

Recommendation 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.

Commented [DR1]: Recommend taking this out; children are being transported by a caregiver. The only reason it would be an issue is for kids seeking services that are only available at some SBWCs based on age (e.g., reproductive health and STIs).

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Provide technical assistance on modifying enrollment processes	July 1, 2022	DPH	-		
Modify enrollment form to include enrollment of siblings also in school district		DPH, SBWC staff	- DPH reviews enrollment consents but they are not standardized – standardize		Track siblings enrolled, grades they were in, service utilization by type
Ensure schools and parents are aware of sibling enrollment option		Schools and SBWCs	-		Timeliness of enrollment
Develop relationships with SBWC administrators for referrals and linkages across district		DPH	- Develop process for student access (i.e., sign-in, ensure that entrance is accessible) - Incorporate consent to data sharing that would be involved in siblings using the		

			SBWC into consent forms - Standardize referral forms (DPH standardizes – then the warm handoff happens at the level of the provider)		
Develop process for warm handoffs to other SBWCs or community providers			-		Timeliness of warm handoffs
Resources Needed:					
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Foreseen Challenges:					
<ul style="list-style-type: none"> • Transportation, potentially – would other options than parents bringing the sibling to the school be available? E.g., school offering van as has been done in some cases? Dependent on volume. • Ensuring that data reporting requirements are clear so that there can be data continuity – needs to be captured independent of the district if appropriate for siblings. How will that attribution work? If the child is leaving a school with an SBWC and moving up to one without vs. going from one elementary SBWC to a middle school SBWC, how to create continuity? Right now this is a frustration for parents, including when they see children benefiting from SBWC services. 					

- For schools with a high percentage of private payers, you may not be getting enough revenue to meet demand (sustainability group will have to address)
- Forms don't always provide enough information – lack of interoperability of EHRs and HIE, as well as inadequacy of information in forms, are barriers to understanding the rest of the child's care

Implementation Considerations

- Collaborate with schools and school districts for referrals and linkages of sibling students (there are no elementary charters that were authorized by a school district)
- 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 or high SBWCs.
- Reproductive & sexual health services and substance use services are only available at middle or high school SBWC
- Modify enrollment form to include enrollment of siblings also in school district
- Develop relationships with SBWC administrators for referrals and linkages across district
- Ensure schools and parents are aware of sibling enrollment
- Provide technical assistance on modifying enrollment processes
- Ensure standards of record-keeping for students across district

Future Recommendations

When developing implementation plans for this recommendation, please keep in mind potential application of these future recommendations.

Recommendation 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. (Infrastructure)

- 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.

SBWCs are recommended to be Joint Commission compliant.

Recommendation 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.