

Best Practices and Data Workgroup Draft Recommendations

Legend

Time Horizon: Short-term, Medium-Term, Long-term

Classification: Policy or Regulation, Practice or Workflow, Financial or Resource Investment

BEST PRACTICES			
<p>1.) Address existing gaps in behavioral health capacity by:</p> <ul style="list-style-type: none"> • Encouraging the adoption of a standardized validated tool(s) for screening SUD and BH (i.e. specific to SUD, beyond current use of RAAP.) Tools may include the BDI-II, the BAI, the PHQ-9, and the Columbia Suicide Severity Tool, but will vary based on what is developmentally appropriate. <ul style="list-style-type: none"> - Provide guidance and training to SBWC staff on how to use the tool, coding for positive and negative screens. - Emphasize integration of all services in the school to ensure that children get needed services. - Explore existing school crisis management team regulations and look for opportunities to align with SBWC work. • Maximizing the role of tele-behavioral health services, including partnerships with non-SBWC providers. • Increasing the use of the Multi-Tiered System of Support (MTSS) to triage kids to conduct assessments; and to identify providers with that specialization, including through Project DeLAWARE • Ensuring closer integration and alignment between the school community and the MTSS and Positive Behavioral Interventions and Supports (PBIS). <ul style="list-style-type: none"> ○ Need/action item: Additional information on the feasibility of PBIS. • Providing closer linkages to community pediatricians during enrollment and insurance eligibility for screening. <ul style="list-style-type: none"> ○ Building relationships and trust with community pediatricians. <p>Enhancing collaboration/ information sharing.</p>			
Entity Accountable	Implementation Needs	Evaluation Considerations	Implementation & Time Horizon

	<ul style="list-style-type: none"> • Additional funding for assessments and training. 		
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BEST PRACTICES			
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<p>2.) Establish a statewide standing workgroup to assess community needs/interest of services across Delaware that would replace the current decision making by individual school boards that would include:</p> <ul style="list-style-type: none"> • Developing a needs assessment/service offering inventory for each SBWC. • Identifying current barriers to access to services including behavioral health and reproductive health care <p>Re-examining the ability to eliminate EOBs as they continue to undermine student confidentiality protections</p>			
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Entity Accountable	Implementation Needs	Evaluation Considerations	Time Horizon & Classification
	<ul style="list-style-type: none"> • Examine legislative/policy changes and feasibility of updates. • Ensure the workgroup has geographically diverse membership from all counties. 		

BEST PRACTICES	
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<p>3.) Align approaches and enhance provision of trauma-informed services by:</p> <ul style="list-style-type: none"> • Align the SBWC’s approach to trauma with the Delaware Developmental Framework for Trauma Informed Care through a shared agreement on what data will be collected from the SBWCs, the districts and DOE Examine how the state could align with providers to provide training on trauma informed services • Ensuring continuity of care from SBWC and community supports, including referrals and follow up, to ensure a child who has experienced trauma, has access to appropriate community services and supports. 	
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<ul style="list-style-type: none"> • SBWCs should have a role as part of the multidisciplinary teams involved in the Take Care Delaware Program, which involves law enforcement sharing data with schools to identify children who may need to be screened for trauma/offered trauma-informed services. • Ensure SBWCs are represented at all statewide workgroups and steering committees to integrate and align efforts <p>Providers can collaborate/share follow up with the child’s school team to ensure they are aligned in providing coordinated wrap around services.</p>			
Entity Accountable	Implementation Needs	Evaluation Considerations	Time Horizon & Classification
	<ul style="list-style-type: none"> • Connect with DSCYF to identify existing efforts and opportunities for alignment • Examine enabling legislation for Take Care Delaware and identify opportunities to align with pilots in counties 		

BEST PRACTICES			
4.) Explore opportunities to ensure SBWC can provide ongoing telehealth services consistent with DE and federal ethics, client confidentiality and CLAS standards.			
Entity Accountable	Implementation Needs	Evaluation Considerations	Time Horizon & Classification
	<ul style="list-style-type: none"> • Provide ongoing guidance to SBWC regarding state and federal standards consistent with the COVID-19 Public Health Emergency • Ensure ongoing flexibilities for providing telehealth by SBWCs including communication from DE Departments 		

BEST PRACTICES			
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5.) Explore the feasibility of expanding access to preventive dental care services and ophthalmology services at SBWCs			
Entity Accountable	Implementation Needs	Evaluation Considerations	Time Horizon & Classification
	<ul style="list-style-type: none"> • Develop remote and telehealth capabilities • Building connections with existing dental and ophthalmologists’ capacity in the community • Identify other opportunities to expand access 		

DATA			
6.) Develop data collection and analysis infrastructure that meets the needs of SBWCs and stakeholders by: <ul style="list-style-type: none"> • Standardizing data collection and reporting across SBWCs • Information technology departments need to be at the table as part of this process • Encouraging SBWCs to adopt electronic health records (EHRs) • Developing the ability for DPH, and possibly SBWCs themselves, to generate annual reports showing a dashboard of metrics, including: <ul style="list-style-type: none"> ○ Utilization and performance measures, payer mix, financials Qualitative input from users of SBWCs that convey the value of SBWC services to the legislature and other stakeholders, and to support grant-seeking by SBWCs			
Entity Accountable	Implementation Needs	Evaluation Considerations	Time Horizon & Classification
	<ul style="list-style-type: none"> • Potentially incentivize EHR adoption or include requirements in the new RFP to be established in elementary schools • Resources that include staffing, for example technical assistance provider focused on data; there may be specific needs downstate 		

	<ul style="list-style-type: none"> • Standardized database development requires resources and technical support • Ensure Continuous Quality Improvement for data accuracy. • Include qualitative interviews and focus groups with individuals who receive services (e.g., students, parents) to ensure the story of SBWC is captured. 		
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DATA	
<p>7.) Track the following recommended priority measures (those already required by DPH are marked with an asterisk*)</p> <ul style="list-style-type: none"> • Utilization measures: <ul style="list-style-type: none"> ○ Students: <ul style="list-style-type: none"> ▪ *Total school enrollment ▪ *Number of students registered, beginning July 1 ▪ *Number of new students registered in reporting period ▪ *Total of registered students at end of reporting period ▪ *Number of new patients (1st visit to clinic) ▪ *Number of unduplicated patients ▪ *Total visit count during reporting period ▪ *Cumulative visits ○ Primary and other diagnoses <ul style="list-style-type: none"> ▪ *Physical Exam (Well Child) ▪ *Sports Physical ▪ *Administrative Physical (ex. ROTC, Pre-Employment) ▪ *Immunizations ▪ *Nutritional Counseling ▪ *Other Counseling ○ Primary and other diagnoses for pregnancy <ul style="list-style-type: none"> ▪ *Pregnancy Test ▪ *Positive Pregnancy 	<p>Rationale: Alignment with National School-Based Health Alliance measures, which include: Annual well-child visit, annual risk assessment, BMI screening and nutrition/physical activity counseling, depression screening and follow-up, chlamydia screening; test measures are classroom seat time saved and client experience of care.</p>

<ul style="list-style-type: none">▪ *Contraceptive Management and Surveillance▪ *Initiation of Contraceptive Management○ Primary and other diagnoses for behavioral health<ul style="list-style-type: none">▪ *Emotional (Mental Health)▪ *Alcohol Abuse▪ *Alcohol Dependence▪ *Substance Abuse▪ *Substance Dependence▪ *Tobacco Use▪ *Suicide Ideation▪ *Depression Screening▪ *STD Screenings (and other)▪ *Positive STD Tests (results)▪ *Risk Assessments▪ *Bullying▪ *BMI Assessments▪ Low Priority▪ Not a Priority▪ 0 1 2 3 4 5 6 7▪ *Other Diagnoses○ Visits by provider type<ul style="list-style-type: none">▪ *Physician▪ *Nurse Practitioner/Physician Assistant▪ *Social Worker/MHC▪ *Dietitian▪ *Other○ Other measures:<ul style="list-style-type: none">▪ Referrals and whether referrals were completed▪ Number of students connected to primary health care▪ Measure of care that was provided that the student otherwise would not have received▪ Measure of care being provided after school hours/on weekends▪ Screenings for sexual and reproductive health needs	
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- Lower priority:
 - Screening for cyber-safety and bullying
 - Emergency room and urgent care visits by users and enrollees of SBWCs
 - Cost measures/cost-benefit analysis
- User and stakeholder satisfaction:
 - Highest priority:
 - Qualitative measures assessing user satisfaction, capturing stories
 - School staff/administration surveys assessing satisfaction with SBWCs
 - Lower priority:
 - Quantitative measures of user satisfaction (e.g., star-rating system or Likert scale)
- Priority health outcomes measures:
 - Chronic disease treatment and outcomes (e.g., asthma, diabetes) – acknowledging that PCPs and other providers play significant roles in this in many cases, and that has implications for coordination with SBWCs
 - Self-reported health behaviors (e.g., substance use, exercise, nutrition)
 - Contraception use
 - Suicide rates
 - Engagement/self-actualization related to health
- Academic measures:
 - High priority:
 - Graduation rates
 - Dropout rates
 - Behavioral incidents
 - Attendance
 - Grades and trends in academic performance
 - Seat time
 - Disciplinary data
- Measures that could be of particular interest for elementary school students:
 - Measures of social/emotional development and behaviors that support success in the classroom
 - Well visits, childhood screenings, risk assessment, vaccines, asthma

<ul style="list-style-type: none"> ▪ Management, attendance, discipline, referral and follow up, behavioral health and emergency room visits ▪ Family engagement 			
Entity Accountable	Implementation Needs	Evaluation Considerations	Time Horizon & Classification

DATA			
8) Examine the feasibility of what measures could be collected every couple of years for the purpose of evaluations?			
Entity Accountable	Implementation Needs	Evaluation Considerations	Time Horizon & Classification
	<ul style="list-style-type: none"> • Develop a minimum set of performance measures for elementary, middle and high school for all SBWCs • Establish a review period or committee that meets periodically to determine if measures collected are appropriate/if any others need to be added to the list. • Consider how measures collected would allow evaluators to work with a critical mass of existing data to conduct the analysis to manage costs. 		