

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.

Objective 1: Include base service menu expectation into RFP, contracts, and Delaware Code.

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
For all new SBWC RFPs, DPH will include language requiring bidders to detail their plan for offering all age-appropriate base menu services, either through the SBWC or through partnership with other providers. The service offerings (e.g., staffing, hours during the week, through partnerships, etc.) will remain flexible for the school districts and vendors to describe in their RFP response.		DPH	Approval from DMMA to incorporate changes. RFP is changed.	Number of responses to new RFP.	Increased number of students who access base services in SBWCs.
When contracting with school districts and medical vendors, DPH will include language in the contract that requires all base services must be offered to students.		DPH	50% of contracts include	Number of contracts revised to include language.	Increase number of SBWCs offering base services.

			language on base services		
When contracts for existing SBWCs end, include language requiring bidders to detail their plan for offering all age-appropriate base menu services, either through the SBWC or through partnership with other providers. The service offering (e.g., staffing, hours during the week, etc.) remains flexible for the school districts and vendors.		DPH		Number of existing SBWCs who re-bid on new RFP	
As Governing Body examines new health needs in the state, encourage providers to examine the feasibility of including additional optional services into the service menu listed in contracts and RFPs (fluoride cleanings, social service navigation, etc.).		DPH, DMMA		Number of SBWCs that incorporate additional services	Increase number of enhanced service offerings. Increased number of students enrolled in Medicaid and other benefits.
Based on Governing Body's findings, identify appropriate organizations in Delaware counties to educate policymakers for inclusion of reproductive health services.		Advocacy Groups, School District Parents/Caregivers			
Based on Governing Body's findings, engage school districts and boards in conversations about importance of providing a range of reproductive health services (e.g., STI, STD testing).		DPH, School District, School Boards	All school districts are on board with offering reproductive health services as part of base menu	Number of engagement and educational sessions	

Identify and execute the necessary district policy changes for inclusion of a minimum set of reproductive health services that are standardized and offered across all school districts.		DPH, School Districts, School Boards		Number of additional districts offering reproductive health services	Percent of SD that have policies that meet the minimally consistent standards
Based on Governing Body's findings, advocate for potential need to change Delaware Code, Title 18, Chapter 276 to reflect base menu services		Advocacy Groups, School District Parents/Caregivers			
If found necessary, make edits to Delaware Code, Title 18, Chapter 276 and other necessary policies to incorporate the base service menu.		DPH, Legislative Branch	Change in Delaware Code		
<p>Resources Needed:</p> <ul style="list-style-type: none"> • Medicaid funding for reimbursement of base services to allow for contracting for Medicaid reimbursement and/or supplementary funds are able to support base service menu offering (ex: sports physicals, insurance navigation, etc.) • Ensure space proposals for SBWCs are conducive to offering base services • Additional infrastructure, including personnel, in DPH to ensure oversight responsibilities 					
<p>Foreseen Challenges:</p> <ul style="list-style-type: none"> • Potential resistant response from school board and community as reproductive services are incorporated into base service menu • Financial/resource challenges due to co-payments from commercial insurers in offering services • Financial impact from not being reimbursed for sports physicals • Space in schools for additional services • Potential resistance from community providers about base service offering in SBWCs (competition) • Potential need for additional and equipment • State fiscal challenges post COVID (decreased revenues) 					
Objective 2: Incorporate base service menu into SBWCs forms, marketing, operations, etc.					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures

For middle and High School SBWCs, update enrollment forms to include blanket consent for all base services, with the exception of reproductive health services. Forms should note that Delaware Code allows for individuals aged 14+ consent themselves for BH services.		Medical Sponsors	All SBWC consent forms are offering the base service menu	Number of SBWCs with updated consent forms	
Consult with counsel to identify confidentiality needs and opportunity to carve out STD, STI and pregnancy testing as separate from consent for reproductive health services.		DPH, Medical Sponsors	All SBWCs are offering STD and pregnancy testing as separate consent from reproductive health services	Number of SBWCs with carved out consent for reproductive health services (not attached to STD and pregnancy testing)	
Engage relevant parties (DPH, medical vendors, etc.) on the updated service menu and proposed changes to forms.		DPH, School Districts, Medical Sponsors	List of all base menu services provided to all Medical Sponsors by DPH		
Develop marketing materials and communicate change in enrollment forms to parents, caregivers, students, and school community, in a manner consistent with community and ensuring transparency.		School Districts, Medical Sponsors, SBWC staff	Change in enrollment forms and services is marketed		
Assess need to update additional forms such as release of information, data sharing forms, etc. Consult with legal counsel as needed.		School Districts, Medical Sponsors, DPH	Updates to additional		

			forms are made		
Update relevant policies and procedures for any new services needing to be offered for base service menu.		Medical Sponsors	Updates to policies and procedures are made		
Resources Needed:					
Foreseen Challenges:					
<ul style="list-style-type: none"> Getting shared agreement Data Sharing, Enrollment Forms, Release of Information, etc. School community, especially parent/caregiver may have apprehension about the change in enrollment forms to be blanket consent for all base services (except reproductive health services). Use lessons-learned from ChristianaCare to help facilitate this transition and roll out. 					
Objective 3: Foster partnerships among SBWC providers, school providers, and others to ensure SBWCs' ability to provide all base menu services.					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Before responding to RFP, create an inventory of services offered to students outside of SBWCs, either through individual community schools, school districts, or other school providers.		School Districts, Individual Schools, Medical Sponsors, Partner agencies	Number of inventories are created		
In RFP responses, include plan for the delivery of all base services, whether directly from SBWC providers or through partnership with other providers (including MOUs and BAAs).		Medical Sponsors, School Districts & Schools, School Nurses & Counselors		Number of RFP responses that include a plan for delivery of base services	
Schedule annual trainings for SBWCs and other school providers through the existing twice-a-year		DPH	Training is incorporated into the		

operational meetings to create awareness of all base services and planning for coordination.			existing operational meetings		
Communicate and/or provide opportunities for educators and other school personnel to learn about the services offered in schools including in SBWCs.		DOE, School Districts		Number of opportunities offered to educators and school personnel	
Resources Needed:					
<ul style="list-style-type: none"> Potential support needed for DPH to incorporate training on SBWC base services and operations into the existing operational meetings with SBWCs and schools 					
Foreseen Challenges:					

Recommendation 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.

Objective 1: Integrate SBWC staff into student support teams to ensure coordination of services.

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
At least annually, SBWC staff will meet with school principals to identify and understand members of the student support team and how SBWC staff can be included, especially as part of MTSS.		SBWCs, School Principals	Annual meetings between the SBWCs and principals	Number of meetings	Inclusion of SBWC staff in MTSS and other meetings

Work with the student support team coordinators to ensure that appropriate SBWC staff are included in ongoing team meetings and functions.		SBWCs, Student Support Coordinator	All student support team coordinators have agreed to include SBWC staff on team meetings/functions	SBWC staff are included in student support team meetings at a minimum monthly (attendance)	Inclusion of SBWCs in care pathways for high acuity students where appropriate
Create appropriate MOU/MOAs between the medical sponsors and school districts to ensure that appropriate SBWC staff are involved in student support meetings.		Medical Vendor, School District, Legal Counsels	MOUs/MOAs have been created for all SBWCs	Number of MOUs/MOAs	Increased number of SBWC staff participating in student support meetings (attendance)
At biannual DPH-School District/Medical Vendor operational meetings, discuss specific student success stories and opportunities for further integration of SBWC staff in student support teams.		DPH, Medical Vendor, School District	Identification of student support meetings	Number of conversations in which this topic is brought up.	Number of SBWCs/School Districts that report success with having SBWC staff being part of student support teams. Increased number of students receive coordination of services among SBWCs and support teams.
Resources Needed:					

Commented [DH1]: Not quite sure what a measure would be.... Theoretically we want to measure if students are receiving more coordinated care (number of students whose needs are met), but I don't know how they would measure that

- Support with teaming within the school in general, bringing together the different voices
- Template for creating pathways/standards of procedure for student care
- Invitations to student support team meetings

Foreseen Challenges:

- Ensuring that school administration and SBWCs have good relationships to ensure inclusion and alignment.
- Making sure that memorandum of understanding/agreement are crafted in a way that properly protect student confidentiality while tackling their goal.

Objective 2: Establish policies and procedures to coordinate SBWC services with other external partners serving students and their families.

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Develop MOUs/MOAs between DPH-Medical Vendors-DSCYF to create alignment in services staff provide to students, including sharing information about what services are being provided or are needed, regular meetings, leveraging different areas of expertise, finding community resources, and warm handoffs.		DPH, Medical Vendors, DSCYF	All SBWCs have MOUs/MOAs in place	Number of MOUs/MOAs in place	Numbers of students touching both DSCYF and SBWC services
Develop MOUs/MOAs between DPH-Medical Vendors-DSAMH to establish any data sharing needs on information about services being provided to families, ensuring warm handoffs for Transition Age Youth needing services and linking family to services. Ensure that these referrals/linkages are in-network for student and families. Potential need for reporting if funding is required.		DPH, Medical Vendors, DSAMH	All SBWCs have MOUs/MOAs in place	Number of MOUs/MOAs in place	Number of times parents are given information about DSAMH services

Commented [DH2]: Similar issue with measure... technically this is a process measure, but could be an outcome from this action

As part of MOUs/MOAs developed, DSCYF and DSAMH will send DPH an annual updated list of services provided so that DPH can send to SBWC coordinators.		DSCYF, DSAMH, DPH, Medical Vendors		Updated list of services	
SBWC coordinators will distribute list of available services from DSAMH and DSCYF to SBHC email list annually.		SBWC coordinators		Number of emails	
SBWCs publish their services and other available services on a SBWC webpage within school's websites. These would include all forms (e.g., HIPPA, consent, authorizations).		SBWCs, school districts, schools	All SBWCs will have services published online	Number of SBWCs with online services	Number of downloads
Explore option of including SBWCs on new Digital Delaware Site . This would include lists of services and all forms for each SBWCs. Ensure that this site is accessible through other platforms (211, Unite Us, etc.)		DOE, DPH, Medical Sponsors	A dedicated SBWC page on the DE site		
<p>Resources Needed:</p> <ul style="list-style-type: none"> • Support from DOE/school districts in development and updates to SBWC websites • Ensure SBWC staff have adequate information of other services available and how to facilitate linkages (resource fairs, etc.) based on existing knowledge of SBWC staff 					
<p>Foreseen Challenges:</p> <ul style="list-style-type: none"> • Ensuring that other agencies and SBWCs have good relationships to ensure partnerships. • Making sure that MOUs/MOAs are crafted in a way that properly protect student and family confidentiality while tackling their goal. 					
<p>Objective 3: Ensure alignment of service screenings, tools, and practices across SBWCs to adequately meet the needs of students.</p>					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures

Send survey to SBWCs to collect information on the screening tools, assessments, and intervention practices used/offered. Survey should be conducted annually.		DPH, SBWCs	All SBWCs have responded to the survey	Number of SBWC surveys	Increased number of common assessments and tools used among SBWCs
Create inventory of screening tools, assessments, and intervention practices used/offered by SBWCs.		DPH	Analysis of screening tools and assessments	Number of screening tools, assessments, and intervention practices used/offered by SBWCs	
Evaluate screening tools, assessment, and intervention practices used/offered by SBWCs and set minimum standards to ensure quality and alignment across age range, without adding unnecessary barriers to staffing and service delivery (costs, credentials).		DPH, Medical Vendors, DOE	Established set of minimum standards		Number of screening tools, assessments, and intervention practices used/offered by SBWCs that meet minimum standards
Convene DOE, DPH, and Medical Vendors to identify gaps in resources needed to ensure that all SBWCs are offering/using appropriate and standardized screening tools, assessment, and intervention practices. As part of these conversations, identify which tools may be available for reimbursement as a way to evaluate their candidacy for use.		DPH, Medical Vendors, DOE	Annual convening	Number of SBWCs that need to change their offering/usage of screening tools, assessments, and intervention practices used/offered by SBWCs to meet minimum standards	Cost of needed changes
Utilize work of student support teams as part of MTSS regulations to fill in these gaps in screening tools, assessment, and intervention practices.		DOE, SBWCs, Medical Vendors	MTSS regulations to fill gap are identified		

Identify any challenges or opportunities in data collection based on the appropriate screening tools, assessment, and intervention practices used by SBWCs.		DPH, Medical Vendors, Governing Entity	List of identified challenges and opportunities	Number of medical vendors that need to adjust data collection processes based on screening tools, assessments, and intervention practices	Cost of needed changes
Advocate with Governing Body for any additional funding/resources needed to support offering/usage of appropriate screening tools, assessment, and intervention practices (including grant funding, operational funding, billing/reimbursement opportunities etc.)		DPH, Medical Vendors, Governing Entity	Additional funding/resources is allocated		
Advocate with Governing Body for any additional data infrastructure resources needed to support aligned data collection of appropriate screening tools, assessment, and intervention practices.		DPH, Medical Vendors, Governing Entity	Additional data infrastructure is obtained		
Resources Needed: <ul style="list-style-type: none"> • Potential funding for offering/usage of appropriate screening tools, assessment, and intervention practices • Potential funding and data infrastructure for reporting on appropriate screening tools, assessment, and intervention practices • Potential training on screeners/tools if needed for SBWC staff 					
Foreseen Challenges: <ul style="list-style-type: none"> • State budget deficits • Challenges in EHRs/reporting capabilities of different medical vendors 					
Objective 4: Integrate other external work on trauma-informed care and frameworks into the work of SBWCs.					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures

Commented [DH3]: These aren't good

Commented [DH4]: This is related to Recommendation 5, so we should talk with the Infrastructure Implementation workgroup about this. They have not looked at this recommendation yet.

Disseminate State's Trauma-Informed framework to SBWC providers and ask them to indicate where they are in implementing the framework.		DPH, SBWCs	All SBWCs have received the framework All SBWCs have indicated where they are on the framework	Number of SBWCs who have implemented framework	
Promote existing training opportunities for state and contractors around trauma-informed care/frameworks to ensure implementation in SBWCs.		DPH, Medical Vendors	Staff at SBWCs have engaged in TIC trainings		
Include language in new SBWC RFPs that the vendor must describe how they will incorporate trauma-informed approach into their operations and service delivery (per Executive Order #24).		DPH	All RFPs ask about vendors' trauma-informed approach	Number of RFP responses addressing trauma-informed approach	
Incorporate language in contracts that requires SBWCs to incorporate trauma-informed approach into their operations (per Executive Order #24).		DPH, Medical Vendors	All contracts include language on trauma-informed approach	Number of contracts with language on trauma-informed approach	
Identify opportunities to fund/support trauma-informed care that is specified in SBWC RFP responses through Project THRIVE.		Medical vendors, DPH	A list of opportunities for alignment		
<p>Resources Needed:</p> <ul style="list-style-type: none"> Support for training and TA on applying trauma-informed approach to services (could be coming from the work of the Family Services Cabinet Council) 					

Foreseen Challenges:

- Time and resources needed for vendors to ensure that they are properly applying trauma-informed approach to operations

Objective 5: Adopt CLAS standards in SBWC contracts, policies, and procedures.

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Review HHS blueprint for CLAS standards		DPH	Blueprint is reviewed	Identification of gaps in CLAS standards to address	
Conduct survey to SBWCs and medical vendors on where they are in implementing CLAS standards to surveys. Survey can mirror Implementation Checklist		DPH, SBWCs	All SBWCs/medical vendors have responded to the survey	Number of SBWCs who have responded to the survey	
Review survey results and determine the necessary resources needed to support adoption and operationalization of CLAS standards		DPH, Governing Entity	Survey results have been reviewed		Gap of SBWCs in adopting CLAS standards
Identify state, national, public, and private resources and expertise to create a handout/informational materials on CLAS standards tailored to SBWCs. Should be aligned with National CLAS Standards materials . Distribute list of resources to SBWCs.		DEI Chief, DHSS, DPH		Number of resources identified. Number of SBWC staff who receive information	
Create and conduct first comprehensive training on CLAS standards for SBWC providers. Conduct subsequent annual trainings that are more abridged. Medical sponsors can incorporate these trainings into		Medical Sponsors, DPH	Identification of training resources for CLAS standards	Number of SBWC staff trained.	

their own training processes. DPH can assist medical vendors with more limited capacity. Can look into multiple options for providing training (video, live, virtual, etc.)					
Incorporate some questions related to CLAS standards into each vendors satisfaction surveys to assess if students and administration feel that the SBWC is upholding CLAS standards. Reviewed by DPH.		Medicals Sponsors/SBWC, DPH		Number of questions related to CLAS Standards Number of students/stakeholders responding to CLAS Standards questions	Percent of students and stakeholders who believe that SBWCs are upholding CLAS standards. Increase in percent of students and stakeholders who believe that SBWCs are upholding CLAS standards.
Resources Needed:					
<ul style="list-style-type: none"> • Financial support for CLAS trainings and materials • Support for DPH on TA and analysis of CLAS standards 					
Foreseen Challenges:					
<ul style="list-style-type: none"> • Potential consistency issue as the State adopts and rolls out activities related to CLAS Standards • Making sure that the medium, timing, and rigor of the training is accessible for SBWC providers 					

Previous Implementation Considerations

- Provide ongoing guidance and training to SBWC regarding state and federal standards consistent with the COVID-19 Public Health Emergency
- Ensure ongoing flexibilities for providing telehealth by SBWCs including communication from DE Departments

Recommendation 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.

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures

Resources Needed:

Foreseen Challenges: