

**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 SBHC RFPs, DPH will include language requiring bidders to detail their plan for offering all age-appropriate base menu services, either through the SBHC 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 SBHCs.
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 SBHCs offering base services.

			language on base services		
When contracts for existing SBHCs end, include language requiring bidders to detail their plan for offering all age-appropriate base menu services, either through the SBHC 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 SBHCs 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 SBHCs 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 <a href="#">Delaware Code, Title 18, Chapter 276</a> to reflect base menu services		Advocacy Groups, School District Parents/Caregivers			
If found necessary, make edits to <a href="#">Delaware Code, Title 18, Chapter 276</a> and other necessary policies to incorporate the base service menu.		DPH, Legislative Branch	Change in Delaware Code		
<p><b>Resources Needed:</b></p> <ul style="list-style-type: none"> <li>• 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.)</li> <li>• Ensure space proposals for SBHCs are conducive to offering base services</li> <li>• Additional infrastructure, including personnel, in DPH to ensure oversight responsibilities</li> </ul>					
<p><b>Foreseen Challenges:</b></p> <ul style="list-style-type: none"> <li>• Potential resistant response from school board and community as reproductive services are incorporated into base service menu</li> <li>• Financial/resource challenges due to co-payments from commercial insurers in offering services</li> <li>• Financial impact from not being reimbursed for sports physicals</li> <li>• Space in schools for additional services</li> <li>• Potential resistance from community providers about base service offering in SBHCs (competition)</li> <li>• Potential need for additional and equipment</li> <li>• State fiscal challenges post COVID (decreased revenues)</li> </ul>					
<p><b>Objective 2: Incorporate base service menu into SBHCs forms, marketing, operations, etc.</b></p>					
<b>Activity</b>	<b>Target Date</b>	<b>Key Implementers</b>	<b>Milestones</b>	<b>Process Measures</b>	<b>Outcomes Measures</b>

For middle and High School SBHCs, 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 SBHC consent forms are offering the base service menu	Number of SBHCs 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 SBHCs are offering STD and pregnancy testing as separate consent from reproductive health services	Number of SBHCs 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, SBHC 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		
<b>Resources Needed:</b>					
<b>Foreseen Challenges:</b>					
<ul style="list-style-type: none"> <li>Getting shared agreement Data Sharing, Enrollment Forms, Release of Information, etc.</li> <li>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.</li> </ul>					
<b>Objective 3: Foster partnerships among SBHC providers, school providers, and others to ensure SBHCs' ability to provide all base menu services.</b>					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Before responding to RFP, create an inventory of services offered to students outside of SBHCs, 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 SBHC 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 SBHCs 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 SBHCs.		DOE, School Districts		Number of opportunities offered to educators and school personnel	
<b>Resources Needed:</b>					
<ul style="list-style-type: none"> <li>Potential support needed for DPH to incorporate training on SBHC base services and operations into the existing operational meetings with SBHCs and schools</li> </ul>					
<b>Foreseen Challenges:</b>					

**Recommendation 7: Ensure approaches to care are aligned and comprehensive across all SBHCs, 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 SBHC staff into student support teams to ensure coordination of services.**

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

Work with the student support team coordinators to ensure that appropriate SBHC staff are included in ongoing team meetings and functions.		SBHCs, Student Support Coordinator	All student support team coordinators have agreed to include SBHC staff on team meetings/functions	SBHC staff are included in student support team meetings at a minimum monthly (attendance)	Inclusion of SBHCs in care pathways for high acuity students where appropriate
Create appropriate MOU/MOAs between the medical sponsors and school districts to ensure that appropriate SBHC staff are involved in student support meetings.		Medical Vendor, School District, Legal Counsels	MOUs/MOAs have been created for all SBHCs	Number of MOUs/MOAs	Increased number of SBHC 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 SBHC 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.	Increased number of students receive coordination of services among SBHCs and support teams.
<p><b>Resources Needed:</b></p> <ul style="list-style-type: none"> <li>• Support with teaming within the school in general, bringing together the different voices</li> <li>• Template for creating pathways/standards of procedure for student care</li> <li>• Invitations to student support team meetings</li> </ul>					
<p><b>Foreseen Challenges:</b></p> <ul style="list-style-type: none"> <li>• Ensuring that school administration and SBHCs have good relationships to ensure inclusion and alignment.</li> <li>• Making sure that memorandum of understanding/agreement are crafted in a way that properly protect student confidentiality while tackling their goal.</li> </ul>					
<p><b>Objective 2: Establish policies and procedures to coordinate SBHC services with other external partners serving students and their families.</b></p>					

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 SBHCs have MOUs/MOAs in place	Number of MOUs/MOAs in place	Numbers of students touching both DSCYF and SBHC 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 SBHCs have MOUs/MOAs in place	Number of MOUs/MOAs in place	Number of times parents are given information about DSAMH services
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 SBHC coordinators.		DSCYF, DSAMH, DPH, Medical Vendors		Updated list of services	
SBHC coordinators will distribute list of available services from DSAMH and DSCYF to SBHC email list annually.		SBHC coordinators		Number of emails	
SBHCs publish their services and other available services on a SBHC webpage within school's websites. These would include all forms (e.g., HIPPA, consent, authorizations).		SBHCs, school districts, schools	All SBHCs will have services published online	Number of SBHCs with online services	Number of downloads



<p>Explore option of including SBHCs on new <a href="#">Digital Delaware Site</a>. This would include lists of services and all forms for each SBHCs. Ensure that this site is accessible through other platforms (211, Unite Us, etc.)</p>		<p>DOE, DPH, Medical Sponsors</p>	<p>A dedicated SBHC page on the DE site</p>		
<p><b>Resources Needed:</b></p> <ul style="list-style-type: none"> <li>• Support from DOE/school districts in development and updates to SBHC websites</li> <li>• Ensure SBHC staff have adequate information of other services available and how to facilitate linkages (resource fairs, etc.) based on existing knowledge of SBHC staff</li> </ul>					
<p><b>Foreseen Challenges:</b></p> <ul style="list-style-type: none"> <li>• Ensuring that other agencies and SBHCs have good relationships to ensure partnerships.</li> <li>• Making sure that MOUs/MOAs are crafted in a way that properly protect student and family confidentiality while tackling their goal.</li> </ul>					
<p><b>Objective 3: Ensure alignment of service screenings, tools, and practices across SBHCs to adequately meet the needs of students.</b></p>					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
<p>Send survey to SBHCs to collect information on the screening tools, assessments, and intervention practices used/offered. Survey should be conducted annually.</p>		<p>DPH, SBHCs</p>	<p>All SBHCs have responded to the survey</p>	<p>Number of SBHC surveys</p>	<p>Increased number of common assessments and tools used among SBHCs</p>
<p>Create inventory of screening tools, assessments, and intervention practices used/offered by SBHCs.</p>		<p>DPH</p>	<p>Analysis of screening tools and assessments</p>	<p>Number of screening tools, assessments, and intervention practices used/offered by SBHCs</p>	
<p>Evaluate screening tools, assessment, and intervention practices used/offered by SBHCs and set minimum standards to ensure quality</p>		<p>DPH, Medical Vendors, DOE</p>	<p>Established set of minimum standards</p>		<p>Number of screening tools, assessments, and intervention</p>

and alignment across age range, without adding unnecessary barriers to staffing and service delivery (costs, credentials).					practices used/offered by SBHCs that meet minimum standards
Convene DOE, DPH, and Medical Vendors to identify gaps in resources needed to ensure that all SBHCs 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 SBHCs that need to change their offering/usage of screening tools, assessments, and intervention practices used/offered by SBHCs 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, SBHCs, 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 SBHCs.		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		
<b>Resources Needed:</b> <ul style="list-style-type: none"> <li>• Potential funding for offering/usage of appropriate screening tools, assessment, and intervention practices</li> <li>• Potential funding and data infrastructure for reporting on appropriate screening tools, assessment, and intervention practices</li> <li>• Potential training on screeners/tools if needed for SBHC staff</li> </ul>					
<b>Foreseen Challenges:</b> <ul style="list-style-type: none"> <li>• State budget deficits</li> <li>• Challenges in EHRs/reporting capabilities of different medical vendors</li> </ul>					
<b>Objective 4: Integrate other external work on trauma-informed care and frameworks into the work of SBHCs.</b>					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Disseminate State’s Trauma-Informed framework to SBHC providers and ask them to indicate where they are in implementing the framework.		DPH, SBHCs	All SBHCs have received the framework  All SBHCs have indicated where they are on the framework	Number of SBHCs who have implemented framework	
Promote existing training opportunities for state and contractors around trauma-informed care/frameworks to ensure implementation in SBHCs.		DPH, Medical Vendors	Staff at SBHCs have engaged in TIC trainings		

Include language in new SBHC RFPs that the vendor must describe how they will incorporate trauma-informed approach into their operations and service delivery ( <a href="#">per Executive Order #24</a> ).		DPH	All RFPs ask about vendors' trauma-informed approach	Number of RFP responses addressing trauma-informed approach	
Incorporate language in contracts that requires SBHCs to incorporate trauma-informed approach into their operations ( <a href="#">per Executive Order #24</a> ).		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 SBHC RFP responses through Project THRIVE.		Medical vendors, DPH	A list of opportunities for alignment		
<b>Resources Needed:</b>					
<ul style="list-style-type: none"> <li>Support for training and TA on applying trauma-informed approach to services (could be coming from the work of the Family Services Cabinet Council)</li> </ul>					
<b>Foreseen Challenges:</b>					
<ul style="list-style-type: none"> <li>Time and resources needed for vendors to ensure that they are properly applying trauma-informed approach to operations</li> </ul>					
<b>Objective 5: Adopt CLAS standards in SBHC contracts, policies, and procedures.</b>					
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 SBHCs and medical vendors on where they are in implementing CLAS standards to surveys. Survey can mirror <a href="#">Implementation Checklist</a>		DPH, SBHCs	All SBHCs/medical vendors have responded to the survey	Number of SBHCs 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 SBHCs in adopting CLAS standards
Identify state, national, public, and private resources and expertise to create a handout/informational materials on CLAS standards tailored to SBHCs. Should be aligned with <a href="#">National CLAS Standards materials</a> . Distribute list of resources to SBHCs.		DEI Chief, DHSS, DPH		Number of resources identified. Number of SBHC staff who receive information	
Create and conduct first comprehensive training on CLAS standards for SBHC providers. Conduct subsequent annual trainings that are more abridged. Medical sponsors can incorporate these trainings into 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.)		Medical Sponsors, DPH	Identification of training resources for CLAS standards	Number of SBHC staff trained.	
Incorporate some questions related to CLAS standards into each vendors satisfaction surveys to assess if students and administration feel that the SBHC is upholding CLAS standards. Reviewed by DPH.		Medicals Sponsors/SBHC, 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 SBHCs are upholding CLAS standards. Increase in percent of students and stakeholders who believe that SBHCs

					are upholding CLAS standards.
<b>Resources Needed:</b>					
<ul style="list-style-type: none"> <li>Financial support for CLAS trainings and materials</li> <li>Support for DPH on TA and analysis of CLAS standards</li> </ul>					
<b>Foreseen Challenges:</b>					
<ul style="list-style-type: none"> <li>Potential consistency issue as the State adopts and rolls out activities related to CLAS Standards</li> <li>Making sure that the medium, timing, and rigor of the training is accessible for SBHC providers</li> </ul>					

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

**Objective 1: Track and advocate for funding resources and policy to support telehealth.**

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Track policy on what is allowable and billable for telehealth service delivery related to SBHC services.		DPH, Medical Vendors		Number of policy updates on telehealth services	Change in number of telehealth services billable
Create medium to disseminate information across all SBHCs on telehealth policies related to SBHC service delivery.		DPH, Governing Entity, School-Based Health Alliance	Medium has been created	Distribution/penetration of telehealth policy tracking medium	
Advocate for continued telehealth billing flexibilities in Medicaid		Advocates	Continued funding for Medicaid reimbursement of services	Number of claims for telehealth services delivered	Ratio of in-person vs. telehealth service delivery

					Utilization of telehealth to deliver services to students within schools from a remote provider (other SBHC, etc.)
Identify state and federal funding opportunities to support telehealth (infrastructure, uncompensated care, etc.)		DPH, Governing Entity, School-Based Health Alliance, Medical Vendors		Number of sources identified	Amount of funding available for telehealth
<b>Resources Needed:</b>					
<ul style="list-style-type: none"> <li>Support (financial, personnel, technical) to assist in tracking and sharing policies and funding related to telehealth for SBHCs</li> </ul>					
<b>Foreseen Challenges:</b>					
<ul style="list-style-type: none"> <li>Changes to telehealth policies that would reduce SBHCs ability to be reimbursed for telehealth services</li> </ul>					
<b>Objective 2: Explore technical functions of telehealth infrastructure to ensure adequate abilities and compliance.</b>					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Examine market telehealth platforms to ensure adequate functionality for service delivery and compliance with HIPAA and other privacy regulations (including 42 CFR Part 2)		Medical Vendors' IT and Legal Counsel	All medical vendors		

Select telehealth platform, purchase user licenses, and set up technical functionality for telehealth services (if not already using a telehealth platform).		Medical Vendors	All SBHCs have completed technical set up to offer telehealth services	Number of SBHCs using telehealth platforms in compliance with HIPAA and other privacy regulations  User licenses for telehealth	
Ensure that physical spaces in which telehealth is offered are properly set up, including WiFi access, connection, privacy & confidentiality.		Medical Vendors, SBHCs, Schools	All SBHCs are properly set up for telehealth delivery	Number of SBHCs with adequate spaces for telehealth service delivery	Identification of barriers and challenges reported on telehealth service delivery related to physical space (from SBHC reports to DPH)
Conduct trainings and information sharing on technical aspects of telehealth, HIPAA compliance, etc.		DPH, Medical Vendors, DE School Based Health Alliance, DE Health Care Association		Number of trainings offered	
<b>Resources Needed:</b>					
<ul style="list-style-type: none"> <li>• Financial support for telehealth infrastructure and set up</li> <li>• Financial support for telehealth licenses</li> </ul>					
<b>Foreseen Challenges:</b>					



**Objective 3: Enhance SBHC providers' clinical capacity to provide care via telehealth.**

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Share resources on adoption and implementation of clinical policies and procedures for telehealth clinical engagement, especially for crisis intervention and other specific scenarios. These can be shared at biannual DPH operational meetings.		DPH, Medical Vendors		Number of resources shared.	
Share other resources outside of telehealth that are available for students outside of SBHCs given limitations of telehealth service delivery. – broader than just telehealth access. (shows up in other places)		Medical Vendors, SBHCs, DPH, DSAMH, DSCYF			
Develop clinical policies and procedures for telehealth service delivery.		Medical Vendors	All medical vendors have P&Ps in place	Number of SBHCs with P&Ps in place	
Provide clinical trainings on how to deliver services via telehealth.		Medical Vendors	Development of training curriculum for telehealth service delivery  Deployment of training	Number of clinical trainings offered to SBHC providers  Number of staff trained in telehealth service delivery	

**Resources Needed:**

- Staff time to be trained on telehealth service delivery
- Potential financial resources for training on telehealth
- Time and resources for updating policies and procedures on telehealth service delivery

**Foreseen Challenges:**

- Staff time need to be trained on telehealth service delivery

**Objective 4: Enhance Delaware students' access and experience telehealth services.**

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Identify grants, in-kind services, and strategic partnerships to expand student and family access to devices and internet access		DPH, Governing Entity, DOE, Governor's Office, Internet Providers	Identification of sustainable funding sources to support access to devices and internet	Number of sources identified	Number of devices provided to students
Work with schools to distribute devices and internet connections (hotspots) to students		Medical Vendors, School Districts	Creating protocols for distribution	Number of devices provided to students	
Engage students in understanding and using telehealth service offerings to students, going step-by-step on how to make appointments and what to expect		Medical Vendors, Schools	All SBHCs are publicizing telehealth service offerings	Distribution of information to students	Number of telehealth service encounters
Understand and help students find alternative physical locations and time opportunities for students to receive services (library parking lots, private conference rooms in schools, etc.)		SBHCs			

Establish common elements of consent for telehealth service delivery to be included in updated consent forms		School-Based Health Alliance, Health Care Commission, Medical Vendors, DPH	Elements are established		
Update consent forms and permissions for telehealth services		SBHCs	All SBHCs have updated consent forms	Number of forms updated for telehealth consent  Number of SBHCs that incorporate established common elements of consent for telehealth	
Share strategies used to publicize and enhance access to telehealth services for students		DPH, Governing Entity		Distribution of information across SBHCs	
Including questions related to telehealth health service delivery on student satisfaction surveys sent by SBHCs		SBHCs			Student experience reported on the surveys
<b>Resources Needed:</b> <ul style="list-style-type: none"> <li>• Support (financial, personnel, infrastructure) for telehealth service access</li> <li>• Locations &amp; alternative times to provide telehealth services</li> </ul>					
<b>Foreseen Challenges:</b> <ul style="list-style-type: none"> <li>• Limited interest/hesitancy by students in receiving services via telehealth</li> <li>• Limited student access to private spaces/times to receive services</li> </ul>					
<b>Objective 5: Effectively adopt EHRs across SBHCs.</b>					

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Assess interoperability issues across medical vendors' EHRs and how that impacts data collection ability		DPH, Governing Entity, Medical Vendors			Number of measures able to be captured across all SBHCs' EHR
As SBHCs shift to EHRs, assess the current reporting requirements for SBHCs alongside EHR's capturable measures and the service menu for SBHCs to identify and align useful reporting requirements and other reporting for SBHCs		DPH, Medical Vendors, Governing Entity, SBHC providers	Production of list of requirements from DPH, desired measures from SBHCs, Medical Vendors, DPH	Measures requested by different groups to include in EHRs and reporting requirements	Number of measures captured through EHRs and included in SBHC reporting requirements
Ensure EHR adoption allows for referrals, coordination, and information sharing with other community providers		Medical Vendors, Community Providers		Length of referral time	
Share resources and information on EHR adoption		DPH, Governing Entity, Medical Vendors	Identifying resources and information to be distributed	Resources offered	
Conduct meetings between DPH data personnel and medical sponsor EHR personnel to ensure that how to incorporate DPH reporting requirements for SBHCs		DPH, Medical Vendors			Number of measures able to be captured across all SBHCs' EHR
Conduct trainings on EHR usage for SBHC providers		Medical Vendors		Number of trainings conducted	
Explore and enhance strength of internet connection in all SBHCs to ensure EHRs and digital operations are supported		DOE, Medical Sponsors,		Length of time to ensure internet stability	

		School Districts, DTI, Schools			
<b>Resources Needed:</b>					
<ul style="list-style-type: none"> <li>• Support (financial, personnel, time, etc.) on EHR adoption</li> <li>• Resources for individual medical vendors training on EHRs specifically for SBHCs and reports required by DPH</li> <li>• Information from DPH data personnel on how to assist medical vendors on individual reporting requirements</li> <li>• Internet strength and connection for SBHCs within schools to support transfer of data through firewalls and operations</li> </ul>					
<b>Foreseen Challenges:</b>					
<ul style="list-style-type: none"> <li>• Disruptions to workflows, data, and continuity of care during “Go Live” period</li> <li>• Interoperability issues between medical sponsors’ EHRs and issue with inconsistent data and reporting</li> <li>• Issues with internet connection and coordination need to fix internet connection issues</li> </ul>					

### Previous Implementation Considerations

- DE SBHC Alliance in collaboration with DPH and other stakeholders could offer training and technical assistance or learning collaboratives on outreach and enrollment strategies; create a TA toolkit for new and existing SBHCs.
- SBHC Medical Sponsors could hire on a part time basis an outreach and enrollment specialist to develop and implement outreach and enrollment strategies.
- Encourage the support of new and existing school health advisory councils to establish a setting for planning and monitoring community needs.
- Increase or formalize collaboration with School District PIOs and school principals to communicate more broadly (i.e. social media, website, flyers, communication platforms, etc.) to parents and students the availability of SBHC services.
- Must ask student/parent to list PCP on enrollment form and notify PCP of SBHC enrollment
- Must ask student/parent about PCP during all service visits, maintain as part of medical records
- If student does not have PCP, SBHC administrator must make effort to connect student with appropriate PCP
- If student is not able to be connected to a medical home (uninsured, lack of community PCPs/availability), SBHC can serve as limited medical home
- Every time a service is performed, something should be sent (either physically or electronically) to PCP

- PCPs develop relationships with SBHC administrators for referrals and linkages
- Potential for PCPs to collaborate and/or have clinical rotations in SBHCs
- Encourage PCPs to discuss SBHCs with patients

***Recommendation 8: Ensure SBHCs 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. SBHCs will only serve as a student’s primary medical home if all other options are exhausted.***

**Objective 1: Create awareness of providers and services in SBHCs and community provider**

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Ensure that all SBHCs require students to identify their primary car provider upon enrollment.		DPH, SBHCs	All SBHCs ask about students’ PCPs	Number of enrollment forms asking for student’s PCP	Number of PCPs identified that are outreached by SBHC
Facilitate conversations between SBHCs and local community provider associations, like the American Academy of Pediatrics, to discuss complementary services and generate awareness.		DPH, Medical Vendors, Provider Associations		Number of conversations held	
Outreach MCOs for information and directories on community providers		Medical Vendors, MCOs	Community provider directories obtained		

<b>Resources Needed:</b>					
<ul style="list-style-type: none"> <li>Personnel support to facilitate conversations between SBHCs and community providers</li> </ul>					
<b>Foreseen Challenges:</b>					
<ul style="list-style-type: none"> <li>Historic hesitancy of SBHCs and community providers working together</li> </ul>					
<b>Objective 2: Develop two-way communication pathways to share appropriate information between SBHCs and community providers.</b>					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Identify and assess current processes in place at SBHCs for sharing information about patients to patients' other providers		SBHCs, Medical Vendors			Strengths and weakness assessed in current processes
Facilitate conversations between provider associations, community providers, and SBHCs about what information they would like to receive about patients and the appropriate methods of communication, leveraging EHRs for automated information sharing		SBHCs, Medical Vendors, Community Providers, Provider Associations	List of information to be shared is developed		Types of information shared between community providers
Develop and implement 2-way communication processes/infrastructure between SBHCs and community providers		SBHCs, Medical Vendors, Community Providers	All SBHCs have formal, 2-way communication processes with community providers		Number of times SBHCs and community providers have contact
Develop and execute needed data use agreements to share information between SBHCs and community providers		SBHCs, Medical Vendors,	All SBHCs have data use agreements in	Number of data use agreements in place between SBHCs and	

		Community Providers, Legal counsel	place with community providers	community providers	

**Resources Needed:**

- Financial and infrastructure support to develop processes to communicate information between SBHCs and community providers
- Legal support to develop and execute data use agreements

**Foreseen Challenges:**

- Historic hesitancy of SBHCs and community providers working together, financial models that don't support care coordination
- Ensuring information being shared and information sharing process is appropriate and in accordance with regulations

**Objective 3: Facilitate referrals and linkages of students to community providers and medical homes**

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Assess the current processes/workflow for referrals and linkages of students to community providers and medical homes and identify best practices		DPH, Medical Vendors, SBHCs, Community Providers	Referral/linkage mapping is complete		Strengths and weakness of current processes identified through assessment
Work with community providers in the area of each SBHC to develop resources, processes, and relationships that can more effectively link		SBHCs, Medical Vendors, Community Providers	Development of processes for linking students with community providers		Number of students linked to community providers
Outreach MCO care coordinators to support referrals/linkages for applicable students		SBHCs, MCOs			Number of students linked to community



					providers through MCOs

**Resources Needed:**

- Support for creating referral processes between SBHCs and community providers

**Foreseen Challenges:**

- Historic hesitancy of SBHCs and community providers working together, financial models that don't support care coordination