



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
Allan Anderson, M.D., Chair – Mark Luckner, Executive Director

December 5, 2018

The Honorable Larry Hogan
State House
100 State Circle
Annapolis, Maryland 21401-1925

The Honorable Thomas V. Miller
Senate Office of the President
State House, H-107
Annapolis, Maryland 21401-1991

The Honorable Michael E. Busch
Office of the Speaker of the House
State House, H-101
Annapolis, Maryland 21401-1991

RE: Council on Advancement of School-Based Health Centers Annual Report

Dear Governor Hogan, President Miller, and Speaker Busch:

Pursuant to section 19-22A-05 of the Health – General Article, the Council on Advancement of School-Based Health Centers respectfully submits its 2017 annual report. The enclosed report provides an overview of the current SBHC landscape, including the number and location of SBHC programs in Maryland. Additionally, a summary of the Council's structure and priorities for 2018 are included in the report.

Thank you for your consideration of this information. If you need additional information, please contact me at mark.luckner@maryland.gov or (410) 260-7046.

Sincerely,

Mark Luckner
Executive Director
Maryland Community Health Resources Commission

cc: Robert R. Neall, Secretary of Health
Karen B. Salmon, Ph.D., State Superintendent of Schools
Allan Anderson, MD, Chair, Community Health Resources Commission
Sarah Albert, Department of Legislative Services

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MARYLAND
Department of Health



Council on Advancement of School-Based Health Centers

Annual Report Health – General § 19-22A-05 HB 221, Ch. 199 (2017)

December 2018

Larry Hogan
Governor

Boyd Rutherford
Lieutenant Governor

Robert R. Neall
Secretary of Health

Dr. Allan Anderson, Chair
Community Health Resources Commission

Dr. Katherine Connor, Chair
Council on Advancement of
School-Based Health Centers

Barbara Masiulis, Vice Chair
Council on Advancement of
School-Based Health Centers

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Council on Advancement of School-Based Health Centers Table of Contents

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Executive Summary

The Council on Advancement of School-Based Health Centers works to improve the health and educational outcomes of students who receive School-Based Health Center (SBHC) services by advancing the integration of SBHCs into the health care and education systems at the State and local levels. The Council is staffed by the Community Health Resources Commission, an independent commission operating within the Maryland Department of Health (MDH).

The Council made important progress on its mission in 2018. Key accomplishments include –

1. **The Council made consistent progress on stated goals.** The Council’s work is managed by three workgroups: Data Collection and Reporting (Barbara Masiulis, Chair), Systems Integration and Funding (Uma Ahluwalia, Chair), and Quality and Best Practices (Jean-Marie Kelly, Chair). These workgroups meet approximately monthly and track progress on the Council’s mandated responsibilities using a Planning Grid, included in Appendix 2.
2. **The Maryland State Department of Education is working with the Council to implement the Council’s recommendations for changes to the annual SBHC survey.** The Council’s recommendations revise the questions and add additional questions that better capture information about services provided, patients served, and SBHC operations. MSDE and the SBHC Administrators have agreed to work with the Council on implementation.
3. **The Council hired Harbage Consulting to write a white paper demonstrating the value proposition of School-Based Health Centers in Maryland.** The white paper will include 1) a review of SBHC literature and existing data, 2) a cost-benefit analysis, 3) identification of important outcomes, and 4) recommendations about a comprehensive data reporting system to demonstrate the value of SBHCs.
4. **The Council is reviewing and providing recommendations on the process for the revision of School-Based Health Center Standards.** The Standards, managed by MSDE, provide guidance on the operation of a School-Based Health Center, including levels of service, facility requirements, sponsoring agencies and medical sponsors, and maintenance of medical records.
5. **The Council informed the School-Based Health Center recommendations made by the Kirwan Commission on Innovation and Excellence in Education.** The Commission is charged with reviewing and recommending changes to the current education funding Formulas, and making policy recommendations that would enable Maryland’s pre K-12 system to perform at the level of the best-performing systems in the world. The Council helped inform the Kirwan Commission’s cost estimate for School-Based Health Centers in Maryland.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2019. For more information about the Council, please contact Mark Luckner, Executive Director of the Community Health Resources Commission and staff to the Council, at (410) 260-6290.

Council on Advancement of School-Based Health Centers Health – General § 19-22A-05 2018 Annual Report

I. Council Activities in 2018

The Council was established in 2015 to improve the health and educational outcomes of students who receive services from School-Based Health Centers (SBHCs) by advancing the integration of SBHCs into the health care and education systems at the State and local levels (Health – General § 19–22A–02(b)). It is comprised of 15 members appointed by the Governor and six ex-officio members from across state government. The Council is chaired by Dr. Katherine Connor, who serves as the Medical Director of the Johns Hopkins Rales Health Center at KIPP Baltimore. Barbara Masiulis, Supervisor of the Office of Health Services at Baltimore County Public Schools, serves as Vice Chair. The Council meets 3-4 times annually.

Appointments. 12 of the Council’s 15 appointed seats are currently filled or in the process of being filled. The Council is working on recruiting a parent or guardian of a student who utilizes services at a School-Based Health Center to fill the open slot. A roster of Council members is included at the end of this report.

Council Meetings. The Council met four times in 2018. At its February meeting, the Council established its 2018 priorities. At its April meeting, the Council received an update on the recommended changes to MSDE’s annual survey of SBHCs and approved a solicitation for a white paper to demonstrate the value proposition of SBHCs in Maryland. At its October meeting, the Council met with Harbage Consulting, the contractor selected to write the white paper, and received an update on the Kirwan Commission’s work. At its November meeting, the Council discussed the recommendations of the Kirwan Commission and the upcoming review of School-Based Health Center Standards. Meeting minutes are included in Appendix 3.

Workgroups. Much of the Council’s work is conducted by its three workgroups, which meet approximately every 1-2 months. The Council monitors its mandated responsibilities and the workgroups’ progress using the Planning Grid included in Appendix 2. The grid includes rows for each of the Council’s mandated responsibilities and commitments, and columns for activities that have been completed, and those planned for the next six to 12 months. The Council reviews the grid at each meeting to track progress.

Data Collection and Reporting Workgroup. The Data Collection and Reporting Workgroup is chaired by Barbara Masiulis, the Council’s Vice Chair. Building on its 2017 work, the workgroup has continued developing recommended changes to MSDE’s annual survey of School-Based Health Centers. Through a series of meetings, workgroup members went through the survey line-by-line to revise the questions and add additional questions that better capture information about services provided, patients served, and SBHC operations.

The workgroup presented the survey recommendations to the Council for consideration and preliminary approval at its February meeting. The Council voted to adopt the recommendations. Since then, the workgroup has presented the recommendations to the School-Based Health Center Administrators group on three occasions (March, May, and September 2018) for discussion and feedback. The workgroup is working collaboratively with MSDE to further refine the survey and make plans for implementation.

Finally, the workgroup is recommending that MSDE develop mechanisms for analyzing the data collected in the annual survey. The workgroup will request that MSDE issue and disseminate a public report containing de-identified data to stakeholders and other interested parties on an annual basis. A copy of their activities and recommendations for 2018 is included as Appendix 4.

Systems Integration and Funding Workgroup. The Systems Integration and Funding Workgroup is chaired by Uma Ahluwalia, Director of the Montgomery County Department of Health and Human Services. It is working on a number of fronts to streamline and improve financial sustainability for SBHCs. The group is currently researching recommendations regarding coordination and collaboration between school based health centers and payers, including Maryland Medicaid, Medicaid managed care organizations (MCOs), and commercial insurers. Feedback regarding improvements in care coordination, population health management, and billing for school based health centers was gathered from School-Based Health Center Administrators at their May meeting. Also at the May meeting, the workgroup convened a panel of payer representatives to (1) discuss updated Maryland Department of Health resources to assist School-Based Health Centers with billing and reimbursement, and (2) troubleshoot ongoing issues.

The workgroup also informed the development of a solicitation for a contractor to write a white paper demonstrating the value proposition of School-Based Health Centers in Maryland. The solicitation was released in June 2018, and after a competitive review, Harbage Consulting was selected. The white paper will include 1) a review of SBHC literature and existing data, 2) a cost-benefit analysis, 3) identification of important outcomes, and 4) recommendations about a comprehensive data reporting system to demonstrate the value of SBHCs. A key component of Harbage's approach to this work includes interviews with State officials, Council members, and stakeholders. The white paper will be completed by the end of 2018. A summary of their work is provided as Appendix 5.

Quality and Best Practices Workgroup. The Quality and Best Practices Workgroup is co-chaired by Jean-Marie Kelly, Community Benefits Coordinator at Union Hospital of Cecil County, and Dr. Patryce Toye, Medical Director for MedStar Family Choice. The workgroup has been working with the School-Based Health Center Administrators group and MSDE on revisions to the SBHC Standards. The Standards provide guidance for the operation of a School-Based Health Center. This process marks the first time that the Standards have been revised since 2006. A copy of their recommendations is provided as Appendix 6.

Finally, the Council has been monitoring the work of the Kirwan Commission on Innovation and Excellence in Education. At its October and November meetings, the Council

received a presentation on the Commission's work on school health. The Council was invited to present to the Kirwan Commission on grants that the Community Health Resources Commission has awarded to School-Based Health Centers, which fund the expansion of primary care, oral health, and behavioral health services. The presentation helped inform the Kirwan Commission's cost estimate for School-Based Health Centers in Maryland.

Key accomplishments in 2018 include –

1. **The Council made consistent progress on stated goals.** The Council's work is managed by three workgroups: Data Collection and Reporting (Barbara Masiulis, Chair), Systems Integration and Funding (Uma Ahluwalia, Chair), and Quality and Best Practices (Jean-Marie Kelly, Chair). These workgroups meet approximately monthly and track progress on the Council's mandated responsibilities using a Planning Grid, included in Appendix 2.
2. **The Maryland State Department of Education is working with the Council to implement the Council's recommendations for changes to the annual SBHC survey.** The Council's recommendations revise the questions and add additional questions that better capture information about services provided, patients served, and SBHC operations. MSDE and the SBHC Administrators have agreed to work with the Council on implementation.
3. **The Council hired Harbage Consulting to write a white paper demonstrating the value proposition of School-Based Health Centers in Maryland.** The white paper will include 1) a review of SBHC literature and existing data, 2) a cost-benefit analysis, 3) identification of important outcomes, and 4) recommendations about a comprehensive data reporting system to demonstrate the value of SBHCs.
4. **The Council is reviewing and providing recommendations on the process for the revision of School-Based Health Center Standards.** The Standards, managed by MSDE, provide guidance on the operation of a School-Based Health Center, including levels of service, facility requirements, sponsoring agencies and medical sponsors, and maintenance of medical records.
5. **The Council informed the School-Based Health Center recommendations made by the Kirwan Commission on Innovation and Excellence in Education.** The Commission is charged with reviewing and recommending changes to the current education funding formulas; and making policy recommendations that would enable Maryland's pre K-12 system to perform at the level of the best-performing systems in the world. The Council helped inform the Kirwan Commission's cost estimate for School-Based Health Centers in Maryland.

II. Council Recommendations and Planning for 2019

[Chapter 417 of the Acts of 2015](#) requires the Council to report on the following items. This section of the report also includes Council recommendations and planned activities for 2019.

The number and location of SBHCs that are not co-located within behavioral health services.

2017-2018 SBHC Data. There were 86 School-Based Health Centers operating during the 2017-2018 school year in Maryland. A School-Based Health Center is designated by its Level of Service (I through III); Level I Centers (57%) do not offer mental health services on-site, while Level II and III SBHCs (37%) are required to have a mental health professional on staff (a full definition of each Level of Service is provided in Appendix 1).

It is important to note that when mental health services and clinicians are available in a school, but are not employed by the same agency that operates an SBHC, the SBHC is still designated as Level I. For example, in the Baltimore City Public School System (BCPSS), the Expanded School Mental Health Program (ESMH) places mental health clinicians in schools. These clinicians are employed by community based mental health agencies that contract directly with BCPSS. SBHCs and ESMH providers often collaborate closely and SBHC clinicians are able to refer students to ESMH clinicians who deliver services within their school building. In the current iteration of MSDE's annual survey of SBHCs, SBHCs operating in schools with ESMH programs are designated as Level I because they do not themselves employ the mental health clinician. However, the students in these schools do have access to both somatic and mental/behavioral health services. The Council's recommended changes to MSDE's annual survey of School-Based Health Centers (described below) would better capture provision students' access to mental and behavioral health services in schools with SBHCs.

| Measure | Total |
|---|---------------|
| Students Enrolled | 40,551 |
| Visits | 52,254 |
| Somatic Care | 33,507 |
| Behavioral Health | 16,194 |
| Dental | 2,126 |
| Case Management or Other | 427 |
| SBHCs – All Levels | 86 |
| Mental health services not offered on-site (Level I) | 49 (57%) |
| Mental health services offered on-site (Level II/III) | 32 (37%) |
| Information not provided | 5 (6%) |

MSDE Annual Survey. The data points above are collected through MSDE’s annual SBHC survey and are illustrative of the type of information the survey provides. The current survey focuses on identification of operational activities rather than outcomes; the Council has determined that outcome data are preferable because they allow for analysis of program impact. For this reason, in 2018 the Council has recommended revisions to the survey, which include incorporation of key performance measures, in the areas of health care utilization, cost savings, educational outcomes, and financial practices.

The Council recognizes that the revised survey will require more work by SBHCs to complete, so Council representatives have been meeting regularly with the School-Based Health Center Administrators to explain the new survey and find out how the Council can best support the Administrators so they can complete it. Council representatives are also working with MSDE develop the appropriate technology to back up the survey, cut down on completion time, pre-populate information that is contained in other data sources, and address other concerns.

Recommendations on the streamlining of the existing process for the review and approval of new School-Based Health Centers, including the Maryland Medical Assistance Program enrollment process for SBHCs.

Standards Review. The Maryland School-Based Health Center Standards were written to help SBHCs clearly define themselves as a unique service delivery model to the medical, mental health and educational communities. In order to address the critical issues around reimbursement and third party payment, the school-based health centers must be able to define who they are and what they do in a consistent manner. The Council will continue working with the School-Based Health Center Administrators group and MSDE on revisions to the SBHC Standards.

Recommendations on the expansion of the scope of existing SBHCs by MSDE and MDH.

Outreach and Enrollment. SBHCs’ impact and sustainability are enhanced when a majority of students enrolled in the school are enrolled in the SBHC. The Council arranged for the Maryland Health Benefit Exchange to provide a presentation to the SBHC Administrators about its upcoming open enrollment period. Improving insurance enrollment improves outcomes for students and allows School-Based Health Centers to generate revenue through reimbursements. The Exchange is responsible for the State’s health insurance marketplace under the Affordable Care Act.

Recommendations on the identification and elimination of barriers for managed care organizations to reimburse for services provided by SBHCs.

Stakeholder Engagement. The Council works to systematically identify barriers perceived by SBHCs and stakeholders for efficient administration of a comprehensive SBHC system. To that end, the Council facilitated a series of stakeholder meetings that were completed as part of the work on the value of SBHCs conducted by Harbage Consulting. Harbage

interviewed representatives from SBHCs, state agencies, managed care organizations, private insurers, and providers. The findings from these meetings will be included in the white paper completed by Harbage.

Billing Assistance. One way to eliminate barriers is through more effective billing practices. The Council will support financial sustainability of SBHCs, including through diversification of their funding streams beyond grants. To that end, the Council facilitated a preliminary dialogue between School-Based Health Center Administrators and MSDE with payer representatives. As part of this discussion, Medicaid representatives provided information regarding two resources developed by the Maryland Department of Health to assist with billing and reimbursement from Medicaid. The Systems Integration and Funding workgroup will continue to collect information about barriers to successful clinical billing and will make recommendations regarding the appropriate venue(s) for, leaders of, and schedule for billing and related information sessions for SBHC Administrators and operators.

Recommendations on health reform initiatives under the Maryland Medicare waiver and patient-centered medical home initiatives.

Maryland Primary Care Program. The Council is closely monitoring health care reform initiatives under the Maryland Medicare waiver and other advanced payment models. In some other states, SBHCs are designated as patient-centered medical homes. The Council is looking at ways SBHCs might integrate better into the patient-centered medical home model. Next year, the Council plans to understand the new Maryland Primary Care Program, a voluntary program that provides financial and technical support to eligible Maryland primary care providers to assist practices in the transformation to “advanced primary care.” The program launches on January 1, 2019.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2019. For more information about the Council, please contact Mark Luckner, Executive Director of the Community Health Resources Commission and staff to the Council, at (410) 260-6290.

III. Roster of Council Members

The Council’s membership is established by § 7–4A–03 of the Health–General Article. Members are listed by the seat that they fill and their professional title (*italics*).

Appointed by the Governor

Dr. Katherine Connor, Chair

School-Based Health Center
Medical Director, The Johns Hopkins Rales Health Center, KIPP Baltimore

Dr. Patryce Toy

Maryland Assembly on School-Based Health Care
Medical Director, MedStar Family Choice

Dr. Jonathan Brice

Public Schools Superintendents Assn. of Maryland
Assoc. Superintendent, Montgomery Co. Public Schools

Sharon Morgan

Maryland Assn. of Elementary School Principals
Principal, Flintstone Elementary School, Allegany Co.

Jean-Marie Kelly

Maryland Hospital Association
Community Benefits Coordinator, Union Hospital

Karen Williams

Federally–Qualified Health Center
CEO, Mid–Atlantic Assoc. of Community Health Ctrs.

Jennifer Dahl

Commercial Health Insurance Carrier
Credentialing Coordinator, CareFirst

Barbara Masiulis, Vice Chair

School-Based Health Center
Supervisor, Office of Health Services, Baltimore County Public Schools

Uma Ahluwalia

School-Based Health Center
Director, Montgomery Co. Health and Human Services

Cathy Allen

Maryland Association of Boards of Education
Vice Chairman, St. Mary’s County Board of Education

Angel Lewis

Secondary School Principal of a School with an SBHC
Principal, Claremont High School, Baltimore City

Dr. Maura Rossman

Maryland Association of County Health Officers
Health Officer, Howard County Health Department

Dr. Arethusa Kirk

Managed Care Organization
Chief Medical Officer, UnitedHealthCare

Dr. Diana Fertsch

Md. Chapter of American Academy of Pediatrics
Pediatrician, Dundalk Pediatric Associates

VACANT: Parent or Guardian of a Student who Utilizes a School–Based Health Center

Ex–Officio

Senator Richard Madaleno

Maryland State Senate
Senator, District 18 (Montgomery County)

Dr. Cheryl De Pinto

Designee of the Secretary of Health
Director, Office of Population Health Improvement

Andrew Ratner

Designee of the Executive Director of Maryland Health Benefit Exchange
Chief of Staff, Maryland Health Benefit Exchange

Delegate Bonnie Cullison

Maryland House of Delegates
Delegate, District 19 (Montgomery County)

Mary L. Gable

Designee of the State Superintendent of Schools
Assistant State Supt., Student, Family, and School Support

Mark Luckner

Designee of the Chairman of Maryland Community Health Resources Commission
Executive Director, Maryland CHRC

Appendix 1.

**Council on Advancement of School-Based Health Centers
2017-2018 School-Based Health Center Data**

Table 1. SBHC Programs and Students, 2017-2018

| | SBHC Programs | Students Enrolled | Unique Students | Males Served | Females Served |
|-------------------------|--------------------------|------------------------------|----------------------------|-------------------------|---------------------------|
| Baltimore County | 13 | 2,908 | 1,135 | 577 | 558 |
| Caroline | 9 | 4,498 | 3,486 | 1,754 | 1,732 |
| Dorchester | 4 | 1,810 | 808 | 321 | 487 |
| Frederick | 1 | 264 | 264 | 143 | 121 |
| Harford | 5 | 299 | 299 | 142 | 157 |
| Howard | 10 | 3,009 | 593 | 299 | 294 |
| Montgomery | 13 | 18,422 | 2,716 | 1,394 | 1,322 |
| Prince George's | 4 | 423 | 377 | 126 | 251 |
| Talbot | 4 | 1,997 | 1,768 | 869 | 899 |
| Washington | 2 | 751 | 429 | 153 | 276 |
| Wicomico | 2 | 236 | 251 | 119 | 132 |
| Baltimore City | 17 | 5,934 | 2,955 | 1,295 | 1,660 |
| TOTALS | 86 | 40,551 | 15,081 | 7,192 | 7,889 |

Source: Maryland State Department of Education, 2017-2018 SBHC Survey (Preliminary Data)

Table 2. SBHC Services by Type, 2017-2018

| | Total Visits | Somatic Visits | Mental Health | Dental Visits | Substance Abuse | Case Mgt or Other |
|-------------------------|-------------------------|---------------------------|--------------------------|--------------------------|----------------------------|------------------------------|
| Baltimore County | 2,346 | 2,346 | 0 | 0 | 0 | 0 |
| Caroline | 14,864 | 5,258 | 7,870 | 1,736 | 0 | 0 |
| Dorchester | 4,024 | 2,595 | 1,429 | 0 | 0 | 0 |
| Frederick | 609 | 609 | 0 | 0 | 0 | 0 |
| Harford | 1,612 | 458 | 1,154 | 0 | 0 | 0 |
| Howard | 1,926 | 1,154 | 772 | 0 | 0 | 0 |
| Montgomery | 11,938 | 8,402 | 3,536 | 0 | 0 | 0 |
| Prince George's | 1,392 | 572 | 741 | 79 | 0 | 0 |
| Talbot | 1,416 | 1,105 | 0 | 311 | 0 | 0 |
| Washington | 2,495 | 2,495 | 0 | 0 | 0 | 0 |
| Wicomico | 1,095 | 586 | 509 | 0 | 0 | 0 |
| Baltimore City | 8,537 | 7,927 | 144 | 0 | 39 | 427 |
| TOTALS | 52,254 | 33,507 | 16,155 | 2,126 | 39 | 427 |

Source: Maryland State Department of Education, 2017-2018 SBHC Survey (Preliminary Data)

Table 3. SBHC Programs by Level, 2017-2018

| | SBHC Programs | Level I | Level II | Level III |
|-------------------------|----------------------|----------------|-----------------|------------------|
| Baltimore County | 13 | 13 | - | - |
| Caroline | 9 | 9 | - | - |
| Dorchester | 4 | - | 4 | - |
| Frederick | 1 | 1 | - | - |
| Harford | 5 | 5 | - | - |
| Howard | 10* | 7 | 2 | |
| Montgomery | 13 | - | 13 | - |
| Prince George's | 4 | - | - | 4 |
| Talbot | 4 | 4 | - | - |
| Washington | 3* | 1 | - | - |
| Wicomico | 2 | - | 2 | |
| Baltimore City | 18* | 9 | 7 | - |
| TOTALS | 86 | 49 | 28 | 4 |

Source: Maryland State Department of Education, 2017-2018 SBHC Survey (Preliminary Data)

*At the time of writing, five School-Based Health Centers had not yet received a level designation.

Definitions (from the [Maryland School-Based Health Center Standards](#))

Level I: Core School-Based Health Center

A Level I SBHC site must have hours that are at a minimum eight hours per week with a licensed medical clinician present and are open a minimum of two days per week when school is open. Level I SBHC staff must include, at a minimum, a licensed medical clinician and administrative support staff. There may be additional clinical support staff such as a RN, LPN, or CNA. Note: the licensed medical clinician cannot replace the school nurse.

Level II: Expanded School-Based Health Center

The SBHC site must be operational (with an advance practice provider on site) a minimum of twelve hours per week, three to five days for medical care when school is in session. Mental health services must be available on site for a minimum of three days and a minimum of twelve hours per week. The SBHC staff must include at a minimum: A licensed medical clinician; Mental health professional; Clinical support staff (RN, LPN, or CNA); and Administrative support staff.

Level III: Comprehensive School-Based Health Center

Medical services must be available a minimum of five days and twenty hours per week. The availability of full-time services needs to be commensurate with the number of students enrolled in the school. The SBHC may rely on other community healthcare providers for 24-hour coverage. Level III or Comprehensive SBHC is available limited hours for defined services for enrolled students during the summer hours. The SBHC is open before, during, and after school hours. The SBHC staff must include at a minimum: A licensed medical clinician; Clinical support staff (RN, LPN, or CNA); Administrative support staff; Mental health professional; and at least one additional service provider such as a general or pediatric dentist, dental hygienist, nutritionist, or health educator for a minimum of four hours per month.

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Appendix 2.

Council on Advancement of School-Based Health Centers
2018 Planning Grid

This chart lists the Council's statutory responsibilities. The first 11 are found in Health - General § 19-22A-05 and outline the Council's ongoing work. The final four are found Chapter 417 of the Acts of 2015 and outline the contents of the Council's annual report.

| # | Requirement | Authority | Workgroup | Completed Activities | Planned Activities | |
|---|--|----------------------|-----------|---|--|--|
| | | | | | 6 months | 12 months |
| 1 | Supporting local community efforts to establish or expand SBHCs capacity in primary care, behavioral health, and oral health. | HG § 19-22A-05(a)(1) | Quality | | Review SBHC Standards of Practice. | Make recommendations to MSDE about updates to the SBHC Standards of Practice. Assess the capacity of SBHCs to collect and report the measures recommended by the School-Based Health Alliance. |
| 2 | Integrating SBHCs into existing and emerging patient-centered models of care | HG § 19-22A-05(a)(2) | Systems | The Council hired Harbage Consulting to complete a white paper demonstrating the value of SBHCs in Maryland. The Council also facilitated a technical assistance session on Medicaid billing for the SBHC administrators. | Harbage Consulting will complete stakeholder interviews with MDH, MSDE, SBHC Administrators, MASBHC, and representatives of private insurance and AAP. | |
| 3 | Promoting the inclusion of SBHCs in networks of managed care organizations and commercial health insurance carriers | HG § 19-22A-05(a)(3) | Systems | The Council facilitated a technical assistance session on Medicaid billing for the SBHC administrators. | Harbage Consulting will complete stakeholder interviews with MDH, MSDE, SBHC Administrators, MASBHC, and representatives of private insurance and AAP. | |
| 4 | Advancing the public health goals of state and local health officials | HG § 19-22A-05(a)(4) | Quality | MDH updated the State Health Improvement Process (SHIP) metrics. | | |

Appendix 2.

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2018 Planning Grid

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| # | Requirement | Authority | Workgroup | Completed Activities | Planned Activities | |
|---|---|----------------------|-----------|---|--|--|
| | | | | | 6 months | 12 months |
| 5 | Promoting the inclusion of SBHCs into networks of school health services and coordinated student service models for the range of services offered in school settings | HG § 19-22A-05(a)(5) | Systems | The Council hired Harbage Consulting to complete a white paper demonstrating the value of SBHCs in Maryland. | Harbage Consulting will complete stakeholder interviews with MDH, MSDE, SBHC Administrators, MASBHC, and representatives of private insurance and AAP. | Understand local school health councils, i.e., what is the relationship between Council and the school health councils. Identify potential opportunities to work together. |
| 6 | Supporting state and local initiatives to promote student success | HG § 19-22A-05(a)(6) | Quality | The Council presented to the Kirwan Commission about costs associated with SBHCs. | Continue monitoring the work of the Kirwan Commission on Innovation and Excellence in Education. Provide information and recommendations as appropriate. | |
| 7 | Reviewing and revising best practices guidelines | HG § 19-22A-05(a)(7) | Quality | | Review SBHC Standards of Practice. | Make recommendations to MSDE about updates to the SBHC Standards of Practice. Assess the capacity of SBHCs to collect and report the measures recommended by the School-Based Health Alliance. |
| 8 | Supporting the long-term sustainability of SBHCs | HG § 19-22A-05(a)(8) | Systems | The Council hired Harbage Consulting to complete a white paper demonstrating the value of SBHCs in Maryland. The Council also facilitated a technical assistance session on Medicaid billing for the SBHC administrators. | | |

Appendix 2.

Council on Advancement of School-Based Health Centers
2018 Planning Grid

This chart lists the Council's statutory responsibilities. The first 11 are found in Health - General § 19-22A-05 and outline the Council's ongoing work. The final four are found Chapter 417 of the Acts of 2015 and outline the contents of the Council's annual report.

| # | Requirement | Authority | Workgroup | Completed Activities | Planned Activities | |
|---|---|----------------------|-----------|---|---|--|
| | | | | | 6 months | 12 months |
| 9 | Review the collection and analysis of SBHCs data collected by MSDE to make recommendations on best practices for the collection and analysis of the data | HG § 19-22A-05(b)(1) | Data | The Data workgroup presented its draft recommendations for the MSDE survey to the full Council and to the SBHC administrators. The workgroup incorporated feedback from both groups. The Council hired Harbage Consulting to complete a white paper demonstrating the value of SBHCs in Maryland. | Provide final recommendations for survey changes to MSDE. Meet with MSDE and IT to discuss possible technology. | Pilot the new survey with a few SBHCs, in advance of a full rollout during the 2019-2020 school year. |
| 10 | Provide guidance on the development of findings and recommendations based on the data | HG § 19-22A-05(b)(2) | Data | The Data workgroup presented its draft recommendations for the MSDE survey to the full Council and to the SBHC administrators. The workgroup incorporated feedback from both groups. The Council hired Harbage Consulting to complete a white paper demonstrating the value of SBHCs in Maryland. | Provide final recommendations for survey changes to MSDE. Meet with MSDE and IT to discuss possible technology. | Pilot the new survey with a few SBHCs, in advance of a full rollout during the 2019-2020 school year. |
| 11 | Conduct other activities that meet the purpose of the Council | HG § 19-22A-05(c) | All | Workgroups are meeting approximately bi-monthly. | Complete white paper demonstrating the value of SBHCs in Maryland. | Workgroups (Data Collection and Reporting, Systems Integration and Funding, Quality and Best Practices) will continue meeting regularly. |
| Items to be reported in the Council's Annual Report | | | | | | |

Appendix 2.

Council on Advancement of School-Based Health Centers
2018 Planning Grid

This chart lists the Council's statutory responsibilities. The first 11 are found in Health - General § 19-22A-05 and outline the Council's ongoing work. The final four are found Chapter 417 of the Acts of 2015 and outline the contents of the Council's annual report.

| # | Requirement | Authority | Workgroup | Completed Activities | Planned Activities | |
|-----|---|--------------------|-----------|---|--|---|
| | | | | | 6 months | 12 months |
| 12 | Number and location of SBHCs that are not co-located with behavioral health services | Ch. 417 (2015), §2 | Data | | Receive 2017-2018 school-year data. | |
| 13 | Recommendations on streamlining of the existing process for the review and approval of new SBHCs, including: | Ch. 417 (2015), §2 | Systems | | | |
| 13a | Maryland Medical Assistance Program enrollment process for SBHCs | Ch. 417 (2015), §2 | Systems | The Council facilitated a technical assistance session on Medicaid billing for the SBHC administrators on May 31, 2018. | Harbage Consulting will complete stakeholder interviews with MDH, MSDE, SBHC Administrators, MASBHC, and representatives of private insurance and AAP. | Make recommendations about streamlining the application process for SBHCs and potential changes to sponsorship requirements. Make recommendations about optimal approaches to data sharing between SBHCs, MCOs, and Medicaid for panel management and assessment of cost and savings. |
| 13b | Expansion of the existing scope of SBHCs by MSDE and MDH | Ch. 417 (2015), §2 | Quality | | Review SBHC Standards of Practice. | Make recommendations to MSDE about updates to the SBHC Standards of Practice. Assess the capacity of SBHCs to collect and report the measures recommended by the School-Based Health Alliance. |

Appendix 2.

Council on Advancement of School-Based Health Centers
2018 Planning Grid

This chart lists the Council's statutory responsibilities. The first 11 are found in Health - General § 19-22A-05 and outline the Council's ongoing work. The final four are found Chapter 417 of the Acts of 2015 and outline the contents of the Council's annual report.

| # | Requirement | Authority | Workgroup | Completed Activities | Planned Activities | |
|----|---|--------------------|-----------|---|--|---|
| | | | | | 6 months | 12 months |
| 14 | Recommendations on the identification and elimination of barriers for managed care organizations to reimburse for services provided by SBHCs | Ch. 417 (2015), §2 | Systems | The Council facilitated a technical assistance session on Medicaid billing for the SBHC administrators on May 31, 2018. | | |
| 15 | Recommendations on health reform initiatives under the Maryland Medicare waiver and patient-centered medical home initiatives | Ch. 417 (2015), §2 | Systems | | Harbage Consulting will complete stakeholder interviews with MDH, MSDE, SBHC Administrators, MASBHC, and representatives of private insurance and AAP. | Understand the National Committee on Quality Assurance approval process for SBHC medical homes and make recommendations about how/whether this should be implemented in Maryland. |

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Appendix 3. Meeting Minutes

Council on Advancement of School-Based Health Centers Meeting Minutes: Monday, February 5, 2018, 9:30 am to 12:30 pm

Location: Maryland House of Delegates
6 Bladen Street, Annapolis, Maryland 21401
Call-In: (641) 715-3814, Participant Code: 313674#

9:30 am Greetings and Opening Remarks

Kate Connor, Chair of the Council, opened the meeting at 9:30 am with thanks and welcome. All members of the Council and public attendees introduced themselves. Chair Connor reviewed the agenda and minutes of the previous meeting in November. The Council approved the November minutes.

Attendees: Council: Patryce Toyne, Barbara Masiulis, Kate Connor, Cathy Allen, Sharon Morgan, Angel Lewis, Jean-Marie Kelly, Judy Lichty-Hess, Arethusa Kirk, Diana Fertch, Cheryl DePinto, Mary Gable, Delegate Bonnie Cullison, Andy Ratner (for Michele Eberle), Mark Luckner, and Allison Taylor.

Public: Michelle Hinton, Beth Spencer, Sharon Hobson, Joy Twesige, Joan Glick, Brigida Krzysztofik, and Lynne Muller.

Chair Connor provided information to Council members about submitting financial disclosures. Financial disclosures are due to the State Ethics Commission by April 30 each year. Allison Taylor will provide additional information to Council members by email.

9:45 am Discussion of Data Collection and Reporting Workgroup's Recommended Changes to the MSDE Annual Report

Chair Connor thanked the workgroups for their work since the last meeting and announced that the bulk of today's meeting would be a summary of that work and the workgroups' priorities for 2018.

Barbara Masiulis, Chair of the Data Collection and Reporting workgroup, provided an update on the workgroup's recommendations for changes to MSDE's annual survey. The survey comes out every summer and is due by the end of September. SBHCs must report about services, regardless of whether they receive funding from MSDE. An overall goal is for the survey to become an "annual report" for each SBHC – a picture of what's happened over the past year.

The Chair reported that Council leadership had a very productive meeting last week with MSDE about the recommendations. As a next step, the recommendations will be presented to the SBHC Administrators group on March 1. This meeting will be structured as a dialogue, to find out what is feasible for the Administrators and what isn't. The data workgroup very much wants to make sure that the survey remains simple and feasible. After this meeting, the data workgroup will report back to MSDE and the Council.

The workgroup chair provided an overview of the SBHC application. Every May, the application is sent out. The general application has many attachments, including SBHC standards, goal setting, information about what level of service will be provided, financial information, hours of operation, and budget and assurances. The standards document is 8 pages long and lists each of the current standards and asks SBHCs to respond about whether they are meeting the standards and how.

The workgroup chair walked the Council through the recommendations. A copy of the recommendations is provided in Appendix A, and changes that were added as a result of the February 5 meeting are highlighted. A brief overview of the recommendations is below:

- The first section of the new report would be SBHC characteristics. These are items that aren't likely to change from year to year, such as location and service level.
- The second section includes school community characteristics. The workgroup thought it was important to know about the community that the school serves. The workgroup thought this info could be imputed from the MSDE school report card.
- The third section is about the SBHC population served, such as users by race, insurance, siblings in the school. This information is already in the current survey in various forms.
- The fourth section is about somatic health services. Much of this could be reported by ICD-10 codes and CPT codes.
- Further sections have information about behavioral health and case management.

Barbara Masiulis thanked the group for their comments and said that an updated version of the recommendations, reflecting the discussion, would be sent out after the meeting. Council members were invited to make additional suggestions before Monday, February 12.

10:45 am Workgroup Reporting on Priorities and Activities for 2018

Jean-Marie Kelly presented the Quality and Best Practices workgroup's 2018 priorities.

SBHC Standards – One of the Quality workgroup's primary tasks for 2018 will be to review the School-Based Health Center standards, which are maintained by MSDE, and to make recommendations to MSDE on changes. The standards provide an "operating manual" for SBHCs, but have not been revised in many years.

Council members discussed the need to clarify some inconsistencies between the SBHC standards and state regulations. One example of such an inconsistency concerns the definition of “general clinic” as a sponsoring entity. Chair Connor noted that the standards “belong” to MSDE, and that the Council’s role would be purely advisory. Jean-Marie also noted that the workgroup would plan to align the standards with what’s in the SBHC application and annual survey.

Chair Connor also asked whether someone would be able to take a first crack at an administrator review of the standards, and whether MASBHC has already done this. She asked the Council’s MASBHC representatives who aren’t already on the Quality workgroup to coordinate with Jean-Marie about a review. An administrator review of the standards would provide the state agency partners – MDH and MSDE – with preliminary information about the scope of changes that may be needed, which will help them know what to expect.

SBHA Measures – A second priority for the workgroup in 2018 will be assessing the capacity of SBHCs to collect and report the measures recommended by the national School-Based Health Alliance. The workgroup has representation from two MCOs, and so the overlap/intersection between HEDIS metrics and the Alliance’s measures was also discussed. It was also suggested to contact Hayley Love at the Alliance to talk about data support at the national level and best practices for assessment.

Kate Connor presented the Systems Integration and Financing workgroup’s 2018 priorities. The Systems workgroup is focused on two objectives – Financing and Systems Integration – and will conduct four activities that fall under those objectives:

- **Financing Objective** – to facilitate the long-term sustainability and growth of School-Based Health Centers. The Systems workgroup will 1) provide input on financial information questions that should be included in the Data Workgroup’s recommended changes to MSDE’s annual survey; and 2) coordinate/Host a technical assistance session on billing for SBHC Administrators.
- **Systems Integration Objective** – to promote the inclusion of School-Based Health Centers into networks of managed care organizations, commercial health insurance carriers, school health services, and other patient-centered models of care. The Systems workgroup will 1) identify key stakeholders to partner with and convene 1-2 meetings to discuss concerns of the Council and/or better ways to collaborate; and 2) provide technical input on scope of work, particularly around qualitative formative research to assess the value of SBHCs; the challenges and service gaps associated with SBHCs; and the role they are filling in Maryland communities.

**11:45 am Discussion of Workgroup Priorities and Opportunities for
Engagement with Members’ Organizations**

The Maryland Association of Boards of Education offered their perspective – the most important factors for them are ensuring that students are in class and able to participate. The idea of seat time is really important. While it can be difficult to make a direct correlation between

achievement and good health, we can infer a lot of that as long as there are good teachers in the classroom.

12:00 pm Discussion of Project Concept: Compiling Resources and Research to Demonstrate the Value of SBHCs

Chair Connor described the purpose of this project, which is to generate a white paper to show what SBHCs do for students, the health system, and public health – and therefore make the case for the value of SBHCs. She invited the Council and guests to generate a list of ideas about what resources are currently available and what are needed to complete this project. The following comments and suggestions were made:

- Information is available about chronic absenteeism. MASBHC and the School-Based Health Alliance can help with information about seat time.
- It can be challenging to draw a fair comparison between schools with SBHCs and schools without, since schools with SBHCs are often located in places of high need (and are different in many baseline characteristics).
- It's important to engage the parental point of view. We can often tell a compelling story by putting a face on it and making it personal. Pediatricians in Maryland have been doing this to make the case for CHIP funding.
- The Office of Population Health Improvement at MDH may have some data that can demonstrate how SBHCs are strategically placed to address population health and health equity issues. MDH offered staff to help look into this.
- One area where the Council will really need some help is cost-benefit analysis and resource mapping, around population health and health equity, chronic absenteeism and seat time, and cost of care.

Chair Connor summarized the discussion: the Council is most in need of a person that can act as a quarterback to help organize parts of the project, to be conducted by a diverse group of Council members and stakeholders. Areas to explore include chronic absenteeism, population health and health equity, hospitals/promising partnerships, and community benefit reports.

12:15 pm Closing Remarks

Chair Connor made closing remarks and asked the Council to watch for a revised version of the Data Workgroup Recommendations, to provide comment by Monday, February 12. The meeting was adjourned at 12:25pm.



Council on Advancement of School-Based Health Centers
Meeting Minutes: Monday, April 16, 2018, 9:30 am to 12:30 pm

Location: Maryland Department of Transportation
7201 Corporate Center Drive, Hanover, MD 21076
Call-In: (641) 715-3814, Participant Code: 313674#

9:30 am Greetings and Opening Remarks

Kate Connor, Chair of the Council, opened the meeting at 9:30 am with thanks and welcome. All members of the Council and public attendees introduced themselves. Chair Connor reviewed the agenda and minutes of the previous meeting in February. The Council approved the February minutes.

Attendees: Council: Patryce Toye, Barbara Masiulis, Kate Connor, Uma Ahluwalia, Jean-Marie Kelly, Judy Lichty-Hess, Jennifer Dahl, Diana Fertch, Cheryl DePinto, Mary Gable, Brigida Krzysztofik (for Delegate Bonnie Cullison), Andy Ratner (for Michele Eberle), Mark Luckner, and Allison Taylor.

Public: Lynne Muller, Mike Shaw, Ben Wolff, Robyn Elliott, Joan Glick, J.D. Merrill, Pam Kasemeyer, Sharon Hobson, Rachael Faulkner, and Maya Fiellen.

Chair Connor provided information to Council members about submitting financial disclosures. Financial disclosures are due to the State Ethics Commission by April 30 each year.

9:45 am Update on March 1 meeting with SBHC Administrators

Barbara Masiulis, the Council's Vice Chair and Chair of the Data Collection and Reporting Workgroup, provided an update on the March 1 meeting of the School-Based Health Center Administrators. At that meeting, the Vice Chair gave a presentation about the Council's recommended changes to the MSDE survey of School-Based Health Centers and solicited feedback. Primarily, she wanted to hear whether the recommended data points would be feasible for SBHCs to collect.

Seven jurisdictions (out of 12) provided written feedback on the recommendations, which was compiled into the attached document. The most surprising finding was that one of the jurisdictions is not doing any billing, and some are making calculations by hand. The Council is hoping that with better utilization of EMRs, SBHCs will be able to extract data easily.

The Vice Chair summarized the feedback she received from the Administrators:

- The Council had recommended that SBHCs report whether students had a primary care doctor. Many of the SBHC Administrators indicated that this would be difficult to report because parents may not complete their child's consent form completely (which contains a question about the child's primary care doctor), or the parents may not know who that person is.
- The Administrators discussed the definition of "behavioral health providers," and how to best define what information should be captured. The Data Collection and Reporting Workgroup will work on refining the definition.
- Chair Connor noted that the Systems Integration and Funding Workgroup has been interested in financial information from SBHCs, and the Council's recommendations include questions to that effect. She noted that sometimes this is information that the sponsoring organization would have, rather than the SBHC. So, certain questions have been removed from the recommendations because the information can be more thoroughly gathered elsewhere.

The Vice Chair opened the floor for feedback from Council Members. Key points of discussion include:

- Cheryl DePinto indicated that MDH had previously done a survey of SBHC billing practices. She is offering to share that information with the Council in case it's helpful in formulating recommendations.
- Chair Connor noted, for historical information, that return-on-investment for billing has not been great, and that this has been an ongoing issue for the past 15-20 years. There used to be more jurisdictions that weren't billing, so the fact that only one jurisdiction is not billing represents a big improvement. Legislative and regulatory changes over the past 10 years have helped improve the billing environment for SBHCs.
- The Systems Integration and Funding Workgroup will provide a technical assistance session on billing to SBHC Administrators at their next meeting in May.
- Council Members were interested in whether it would be helpful to include survey questions about social determinants of health, and whether it would be helpful to solicit specific information from rural jurisdictions, since that has been a priority for MDH in recent years.

As a next step, the Data Collection and Reporting will refine some questions in the survey based on feedback from this meeting.

MSDE presented a tentative timeline for completion of the new annual survey, as follows:

- Spring 2018: the Council will finalize recommendations to MSDE on a new data collection system (annual SBHC report). The Data Collection and Reporting Workgroup will work MSDE to mock up the new annual report. MSDE will begin conversations with their IT team to present the draft annual report and to investigate what is technically possible.
- Fall 2018: the Data Collection and Reporting Workgroup will support and provide feedback to MSDE on the new draft report.
- Spring 2019: a pilot of the new annual report will be done with a few volunteered SBHC jurisdictions.
- School year 2019-20: the new annual report will be released to SBHC administrators so they can prepare their data collection for the new report due September 1, 2020.

11:00 am Workgroup Breakout Sessions

Each of the three Workgroups – Data Collection and Reporting, Systems Integration and Funding, and Quality and Best Practices – met in breakout sessions for an hour. There was not enough time at the end of the meeting for the Workgroup chairs to report back to the full council about progress toward their stated objectives, so Chair Connor announced that she would schedule a call with the chairs in the near future to make sure goals were aligned and that the Workgroups are not duplicating efforts.

12:15 pm Discussion of Project Concept: Compiling Resources and Research to Demonstrate the Value of SBHCs

Chair Connor provided an update on the Council’s “Project Concept” for a white paper that demonstrates the value proposition of School-Based Health Centers in Maryland. The Council was asked to provide feedback on the specific deliverables (listed below). One Council member suggested a revision to the first bullet, which is included below in italics.

- A review of the SBHC literature and existing data, *including Maryland-specific history, literature, and data*;
- A cost-benefit analysis from the perspective of the education system, healthcare system, public health system, and society at large;
- Identification of important outcomes, including chronic absenteeism, population health goals, and health equity; and
- Recommendations about a comprehensive data reporting system to demonstrate the value proposition of SHBCs moving forward.

A motion was offered and seconded, and the Council voted to approve the project concept as revised. As a next step, Council staff will develop a solicitation, which will be brought before the Community Health Resources Commission (who will be funding the project) at a future meeting. Pending approval, the solicitation is expected to be released later this year.

12:15 pm Closing Remarks

Chair Connor made closing remarks and thanked Council members and the Workgroups for their hard work. A doodle poll will be sent around to facilitate scheduling for the next meeting.



Council on Advancement of School-Based Health Centers

Monday, October 1, 2018, 9:30 am to 12:30 pm

Location: Maryland House of Delegates, HGO Committee Room

6 Bladen Street, Room 240, Annapolis, MD 21401

Conference Number: (641) 715-3814; Code: 313674#

9:30 am Greetings and Opening Remarks

Barbara Masiulis, Vice Chair of the Council, opened the meeting at 9:56 am with thanks and welcome. The Vice Chair informed the group that the Chair, Kate Connor, would be unable to join because of a work emergency. She also indicated that there might be some changes to the agenda because of low attendance at the meeting. Vice Chair Masiulis invited Council members and guests to introduce themselves. The Council approved the April minutes.

Attendees: Council: Barbara Masiulis, Allison Taylor, Joy Twesige (for Patryce Toye), Bonnie Cullison, Cathy Allen, Sharon Morgan, Jean-Marie Kelly, Arethusa Kirk, Diana Fertsch, Andy Ratner, Jonathan Brice, and Lynne Muller.

Public: Rachael Faulkner, Tanya Schwartz, and Mike Shaw.

9:40 am Introduction of new Council members

Vice Chair Masiulis introduced Jonathan Brice, who will be representing the Association of Public School Superintendents Association of Maryland.

**9:45 am Update on White Paper Demonstrating the Value of SBHCs
Introduction of Harbage Consulting**

The Vice Chair introduced Tanya Schwartz, Director of Medicaid Policy for Harbage Consulting. Harbage Consulting was the contractor selected to complete the white paper demonstrating the value of SBHCs in Maryland. Tanya introduced herself and gave some background on Harbage's experience working on school-based health care in other contexts. She explained that they have been meeting with stakeholders, reading materials, reviewing the survey

changes. Tanya indicated that the interviews with stakeholders have been really valuable. Since data is important for showing the value of SBHCs, Harbage will be making recommendations about performance management and a data system.

Delegate Cullison asked whether Tanya thinks that there are any states that do SBHCs really well. Tanya indicated that Oregon is considered the gold standard; it has worked hard to really integrate SBHCs into their delivery model. California also has a strong program and has put forth some performance measures. The group noted that in Oregon, the SBHC program is run through the Health Department. Cathy Allen asked whether Tanya had looked through the MSDE website to get all the information that's there. Tanya and her team at Harbage have done this. Mike Shaw asked about how funding is structured in Oregon. Tanya hasn't dug into that yet but is planning to look into that.

10:15 am Discussion of 2018 Annual Report

Allison Taylor described the process for the developing the Annual Report. Council members will have a week to review and provide comment, and the Council will vote on the final report at the November meeting.

The group reviewed the planning grid and recommended updates based on completed work. Allison will revise the planning grid and include it as an appendix in the annual report.

The Council discussed how to access SBHC data that is collected by MSDE. Lynne Muller advised Council member that if they would like to request data, they should make a formal request because it takes a long time for MSDE to approve such requests. Barb asks about whether a legislative change could make the data more available. Cathy Allen mentions that we'd need to be cognizant of making sure that there is no identifiable information.

Uma Ahluwalia suggested that the Council come up with 5-6 data points that are important to track. Lynne Muller advised the more specific we can be, the better. Cathy Allen suggested that the Council choose items that are keeping kids from going to class, such as immunizations, asthma, and diabetes.

11:00 am Update on Kirwan Commission work

Public Policy Partners received a request from DLS about behavioral health and health services in schools. MASBHC presented before Kirwan in June. Following that there were some draft recommendations. One of them had language about behavioral health, health care, and "community schools" — if a school hit a certain threshold of poverty (to be determined), it would get a fixed amount of money to become a community school. This would give them a

health services coordinator. MASBHC said that schools who have SBHCs, they could move fast; the money didn't need to be tied to community schools.

The Kirwan workgroups will finalize their work in the next week. Then the full commission will take up leftover issues. The report for Kirwan will come out by the end of the year. Rachael Faulkner said that she has gotten a lot of questions about funding of SBHCs, and that is a very difficult question to answer.

11:15am Update on Tours of School-Based Health Centers

During the last week of September, Delegate Cullison toured a couple of School-Based Health Centers in Baltimore City and Baltimore County. A few things stand out –

- High quality of service.
- Services are provided by people who are grossly underpaid, understaffed, under-resourced.
- She saw a difference between KIPP and other programs. KIPP is very well resourced, but the worry about KIPP is that the grant runs out in a year.
- Commitment of the folks was tremendous. Spoke a lot about resources.
- The idiosyncratic needs of individual communities is really important.

She was renewed in her commitment to SBHCs. She is willing to do whatever is needed to make sure these services are in Maryland communities.

11:30 am Workgroup Reports

Data Collection and Reporting: Vice Chair Masiulis provided the update for the Data Collection and Reporting workgroup. The workgroup continues to refine the work on the annual SBHC survey. They are going to add some more ICD-10 codes and are working on a plan for dissemination of information. They want more members on the workgroup. They have representation from MSDE and an Administrator.

Systems Integration and Funding: Mark Luckner provided the update for the Systems Integration and Funding workgroup. They have been following the Kirwan Commission's work. A lot of Systems' work is being moved forward by the Harbage project.

Quality and Best Practices: Jean-Marie Kelly, chair of the workgroup, provided the update for Systems Integration and Funding. She mentioned that this workgroup has been tasked with supporting updates to the SBHC standards. The document is lengthy and has not been updated since 2006 or so. The group met with the SBHC Administrators to discuss what those updates would look like. The last meeting was on September 17. There are plans to go through all the sections with the SBHC Administrators. This was done in breakout sessions.

The plan is to do this for the next several meetings.

Highlights –

- SBHC standards are important because they define what a SBHC is and is not; they are a high level guide for scope of practice.
- The standards should include definitions, new employees, levels of service.
- The standards should also cover scope of services, e.g., how to account for telehealth, toolbox, sponsorships, what a medical director needs to do.

Mark asked about the timeline for wrapping up this project. Jean-Marie indicated that she hopes they will have a “concrete draft” by the November meeting. Lynne will set a meeting for the SBHC Administrators before that time. Lynne hopes that it will be done by the beginning of next school year. Jean-Marie wants to make sure that the Administrators are driving this work.

12:25 pm Closing Remarks

Vice Chair Masiulis provided closing remarks. Next meeting is November 19, at the Howard County Health Department, Barton conference room.



MARYLAND
Department of Health



Council on Advancement of School-Based Health Centers
Monday, November 19, 2018, 9:30 am to 12:30 pm

Location: Howard County Health Department
8930 Stanford Blvd., Columbia, MD 21045
Conference Number: (605) 475-4000; Code: 142685#

9:30 am Greetings and Opening Remarks

Dr. Katherine Connor, Chair of the Council, opened the meeting with thanks and welcome, and went through the morning's agenda. All members of the Council and public attendees introduced themselves. Chair Connor reviewed the agenda and minutes of the previous meeting in October. The Council approved the October minutes.

Attendees: Council: Kate Connor, Barbara Masiulis, Patryce Toye, Uma Ahluwalia, Jonathan Brice, Cathy Allen, Sharon Morgan, Maura Rossman, Arethusa Kirk, Diana Fertsch, Bonnie Cullison, Cheryl De Pinto, Mary Gable, Mark Luckner, Allison Taylor

Public: Rachael Faulkner, Lynne Muller, Jennifer Barnhart, Joan Glick, Sharon Hobson

Delegate Bonnie Cullison thanked Council members for coming to a meeting on the Monday before Thanksgiving. She is happy where things stand for School-Based Health Centers; particularly with regard to the Council's recent presentation to the Kirwan Commission. She thinks Commission understands the value of SBHCs and they are on the map.

9:45 am Update on SBHC White Paper by Harbage Consulting

Chair Connor introduced Tanya Schwartz, Director of Medicaid Policy for Harbage Consulting, and provided a recap of the white paper solicitation and project.

Tanya Schwartz introduced herself and her colleague Megan Thomas, who was on the phone. Tanya provided an outline of the white paper, to explain the topics that they are going to cover. She wants to make sure that this document can be a roadmap for the future. The outline is included as an appendix to these minutes.

Tanya explained that she had met with a number of stakeholders to provide input into the report. She noted that this report will reflect the experience of the sample they spoke to and recognized that experiences are different in different places.

Council members asked a number of questions about the outline, including –

- Will the report discuss barriers and challenges to data collection? – Yes, but the focus will be on providing recommendations for an improved data collection system.
- In terms of infrastructure and capacity, will the report look at current funding? – Yes, in a broad sense. Harbage is comparing funding in Maryland to other states. Funding in Maryland hasn't grown (and may have even gone down), but number of SBHCs has increased in recent years.
- Can the report be titled as both 1) demonstrating the value and 2) expanding/improving the value of SBHCs. – Yes, but the main focus is on demonstrating the value of SBHCs, since that was requested through the project solicitation.
- What is the definition of “value”? – For purposes of this report, we are thinking of value in terms of outcomes and cost savings.
- Would there be an opportunity to align SBHCs with the all-payer methodology? – This will be mentioned in the long-term recommendations section.
- The report will recommend some performance measures – will any of these align with the national SBHCs measures? – Yes, although some may be Maryland-specific as well. The goal is to choose measures that help with benchmarking at the state and national levels.
- Are any SBHCs using CRISP? – Council members will follow up about this with Harbage.
- Did Harbage consult with both rural and urban SBHCs? – Yes.

Chair Connor said that if Council members who haven't already talked to Harbage would like that opportunity, please reach out to her, Barbara Masiulis, or Mark Luckner, and they will facilitate getting comments to Harbage.

10:15 am Update on the Work of the Kirwan Commission

Delegate Cullison explained the context for the Kirwan Commission: it was created 3 years ago to figure out how the State can enhance its educational programming in a comprehensive way. This is a follow-up to the work of the Thornton Commission in the late 1990s, and much of the work will focus on education financing. The Commission is looking at four aspects of education; one of them is health and wellbeing of students. In that context, SBHCs came onto the Commission's radar. Originally the Commission was looking at them as one tool in the toolbox that they could use to improve school health. The Commission got a lot of pushback when they wanted to tie funding to community schools.

Delegate Cullison thanked Vicki Gruber, Executive Director of the Department of Legislative Services, for inviting the Council to address the Kirwan Commission and provide information about SBHCs. The Commission took feedback from the Council and the Maryland Assembly on School-Based Health Care. The Commission will recommend an increase in funding for SBHCs among its health and wellbeing recommendations. The recommendation calls for \$6M that was supposed to be included before with an inflationary increase of \$3M in FY 21 (i.e., 9M in FY 21). There will also be a recommendation for a needs assessment of school-based health centers, with a focus on behavioral health services.

Council members provided a number of questions and comments about the Kirwan Commission's work –

- Chair Connor noted that MASBHC has been a driving force to make sure that SBHCs were on the Kirwan Commission's radar, and thanked Rachael Faulkner for her hard work.
- The next Kirwan meeting will be held on November 29 and include a discussion of a threshold level of poverty that schools would have to meet to be eligible for funding to hire a health care practitioner. This meeting will also provide time for public comments. Interested individuals and organizations can find more info on the Kirwan website.
- A recent estimate puts the total cost of all Kirwan recommendations at \$4B in state dollars, which is most likely beyond what the state can absorb. (This include full-day pre-K for everyone plus a 25% increase in staff pay, which accounts for a large portion of the funding.)

10:45 am Workgroup Breakout Sessions and Reports

Chair Connor noted that the Kirwan Commission provides a good backdrop for the workgroups to plan their 2019 priorities. The Council broke out into its three workgroups to create a recap of its work in 2018 and to plan for 2019. After the breakout session, the workgroup chairs reported back to the full Council. A summary of workgroup activities and recommendations is included as an appendix to these minutes.

12:00 pm Discussion of 2018 Annual Report

Allison Taylor, staff to the Council, presented an overview of the Council's annual report and opened the floor for feedback. Most of the feedback centered around how to best present the data. The Council voted to adopt the draft report with minor amendments. Allison will make the approved changes and prepare the report for submission to the General Assembly.

12:15 pm Closing Remarks

Chair Connor made closing remarks and thanked Council members and the workgroups for their hard work. A doodle poll will be sent around to facilitate scheduling for the next meeting.

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Appendix 4.

Data Collection and Reporting Workgroup Activities and Recommendations 2018 Council for the Advancement of School Based Health Centers

1. Improved data collection

Completed activities: Refined data collection report to identify outcomes versus descriptive information.

Recommendations: Additional recommendations will be made based on the Harbage report. Consider adding additional educational outcomes, for example adding seat time measures. MSDE should continue to follow the proposed timeline for releasing and implementing the new data collection report.

2. Improved SBHC data sharing and analysis

Completed activities: Discussions occurred within the Data Work Group and the Council regarding the priority of sharing the enhanced SBHC data with key stakeholders.

Recommendations: With improved data collection, mechanisms should be developed to annually share the data with key stakeholders. Infrastructure support will be needed to ensure data sharing and analysis. Strategies should be shared with SBHC administrators on best practices for utilizing the data collected to enhance SBHC programming and development. These strategies should include analysis of the MSDE SBHC annual data and state and local population health data. Also, recommendations on needs assessment tools should be provided to SBHC administrators. If additional SBHC funding is available, a dedicated program administrator is needed at the state level to move forward the improved data collection system, dissemination, and analysis of SBHC data to support and advance SBHCs in Maryland.

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Appendix 5.

Council on Advancement of School-Based Health Centers Systems Integration and Funding Workgroup Activities and Recommendations 2018

Objective 1: Funding – to facilitate the long-term sustainability and growth of School-Based Health Centers

Financial data collection

- Completed activities: SIF provided recommendations to the Data work group on questions for the annual report focusing on: operating expenses, revenue sources, billing payer mix.
- Recommendations: *Additional recommendations will be made, in collaboration with the Data work group, after careful review of the Harbage work.*

Billing technical assistance for SBHCs

- Completed activities: SIF facilitated a discussion about billing at the spring 2018 SBHC Administrators meeting. Topics discussed included: contracting, mechanics of billing, updates to the SBHC billing manual, population health and panel management initiatives, data sharing.
- Recommendations: *Maryland Medicaid and MCO representatives should attend all regular SBHC administrator meetings convened by MSDE. This will allow for updates about billing policies and practices, real time troubleshooting, and collaboration regarding population health and panel management for SBHCs. In some instances, additional expertise may be needed, and MSDE should consider identifying appropriate partners or contractors.*

Grant funds for SBHC operations and start-up

- Completed activities: SIF is monitoring the Kirwan Commission's work closely - particularly discussions about increasing available funds for SBHC start-up and operations to support students in concentrated areas of poverty.
- Recommendations: Administration of the SBHC grant and support of the SBHC program requires investment in infrastructure, data systems, and support staff. *If additional funds are made available for SBHCs, some funds should be dedicated to the aforementioned program administration and monitoring requirements as well as start-up and operation of SBHCs.*

Objective 2: Systems Integration – to promote the inclusion of School-Based Health Centers into networks of managed care organizations, commercial health insurance carriers, school health services, and other patient-centered models of care.

Identify key stakeholders for systems integration discussions

- Completed activities: Recommendations were provided to Harbage regarding key stakeholders to contact for data collection.
- Recommendations: Recommendations re: collaboration and ongoing dialogue with key stakeholders to enhance integration of SBHCs will be considered in the coming year, with special attention to Harbage's findings.

Define and demonstrate the role and value proposition of SBHCs in Maryland

- Completed activities: The Community Health Resources Commission (CHRC) funded a small procurement contract to develop a value proposition of SBHCs in Maryland. SIF provided technical input on the scope of work. After a competitive bidding process, Harbage Consulting was selected for this contract. The SIF Work Group provided ongoing feedback to Harbage.
- Recommendations: Careful review of Harbage's findings will help guide SIF work-group priorities for 2019.

Technical support for systems level integration

- Completed activities: SIF facilitated a discussion about data sharing to support integration at the spring 2018 SBHC Administrators meeting.
- Recommendations: The SBHC program should support electronic health record (EHR) interoperability, use of CRISP (regional health information system), and Immunet. Representatives from these programs should be included in regular SBHC administrator meetings to facilitate this dialogue and provide technical assistance.

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Appendix 6.

Quality and Best Practices Workgroup Activities and Recommendations 2018 Council on the Advancement of School-Based Health Centers

The Quality and Best Practices Workgroup (Q&BP) charged itself in 2018 with reviewing the School Based Health Center Standards (the Standards). This document was last updated in 2006.

The Standards cover a wide range of topics including:

- Level and scope of services
- Facility and laboratory requirements
- Sponsoring agencies
- Medical records, confidentiality, enrollment, and consent
- Data collection, reporting, and evaluation
- Quality assurance
- Financial management

Primary review indicated that the document was outdated with regards to the practice of Nurse Practitioners licensed in Maryland. The Maryland State Department of Education (MSDE) added language to the Standards in March 2018 describing the expanded scope of practice for Nurse Practitioners, but more work is needed to fully address the expansion of this role, as well as the Medicaid regulation of the responsibilities of Nurse Practitioners in School-Based health Centers in Maryland.

Secondary review by the Q&BP brought to light many additional updates and opportunities to improve and maintain the document, as well as develop the expertise needed to keep the document timely. The Q&BP is currently engaged in the process of seeking input from the SBHC Administrators group on changes that they believe are necessary to improve and update the Standards in a systematic way. This work should be completed in early 2019. Additional recommendations are possible in the future.

Designated and funded support staff will be required to implement the recommendations outlined below. A dedicated program administrator should be among the staff. The Q&BP encourages CASBHC to request that the legislature allocate those necessary resources to MSDE and other agencies as needed.

Recommendations of the Q&BP are:

- Create processes to review the Standards every 3 years or sooner if there are material changes to core areas
 - The process to review the Standards should include:
 - 1) Surveillance of legal and regulatory changes at the State and Federal level for Privacy, HIPAA, FERPA and others
 - 2) Changes in Maryland professional licensing law and regulations
 - 3) Changes in billing and coding
 - 4) Changes in licensing and regulations for School Health

- 5) Changes in clinical practice for the care of children and adolescents
 - 6) Statewide public health initiatives impacting children and adolescents
 - 7) Monitoring the rapidly changing healthcare landscape for innovations and paradigm shifts, like the current trend toward population health
- Annual review of internal SBHC policies and procedures at each center
 - Review/update the clinical care policies and guidelines biannually, or sooner, especially if there are material changes to EPSDT, CDC, COMAR, AAP, AAFP, SAMSA or similar clinical practice guidelines or standards
 - Develop and maintain a mechanism for communication of updates and changes to keep all SBHCs abreast of the newest information. Routine meetings of the School Based Health Centers Administrators should be held quarterly or more frequently, if needed, to ensure information is disseminated.
 - Form a multidisciplinary advisory group charged by area of expertise to maintain the Standards
 - Advisory group members should include appropriate representation from:
 - 1) MSDE
 - 2) MDH and Medicaid (Med Rec, CLIA, HIPAA)
 - 3) Legal Department (Assistant Attorney General MSDE and MDH)
 - 4) Maryland Medicaid
 - 5) Compliance and Privacy
 - 6) SBHC Administrator(s)
 - 7) Clinician(s)
 - 8) IT and Reporting
 - 9) School Facilities