

Infrastructure, Policy, & Operations Workgroup Draft Recommendations

Legend

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

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

| 1.) New school based-wellness centers sites in highest need schools must be a full-service hub model. If a school district decides to expand the school-based wellness center beyond this original site, additional sites should follow a hub and spoke model where feasible. | | Rationale: Highest need schools in school districts must allow for a greater range of services and consistent staffing and operations to support their students. However, school districts may choose to expand SBWC services beyond that individual hub to have rotating service availability at other schools in the district. The hub and spoke model allows for greater capacity to serve students and allows for all student to receive enhanced services at the hub. | |
|---|--|---|-------------------------------|
| | | Alternate Perspectives: None. | |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Classification |
| 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) | | |

| | | | |
|---------------------------|--|--|--|
| | <ul style="list-style-type: none"> • 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, with hubs needing to be high-needs schools as designated by Department criteria | | |

| <p>2.) School-based wellness centers will not serve as a student’s primary medical home, unless necessary.</p> | | <p>Rationale: 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.</p> | |
|--|--|---|-------------------------------|
| | | <p>Alternate Perspectives: None.</p> | |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Classification |
| School-Based Wellness Center | <ul style="list-style-type: none"> • Must ask student/parent to list PCP on enrollment form and notify PCP of SBWC enrollment • Must ask student/parent 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 | | |

| | | | |
|----------------|--|--|--|
| | <ul style="list-style-type: none"> • Every time a service is performed, something should be sent (either physically or electronically to PCP) | | |
| Community PCPs | <ul style="list-style-type: none"> • Develop relationships with SBWC administrators for referrals and linkages • Potential to collaborate and/or have clinical rotations in SBWCs • Discuss SBWCs with patients | | |

| 3.) Explore payment models that incentivize collaboration between SBWCs and community providers. | | <p>Rationale: To enhance the relationship between SBWCs and community providers, other departments have explored payment incentives for referrals & linkages.</p> <p>Alternate Perspectives: The waiving of co-payments may incentivize students to use SBWCs as more of their medical home.</p> | |
|--|---|--|-------------------------------|
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Classification |
| 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 • Explore incentivizing a value-based payment approach with Medicaid MCOs and ACOs | | |
|--------|---|--|--|

| <p>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 sibling student’s SBWC, as long as it is serving like-aged students. Parents, however, may not receive services from a SBWC.</p> | | <p>Rationale: Allowing for siblings to access services at SBWCs enhances equitable access of services and allows for students to receive needed services</p> | |
|--|---|---|--|
| | | <p>Alternate Perspectives: None.</p> | |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Classification |
| 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 • Elementary-school students may receive services in elementary or middle SBWCs. Middle school students may receive services in middle or high SBWCs. High school students may receive services in middle of high SBWCs. • Reproductive & sexual health services and substance use services are only available at middle or high school SBWC | | |

| | | | |
|---------------------------|---|--|--|
| | <ul style="list-style-type: none"> • 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 | | |

| | |
|---|--|
| <p>5.) Establish a base service menu model that includes:</p> <ul style="list-style-type: none"> • 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 | <p>Rationale: Certain services must be guaranteed to students’ at SBWCs to ensure equity and accessibility of health care.</p> |
| | <p>Clarifying Perspective: As a rule, physicals should be performed by PCPs; however, in the event that a student needs a physical or sports physical at a SBWC, the record of that physical should be sent to the PCP of record and/or the PCP should be able to make that record of a physical available to the SBWC. All recognize that sports physicals are an important strategy for enrollment to a SBWC. Physician members of the group felt that an annual physical and a sports physical were redundant because an annual physical was good for twelve months - if that information was known then a sports physician would not be needed. Sometimes parents think that an abbreviated sports physical is as good as an annual physical and so some students are not getting an annual physical from their PCP. Medicaid does pay for both a physical and a sports physical. All group members were in agreement, that children should be able to participate in extracurricular activities that are</p> |

| | | essential for their socio-emotional development. Similarly, all vaccination records should be made available to a PCP and to SBWC in a bi-directional way – manually at the moment and at some future date enabled through an electronic health record. | |
|------------------------------|---|---|-------------------------------|
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Classification |
| School-Based Wellness Center | <ul style="list-style-type: none"> Maintain ability for parents/caregivers to opt-out of students’ receiving specific services | | |
| Division of Public Health | <ul style="list-style-type: none"> 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"> Ensure space need for base menu services | | |

| <p>6.) 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:</p> <ul style="list-style-type: none"> 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 | | <p>Rationale: An independent council can assist in examining the needs of students & families in high-needs areas and recommend additional services based on needs and community resources.</p> <p>Alternate Perspectives: None.</p> | |
|---|----------------------|--|-------------------------------|
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Classification |

| | | | |
|---|--|--|--|
| <p>Medical Sponsors</p> | <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 | | |
| <p>School Districts</p> | <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 | | |
| <p>Division of Public Health</p> | <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 | | |
| <p>Department of Education</p> | <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? | | |
| <p>Department of Services for Children, Youth, and their Families</p> | <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 | | |

| | |
|--|--|
| <p>7.) Recommend the following staffing model:</p> <ul style="list-style-type: none"> • Nurse Practitioner/Physician’s Assistant for every 1,000 students enrolled in the school • Behavioral Health professional for every 1,000 students enrolled in the school • Rotating Registered Dietician for every 1,000 students enrolled in the school • Medical/Administrative Assistant for every 1,000 students enrolled in the school • Overseeing Physician for hub & spoke system • Rotating Dental Hygienist for every 2,500 students enrolled in the school | <p>Rationale: Based on other states’ models, staff should be determined through student ratio. The ratio should be based on the number of students enrolled in the school rather than SBWC so as not to limit staffing based on enrollment numbers. Given hub and spoke model, staff may rotate between sites. Specialty staff (dental, hearing, vision) may be available on a quarterly basis.</p> |
| | <p>Alternate Perspectives: None.</p> |

| <ul style="list-style-type: none"> Hearing & Vision specialist for every 2,500 students enrolled in the school in the school <p>With hub & spoke model, school-based wellness center staffing ratios may be determined by the number of students enrolled using a cumulative count of enrolled students in like-schools (elementary, middle, high) across the district.</p> | | | |
|--|---|---------------------------|-------------------------------|
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Classification |
| 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"> Assist in determining staffing numbers based on number of students enrolled in schools across the district Support school nurses and counselors in collaborating and assisting with SBWC staff | | |

| <p>8.) Recommend the following hours of operation:</p> <ul style="list-style-type: none"> August – June (limited July hours at the Hub) 9:00 AM – 5:00 PM (or until last bus) Once a week until 6:00 PM at Hub If Hub has external entrance, can do some weekend/holiday hours | | <p>Rationale: 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.</p> | |
|--|--|---|-------------------------------|
| | | <p>Alternate Perspectives: None.</p> | |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Classification |
| 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 | | |
| <p>9.)¹ Recommend the following SBWC set up:</p> <ul style="list-style-type: none"> Hub: converted classroom, minimum 900 square ft. <ul style="list-style-type: none"> 2 exam room (with ability for mobile dental unit) – 100 square ft. each Waiting/reception area – 200 square ft. Bathroom – 100 square ft. Counseling room – 150 square ft. Prep area/wet space – 100 square ft. Medical office – 100 square ft. Storage (records, medication, immunizations, may require refrigeration) – 50 square ft. Secure external & internal entrances Spoke: Designated space for SBWC, minimum 400 square ft <ul style="list-style-type: none"> Exam room – 100 square ft. Storage area (records, medication, immunizations, may require refrigeration) – 50 square ft. Waiting area – 200 square ft. Bathroom (if possible, could share with Nurse’s office, etc.) – 100 square ft. | | <p>Rationale: 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.</p> <p>Alternate Perspectives: None.</p> | |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Classification |
| 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 | | |

¹ Health Management Associates currently having conversations with Department of Education Facilities & Capital Budget expert to inform Steering Committee Retreat conversation

| | | | |
|---------------------------|---|--|--|
| | <p>to the legislature through DOE budget submission process for renovations and space creation of two hub and spoke SBWC each year</p> <ul style="list-style-type: none"> • 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 | | |

| | | | |
|--|-----------------------------|--|--|
| <p>10.) Recommended additional factors to consider for future school-based wellness center siting should include:</p> <ul style="list-style-type: none"> • 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 | | <p>Rationale: To ensure equity in siting of SBWCs, DPH and other should consider the following criteria after assessing schools deemed as high needs by DOE</p> | |
| | | <p>Alternate Perspectives: None.</p> | |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Classification |

| | | | |
|----------------------------------|--|--|--|
| <p>School District</p> | <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? | | |
| <p>Medical Sponsor</p> | <ul style="list-style-type: none"> • Work with school districts and DPH to determine needs | | |
| <p>Division of Public Health</p> | <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 | | |
| <p>Department of Education</p> | <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 | | |