

Enhancing Student Health

Implementation Plan for the Strategic Plan for Delaware School-Based Health Centers

The following roadmap serves as an accompanying document to the Strategic Plan for Delaware School-Based Health Centers. Upon finalization of the thirteen goals in the strategic plan, three implementation workgroups convened to chart out the objectives and underlying activities need to operationalize these goals. These group met roughly every week from February to April 2021 and included stakeholders from DPH and other public agencies, school-based health center (SBHC) staff, medical vendors, school staff, and public and private payors. Subject matter experts were invited to participate as needed to provide insight into critical implementation steps. To ensure alignment of implementation activities across the three groups, representatives from each group met to discuss and reconcile content.

This implementation plan follows a table format for each strategic goal, with the exception of Goal 1, which is discussed below. The key components of each goal table are:

- **Objectives:** Higher-level descriptions that break down the components of the goal that need to be implemented to ensure fidelity to the strategic vision. Each objective has a target date for its implementation. This date is determined by the underlying sequence of activities need to support objective implementation. The number of objectives captured for each goal varies and is dependent on the goal's complexity and components, as determined by the implementation workgroups.
- **Activities:** Each objective has a set of more specific implementation activities that guide the key implementers through the process of implementation, describing necessary conversations, decisions, and actions. Each activity is associated with key implementers who play a role in carrying out these activities. The target date associated with each activity is estimated based on the relative capacity and complexity of each activity, its alignment with other states processes (funding cycles, school calendars, etc.), and sequenced based on contingencies and alignment with other activities.
- **Milestones, Process Measures, and Outcomes Measures:** Key implementers should use the information in these cells to guide and check their work on activities to ensure that progress is being made and intended outcomes are being reached. However, these measures and milestones may not be centrally tracked. Additionally, not all activities will have measures that can be assessed or milestones to be reached, which is why some of these cells may appear blank.
- **Resources Needed:** This is a non-exhaustive list that was generated by implementation workgroup members upon reflection of implementation activities and reflects some of the personnel, financial, infrastructure, and expertise needs to accomplish activities within each objective.
- **Foreseen Challenges:** This is a non-exhaustive list of some of the internal and external challenges that key implementers and stakeholders may encounter when working on each objective. When possible, the activities for each objective were developed to respond to and work alongside these challenges.

This plan should serve as a guide of how to structure implementation work but does not to be and should not be followed exactly. Objectives, activities, and timelines may change based on the outcomes of implementation work, shifting stakeholder priorities, and other external factors.

Goal 1

Create an independent body with representation from DPH, DOE, DSCYF, DSAMH, Medicaid, private insurers, as well as School Districts, School Board, Parent Teacher Association, Community PCPs, Community Behavioral Health providers, SBHC consumers, and legislators from each county with the authority to:

- **Assist in recommendations of future SBHC siting through community needs assessment**
- **Recommend additional service options to SBHC based on community need (including minor oral healthcare and screenings, vision and hearing, social service navigation, evidence-based interventions, reproductive healthcare)**
- **Decide on and annually track/update statewide measures submitted by SBHCs**
- **Recommend state and federal funding resources/grants to medical sponsors and school district to cover additional services**

No formal implementation workgroup was assembled to develop an implementation plan for Goal 1. Instead, a subset of self-selected Steering Committee members met twice to review models of potential governing structures, define the principles and responsibilities of this “Governing Entity”, and suggest options for interim and longer-term governance. Below are the guiding principles and responsibilities of the Governing Entity as decided by the Steering Committee:

- Entity will be a statewide, public-private governance entity (has authority to make decisions and hold implementers accountable)
- Entity will start by overseeing implementation of strategic plan, but will annually assess progress and chart future priorities/direction for SBHCs
- Entity will sponsor local-driven collective impact efforts to ensure community level participation and feedback
- Core responsibilities will include:
 - Training/TA
 - Review of core services
 - Education/prevention awareness
 - Data surveillance and evaluation
 - Annual recommendations on SBHC siting
 - Review of SBHC policy
 - Advocacy best practices
 - Recommendations for SBHC financing

Additionally, the Steering Committee proposed that the following stakeholders have potential representation in the Governing Entity:

- DPH
- DOE
- DSCYF
- DTI
- Epidemiologist/Data Expert
- Medicaid
- Commercial Insurers
- School Districts
- DSEA
- School Board
- Consumer
- Pediatrician
- SBHC provider/Medical Vendor
- Children’s health care system

Given legislative needs, this Governing Entity may not launch until spring/summer 2022. In the interim, the Steering Committee and DPH will explore opportunities to leverage the work of the Delaware School-Based Health Alliance and the expertise and authority of Steering Committee members to initiate early steps of this implementation plan as an Interim Governance Structure. This work will be reassessed in early spring of 2022 to determine how to best expand or transition this work to the Governing Entity in July 2022.

Lastly, the Steering Committee proposed the following model for the structure and operations of this Governing Entity:

- Entity should have staffing support contingent on funding allocated. Staffing could be supplied through contracting
- Entity will be charged with creating a charter in the first two meetings
- Entity should meet at minimum quarterly, but cadence will be determined by entity during first meetings
- Entity will be authorized through legislation

Below are the initial activities to be completed by the Interim Governance Structure by **September 30, 2021**:

Activity	Key Implementers
Draft Governance Entity charter, membership, structure and organizational chart, and roles and responsibilities. Work with National School-Based Health Alliance for support.	DPH, SBHA, Steering Committee
Determine DPH’s role in supporting Governing Entity	DPH, SBHA
Secure funding to support Governance Entity and Interim Governance	DPH, SBHA, Steering Committee
Using the evaluation plan and goals of the strategic plan, draft a logic model to guide SBHC evaluation	DPH, Medical Vendors, SBHA

Goal 2	New SBHC sites for school districts will be in highest need schools and are strongly encouraged to consider a full-service hub model. If a school district decides to expand SBHCs beyond this original site, additional sites will be state recognized by DPH and should follow a hub and spoke model where feasible.				
	Objective 1: As new SBHCs are prioritized for siting, use the hub and spoke model as a guide for district-level expansion.				
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Use high needs score card to prioritize new SBHC siting across districts. Along with input, decide on SBHC siting for elementary schools in districts, prioritizing highest need school in district for hub when possible	6-12 months after plan release	Governing Entity, DPH	New SBHC sites prioritized		Schools prioritized for SBHC siting
When making decisions on new SBHC siting in districts, begin with siting hub model SHBC in elementary best situated to support hub, while prioritizing highest need school as hub.	12 months after plan release	DPH, School District, Schools, DOE	New hubs sited		High needs schools prioritized for hub siting
Hub sites recognized and funded through state allocation, Medicaid cost recovery, and third-party billing. ¹	12-24 months after plan release	DPH, Medical Vendors, Governing Entity, School Districts	Funding allocated	Number of hub SBHCs with allocated funding for siting	Amount of funding allocated to SBHC hub sites
As school districts expand SBHCs, districts can determine if additional sites can be added as spokes. Spokes still	2+ years after plan	School Districts, DPH		Number of additional district	Changes in SBHC costs within district as SBHCs expand

¹ The initial establishment of a hub requires more financial invest (capital and operational) to support full time base service availability. Siting hubs in highest-need schools and schools with potentially higher Medicaid rates will help maximize the amount these hub SBHCs can recoup through reimbursement, thus minimizing the state investment needed to support these initial hub SBHCs. As districts expand SBHCs through spokes, added personnel costs will decrease. State funding can then be allocated equitably across SBHCs in the district given varying operational costs and revenue from Medicaid and third-party reimbursement.

need to be certified through DPH as standalone sites and go through RFP process if contracted with DPH.	release, ongoing			SBHCs added as spokes	
Development of policies and procedures, consents, and data sharing between hub and spoke sites within a district.	12-24 months after plan release, ongoing	School, School Districts, DPH, SBHCs, Medical Vendors	Proper policies and procedures are developed		Coordination of care across SBHCs in a district
Technical Assistance (TA) and agreements between school districts, DPH, and medical vendor for equitable allocation of state operational funds based on hub and spoke model.	12-24 months after plan release	School Districts, Medical Vendor, DPH, Governing Entity		TA provided Funding allocation across sites	
As SBHCs are brought online under hub and spoke model, explore needs to update Delaware Code, funding formulas, and for SBHCs to become 340b pricing entities for further financial sustainability	2+ years after plan release	Governing Entity, DPH		Changes needs	Changes implemented
<p>Resources Needed:</p> <ul style="list-style-type: none"> • Capital and operational funding needed to support initial costs of hub, decreasing costs over time • Ongoing capital and operational funding to support expansion and maintenance over time • Need financing to account for lead time it takes to establish and begin operating SBHCs and be reimbursed for services 					
<p>Foreseen Challenges:</p> <ul style="list-style-type: none"> • Wide variation in school districts' ability to fund new SBHCs, with highest-need districts having the fewest resources • Advocacy for initial and continuing funding needs to take into account state budget timeline • Challenges when multiple medical sponsors operate SBHC in the same district 					

Goal 3

Siblings who are enrolled in the same school district and who do not have a SBHC in their school may enroll in a sibling student’s SBHC, as long as it is serving like-aged students.

Objective 1: Ensure all stakeholders, including students, families, school administrators, SBHCs, and DPH, have established enrollment processes.

**Target Date:
September 1, 2022**

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Provide technical assistance on modifying enrollment processes	Ongoing	Governing Entity, DPH	Any TA provided		
Modify enrollment form to include enrollment of siblings also in school district. Incorporate consent to data sharing for siblings during enrollment process	12 months after plan release	SBHCs, Medical Vendors, Schools, DPH	All enrollment forms and consents have been updated	SBHCs using updated enrollment and consent forms	Track siblings enrolled, grades they were in, service utilization by type
Ensure schools and parents are aware of sibling enrollment option through enrollment process and other SBHC publicity efforts (mailers, Schoology, etc.)	12 months after plan release	Schools and SBHCs			Timeliness of enrollment
Develop relationships and process with SBHC and school administrators to support sibling access to SBHCs (sign-in, accessible entrance, etc.)	3-12 months after plan release	SBHCs, School District, School Principals, DPH	Conversations between SBHCs and school administrators to facilitate process		Timeliness of siblings enrolling in SBHCs
Develop relationships between SBHCs operating in the same district if operated by different medical vendors to ensure continuity of care and record keeping for sibling students across medical vendors	3-12 months after plan release	DPH, SBHCs, Medical Vendors, School Principals		Student receiving services from different SBHCs	

Resources Needed:

- Support to facilitate conversations between school administrators, SBHCs, and medical vendors

Foreseen Challenges:

- Ensuring that data reporting requirements are clear so that there can be data continuity and sibling data can be attributed to SBHCs
- For schools with a high percentage of private payers, you may not be getting enough revenue to meet demand
- Lack of interoperability of EHRs and HIE between SBHCs with different medical vendors
- Inadequacy of information in forms, are barriers to understanding the rest of the child's care

Goal 4

Use the following model as a suggested guide for new SBHC set up and existing SBHC renovation:

Hub: converted classroom, minimum 900 square ft. (Infrastructure)

- 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 SBHC, 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)– 100 square ft.

SBHCs are recommended to be Joint Commission compliant.

Objective 1: Plan for facility conversion to support SBHCs.

**Target Date:
Ongoing**

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
As high-needs schools are prioritized for SBHC siting, determine spaces in schools in districts that could support SBHC	March-May, annually	DPH, DOE, School Districts, Schools	Schools selected picked for siting	Number of hub and spoke sites	

models and ensure site quality standards are met, favoring placing hubs in highest-need school. Also factor in construction/renovation costs.					
Provide technical assistance to schools prioritized for siting and schools establishing SBHCs outside of DPH contracting process to ensure they meet state standards for recognition	Ongoing	DPH, Governing Entity		Type and amount of TA provided	All SBHCs are aligned with state site quality standards
Work with General Assembly to appropriate SBHC capital and operating budget as SBHCs are prioritized for siting. First year funds will be used for SBHC construction.	July-January, annually	DPH, DOE, School Districts	Funding needs are calculated		Amount allocated
Contribute additional district-level and DOE funds needed to support construction/renovation costs to meet.	July-January, annually	Schools, School District, DOE	Funding needs are calculated		Amount allocated
As SBHC is constructed, DPH will begin RFP process to select medical vendor by the start of the 3rd quarter of the fiscal year and include additional construction/renovation needs. First year operating funds can be lapsed by 6 months.	April-June, annually	DPH, Schools, School District, Medical Vendors	Medical vendor is selected and participates in final renovations		
<p>Resources Needed:</p> <ul style="list-style-type: none"> • Support for DPH to monitor quality of sites as new SBHCs are constructed and provide TA on siting requirements to new sites • Ongoing funding for capital costs 					
<p>Foreseen Challenges:</p> <ul style="list-style-type: none"> • Capital budgeting process for DOE and district is limiting • Need substantial investment for first year siting costs • Non DPH contracted sites 					

Goal 5

- Develop data collection and analysis infrastructure that meets the needs of SBHCs and stakeholders by:**
- **Standardizing data collection and reporting across SBHCs**
 - **Including information technology departments as part of this process**
 - **Encouraging adoption of electronic health records (EHRs)**
 - **Developing the ability for DPH, and possibly SBHCs 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 SBHCs that convey the value of SBHC services to the legislature and other stakeholders, and to support grant-seeking by SBHCs**
 - **Ensure that data collection and reporting tools can capture and track data recommended by the governing body as outlined in Goal 1.**

Objective 1: Develop and refine list of measures to be reported annually.

**Target Date:
June 30, 2025**

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Using the evaluation plan and lists of measures generated through the strategic planning process, confirm reporting requirements for SBHCs and define data sources. Incorporate into contracting requirements.	Within 1 year	Governing Entity, DPH, SBHCs, IT, Medical Vendors, DOE, School Districts	List is finalized	Number of measures	
Work with medical vendors to ensure that reporting requirements are incorporated into EHR systems	12 months after plan release	DPH, Governing Entity, Medical Vendors, School Districts, DTI	Data sources and flow is defined	Number of measures	

			Data use agreements are signed		
Work with school districts to ensure list of school data can be linked and ensure proper adherence to privacy/confidentiality	12 months after plan release	Governing Entity, DPH, School Districts, Schools, DOE, DTI	Data sources and flow is defined Data use agreements are signed	Number of measures	
As SBHCs continue to adopt EHRs, further refine measures and reporting requirements	12-24 months after plan release	DPH, Governing Entity, Medical Vendors, DTI	EHR adoption and changes to measures	Changes in measures	
Work with DPH and SBHCs to generate annual reports showing a dashboard of metrics, including qualitative data from student satisfaction surveys for their own quality improvement	2+ years after plan release	Medical Vendors, Governing Entity, SBHCs, DPH, DTI	Dashboard created	Number of dash parts	Utilization of dash parts
Using aggregated data, develop annual report on the state of SBHCs in Delaware, published by the Governing Entity and informed through collective impact model	3+ years after plan release	Governing Entity	Report published	Stakeholders engaged in report drafting Measures used	Feedback on report
Update required reporting measures every 5 years to align with new needs	5+ years after plan release	Governing Entity, SBHCs, Medical Vendors, DOE, School Districts, IT, Schools		Changes in measures	
Resources Needed:					
<ul style="list-style-type: none"> • Support (personnel, management, financial) to coordinate collaboration across the entities involved in data collection and reporting • Financial support for DPH, Governing Entity, and SBHCs for technical tools to collect and report data 					

Foreseen Challenges:

- Want to ensure that all stakeholders recognize how challenging it is to collect and report this data
- Medical vendors data collection needs/capacity may change over time
- Challenges in collecting and reporting data given different systems across medical vendors
- Inability to require non DPH-contracted SBHCs to report measures

Goal 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 expectations in RFP, contracts, and Delaware Code.

**Target Date:
June 30, 2023**

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.	6 months after plan release, ongoing	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.	6 months after plan release, ongoing	DPH	50% of contracts include language on base services	Number of contracts revised to include language.	Increase number of SBHCs offering 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.) will remain flexible for the school districts and vendors.	Ongoing	DPH		Number of existing SBHCs who re-bid on new RFP	
As Governing Entity 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.).	6-12 months after governing entity is established	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 Entity's findings, identify appropriate organizations in Delaware counties to educate policymakers for inclusion of reproductive health services.	12+ months after governing entity is established	Advocacy Groups, School District Parents/Caregivers			
Based on Governing Entity's findings, engage school districts and boards in conversations about importance of providing a range of reproductive health services (e.g., STI, STD testing).	12+ months after governing entity is established	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.	18-24 months after plan is released	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 Entity's findings, advocate for potential need to change Delaware Code, Title 18, Chapter 276 to reflect base menu services	12-24 months after plan is released	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.	12-24 months after plan is release	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 SBHCs 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 SBHCs (competition) • Potential need for additional and equipment • State fiscal challenges post COVID (decreased revenues) 					
<p>Objective 2: Incorporate base service menu into SBHCs forms, marketing, operations, etc.</p>					<p>Target Date: June 30, 2023</p>
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures

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.	6-12 months after plan is released	Medical vendors	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.	12 months after plan is released	DPH, Medical vendors	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.	12 months after plan is released	DPH, School Districts, Medical vendors	List of all base menu services provided to all Medical vendors 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.	6-12 months after plan is released	School Districts, Medical vendors, 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.	6-12 months after plan is released	School Districts, Medical vendors, DPH	Updates to additional forms are made		
Update relevant policies and procedures for any new services needing to be offered for base service menu.	6-12 months	Medical vendors	Updates to policies and		

	after plan is released		procedures are made		
Resources Needed:					
<ul style="list-style-type: none"> Support for change in marketing forms and updates to policies and procedures 					
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). Apply lessons learned from ChristianaCare to help facilitate this transition and roll out. 					
Objective 3: Foster partnerships among SBHC providers, school providers, and others to ensure SBHCs' ability to provide all base menu services.					Target Date: Ongoing
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.	12 months after plan is released	School Districts, Individual Schools, Medical vendors, 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).	When responding to RFP	Medical vendors, 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 operational meetings to create awareness of all base services and planning for coordination.	6 months after plan is released	DPH	Training is incorporated into the 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.	Once plan is released	DOE, School Districts		Number of opportunities offered to educators and school personnel	

Resources Needed:

- Potential support needed for DPH to incorporate training on SBHC base services and operations into the existing operational meetings with SBHCs and schools

Foreseen Challenges:

Goal 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.

**Target Date:
September 1, 2022**

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.	Ongoing	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.	Ongoing	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 vendors and school districts to ensure that appropriate SBHC staff are involved in student support meetings.	6-12 months after plan is released	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	Ongoing	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.

further integration of SBHC staff in student support teams.					
Resources Needed:					
<ul style="list-style-type: none"> • 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:					
<ul style="list-style-type: none"> • Ensuring that school administration and SBHCs 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 SBHC services with other external partners serving students and their families.					Target Date: June 30, 2023
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		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

referrals/linkages are in-network for student and families. Potential need for reporting if funding is required.					
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
Explore option of including SBHCs on new Digital Delaware Site . 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.)		DOE, DPH, Medical vendors	A dedicated SBHC 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 SBHC websites • 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 					
<p>Foreseen Challenges:</p> <ul style="list-style-type: none"> • Ensuring that other agencies and SBHCs 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. 					

Objective 3: Ensure alignment of service screenings, tools, and practices across SBHCs to adequately meet the needs of students.					Target Date: September 1, 2024
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Send survey to SBHCs to collect information on the screening tools, assessments, and intervention practices used/offered. Survey should be conducted annually.	6-12 months after plan is released	DPH, SBHCs	All SBHCs have responded to the survey	Number of SBHC surveys	Increased number of common assessments and tools used among SBHCs
Create inventory of screening tools, assessments, and intervention practices used/offered by SBHCs.	12-18 months after plan is released	DPH	Analysis of screening tools and assessments	Number of screening tools, assessments, and intervention practices used/offered by SBHCs	
Evaluate screening tools, assessment, and intervention practices used/offered by SBHCs and set minimum standards to ensure quality and alignment across age range, without adding unnecessary barriers to staffing and service delivery (costs, credentials).	18-24 months after plan is released	DPH, Medical Vendors, DOE	Established set of minimum standards		Number of screening tools, assessments, and intervention 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	2-3 years after plan is released	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

as a way to evaluate their candidacy for use.					
Utilize work of student support teams as part of MTSS regulations to fill in these gaps in screening tools, assessment, and intervention practices.	2-3 years after plan is release	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.	2-3 years after plan is released	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 Entity 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.)	2-3 years after plan is released	DPH, Medical Vendors, Governing Entity	Additional funding/resources is allocated		
Advocate with Governing Entity for any additional data infrastructure resources needed to support aligned data collection of appropriate screening tools, assessment, and intervention practices.	2-3 years after plan is released	DPH, Medical Vendors, Governing Entity	Additional data infrastructure is obtained		
<p>Resources Needed:</p> <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 SBHC staff 					

<p>Foreseen Challenges:</p> <ul style="list-style-type: none"> • State budget deficits • Challenges in EHRs/reporting capabilities of different medical vendors 					
<p>Objective 4: Integrate other external work on trauma-informed care and frameworks into the work of SBHCs.</p>					<p>Target Date: September 1, 2023</p>
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.	6-12 months after plan is released	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.	6 months after plan is released, ongoing	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 (per Executive Order #24).	12 months after plan is released	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 (per Executive Order #24).	12 months after plan is released	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.	12-18 months after plan is released	Medical vendors, DPH	A list of opportunities for alignment		
Resources Needed:					
<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:					
<ul style="list-style-type: none"> Time and resources needed for vendors to ensure that they are properly applying trauma-informed approach to operations 					
Objective 5: Adopt CLAS standards in SBHC contracts, policies, and procedures.					Target Date: September 1, 2024
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Review HHS blueprint for CLAS standards	6-12 months after plan is released	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 Implementation Checklist	12 months after plan is released	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.	18 months after survey is released	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	8-24 months	DEI Chief, DHSS, DPH		Number of resources identified.	

create handouts/informational materials on CLAS standards tailored to SBHCs. Should be aligned with National CLAS Standards materials . Distribute list of resources to SBHCs.	after survey is released			Number of SBHC staff who receive information	
Identify existing trainings and additional content to conduct first comprehensive training on CLAS standards for SBHC providers. Conduct subsequent annual trainings that are more abridged. Medical vendors 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.).	2+ years after plan is released, ongoing	Medical vendors, DPH	Identification of training resources for CLAS standards	Number of SBHC staff trained.	
Incorporate a selection of questions related to CLAS standards into each vendor's satisfaction surveys to assess if students and administration feel that the SBHC is upholding CLAS standards. Annual review by DPH.	2+ years after plan is released, ongoing	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.
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 SBHC providers 					

Goal 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 of external community providers.				Target Date: Jun 30, 2022	
	Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
	Ensure that all SBHCs require students to identify their primary care provider upon enrollment.	Ongoing	DPH, SBHCs	Annually, all SBHCs ask about students’ PCPs	Number of enrollment forms asking for student’s PCP	Number of PCPs identified that are outreached to by SBHC
Facilitate conversations between SBHCs and local community provider associations, like the American Academy of Pediatrics and Delaware Academy of Family Physicians to discuss complementary services and generate awareness.	6-12 months after plan release	DPH, Medical Vendors, Provider Associations		Number of conversations held		
Outreach to the MCOs for information and directories on community providers	6-12 months after plan release	Medical Vendors, MCOs	Community provider directories obtained	Identified list of community providers maintained by		
Resources Needed:						
<ul style="list-style-type: none"> Personnel support to facilitate conversations between SBHCs and community providers 						
Foreseen Challenges:						
<ul style="list-style-type: none"> Historic hesitancy of SBHCs and community providers working together 						
Objective 2: Develop two-way communication pathways to share appropriate information between SBHCs and community providers.				Target Date: September 1, 2024		

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.	12 months after plan release	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.	12-24 months after plan release	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.	2+ years after plan release	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.	2+ years after plan release	SBHCs, Medical Vendors, Community Providers, Legal counsel	All SBHCs have data use agreements in place with community providers	Number of data use agreements in place between SBHCs and community providers	
<p>Resources Needed:</p> <ul style="list-style-type: none"> Financial and infrastructure support to develop processes to communicate information between SBHCs and community providers Legal support to develop and execute data use agreements 					
<p>Foreseen Challenges:</p> <ul style="list-style-type: none"> 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.					Target Date: Ongoing
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	6-18 months after plan release	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 students	12+ months after plan released	SBHCs, Medical Vendors, Community Providers	Development of processes for linking students with community providers		Number of students linked to community providers
Identify and conduct outreach to the MCO care coordinators to support referrals/linkages for applicable students		SBHCs, MCOs	All SBHCs have an identified list of MCO care coordinators		Number of students linked to community providers through MCOs
Resources Needed:					
<ul style="list-style-type: none"> Support for creating referral processes between SBHCs and community providers 					
Foreseen Challenges:					
<ul style="list-style-type: none"> Historic hesitancy of SBHCs and community providers working together, financial models that don't support care coordination 					

Goal 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.				
					Target Date: Ongoing
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.	Ongoing	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.	6 months after plan is released	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	Ongoing	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.)	6-12 months after plan is released	DPH, Governing Entity, School-Based Health Alliance, Medical Vendors		Number of sources identified	Amount of funding available for telehealth
Resources Needed:					
<ul style="list-style-type: none"> Support (financial, personnel, technical) to assist in tracking and sharing policies and funding related to telehealth for SBHCs 					

Foreseen Challenges:					
<ul style="list-style-type: none"> Changes to telehealth policies that would reduce SBHCs ability to be reimbursed for telehealth services 					
Objective 2: Explore technical functions of telehealth infrastructure to ensure adequate abilities and compliance.					Target Date: September 1, 2022
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)	3-6 months after plan release	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).	6 months after plan release	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 Wi-Fi access, connection, privacy & confidentiality.	6-12 months after plan release	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.	12 months after plan release, ongoing	DPH, Medical Vendors, DE School Based Health Alliance, DE Health Care Association		Number of trainings offered	

Resources Needed:					
<ul style="list-style-type: none"> Financial support for telehealth infrastructure and set up Financial support for telehealth licenses 					
Foreseen Challenges:					
Objective 3: Enhance SBHC providers' clinical capacity to provide care via telehealth.					Target Date: September 1, 2022
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.	6 months after plan release	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.	6-12 months after plan release	Medical Vendors, SBHCs, DPH, DSAMH, DSCYF			
Develop clinical policies and procedures for telehealth service delivery.	6 months after plan release	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.	6-12 months after plan release	Medical Vendors	Development of training curriculum for telehealth service delivery	Number of clinical trainings offered to SBHC providers Number of staff trained in telehealth service delivery	

			Deployment of training		
Resources Needed:					
<ul style="list-style-type: none"> • 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:					
<ul style="list-style-type: none"> • Staff time need to be trained on telehealth service delivery 					
Objective 4: Enhance Delaware students' access and experience telehealth services.					Target Date: September 1, 2023
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	6-12 months after plan release	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	12 months after plan release	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	12 months after plan release	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,	6-12 months after plan release	SBHCs			

private conference rooms in schools, etc.)					
Establish common elements of consent for telehealth service delivery to be included in updated consent forms	6-12 months after plan release	School-Based Health Alliance, Health Care Commission, Medical Vendors, DPH	Elements are established		
Update consent forms and permissions for telehealth services	6-12 months after plan release	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	6-12 months after plan release	DPH, Governing Entity		Distribution of information across SBHCs	
Include questions related to telehealth health service delivery on student satisfaction surveys sent by SBHCs	12 months after plan release	SBHCs			Student experience reported on the surveys
Resources Needed:					
<ul style="list-style-type: none"> • Support (financial, personnel, infrastructure) for telehealth service access • Locations & alternative times to provide telehealth services 					
Foreseen Challenges:					
<ul style="list-style-type: none"> • Limited interest/hesitancy by students in receiving services via telehealth • Limited student access to private spaces/times to receive services 					

Objective 5: Effectively adopt EHRs across SBHCs.					Target Date: September 1, 2024
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Assess interoperability issues across medical vendors' EHRs and how that impacts data collection ability	12 months after plan release	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	12-24 months after plan release	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	12 months after plan release	Medical Vendors, Community Providers		Length of referral time	
Share resources and information on EHR adoption	12-18 months after plan release	DPH, Governing Entity, Medical Vendors	Identifying resources and information to be distributed	Resources offered	
Conduct meetings between DPH data personnel and medical vendor EHR personnel to ensure that how to incorporate DPH reporting requirements for SBHCs	12-24 months after plan release	DPH, Medical Vendors			Number of measures able to be captured across all SBHCs' EHR
Conduct trainings on EHR usage for SBHC providers	12-24 months	Medical Vendors		Number of trainings conducted	

	after plan release				
Explore and enhance strength of internet connection in all SBHCs to ensure EHRs and digital operations are supported	6-18 months after plan release	DOE, Medical vendors, School Districts, DTI, Schools		Length of time to ensure internet stability	
<p>Resources Needed:</p> <ul style="list-style-type: none"> • Support (financial, personnel, time, etc.) on EHR adoption • Resources for individual medical vendors training on EHRs specifically for SBHCs and reports required by DPH • Information from DPH data personnel on how to assist medical vendors on individual reporting requirements • Internet strength and connection for SBHCs within schools to support transfer of data through firewalls and operations 					

Goal 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.					
Objective 1: Through partnership and planning create and begin implementing a fund development plan that includes annual revenue goals, philanthropic, private, and public, target funding sources, and strategic discretionary use of funds.					Target Date: December 31, 2023
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Identify funding partners with aligned causes and interests	Within 6 months of TA being determined	Governing Entity, DPH, Medical vendors	Identifying funding partners	Meet and plan with partners List of aligned metrics by funding partner	Funding awarded
Identify potential public sources across state agencies with aligned interests such as Title 10 funds (immunizations, reproductive health, etc.)	Within 6 months of TA being determined	Governing Entity, DPH, Medical Vendors	Identify sources	Meet and plan with partners State health improvement measures, pediatric quality measures, immunization rates, rates of insured students	Funds awarded Increased rates of visits, reduced rates of uninsured students, improvement in rates of public health issues of interest (e.g., immunization rates, obesity).
Identify and report annual estimated shortfall to set funding goals	Evaluate at the end of a school year to set goal	Medical Vendors	Identification of shortfall and projections to set goals	Medical vendors meet to compile list of possible sources	Create list of possible funding sources to reach out to
Create informational material to educate decision makers and funders about the needs of SBHCs and importance of funding	By December 2022	Governing Entity, Medical Vendors	Drafts completed	Meet and plan with partners	Funding awarded
Resources Needed: <ul style="list-style-type: none"> • Diverse funding streams to enable access for this work to take place • Support for providers to create system or reporting tool to identify estimated shortfall 					

Foreseen Challenges:

- Political will for continued state investment as well as other discretionary funding for SBHC services
- Budget constraints in the state system
- Cultivating private funding sources and having them prioritize child health

Goal 11		Increase efficiencies in credentialing and contracting with payors so that SBHCs can be credentialed as a practice rather than individual providers.			
Objective 1: Through policy/system change, training, awareness raising and improved communication, standardize the credentialing process across SBHCs and payors and decrease the time it takes to credential to no more than thirty days.					Target Date: December 31, 2023
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Encourage identification of a provider relations point-of-contacts (POCs) to troubleshoot and address issues at payors.	Within 3-6 months of TA vendor being established and updated annually	Medical Vendors	Outreach list third party payors Created list	List of payors for contacting List of provider relations POC	Credentialing is happening in a timely manner-as reported by SBHCs
Train provider relations specialist about what SBHCs are-as a standard practice. DPH works with medical vendors to create training and provides via webinar.	Within 3-6 months of TA vendor being established and updated annually	DPH, Medical Vendors	Training created Training provided	Training slide deck and agenda Webinar link created and made available	Credentialing is happening in a timely manner-as reported by SBHCs
Work with provider relations POC to trouble shoot issues with processing applications (i.e., software/computer).	Within 3-6 months of plan being released and ongoing	Medical Vendors	Provider relations group created	Issues identified	Credentialing is happening in a timely manner-as reported by SBHCs
Work with provider relations POC to include insurance company verification of receipt of completed and clean application -When errors to application need to be addressed.	Within 3-6 months of plan being released and ongoing	Medical Vendors	Provider relations group created	Issues identified	Credentialing is happening in a timely manner-as reported by SBHCs
Improve communication between payor and provider about status of credentialing	Within 6 months of understanding issues and determining	Medical Vendors	Creating policies to address identified issues	Roadmap/workflow created for medical vendors Alert to medical vendors with status updates	Credentialing is happening in a timely manner-as reported by SBHCs

	solutions and ongoing				
Issue Dept of Insurance bulletin-to address lack of awareness of SBHCs as an integral part of the health system.	Within 3-6 months of TA vendor being established	DOI	Bulletin created	Bulletin issued and posted on public facing website	Credentialing is happening in a timely manner-as reported by SBHCs
Host bi-annual meetings between MCOs, Medicaid, other commercial payors, SBHCs, DOI, to discuss how to streamline and accomplish goal-credentialing people, include DEI perspective.	Within 1 year of plan being released	Governing Entity, DOI	Meeting planned and held Create attendee list	Agenda Attendee list List of issues to address	Credentialing is happening in a timely manner-as reported by SBHCs
<p>Resources Needed:</p> <ul style="list-style-type: none"> Funding to support extension of DPH for TA Fully established governing entity to elevate and help facilitate these discussions 					
<p>Foreseen Challenges:</p> <ul style="list-style-type: none"> Feasibility and willingness of DOI to release a bulletin Feasibility and willingness of commercial payors to come to the table and dedicate staff to work on these solutions 					

Goal 12		Explore creative solutions with commercial payors that adequately compensate SBHCs for services provided and protect student privacy.			
Objective 1: Identify legislative or regulatory strategies to suppress EOBs at SBHCs or establishment of a public-private fund paid by commercial payors to reimburse SBHCs for uncompensated care.					Target Date: December 31, 2023
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Create an ad hoc work group of commercial payors, DOI representatives, and legislators to study actions taken in other states	Within 3-6 months of plan being released	Governing Entity, Medical Vendors, DOI, Legislature	Committee formed Meetings scheduled and mtg minutes provided after each mtg	Create agenda and schedule meetings Trackable meetings to stay on topic and on target	Development of agreement (regulation or legislative) for commercial payors to recognize and process SBHC claims without sending EOBs
Resources Needed:					
<ul style="list-style-type: none"> Resource and administrative support for ad hoc work group 					
Foreseen Challenges:					
<ul style="list-style-type: none"> Feasibility and willingness of commercial payors to come to the table and dedicate staff to work on these solutions 					
Objective 2: Apply lessons learned from commercial payors and Medicaid on using an all-inclusive rate that can be billed by SBHC providers for any services received at SBHCs.					Target Date: December 31, 2023
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Invite Aetna and Medicaid to the ad hoc work group to explain how they create an all-inclusive code and the benefits of doing this-Aetna best to compare apples to apples-sharing challenges and successes.	Within 3-6 months of plan being released	Governing Entity, Medical Vendors, Commercial Payors, DOI	Meet with Aetna & Medicaid to discuss ideas Meetings scheduled, held and process / coding identified to handle billing of SBHC visits	Aetna & Medicaid meetings scheduled SBAR or some document created as a proposal to commercial carriers to explain current inclusive coding setup for all provider	Aetna & Medicaid Rep identified agreement by commercial payors to develop inclusive coding w EOB suppression that will work with their claims systems and training of their claims reps to

			that work with payor claims systems	types and suppression of EOB's	completely understand how claims are to be handled with inclusive coding
Create case study from Aetna and Medicaid tracking claims from these inclusive codes to see value of being able to cover through inclusive code	As part of the developed SBAR or document created to be used as proposal to comm payors	Governing Entity, Medical Vendors, Commercial Payors	Request meeting with Aetna to propose case study plan Research done on Aetna case study	Results of case study reviewed and summary document created	Identify Aetna rep who is willing to work with us on a case study Summary document finalized and plan presented as a solution to payors and DOI reps. Payors to follow up after development and implementation in their claims systems
Resources Needed:					
<ul style="list-style-type: none"> Funding to provide administrative support to independent council and support infrastructure 					
Foreseen Challenges:					
<ul style="list-style-type: none"> Feasibility and willingness of commercial payors to come to the table and dedicate staff to work on these solutions 					
Objective 3: Reduce or waive cost-sharing requirements for services received at SBHCs.					Target Date: December 31, 2023
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Create an ad hoc work group of commercial payors, DOI representatives, and medical vendors to explore options to increase plan reimbursement of SBHC services. This includes waiving cost-sharing requirements for self-insured plans and reducing cost-sharing	Within 3-6 months of plan being released	Governing Entity, Medical Vendors, DOI reps, Commercial Payors, Self-Insured Plans	Committee formed Meetings scheduled and mtg minutes provided after each mtg	Create agenda and schedule meetings Trackable meetings to stay on topic and on target	Development of agreement between DOI and comm payors to recognize and process SBHC claims efficiently and accurately

requirements for federally regulated commercial plans.					
Resources Needed: <ul style="list-style-type: none">Resources and support for work group					
Foreseen Challenges: <ul style="list-style-type: none">Feasibility and willingness of commercial payors to come to the table and dedicate staff to work on these solutions					

Goal 13 Maximize third party billing and certified coders in SBHCs.					
Objective 1: Ensure that all SBHCs have a plan to maintain credentialing with private insurance and staff trained in insurance billing and government regulations.					Target Date: December 31, 2025
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Identify any staff training needs.	Within 3-6 months of site opening after compensation solution has been developed that will work payor systems	Medical vendors, Commercial Payors	Identify staffing needs Development of Training guide for Payor reps and SBHC billing	Schedule training Develop Coding & Billing tip sheets Payors to work on system changes and training document(s) to ensure clean claim processing	Staff feel comfortable with coding Claims processing with low denial rates and agreed reimbursement
Identify training and resources for training.	Within 3-6 months of site opening After payors systems have been setup	Medical vendors, Commercial Payors	Schedule meeting with medical vendors to gather resources Complete training of payor staff and medical vendor billing staff	Schedule meeting with vendors and educators if needed Payors to complete system setup develop training document	Develop listing of training and educators Completed training document for their system and processes
Resources Needed:					
<ul style="list-style-type: none"> Funding to provide administrative support to independent council and support infrastructure 					
Foreseen Challenges:					
<ul style="list-style-type: none"> Feasibility and willingness of commercial payors to come to the table and dedicate staff to work on these solutions 					
Objective 2: Work towards building a more holistic reimbursement model that takes a value-based approach.					Target Date: December 31, 2025

Work with commercial payors work group on PMPM rate or value-based payment or flat rate for reimbursement.	1-2 years after plan is released	Governing Entity, Medical Vendors, DOI, Commercial Payors	Develop Workgroup Schedule meeting Prepare agenda	Strategize at meeting with payors and vendors.	Outline a path forward
<p>Resources Needed:</p> <ul style="list-style-type: none"> Administrative support for ad hoc work group 					
<p>Foreseen Challenges:</p> <ul style="list-style-type: none"> Feasibility and willingness of commercial payors to come to the table and dedicate staff to work on these solutions Needed infrastructure to support value-based payment 					