcare services</li> <li>• Lack of resources of families to support virtual or hybrid service delivery</li> </ul>		
		<b>OPPORTUNITIES</b>	Things you <i>cannot</i> control	<b>THREATS</b>		
<b>EXTERNAL</b>		<ul style="list-style-type: none"> <li>• Expansion of partnership opportunities with insurance companies about billing and value-based care</li> <li>• Interagency collaboration</li> <li>• Identify sustainable funding (including Medicaid reimbursement)</li> <li>• Expansion to elementary and middle schools and high-risk communities</li> <li>• Opportunity to standardize services and expand preventative services</li> <li>• Education for community PCPs, Family Practice, urgent care, and pediatricians about value to SBWCs to create a continuum of care</li> <li>• Telehealth policies, flexibilities and fee structures</li> <li>• Opportunity to strengthen the continuum of care with private and public partners</li> <li>• New grant funding opportunities for behavioral health</li> <li>• Stronger collaboration between DSCYF, DPH, DSAMH and DOE</li> <li>• Create a continuum of healthcare for school-aged children, PreK – college</li> <li>• Opportunity to create a model of care year-round – 10-month</li> <li>• Opportunity to define wraparound services</li> <li>• Engage policymakers, schools, providers, and consumers in SDOH concepts/services</li> <li>• Marketing and communications on successes and work of SBWCs</li> <li>• Exploring public-private financing model with private insurance companies</li> <li>• Building minimum standards of care (outcomes, outputs) to apply to both public and private clinics</li> <li>• Re-examine contracts</li> </ul>		<ul style="list-style-type: none"> <li>• Ability to identify dedicated revenue due to budget limitations</li> <li>• Ability to adopt standardized set of measures</li> <li>• Billing concerns and lack of support from other physician networks (PCPs, Family Practices, urgent care, and pediatricians)</li> <li>• Competing budget priorities amidst COVID-19</li> <li>• Low student engagement in school and increased anxiety, trauma, and stress from COVID-19</li> <li>• Providers’ exposure to secondary trauma experienced by students due to COVID-19</li> <li>• Reopening school decisions and impact on SBWCs enrollment and operations</li> <li>• Lack of consensus around standards</li> <li>• Lack of funding to cover expenses for the school year creating greater pressures on third party billing</li> <li>• Unfocused and undisciplined in strategic planning</li> <li>• Lack consistency in local tax revenue investments and sustainable state revenue pathways that can take pressure off of local taxing authority</li> <li>• Security and access concerns of location of physical space of SBWC within school</li> <li>• If confidentiality and privacy are not addressed, SBWC comprehensive service efforts will be derailed</li> <li>• School boards may not see value proposition and create blueprint for SBWCs in elementary and middle schools</li> <li>• Inconsistent and uncoordinated funding may lead to challenges in decisions around services provided</li> <li>• Lack or limited community education on the role and value of SBWC, even to school leadership</li> <li>• Lack of performance data</li> </ul>		