

Recommendations for School-Based Wellness Center Enhancement in Delaware

The following recommendations were developed by three smaller workgroups who then presented their drafted recommendations to the strategic planning Steering Committee. The Steering Committee then went through a process of revising, consolidating, and eliminating draft recommendations to come up with the following thirteen recommendations for enhancing school-based wellness centers in Delaware.

1.) *Create an independent body with representation from DPH, DOE, DSCYF, DSAMH, Medicaid, Commercial Insurers, as well as School Districts, School Board, Parent Teacher Association, Community PCPs, Community Behavioral Health providers, SBWC consumers, and legislators from each county with the authority to:*

- *Assist in recommendations of future SBWC siting through community needs assessment*
- *Recommend additional service options to SBWC 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*

2.) *New school based-wellness centers sites for school districts will be in highest need schools and are strongly encouraged to 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.*

3.) *Siblings who are enrolled in the same school district and who do not have a SBWC in their school, may receive services from a sibling student's SBWC, as long as it is serving like-aged students. Parents and caregivers, however, may not receive services from a SBWC.*

4.) *Use the following model as a suggested guide for new SBWC set up and existing SBWC renovation:*

Hub: converted classroom, minimum 900 square ft.

- *2 exam rooms (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.*

SBWCs are recommended to be Joint Commission compliant.

5.) *Develop data collection and analysis infrastructure that meets the needs of SBWCs and stakeholders by:*

- *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*

Ensure that data collection and reporting tools are able to capture and track data recommended by oversight body as outlined under recommendation 1.

6.) *Establish a base service menu model that can include:*

- *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.

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

8.) *Ensure school-based wellness centers will serve as a part of a seamless continuum of care to meet the needs of students by collaborating with PCPs and other community provider where there is a medical home or connecting a child to an available medical home where appropriate. SBWCs will only serve as a student’s primary medical home if all other options are exhausted.*

9.) *Ensure that existing telehealth service delivery and billing flexibilities continue and that SBWCs are brought-up to speed in telehealth service delivery and new/emerging technologies, especially of behavioral healthcare, through encouraging adoption of EHR.*

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.*

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

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*

13.) *Maximize third party billing and certified coders in SBWCs.*