



SCHOOL-BASED WELLNESS CENTERS STRATEGIC PLANNING STEERING COMMITTEE

Virtual Zoom Meeting
Thursday, January 21, 2021
9:30 AM - 11:30 AM



Agenda

1. Welcome
2. Approval of Meeting Minutes
3. Review Consolidated Recommendations
4. Timeline & New Phase of Work
5. DPH Role
6. Plan Ownership & Accountability
7. Implementation Workgroups
8. Open Forum
9. Next Steps & Adjournment



Consolidated Recommendations

Recommendation Clusters



Oversight

Recommendation 1

Infrastructure

Recommendations 2, 3, 4, 5

Delivery

Recommendations 6, 7, 8, 9

Finance & Sustainability

Recommendations 10, 11, 12, 13

Total Recommendations: 13

Recommendation 1



Create an independent body with representation from DPH, DOE, DSCYF, DSAMH, School Districts, School Board Association, Parent Teacher Association, and Community PCPs, and legislators with the authority to:

- Assist in recommendations of future SBWC siting through community needs assessment*
- Recommend additional service options for SBWCs based on community need (including minor oral healthcare & screenings, vision & hearing, prescription & medication management, social service navigation, evidence-based interventions, Depo-Provera shots)*
- Decide on and annually track/update statewide measures submitted by SBWCs*
- Recommend state and federal funding resources/grants to medical sponsors and school district to cover additional services*

Time Horizon: Medium-term

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

Cluster: Oversight

Originating Workgroup	Original Recommendation
Infrastructure, Policy, Operations	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.
Infrastructure, Policy, Operations	Recommend additional factors to consider for future school-based wellness center siting.
Data & Best Practices	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.
Data & Best Practices	Track recommended priority measures.
Data & Best Practices	Explore the feasibility of expanding access to preventive dental care services and ophthalmology services at SBWCs.
Finance & Sustainability	Identify opportunities to leverage federal grants or resources from other state agencies to meet the needs of the SBWC population (BH, SUD Prevention, Nutrition Counseling, Oral Health).

Recommendation 2



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.

Time Horizon: Medium-term
Classification: Policy/Regulation
Cluster: Infrastructure

Originating Workgroup	Original Recommendation
Infrastructure, Policy, Operations	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.

Recommendation 3



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.

Time Horizon: Medium-term
Classification: Policy/Regulation
Cluster: Infrastructure

Originating Workgroup	Original Recommendation
Infrastructure, Policy, Operations	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.

Recommendation 4



Use the following model as a blueprint to new SBWC set up and existing SBWC renovation:

Hub: converted classroom, minimum 900 square ft.

- *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

- *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.*

Time Horizon: Long-term

**Classification:
Financial/Resource
Investment**

Cluster: Infrastructure

Originating Workgroup	Original Recommendation
Infrastructure, Policy, Operations	Recommend SBWC space set up criteria.
Infrastructure, Policy, Operations	Create a blueprint for infrastructure needs and capital cost considerations for new SBWCs and for bringing aging SBWCs up-to-date.
Infrastructure, Policy, Operations	Identify capital/build out funds, perhaps with matching funds required for school districts to establish new sites or for renovation of old sites.

Recommendation 5



Develop data collection and analysis infrastructure that meets the needs of SBWCs and stakeholders by:

- *Standardizing data collection and reporting across SBWCs*
- *Working with school districts' information technology departments*
- *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 but not limited to:*
 - *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*

Ensure that data collection and reporting tools are able to capture and track data recommended by council in recommendation 1.

Time Horizon: Medium-term

Classification:
Practice/Workflow
Resource/Financial
Investment

Cluster: Infrastructure

Originating Workgroup	Original Recommendation
Data & Best Practice	<p>Develop data collection and analysis infrastructure that meets the needs of SBWCs and stakeholders by:</p> <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 but not limited to: • 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
Data & Best Practice	<ul style="list-style-type: none"> • Track recommended priority measures.

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)*
- *Nutrition Counseling*
- *Health education*
- *Insurance navigation*

Identify grants and resources from federal and other state agencies to support this base service menu, if necessary

Time Horizon: Long-term

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

Cluster: Delivery

Originating Workgroup	Original Recommendation
Infrastructure, Policy, Operations	Establish a base service menu model.
Finance & Sustainability	Identify opportunities to leverage federal grants or resources from other state agencies to meet the needs of the SBWC population (BH, SUD Prevention, Nutrition Counseling, Oral Health).

Recommendation 7

Ensure approaches to care are aligned and comprehensive across all SBWCs, especially for behavioral and mental health care and trauma-informed treatment modalities, utilize school and state resources/tools, and are consistent with Culturally and Linguistically Appropriate Service (CLAS) standards.

Time Horizon: Long-term

Classification:
Practice/Workflow,
Financial/Resource Investment

Cluster: Delivery



Originating Workgroup	Original Recommendation
Data & Best Practices	Address existing gaps in behavioral health capacity.
Data & Best Practices	Align approaches and enhance provision of trauma-informed services.
Data & Best Practices	Ensure SBWCs have the ability to provide ongoing telehealth services consistent with DE and federal ethics, client confidentiality and CLAS standards.

Recommendation 8



Develop relationships between SBWCs and community providers to ensure two-way communication and referrals and enrollment so that SBWCs do not serve as students' primary medical home. Potential to suggest payment incentives for care coordination/linkages.

Time Horizon: Short-term

Classification:

Practice/Workflow

Financial/Resource Investment

Cluster: Delivery

Originating Workgroup	Original Recommendation
Infrastructure, Policy, Operations	School-based wellness centers will not serve as a student's primary medical home, unless necessary.
Infrastructure, Policy, Operations	Explore payment models that incentivize collaboration between SBWCs and community providers
Finance & Sustainability	Increase partnerships to improve enrollment in SBWCs

Recommendation 9



Ensure that existing telehealth service delivery and billing flexibilities continue and that SBWCs are brought-up to speed in telehealth service delivery, especially of behavioral healthcare.

Time Horizon: Short-term

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

Cluster: Delivery

Originating Workgroup	Original Recommendation
Data & Best Practices	Ensure SBWCs have the ability to provide ongoing telehealth services consistent with DE and federal ethics, client confidentiality and CLAS standards.

Recommendation 10



Increase access to discretionary funding to cover the cost of non-billable services and children who are uninsured at the time of services, at an adequate annual amount.

Time Horizon: Medium-term

Classification:
Policy/Regulation
Financial/Resource
Investment

Cluster: Finance & Sustainability

Originating Workgroup	Original Recommendation
Finance & Sustainability	Increase access to discretionary funding to cover the cost of non-billable services and children who are uninsured at the time of services, at an adequate annual amount.

Recommendation 11



Increase efficiencies in credentialing and contracting with payors so that SBWCs can be credentialed as a practice rather than individual providers.

Time Horizon: Medium-term
Classification: Policy/Regulation
Cluster: Finance & Sustainability

Originating Workgroup	Original Recommendation
Finance & Sustainability	Increase efficiencies in credentialing and contracting with insurance companies

Recommendation 12



Work with Commercial Payors to:

- *Suppress Explanation of Benefits (EOBs) for all service provided at SBWCs*
- *Provide or create an all-inclusive code for SBWC services (similar to Medicaid)*
- *Waive cost-sharing responsibilities and co-payments for SBWC services*

Time Horizon: Medium-term

Classification:
Practice/Workflow
Resource/Financial
Investment

**Cluster: Finance &
Sustainability**

Originating Workgroup	Original Recommendation
Finance & Sustainability	Commercial payers should be required to suppress all Explanation of Benefits (EOB)s for services provided at SBWCs
Finance & Sustainability	Commercial Payers should provide or create an all-inclusive code for SBWCs services.
Finance & Sustainability	Patient cost sharing or out of pocket responsibilities should not apply to covered SBWCs services. “Deductibles, co-insurance or co-pays should be waived by insurance companies for SBWCs covered services”.

Recommendation 13



Maximize third party billing and certified coders in SBWCs.

Time Horizon: Short-term
Classification:
Practice/Workflow
Financial/Resource Investment
Cluster: Finance & Sustainability

Originating Workgroup	Original Recommendation
Finance & Sustainability	Maximize third party billing and certified coders in SBWCs.

Discarded Workgroup Recommendations



Originating Workgroup	Original Recommendation
Infrastructure, Policy, Operations	<p>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 • 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>
Infrastructure, Policy, Operations	<p>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
Finance & Sustainability	Develop partnership with additional FQHC’s to serve as medical sponsor for new SBWCs.
Finance & Sustainability	Develop a consistent tax base for funding SBWCs.



Timeline & Next Phase of Work

Project Timeline





DPH Role

Division of Public Health - Principles of Transformation



The SBHC Strategic Plan recommendations call out for a new approach to SBHCs and expansion. This approach should be guided by the following principles.

- Allocation of services must take into account those who are most underserved or “high needs” or have the poorest health outcomes;
- Services must be delivered in partnership with the local community, health and education system;
- Services must include a base service menu model that includes behavioral health services and support for healthy lifestyle choices (i.e. physical activity and nutrition); others can be based upon specific needs and resources of the community being served;
- The system must be self-sustaining and leverages a diverse funding base.
 - Identify capital/build out funds, perhaps with matching funds required for school districts to establish new sites or for renovation of old sites. “Capital Funding” should be appropriated directly to school districts for SBHC build out projects
- To promote flexibility and expansion, an environment of entrepreneurship should be encouraged by reducing State oversight and control.

Division of Public Health - Commitment & Core Role



- ▶ Development of a structure to implement and monitor the State SBHC Strategic Plan
 - ▶ An independent body with the primary purpose of advising the Director of Public Health focused on policy, standards, finance and sustainability, best practice guidelines, and implementation plans related to the strategic plan, the health care system that serves children, and the unique role and opportunity offered by Wellness Centers to improve both health status and health care delivery for students. The aim of this body is to recommend policy and quality improvements so that all Wellness Centers consistently and uniformly meet the highest standards of service.
- ▶ Manage and approve application process for becoming a State Recognized School-Based Health Center Provider
- ▶ Evaluation and Data Surveillance
- ▶ Finance and Sustainability
 - ▶ Partial operational funding through a Base formula for operations and one-time start up; administrative budget for evaluation and technical assistance
 - ▶ Contract management and oversight of state funded SBHCs
- ▶ Technical Assistance



Plan Ownership & Accountability

■ DISCUSSION

- Who owns the plan to ensure implementation & accountability?
- Who will participate in creating and monitoring dashboards and/or other tracking/accountability tools during strategic plan implementation?
- What is the role of public agencies, including DPH, DOE, DSAMH, DMMA, DSCYF, in implementing the plan?
- What is the role of the payors, providers, and advocates in implementing the plan?



Implementation Workgroups



Implementation Workgroup Process

- ▶ Meet ~3 times a month
- ▶ 2 meetings per recommendation

1st Meeting

- ▶ Define components of recommendation
- ▶ Breakout group “roving brainstorm” of implementation plan

2nd Meeting

- ▶ Review refined implementation chart
- ▶ Finalize information

Recommendation 1:					
Objective 1:					
Strategy:					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Resources Needed:					

Infrastructure Workgroup Membership



NAME	TITLE	ORGANIZATION
Kristen Dwyer	Director of Legislative & Political Organizing	Delaware State Education Association
Jon Cooper	Director of Student Services	Colonial School District
Forrest Watson, IV	Assistant to the Director of SBHCs	Life Health Center
Margaret Pisano	Wellness Center Counselor	Lake Forest High School - BayHealth
Nicholas Conte	Dental Director	DPH
Gloria James	Management	DPH
Kathy Cannatelli	Former Director, Center for Community Health	ChristianaCare
Emily Falcon	CFO	Colonial School District

WORKGROUP STAFF
Uma Ahluwalia
Diana Rodin

Ad Hoc Infrastructure SMEs



NAME	TITLE	ORGANIZATION
Meisje (MJ) Scales	Research Associate	Center for Drug & Health Studies, UDel
Patches Hill	Chief Information Officer	Delaware Department of Education
Katey Semmel	Lead	Data Service Center
Khaleel Hussaini	Assigned Epidemiologist for Maternal and Child Health	DPH
Thowana Weeks	Management Analyst	DPH
James Pennewell	Education Associate, Capital Projects Management	DOE

Delivery Workgroup Membership



NAME	TITLE	ORGANIZATION
Martha Coppage Lawrence	Manager of SBHCs	ChristianaCare
Cassandra Davis	Management	DPH
Susan Haberstroh	Director	School Support Services, DOE
Danielle Gumbs	Lead, Youth in Transition	DSAMH
Pam Williams	Wellness Center Supervisor/RNP	Polytechnical High School
Jonathan Miller	Medical Director of Pediatric School Based Wellness	Life Health Center
Aileen Fink	Director of PBH	Department of Services for Children, Youth and Their Families
Cindy Madden	Wellness Center Coordinator	Delmar School District

STAFF

Caitlin Thomas-Henkel

Drew Hawkinson

Ad Hoc Delivery SMEs



NAME	TITLE	ORGANIZATION
Kirk Reichard	President	Delaware Chapter Academy of Pediatrics
Parrish Kellum	Family Crisis Therapist Supervisor	DPBHS K-5 Intervention
Terri Lawler	Trauma-Informed Practices and Social Emotional Learning	DOE
Nicholas Conte	Dental Director	DPH

Finance & Sustainability Workgroup Membership



NAME	TITLE	ORGANIZATION
Yvette Santiago	Director of Operations	Delaware Valley Govt. Relations Nemours
Deanna Rigby	Senior Director	OP Services Centers - Bayhealth Medical Center
Sandra Fox	Supervisor	Coding & Credentialing, Bayhealth Occupational Health
Kathryn Fiddler	VP of Population Health	Peninsula Regional Health System
Denise Watson	COO	The Life Health Center
Connie Feeley	Supervisor	ChristianaCare
Tyneisha Jabbar-Bey (Amanda Sipple as backup)	Chief of Financial Management	DMMA
Rosa Rivera	Operation Officer	La Red Health
(contact Joanne Economos to ask about finance person)	Financial Officer	Beebe
Leah Woodall	Section Chief	DPH

STAFF

Shannon Breitzman

Ana Bueno

Ad Hoc Finance & Sustainability SMEs



NAME	TITLE	ORGANIZATION
Tanisha Merced	Deputy Insurance Commissioner	Department of Insurance
Christina Haas	Senior Advisor	DOI
Kathleen Dougherty	Director of Managed Care	DMMA
Dwayne Parker	Director of Medicaid Programs	Highmark Health
Gary Kirchof	Director of Commerical Provider Contracts	Highmark Health
Karyn Scout	Director of Provider Network Management	AmeriHealth Caritas
Margaret DeFeo	COO	AmeriHealth Caritas
Kim Robinson	Regional Director	Cigna
Cathy Marinucci	Senior Manager	Aetna



Open Forum

Next Steps



- Send feedback on consolidated recommendations **by 1/25**
- Send recommendations for Implementation Workgroups **by 1/25**

Next Steering Committee Meeting

Thursday, February 18

9:30 AM - 10:30 AM, [Zoom](#)

1. Update on Implementation Workgroups
2. Review High-Needs Schools Scorecard
3. Review SBWC Readiness Checklist



Adjournment