



**DELAWARE HEALTH  
AND SOCIAL SERVICES**  
Division of Public Health

# SCHOOL-BASED WELLNESS CENTERS INFRASTRUCTURE WORKGROUP

[https://healthmanagement.zoom.us/j/99328981288?pwd=RVZBWF  
A4WG9GaTZXcXNZSzy4Q1c3UT09](https://healthmanagement.zoom.us/j/99328981288?pwd=RVZBWF<br/>A4WG9GaTZXcXNZSzy4Q1c3UT09)

Date: **3.26.21**

Time: **1:00 PM – 2:30 PM**

- I. WELCOME – 2 mins**
- II. REVIEW PRE-POPULATED IMPLEMENTATION TEMPLATE – 5 mins**
- III. DEFINE COMPONENTS OF RECOMMENDATION – 25 mins**
  - a. Wet space is optional in the hub if the exam rooms have a sink and running water. The exam room in the spoke must be set up as wet space.
  - b. What is the role of joint commission standards? Not necessarily in place at existing SBHCs – don't want that to funnel this to hospitals disproportionately/limit the provider pool
  - c. Be Joint Commission compliant OR meet DPH quality requirements? You do have to have some consistent requirements.
  - d. The current RFP doesn't have Joint Commission requirements
  - e. SBHCs must meet state-required quality standards, which may include but would not be limited to Joint Commission compliance
  - f. Some districts put out RFPs that aren't related to house bill 101 or under these same standards. Would individual school districts be eligible for some reimbursement if they came into compliance with DPH requirements?
  - g. If DPH gets these two additional SBHCs every year, will need staffing capacity to monitor quality and compliance. One of the recommendations in the budget workgroup is staffing requirements at DPH.
  - h. In addition to that, even with the infrastructure, Christina school district for

example, which was funded outside DPH and developed their own standards, even if we provide TA they can opt to buy in to what DPH recommends, or they can opt out, because once they choose the medical sponsor it's the responsibility of public health to certify them, but they're not obligated to follow through with DPH recommendations because they're independent. DPH can only make recommendations. DPH has same number of staff providing TA as they did when they had 18 SBHCs rather than 32.

- i. How will the different ways of establishing SHBCs be integrated/aligned, if they will?
- j. Without ongoing funding, this will not be sustainable.
- k. Everyone on this call should be actively campaigning against house bill 129 because these efforts haven't come together yet. We want to move forward but in the way that makes most sense. We could get stuck with this model for the next 15 years, not reflecting anything in this plan.
- l. Perhaps the recommendations would be more targeted if we say these are for those centers contracted through DPH. Because then if the other two avenues, eg a district that gets funding outside, they'll pay more attention to own RFP process vs DPH recommendations. Could be just for those contracted through DPH.
- m. The best strategy may be to ask for a pause – do we know how far along the bill is? From the AAP perspective, lobbyists will actually sit down with legislators – do we need to take that route? Concerned about the equity aspect of the funding.
- n. Bill was just introduced 2 days ago, don't know if it's on an agenda yet. Fiscal note is listed as incomplete. It will go to education and then finance committees in the House. Markup usually doesn't happen until May. But it's not unprecedented for a bill to go

straight to the legislature ahead of the budget process.

- o. Districts may need to say, this is premature because of the ongoing strategic planning process and we don't want to set something in stone before that.
- p. Legislators need to understand what it will take to establish SHBCs.
- q. For existing SBHCs, there has to be language on grandfathering; can't restrict ability of existing SBHCs to use the different existing models. Whatever standards are set by DPH need to harmonize with that.
- r. Harmonization also needs to happen across the workgroups on advocacy with the legislature.
- s. We'll adjust this with the wet space language and language on recommendations
- t. This could be funded instead through a bond bill; Emily will lay out a process that would be most viable/sustainable in terms of funding

#### IV. BRAINSTORM IMPLEMENTATION ACTIVITIES– 50 mins

#### V. NEXT STEPS – 5 mins

**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.