

DELAWARE SCHOOL-BASED WELLNESS CENTER STRATEGIC PLANNING COMMITTEE S.W.O.T. ANALYSIS

	HELPFUL		HARMFUL	
	STRENGTHS	Things you <i>can</i> control		WEAKNESSES
INTERNAL	• Long standing history since 1985		• Annual underfunding of SBWC program	
	• Engaged and energized leadership within the Executive and Legislative branches		• Lack of strategic plan for future expansion	
	• Recognition of the role of SBWC and social emotional learning		• Inconsistent adoption of EMR/EHR	
	• State agency support and collaboration		• Inconsistent outputs across providers	
	• Dedicated community providers		• Limited number of outcome measures	
	• Long standing partnerships		• No standardized performance measures for SBWCs in elementary schools	
	• Established SBWC structure		• No public sector funding stream supporting elementary SBWCs (ESBW) currently in operation. It is difficult to determine an ESBWC base budget formula	
	• Implementation of SBWC in majority of high schools		• Variance of core services for public health and behavioral health where DPH does not have contracts	
	• Parental & caregiver involvement		• Underutilized for preventative care services (survey identified majority use for required sport physicals)	
	• Direct access to BH services that are limited in the private sector		• Missing an algorithm for expanding SBWC in Title I schools	
	• Startup infrastructure for SBWC in elementary schools		• Varying periods of operation (hours of operation, calendar of operation)	
	• Support from school boards		• Lack of consistent coordination of care with other community providers, system of care	
	• SBWCs start to address health disparities at all levels sometimes better than the private sector		• Challenges with reimbursement for services	
	• SBWC are a value-based care strategy		• Lack of understanding leading to lack of support from other community providers	
	• Increased focus and attention on SBWC		• Competition for financial incentives, inadequacy of rate structure	
	• Schools function as a hub (population/community health model)		• Inconsistent coordination with other school services provided (school nurses, school counselors)	
			• Challenges with data sharing between SBWC and school districts (competing demands of HIPAA and FERPA) – both practical and legal	
			• Inconsistency of mental health services for students during the summer	
			• Lack of diversity in funding portfolio	
			• Lack of integration of health education and health literacy in school curriculum	
			• Revisit contracts in relation to continuity of care	
			• Lack of support for caregivers & parents for wraparound services in schools	
			• Hours of operation that limit participation of caregivers in healthcare services	
			• Lack of resources of families to support virtual or hybrid service delivery	
EXTERNAL	OPPORTUNITIES	Things you <i>cannot</i> control		THREATS
	• Expansion of partnership opportunities with insurance companies about billing and value-based care		• Ability to identify dedicated revenue due to budget limitations	
	• Interagency collaboration		• Ability to adopt standardized set of measures	
	• Identify sustainable funding (including Medicaid reimbursement)		• Billing concerns and lack of support from other physician networks (PCPs, Family Practices, urgent care, and pediatricians)	
	• Expansion to elementary and middle schools and high-risk communities		• Competing budget priorities amidst COVID-19	
	• Opportunity to standardize services and expand preventative services		• Low student engagement in school and increased anxiety, trauma, and stress from COVID-19	
	• Education for community PCPs, Family Practice, urgent care, and pediatricians about value to SBWCs to create a continuum of care		• Providers' exposure to secondary trauma experienced by students due to COVID-19	
	• Telehealth policies, flexibilities and fee structures		• Reopening school decisions and impact on SBWCs enrollment and operations	
	• Opportunity to strengthen the continuum of care with private and public partners		• Lack of consensus around standards	
	• New grant funding opportunities for behavioral health		• Lack of funding to cover expenses for the school year creating greater pressures on third party billing	
	• Stronger collaboration between DSCYF, DPH, DSAMH and DOE		• Unfocused and undisciplined in strategic planning	
	• Create a continuum of healthcare for school-aged children, PreK – college		• Lack consistency in local tax revenue investments and sustainable state revenue pathways that can take pressure off of local taxing authority	
	• Opportunity to create a model of care year-round – 10-month		• Security and access concerns of location of physical space of SBWC within school	
	• Opportunity to define wraparound services		• If confidentiality and privacy are not addressed, SBWC comprehensive service efforts will be derailed	
	• Engage policymakers, schools, providers, and consumers in SDOH concepts/services		• School boards may not see value proposition and create blueprint for SBWCs in elementary and middle schools	
	• Marketing and communications on successes and work of SBWCs		• Inconsistent and uncoordinated funding may lead to challenges in decisions around services provided	
	• Exploring public-private financing model with private insurance companies		• Lack or limited community education on the role and value of SBWC, even to school leadership	
	• Building minimum standards of care (outcomes, outputs) to apply to both public and private clinics		• Lack of performance data	
	• Re-examine contracts			