

## FREQUENTLY ASKED QUESTIONS

### **What statutory regulations do Delaware School Based Health Centers operate under?**

Please click the following link to view these regulations: [18 Del. C. §3365 and §3571G](#).

### **What is a School-Based Health Center (SBHC)?**

School-based health centers (SBHCs) have existed in Delaware since the 1980s and have expanded to 39 sites, with one in every public, non-charter high school. SBHCs, also referred to as school-based wellness centers or student wellness centers, are a type of health care delivery model that provides school-aged youth with comprehensive physical, behavioral, and preventive health services delivered by qualified medical and behavioral health providers in school settings.

Delaware's SBHCs are operated by multi-disciplinary teams of health professionals who use a holistic approach to address a broad range of health and health-related needs of students.

Click [here](#) to view what Dr. Jon Cooper, the Co-Chair of the SBHC Strategic Planning Committee, has to say about SBHCs from a school district perspective.

Click [here](#) to view what Dr. Aileen Fink, the Co-Chair of the SBHC Strategic Planning Committee has to say about SBHCs from a behavioral health perspective.

Dr. Priscilla Mpasi, a local pediatrician and SBHC Strategic Planning Committee member offers insight into SBHCs from a medical provider and pediatric specialists perspective [here](#).

### **How can I find a SBHC in my community?**

Click [here](#) to find a list of SBHCs near you.

### **How can a site become a SBHC?**

#### **Division of Public Health (DPH) - Contracted, State-Funded SBHCs:**

- The school district approaches DPH with the desire to establish a SBHC.
- DPH releases an equal opportunity Request for Proposals (RFP) for medical sponsors to bid on contracting.
- A medical sponsor is selected and contracts with DPH to receive state funds and ensures policies and procedures are consistent with DPH regulations.
- Medical sponsors contract with school districts on SBHC operations and agreements.
- DPH recognizes and regulates SBHC to allow for SBHC to negotiate and seek Medicaid reimbursement.

#### **Non-Contracted, State-Funded SBHCs:**

- The school district receives state funding to establish an SBHC.
- The school district releases an equal opportunity Request for Proposals (RFP) for medical sponsors to bid on contracting.

- A medical sponsor is selected and contracts with the school district to receive state funds.
- DPH recognizes and regulates SBHC to allow for SBHC to receive Medicaid reimbursement.

### **Non-Contracted, Non-State Funded SBHCs:**

- The school district approaches a medical sponsor to establish a SBHC in the school.
- Medical sponsors contract with school districts on SBHC operations and agreements but does not receive state funds.
- DPH recognizes and regulates the SBHC to allow for SBHC to receive Medicaid reimbursement, but does not supply state funds.

### **How are SBHCs funded?**

Delaware SBHCs are funded through a combination of state funds, Medicaid reimbursement, and reimbursement from commercial insurance, but also rely on community partnerships and in-kind support from schools and medical sponsors. More information is provided in the School-Based Health Center Strategic Plan which can be viewed [here](#).

### **What is the purpose of the SBHC Strategic Plan and how was the strategic plan developed?**

For more information on the School-Based Health Center Strategic Plan process from Dr. Jon Cooper click [here](#).

### **What are the minimum requirements that a potential site must have to become a state recognized center?**

1. Designated waiting/reception area and at least one exam room.
2. At least one sink that runs hot and cold water.
3. Counseling room/private area.
4. Toilet facility with a sink that runs hot and cold water.
5. Office/clerical area.
6. Secure storage area for supplies and medications.
7. Designated lab space with sink and hot water.
8. Secure and confidential storage areas.
9. Phone line exclusively dedicated for the SBHC.

### **Is there an existing model for a wellness center or guidance for a new SBHC set up or renovation?**

Yes, below lists a suggested model, measured in square feet, for a hub and spoke.

#### **Hub: Converted classroom, minimum 900 square ft.**

- 2 exam rooms (with the ability for a 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 (only needed if exam rooms do not have a sink and running water) – 100 square ft.
- Medical office – 100 square ft.
- Storage (records, medication, immunizations, may require refrigeration) – 50 square ft.
- Secure external and internal entrances

**Spoke: Designated space for SBHC, minimum 400 square ft.**

- Exam room (with sink and running water) – 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.**

**Is there a suggested base menu of services a SBHC should provide?**

**Per the Delaware Code SBHC’s must provide:**

- Preventive cares such as Sports or workplace physicals.
- Diagnosis and treatment of minor acute care.
- Immunizations.
- Reproductive health for middle and high school **with school board approval** (Sexually Transmitted Infections and HIV testing, contraceptives, pregnancy testing, birth control pills).
- Behavioral health (individual and group counseling, substance use screening for middle and high school).
- Crisis intervention.
- Nutrition counseling.
- Health education.
- Referrals and connections to primary care, specialty care, oral health care, and behavioral health care.
- Other – Dental/Oral Health Assessment of Needs.

**What does the research say about the “Impact of SBHCs”?**

SBHCs can serve as an innovative health care delivery model proven to enhance population health and reduce long-term health care costs. From national studies, SBHCs have a documented positive impact on students’ physical and behavioral health. A 2016 systematic review of 46 studies on SBHCs impact on academic and health outcome across SBHCs in K-12 schools catalogues this impact:

- A median reduction of 51.6% in non-asthma-related hospitalizations. A median reduction of 40.0% in teen pregnancy among females<sup>5</sup>.
- A median reduction of 5.7% in self-reported mental health problems.

- A median reduction of 15.7% in any reported substance use (including tobacco and alcohol). Primary care and behavioral health care delivered in SBHCs also helped to reduce disparities in health care access, utilization, and costs, as well as health outcomes, for racial and ethnic minority populations, even more so than care received in other clinical settings. One 2016 review of SBHC approaches by the Brookings Institute reported that students were 10 times more likely to utilize SBHC services for behavioral health needs than other clinical sites or community health centers. SBHCs are also associated with substantial education benefits, including reductions in rates of school suspension and high school non-completion and increases in grade point average and grade promotion. Behavioral health services offered through SBHCs are credited with reducing violent student behaviors and absenteeism and improving school achievement, attention, and social skills. Additionally, easy and close access to physical and behavioral health services through SBHCs has improved more proximal educational measures, such as student seat time. With a focus on primary and preventive care, SBHCs have significant cost benefits. One 2016 systematic review of 22 studies found that that SBHCs have a total net savings to Medicaid ranging from \$30 to \$969 per visit and \$49 to \$1,166 per student.
- A different systematic review of 46 studies estimated total annual savings from SBHCs to be \$15,028 to \$912,878 for communities due to reductions in emergency visits and other healthcare utilization. The financial impact of SBHCs was found to be particularly strong in underserved communities, given SBHCs unique impact on health disparities, with one study estimating a net social benefit of \$1.35 million over three years.

**Source:**

[4 18 Del. C. §§3571G. 5](#) Advancing the Health and Well-being of Delaware Students: A Strategic Plan for School-Based Health Centers in Delaware, the Delaware Department of Health and Social Services, Division of Public Health 14 | Page June 2021