MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

ANNUAL REPORT FOR CY 2021

HEALTH GENERAL §19-2107

AUGUST 2022

STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
Edward J. Kasemeyer, Chair – Mark Luckner, Executive Director

August 8, 2022

The Honorable Lawrence J. Hogan, Jr.
Governor, State of Maryland
State House
100 State Circle
Annapolis, Maryland 21401-1925

The Honorable William C. Ferguson, IV
President, Senate of Maryland
Senate Office of the President
State House, H-107
Annapolis, Maryland 21401-1991

The Honorable Adrienne A. Jones
Speaker, Maryland House of Delegates
Office of the Speaker of the House
State House, H-101
Annapolis, Maryland 21401-1991

RE: Report required by Health General Article § 19-2107(b)(4) (MSAR # 10179)

Dear Governor Hogan, President Ferguson, and Speaker Jones:

In accordance with the 2005 House Bill 627, the Maryland Community Health Resources Commission (the Commission) is pleased to submit the 2021 annual report on the Commission's operations and activities.

Since 2006, the Commission has awarded 639 grants totaling $98.4 million and serving more than 517,000 low-income Marylanders with complex health and social service needs. The $98.4 million in grants made by the Commission have been leveraged with an additional $31.8 million, the bulk of which ($26.8 million) comes from private and local sources. These programs have an impact on many levels, including: improving children's access to health and social services; expanding behavioral health services in the community and addressing the heroin and opioid epidemic; building the capacity of small community-based organizations; and lowering hospital costs to support Maryland's unique delivery system transformation efforts.

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: Dennis R. Schrader, Acting Secretary of Health
Edward J. Kasemeyer, Chair, Community Health Resources Commission
Sarah Albert, Department of Legislative Services

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MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

ANNUAL REPORT

CALENDAR YEAR 2021

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I. Executive Summary

This report highlights the main activities and deliverables of the Maryland Community Health Resources Commission during CY 2021. The Maryland Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access to health care for low-income Marylanders and underserved communities across the state and to bolster the capacity of the health care safety net infrastructure to deliver affordable, high-quality health services. The CHRC is an independent commission within the Maryland Department of Health, and its 11 commission members are appointed by the Governor.

Recent bills enacted by the Maryland General Assembly have expanded the CHRC's responsibilities. New initiatives implemented by the CHRC during CY 2021 include:

- **Health Equity Resource Communities/Pathways to Health Equity**: The Maryland Health Equity Resource Act, approved during the 2021 legislative session, established the Pathways to Health Equity and Health Equity Resource Community Programs to target State resources to reduce health disparities, improve health outcomes, increase access to primary care, promote primary and secondary prevention services, and reduce health costs and hospital admissions and readmissions in specific areas of Maryland. The CHRC released the Pathways to Health Equity Call for Proposals on October 12, 2021, which resulted in 40 proposals requesting $42.3 million. Pathways to Health Equity grant award decisions will be made in February 2022.
- **DDA Provider Grants**: In accordance with the Recovery for the Economy, Livelihoods, Industries, Entrepreneurs and Families (RELIEF) Act of 2021, approved by the Maryland General Assembly, the CHRC issued an Emergency Relief Call for Proposals for Title 7 Developmental Disabilities Administration (DDA) providers in April 2021. Grant funding supported COVID-19 related reopening, transformation, and revenue recoupment. The CHRC issued a total of 159 grants totaling more than $4.9 million for this program. The grants are being implemented in CY 2021.
- **Consortium on Coordinated Community Supports**: The Blueprint for Maryland's Future (HB 1300 (2020), Ch. 36 of 2021) established the Maryland Consortium on Coordinated Community Supports to support school behavioral health partnerships. Under the bill, the CHRC will staff the Consortium and administer its grant program.

Additional information on each of these new initiatives can be found in Section 3 of this report.

During CY 2021, the CHRC also continued its ongoing responsibilities which include the following:

- **FY 2021 Annual Call for Proposals**: The CHRC voted in April 2021 to approve 35 grants totaling $6.7 million under its annual Call for Proposals for FY 2021. Grants were awarded for projects in urban, rural, and suburban communities throughout the state. The FY 2021 grants support three types of projects: (1) chronic disease management and prevention,

including interventions aligned with Maryland's Diabetes Action Plan; (2) programs addressing the health and social needs of vulnerable populations disproportionately impacted by the COVID-19 pandemic; and (3) restoring the capacity of Maryland safety net providers affected by the COVID-19 pandemic to serve vulnerable communities. A summary of these programs is included in Appendix B.

- **Support for Local Health Improvement Coalitions (LHICs) and the Maryland Diabetes Action Plan**: During CY 2021, the CHRC continued to work closely with LHICs as they implemented their grants that were originally awarded in October 2020. The Maryland Department of Health created the Diabetes Action Plan to reduce the burden of diabetes in Maryland. These grants support the LHICs' efforts to expand capacity and advance the initiatives and strategies detailed in the Diabetes Action Plan and other local population health priorities. A summary of these awards is included in Appendix C.
- **Staffing the Council on Advancement of School-Based Health Centers**: The CHRC continues to provide staff support to the Council on Advancement of School-Based Health Centers. The purpose of the Council is to improve the health and educational outcomes of students who receive services from a School-Based Health Center (SBHC). The Council's annual report is included in Appendix F.

Additional information on the CHRC's ongoing responsibilities can be found in Section 4 of this report.

II. Background and Mission

The Maryland General Assembly created the Community Health Resources Commission through the Community Health Care Access and Safety Net Act of 2005 to expand access to affordable, high-quality health care services in the state's underserved communities; support the adoption of health information technology in community health resources; increase access to specialty health care services for uninsured and low-income individuals; promote interconnected systems of care and partnerships among community health resources and hospitals; and, help reduce preventable hospital emergency department visits. The CHRC is an independent commission within the Maryland Department of Health, and its 11 members are appointed by the Governor (Appendix A). The Commission is led by Chair Edward J. Kasemeyer and Vice Chair J. Wayne Howard.

Since its inception through the end of calendar year 2021, the CHRC has expanded access to health services in Maryland's underserved communities by awarding 639 grants totaling $98.4 million to support projects that have delivered essential health and social support services to 517,000 Marylanders resulting in 1,357,689 service encounters at health centers, community-based clinics and neighborhood organizations across the 24 jurisdictions of the State. Over this same period, the Commission has received 1,163 grant proposals for consideration, totaling more than $433 million in funding requests. The initial funding provided by the CHRC has also enabled its grantees to leverage $31.8 million in **additional** federal and private/non-profit resources of which $26.8

million is private or local funding to provide even more needed health care in vulnerable, underserved communities.

Increasing access to primary and preventative medical, dental, and women's health services using multi-sectoral approaches are the bedrock goals of the CHRC. These grants have: (1) increased access to primary care services and supported new health care access points in underserved communities; (2) supported interventions that address childhood and adult obesity, food security, diabetes and other chronic diseases; (3) provided preventative and restorative dental care and oral hygiene education to adults and children; (4) targeted "super-utilizers" of emergency care for ambulatory care sensitive conditions through hospital Emergency Department (ED) and emergency medical (EMS) diversion, and care coordination; (5) provided prenatal and perinatal services for women who would otherwise lack access; and (6) to support the integration of behavioral health and primary care services and expand access to substance use treatment.

CHRC programs have led to measurable improvements in health outcomes and have generated cost savings by reducing avoidable hospitalizations, particularly for non-acute management of ambulatory care sensitive conditions. The CHRC looks to support grant-funded programs that are innovative, sustainable, and replicable, and prioritizes projects that use evidence-based intervention strategies to meet specific community needs and provide measurable improvements in health outcomes.

The CHRC continues to prioritize funding for projects that offer innovative ways to **address health disparities and promote health equity**. Health disparities related to gaps in access to care, the limited availability of providers and services, and the Social Determinants of Health (SDOH) such as lack of transportation that persist in Maryland and contribute to poor health outcomes. These health disparities are found across rural, urban, and suburban communities. For example, racial and ethnic minorities, the elderly, homeless, immigrants, those who are uninsured/underinsured, economically disadvantaged or have behavioral health disorders are less likely to have a usual source of care or to have received essential health or dental care in the previous year.[1] These groups also confront more barriers to care and are disproportionately impacted by SDOH, leading to poorer quality care than higher-income individuals.

Over the years, the CHRC has placed an emphasis on supporting programs that address **unmet health needs in rural areas**. Of the 301 grants awarded by the CHRC, about half (148) have supported programs in rural areas, including 10 grants awarded in CY 2021. These grants, totaling approximately $38 million, have provided 122,000 rural residents access to primary and behavioral health care, dental and women's health services, childhood obesity prevention, and SDOH supports across the 18 rural jurisdictions. A list of CHRC programs supporting rural health can be found in **Appendix F.**

Given the ongoing effects of the **COVID-19 virus pandemic** on the delivery of health care services and the pandemic's disproportionate impact on Maryland's vulnerable populations, it is more

[1] Disparities in Health and Health Care: 5 Key Questions and Answers | KFF

critical than ever that Maryland supports and protects the integrity of the state's safety net providers. These safety net providers have a historical mission of serving low-income individuals and have a demonstrated track record of implementing programs that serve vulnerable populations by offering innovative approaches to tackling the SDOH and helping to reduce health disparities.

The CHRC also implements a robust **grant monitoring** system designed to ensure that public resources are utilized efficiently and effectively, and that program objectives are measurable and achieved. The CHRC also provides its grantees with **technical assistance** to bolster their capacity, document program impact, support program evaluation, and promote program sustainability.

III. New CHRC Responsibilities in CY 2021

The Maryland General Assembly enacted several pieces of legislation that increased the statutory responsibilities of the Commission. These programs are outlined below:

A. Health Equity Resource Communities/Pathways to Health Equity

The Maryland Health Equity Resource Act (hereafter, "Resource Act"), approved during the 2021 legislative session, established the Pathways to Health Equity and Health Equity Resource Community programs to target State resources to specific areas of Maryland in order to achieve five strategic goals: reduce health disparities; improve health outcomes; increase access to primary care; promote primary and secondary prevention services; and reduce health costs and hospital admissions and readmissions. The initiative looks to build on the prior success of the Maryland Health Enterprise Zone (HEZ) initiative created by the Maryland Health Improvement and Disparities Reduction Act of 2012. The CHRC ensures implementation of these programs with the assistance of the Health Equity Resource Community (HERC) Advisory Committee, the Maryland Department of Health's Office of Minority Health and Health Disparities, and Chesapeake Regional Information System for our Patients (CRISP).

Strategic Goals of the HERC and 2021 Pathways Programs

Pathways projects will implement strategies and interventions that address each of the **strategic goals** of the Resource Act. These five strategic goals are:

(1) Reduce health disparities: The Resource Act defines a health disparity as a particular type of health difference such as a difference in the rates of disease occurrence, that is closely linked to social, economic, or environmental disadvantage, and adversely affects groups of individuals who have systematically experienced greater obstacles to health care based on their: race or ethnicity; religion; socioeconomic status; gender, gender identity or sexual orientation; age; mental health status; cognitive, sensory, or physical disability; geographic location; or other historic characteristic linked to exclusion or discrimination.

(2) Improve health outcomes: The World Health Organization defines health outcomes as a "change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status".

(3) Improve access to primary care: Improving access to primary care services and establishing a usual source of primary care contribute to better health in a variety of ways (e.g., regular health screenings), particularly for individuals who have chronic, untreated conditions. Interventions intended to address this strategic goal may include measures to reduce barriers to care such as helping uninsured individuals gain health insurance coverage and increasing primary care service capacity in medically underserved areas.

(4) Promote primary and secondary prevention services: From a population health management perspective, prevention services are essential to efforts to reduce the incidence and prevalence of illness and disease and promote optimal health for those who have an illness or chronic disease. Primary interventions are intended to identify and reduce potential health risks to prevent illness or disease (e.g., immunizations, cancer screenings, health education). Secondary interventions are intended to detect illnesses or diseases before the conditions worsen or cause other health issues (e.g., screenings for high blood pressure, mammograms to detect breast cancer). For reference, tertiary prevention involves the management of diseases to prevent progression or deterioration in health status (e.g., integrated care management and comprehensive care coordination).

(5) Reduce health care costs and hospital admissions and readmissions: Improvements in care management and care coordination can result in reduced health care costs and fewer avoidable utilization of hospital services, particularly for ambulatory care sensitive conditions (e.g., congestive heart failure or diabetes). For example, hospital readmissions can be reduced through programs that provide comprehensive care coordination for individuals with complex chronic diseases following hospital discharge, delivered by a multidisciplinary care team in the community or an individual's home.

Pathways to Health Equity grants are new two-year grants intended to provide the foundation and guidance for a future, permanent HERC program, also created by the Maryland Health Equity Resource Act. The Pathways Program provides the opportunity for grantees to demonstrate the effectiveness of their project's design, activities, and interventions in achieving the strategic goals

of the Resource Act and demonstrate their potential self-sustainability as a future HERC. The Pathways Program also provides opportunities to build capacity in key strategic areas such as community leadership development and engagement, coalition building and governance, and local data collection and data integration.

The RELIEF Act allocated $14 million for the Pathways program, of which $13.5 million was made available for competitive grants. Following a public comment period and in consultation with the Health Equity Resource Community Advisory Committee, the CHRC released a Pathways to Health Equity Call for Proposals in October 2021. The Call for Proposals was modeled on the provisions of the Resource Act. Each applicant was asked to present a comprehensive, effective, and sustainable plan to achieve the five strategic goals of the Resource Act. Applicants were required to focus on at least one health disparity, which could include a focus on one or more chronic diseases as well as other health disparities, and encouraged to address the specific SDOH (e.g., affordable housing, economic stability, access to health care, etc.) that drive disparities and affect the target population in the proposed geographic area selected by the applicant. Applicants also were asked to describe how the program will integrate and align with the State Health Improvement Process (SHIP) and the goals defined in the strategic plan(s) of the Local Health Improvement Coalition(s) [LHIC] for the proposed geographic area.

To inform local communities about the funding opportunity and to facilitate a discussion of local priorities, the CHRC and the HERC Advisory Committee hosted 14 in-person and virtual outreach forums across the State.

Forty Pathways proposals requesting a total of $42.3 million were submitted by the application deadline of December 13, 2021, and grant award decisions will be made in the first quarter of 2022.

B. DDA Provider Grants

The RELIEF Act approved by the Maryland General Assembly in 2021 included $5 million for the CHRC to issue grants to Title 7 Developmental Disabilities Administration (DDA) to support 1) re-opening, 2) transformation and 3) revenue loss. These funds were intended to help providers preserve essential service delivery through support of re-opening and transformation activities, and to offset revenue losses due to the impact of the COVID-19 pandemic.

The CHRC issued an emergency relief Call for Proposals for Title 7 DDA providers in April 2021. Using a streamlined application process, the CHRC awarded the funds using a tiered approach based on the FY 2019 revenue of the DDA provider applicants. Providers that did not have revenue for FY 2019 were allowed to submit applications for funding based on revenue for FY 2020.

The CHRC awarded grants ranging from $15,500 to $60,100 to 159 DDA providers. Funds were used for such purposes as: purchasing Personal Protective Equipment (PPE), cleaning and sanitizing, staff recruitment and retention bonuses, acquisition of vehicles, upgrading of IT systems

to Long-Term Services and Supports (LTSS), purchasing equipment and software for teleworking and telemedicine, and replacing lost revenue.

C. Consortium on Coordinated Community Supports

The Maryland Consortium on Coordinated Community Supports was established by the Blueprint for Maryland's Future (Ch. 36 of 2021). The CHRC will staff the Consortium and will administer its grant program. Funding for the Consortium will begin with $50 million in FY 2023.

During CY 2021, the CHRC took steps to prepare for this new responsibility, including working with Maryland Department of Health staff to fill the appointment slots, meeting with key stakeholders, developing staffing and work plans, and receiving briefings on relevant topics

IV. Ongoing CHRC Responsibilities

A. Annual Call for Proposals

The FY 2021 Annual Call for Proposals was issued by the CHRC in October 2020. The CHRC voted in April 2021 to approve 35 grants totaling $6.7 million to support innovative, replicable, and sustainable projects that serve vulnerable populations and promote health equity. These projects were implemented through the remainder of CY 2021, despite the ongoing challenges of the COVID-19 pandemic, particularly for community-based safety net providers. These projects are expected to serve more than 63,000 residents throughout the state of Maryland. A summary of the FY 2021 Annual Call for Proposals grants can be found in Appendix B.

The grants support three types of projects: (1) chronic disease management and prevention, including interventions aligned with Maryland's Diabetes Action Plan; (2) programs addressing the health and social needs of vulnerable populations disproportionately impacted by the COVID-19 pandemic; and (3) restoring the capacity of Maryland safety net providers affected by the COVID-19 pandemic to serve vulnerable communities.

The RFP had the following two strategic priorities: (1) Preserving health equity by addressing health disparities and Social Determinants of Health (SDOH), with a particular emphasis on addressing disparities that disproportionately impact racial and ethnic minorities and have been exacerbated by the COVID-19 Pandemic; and (2) Promoting the efficient and strategic delivery of integrated population health interventions for vulnerable residents through the support of innovative, sustainable community partnerships that focus on underserved communities, such that the totality of needs for the targeted populations are addressed.

Grants issued through the CHRC's Annual Call for Proposals are awarded in a competitive process. Priority areas and review criteria are determined by CHRC Commissioners.

Grant proposals are evaluated by independent subject matter experts on a range of criteria outlined in each Call for Proposals, including the ability of the grantee to achieve the stated program objectives and sustain the program after the initial grant funds are expended. Evaluation criteria utilized include the use of evidenced-based practices in the proposed program; the ability of the program to collect and report outcomes data; demonstration of a community need; program sustainability; and the likelihood of overall program success.

The CHRC has and will continue to support projects that are innovative, sustainable, and replicable, and prioritizes projects that use evidence-based intervention strategies to meet a specific community need and provide measurable improvements in health outcomes. The Commission serves as an incubator for innovative projects and supports the efforts of grantees to continue projects once initial CHRC grant funding has been expended.

B. Support for Local Health Improvement Coalitions (LHICs) and the Maryland Diabetes Action Plan

Improving the health of all Marylanders through local coalition action and partnerships with community health resources is a mutual, ongoing goal of the CHRC and the Maryland Department of Health. The Local Health Improvement Coalitions (LHICs) are locally driven population health system planning and delivery collaboratives which have been used by Local Health Departments (LHDs) as an important entity to engage key stakeholders, partners, and the community for almost a decade.

At the request of Maryland Department of Health leadership, the CHRC continued its commitment to the mission and success of the LHICs with the release of the FY2020 Local Health Improvement Coalition (LHIC) Call for Proposals. In June 2020, the CHRC awarded grants to the LHICs representing all 24 jurisdictions which are intended to support their efforts to expand capacity and build on innovative partnerships with community stakeholders and health resources to advance the initiatives and strategies detailed in the Diabetes Action Plan and other local population health improvements. The Diabetes Action Plan previously released by the Maryland Department of Health in January 2020, is used by the State to drive a significant population health agenda in the Maryland Waiver with the Center for Medicare and Medicaid Innovation (CMMI). The Diabetes Action Plan highlights initiatives and strategies to broaden and strengthen collaboration among communities, organizations, businesses, local governments, and individuals to improve diabetes prevention and the management of diabetes. Maryland's success in improving diabetes prevention and management rests in large part with intentional and informed local collaborative actions. Given the significant commitment by the State of Maryland to improving diabetes outcomes, LHICs need to assume new roles and assure new deliverables to secure progress in this priority area. Technical advisors from the University of Maryland School of Public Health Horowitz Center for Health Literacy were assigned to work with each grantee.

Most LHICs received a grant of $41,666, while the LHIC on the Eastern Shore, which includes five jurisdictions (Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties), received a grant of $208,330.

Brief program summaries of the FY2020 LHIC grants are provided in Appendix C.

C. Staffing the Council on Advancement of School-Based Health Centers

The Maryland Council on Advancement of School-Based Health Centers (Council) was created in legislation approved by the Maryland General Assembly in 2015. The purpose of the Council is to improve the health and educational outcomes of students who receive services from school-based health centers (SBHCs). The Council is responsible for advancing the integration of SBHCs into (1) the health care system at the state and local levels and (2) the educational system at the state and local levels. The Council develops policy recommendations to improve the health and educational outcomes of students who receive services from SBHCs.

In 2017, the Maryland General Assembly approved legislation that transferred the Council from the Maryland State Department of Education to the Department of Health. Under the legislation, the Maryland Community Health Resources Commission (CHRC) provides staffing support for the Council and is permitted to seek the assistance of organizations with expertise in school-based health care to support the work of the Council.

Key deliverables of the Council in 2021 included:

- The Maryland General Assembly adopted Council recommendations to: eliminate additional authorization requirements for telehealth by SBHCs, increase funding for the SBHC grant program from $2.5 to $9 million annually, and enhance central agency staffing for SBHCs.
- The Council developed recommendations to restructure the SBHC grant program and conduct a statewide needs assessment.
- The Council identified strategic priorities related to SBHC data, quality, and best practices to provide guidance to the Bureau of Maternal and Child Health as the Bureau assumes oversight for most aspects of the SBHC program.
- The Council issued recommendations to enhance the role of SBHCs in administering the COVID-19 vaccine.
- The Council crafted a Vision Statement articulating its Core Values, Vision, and Mission.

The Council reports specified findings and recommendations to the Department of Health, the Department of Education, and the CHRC in its Annual Report. The 2021 Annual Report can be found in Appendix E.

APPENDIX A

CHRC Commissioner Listing, December 31, 2021

The Honorable Edward J. Kasemeyer, Chair	Former Chair, Maryland Senate Budget & Taxation Committee
J. Wayne Howard, Vice Chair	Former President & CEO, Choptank Community Health System, Inc.
Scott T. Gibson	Chief Strategy Officer, Melwood Horticultural Training Center, Inc.
Flor de Maria Giusti, LCSW-C	Social Worker, Johns Hopkins Bayview Medical Center
David Lehr	Chief Strategy Officer, Meritus Health
Karen-Anne Lichtenstein	Former President & CEO, The Coordinating Center
Carol Masden, LCSW-C, MDPCP	
Sadiya Muqueeth, Dr.PH	Director of Community Health, National Programs, Trust for Public Lands
Destiny-Simone Ramjohn, PhD	Vice President, Community Health & Social Impact, CareFirst BlueCross Blue Shield
Vacant	
Vacant	

APPENDIX B

STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor
Edward J. Kasemeyer, Chair – Mark Luckner, Executive Director

March 31, 2021

FY 2021 CHRC Call for Proposals- Grants awarded by Maryland Community Health Resources Commission

Chronic Disease Management & Prevention

MedStar Good Samaritan (Baltimore City; total award $ 93,000). The Good Samaritan Hospital Food Farmacy Program is designed for adult patients with Type 2 Diabetes who may also have heart failure and/or food insecurity. Eligible patients will receive ongoing one-on-one care and consultations by a Community Health Advocate (CHA) and dietitian, and customized healthy food at no cost. The Good Samaritan Collaborative Care Center offers access to consultations, food storage capability and safe food pickup and delivery options to remove transportation barriers and increase access to care and food. The program also will connect patients to holistic health resources in the community.

Luminis Health Anne Arundel Medical Center (LHAAMC) (Anne Arundel & Prince George's Counties; total award: $ 90,000). This program will support the expansion of existing Diabetes Prevention Program (DPP) cohorts run by the health system to a broader population of underserved and vulnerable communities, particularly Hispanic populations. The grantee will use their mobile clinic to deliver health education and screening services to areas that lack access to primary care providers and/or transportation. The program will use bilingual community educators and Community Health Workers (CHWs) for outreach and delivery of education programs on the mobile clinic, and to recruit and attract residents to the DPP classes. The mobile clinic will also provide some limited screenings (e.g., A1C, blood glucose, blood pressure). Educational programs will promote healthy eating, healthy lifestyle changes, and the importance of physical activity in preventing disease. Once the program engages members of the target communities, the goal is to anchor them to a medical home.

Korean Community Services Center (KCSC) (Montgomery & Prince George's Counties; total award: $ 170,000). The KCSC Diabetes Self-Management for Asian Americans program will target low-income Asian Americans residing in Montgomery and Prince Georges Counties, particularly Chinese/Korean immigrants over 55 and their family members, as well as underserved communities with limited English proficiency who face cultural barriers to care. KCSC will adapt the Self-Management Resource Center's Chronic Diseases Self-Management Program, including the Diabetes Self-Management Program, which uses a community-based participatory approach to improve health status, increase healthy behavior and self-efficacy, reduce healthcare costs, and decrease emergency room visits. KCSC will partner with Mobile Medical Care, Inc., Chinese Cultural and Community Service Center, the Korean American Medical Association, the Self-Management Resource Center, and LabCorp to administer the program.

Chase Brexton (Howard County; total award: $325,000). This program will expand the Chase Brexton patient-centered medical home model of chronic disease management for adults diagnosed with diabetes. Chase Brexton will use grant funding to expand capacity to provide treatment and ancillary support services to adults

diagnosed with diabetes and provide intensive patient-centered care and treatment adherence support to those diagnosed with "uncontrolled" diabetes, defined as having an A1c greater than 9%. The program will enhance the delivery of comprehensive diabetes-focused treatment, increase health literacy surrounding diabetes treatment, improve self-management skills, and encourage healthier eating habits. The program also will work to reduce diabetes-related health disparities for 90 low-income, un/underinsured, and underserved residents of Howard County, including racial and ethnic minorities.

Baltimore Medical Systems (Baltimore City; total award: $250,000). This program will support the BMS Diabetes Education and Lifestyle Change (BMS DEAL) program by adding a Certified Diabetes Educator and Care Specialist (CDECS) to the multidisciplinary care team at the Saint Agnes and Pine Heights community health centers. The specialist will educate patients about diabetes self-management, help them set behavioral goals to improve diet, and manage their weight to improve diabetic control and achieve better health outcomes. The specialist will also identify and address social barriers to accessing healthy food and complying with regular provider checks. The BMS DEAL is an integrated approach to diabetes care which includes the patient, provider, medical assistant, nurse, and pharmacist when indicated for patient education, testing and follow-up. The clinics (St. Agnes & Pine Heights Health Centers) will work with several community partners to address food insecurity and transportation barriers.

Holy Cross Health (Montgomery & Prince George's Counties; total award: $60,000). The Holy Cross Equitable Wellness Initiative will address chronic disease prevention and management of type 2 diabetes and pulmonary rehabilitation post COVID-19 to decrease disparities in care among African American and Latinx populations. The initiative will focus on behavior change, education, and self-efficacy through implementation of three culturally appropriate health education programs developed for populations with low educational attainment and health literacy. Participants will receive a weekly session with Health and Wellness Coaches to discuss the status of goals and identify and address expressed social needs through referrals using an established free or reduced cost social care service network. To incentivize completion of the three-part series, each participant will receive a box of fresh produce.

Associated Catholic Charities – Esperanza Center (Baltimore City, Baltimore County, and Anne Arundel County; total award: $125,000). The "Diabetes and Dignidad" program will employ a bilingual community health worker (CHW) to staff up to 70 community-based diabetes rapid A1c testing events annually for Latinx residents located in parts of Baltimore City, Baltimore County, and Anne Arundel County. All newly diagnosed diabetics who are uninsured and uninsurable will be referred to primary care and the Diabetes Self-Management Program at Esperanza. Individuals diagnosed with pre-diabetes will receive health information on managing the condition with a list of health care providers for further screening. The CHW will also provide diabetes self-management support, food security screening, and home visits to participants of Esperanza's existing diabetes program.

UMD – St. Joseph's Medical Center (Baltimore County; total award: $50,000). This program will support the hiring of one additional licensed FTE (a Community Health Worker) to coordinate and manage community outreach and to expand the chronic disease education programs. Funding also will help cover the cost of home self-monitoring equipment (e.g., scale, pulse oximeter, thermometer, BP cuff, and blood glucose monitoring device) for individuals who are uninsured or unable to cover the cost of insurance co-pays.

West Cecil Health Center (Cecil and Harford Counties; total award: $130,000). This program will support procurement and implementation of Health Information Technology in the form of a clinical health dashboard and the salary of full-time Data Analytics employee. The clinical health dashboard will be used to perform risk stratification of identified vulnerable and at-risk patients. West Cecil will then employ a Nurse Case Manager to follow-up with these individuals, provide case management, and work with community partners to provide linkages to chronic disease management resources and care. West Cecil will work with community partners in screening and identifying vulnerable and at-risk individuals with uncontrolled hypertension and diabetes to improve clinical outcomes.

Corsica River Mental Health Services, Inc. (Mid-Shore Counties; total award: $175,000). This program will fund expansion of the Care Connections program to increase access to primary and preventative health and dental care services and other community resources that address social determinants of health (SDOH), reduce health inequities, and provide technology-supported interventions to address chronic conditions for a population that repeatedly uses emergency department and inpatient resources. Shore Regional Health and Choptank Community Health staff will identify eligible individuals and upon consent and enroll these individuals in the program. Once enrolled, participants will receive a welcome message from the GoMo Health Concierge Program communication platform and a HIPAA-compliant care concierge application. CC staff will reach out within 48 hours, conduct an assessment, and develop a person-centered Care Plan within three days of contact to quickly initiate access to the identified need for resources.

Addressing the Health & Social Needs of Vulnerable Populations

MedStar Montgomery Hospital (Montgomery County; total award: $125,000). This program will promote access to health services and support for anti-poverty programs focusing on under-resourced Latino families in central Montgomery County. The program aims to address unmet health and social service needs, provide food security and education, and promote health literacy around COVID transmission. Funding will cover the salary costs for two new bi-lingual FTEs, an ED navigator and community health advocate, and other costs to be borne by the hospital, which include EMR modification, travel, and education materials, and a partial FTE at Proyecto Salud to co-locate clinic space.

University of Maryland – Baltimore (Baltimore City; total award: $325,000). This program will boost COVID vaccination rates among 20,000 patients: 10,000 engaged in the UMMS Family Medicine practice and 10,000 residents from the surrounding community in downtown Baltimore. The program will involve patient and physician education, a telehealth hotline, and two-dose COVID-19 vaccine delivery to the target population impacted by SDOH*.*

CASA de Maryland (Multiple Counties; total award: $95,000). This program will support the hiring of a Manager position in CASA's immigrant access to health and social services program. Services will include contract tracing, vaccine trials, public health forums, financial support, and food distribution.

La Clinica del Pueblo (Prince George's County; total award: $108,000). This program will help to ameliorate the impact of COVID on the Latino community through several strategies that include a partnership with the Prince George's County Food Equity Council and FRESHFARM, increasing the organization's referral network to social services, providing health education, promoting socially distanced walking groups, peer-navigation of services, and food distribution.

Primary Care Coalition (Montgomery County; total award: $160,000). This program will introduce food security screenings at three "point of entry" sites and provide referrals to an existing program that serves children from newly arrived immigrant families. The additional "points of entry" for children and households will include school mental health providers and a food distribution program operating from a school site.

Baltimore City Health Department (BCHD) (Baltimore City; total award: $385,000). This program will support increased access to preventative services at public health sexual health clinics through: increasing STI and HIV testing of high-risk populations, providing at-home STI and HIV testing, and increasing referrals to pre-exposure peer navigators. Funding will enable BCHD to adjust clinic operations in response to the COVID-19 pandemic. The program targets three groups disproportionately affected by both COVID-19 and STI/HIV: Black and Latinx individuals, individuals with lower socioeconomic status, and individuals with lower health care access.

United Way of Central Maryland (Baltimore City; total award: $93,000). This program will address food insecurity in Morrell Park, an underserved and impoverished community and known food dessert in southwest Baltimore City, though a partnership with Access Art. Funding will cover the salary cost of one FTE CHW and other costs, such as parent stipends, transportation, and nutrition classes. Access Art's weekly food distribution events will be transformed into comprehensive health markets that address multiple SDOH, with support from

the bilingual CHW, to achieve integration of health and social services. Longer term, the CHW will convene a team of residents and food experts to plan strategically how to increase number of sustainable food providers locally.

Jewish Community Services (Baltimore City & County; total award: $153,000). This program will expand the Patient Care Connection Project, a successful program that works with private physicians who serve low-income seniors and individuals with disabilities to address their basic human needs, remove barriers to care, etc. Funding will increase the number of physicians participating to serve additional patients.

HealthCare Access Maryland (HCAM) (Baltimore City; total award: $430,000). The program will expand HCAM's existing work to enroll incarcerated individuals into Medicaid prior to discharge from the Baltimore City jail. Transition support will be provided for up to 60 days to assist individuals in accessing primary and specialty care for chronic illness management, substance use treatment, housing and food access, and workforce development. The program targets individuals who are over 59 years old and/or enrolled in chronic care clinics during incarceration, a population particularly impacted by COVID-19.

The Coordinating Center (Allegany & Caroline Counties; total award: $265,000). The program will support expansion of the VIPhysicians & Kids program to Allegany and Caroline Counties, with the overall goal of establishing a medical home and care coordination services for children in these jurisdictions. The Maryland Rural Health Association (MRHA) will provide outreach to rural health care services and community-based services, including school-based health centers (SBHCs) and wellness centers.

Chinese Culture Community Service Center (Montgomery County; total award: $220,000). The program will support the building of telehealth and social media outreach platforms to provide health education, direct health services, and virtual group therapy on pain and chronic disease management for individuals who are isolated and "left behind" during COVID. Funding will support the provision of health services via telehealth, including six virtual Chronic Pain Self-Management and Chronic Disease Self-Management groups.

Maryland Foundation of Dentistry (Statewide; total award: $18,500). The program will support the Foundation's work to provide access to dental services for underserved Maryland residents, including covering the costs of dental prostheses not covered by the Foundation's dental labs. By expanding the organization's network of dentists and labs, the program will reduce wait lists for clients seeking services in each jurisdiction. All clients will receive intensive case management through their Patient Care Coordinators.

Pressley Ridge (Washington County; total award: $390,000). Funding will support the expansion of the HOMEBUILDERS® family preservation model into Washington County. The HOMEBUILDERS program works with families and parents facing addiction and promotes family preservation. This program has proven successful in in Allegany, Garrett, and Baltimore Counties. Funding will cover the salary of two new Licensed Clinical Social Workers (LCSWs) and partial program oversight staff.

Stone Run Family Medicine (Cecil & Surrounding Counties; total award: $200,000). The program will support implementation of the "Open Table" concept through two clinic practices, Stone Run and Clinica (a charitable clinic which specializes in serving Spanish-speaking residents with financial and language barriers). Open Table is a non-profit training organization that specializes in developing and directing the "social and relational assets of community-based volunteers to support vulnerable families and residents with complex needs." The program goal is to leverage community and social and relational networks to provide support that transcends traditional safety net programs.

The Gaston & Porter Health Improvement Clinic (Montgomery County; total award: $275,000). The program aims to address the negative impact of COVID-19 on African Americans in Prince George's County, with a specific focus on Black women. Program activities will include: virtual webinars to increase knowledge, improve attitudes, and change behaviors of 600 residents, including information on how to protect themselves; a 'train the trainer' program to train 50 residents, who would then give presentations to an additional 2,500 residents;

and five free "the Prime Time Sister Circles" for mid-life Black women to increase knowledge, improve attitudes, and change behaviors linked to COVID-19 vaccinations and risk factors, and chronic illness.

Western Maryland Health Care Center (dba Mountain Laurel) (Allegany & Garrett Counties; total award: $180,000). The program will expand the current diabetes prevention program (ADAPT – Appalachia Diabetes Awareness Prevention Program) by adding a new mobile medical unit to meet residents "where they live, work and play" to provide nutrition, diabetes, and weight management education. Individuals at-risk/pre-diabetics will be referred to the accredited Diabetes Prevention Program at Garrett Regional or AHEC West; individuals with active, uncontrolled diabetes will be referred to Mt Laurel's chronic care management teams. The program will address two key SDOH by tapping its 340B pharmacy for low-income patients and providing transportation via two full-time van drivers.

City of Frederick, Department of Health & Human Services, (dba Frederick Community Action Agency) (City of Frederick; total award: $175,000). Funding will support a new "Integrated Behavioral Health services program" that will embed a new behavioral health specialist/Licensed Clinical Social Worker at Frederick Community Action Agency (FCAA) with the stated goal of reducing ER visits for non-emergent needs.

Helping Up Mission (HUM) (Baltimore City; total award $215,000). The program will support expanded outreach to the Hispanic/Latinx population impacted by COVID in Baltimore City, screen for basic human needs (food, shelter, clothing), and/or enroll individuals with SUD treatment needs in a long-term residential Spiritual Recovery Program. Funds will cover the salary of a newly hired bilingual Hispanic Outreach Coordinator, who is also a Certified Peer Recovery Specialist, and partially fund the salaries of current management staff.

St. Mary's County Health Department (St. Mary's County; total award: $650,000). The program will support the opening of two new school-based health center (SBHC) sites. These will be the first SBHCs in St. Mary's County, and will provide primary care and mental health services. Besides serving students and teachers of the school, the SBHCs are intended to be utilized for community testing, vaccinations, and telehealth services for the broader community.

Community Free Clinic (Washington County; total award: $210,000). Funding will support access to care for vulnerable residents through a new transportation program and upgraded 211 services. Community Free Clinic will contract with the Washington County Action Council to provide two buses for five hours a day and five days a week. The Council also has the flexibility to offer transportation services on weekends and holidays. Updating the 211 services (e.g., updating the current list of providers) will encourage increased utilization of the transportation services and greater integration of health and social services.

Sinai Hospital (Baltimore City; total award: $225,000). The program will support a "community mobile health clinic" providing health and social services for individuals in West Baltimore. The clinic will serve infants through older adults, offering immunizations and chronic health management, and seeks to address SDOH challenges (i.e., transportation). The mobile van will include a CHW as part of its team, along with a nurse and advance practice provider.

Addressing the immediate and longer-term recovery needs of Maryland's safety net providers as they navigate the impact of the COVID-19 pandemic

Mosaic (Baltimore City, Baltimore, Harford & Carroll Counties; total award: $80,000). This program will provide internet-enabled tablets to facilitate psychiatric rehabilitative services for 200 adults with serious and persistent mental illness who are enrolled solely in Mosaic's six Psychiatric Rehabilitation Programs. It also will support the development of additional online psychiatric rehabilitation content and curriculum. Tablets will provide clients with virtual access to: daily psychiatric rehabilitation services; primary care and other healthcare services via telehealth; other virtual rehabilitative services such as music therapy; a Google Classroom with mental health rehabilitation resources and content; and the Sheppard Pratt YouTube platform. Clients also are provided with basic case management services, such as assistance in securing entitlements, coordination of services, and liaison with external somatic and mental health services.

Mary's Center (Montgomery & Prince George's Counties; total award: $97,942). The program will support employee health among Mary's Center Maryland-based staff, specifically the salary of a Maryland Employee Health Nurse (.25 FTE) as well as PPE (gloves, gowns, etc.) and cleaning and disinfecting supplies. Activities to be managed by the Employee Health Nurse include: COVID-19 screening, testing, treatment, and ultimately vaccines for Mary's Center staff; employee flu vaccinations; and TB screening/testing. Mary's Center is an FQHC that provides comprehensive medical, dental, behavioral health care, and social services for underserved, largely Hispanic immigrant populations in Montgomery and Prince George's counties.

Catholic Charities of DC (Prince George's County; total award: $25,000). The program supports access to comprehensive oral health services at the Mona Center dental clinics. Funding will support salaries for a dentist and dental assistant, as well as a small amount of PPE and health and safety supplies. In addition to providing comprehensive dental care, staff will take patients' blood pressure readings, conduct screenings for depression and tobacco use and, as appropriate, make referrals to other free or reduced-rate services in the community. The program will target low-income, uninsured individuals, primarily residents of Hispanic or Latinx descent.

Care for Your Health (Howard and Prince George's Counties; total award: $131,027). The program will support the expansion of a "Hospital-at-Home" pilot program to provide hospital care to persons in their homes utilizing remote monitoring technology. Under the program, a customized plan is developed for each patient, including training on the use of remote monitoring devices, a visit with the clinical pharmacist, daily in-person home visits by a physician or nurse practitioner, and linkages to other community resources. The program targets primarily elderly and minority patients, but also is available to those with conditions such as hypertension, pneumonia, confusion, respiratory failure, and heart failure, as well as individuals discharged from the hospital due to COVID-19 and COVID-19 related complications.

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APPENDIX C

STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor
Edward Kasemeyer, Chair – Mark Luckner, Executive Director

January 21, 2021

SUMMARY OF LOCAL HEALTH IMPROVEMENT COALITION (LHIC) GRANT AWARDS TO SUPPORT MARYLAND DIABETES ACTION PLAN

Background

The Maryland Community Health Resources Commission (CHRC) issued a Call for Proposals to support the activities of Local Health Improvement Coalitions (LHICs) and to build capacity in local communities to help implement the recommendations of the Maryland Diabetes Action Plan. The LHIC RFP was developed in close consultation with the Maryland Department of Health. In October 2020, the CHRC awarded $1 million to twenty LHICs, supporting one-year planning grants. Most LHICs received grants of $41,666 while the LHIC on the Eastern Shore, which involves five jurisdictions, received a grant of $208,330. Interim reports are due to the CHRC in April 2021 and final reports are due October 2021. Major activities/expenses funded under the LHIC grants include staffing costs, communication costs, and supplies.

Allegany County

Allegany County is utilizing its LHIC grant to hire a short-term consultant to serve as the Diabetes Coordinator. The Diabetes Coordinator will be responsible for bringing partners together to create the Local Diabetes Action Plan for Allegany County and begin implementation of the plan. The Local Diabetes Action Plan will include actionable strategies, well-defined goals, measurable outcomes, and clear division of responsibilities among partners.

Anne Arundel County

Anne Arundel County is utilizing its LHIC grant to hire a lead staffer and a strategic facilitator to support its LHIC. The Coalition intends to address barriers to participation in lifestyle programs and to promote knowledge and awareness of healthy eating, with social determinants of health and health equity as overarching themes.

Baltimore County

Baltimore County plans to host a virtual Diabetes Prevention seminar for program managers, diabetes educators, and National Diabetes Prevention Program providers. Training will be provided on the American Diabetes Association's Pre-Diabetes Risk Test. Funding will also be used for incentives/promotional items, prediabetes risk tests, MyPlate brochures, and advertising.

Baltimore City

Baltimore City is utilizing its LHIC grant to hire an LHIC coordinator who will work with a small planning team within the Baltimore City Health Department to identify 3-5 LHIC priorities and target outcomes, one of which will be related to diabetes. This planning team will identify LHIC subcommittees, key stakeholders and share LHIC priorities once established to engage community input.

Calvert County

Calvert County is utilizing its LHIC grant to support salary costs of a physician liaison, epidemiologist, and program administrator. Calvert County will focus on strategies to address diabetes include supporting primary care providers, increasing the capacity of county-wide diabetes management and prevention programs, offering physical activity opportunities and healthy eating information, and partnering with food pantries to provide healthy menus and recipes.

Caroline/Dorchester/Kent/Queen Anne's/Talbot Counties

This LHIC involves five jurisdictions on the Eastern Shore; each jurisdiction will receive $41,600. Each jurisdiction will utilize about half of its grant award to support DAP implementation activities including stakeholder recruitment; participation in continuing education on diabetes/pre-diabetes, health literacy, and health equity; assistance with focus groups; workgroup facilitation; and data compilation on available local resources. Additional grant funds will be used to develop a public website, a contact list, video conferencing platform, develop social media, print, and video advertising, and support development of the Mid-Shore Diabetes Action Plan.

Carroll County

Carroll County is utilizing its LHIC grant to support the salary costs of a Health Planner, Health Educator, and Epidemiologist. Funding will also support virtual wellness program materials; incentives for program completion or goal achievement; and subsidies/scholarships for wellness programs. The Carroll LHIC will build organizational capacity, including creating a charter, expanding the roster, and increasing LHIC visibility and communications.

Cecil County

Cecil County is utilizing its LHIC grant to hire a consultant that will advise the jurisdiction on the creation of a new 501(c)(3) entity and cultivating public-private partnerships to support this new nonprofit entity. The consultant will also assist in preparing articles of incorporation, bylaws, a conflict of interest policy and all necessary application documents for the new 501(c)(3) entity. The consultant would also make recommendations on best practices and strategies to engage local businesses in investing in public health activities centered on diabetes prevention. In addition, Cecil County will utilize the LHIC grant to support a health literacy needs assessment with a focus on chronic disease and diabetes.

Charles County

Charles County is utilizing its LHIC grant to cover costs to advertise diabetes programs and purchase educational materials. Charles County plans to focus on the following strategies related to the Diabetes

Action Plan: (1) expanding healthy cooking and healthy eating education for children and their families; (2) partnering with Charles County Parks & Recreation to provide enhanced community physical activity opportunities; (3) developing a media campaign to promote the replacement of screen time with increased physical activity; (4) addressing social determinants of health through vouchers for transportation and farmers markets; (5) increasing the capacity of diabetes management programs; and (6) advertising to increase participation in the Diabetes Prevention Program.

Frederick County

Frederick County is utilizing its LHIC grant to hire a Coordinator of Special Programs, who will gather information and facilitate the advancement of the LHIC strategic plan to strengthen coalition engagement and involvement. The Coordinator will also support virtual "Living Well" classes, an evidence-based program for those with chronic health conditions including diabetes.

Garrett County

Garrett County is utilizing its LHIC grant to support staff salaries, supplies, audience development, and audience development and marketing activities. Funds will also be used for a farmer cooperative to distribute fresh produce boxes and vouchers to local restaurants, grocers, and the community through subscriptions to encourage healthier foods as a preferred option. Funding will support the County's new population-based well-being initiative, a program that educates about existing resources and optimal practices and allows participants the opportunity to earn points toward prizes that support local businesses.

Harford County

Harford County is utilizing its LHIC grant to hire an LHIC Coordinator to support capacity building, including developing a charter, redesigning the website, creating monthly newsletters and social media posts, and developing a plan for robust community engagement. The LHIC Coordinator will work with partners at the University of Maryland Upper Chesapeake Health (UMUCH) to implement diabetes prevention strategies that focus on increasing physical activity and improving diets, as well as strategies to help individuals with diabetes adopt the necessary skills and behaviors for self-care.

Howard County

Howard County is utilizing its LHIC grant to hire a consultant to design messaging and visuals, expand advertising of diabetes programs on digital media, newspaper, and television, and produce and distribute educational materials. Howard County will engage LHIC member organizations in a health promotion campaign to combat obesity through evidence-based messaging and best practices which can be adapted for existing health programming. A social marketing campaign will encourage daily health habits through a simple, consistent message representing four recommendations for healthy eating and physical activity.

Montgomery County

Montgomery County is utilizing its LHIC grant to hire a contractual Human Services Specialist who will: (1) provide planning, implementation, and evaluation support to the "Predict – Link – Control T2D" project (CHRC Grant 20-020) which contributes to the county's diabetes initiative; and (2)

provide administrative support to establish a Chronic Disease Coalition. Additionally, the funding will be used for LHIC staff to complete DECIDE (Decision-making Education for Choices in Diabetes Everyday) Facilitator training.

Prince George's County

Prince George's County is utilizing its LHIC grant to support the salary of a coordinator to plan, implement, and evaluate a food-as-medicine model, Produce Rx, intended to promote healthy eating strategies and address food insecurity. Funds also would be used to provide $7,500 in stipends ($2,500 x3) to three local grocers for shelving and/or refrigeration units, and $7,500 in stipends ($2,500 x3) to three local grocers for the purchase of healthy food as part of the Healthy Corner Store Initiative. Finally, funds would support a research assistant to engage community stakeholders in an in-depth assessment of the food landscape, including in-store assessments of healthy food availability.

St. Mary's County

St. Mary's is utilizing its LHIC grant to support the salary of LHIC Coordinator. Funding will also support an outreach table at the county fair, speaker fees, and a communications campaign to include digital advertisements, PSAs, and printed outreach materials. St. Mary's LHIC intends to implement a virtual healthy eating and active living series to include exercise classes, healthy cooking classes, and speakers targeting both adults and children.

Somerset County

Somerset County is utilizing its LHIC grant to hire a new Diabetes Coordinator who will support the development of a local Diabetes Initiative and implement several components of the state's Diabetes Action Plan in a coordinated effort with community partners in healthcare, recreation, and higher education.

Washington County

Washington County is utilizing its LHIC grant to hire a consultant for strategic planning and program evaluation and provide primary care providers and endocrinologists with stipends to incorporate a county-wide referral system. The LHIC is supporting the "Go for Bold" initiative through advertising, redesigning, and updating the website, hiring a consultant for strategic planning. "Go for Bold" is a new community-wide initiative aimed at promoting healthy lifestyles with a bold goal of losing 1 million community pounds by 2030. The initiative will promote healthy eating, increased physical activity, and mindfulness techniques.

Wicomico County

Wicomico County is utilizing its LHIC grant to cover salary costs for a Management Associate and a Prevention and Health Communications Clerk, to provide staff training, and to enhance the role of the LHIC coordinator. In addition, funds will allow for the purchase of computer equipment and office supplies, printing materials, program advertising, and promotion of the "Walk Wicomico" program with participant and PCP incentives. Funds are also supporting the contractual costs of consultants who will complete Academic Detailing services, which will provide education (virtual if necessary) to health care providers to improve pre-diabetes identification and referral.

Worcester County

Worcester County is utilizing its LHIC grant to provide grants to create policies and programs to improve physical activity, encourage healthy eating and develop diabetes prevention and management. Worcester County will work collaboratively to engage all community residents in physical activity and healthy eating where they live, work, worship, and play; connect residents with programs designed to improve physical activity participation, healthy eating, and weight loss/management; and implement the social marketing campaign, "Eat Healthy. Be Active. Prevent Diabetes Today." The plan also includes the following strategies for employers: supporting physical activity and healthy eating in the worksite, offering weight management programs at work, and expanding healthy cooking and healthy eating education.

APPENDIX D

STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
Elizabeth Chung, Chair – Mark Luckner, Executive Director

TO: CHRC Commissioners

FROM: Mark Luckner, Executive Director, CHRC
Michael Fay, Program Manager, CHRC

DATE: February 12, 2021

RE: Post-Grant Sustainability of CHRC Programs Awarded in FY2016

The following memo summarizes recent analysis performed by CHRC staff of the post-grant sustainability of CHRC-funded projects. Post-grant sustainability is determined by CHRC staff as to whether the core services of the grant have been maintained one year after Commission funds have been fully expended. This determination is made by: (1) reviewing the final grantee narrative report submitted to the Commission upon the close of the grant; (2) querying of publicly available information (*i.e.,* grantee website or annual report), and (3) contacting the grantee, if necessary.

The post-grant sustainability of CHRC grants is a key accountability measure that the Department of Budget and Management (DBM) and Maryland Department of Health (MDH) consider when evaluating the annual CHRC budget allowance. CHRC staff has performed three determinations of post-grant sustainability; October 2016, which evaluated grants awarded in FY 2012; October 2018, which evaluated grants awarded in FY 2014; and February 2021, which evaluated grants awarded in 2016. The table below summarizes these findings. A more detailed, per project assessment of the 2016 grant is presented later in this briefing memo.

Post-Grant Sustainability of CHRC Grants				
Grant Cycle	**Date**	**# of Grants**	**# Sustained**	**% Sustained**
FY 2012	October 2016	13	11	84.6%
FY 2014	October 2018	19	14	73.7%
FY 2016	February 2021	13	10	76.9%
In FY 2012, a total of 15 grants were awarded. Of this total, two involved one-time IT projects. Post-grant assessment of sustainability does not apply, and these grants were excluded.				
In FY 2014, a total of 15 grants were awarded. Of this total, two involved one-time IT projects. Post-grant assessment of sustainability does not apply, and these grants were excluded.				
In FY2016, a total of 15 grants were awarded. Of this total, one grant remains open, and one other closed within the past 2 months - these grants were excluded from the review.				

The CHRC defines program sustainability as the continuation of the core services supported by the grant for at least one year following total expenditure of grant funds. A determination is made by: 1) review of the final grant narrative report submitted at the end of the grant; 2) reviewing publicly available information (e.g., the grantee website or annual report); and 3) contacting the grantee directly.

BACKGROUND

In response to a special review of the three regulatory commissions performed by the Department of Legislative Services several years ago, CHRC staff has adopted a process for periodically determining the sustainability of its grants which have been closed for at least a year at the time of review. The current review includes 15 grants awarded during FY 2016 and is the third periodic review to be completed. This review includes 13 of the 15 grants awarded in FY 2016 and is summarized in the table below. Two of these fifteen grants have been excluded from review as one remains open and the other closed two months ago. Of the remaining 13 grants, 11 were found to have been sustained.

Post-Grant Sustainability of CHRC Grants Awarded in FY2016-2017		
Grantee / Number	**Sustained?**	**Notes / Assessment**
AHEC West (Washington Co.) 16-001	Sustained; awarded a subsequent CHRC grant	The grantee continues to provide free restorative dental care (Final report and website)
Catholic Charities DC (Prince George's County) 16-002	Sustained	The grantee continues to provide dental care (Final report and website)
Carroll County HD 16-003	Sustained	The grantee continues to provide dental care (Final report and website)
Mountain Laurel Medical Ctr. (Garrett Co.) 16-004	Not Sustained	The grant provided integrated dental with primary care services (Final report and website)
Garrett County HD 16-005	Sustained (qualified)	The grantee transitioned the tele-buprenorphine services to onsite delivery by a qualified MAT prescriber at the HD (Website)
Potomac Healthcare Foundation (Baltimore) 16-007	Sustained and awarded a subsequent CHRC grant	The grantee continues to provide residential substance use recovery services (Final Report and Website)
Bon Secours Medical System (Baltimore) 16-008	Not Sustained	The grantee no longer provides services through the Forensic Diversion Program (Website)
Shepherd's Clinic (Baltimore) 16-010	Sustained	The grantee continues to provide DSME incorporated within primary care (Final Report and Website)
La Clinica del Pueblo (Prince George's Co.) 16-011	Sustained	The grantee opened a new primary care clinic in Hyattsville (Final Report and Website)
Lower Shore Clinic (Eastern Shore) 16-012	Not Sustained	The grantee continues to provide care wrap services (Website)
Charles Co HD Mobile Integrated Health 16-013	Sustained	The grantee continues to provide integrated mobile care (Final Report and Website)
Chinese Community and Community Services Center (Gaithersburg) 16-014	Sustained	The grant supported the opening of the Pan Asian Volunteer Clinic for primary care.

Baltimore City HD 16-015	Sustained; awarded a subsequent CHRC grant	The grant supported implementation of an operational central intake system to engage hard to reach pregnant women in prenatal care to reduce low birth weights and racial disparities in infant mortality.

DESCRIPTION OF FY 2016 CHRC GRANTS

Allegany Health Right (AHEC West) (16-001): This two-year grant expanded the existing Dental Access Program serving low-income seniors and disabled adults. The program relied on Allegany Health Right's existing model of community outreach and the program engaged private dentists to provide dental services at a discounted rate of 50%-80%. CHRC grant funding supported the salaries of a Community Health Worker (CHW) and dental case manager and the discounted costs for dental services to program participants. The grantee received a second CHRC grant in FY 2019 to provide continued program funding support.

Catholic Charities, Archdiocese of Washington D.C. (16-002): This two-year grant supported the opening of a new, comprehensive, four-chair dental clinic in Temple Hills (Prince George's Co.) to provide dental services to low-income residents. At the time of award, the grantee was operating two other dental clinics in the region. The new (third) clinic was opened to focus exclusively on serving low-income and un/underinsured residents in Prince George's County. CHRC grant funding was used to support the salary costs of the practitioners for the first two years after clinic opening.

Carroll County Health Department (16-003): This two-year grant provided funding to expand access to pediatric dental services in Carroll County by improving the administrative efficiency of the existing Carroll County Health Department Pediatric Dental Program. Grant funds were used to support non-personnel costs, including dental equipment, staff training, and software/EMR costs to modernize the outdated equipment in use by the dental program at the time of award. Grant funds helped to increase the administrative efficiency of the program and enabled the program to upgrade the practice management system.

Mountain Laurel Medical Center (16-004): This two-year grant supported a program that provided dental screenings and referrals to discounted dental care to patients of Mountain Laurel with chronic diseases such as diabetes, hypertension, and cardiovascular disease. Grant funds were used to support the salary of program dental staff and the cost of dental supplies. Garrett County is one of the most dentally underserved areas in the state, and this program expanded access to dental services and promoted the integration of medical and dental care services in a primary care setting.

Garrett County Health Department (16-005): This three-year grant supported the use of tele-health technology to increase access to Medication Assisted Therapy (MAT) in response to recommendations made by the Governor's Heroin and Opioid Emergency Task Force. The program involved a collaboration between the Garrett County Health Department and the University of Maryland School of Medicine's Department of Psychiatry. Grant funds supported the salary costs of program staff and the contracting of an outside evaluator.

Potomac Healthcare Foundation (16-007): This three-year grant provided funding to establish a 50-bed residential Recovery Support Center in West Baltimore. The project addressed three of the seven goals of the Governor's Heroin and Opioid Emergency Task Force by: (1) expanding access to treatment by removing housing as a barrier to accessing care; (2) enhancing the quality of treatment by through an evidence-based approach using residential recovery housing; and (3) boosting overdose prevention efforts through stable housing and quality treatment as bulwarks against overdose. Grant funds supported the salary costs of case managers at the program. The grantee received a second CHRC grant in FY 2018 to provide continued program funding support.

Bon Secours Baltimore Health System (16-008): This three-year grant supported the creation of a new Forensic Diversion Program (FDP) for inmate pretrial mental health stabilization prior to competency determination from the courts. The goal of the Bon Secours FDP program was to enable court-involved individuals with serious mental illness awaiting trial to receive services at Bon Secours in lieu of another placement in the state hospital system. Grant funds were used to support staff salaries and training.

Lower Shore Clinic (16-012): This two-year grant provided funding to support the "CareWrap" program targeting individuals with behavioral health needs who presented at the Peninsula Regional Medical Center (PRMC) ED in high volumes. The program provided intensive case management services for these individuals in a community setting post-hospital discharge. The program involved a partnership with PRMC designed to help reduce 30-day readmission rates for individuals participating in the program. CHRC grant funds supported the salaries of program staff.

Shepherd's Clinic (16-010): This two-year grant funded a diabetes prevention and control initiative, which sought to improve the care of pre-diabetic and diabetic patients by: 1) reducing barriers to accessing affordable diabetes care, 2) providing comprehensive diabetes self-management education to patients with pre-diabetes and diabetes, 3) encouraging and promoting healthier behaviors, and 4) improving the medication adherence. Patient referrals to the program came from within Shepherd's Clinic, from a MedStar-operated clinic as well as from the community at large in the NE Baltimore region. CHRC grant funds will be used to hire a part-time certified diabetes educator.

La Clínica del Pueblo (16-011): This two-year grant helped support the opening of a new health center site in Hyattsville (Prince George's Co.) to serve low-income, un/underinsured individuals in the Langley Park, Hyattsville, Riverdale, Mt. Rainer, and Bladensburg communities. The new clinic continues to provide access to medical, behavioral health, and other social support services. The grantee leveraged the CHRC grant to secure an additional $250k in funding from private foundations. CHRC grant funds supported the salary costs of the new health center site.

Charles County Health Department (16-013): This three-year grant supported an innovative public health-EMS-hospital partnership to reduce utilization of EMS and ED services in Charles County by assisting frequent ED/EMS users manage their chronic conditions in a primary care setting or at home. This ongoing program is a collaboration among the Charles County Health Department, Charles County EMS, and Charles Regional Hospital. Grant funding was used to support the Mobile Integrated Healthcare team composed of a paramedic, a nurse practitioner, and two community health workers.

Chinese Culture and Community Service Center (16-014): This three-year grant supported the relocation and expansion of the Pan Asian Volunteer Health Clinic, which serves the low-income Asian American population in Montgomery County. The clinic continues to provide primary care, case management, prescription assistance, lab testing, and free screening and vaccinations (e.g., Hepatitis B). The Clinic is staffed by volunteer physicians and part-time administrative staff. Grant funding was used to support the salary costs of program staff.

Baltimore City Health Department (16-015): This two-year grant provided funding to support the continued implementation of the B'More for Healthy Babies (BHB) Initiative. Grant funds were used to support the salaries of two new public health investigators who used aggressive, trauma-informed strategies to outreach pregnant women who could not be located though traditional outreach methods or refused to talk to care coordinators. The investigators used cutting-edge strategies to direct vulnerable pregnant women and newborns into appropriate obstetric and pediatric homes. The grantee received a second CHRC grant in FY 2018 to provide continued program funding support.

APPENDIX E

Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Council on Advancement of School-Based Health Centers

2021 Annual Report
Health – General § 19-22A-05
HB 221, Ch. 199 (2017)

January 14, 2022

Larry Hogan
Governor

Boyd K. Rutherford
Lieutenant Governor

Dennis R. Schrader
Secretary of Health

Edward J. Kasemeyer, Chair
Community Health Resources Commission

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

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Council on Advancement of School-Based Health Centers
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Abbreviations

Blueprint: Blueprint for Maryland's Future (legislation to implement Kirwan recommendations)

CRISP: Chesapeake Regional Information System for our Patients (health information exchange)

CHRC: Community Health Resources Commission

Council: Council on Advancement of School-Based Health Centers

DAP: Maryland Diabetes Action Plan (MDH population health initiative)

EHR: Electronic Health Record

FERPA: Family Educational Rights and Privacy Act

FQHC: Federally Qualified Health Center

HEDIS: Health Effectiveness Data and Information Set

HIPAA: Health Insurance Portability and Accountability Act

Kirwan Commission: Kirwan Commission on Innovation and Excellence in Education

LHIC: Local Health Improvement Coalition

MASBHC: Maryland Assembly on School-Based Health Care

MHBE: Maryland Health Benefit Exchange

MCO: Managed Care Organization

MDH: Maryland Department of Health

MOU: Memorandum of Understanding

MRHA: Maryland Rural Health Association

MSDE: Maryland State Department of Education

PCP: Primary Care Provider

QBP: CASBHC's Quality and Best Practices Workgroup

SBHA: School-Based Health Alliance

SBHC: School-Based Health Center

SHIP: State Health Improvement Process

SIHIS: Statewide Integrated Health Improvement Strategy

SIF: CASBHC's Systems Integration and Funding Workgroup

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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).

There are currently 89 SBHCs across 14 jurisdictions in Maryland. A portion of these SBHCs receive grant funding from the Maryland State Department of Education (MSDE) from the general fund allocation of $2.5 million annually. Under legislation approved during the 2021 legislative session, this grant program will increase to $9 million annually and its administration will be transferred from MSDE to the Bureau of Maternal and Child Health at MDH.

Diagram 1 illustrates the distribution of SBHCs across Maryland. Jurisdictions indicated in green are where SBHCs are located.

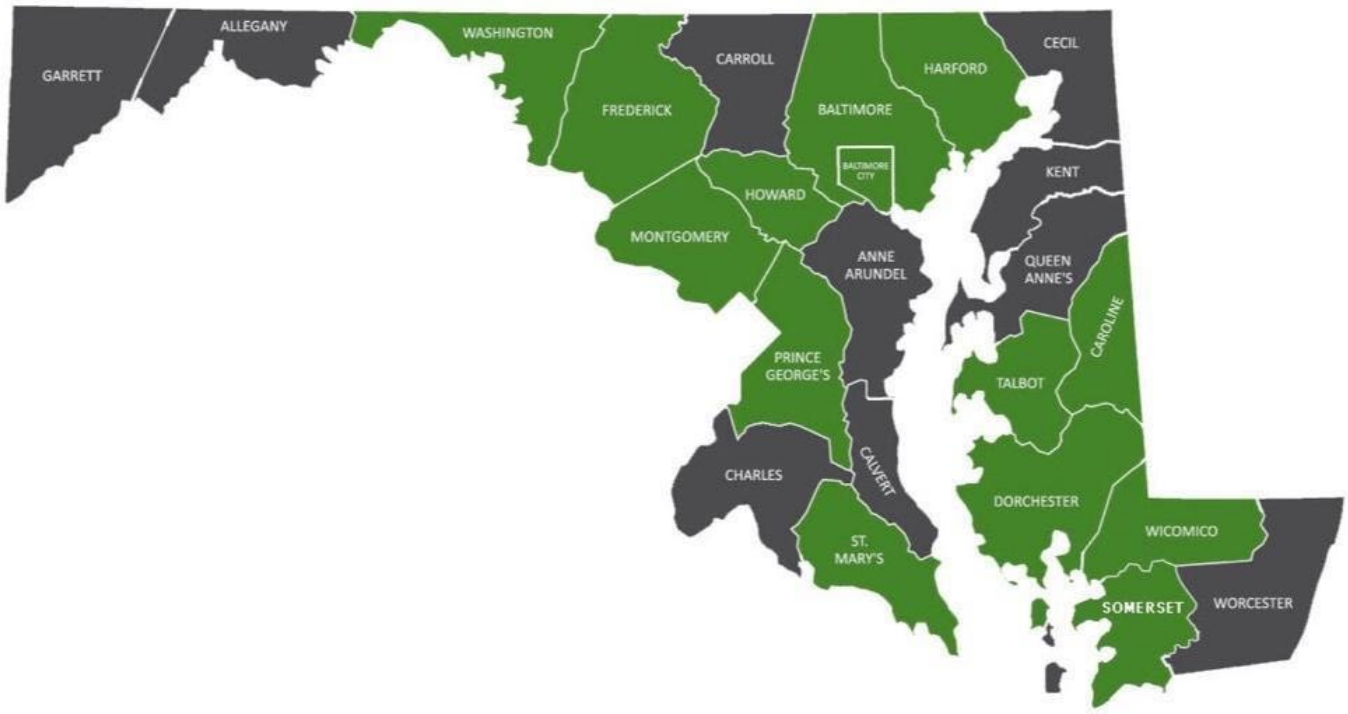

Diagram 1: SBHC distribution across Maryland

The Council made important progress on its mission in 2021. Key accomplishments are outlined below.

1. The Maryland General Assembly adopted Council recommendations to: eliminate additional authorization requirements for telehealth by SBHCs (HB 34/SB 278 of 2021), increase funding for the SBHC grant program from $2.5 to $9 million annually (HB 1300 of 2020), and enhance central agency staffing for SBHCs (HB 1300 of 2020). The Council has been deeply involved in the policy discussion around SBHC telehealth, particularly since the beginning of the COVID-19 public health emergency in March 2020, and issued recommendations related to telehealth as part of its July 2020

pandemic recommendations. During February 2021, the Council approved more detailed telehealth recommendations, which can be found in Appendix 2. Council recommendations related to grant funding and central agency staffing have been included in numerous Council reports, including the July 2020 pandemic recommendations and 2020 Annual Report. A summary of key legislation passed during the 2021 session related to the SBHC program can be found in Appendix 4.

2. The Council developed recommendations to restructure the SBHC grant program. In addition to expanding the size of the annual SBHC grant program, in 2021 the Maryland General Assembly passed legislation (HB 1148/SB830) to move the program from MSDE to the Bureau of Maternal and Child Health at MDH. In light of both the additional funding and the relocation of the grant program, the Council was asked to provide a recommended framework for the grant program. These recommendations can be found in Appendix 7. Consultations will continue during 2022.

3. The Council identified strategic priorities related to SBHC Data, Quality, and Best Practices to provide guidance to the Bureau of Maternal and Child Health. As the Bureau of Maternal and Child Health at MDH assumes oversight for most aspects of the SBHC program, the Council was asked to share its priorities for the program. Council workgroups met to review previous work and share their expertise to MDH. These recommendations were approved by the full Council in September and can be found in Appendix 6. Consultations will continue during 2022.

4. The Council issued recommendations regarding the role of SBHCs in administering the COVID-19 vaccine. The Council's July 2020 pandemic recommendations included a recommendation that SBHCs be utilized during the COVID-19 vaccination effort. During February 2021, the Council approved more detailed recommendations, which can be found in Appendix 3. MDH and MSDE have been working with SBHCs to help them register to become COVID-19 vaccine sites.

5. The Council crafted a Vision Statement articulating its Core Values, Vision, and Mission. These vision materials are intended to guide the Council's work going forward. The statement can be found in Appendix 5. In addition, the Council's proposed mission for Maryland school-based health care was incorporated into SBHC Standards under revision by MSDE.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2022. For more information about the Council, please contact Lorianne Moss, staff to the Council, at (410) 456-6525 or Mark Luckner, Executive Director of the Community Health Resources Commission, at (410) 260-6290.

Council on Advancement of School-Based Health Centers
Health – General § 19-22A-05
2021 Annual Report

I. Council Activities in 2021

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. Dr. Patryce Toye, Chief Medical Officer, MedStar Health Plans, serves as Vice Chair. The full Council met four times during 2021.

Appointments. All of the Council's 15 appointed seats currently are filled.

During 2021, three vacant positions were filled: a representative of commercial health insurance, a principal of an elementary school with a school-based health center, and a representative of a Federally Qualified Health Center. A roster of Council members is included at the end of this report.

Council Meetings. The Council met four times during 2021. All meetings were held virtually.

At its February meeting, the Council discussed recommendations related to telehealth and the COVID-19 vaccine. During the meeting, the Council voted to approve the telehealth recommendations. The COVID-19 vaccine recommendations were approved by electronic vote after the meeting.

At its June meeting, the Council discussed legislative developments, voted to approve Vision Statement materials, and received briefings from MSDE on the updated annual survey and the revision of the SBHC Standards.

At its September meeting, the Council voted to approve recommendations and priorities from the Data and Quality and Best Practices workgroups to assist the Bureau of Maternal and Child Health as they begin to administer the SBHC program. The Council also discussed recommendations for the SBHC grant program being developed by the Systems Integration and Funding workgroup.

At its November meeting, the Council voted to approve recommendations related to the SBHC grant program.

Meeting minutes from each of the Council meetings are included in Appendix 8.

Workgroups. Much of the Council's work is conducted by its three workgroups. The Council also convened an ad-hoc Vision Statement workgroup, and paused regular workgroup meetings in order to give members an opportunity to participate in this effort.

Data Collection and Reporting (Data) Workgroup. The Data Collection and Reporting Workgroup is co-chaired by Joy Twesigye, representative of the Maryland Assembly on School-Based Health Care and Director of Health Program Planning and Evaluation for School Health at the Baltimore City Health Department, and Cathy Allen, representative of the Maryland Association of Boards of Education and Vice-Chair of the St. Mary's County Board of Education.

During 2021, the Data workgroup met to discuss recommended priorities for the Bureau of Maternal and Child Health related to SBHC data collection, analysis, and dissemination. Recommendations include: enhancing agency staffing and resources related to data, working with the newly revised annual survey, analyzing survey data and presenting it in an annual report, hosting SBHC data on a public facing platform, using data to guide policy and improve quality, easing the data entry burden for SBHCs, and supporting required SBHC Needs Assessments. The data workgroup also prepared background/historical information to explain work that has been done by both MSDE and the Council to date, and provided additional resources to help with data policy decisions going forward. These materials were approved by the Council in September.

Systems Integration and Funding (SIF) Workgroup. The Systems Integration and Funding Workgroup is chaired by Dr. Maura Rossman, representative of the Maryland Association of County and Health Officers and Local Health Officer for Howard County Health Department. Because of Dr. Rossman's increased workload around the COVID-19 pandemic, Council Chair Kate Connor assisted as SIF co-chair during much of 2021.

The SIF workgroup began the year by discussing barriers to and opportunities for SBHC involvement in the COVID-19 vaccine effort. Because SBHCs are located in strategic areas of the state and have important assets that could be utilized, the workgroup recommended that State officials engage with SBHCs during the vaccine rollout. In February the full Council approved recommendations to this end.

With the passage of legislation to increase the SBHC grant program and shift it to the Bureau of Maternal and Child Health at MDH, the SIF workgroup was asked to develop recommendations for redesigning the program. Given the importance of this task, the entire Council membership was invited to participate in these workgroup meetings. The workgroup sought information on the current administration of the grant program and determined that additional analysis was needed to understand the financial aspects of existing SBHCs. At the same time, a statewide Needs Assessment would be invaluable in making determinations about grant dollars. The workgroup also studied the need for additional agency staffing to administer the program, and made recommendations related to the first year with additional grant funding. These recommendations were approved by the Council in November.

Quality and Best Practices (QBP) Workgroup. The Quality and Best Practices Workgroup is co-chaired by Jean-Marie Kelly, Maryland Hospital Association representative and Senior Program Manager for Population Health at ChristianaCare, and Dr. Patryce Toye, Maryland Assembly on School-Based Health Care representative and Chief Medical Officer, MedStar Health Plans.

The QBP workgroup began the year by continuing discussions about the use of telehealth in SBHCs, both during times of school closure and during regular school operations. This work involved: a detailed analysis of the many different telehealth service delivery models relevant for SBHCs; the recommendation that approved SBHCs not be required to obtain additional agency approval to

implement telehealth; and recommendations to leverage telehealth to expand the reach of the SBHC program in the future. In February, the Council voted to approve these recommendations.

During 2018-2019, the Quality and Best Practices workgroup engaged in a year-long collaborative process with MSDE and SBHC administrators to provide high level recommendations regarding the restructuring of the school based health center Standards. The Council presented these recommendations to MSDE in May 2019. During 2021, the Council leadership utilized these recommendations and their individual expertise to provide written feedback to MSDE on four Standards revision drafts produced by the MSDE contractor.

With the passage of legislation to shift the SBHC program to the Bureau of Maternal and Child Health, the QBP workgroup was asked to recommend priorities related to SBHC quality and best practices. The workgroup recommended: continuing the Standards revisions with a particular emphasis on modifying Continuous Quality Improvement requirements, promoting the use of telehealth, encouraging SBHC integration with the Chesapeake Regional Information System for our Patients (CRISP,) promoting cooperation with Medicaid MCOs, and updating SBHC consent forms. The Council approved these recommendations in September.

Ad-Hoc Vision Statement Workgroup. During March, April, and May, the Council paused regular workgroup meetings in order to give Council members the ability to participate in ad-hoc workgroup meetings to develop a vision statement. This effort was consistent with a recommendation from Harbage Consulting's 2019 report on Maryland SBHCs. The ad-hoc workgroup met five times and reached consensus on the Vision, Core Values, and Mission of the Council. The workgroup also developed a proposed mission for Maryland school-based health care, which was incorporated into SBHC Standards being revised by MSDE. The Council approved these vision materials in June.

II. Council Recommendations and Planning for 2022

In 2022, the Council will continue to offer its expertise to its Agency partners as the SBHC program is transferred from MSDE to the Bureau of Maternal and Child Health at MDH. This work is intended to be collaborative and will be guided by the following priorities:

- **Restructuring of the SBHC grant program**. The Council will continue to provide recommendations to the Bureau of Maternal and Child Health on a statewide SBHC Needs Assessment; on the short-term and long-term structure of the grant program, including opportunities to expand existing centers and open new centers; on certification and recertification requirements for SBHCs, particularly those that do not receive State funds; and other matters.
- **Standards Revision**. The Council continues to prioritize a comprehensive revision of the SBHC Standards, and looks forward to the opportunity to review future revision drafts to assess alignment with CASBHC recommendations.
- **Central Agency Resources**. The Council will continue to recommend the hiring of additional Agency staff to manage the SBHC program.
- **SBHCs and COVID-19 Vaccine**. The Council continues to recommend that support be provided to SBHCs in furtherance of MDH's goals to vaccinate against COVID-19 and bring children up-to-date on routine childhood vaccinations.

- **SBHC Data**. The Council will be interested to understand MDH's plans regarding SBHC annual survey data and will be pleased to continue to provide feedback regarding data collection, management, analysis, and dissemination.
- **Telehealth**. The Council continues to recommend the promotion of telehealth as a means of expanding the SBHC program to additional students and expanding the types of services SBHCs can provide.
- **CRISP Integration**. The Council continues to recommend increased SBHC integration with CRISP.
- **SIHIS**. The Council intends to develop a model for SBHC integration with the Statewide Integrated Health Improvement Strategy (SIHIS) goal of reducing pediatric asthma Emergency Department visits.
- **MCO cooperation**. The Council will look into areas for deepening SBHC cooperation with MCOs.

**

The Council is confident its recommendations will support school health advancement in Maryland.

The Council will continue to offer its expertise and guidance during the 2022 General Assembly session as it relates to SBHC central Agency resources, systems integration, data priorities, and quality and best practices. The Council will continue to partner with the Maryland Assembly on School-Based Health Care through the provision of subject matter expertise and leadership.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2022. For more information about the Council, please contact Lorianne Moss, staff to the Council, at (410) 456-6525 or Mark Luckner, Executive Director of the Community Health Resources Commission, at (410) 260-6290.

III. Roster of Council Members

Appointed by the Governor

Dr. Katherine Connor, Chair Maryland Assembly on School-Based Health Care (The Johns Hopkins Rales Health Center, KIPP Baltimore)	**Dr. Patryce Toye, Vice Chair** Maryland Assembly on School-Based Health Care (MedStar Health Plans)
Joy Twesigye Maryland Assembly on School-Based Health Care (Baltimore City Health Department)	**Jean-Marie Kelly** Maryland Hospital Association (ChristianaCare)
Joan Glick Maryland Assembly on School-Based Health Care (retired, Montgomery County Dept. of Health and Human Services)	**Dr. Arethusa Kirk** Managed Care Organization (UnitedHealthcare)
Cathy Allen Maryland Association of Boards of Education (St. Mary's County Board of Education)	**Rick Robb** Secondary School Principal of a School with an SBHC (Patuxent Valley Middle School)
Sean Bulson, Ed.D. Public Schools Superintendents Assn. of Md. (Harford County)	**Scott Steffan** Md. Assn. of Elementary School Principals (Gaithersburg Elementary School)
Gabriella Gold Commercial Health Insurance Carrier (CareFirst)	**Dr. Maura Rossman** Md. Association of County Health Officers (Howard County Health Department)
Dr. Diana Fertsch Md. Chapter of American Academy of Pediatrics (Dundalk Pediatric Associates)	**Kelly Kesler** Parent/guardian of a student who receives services from SBHC (Howard County Health Department)
Christina Bartz Federally Qualified Health Center (Choptank Community Health Systems)	

Ex Officio Members

Senator Clarence Lam Maryland State Senate	**Delegate Bonnie Cullison** Maryland House of Delegates

Dr. Shelly Choo Designee of the Secretary of Health Director, Maternal and Child Health Bureau	**Mary L. Gable** Designee of the State Supt. of Schools Assistant State Supt., Student, Family, and School Support
Andrew Ratner Chief of Staff, Maryland Health Benefit Exchange	**Mark Luckner** Executive Director, Maryland Community Health Resources Commission

Council on Advancement of School-Based Health Centers
School-Based Health Center Data

Chapter 417 of the Acts of 2015 requires the Council to report data on Maryland school-based health centers. This data is provided by the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH).

The following table provides basic overview information on SBHCs currently operating in Maryland, and is based on annual applications submitted by SBHC sponsoring organizations for the current school year.

Table 1.
SBHC Programs by Jurisdiction, Level of Service*, Mental Health, Telehealth***, 2021 - 2022**

Jurisdiction	SBHC Programs	Level 1	Level 2	Level 3	Provides Mental Health Services	Utilizes Telehealth
Baltimore City	17	10	7	-	6	1
Baltimore County	12	12	-	-	0	0
Caroline County	9	6	3	-	9	9
Dorchester County	4	-	4	-	1	0
Frederick County	1	1	-	-	0	0
Harford County	5	-	5	-	5	0
Howard County	11	11	-	-	0	7
Montgomery County	14	-	14	-	14	14
Prince George's County	5	-	1	4	5	4
Somerset County	1	-	-	1	1	1
St Mary's County	2	-	-	2	2	2
Talbot County	4	4	-	-	4	4
Washington County	2	2	-	-	0	0
Wicomico County	2	-	2	-	2	0
TOTALS	**89**	**46**	**36**	**7**	**49**	**42**

SOURCE: Applications submitted by SBHC sponsors to the Maryland Department of Education (MSDE). Information analyzed by the Maryland Department of Health (MDH).

*** Level of Service 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.

** Many schools with SBHCs offer mental health services through in-school providers unaffiliated with the SBHC.
*** Table indicates SBHCs that utilize telehealth according to *any* of the telehealth service delivery models described in Appendix 2.

Besides the overview information contained in annual applications, SBHC sponsors report more detailed data via the annual survey. This survey recently was redesigned with input from the Council and support from the Maryland Department of Information Technology (DoIT). This redesign process, while necessary, has resulted in a reporting time lag.

Below are key data points from the 2018-2019 survey which closed in early 2021. SBHC Administrators currently are completing the 2019-2020 survey on a new platform. 2020-2021 survey data will be collected this spring.

The Council anticipates submitting 2019-2020 and 2020-2021 data in its next report.

Table 2. SBHC Enrollment, Utilization, and Demographic Information, 2018-2019

Jurisdiction	SBHCs	Students Enrolled	Unique Students Served*	Black	Hispanic/ Latino	Native American	White Non-Hispanic	Two or	Asian/ Pacific Islander

								more race	
Baltimore City	16	4,618	2,452	1,799	63	**	66	210	10
Baltimore County	14	2,212	2,305	545	595	**	251	50	110
Caroline County	10	3,573	1,616	404	232	42	1,431	150	29
Dorchester County	4	1,325	615	341	12	**	213	44	**
Frederick County	1	1,107	408	15	314	**	23	**	**
Harford County	5	1,748	345	148	20	**	94	94	**
Howard County	9	3,494	709	238	202	**	121	60	40
Montgomery County	13	6,106	1,978	280	458	17	1,183	18	**
Prince George's County	4	423	626	182	92	**	14	**	**
Talbot County	5	2,261	578	356	287	13	1,019	110	46
Washington County	3	1,079	554	273	58	**	380	90	**
Wicomico County	2	551	346	163	29	**	73	**	**
TOTALS	**86**	**28,497**	**12,532**	**4,744**	**2,362**	**92**	**4,868**	**835**	**247**

SOURCE: 2018-2019 Annual Survey data submitted by SBHC sponsors to MSDE. Information analyzed by MSDE and MDH.

* SBHC demographic and utilization data submitted by SBHCs does not universally align with total unique students served. Improving the accuracy and fidelity of data will be a focus of the MDH in the coming years.

** Data suppressed for cell sizes less than 11.

Table 3. SBHC Visits by Type, 2018-2019 **

Jurisdiction	Total Visits	Somatic Visits	Mental Health Visits	Oral Health Visits	Substance Abuse Visits	Case Management Visits
Baltimore City	12,345	4,549	6,595	36	-	1,161
Baltimore County	2,090	1,347	582	-	-	161
Caroline County	5,629	4,409	-	838	-	382
Dorchester County	6,151	5,603	-	-	-	548
Frederick County	326	294	-	-	-	32

Harford County	1,564	366	1,163	-	-	35
Howard County	2,117	1,299	751	-	-	67
MontgomeryCounty	5,828	5,076	-	752	-	-
Prince George's County	297	259	-	-	-	38
Talbot County	811	620	-	72	-	119
Washington County	2,093	1,750	-	-	-	343
Wicomico County	3,189	847	2,112	-	**	225
TOTALS	**42,440**	**26,419**	**11,203**	**1,698**	**	**3,111**

SOURCE: 2018-2019 Annual Survey data submitted by SBHC sponsors to MSDE. Information analyzed by MSDE and MDH.

** Data suppressed for cell sizes less than 11.

February 8, 2021

Council on Advancement of School-Based Health Centers
Telehealth Recommendations

As directed by the Council during its July 2020 meeting, the Quality and Best Practices Workgroup has held several meetings to build on the Council's July 2020 recommendations with regard to telehealth. The workgroup consulted numerous reference documents and met with MDH and MSDE staff to understand current telehealth legislation and approval processes before developing the following recommendations. (See Appendix 1)

BACKGROUND

Legislation passed by the Maryland General Assembly in 2020 (SB 402) has standardized telehealth across health occupations, ensuring that the same standards of practice for telehealth are in place when compared to in-person care. As a result, licensed clinicians in other settings are able to transition to the use of telehealth without additional regulatory approvals.

The Maryland Health Care Commission's Final Report on School-Based Telehealth states "Program standards for telehealth in schools need to be agile and complement nationally recognized standards of care for the use of telehealth technology" (MHCC School-Based Telehealth Final Report 2019, Recommendations by Category, Section 3, p. 7).

Currently, Maryland school-based health centers (SBHCs) are required to undergo a state agency approval process for transition to telehealth services, even if they are already approved as SBHCs. The approval process requires existing SBHCs to demonstrate adherence to the SBHC Standards, a document developed in 2006 and maintained by the Maryland State Department of Education that outlines operational requirements for SBHCs. SBHCs also must complete a checklist that was developed for telehealth delivery models (models 1 and 2 below) that do not reflect current innovations and widespread use of telehealth.

RECOMMENDATIONS

1. Maximize the use of technology to promote access to and continuity of school-based health services regardless of payer or insurance status.
    a. Telehealth should be considered a routine component of many aspects of clinical care, including somatic, behavioral health, occupational therapy, physical therapy, speech therapy, and family counseling.
    b. SBHC clinicians should be permitted to utilize telehealth services to deliver care to students who are not physically present in school, whether the school building is open or not.
    c. Aligned with existing healthcare industry standards, licensed clinicians (eg. physicians, nurse practitioners) in previously approved Maryland SBHCs should not be required to obtain agency approval to implement telehealth services to maintain continuity of care and access for students who are not physically in school.
        i. School-based health center sponsors should notify school leaders, superintendents and MSDE when they begin to offer telehealth services.
    d. New SBHC approvals should include review of the sponsoring agency's existing telehealth policies, commensurate with the general review of clinical policies.
    e. School-based health center sponsors and school systems may consider including telehealth services explicitly in the MOUs that authorize clinical services.

f. Benefits:
    i. Will help to bridge gaps in care for underserved populations (improving the continuity of care)
    ii. Will help to build trust in communities of care
    iii. Will help to solidify relationships with current and future SBHC sponsors
    iv. Will help to maintain Medicaid reimbursement flexibilities
    v. Will strengthen linkages and relationships with students and their families
    vi. Will enhance access to services, continuity of care, and equity of health care delivery

2. Maryland SBHC Standards should be updated to reflect the use of telehealth as a routine component of clinical primary and preventive care.
    a. The Standards should outline industry standard for telehealth consent, including the use of verbal consent and accompanying documentation when written consent is not feasible.
    b. The Standards document should include information about language that may be incorporated into clinical services MOUs to support the use of telehealth in SBHCs.

3. Use SBHC telehealth as the connector/link between medical, allied health, and social services to provide accessible, convenient care to students and their families.
    a. Focus on building creative elements of care (ex. linking multiple providers together – PT/OT, behavioral, and primary care)
    b. "Advance development of policies to support implementation of innovative approaches and meaningful use of telehealth in schools" (MHCC School-Based Telehealth Final Report 2019, Recommendations by Category, Section 3, p. 8-9).
    c. Link academic outcomes with the use of telehealth.
        i. Identify opportunities that link virtual learning with virtual care.
    d. Explore the concept of integrating School-Based Health and School Health in order to deliver the most comprehensive care in any setting (virtual and in-person).

Additional Insights

- Capacity building for telehealth is high in health care
- Payer/CMS allowances still operating in the innovation space (making large strides)
- Quality improvement/assurance is keeping pace (coding, metric enhancements as a result of COVID-19 impact)
- Technology is also keeping pace (there are quite a few HIPAA compliant products now offering telehealth features)
- EMR companies are developing synchronous features (Epic, Cerner, etc.)

1. FOLLOW-UP

1. Guidance Needed

a. Agency attorneys need to address school and agency responsibility for SBHC telehealth services that do not originate in the school (see Table 2, Model 5). New consent form language may resolve agency concerns.

b. MDH/Maryland Medicaid should verify that SBHCs can bill for telehealth services as an SBHC if the clinician is not located in the SBHC at the time of the visit.

2. Post Public Health Emergency (PHE), **monitor** developments and impact on care delivery (ex. any re-imposed telehealth restrictions)
3. **Learn** more about whether telehealth could be used to provide services to students in schools that do not have a physical SBHC in their building (see Table 3, Model 6).
    a. Such an approach would take advantage of the new acceptance and prevalence of telehealth to provide SBHC care to many more students across the state, ideally and eventually to every school that has a school nurse.
    b. During 2021, flesh-out this model – determine if any revisions are needed for the SBHC standards.

2. DEFINING TELEHEALTH DELIVERY MODELS

The following tables show telehealth service delivery models for Maryland SBHCs. Table 1 shows current permissible SBHC telehealth models. Table 2 shows a proposed telehealth model that is awaiting final agency approval. Table 3 shows a potential future telehealth model that should be studied further.

TABLE 1. Current Permissible Telehealth Service Delivery Models

	Originating site/patient's location	Staff/telepresenters at originating site	Technology currently required	Rendering clinician and location
Model 1 (TH-only-SBHC)	SBHC in school	RNs	Specialized equipment and HIPAA compliant video conferencing software	Remote clinician in office or hospital
Model 2 (Hub-and-Spoke)	SBHC in school	RNs	HIPAA compliant video conferencing software	Remote clinician in a related SBHC
Model 3 (Home-to-School)	Student's home or other location (must be located in Maryland)	None (parents/ guardians)	HIPAA compliant video conferencing software	Clinician in SBHC
Model 4 (Specialist)	SBHC in school	Physicians, NPs, or RNs	HIPAA compliant video conferencing software	Specialist in office or hospital

Telehealth service delivery models 1-4 currently require approvals from MSDE and MDH in order to be sanctioned as SBHC telehealth. The approval process includes review of a telehealth service delivery plan, completion of an MDH telehealth checklist, completion of an MSDE/MDH site visit, and the submission of a new or updated MSDE SBHC application. In addition to all these items, Model 4 requires documentation of a care relationship that has been established with a specialist.

TABLE 2. Proposed Telehealth Service Delivery Model

	Originating site/patient's location	Staff/telepresenters at originating site	Technology currently required	Rendering clinician and location
Model 5 (Home-to-Offsite)	Student's home or other location (must be located in Maryland)	None (parents/ guardians)	HIPAA compliant video conferencing software	Remote clinician in location outside SBHC

Model 5 is currently under review by the Attorney General's office. The Council strongly supports a definition of SBHCs that is not rooted in a physical school building, but rather the population served. Such a definition would allow immediate implementation of Model 5. The Council is aware of several SBHCs that have requested authorization to provide telehealth services according to this model.

TABLE 3. Possible Future Telehealth Service Delivery Model

	Originating site/patient's location	Staff/telepresenters at originating site	Technology currently required	Rendering clinician and location
Model 6 (Augmented Health Suite)	Augmented health suite in school	RNs	Specialized equipment	Remote clinician in a related SBHC

Model 6 represents an integration of school health services and school-based health centers that could greatly expand access to health services throughout the state. The Council recommends further exploration of this model.

Telehealth Recommendations Appendix 1.

Reference Documents and Meetings re: Telehealth

Resources:

- MDH Public Health Emergency Telehealth Extension (7.24.20)
- MDH Checklist for SBHC telehealth
- Maryland Medicaid Telehealth Program Guidance website
- Maryland Medicaid Telehealth Coverage Update
- Maryland Health Care Commission paper on School-Based Telehealth
- SB 402, 2020 Maryland telehealth legislation
- COMAR telehealth regulations
- American Academy of Pediatrics Paper on Telemedicine: Pediatric Applications
- Maryland Assembly on School-Based Health Care position paper: Telehealth in the COVID-19 Crisis and Beyond

Meetings:

- July 27, 2020 workgroup meeting with MSDE
- August 24, 2020 workgroup meeting
- September 24, 2020 leadership meeting with MDH and MSDE
- October 2, 2020 leadership meeting with MDH
- November 23, 2020 workgroup meeting
- December 2, 2020 leadership meeting with MDH
- December 10, 2020 leadership meeting with SBHC applying to adopt telehealth
- December 28, 2020 workgroup meeting
- January 19, 2021 leadership meeting with MDH and MSDE

Council on Advancement of School-Based Health Centers
Recommendations related to SBHCs and the COVID-19 vaccine
February 16, 2021

School-based health centers (SBHCs) could play an important role in the COVID-19 vaccine effort because they are trusted community resources located in schools in medically underserved areas. As such, SBHCs have a unique capability to address vaccine hesitancy and promote health equity.

While the role of SBHCs may vary from jurisdiction to jurisdiction, the Council recommends that State officials planning for the distribution of the COVID-19 vaccine engage with SBHCs to discuss their possible utilization during appropriate phases of the vaccine rollout. In many instances, school health services and SBHC staff employed by school systems or Local Health Departments (LHDs) already are engaged in these efforts.

SBHCs are sponsored by organizations already involved in the vaccination effort, including LHDs, education agencies, hospitals, and Federally Qualified Health Centers. While the contribution of an individual SBHC to the vaccination effort may vary depending on its sponsor type and the SBHC's capacity, SBHCs have important assets that should be utilized in the vaccine effort. These assets include clinical facilities, skilled clinicians, medical equipment and supplies, and trusted patient and community relationships. The SBHC role in vaccine distribution should not supplant, but rather complement, the work of LHDs and mass vaccination sites.

As a public health resource, SBHCs could be utilized to vaccinate not only the students they typically serve (when vaccine becomes available for children), but also school staff, families, and the broader community. SBHCs represent an innovative way to reach vulnerable Marylanders at a time when health care capacity is already stretched. Given this unprecedented vaccine rollout and the likelihood of this being a long-term effort, SBHCs should be equipped and utilized for vaccine distribution now and in the future.

More information about the role and potential role of SBHCs during the COVID-19 pandemic can be found in the Council's July 2020 recommendations.

2021 Maryland General Assembly
Summary of SBHC-Relevant Legislation

1. Blueprint for Maryland's Future/Kirwan (HB 1300 of 2020) – veto overridden 2/12/21

Requires the Governor to increase funding for the SBHC grant program by $6.5 million to $9 million annually.

- Grant funding is "to maintain or establish SBHCs."
- Begins in FY 2023 budget.

Requires designation of "primary contact employees" for SBHCs at MSDE and MDH to:

- Assist individuals involved in SBHCs who interact with the Departments.
- Provide technical assistance to support the establishment and expansion of SBHCs.
- Coordinate efforts to build a robust network of SBHCs.
- (Does not specify whether new or existing staff.)

2. SBHC Telehealth (SB 278/HB 34) – signed by the Governor 5/18/21

MSDE and MDH shall authorize telehealth for approved/existing SBHCs.
MSDE and MDH may not:

- Require SBHCs to apply for authorization for telehealth.
- Place requirements on SBHCs inconsistent with telehealth requirements for other providers.

SBHC Standards must conform to these requirements and prohibitions.

3. SBHC program reorganization and expansion (HB 1148/SB 830)

- Bills authored by Delegate Cullison and Senator Lam.
- Transfers "the administration of SBHC grants and any related functions" from MSDE to the Bureau of Maternal and Child Health at MDH.
- MDH and MSDE must consult with stakeholders to develop guidelines to support the expansion of SBHCs.

July 1, 2021	HB 1148/SB 830 effective date
October 1, 2021	Transition *plan* must be submitted to legislature
July 1, 2022	Transition shall be complete

Council on Advancement of School-Based Health Centers
Vision, Values, and Mission
June 8, 2021

Vision:

Our vision is for all Maryland students to thrive in the classroom and in life. School-based health centers contribute to this vision by promoting health and educational equity through the provision of health care that is accessible, collaborative, high-quality, and based on earned trust.

Core Values:

The Council's efforts to support this vision will be rooted in our core values:

- We believe in **equity**. School-based health centers serve students and communities experiencing health disparities.
- We believe in **access**. School-based health center services are readily available for students, their families, and communities.
- We believe in **collaboration**. School-based health centers are integrated into broader education, health care, and public health systems to provide coordinated care that addresses the totality of student needs.
- We believe in **quality**. School-based health centers provide care that is evidence-based and data-driven.
- We believe in **earned trust**. School-based health centers strive to be trusted, culturally sensitive community institutions in partnership with educators, students, families, and communities.

Mission of SBHCs: Recommendations for the Standards

The mission of school-based health centers, as enhancements to School Health Services, is to provide health care, in partnership with schools and communities, designed to:

- offer comprehensive primary, acute, and preventative care (optional services include mental/behavioral health, dental, and vision services);
- deliver chronic condition management;
- be responsive to specific community needs and public health imperatives;
- serve as a resource to support the totality of student and family needs, coordinating with the school and other community supports;
- complement, collaborate, and integrate with other health care providers, particularly community-based primary care;
- eliminate health disparities and barriers to health care access;
- serve all students without regard to: ability to pay or insurance status, previously established patient-provider relationship, or site of usual source of care;
- provide a standard of care equivalent to other pediatric providers;
- embrace innovation in health care and health technology;
- maximize classroom attendance and readiness to learn; and
- integrate into educational systems, including by supporting and extending the school health program at each school.

Mission: CASBHC

By synthesizing the viewpoints of diverse stakeholders across the state, including those of educators, clinicians, health care organizations, parents, legislators, State agencies, and others, the Council will:

1. support the mission of school–based health centers (see SBHC Standards).
2. develop policy recommendations to:
    a. improve the health and educational outcomes of students who receive services from school–based health centers;
    b. increase utilization of existing SBHCs by students, families, and communities during normal school operations as well as during periods of school closure;
    c. expand the SBHC model to additional schools and communities across the state of Maryland;
    d. encourage additional organizations to sponsor SBHCs;
    e. improve the integration of school–based health centers into education, health care, and public health systems;
    f. enhance the financial sustainability of school–based health centers;
    g. improve the collection, analysis, and sharing of current data on operations, quality, and impact of Maryland SBHCs; and
    h. promote innovation in care delivery.
1. educate policymakers about:
    a. the role and scope of school–based health centers;
    b. current data related to school–based health centers; and
    c. policy recommendations to advance the mission of school–based health centers.
2. incorporate our core values of equity, access, collaboration, quality, and earned trust into all of our decisions.

Council on Advancement of School-Based Health Centers
Priorities, Comments, and Recommendations to inform the transition of SBHC program to MDH Bureau of Maternal and Child Health
Quality and Best Practices
September 27, 2021

Purpose: During the Council's meeting on June 8, Council members were briefed on two significant legislative changes affecting the Maryland School-Based Health Center program: legislation that transfers the grant program and other aspects to MDH's Bureau of Maternal and Child Health, and the increase in the overall level of the SBHC grant program from $2.5 million annually to $9 million. In light of these changes, Council members offered to provide to the Bureau some recommended priorities for the SBHC program, based on the Council's expertise. The Bureau indicated that such recommendations would be helpful.

The following recommendations and priorities have been identified by the Council's Quality and Best Practices workgroup. Within each priority area, specific programmatic recommendations are identified, along with potential areas in which the Council could continue to provide support and expertise. The Council acknowledges that the Bureau has the responsibility for executing the SBHC program as it sees fit, while the role of the Council is advisory.

This is intended to be a collaborative effort. It is the Council's hope that this document will provide a starting point for additional discussions and partnership between the Bureau and the Council.

Priority #1: Revising SBHC Standards. Updating the Standards should remain a top priority. The workgroup will continue to offer feedback and guidance on the revision of the SBHC Standards by contractor Sam Neilson.

- ✓ Standards document will continue to require periodic updating even after it is transferred to MDH. Recommend MDH make a plan for the routine review of the Standards.
- ✓ Continuous Quality Improvement (CQI) processes outlined in Standards should be revisited as the program is moved to MDH.
    - The workgroup can examine the current process and offer recommendations as to how it should look. Council leadership recently provided feedback to this end.
    - Workgroup can help identify "top five quality metrics." Indicators should be measurable and linked to HEDIS measures, EPSDT, and state public health priorities. Track measures such as flu shots, well child visits, asthma interventions. Ideally include an educational outcome in the measures selected. (May collaborate with Data workgroup on this).
    - Recommend pilot program to demonstrate the concept of cooperation with MCO and the LHD etc and select, for example, an EPSDT to have everyone work on this.
- ✓ Service level designations should be revisited. Council leadership recently provided feedback to this end.
- ✓ Definition of an SBHC should be revisited. Is it just a brick and mortar location, or is it the services provided? Do same Standards/metrics apply for in-person and telehealth visits? The workgroup may provide some recommendations to this end; may collaborate with SIF workgroup.

Priority #2: Promoting telehealth. The workgroup recommends maximizing clinical applications and access to care through telehealth by SBHCs. (Recently-passed legislation ensures SBHCs can adopt telehealth without additional authorization process, which aligns with 2/8/21 CASBHC telehealth recommendations).

- ✓ Ensure telehealth remains a routine component of SBHC care even after expiration of Public Health Emergency and COVID-era flexibilities. This should include audio-only. (see 2/8/21 CASBHC telehealth recommendations).
- ✓ Telehealth has particular utility for rural schools, monitoring kids with asthma (eg. direct observed therapy – connecting with asthma specialists), kids home sick, etc. Telehealth can be a conduit to in-person services (for example, a telehealth visit could reveal that a patient needs immunizations or injections, which would next be done in-person).
- ✓ Telehealth can be used to expand the scope of an SBHC's services, such as behavioral health services.
- ✓ Recommend Technical Assistance and/or grants to SBHCs to promote telehealth services.
- ✓ Explore whether telehealth can be used to expand the SBHC model to additional schools that do not have physical SBHCs (see model 6 in 2/8/21 CASBHC telehealth recommendations).

Priority #3: CRISP Integration. The workgroup recommends further integrating the Chesapeake Regional Information System for Our Patients (CRISP) into SBHC operations as a means to advance SBHC quality improvement.

- ✓ The first question is technological readiness. Not all SBHCs use EMRs. Not all SBHCs communicate with CRISP, are able to communicate with CRISP, or know how to work with CRISP. Many SBHC patients are not insured, do not have an MCO, and would not have the MCO "hook" to CRISP.
- ✓ Incentives should be provided to encourage SBHC utilization of CRISP. Information sharing around patients with asthma could be used to demonstrate the value of CRISP.
- ✓ 2020 QBP workgroup questionnaire (results attached) found that SBHCs use a wide variety of EMR platforms (or none). CRISP may be able to serve as a hub for this data and help to standardize it.
- ✓ Recommend Technical Assistance and/or grants to SBHCs related to CRISP connectivity and adopting EMRs. Consider a pilot program to demonstrate the concept.
- ✓ Recommend tracking of educational data such as absenteeism and return to class. Can CRISP do this? Workgroup can follow up with CRISP.
- ✓ Consent may be needed for this data sharing. FERPA and HIPAA must be considered. Workgroup can work with CRISP to provide guidance and template language to this end.
- ✓ Support MASBHC effort to utilize CRISP to enhance SBHC coordination with MCOs.

Priority #4: MCO cooperation. The workgroup recommends maximizing SBHC cooperation with Medicaid MCOs.

- ✓ MCOs may be able to provide incentives to SBHCs for enrollment, closing gaps in care, achievement of quality goals (eg. around well visits, flu shots, asthma), etc. Workgroup can explore these opportunities.

Priority #5: Updating consent forms. The workgroup recommends updating SBHC consent forms to include telehealth consent, CRISP information sharing (including educational data), etc.

- ✓ Workgroup may be able to identify areas needing updated consent language, and supply template language. These could ultimately be included as appendices in the Standards (revised Standards

currently include a recommended telehealth waiver of liability, but the workgroup may want to review it.)

- ✓ Recommend ensuring that consent forms are able to be accessed and submitted online and via smart phone.

The Quality and Best Practices workgroup looks forward to continuing to partner with MDH and MSDE throughout this transition in order to support the work of Maryland's SBHCs.

References/Resources:

2018 Annual Report, Council on Advancement of School-Based Health Centers (2018 CASBHC Annual Report) (see pages 7, 10, 43-44)

2019 Annual Report, Council on Advancement of School-Based Health Centers (2019 CASBHC Annual Report) (see pages 10-11, 13, 15, 17-19)

2020 Annual Report, Council on Advancement of School-Based Health Centers (2020 CASBHC Annual Report) (see page 10, 21-22)

CASBHC Recommendations related to the use of telehealth by SBHCs, 2/8/21

Results of 2020 QBP questionnaire regarding SBHC readiness to collect quality data

Council on Advancement of School-Based Health Centers
Priorities, Comments, and Recommendations to inform the transition of the SBHC program to MDH Bureau of Maternal and Child Health
SBHC Data
September 27, 2021

Purpose: During the Council's meeting on June 8, Council members were briefed on two significant legislative changes affecting the Maryland School-Based Health Center program: legislation that transfers the grant program and other aspects to MDH's Bureau of Maternal and Child Health, and the increase in the overall level of the SBHC grant program from $2.5 million annually to $9 million. In light of these changes, Council members offered to provide to the Bureau some recommended priorities for the SBHC program, based on the Council's expertise. The Bureau indicated that such recommendations would be helpful.

The following recommendations and priorities have been identified by the Council's Data workgroup. Within each priority area, specific programmatic recommendations are identified, along with potential areas in which the Council could continue to provide support and expertise. The Council acknowledges that the Bureau has the responsibility for executing the SBHC program as it sees fit, while the role of the Council is advisory.

This is intended to be a collaborative effort. It is the Council's hope that this document will provide a starting point for additional discussions and partnership between the Bureau and the Council.

Priority #1: Agency staffing and resources for data activities. An independent consultant hired to evaluate the Maryland SBHC program recommended that additional agency resources devoted to data. Numerous other Council reports over several years have recommended investing in the collection and utilization of data to improve SBHC programs.

- ✓ Data should be a central component of agency oversight of the SBHC program.
- ✓ The workgroup recommends adequate agency staffing and resources be devoted to SBHC data collection, analysis, and dissemination. Staff at both MDH and DoIT should be identified to focus on SBHC data.
- ✓ Funds may be required for software and data support services (described below).
- ✓ The workgroup recommends Agency staff work with SBHC administrators to analyze data.

Priority #2: Working with the newly revised annual SBHC survey.

1. To the maximum extent possible, the workgroup recommends agencies continue to work with <u>existing annual survey questions and the existing survey platform</u>.
   - ✓ Data collected from the 2018-2019 survey has been unwieldy. However, rather than adopting an entirely new platform, the workgroup recommends looking into applications/software to help with data analysis "on the back end." This may cost money but will be a worthwhile investment. The Data workgroup can investigate and make recommendations about potential data analysis applications/software.
2. <u>Clean up the collected data</u>.
   - ✓ While keeping the annual survey overall the same, the workgroup recommends doing a thorough analysis of the survey responses to ensure that data collected "makes sense," is useful and relevant, and consistent across SBHCs.
   - ✓ Where data does not make sense, work with SBHC administrators, provide additional training as needed, and/or refine questions. The workgroup can provide recommendations to this end.

3. Give the current survey questions and platform sufficient time to be familiar to SBHC administrators, but reevaluate annually for any immediate needs. SBHC administrators have only just started using the platform, and a great deal of time and energy has been invested into it.
   - ✓ Working with SBHC administrators, the workgroup can offer recommendations for continued improvement of the survey while still retaining the same overall structure.
   - ✓ One of the Data workgroup's mandates is to "Identify opportunities to better capture data for substance abuse and behavioral health services."

Priority #3: Analyzing and reporting SBHC data. The workgroup recommends the development of an annual report on SBHC data gathered through the annual survey.

- ✓ The workgroup can make recommendations about what kinds of SBHC data should be presented in a report. Other states have produced SBHC reports that could serve as examples. The Harbage Report also is a helpful reference to this end.
- ✓ This first report (2018-2019 school year) may be shorter than future reports due to problems with this year's survey data. As time passes and the data is "cleaned up," future years' reports may become more comprehensive.
- ✓ One of the Data Workgroup's mandates is to "develop a trend analysis to understand the impact of SBHC over time by jurisdiction and population served." Eventually, older data (2018 and prior) originally kept at Hilltop could be included with data from the redesigned survey (2018-2019 school year and forward) in a longitudinal analysis.
- ✓ Another mandate of the workgroup is to "identify opportunities to link SBHC utilization data to educational outcomes."
- ✓ Eventually, SBHC annual survey data should be analyzed in the context of state and local population health data.
- ✓ Data should be used to demonstrate the value proposition and cost effectiveness of SBHCs.
- ✓ The annual report also should include some highlights from SBHCs' Continuous Quality Improvement efforts (see Quality and Best Practices recommendations), as well as a report on the use of funds from the SBHC grant program (see Systems Integration and Funding recommendations).

Priority #4: Hosting SBHC data on a public facing platform. To make SBHC data accessible to a wide range of stakeholders, the workgroup recommends making SBHC data available on Maryland's Open Data Portal (ODP), which MDH already uses to host COVID-19 data, SHIP data, etc.

- ✓ The workgroup recommends utilizing ODP's public and private sides, including a summary dashboard.
  - SBHC administrators and agency personnel could utilize the private side to gather information for the purposes of quality improvement, grant applications, demonstrating value, etc. Training/technical assistance should be offered to help SBHC administrators work with the data on the new platform. MASBHC may be considered as a potential partner.
  - The public side would ensure that key information is easily accessible for other interested parties, and responsive to Public Information Act and interagency data requests.
- ✓ The workgroup has made recommendations about which public data points could be entered first.
- ✓ Initially, only selected, vetted data points should be entered. As survey data becomes more reliable over time, the survey could be automated such that survey responses would be uploaded

directly onto ODP. The workgroup recommends continuing to work with DoIT toward this goal, since DoIT both developed the new survey platform and manages ODP.

- ✓ The workgroup recommends consideration of software to make the data/dashboard user-friendly. This may cost money but will be a worthwhile investment. The workgroup can investigate options and make recommendations.
- ✓ The workgroup recommends consideration of an agreement with DoIT to provide enhanced data support. This may cost money but will be a worthwhile investment.

Priority #5: Data-driven decisions. Eventually, data should be used to guide policy and improve quality.

- ✓ The Data Workgroup, together with the Quality and Best Practices Workgroup, can offer recommendations after sufficient data has been collected and shared with CASBHC.

Priority #6: Easing data entry burden for SBHCs. Over time, the workgroup recommends leveraging technology to alleviate the burden of data collection on the part of SBHC administrators and agency staff.

- ✓ Seek ways to automate the collection of survey data, for example, though CRISP and EMRs. Data-sharing agreements may be required.
- ✓ School and community data could be added directly from the MSDE school report card (currently SBHCs must add this information).
- ✓ Survey questions that are outdated or not useful should be identified and eliminated to reduce the burden on SBHC administrators. The workgroup can provide input to this end.

Priority #7: Needs Assessment tools. The workgroup recommends training/technical assistance be provided to help SBHC administrators with required Needs Assessments, including how to work with survey data, state and local population health data, etc. (see above)

- ✓ The workgroup may provide some input to this end. MASBHC may be a potential partner.

The Data workgroup looks forward to continuing to partner with MDH and MSDE throughout this transition in order to support the work of Maryland's SBHCs.

History and current status:

Much-needed improvements to the collection of data related to Maryland's SBHCs are currently underway. These improvements to the basic SBHC data infrastructure are laying the foundation for crucial data analysis and dissemination tasks that lie ahead.

The primary source of data related to Maryland SBHCs is a survey that has been submitted annually by SBHC administrators to MSDE. For many years, analysis of this data was minimal, and the data was retained by the Hilltop Institute at the University of Maryland Baltimore County. Since 2018, the contract with Hilltop has ended and MSDE has maintained the data.

In 2018, CASBHC commissioned Harbage Consulting to report on the value proposition of Maryland SBHCs. Harbage put together a report, but found the lack of good data to be an obstacle to its primary task. Instead, the "Harbage Report" provided a high-level overview of the SBHC program and made recommendations about what a good data program *should* entail. Many of the Harbage Report's recommendations for the survey have since been adopted by MSDE.

With consensus emerging on the need to improve data activities related to SBHCs, CASBHC and MSDE have worked together to redesign the annual survey. During 2017 and 2018, the Data Workgroup met with SBHC administrators on recommended changes to the annual survey, both in substance and in format, i.e. converting it to an online tool. The survey redesign turned out to be a time-consuming effort spanning more than two years, due to the complexity of the project as well as staffing limitations.

The 2017-2018 school year was the last year when data was collected using the "old survey." Two years elapsed before the "new survey" was launched, which covered the 2018-2019 school year.

Data for the 2018-2019 school year from all SBHCs was finally collected using the new survey in January 2021. MSDE has set deadlines for the 2019-2020 survey and 2020-2021 survey in order to "catch-up."

Unfortunately, data collected from the 2018-2019 survey has been unwieldy. Even so, 2018-2019 data will serve as an important baseline going forward, since data from the 2019-2020 and 2020-2021 school years will be limited due to COVID-19-related school closures.

Besides revising the annual survey, the Data Workgroup has made additional recommendations related to the analysis and public availability of survey data. These recommendations have not yet been adopted, as the survey revision (a necessary first step) has remained challenging.

References/Resources:

2018 Annual Report, Council on Advancement of School-Based Health Centers (2018 CASBHC Annual Report) (see pages 6-7, 10, 24, 39)
2019 Annual Report, Council on Advancement of School-Based Health Centers (2019 CASBHC Annual Report) (see pages 9, 15-17)
2020 Annual Report, Council on Advancement of School-Based Health Centers (2020 CASBHC Annual Report) (see page 9, Appendix 5)
Council on Advancement of School-Based Health Centers (CASBHC) website
Harbage Consulting, "Demonstrating the Value School-Based Health Centers in Maryland: A Roadmap," November 1, 2019 ("Harbage Report")
Pre-2018 annual survey and crosswalk with revised (current) survey, MSDE

Council on Advancement of School-Based Health Centers
Recommendations related to the SBHC Grant Program
November 18, 2021

Recommendation #1: Clearly define the overall purpose of the State SBHC grant program.

A. The overall purpose of the grant program should further the Mission of School-Based Health Centers (SBHCs) in Maryland and be informed by a statewide Needs Assessment (below).
B. Recommend that each year (or periodically), the Bureau of Maternal and Child Health develop specific goals and areas of focus for that year's grants.
C. Consider alignment with other public health initiatives, as well as meeting the specific needs of SBHCs and the patients they serve.
D. Consider geographic diversity and health equity.
E. The Council would be pleased to provide additional input.

Recommendation #2: Conduct a statewide Needs Assessment for the Maryland SBHC Program. A statewide Needs Assessment for SBHC grant funding was recommended in the Kirwan report and previous Council reports. This Needs Assessment also should include a review of current grant dollars and a basic financial analysis of existing SBHCs.

A. **Purpose**: The purpose of the Needs Assessment is to: (1) describe the structure, function, and impact of SBHCs in Maryland; (2) identify areas of challenge or unmet need among existing SBHCs; (3) identify barriers to standing up new SBHCs and maximizing utilization of existing SBHCs; and (4) identify health and educational disparities among school-aged children in Maryland that could be addressed by new or expanded SBHCs. The Needs Assessment should be used to help ensure that grant funding aligns with the overall purpose stated above and the vision and mission of SBHCs as defined in the Standards. After the Needs Assessment is complete, the SBHC Standards should be revised to ensure alignment.
B. **Centralized**: The Needs Assessment should be performed centrally by the Maryland Department of Health (MDH) or by a contractor/vendor procured by MDH.
C. **Data Sources**: The Needs Assessment should utilize existing data sets, including state health and education data, annual SBHC applications, the annual SBHC survey, hospital community benefit reports, and data relevant to state health improvement goals. It may also include jurisdictional level data, Community Health Needs Assessments, Concentration of Poverty Needs Assessments required by the Kirwan bill, and other sources. Interviews and/or focus groups with SBHC administrators, Parent Teacher Student Associations (PTSAs), students, teachers, families, and potential SBHC sponsors (eg. Hospitals, practices, SBHCs) should be conducted to identify barriers and facilitators to operating existing SBHCs, opening new SBHCs, and/or driving and demonstrating impact on important health and educational outcomes. Existing information gleaned by CASBHC, Harbage Consulting, the Maryland Assembly on School-Based Health Care (MASBHC), the School Based Health Alliance (SBHA), and the Kirwan Commission should be used as a starting point to avoid duplication of effort, particularly for SBHC administrators.
D. **Metrics**: The Needs Assessment should identify existing areas of health and education disparities, as well as areas where SBHCs *could* have a significant impact on key health disparities related to state health improvement priorities and key educational outcomes such as chronic absenteeism (ie. identify and prioritize for grant funding individual schools and geographic areas of the state with high levels of poverty, significant health disparities, insufficient health care providers, low insurance rates, high rates of absenteeism, low vaccination

rates, and other factors). The CDC's Social Vulnerability Index and the SBHA's mapping tool may be useful. The Council can provide additional recommendations on potential metrics.

E. **Basic Financial Analysis**: The Needs Assessment should analyze the current distribution of grant funding. It also should include an understanding of the financial model of each existing SBHC, including their costs and revenue sources. Understanding where dollars currently are being spent is vital for proposing any changes, and also necessary to gauge the financial health of existing SBHCs. This information would be helpful for potential new SBHCs as they determine operating models, create budgets, develop strategies to address non-billable services, seek innovative solutions to financial challenges, etc. This information also could help guide future MDH Technical Assistance to help with SBHC sustainability, and would help the Department focus grant funds on unmet needs. Financial information for existing SBHCs currently may be found in their annual applications and in the annual survey. Any additional information requested should not be burdensome.
F. **Potential Cost of Needs Assessment**: A modest portion of the additional grant dollars should be used to pay for the Needs Assessment. Funding should be sufficient to perform the Needs Assessment in a comprehensive yet fiduciarily responsible manner, so as to balance the need to fund an in-depth Needs Assessment with the desire for the bulk of grant dollars to reach SBHCs.
G. **Outcomes**: The Needs Assessment should be structured in such a way that it lays the foundation for an eventual Outcomes Assessment.

Recommendation #3: A portion of increased grant funds should be used for enhancing Central Agency staffing. This new funding and transition to MDH represents a major redesign of the Maryland SBHC Program. This transition will require additional infrastructure for oversight and leadership. The Council has long recommended the hiring of additional Agency staff for the SBHC program, and an independent consultant made the same recommendation. While it is generally common to use a portion of any grant funding to support Agency oversight activities, Maryland's SBHC grant dollars have not been used in this way previously.

A. Staff should be hired to perform tasks including but not limited to the following:
    1. Technical support for starting new SBHCs;
    2. Technical support for grant applications and associated reporting;
    3. Data management (annual survey data, local SBHC Electronic Health Records, larger program database/analysis/reporting);
    4. Continuous Quality Improvement support;
    5. Maintenance of clinical standards;
    6. Adherence to facilities guidance/Standards and coordination with the Maryland State Department of Education (MSDE) Facilities Department;
    7. Approval of new SBHC sites;
    8. Technical support for coordination within SBHCs and with external partners (other agencies, child's Primary Care Provider, etc.);
    9. Staffing SBHC Administrator meetings, communicating/updating with SBHC Administrators and sponsoring agencies;
    10. Technical support and coordination for the sharing of best practices for sponsoring agencies;
    11. Technical Assistance supporting telehealth expansion;
    12. Acting as a liaison to CASBHC; and
    13. Integration of the SBHC Program with larger Maternal and Child Health Bureau initiatives.

B. It is estimated that approximately 4.5 FTEs are necessary to manage the SBHC program. This would help bring Maryland in line with some other states with robust SBHC programs, such as Michigan and Oregon. Additional Central Agency resources/support may be required during the first year or two. A staff person should be designated for each of the following areas:
    1. Clinical (nurse, nurse practitioner, physician) - provides technical assistance, information and education on clinical best practices, leads QI collaborative for Maryland SBHCs, participates in approval of new SBHCs in accordance with the Maryland SBHC standards as updated
    2. Grant administration – administrative aspects of grantmaking, convenes reviewers, communicates with grantees
    3. Data management and evaluation – supports initial and periodic statewide needs assessment and ongoing outcome evaluation utilizing data from the annual survey, provides regular data summaries to CASBHC, SBHC administrators, other stakeholders, and the general public, supports statewide Needs Assessment (Year One)
    4. Integration – coordinate/lead SBHC administrators' meetings, liaison to MSDE, liaison to Medicaid/Managed Care Organizations, liaison to CASBHC, integration with larger Bureau initiatives, alignment with State health improvement goals, support statewide Needs Assessment (Year One)
C. The Council recommends a target of approximately 10 percent of grant funds be used for central agency support, understanding that more resources may be needed initially. A recent study found that state agencies across the U.S. typically spend 7-8 percent of their grant dollars on administrative costs. The Affordable Care Act sets a target of 20 percent for administrative costs.

Recommendation #4: Recommendations for the first year(s) of increased grant funding. The statewide Needs Assessment should inform future year's grant programming. Until that Needs Assessment is complete, the Council recommends the grant dollars be used as detailed below. These new grant options should be explained clearly in a Request For Proposals (RFP) and presented to SBHC Administrators at the next meeting and in a Technical Assistance call. Each year, the Bureau should make public a summary list of grants awarded.

A. **Existing Grantees**: Existing grantees should not face a reduction in their current non-competitive grant awards at this time. The Bureau should continue to work with existing grantees on sustainability matters and a possible reduction in future years, understanding that some SBHCs may continue to need support, particularly if serving a high number of uninsured patients.
B. **Central agency resources** (see above)
C. **Statewide Needs Assessment** (see above)
D. **One-time projects**: The Bureau should consider applications for grants for one-time expenses for both existing grantees and "no-funds" SBHCs. These may include but should not be limited to the following:
    1. Expanding services (eg. adding dental, etc) and leveraging resources at existing SBHC sites;
    2. COVID-19 related expenses, including vaccine infrastructure (see also Recommendation #6A);
    3. Telehealth capacity at existing and new sites;
    4. EMR and other technology investments; and
    5. "Financial stability grants" to shore up existing SBHCs demonstrating need (e.g. to support non-billable services).

E. **Start-up funds**: The process of opening a new SBHC takes several years, and some are currently being planned. While the statewide Needs Assessment should help to guide future SBHC planning, grant funds in the first year(s) could be made available for opening new sites that have already been planned and/or opening additional sites for existing SBHC sponsors. This could include expanding existing SBHC services to additional schools via telehealth in school health suites.
F. **Capital grants**: The Bureau should provide grants for capital and equipment investment in existing SBHCs, as well as in new SBHCs that have already been planned. This may include renovations to ensure facilities comply with SBHC Standards.
G. **Planning grants**: The Bureau may wish to provide local planning grants to review the sustainability and services in existing SBHCs and to ascertain whether additional SBHCs could be supported and/or additional services provided at existing SBHCs. As part of this effort, school-specific surveys of students, parents, and staff could be funded to determine need, and may be coordinated with Needs Assessments conducted at Community Schools as part of the Kirwan legislation requirements. Local Health Departments (LHDs) should work together with Local Education Agencies (LEAs), potential SBHC sponsors, and other interested parties on such planning grants, and should be permitted to hire contractors for this work. Ultimately the findings of these planning grants should be reviewed in the context of a completed Statewide Needs Assessment.

Recommendation #5: Existing SBHCs that do not receive grant funding should have a streamlined recertification process. Currently, all SBHCs must complete an annual application which must be signed by the local Superintendent and submitted to MSDE. Those that do not receive grant funds must fill out a "no funds" application each year, which is a burden and may be redundant with other reporting requirements.

A. Replace the annual application process for existing SBHCs that are not funded by the grant program with a very minimal "recertification" form.
B. Eliminate the requirement that local Superintendents sign this annual form. Instead, provide notification to Superintendents about which schools have on-going SBHC programs.
C. In future years when more data is available, the Council recommends that MDH pair this annual notification to Superintendents with brief reports containing basic demographic and outcomes data for SBHCs in their jurisdiction (for both funded and unfunded SBHCs), based on the annual survey. This will help to educate Superintendents about the Centers in their jurisdiction and give them the opportunity to follow up if desired. These brief, school-specific reports also could be provided to principals, Parent Teacher Student Associations, and other stakeholders.
D. Another possible approach that could reduce this administrative burden on SBHCs is to authorize and recertify SBHCs for three-year periods, for both grantees and "no-funds" SBHCs. Superintendent notification should continue to occur annually, however, and SBHCs making major programmatic changes may be asked to provide an updated application.
E. Other recommendations related to grant application documents:
    1. The Council recommends a comprehensive review of all of SBHC application and reporting requirements to identify any redundancies that should be eliminated. Consideration should be given to the data collection time frame, for example, what information/projected information is needed in advance versus what information should be collected after the end of the school year. For example, SBHC financial information, telehealth use, and detailed service hours may be more appropriate for the annual report than the application.

2. Major changes in the sponsor's SBHC program (e.g. the closure of a site, the addition or elimination of a type of service, etc.) should be communicated to Agency staff, Superintendents, principals, and other key stakeholders at the time changes are made and, if necessary, through an amendment to recertification materials or applications. The Council included in its July 2020 Pandemic Recommendations the suggestion that the oversight agency clarify for SBHCs which kinds of changes would require Agency and/or Superintendent approval versus notification, and which steps should be taken to request such approval. The Council recommends that most changes be permitted through notification rather than a request for approval. This information should be contained in the revised Standards.
3. Electronic signatures should be permitted, particularly for any documents requiring a Superintendent's signature.
4. Because new SBHC sites must submit a Needs Assessment with their applications, and existing SBHCs must complete a Needs Assessment every 3-5 years, a template Needs Assessment form should be provided.

Recommendation #6: Encourage other funding sources to further SBHC sustainability.

. Utilize Federal COVID-19 dollars to build SBHC infrastructure (freezers, supplies, renovations, electrical requirements, technology, staffing, etc.) to administer COVID-19 vaccines and ultimately equip SBHCs to provide other routine vaccines and services. MDH staff designated to support the Maryland SBHC program should provide updates and guidance to SBHCs seeking information about sources of COVID-19-relief funding that may be most relevant for SBHCs (see E below).

A. Partner with the Maryland Community Health Resources Commission (CHRC), which has provided one- and two-year competitive grants to many SBHCs, to ensure that: funding streams are complementary and not overlapping, applicants are aware of and referred to the funding stream most appropriate for their needs, information related to grantee performance and financial stability is shared, etc.

B. Funding available through Concentration of Poverty Grants and Community Schools provisions in the Kirwan/Blueprint bill should be explored. The Bureau could ask MSDE officials to identify schools that will receive additional funds for health services through these programs. Then, MDH and MSDE could reach out to targeted schools to explain the benefits of the SBHC model and its connection to standard School Health Services. The Council can be a partner in this effort.

C. Give priority to grant applications that demonstrate strong local commitment, such as through local matching funds (ie. from local jurisdictions, LEAs, LHDs, sponsor agencies, or private sources), letters of support, evidence of robust partnerships, etc.

D. Catalogue other available funding sources for SBHC programs (eg. Federal funds). Directly or through a contractor, provide Technical Assistance to support SBHCs seeking grant funds from non-State sources.

Recommendation #7: Restructure the program in future years. After the statewide Needs Assessment has been completed, the grant program should be restructured to provide funding opportunities to both ensure sustainability of existing SBHCs (including those not currently receiving grant funds), and to expand the program to additional jurisdictions and schools. The role of evaluation should be enhanced, and the program should be integrated into state and local public health priorities. The Council intends to provide additional recommendations once Needs Assessment data are available, and looks forward to engaging with the Bureau to this end.

Background: Current State funding for Maryland School-Based Health Centers

Since the late 1990s, the SBHC grant program has provided approximately $2.5 million annually. The Maryland State Department of Education (MSDE) has administered the program since 2005.

- Of the 17 SBHC sponsoring agencies, 13 receive grant funding through the MSDE grant program. Some sponsors use grant funding only for a subset of their SBHCs.
- At present, the grant awards support SBHC operating expenses, including personnel costs, for existing grantees.
- Funds are awarded on a non-competitive basis.
- Grant awards are based on need and have been level-funded since the program transferred to the MSDE.
- None of the funding currently is used for MSDE or MDH staffing, program evaluation, or other Central Agency infrastructure.

MSDE grants are not intended to be the sole funding sources for grantees. All currently-funded SBHCs require additional financial support. Sources include:

- local health and/or education agencies,
- other State and federal grant programs,
- reimbursement from Medicaid and some commercial insurance, and
- grants from private foundations.

Maryland SBHCs must be approved through a joint process administered by the MSDE Division of Student Support, Academic Enrichment, and Educational Policy and the Maryland Department of Health Division of Dental, Clinics, and Labs. Approval is necessary to operate in a Maryland school and to bill Medicaid, and is required whether or not the SBHC receives funding from MSDE. Applicants must obtain a CLIA certificate/CLIA waiver for laboratory testing. To meet approval requirements, SBHC sponsors must complete an initial needs assessment which is updated every three to five years, and must comply with other requirements outlined in the Standards.

All SBHCs must fill out an application annually, which must be signed by the local Superintendent, regardless of whether that SBHC receives funding through the grant program. The annual application includes the following components:

- Cover sheet: school name, address, status, level of service, funding amount (including non-State funds) for *each* SBHC sponsored by the applicant; sponsor contact information, services to be provided, brief project summary, and local Superintendent signature
- Chart A: projected service hours for each type of SBHC service (ie. somatic, mental health, oral health, etc) for each day of the week, for *each* SBHC sponsored by the applicant
- Chart B1: Standards compliance self-assessment (not required for renewing SBHCs)
- Chart C1: report on CQI project from the previous year
- Chart C2: plan for CQI project for the upcoming year
- Memorandum of Understanding between the sponsor and the school system

Current application materials are available on the MSDE website.

The Maryland Community Health Resources Commission (CHRC) has awarded 25 grants totaling over $5.8 million to support SBHCs and school health programs in 14 jurisdictions since 2005. One- and two-year grants have been awarded competitively for such purposes as: opening new SBHC sites, expanding existing SBHC programs (i.e. adding new services such as behavioral health, diabetes

programming, expanding services to community members), facilitating telehealth, investing in IT to support billing and Electronic Medical Records, and providing school-based dental programs. CHRC grants currently support five SBHCs, including start-up funding for four new SBHCs, and diabetes programming in one existing SBHC.

At the Federal level, the Health Resources and Services Administration (HRSA) is another grant funding source for some SBHCs.

Background: Grant Program Expansion

The Blueprint for Maryland's Future (Kirwan) legislation, enacted during the 2021 legislative session, requires the annual funding level for the SBHC grant program to increase by $6.5 million annually, to $9 million beginning in the FY 2023 budget.

The bill also provides "Concentration of Poverty Grants" to high-needs schools and requires them to become Community Schools. Community Schools must provide full-time coverage by at least one health care professional (many schools currently do not have a full-time RN). Each Community School must conduct a needs assessment to determine the physical, behavioral, and mental health needs and wraparound service needs of students, families, and communities. Among the wraparound services a Community School *may* consider is the establishment or expansion of an SBHC. The bill establishes a Community Schools Director within MSDE to coordinate these efforts.

The Blueprint legislation also makes available new grant funding for school-based behavioral health partnerships, to be administered by the CHRC via a new Consortium on Coordinated Community Supports. Grant funding for this program is $50 million in FY 2023, $75 million in FY 2024, $100 million in FY 2025, and $125 million in FY 2026 and beyond. This funding is not restricted to SBHCs.

References/Resources:

2018 Annual Report, Council on Advancement of School-Based Health Centers (2018 CASBHC Annual Report) (see Appendix 5)

2019 Annual Report, Council on Advancement of School-Based Health Centers (2019 CASBHC Annual Report) (see pages 14-15, 18-19, Appendix 2)

2020 Annual Report, Council on Advancement of School-Based Health Centers (2020 CASBHC Annual Report) (see pages 37-38, 43-44)

Blueprint for Maryland's Future (Ch. 36 of 2021; HB 1300 of 2020), Maryland General Assembly (see pages 75-76)

CHRC Grants Supporting School-Based Health Centers and School Health Programs, Maryland Community Health Resources Commission, May 27, 2021

"Demonstrating the Value School-Based Health Centers in Maryland: A Roadmap," Harbage Consulting, November 1, 2019 ("Harbage Report") (see pages 3-7, 15, 30-32)

Interim Report, Maryland Commission on Innovation & Excellence in Education, January 2019 ("Kirwan Report") (see pages 111, 112, 119, 223-224

Maryland Medical Assistance Program - Participation of School-Based Health Centers – Regulations (Ch. 198 of 2020, HB 409 of 2020), Maryland General Assembly

"Recommendations Regarding School-Based Health Centers and Public Health Emergencies and/or Long-Term School Closures," Council on Advancement of School-Based Health Centers (Pandemic Recommendations), July 23, 2020

The Children's Health and Education Mapping Tool, School-Based Health Alliance, https://www.sbh4all.org/resources/mapping-tool/

"Vision, Values, and Mission," Council on Advancement of School-Based Health Centers, June 8, 2021

Council on Advancement of School-Based Health Centers
Telecon via Google HangOuts
MINUTES

Monday, December 7, 2020
10:00 AM-12:05 PM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Chief Medical Officer, MedStar Health Plans
3. Joy Twesigye, Maryland Assembly on School-Based Health Care | Bureau of School Health, Baltimore City Health Department
4. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
5. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
6. Sean Bulson, Public Schools Superintendents Association of Maryland | Superintendent, Harford County Public Schools
7. Jennifer Dahl, Commercial Health Insurance Carrier | Credentialing Coordinator, CareFirst
8. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | Pediatrician, Dundalk Pediatric Associates
9. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
10. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, UnitedHealthcare Community Plan
11. Meredith McNerney, Maryland Association of Elementary School Principals | Principal, Gaithersburg Elementary School
12. Rick Robb, Secondary School Principal with SBHC | Principal, Patuxent Valley Middle School

Ex Officio

1. Del. Bonnie Cullison, Ex Officio Member | Maryland House of Delegates, District 19 (Montgomery County)
2. Sen. Clarence Lam, Ex Officio Member | Maryland State Senate, District 12 (Howard & Baltimore City)
3. Cheryl De Pinto, Ex Officio Member | Director, Population Health, MDH
4. Lynne Muller and Alicia Mezu, designees of Mary Gable, Ex Officio Member | MSDE
5. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
6. Lorianne Moss | CASBHC Staff

Public

1. Scott Tiffin, Chief of Staff, Office of Sen. Lam
2. Chrissy Bartz, Director of Community Based Programs, Choptank Community Health Systems
3. Pam Kasemeyer, Managing Partner, Schwartz, Metz, and Wise, PA
4. Kristi Peters, MSDE

10:00 AM Roll-Call

10:05 PM Minutes from October 22, 2020 Meeting (Kate Connor)

Cathy Allen requested the correction of the spelling of Worcester County. Patryce Toye requested that "beyond clarifications and factual corrections" be added after "substantive changes" in the section of the minutes related to Council processes and procedures.

Jean-Marie Kelly moved to approve the October meeting minutes with those two changes. Cathy Allen seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

10:10 AM Building Access Recommendations update (Kate Connor)

Kate Connor reminded members that the Council's recommendations regarding SBHC access to closed school buildings had been approved by electronic vote prior to the Council meeting. Delegate Cullison invited school principals to comment. Meredith McNerney said lack of access to school buildings has been frustrating, and thanked the Council for its attention to this issue. Rick Robb said that while the current COVID-19 metrics in his jurisdiction may not permit SBHC use of their facilities at this time, these recommendations will be helpful when circumstances permit. Sean Bulson observed that the recommendations are helpful for differentiating SBHCs from other organizations requesting access to school buildings.

Cheryl De Pinto asked about the meaning of agency names in brackets in the recommendations. Kate Connor explained that the agencies in brackets have oversight over that recommended activity. Cheryl De Pinto observed that MSDE and MDH already have periodic calls with local superintendents, and that superintendents should be aware of their authority regarding building use and the presence of SBHCs in their jurisdictions. Kate Connor said that the Council was deliberately not prescriptive about the mechanism by which agencies should communicate to superintendents. Sean Bulson added that many superintendents lack awareness about SBHCs and said the recommendations are helpful. Cathy Allen noted that turnover among local superintendents may result in a lack of awareness about SBHCs. Kate Connor suggested the Systems Integration and Funding workgroup follow up with agencies regarding implementation of the recommendations.

10:35 AM 2021 Council Priorities and Vision Statement

Kate Connor shared with Council members the results of the poll regarding suggested Council priorities for 2021. Council members responded to the list of topics. Members agreed on three priority areas: (1) SBHCs and COVID-19, to include administering COVID-19 vaccines and other routine childhood vaccines; (2) continuing efforts to facilitate telehealth by SBHCs, to include tele-mental health; and (3) exploring funding challenges and opportunities for SBHCs, to include funding for vaccination programs, opening new SBHCs, and operating existing SBHCs, as well as central agency funding for the overall SBHC program. The Council also will work to develop a vision statement articulating the Council's vision for SBHCs in Maryland that will include support for vulnerable children and families, and the equitable distribution of health care resources.

Joanie Glick and Delegate Cullison urged that the Council also continue to prioritize the SBHC Standards revision.

11:20 AM Discussion and Vote on 2020 Annual Report (Kate Connor)

Kate Connor led the Council in a consideration of the draft annual report. Patryce Toye and Cheryl De Pinto clarified a sentence related to the waiver obtained by MDH that permits Medicaid reimbursement for certain telehealth encounters not previously permitted by SBHCs. Council members reviewed and modified language

related to the 2021 priorities based on the previous discussion. Lorianne Moss asked Council members to double check their titles throughout the report. Lynne Muller thanked Council staff for incorporating MSDE's suggested edits.

With the discussed changes, Jennifer Dahl moved to approve the annual report. Cathy Allen seconded the motion. The report was approved 9-0, with no objections and no abstentions.

11:45 AM MSDE Updates (Lynne Muller)

Lynne Muller provided an update on the SBHC Standards revision. A contractor, Samantha Neilson, was hired on November 15, and will work through June 30 on a comprehensive revision of the Standards. She has submitted a workplan and reviewed the documents. Recently, she met with members of the Council's Quality and Best Practices workgroup to review the Standards revision matrix developed by the workgroup. MSDE will share drafts of the revised standards with CASBHC and keep the Council involved in this process. MSDE hopes the work will be completed by June 2021.

Lynne Muller also updated the Council on MSDE's annual survey of SBHCs. MSDE is following up with a few sponsors on some incomplete questions from the 2018-2019 survey. Only one sponsor has not filled out the 2018-2019 survey, and that delay is related to COVID-19. A few weeks after the 2018-2019 survey is completed, MSDE will ask SBHC administrators to complete the 2019-2020 survey.

11:55 AM Telehealth Discussion (Cheryl De Pinto and Kate Connor)

Cheryl De Pinto said that due to the agencies' inability to adequately monitor and evaluate SBHC telehealth services that neither originate nor are rendered in a school building, MDH and MSDE have been working with agency Assistant Attorneys General to develop a form to release the agencies from liability. The language is being finalized and will be shared with the Council.

Kate Connor thanked the agencies for their attention to telehealth, and shared the revised version of the telehealth vision document prepared by the Quality and Best Practices workgroup. She encouraged Council members to submit electronic feedback to that document, which does not provide formal recommendations and will not receive a vote. Lynne Muller and Cheryl De Pinto noted the agencies' disagreement with the workgroup's recommendation that no additional authorization be required for an approved SBHC to adopt telehealth.

12:00 PM 2021 Council Priorities and Vision Statement (Kate Connor)

Kate Connor said Council leadership will consider how best to organize the Council's work on the priorities identified for 2021, perhaps dividing up the work among existing workgroups.

To move ahead on developing a vision statement, Kate Connor suggested the formation of an ad-hoc workgroup, and encouraged Council members to consider whether they would like to participate.

12:05 PM Adjourn

Cathy Allen made a motion to adjourn the meeting. Jean-Marie Kelly seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.

Council on Advancement of School-Based Health Centers
Telecon via Google HangOuts
MINUTES

Monday, February 8, 2021
1:00 PM - 2:30 PM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Chief Medical Officer, MedStar Health Plans
3. Joy Twesigye, Maryland Assembly on School-Based Health Care | Bureau of School Health, Baltimore City Health Department
4. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
5. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
6. Sean Bulson, Public Schools Superintendents Association of Maryland | Superintendent, Harford County Public Schools
7. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | Pediatrician, Dundalk Pediatric Associates
8. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
9. Kelly Kesler, Parent/Guardian of student who receives SBHC services | Director, Howard County Local Health Improvement Coalition
10. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, UnitedHealthcare Community Plan
11. Meredith McNerney, Maryland Association of Elementary School Principals | Principal, Gaithersburg Elementary School
12. Rick Robb, Secondary School Principal with SBHC | Principal, Patuxent Valley Middle School

Ex Officio

1. Mary Gable, Ex Officio Member | Assistant State Superintendent, MSDE
2. Cheryl De Pinto, Ex Officio Member | Director, Population Health, MDH
3. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange
4. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
5. Lorianne Moss | CASBHC Staff

Public

1. Lynne Muller, MSDE
2. Alicia Mezu, MSDE
3. Scott Tiffin, Chief of Staff, Office of Sen. Lam
4. Chrissy Bartz, Director of Community Based Programs, Choptank Community Health Systems
5. Sharon Hobson, Howard County Health Department

1:00 PM Roll-Call

Lorianne Moss called the roll. Kate Connor introduced Chrissy Bartz, who has been nominated to serve on the Council in the vacant FQHC slot. Chrissy is the Director of Community Based Programs for Choptank Community Health Systems and works with Choptank's SBHCs.

1:05 PM Minutes from December 7, 2020 Meeting (Kate Connor)

Patryce Toye moved to approve the December meeting minutes. Joanie Glick seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

1:10 PM Legislative updates (Joy Twesigye and Kate Connor)

Joy Twesigye updated the Council on legislation supported by MASBHC that would allow SBHCs to adopt telehealth without first gaining agency approval. The Senate version, SB 278, had a hearing and was approved by the Education, Health, and Environmental Affairs Committee. The House version, HB 34, had a first hearing in the Health and Government Operations Committee, and is expected to have another hearing.

Kate Connor observed that the General Assembly is poised to override the Governor's veto on the Kirwan/Blueprint for Maryland's Future (Kirwan) legislation, which has several provisions of interest for SBHCs.

Senator Lam and Delegate Cullison were unable to attend the Council meeting due to their responsibilities during the legislative session. Kate Connor said she will share with Council members any additional updates from them.

1:15 PM Agency updates

Lynne Muller said MSDE has received all of the responses to the revised annual survey of SBHCs as of three weeks ago, and is now working to clean up the data. Regarding the revision of SBHC Standards, MSDE met on Friday with the contractor hired for this task, Samantha Neilson. The contractor has reviewed the SBHC Standards of four other states, and is beginning to meet with Maryland stakeholders. She is starting to put together a rough draft with particular focus on the best way to organize the document. MSDE meets with her approximately every two weeks. Kate Connor thanked MSDE for this substantial progress on the survey and the Standards.

Cheryl De Pinto reported that MDH leadership is currently reviewing documents related to SBHC adoption of telehealth. Kate Connor clarified that these documents include a proposed waiver of liability for SBHC telehealth services provided when neither the patient nor the clinician is located in the school. Cheryl De Pinto noted that as schools reopen for hybrid learning, this may add complexity to an SBHC's telehealth plan.

Regarding the possible role of SBHCs in the distribution of the COVID-19 vaccine, Cheryl De Pinto recommended that each SBHC work with their local health department, as each jurisdiction is handling vaccine distribution differently.

1:25 PM Discussion and vote on Telehealth Recommendations (Patryce Toye and Kate Connor)

Kate Connor thanked the Council's Quality and Best Practices Workgroup for their work on the telehealth recommendations. She acknowledged there is not complete consensus on this document.

Lynne Muller and Cheryl De Pinto expressed MSDE and MDH disagreement with the recommendation that SBHCs not be required to obtain agency approval to implement telehealth services (recommendation 1c).

Agency representatives and other Council members discussed telehealth service delivery model 5. The short-hand name for this model, "Home-to-Home," is misleading, because it includes services rendered from a clinician's home, office, or other setting outside the school. After some discussion about Medicaid reimbursement policies, Cheryl De Pinto confirmed that clinicians currently may bill for SBHC services rendered in any secure offsite location, regardless of whether that location is a home or clinical setting. The telehealth recommendations were modified to rename model 5 "Home-to-Offsite" to clarify that the model applies to telehealth services rendered from any location outside the SBHC, not just a clinician's home.

Joanie Glick said the majority of patients at SBHCs in her jurisdiction are not enrolled in Medicaid, and that barriers to telehealth should not be attributed to insurer requirements. Patryce Toye agreed that the Council's recommendations should be payer-agnostic. The recommendations were modified to incorporate this perspective.

Cathy Allen moved to bring the recommendations to a vote. Jean-Marie Kelly seconded the motion. The recommendations were approved 11-0 with no abstentions.

2:00 PM SBHCs and COVID-19 vaccine (Kate Connor)

Kate Connor led a discussion of recommendations developed by the Systems Integration and Funding workgroup related to the role of SBHCs in the COVID-19 vaccine effort. These recommendations are intended to be high-level rather than specific, and to build upon comprehensive COVID-19 recommendations approved by the Council in July. She thanked Council members for their feedback. She said some SBHC facilities and staff are already being utilized in the vaccine effort, in collaboration with their local health departments. The advent of mass vaccination sites also should be considered.

Arethusa Kirk suggested the recommendations be revised to emphasize the role of SBHCs in promoting health equity. She also observed that the vaccine effort will require "all hands on deck," and that participation will be an opportunity to demonstrate the value of SBHCs.

Patryce Toye, Cathy Allen, Arethusa Kirk, and Diana Fertsch emphasized the unique role of SBHCs as trusted providers in addressing vaccine hesitancy. Kelly Kesler said SBHCs can help improve vaccine confidence generationally among families.

Given the likelihood that the COVID-19 vaccine effort may be a long-term endeavor, especially for children, Cathy Allen suggested that vaccine delivery be a consideration in future planning for how SBHCs are equipped. Patryce Toye also urged forward thinking.

Lynne Muller pointed out that SBHCs are supporting the COVID-19 response in many different, evolving ways. For example, SBHC provision of routine childhood vaccines and other services frees up other health care providers to work on COVID-19 vaccinations.

Sharon Hobson expressed concern about increasing the role for SBHCs during the current phase of the vaccine rollout. SBHC facilities may lack security personnel, deep freezers, and the capacity to serve elderly and limited mobility populations. She recommended that vaccines not be diverted from LHDs until vaccines can be made in higher quantities and with fewer handling restrictions.

Kate Connor said Council and workgroup leadership will revise the recommendations based on this discussion and circulate them for an electronic vote.

2:30 PM Council Vision Statement and Adjournment (Kate Connor)

Kate Connor said the Council will begin to focus its efforts on developing a vision statement for the Council and for SBHCs in Maryland. Workgroups will pause their regular meetings to enable interested Council members to participate in an ad-hoc Vision Statement workgroup. She will send an email with more information.

Joy Twesigye made a motion to adjourn the meeting. Joanie Glick seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.

Council on Advancement of School-Based Health Centers
Telecon via Google HangOuts
MINUTES

Tuesday, June 8, 2021
2:30 PM - 4:00 PM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Chief Medical Officer, MedStar Health Plans
3. Joy Twesigye, Maryland Assembly on School-Based Health Care | Bureau of School Health, Baltimore City Health Department
4. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
5. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
6. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | Pediatrician, Dundalk Pediatric Associates
7. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
8. Kelly Kesler, Parent/Guardian of student who receives SBHC services | Director, Howard County Local Health Improvement Coalition
9. Rick Robb, Secondary School Principal with SBHC | Principal, Patuxent Valley Middle School
10. Christina Bartz, Federally Qualified Health Center | Director of Community Based Programs, Choptank Community Health Systems

Ex Officio

1. Del. Bonnie Cullison, Ex Officio Member | Maryland House of Delegates, District 19 (Montgomery County)
2. Mary Gable, Ex Officio Member | Assistant State Superintendent, MSDE
3. Shelly Choo, Ex Officio Member | Director, Bureau of Maternal and Child Health, MDH
4. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
5. Lorianne Moss | CASBHC Staff

Public

1. Lynne Muller, MSDE
2. Alicia Mezu, MSDE
3. Alena Troxel, MDH
4. Jed Miller, MDH
5. Scott Steffan, Principal, Highland Elementary School
6. Pam Kasemeyer, Managing Partner, Schwartz, Metz, and Wise, PA

2:30 PM Roll-Call

Lorianne Moss called the roll. Kate Connor announced the departure of MDH ex officio Council member Cheryl De Pinto and Council member Jennifer Dahl (commercial health insurer), as well as the upcoming departure of Council member Meredith McNerney (elementary school principal of a school with an SBHC). Kate Connor introduced Dr. Shelly Choo, Director of the Bureau of Maternal and Child Health (BMCH), who has been appointed to replace Cheryl De Pinto as the MDH representative to the Council, as well as Alena Troxel and Jed Miller from BMCH.

Kate Connor also introduced Scott Steffan, principal at Highland Elementary School, who has applied to fill the elementary school principal slot that will be vacated by Meredith McNerney. The Council is recruiting to fill the commercial health insurer slot vacated by Jennifer Dahl.

2:40 PM Minutes from February 8, 2021 Meeting (Kate Connor)

Cathy Allen moved to approve the February meeting minutes. Joanie Glick seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

2:45 PM Legislative updates (Delegate Cullison and Joy Twesigye)

Delegate Cullison said the 2021 legislative session resulted in elevating the understanding of SBHCs among legislators. She discussed two bills:

- SB 278/HB 34, which permits existing SBHCs to adopt telehealth without requiring additional authorization from MSDE and MDH. Delegate Cullison described this bill as equalizing the treatment of SBHC providers relative to other state providers with regard to telehealth. This bill was signed into law by the Governor and is effective immediately.
- HB 1148/SB 830, which transfers most aspects of SBHC oversight and the SBHC grant program from MSDE to the Bureau of Maternal and Child Health at MDH. Kate Connor highlighted the bill's implementation timeline, which requires the submission of a transition plan by October 1, 2021, and the complete transition by July 1, 2022. She recognized the role of MASBHC in building support for all the SBHC bills.

Joy Twesigye, board president of MASBHC, discussed the SBHC provisions in the Blueprint for Maryland's Future/Kirwan bill (HB 1300 of 2020), which became law upon override of the Governor's veto. This bill will increase funding for the SBHC grant program by $6.5 million to $9 million annually beginning in the FY 2023 budget. She also discussed the Preserve Telehealth Access Act (HB 123/SB3) that clarifies reimbursement for telehealth services for all providers.

2:55 PM Agency updates

Standards: Lynne Muller updated the Council on developments around the revision of the SBHC Standards. During 2018-2019, the Council's QBP workgroup engaged with the SBHC Administrators to provide substantive recommendations for the Standards revision. Representatives of the Council met with Samantha Neilson, the contractor hired by MSDE to update the Standards, in December 2020. In early spring, Ms. Neilson shared "Draft Zero," which consisted mostly of formatting changes to the existing Standards. She met with CASBHC representatives on May 7 to receive feedback related to formatting, which included the recommendation to include a number of user-friendly toolkits as appendices. On May 14, Ms. Neilson met with 26 individuals to begin to discuss the content of the Standards; she will hold another such meeting on June 23. Ms. Neilson shared Draft One at the SBHC Administrators meeting on June 3. The goal is to have a completed Standards document ready for consideration by MSDE leadership by fall 2021, with the goal of having

the document approved by December. Lynne Muller said ultimately this document will be turned over to MDH as part of the transition process.

Kate Connor acknowledged the efforts of QBP workgroup chairs Patryce Toye and Jean-Marie Kelly. Lynne Muller thanked Joanie Glick for her contributions, and Mary Gable credited Lynne Muller and Alicia Mezu for their creativity in finding the funds necessary to hire the contractor.

Survey: Next, Lynne Muller updated the Council on the revised annual survey of SBHCs. MSDE collected data from SBHCs from the 2018-2019 school year, which will serve as a baseline. The data yielded by the redesigned survey was unwieldy, producing 800 data fields. With assistance from MSDE's Office of Research and Strategic Data, some analysis of this data has begun. Lynne Muller shared slides that conveyed some high-level information about SBHCs and SBHC services gathered from the survey. Going forward, MSDE may shift the survey to a different platform that could produce easier-to-manage data summaries.

Kate Connor acknowledged the role of the Council's Data workgroup in providing recommendations for the new survey. Delegate Cullison, Kate Connor, and Patryce Toye expressed excitement at being able to see data from the survey.

Transition: Shelly Choo commented on the planning currently underway to transition the SBHC program from MSDE to the Bureau of Maternal and Child Health at MDH, as required by HB 1148/SB 830. The transition must be complete by July 1, 2022. On or before October 1, 2021, MDH, in conjunction with MSDE, must submit to the legislature a plan to transfer the program. The agencies will need to finalize a draft of the plan by August in order to work through their respective approval processes. Kate Connor and Delegate Cullison suggested that the Council could provide recommendations around this transition plan, and Shelly Choo responded that conversations to this end would be welcome. Delegate Cullison suggested that Shelly Choo and her team read the report by Harbage Consulting commissioned by the Council and released in 2019 which examines the Maryland SBHC program relative to SBHC programs in other states.

Kate Connor directed the three Council workgroups, whose regular activities had been on hold to permit participation in the ad-hoc Vision Statement workgroup, to reconvene and begin to identify priorities and recommendations related to the transition.

3:35 PM SBHCs and COVID-19 vaccine

Kate Connor reported that the Council's recommendations regarding SBHCs and the COVID-19 vaccine were approved by electronic vote on March 1.

3:40 PM CASBHC Vision Statement

Kate Connor shared the Vision Statement materials prepared by the ad-hoc Vision Statement workgroup. This includes a Vision for Maryland SBHCs, Core Values for the Council, and the Council's Mission. The document also includes a recommended mission for SBHCs in Maryland that the Council will share with MSDE for consideration for the Standards.

Council members were invited to offer comments on the document. Many Council members expressed support. Diana Fertch observed that the document's reference to "enhanced health services" was unclear, and the document was edited accordingly.

Jean-Marie Kelly moved to approve the Vision Statement document with the edit referenced above. Kelly Kesler seconded the motion. There were no oppositions or abstentions. The vision statement materials were approved.

3:55 PM MASBHC Updates

Joy Twesigye reported on the recently completed virtual MASBHC conference. She alerted members to newly proposed federal legislation, the Hallways to Healthcare Act, that would authorize additional grant funding for SBHCs for such purposes as expanded behavioral health services, telehealth, and technical assistance. She also discussed MASBHC's efforts to encourage coordination between SBHCs and Managed Care Organizations utilizing CRISP.

4:00 PM Adjournment

Joy Twesigye made a motion to adjourn the meeting. Joanie Glick seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.

Council on Advancement of School-Based Health Centers
Telecon via Google Meets
MINUTES

Monday, September 27, 2021
10:00 AM – 11:30 AM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Chief Medical Officer, MedStar Health Plans
3. Joy Twesigye, Maryland Assembly on School-Based Health Care | Bureau of School Health, Baltimore City Health Department
4. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
5. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
6. Sean Bulson, Public Schools Superintendents Association of Maryland | Superintendent, Harford County Public Schools
7. Gabriella Gold, Commercial Health Insurance | Director, Market-Driven Network Strategy, CareFirst BlueCross BlueShield
8. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
9. Kelly Kesler, Parent/Guardian of student who receives SBHC services | Director, Howard County Local Health Improvement Coalition
10. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, UnitedHealthcare Community Plan
11. Scott Steffan, Maryland Association of Elementary School Principals | Principal, Highland Elementary School
12. Maura Rossman, Maryland Association of County Health Officers Member | Local Health Officer, Howard County

Ex Officio

1. Sen. Clarence Lam, Ex Officio Member | Maryland State Senate, District 12 (Howard & Baltimore City)
2. Del. Bonnie Cullison, Ex Officio Member | Maryland House of Delegates, District 19 (Montgomery County)
3. Shelly Choo, Ex Officio Member | Director, Bureau of Maternal and Child Health, MDH
4. Mary Gable, Ex Officio Member | Assistant State Superintendent, MSDE
5. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
6. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange
7. Lorianne Moss | CASBHC Staff

Public

1. Courtney McFadden, MDH

2. Ben Wormser, MDH
3. Lynne Muller, MSDE
4. Alicia Mezu, MSDE
5. Kristi Peters, MSDE
6. Erinn Mansour, Chief of Staff, Office of Sen. Lam
7. Sharon Hobson, Howard County Health Department
8. Christine Krone, Schwartz, Metz, and Wise, PA
9. Ana Rosas, Mary's Center
10. Bob Fendley, Mary's Center
11. Ari Holland-Baldwin, Mary's Center
12. Michael Nidel, Mary's Center

10:04 AM Roll-Call

Lorianne Moss called the roll. Patryce Toye announced several Council membership changes. Scott Steffan of Highland Elementary School in Silver Spring has been appointed to represent principals of elementary schools with a SBHC. Gabriella Gold of CareFirst has been appointed to represent commercial health insurance. Courtney McFadden and Ben Wormser of MDH introduced themselves to the Council.

10:10 AM Minutes from June 8, 2021 Meeting

Patryce Toye suggested one edit to the minutes to reflect Joy Twesigye's position as board president of MASBHC. Cathy Allen moved to approve the February meeting minutes as corrected. Jean-Marie Kelly seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

10:11 AM Legislative updates

Delegate Cullison said she is continuing to monitor the implementation of legislation passed during the 2021 session which transfers most aspects of SBHC oversight and the SBHC grant program from MSDE to the Bureau of Maternal and Child Health at MDH (HB 1148/SB 830). Erinn Mansour from Senator Lam's office echoed these remarks, adding that Senator Lam is interested in promoting the use of SBHCs in COVID-19 vaccination efforts.

10:15 AM Agency updates

New SBHCs: Alicia Mezu informed the Council of several new SBHCs that have received approval. One in Prince George's County is sponsored by Mary's Center. Two in St. Mary's County are sponsored by the Local Health Department. One SBHC in Somerset County is reopening with a new sponsor, Chesapeake Health Care. An additional SBHC sponsored by the Local Health Department will open in Montgomery County. Two existing SBHCs in Baltimore have been approved to reopen in new school buildings. Applications have been submitted for new SBHCs in Talbot and Prince George's Counties.

Del. Cullison thanked MSDE for this good news and asked whether the new school buildings had incorporated SBHCs into their design. Alicia Mezu confirmed that they did, and that floor plans for the SBHCs were reviewed by MSDE's Facilities branch. Maura Rossman asked about the length of time required to approve SBHCs. Lynne Muller said these SBHCs were approved within just a few weeks.

Standards: Lynne Muller updated the Council on developments around the revision of the SBHC Standards. MSDE's contractor, Samantha Neilson, has been working with CASBHC leadership and other stakeholders to update the Standards. As her contract comes to an end, MSDE is revising the scope of work and will again seek to hire a contractor, possibly Ms. Neilson, to complete the project by the end of March 2022.

Survey: Next, Lynne Muller updated the Council on the revised annual survey of SBHCs. MSDE has enjoyed good collaboration with MDH on the survey. The survey will be moved to the REDCap platform, with which MDH already is experienced. Results of the 2018-2019 survey will be shared at the next SBHC Administrators' meeting on October 5. In December, SBHC Administrators will be asked to provide data for the 2019-2020 school year using the new REDCap platform, and in May they will be asked to complete the survey for the 2020-2021 school year.

Transition: Shelly Choo commented on the planning currently underway to transition the SBHC program from MSDE to the Bureau of Maternal and Child Health (the Bureau) at MDH, as required by HB 1148/SB 830. MDH is required to submit a transition plan to the legislature by October 1, 2021, and will share this plan with the Council when it is made public.

MDH and MSDE have held a number of meetings between May-August to discuss: transfer of funds and program administration, approval process for new SBHC sites, clinical oversight and maintenance of the Standards, transfer of records including the annual survey, technical assistance and professional development, and program administration meetings. The timeline for the grant program will be adjusted. Applications will be released in January/February 2022, the submission deadline will be March/April 2022, and grant agreements will be executed in May/June 2022. MDH is continuing to develop plans related to the Standards, data management, program monitoring and evaluation, alignment with the Statewide Integrated Health Improvement Strategy (SIHIS), and developing a strategic plan for the expansion of the program involving both existing and new SBHCs, including a statewide Needs Assessment.

Del. Cullison asked how the Bureau plans to inform SBHCs of the new deadlines for the grant program. Shelly Choo said they will email sponsors, make announcements at the SBHC Administrators meetings, and host additional meetings with sponsors to inform them. Mark Luckner offered to help with outreach via the CHRC newsletter. Sharon Hobson asked whether SBHCs that do not receive grant funds will continue to be required to fill out an application each year, and Kate Connor suggested that the Bureau investigate whether the annual survey could replace "no funds" applications.

10:40 AM Discussion and vote on Council workgroup recommendations

With recent legislation shifting primary SBHC administrative responsibilities to the Bureau of Maternal and Child Health and increasing the overall funding level for the SBHC grant program, the Bureau indicated during the Council meeting on June 8 that it would welcome the expertise of the Council in identifying key priorities for the program. Since that meeting, Council workgroups have met to develop recommendations.

Jean-Marie Kelly and Patryce Toye discussed the recommendations developed by the Quality and Best Practices workgroup. Jean-Marie Kelly emphasized the workgroup's prioritization of completing work on the Standards, and expressed her appreciation for the Bureau's expressed focus on SIHIS and Continuous Quality Improvement. Patryce Toye echoed these remarks, observing the potential for collaboration around the SIHIS focus area of asthma. Cathy Allen moved to approve the recommendations, and Maura Rossman seconded the motion. There were no oppositions or abstentions. The Quality and Best Practices recommendations were approved.

Joy Twesigye and Cathy Allen presented the recommendations of the Data workgroup, observing that many stakeholders agree on the importance of SBHC program data. Cathy Allen, who recently became co-chair of the Data workgroup, concurred, stressing the role of SBHCs in keeping kids in school and the importance of demonstrating return on investment. Jean-Marie Kelly moved to approve the recommendations, and Maura Rossman seconded the motion. There were no oppositions or abstentions. The Data recommendations were approved.

11:00 AM Discussion about recommendations for the SBHC grant program

The Systems Integration and Funding workgroup has been preparing recommendations around the SBHC grant program. Kate Connor said several major questions remain to be resolved: (1) While consensus exists on performing a statewide Needs Assessment to best allocate grant dollars, the workgroup has not resolved who should conduct this Needs Assessment and what the outputs should be. (2) Questions remain regarding how much of the grant dollars can/should be used for central agency infrastructure/capacity, including staffing support. (3) Further discussion is needed to develop recommendations regarding current grantees.

Kate Connor shared a working draft of the recommendations. Background information regarding how many SBHCs currently receive funding is incorrect because some sponsors who receive grants do not use grant funds at each of their SBHCs. Cathy Allen observed that it is important to know where resources are in order to make recommendations about where they are needed. It would be helpful to have the budget and revenue sources for each SBHC. Jean-Marie Kelly suggested in the "chat" that the first phase of the Needs Assessment include a financial assessment of each existing SBHC. Kate Connor and Maura Rossman said that it would be helpful to know how much it costs to implement different SBHC models. Lynne Muller said that accurate information can be found in the SBHC applications, and offered to collate and provide this to the Council.

Joanie Glick and Joy Twesigye stressed that planning a SBHC takes considerable time, and that the Needs Assessment should take into consideration on-going plans. Joanie Glick added that Montgomery County is interested in expanding SBHC services to additional schools via telehealth using specialized equipment in school health rooms.

Kate Connor invited Council members to continue this discussion at the next Systems Integration and Funding workgroup meeting on October 5.

11:35 AM Adjournment

Cathy Allen made a motion to adjourn the meeting. Maura Rossman seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.

Maryland

School-Based Health Centers Update

September 27, 2021

School-Based Health Centers

Transition Update

- Transition meetings (May to August 2021) between the Maryland Department of Health and the Maryland State Department of Education to discuss:
  - Transfer of Funds and Program Administration
  - Approval Process of New Program Sites
  - Clinical Oversight and Maintenance of Clinical Standards Process
  - Transfer of Records, specifically the Annual Survey
  - Technical Assistance/Supports and Professional Development to Program (e.g., coordination of staffing, recruitment, training)
  - Program Administration Meetings

Maryland
DEPARTMENT OF HEALTH

School-Based Health Centers

Tentative Timeline

- Tentative Timeline for existing School-Based Health Center Programs to apply for funding for Fiscal Year 2023 (July 1, 2022-June 30, 2022)
  - January/February 2022
    - MDH provides an overview of their processes and procedures to the Program Administrators
    - Releases applications to sponsoring agencies for a 4–6-week timeline for application submission
  - March/April 2022
    - MDH receives and reviews the submitted applications and budgets
  - May/June 2022
    - MDH prepares agreements and sends award letters to sponsoring agencies

Maryland DEPARTMENT OF HEALTH

School-Based Health Centers

Additional Considerations

- Overall management and administration of the School-Based Health Center Program
  - Administration of funds
  - Coordination of new sites
  - Communications and coordination with partners
- Clinical Standards and Continuous Quality Improvement
- Data System(s) Development and Management
- Alignment with major State-wide Initiatives (e.g., Statewide Integrated Health Improvement Strategy)
- Monitoring and Evaluation
- Strategic plan for expansion for new SBHCs and increase capacity within existing SBHCs
  - Needs Assessment
  - Development of Proposals

Maryland DEPARTMENT OF HEALTH

School-Based Health Centers

COVID-19 Immunizations in School-Based Health Centers

- Previous Activities
  - COVID-19 Vaccine Update for children and teenagers and ImmuNet COVID-19 Vaccine Ordering Registration (June 2021 during the Administrator Meeting)
  - Pediatric COVID-19 Vaccination Update for School-Based Health Centers (July 2021 as an ad-hoc Administrator Meeting)
  - Sharing of materials, previous webinars, instructions and providing technical assistance to sites
- Current and Future Activities
  - Working with Maryland Assembly on School-Based Health Care and MSDE on which sites are providing COVID-19 Vaccinations
  - Continue to provide technical assistance to sites

Maryland DEPARTMENT OF HEALTH

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School-Based Health Centers

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Maryland DEPARTMENT OF HEALTH

6

Appendix F

STATE OF MARYLAND

MCHRC
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Community Health Resources Commission

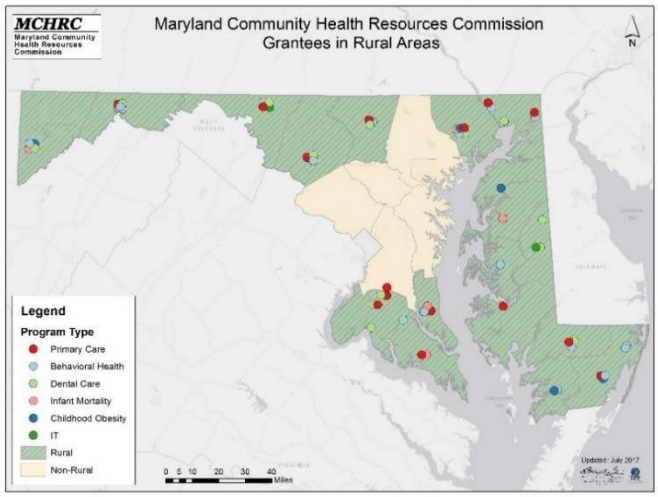
45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor
Elizabeth Chung, Chair – Mark Luckner, Executive Director

May 5, 2021

Community Health Resources Commission: Grants Supporting Programs in Rural Communities

The CHRC has awarded 347 grants totaling $85.9 million. Of the 301 program grants, over half (148, $37.9 million) have supported programs that to-date have provided more than 122,000 residents access to primary care, behavioral health care, dental, women's health, childhood obesity and diabetes prevention and management services in the 18 rural jurisdictions of the state. These grants have provided start-up funding to enable safety net providers to increase their capacity and have supported innovative and replicable programs to address the social determinants of health of vulnerable rural populations. In FY2020, the CHRC also awarded 16 COVID-19 virus pandemic emergency grants to rural community health organizations and 18 grants to Local Health Improvement Coalitions (LHICs) serving rural counties to expand operational capacity and support local community initiatives aligned with the Maryland Diabetes Action Plan to improve diabetes prevention and diabetes management.



FY 2021 Grants (10)

The following FY2021 grant programs are currently under implementation.

West Cecil Health Center (21-009). This program will support procurement and implementation of Health Information Technology in the form of a clinical health dashboard and the salary of full-time Data Analytics employee. The clinical health dashboard will be used to perform risk stratification of identified vulnerable and at-risk patients. West Cecil will then employ a Nurse Case Manager to follow-up with these individuals, provide case management, and work with community partners to provide linkages to chronic disease management resources and care.
West Cecil will work with community partners in screening and identifying vulnerable and at-risk individuals with uncontrolled hypertension and diabetes to improve clinical outcomes.

Corsica River Mental Health Services, Inc. (21-010). This program will fund expansion of the Care Connections program to increase access to primary and preventative health and dental care services and other community resources that address social determinants of health (SDOH), reduce health inequities, and provide technology-supported interventions to address

chronic conditions for a population that repeatedly uses emergency department and inpatient resources. Shore Regional Health and Choptank Community Health staff will identify eligible individuals and upon consent and enroll these individuals in the program. Once enrolled, participants will receive a welcome message from the GoMo Health Concierge Program communication platform and a HIPAA-compliant care concierge application. CC staff will reach out within 48 hours, conduct an assessment, and develop a person-centered Care Plan within three days of contact to quickly initiate access to the identified need for resources.

The Coordinating Center (21-020). The program will support expansion of the VIPhysicians & Kids program to Allegany and Caroline Counties, with the overall goal of establishing a medical home and care coordination services for children in these jurisdictions. The Maryland Rural Health Association (MRHA) will provide outreach to rural health care services and community-based services, including school-based health centers (SBHCs) and wellness centers.

Pressley Ridge (21-023). Funding will support the expansion of the HOMEBUILDERS® family preservation model into Washington County. The HOMEBUILDERS program works with families and parents facing addiction and promotes family preservation. This program has proven successful in in Allegany, Garrett, and Baltimore Counties. Funding will cover the salary of two new Licensed Clinical Social Workers (LCSWs) and partial program oversight staff.

Stone Run Family Medicine (21-024). The program will support implementation of the "Open Table" concept through two clinic practices, Stone Run and Clinica (a charitable clinic which specializes in serving Spanish-speaking residents with financial and language barriers). Open Table is a non-profit training organization that specializes in developing and directing the "social and relational assets of community-based volunteers to support vulnerable families and residents with complex needs." The program goal is to leverage community and social and relational networks to provide support that transcends traditional safety net programs.

Mountain Laurel Health Care (21-026). The program will expand the current diabetes prevention program (ADAPT – Appalachia Diabetes Awareness Prevention Program) by adding a new mobile medical unit to meet residents "where they live, work and play" to provide nutrition, diabetes, and weight management education. Individuals at-risk/pre-diabetics will be referred to the accredited Diabetes Prevention Program at Garrett Regional or AHEC West; individuals with active, uncontrolled diabetes will be referred to Mt Laurel's chronic care management teams. The program will address two key SDOH by tapping its 340B pharmacy for low-income patients and providing transportation via two full-time van drivers.

City of Frederick DHHS (21-027). Funding will support a new "Integrated Behavioral Health services program" that will: (1) embed a new behavioral health specialist/Licensed Clinical Social Worker at Frederick Community Action Agency (FCAA) with the stated goal of reducing ER visits for non-emergent needs.

St. Mary's County Health Department (21-029). The program will support the opening of two new school-based health center (SBHC) sites. These will be the first SBHCs in St. Mary's County, and will provide primary care and mental health services. Besides serving students and teachers of the school, the SBHCs are intended to be utilized for community testing, vaccinations, and telehealth services for the broader community.

Community Free Clinic (21-030). Funding will support access to care for vulnerable residents through a new transportation program and upgraded 211 services. Community Free Clinic will contract with the Washington County Action

Council to provide two buses for five hours a day and five days a week. The Council also has the flexibility to offer transportation services on weekends and holidays. Updating the 211 services (e.g., updating the current list of providers) will encourage increased utilization of the transportation services and greater integration of health and social services.

Mosaic Community Services (21-031). This program will provide internet-enabled tablets to facilitate psychiatric rehabilitative services for 200 adults with serious and persistent mental illness who are enrolled solely in Mosaic's six Psychiatric Rehabilitation Programs. It also will support the development of additional online psychiatric rehabilitation content and curriculum. Tablets will provide clients with virtual access to: daily psychiatric rehabilitation services; primary care and other healthcare services via telehealth; other virtual rehabilitative services such as music therapy; a Google Classroom with mental health rehabilitation resources and content; and the Sheppard Pratt YouTube platform. Clients also are provided with basic case management services, such as assistance in securing entitlements, coordination of services, and liaison with external somatic and mental health services.

Open Grants (28 programs)

Open FY 2020 Grants

The following FY2020 grant programs are currently under implementation.

Salisbury-Wicomico Integrated First Care Team (SWIFT) City of Salisbury (20-001). This program supports expansion of the current CHRC funded Mobile Integrated Health/EMS diversion program in Salisbury, providing real time access to in-home primary and preventive care services and chronic disease management to Wicomico County residents outside the Salisbury City Fire District service area.

Frederick Health Hospital (20-002). This program supports and expands a care coordination service program for low-income seniors living in single-unit housing who present with complex health care and social service needs. The program will provide an array of services and care coordination to help these residents continue living at home and reduce avoidable hospitalizations through a partnership with the Frederick County Aging Department. This program could provide a useful blueprint for other jurisdictions to prepare for its aging population.

Somerset County Health Department (20-008). This program supports the opening a new School-based Wellness Center (SBWC) at Washington High School for students and staff. Many Washington High School students live in distressed neighborhoods and are at greater risk for negative outcomes including poor physical and mental health, delinquency, and high-risk sexual behavior. The SBWC will address several healthcare service delivery gaps, social determinants of health and health disparities. The CHRC has supported a number of SBHCs and currently staffs the Council on Advancement of SBHCs.

Corsica River Mental Health Services, Inc. (20-010). The Care Connections program supports a care transition team providing services to individuals following hospital discharge. The Care Connections Team conducts comprehensive health assessments and develops person-centered care plans within 2-3 days of discharge. The Team will use Motivational Interviewing, Illness Management Recovery, a Wellness Recovery Action Plan and Family

Psychoeducation practices to initiate and maintain participant engagement. The program will use the GoMo Health Concierge mobile application to deliver personalized text messages about nutrition, health, exercise, and emotional support to encourage participants to proactively manage their care.

Choptank Community Health (20-011). This program funds the initiation of mental health services for vulnerable adults and children at the new Denton practice, in an underserved area for behavioral and substance use treatment. The new program will help promote integration of somatic and behavioral health services on-site rather than through a contractual partnership with an existing mental health provider. Choptank currently offers MAT at one other primary care practice and this grant will support future provision of SUD treatment at the Denton location.

Pressley Ridge (20-012). This program supports the HOMEBUILDERS model, which is an evidenced-based family preservation program that serves families impacted by the opioid crisis who are referred by Child Protective Services, with specific focus on infants and children at serious risk for removal from the home. The program provides intensive in-home services to vulnerable families with complex health and social service needs over a 28-day period, and referrals for specialized addiction services outside the home.

Worcester Youth & Family Counseling (20-013). This grant will expand existing service capacity and accelerate access to mental health services for vulnerable, at-risk low-income residents on the Eastern Shore by helping to reduce a current two-month waiting list. The program supports a licensed clinical supervisor and a master's level social work graduate during completion of their required 3,000 hours of supervised clinical social work required for LCSW licensure.

Garrett County Lighthouse (20-014). This program supports the initiation of an Adolescent Psychiatric Rehabilitation Program (PRP) to serve children and adolescents ages 10-17 years, who suffer with a chronic mental illness, with or without a co-occurring substance use disorder (SUD). Garrett County currently does not have an Adolescent Psychiatric Rehabilitation facility. The grantee is pursuing a partnership with the local Board of Education to attempt in-school client contact when on-site services or in-home visits are not feasible.

Meritus Medical Center (20-018). This program supports screenings for individuals with SUD treatment needs, providing crisis intervention and stabilization, care planning and care coordination, and ongoing support through recovery. The program will focus on care gaps following discharge. The program team will follow-up and maintain contact with SUD patients for 100 days post-discharge, institute a peer support program following crisis intervention/stabilization at the hospital and address social determinants of health and barriers to support services during recovery.

Moveable Feast (20-019). This grant expands the currently successful program delivering free medically tailored meals to vulnerable low income, home bound individuals who have prediabetes or diabetes and other chronic conditions, and who experience food insecurity and malnutrition. Clients are offered medical nutrition therapy courses and receive the added benefit of increased social contacts with Mobile Feast staff and volunteers.

Food and Friends (20-029). This Grant supports expansion of the current home-delivered medically tailored free meals program for individuals identified by MedStar Family Choice and MedStar Health with diabetes, food insecurity, malnutrition, and limitations of Activities of Daily Living. The program will continue building the case for coverage by public and private payors to address social determinates of health. The grantee also navigates clients to the Supplemental Nutrition Assistance Program (SNAP) and public health insurance. Transportation and nutrition education barriers are overcome through the delivery of meals.

Chesapeake Food Pantry (20-021). The grantee is the largest food pantry in Southern Maryland. Funding will support implement the Eat Smart,

Move More Calvert! pilot program serving low-income food pantry clients with diabetes and/or prediabetes. The program will hire a Food Ambassador to develop a team of volunteer health coaches and provide for cooking classes and food distribution costs. The program will leverage multiple health resources and community supports to address social determinant of health needs of participants.

Cecil County Health Department (20-023). Cecil County HD will implement the County Diabetes Action Plan Program to expand delivery of the evidence-based National Diabetes Prevention Program (NDPP) to under-served, vulnerable low-income individuals whilst addressing common barriers to program recruitment and retention including lack of transportation and high medical expenses. Childcare vouchers will be distributed to parents to encourage NDPP attendance. Cecil County HD will convene their Local Health Improvement Coalition (LHIC) as the coordinating body.

Mountain Laurel Medical Center (20-025). This program will expand access to chronic care management for uninsured/underinsured, low-income patients with uncontrolled diabetes at three primary care delivery locations, offering free diabetes self-management education classes to improve diabetes self-management and health outcomes. The program will employ a LPN Navigator to help patients secure their diabetes medication through assistance programs and two RNs to deliver the diabetes self-management education programs.

Lower Shore Clinic (20-027). This program aims to improve access to healthy food for vulnerable clients with serious mental illness (SMI) who have prediabetes and diabetes by hiring a Healthy Foods coordinator to develop sustainable relationships with farmers, food distribution companies and local supermarkets to obtain food that is about to expire and will otherwise be wasted, to improve food security, stretch food budgets and supplement SNAP. Clients will also receive nutrition education, training on food preservation techniques and safe food storage, and opportunities to engage in physical activity, following the evidence based Geisinger Health System "Farmacy" model.

Upper Shore Aging (20-030). This program aims to increase diabetes risk screening for all low-income seniors served by the grantee, including those attending their senior centers and home bound seniors. Home screenings are performed in partnership with Meals on Wheels (MoW). The program will also increase awareness of diabetes risk factors and provide risk prevention education. MoW will deliver fresh fruit and vegetables with home meals to address food insecurity. The grantee will work to increase collaboration among health care providers and the Kent County HD and DSS to increase no cost access to Diabetes Prevention Programs.

Open FY 2019 Grants

Family Healthcare of Hagerstown (19-002). This program provides health care and care coordination services for complex patients who are chronically ill and/or discharged from the hospital. The program employs two LPNs to provide telephone and face-to-face support to individuals before their first provider visit to address applicant care barriers upon referral, perform medication reconciliations, and obtain medical histories. The program seeks to decrease patient no-show rates, thereby generating additional patient fee-for-service revenue.

Health Partners (19-005). This new care management program seeks to increase patient participation in disease management, increase preventative screenings, and reduce avoidable hospital ED visits. The program will expand access to new services for underserved, vulnerable and isolated residents. The grantee is also supported by local partners including Charles County Commissioners and the University of Maryland Charles Regional

Medical Center which provides the program with patient referrals.

Mosaic Community Services (19-007). This program expands access to dental services for the organization's highly vulnerable patients with mental illness and/or substance use disorders. These patients are also impacted by chronic diseases including diabetes and hypertension, have poor diets and have delayed seeking dental care. The program provides dental services from private providers who will serve Mosaic clients in the Psychiatric Rehabilitation Program and Health Home Program at six sites in Harford and Carroll Counties.

Western Maryland AHEC (19-010). This program expands an existing dental program for low-income adults in western Maryland. The program will target individuals who are in recovery from opioids and other addictions and have delayed accessing dental services. A Community Health Worker works with program participants to overcome the social determinants of health that prevent accessing care. Participants will also be screened for somatic health and social support needs.

Cecil County Health Department (19-016). This program provides services to low-income pretrial detainees involved with the Office of the Public Defender on misdemeanor or nonviolent felony charges who have a substance use disorder and lack access to appropriate treatment services in the community. The program will screen detainees and connect/serve them with treatment, support with a peer recovery specialist, and referral to other services as needed.

Queen Anne's County Health Department (19-019). This program promotes screening and access to behavioral health services for patients in the existing 5 Mobile Integrated Health (MIH) program in Queen Anne's County. Individuals will be able to access a Peer Recovery Specialist who performs an in-person follow-up visit. The program also provides telehealth services, which provides Screening, Brief Intervention and Referral to Treatment (SBIRT) for disadvantaged populations.

Worcester County Health Department (19-021). This program addresses obesity prevalence among youth and adults in the jurisdiction through several intervention strategies that include online education learning modules; coaching and wearable technology; community gardening programs; linkages with local food pantries; virtual and in-person cooking demonstrations and grocery store tours. Program referrals will come from the Health Department and Chesapeake Health Care. The overall goals of the program are to promote healthier lifestyle choices (both exercise and nutrition) among the target population, weight loss, weight management, and improved food security.

Washington County Health Department (19-022). This program supports the use of a mobile farmer's market to get locally grown fresh fruits and vegetables into the city of Hagerstown where there is no supermarket access for vulnerable populations. The vendor will sell the produce at Title I schools, low-income housing sites, the Commission on Aging, congregate meal sites, and the senior center. The mobile farmer's market will accept food stamps/EBT, WIC vouchers, and cash. In addition, the program involves providing nutrition education provided by Meritus Medical Center, the County Health Department, and a local dietician.

Somerset County Health Department (19-023). This grant supports implementation of the Sustainable Change and Lifestyle Enhancement (SCALE) for Families program, a comprehensive weight loss and health improvement plan for low-income and uninsured adults modeled after an evidenced-based program in West Virginia. The program targets women of childbearing age in Somerset and Wicomico Counties with reported BMI over 30, children

under 18 at risk for obesity, and minority populations.

Open FY 2018 Grants

Frederick Memorial Hospital (18-020). This program seeks to implement the evidence-based "5-2-1-0 Campaign,", a nationally recognized childhood obesity prevention program. The program involves multiple intervention strategies to fight obesity through engagement of students and families through the Frederick County Public School System.

Open FY 2016 Grants

Wicomico County Health Department (16-009). This grant supported the opening of a new school-based health center (SBHC) in Salisbury. The SBHC is open to students and adult staff members of the school and will provide a new access point for both primary and behavioral health services.

Completed Grants (109 programs)

Harford County Health Department (19-001). The *Meaningful Environment to Gather and Nurture* (MEGAN's Place) program provided a supportive, nonjudgmental, and restorative place to improve perinatal health outcomes and build family resiliency skills. The program served at-risk pregnant and postpartum women and their families, with a specific emphasis on women with substance use disorders, employing evidence-based practices from existing programs, including Harford's current Healthy Families program and Helping Families Recover program.

Lower Shore Clinic (19-003). This program expanded the Lower Shore Clinic's existing Assertive Community Team (ACT) into Caroline, Dorchester, and Talbot Counties. Clients served by the ACT teams have serious and persistent mental illness and often have complex comorbid medical health conditions and are utilizers of high-cost services. The ACT team consisted of a Psychiatric Nurse Practitioner, Registered Nurse, Substance Use Counselor, and Vocational Counselor who provided behavioral health services to individuals with substance use treatment needs. The Team assisted clients in developing preventative health care skills and relationships with primary care providers and address social determinants of health.

MedStar St. Mary's Hospital (19-006). This grant supported the opening of a new dental practice, East Run Dental Services, in Lexington Park, which prioritized serving Medicare and un/underinsured individuals living in the southern corridor of St. Mary's County. The dental clinic, located in the existing East Run Medical Center, provides primary and behavioral health services. The grant funded a new dentist and the costs of dental supplies, while the hospital contributed funding for the salaries of a dental hygienist, a dental assistant, and front desk staff.

Harford County Crisis Center/Upper Chesapeake Health (19-018). This grant supported the opening of a 24-hour Walk-in/Urgent Care Center and an Assertive Care Treatment Program. The new Walk-in/Urgent Care Center provides 24-hour access to behavioral, mental, and addiction services. The program provides an array of services, including a 24hour crisis hotline; outpatient mental health; SUD treatment and MAT services; residential crisis beds; a mobile crisis team; and an ACT team for individuals with serious mental illness, including referrals to community providers.

Choptank Community Health System (18-001). This program addressed the dental workforce challenges in a rural area of the state by expanding access to pediatric dental services through a new dental practice in Denton, in partnership with the University of Maryland School of Dentistry. A Dental Fellow provided pediatric dental services at existing Choptank clinics in Federalsburg, Goldsboro, and Cambridge.

Talbot County Health Department (18-002). This program established a Rural Health Collaborative working across five counties (Queen Anne's, Kent, Talbot, Caroline, and Dorchester) to improve the integration of clinical, social, and preventative health systems. The Collaborative focused on improving health care for low-income residents and developing models for integration replicable in other rural areas.

Wicomico County Health Department/EMS (18-006). The SWIFT program reduced preventable 911 calls through a team consisting of an emergency medical technician and a registered nurse who identified frequent callers to 911 for non-emergent conditions, conducted welfare checks, case management, safety planning, and offered referrals to primary care physicians, medical specialists, and, if necessary, in-home care providers.

Wells House (18-010). This program provided somatic care services at two addiction treatment facilities in Western Maryland. Many of the patients at Wells House have complex medical needs and

the program provided integrated behavioral and somatic care to reduce avoidable hospital utilization for this vulnerable population. The program utilized a nurse practitioner and medical assistant to perform health assessments, provide necessary health education, and address other somatic health issues.

Atlantic General Hospital (18-011). This program developed a new interdisciplinary chronic pain management center to provide access to somatic and behavioral health, and therapy services to help patients relieve chronic pain without the use of opioid medications. For those with Substance Use Disorders, the intervention offered a concentrated outpatient program using a multi-disciplinary approach to reduce or discontinue the use of opioids for pain management.

Upper Bay Counseling and Support Services (18-012). This program provided integration of behavioral health and somatic care by placing therapists in the offices of Union Primary Care, the largest primary care provider in Cecil County. The program implemented the Screenings, Brief Interventions, and Referrals to Treatment (SBIRT) Model for those with substance use issues. This program expanded access to integrated behavioral health services in this underserved area.

Western Maryland Area Health Education Center (18-016). This program expanded an existing successful dental program that served two jurisdictions (Allegany and Garrett Counties) into a third jurisdiction (Washington County). The program provided access to reduced price dentures for low-income residents of Washington County who faced a number of barriers accessing health and dental care. A Community Health Worker worked with vulnerable residents to overcome the social determinants of health which hinder access to care. Participants were also screened for somatic health and social support needs.

Worcester County Health Department (18-019). This program enhanced an existing Medication Assisted Therapy (MAT) program through the addition of Naltrexone. The target population included: (1) Individuals released from inpatient addictions treatment programs; (2) inmates leaving Worcester County Detention Center with opioid addiction; and (3) individuals involved in Drug Court.

Health Partners (17-002). This grant supported access to primary care services in two sites in Charles County, an existing site in Waldorf and a new site in Nanjemoy.

Way Station (17-004). This grant used "Care-at-Hand" technology by a network of community behavioral health providers (multiple jurisdictions) serving individuals with Serious Mental Illness. The program focused on clients who are high utilizers of hospital resources to help improve the quality of client care.

Worcester Youth & Family Counseling (17-005). This grant supported increasing access to behavioral health services in the community by expanding the capacity of the organization to hire additional clinical staff. The organization currently has a three-month waiting list for clients seeking services.

Cornerstone Montgomery (17-007). This grant supported the creation of a data warehouse developed by the Community Behavioral Health Association to assist community behavioral health providers across the state to collect patient clinical outcome data.

Calvert County Health Department (17-008). This grant supported an innovative re-entry program to address the social determinants of health impacting formerly incarcerated individuals and develop concrete measurable outcomes to track and demonstrate the performance of re-entry programs at the local level. The program was also supported financially by the Governor's Office of Crime Control and Prevention.

Somerset County Health Department (17-011). This grant supported a multi-disciplinary approach to combat child and family obesity and promote food security through a nutritional home visiting

program. The program also provides nutrition education in the schools; garden fresh produce distribution; and transformation of abandoned asphalt slabs into "Fitness Towns."
West Cecil Health Center (17-013). This grant supported an expanded dental program in Cecil County through a partnership with the University of Maryland Dental School. Under a cooperative agreement, West Cecil agreed to take over operations of the Dental School's clinic and maintain its status as a clinical teaching site.
Allegany County Health Department (17-015). This grant supported the expansion of the capacity of the organization to provide dental services for adults and children and is designed to help reduce preventable dental-related visits to the hospital emergency department.
Health Partners (17-016). This grant supported the expansion of access to dental services in Charles County, a dentally underserved area of the state, by supporting Health Partners' expansion of dental services at a new site in Nanjemoy.
Pressley Ridge (17-020). This grant supported use of the evidence-based HOMEBUILDERS® model to increase family engagement in substance use treatment with a goal of family preservation by increasing access to behavioral health and wraparound services. HOMEBUILDERS® provides intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in state-funded care. The Center works closely with the Allegany County Department of Social Services to provide services for children who are removed from their parents due to substance use.
Youth Ranch (17-018). This planning grant enabled the organization to develop a business plan that identifies a model of care for substance use treatment programs that reflects clinical best practices and is financially sustainable. The planning grant is also designed to assist the grantee in leveraging additional capacity-building grants from local private foundations in Frederick.
Queen Anne's County (17-019). This planning grant will enable the organization to develop a dental care access program for vulnerable populations that is financially sustainable.
Allegany Health Right, Inc. (16-001). This grant supported expansion of the organization's existing Dental Access Program to serve low-income seniors and disabled adults. The program continued Allegany Health Right's model of community outreach and engaging private dentists to provide dental services at a discounted rate of 50%-80%.

Carroll County Health Department (16-003). This grant supported the expansion of access to pediatric dental services in Carroll County by modernizing the outdated equipment of Carroll's existing dental program and enabling the grantee to upgrade the practice management system.
Mountain Laurel (16-004). This grant supported a program to provide dental screenings and referrals to discounted dental care for patients of Mountain Laurel with chronic diseases such as diabetes, hypertension, and cardiovascular disease.
Garrett County Health Department (16-005). This grant supported the use of telehealth technology to increase access to Medication Assisted Therapy (MAT) and responded to the recommendations of the Governor's Heroin and Opioid Emergency Task Force. The program involves a collaboration between the Garrett County HD and the University of Maryland School of Medicine, Department of Psychiatry.
Lower Shore Clinic (16-012). This two-year grant supported implementation of the "CareLink" program that targets individuals with behavioral health needs who visit Peninsula Regional Medical Center in high volumes and provides intensive case management services for these individuals post-hospital discharge.

Charles County Health Department (16-013). This grant supported an innovative public health-EMS-hospital partnership that addresses overutilization of EMS and ED services by assisting frequent ED/EMS users to manage their chronic conditions in a primary care setting or at home. The program was a collaboration among the Health Department, Charles EMS, and Charles Regional Hospital.
Allegany Health Right, Inc. (15-002). This grant supported the expansion of the organization's existing Dental Access Program to serve Medicaid-covered adults. The program continued Allegany Health Right's model of community outreach and engaging private dentists to provide dental services at a discounted rate of 50%-80%.
Frederick Memorial Hospital (15-003). This grant supported a partnership between Frederick Memorial Hospital and the University of Maryland Dental School (UMD) to reduce dental-related ED visits. UMD used a clinic at the Frederick Memorial Hospital as a rotational practicum site to provide care to vulnerable patients.
Health Partners (15-005). This grant expanded the organization's existing Dental Access Program to serve adults covered by Medicaid. The grant built on a past CHRC award to assist the clinic in transitioning from a grant-based revenue model to billing third-party payers for primary care services provided.
Calvert County Health Department (15-007). This grant supported an acceleration of ongoing behavioral health integration efforts in Calvert County through the "Program Phoenix" program, which expands access to behavioral health and medication assisted addiction treatment to those suffering from Substance Use Disorder.
Harford County Health Department (15-008). This grant supported a partnership between Harford Health Department and Upper Chesapeake Health to identify and provide care coordination and disease management services to high-risk, high-cost individuals to reduce avoidable hospital utilization.
Calvert County Health Department (14-004). This grant supported a program to reduce infant mortality rates by creating a "one-stop shop" of integrated behavioral health and social services for substance-using women and expectant mothers.
Allegany Health Right, Inc. (14-005). This grant supported the expansion of the organization's existing Dental Access Program to serve disabled adults. The program continued Allegany Health Right's model of community outreach and engaging private dentists to provide dental services at a discounted rate of 50%-80%.
Charles County Health Department (14-006). This grant supported a school-based dental program that screened children in the Charles County public school system and provided access to fluoride, dental sealants, and clinical services in an area lacking in an oral health safety net infrastructure.

Frederick Community Action Agency (14-007). This grant supported the provision of oral health care services to disadvantaged and low-income children and adults in Frederick County. The program also provided oral health education to participants.
West Cecil Community Health Center (14-008). This grant supported the opening of a new Federally Qualified Health Center (FQHC) site in Harford County. The new FQHC site offers primary care services in West Cecil in a Medically Underserved Area (MUA) between Aberdeen and Havre de Grace.
Mental Health Association of Frederick County (14012). This grant supported the expansion of access to behavioral health services and reduction of behavioral-health related hospital emergency department visits at Frederick Memorial Hospital. The grantee expanded the hours of a new

behavioral health urgent care/walk-in service, which is available to residents regardless of ability to pay.

Worcester County Health Department (14-014). This grant supported a program to improve access to somatic/primary care services for adults who have Serious Mental Illness and/or addictions illness.

Access Carroll (14-015). This grant supported the long-term financial sustainability as the grantee transitioned from a grant-based billing model to billing Medicaid and private payers. The grantee provides access to primary care, behavioral health, and dental services for low-income individuals.

Health Partners (14-016). This grant assisted this free clinic as it transitioned from a grant-based billing model to billing both Medicaid and private payers.

Allegany County Health Department (14-017). This grant supported the provision of dental services to disabled adults in Allegany County. The grantee served as a referral and coordinating agency for underserved, uninsured adults in Allegany County.

Somerset Health Department (14-020). This grant supported a public outreach campaign to reduce rates of childhood obesity in Somerset County by: 1) creating after-school opportunities for physical activity; 2) expanding access to affordable healthy food; and 3) providing home visitation and health coaching for youth deemed at highest risk of obesity.

Dorchester County Health Department (HEZ-003). This multi-year grant supported a program which targeted primary care and behavioral health issues by employing health care services teams that included peer recovery support specialists, community health outreach workers, mobile health care crisis teams, and school-based wellness programs.

MedStar St. Mary's Hospital (HEZ-005). This multi-year program supported expanded access to primary and behavioral health services to reduce emergency department and hospital admissions for behavioral health conditions, obesity, and key chronic conditions such as hypertension and diabetes.

Allegany County Health Department (LHIC13-001). This grant supported the use of Community Health Workers to link patients to community resources, create a community resource guide, support cultural competency provider training, and provide access to subsidized transportation services.

Tri-County/Lower Shore (LHIC13-003). This grant supported a program which targeted diabetes-related hospital ED visits through a comprehensive care coordination model to link frequent ED users with access to primary care in the community.

Cecil County Health Department (LHIC13-004). This grant supported the Cecil County Community Health Advisory Committee program aimed at the reduction of behavioral health-related ED visits.

Charles County Health Department (LHIC13-005). This grant supported expanding access to primary care services through the establishment of a Patient Centered Medical Home in Nanjemoy (Western County Family Medical Center).

Harford County Health Department (LHIC13-007). This grant supported a comprehensive coordinated care and preventative mental health program to improve overall health outcomes for high-risk residents to decrease ED utilization and to expand the grantee's Comprehensive Women's Health Program care coordination model.

Kent County Health Department/Mid-Shore (LHIC12-001). This grant supported a program to address obesity among African American adults and children residing in the mid-shore region through a nutritional intervention targeting African American churches.

Tri-County/Lower Shore (LHIC12-002). This grant supported a program aimed at the prevention and management of diabetes in Somerset, Wicomico, and Worcester Counties. The program used the National Diabetes Prevention Program (NDPP) that promotes healthy eating, physical activity, and weight loss to prevent and delay diabetes.

Allegany County Health Department (LHIC12-003). This grant supported a program to reduce tobacco use and address alcohol and substance use in Allegany County.
Calvert Memorial Hospital (LHIC12-006). This grant supported a program to reduce ED utilization for diabetes related conditions in Calvert County through patient education.
Carroll County Health Department (LHIC12-007). This grant supported a program to increase the urgent care capacity of an existing Outpatient Mental Health Center to provide an alternative to the use of the Emergency Department for individuals seeking care for a behavioral health condition.
Cecil County Health Department (LHIC12-008). This grant supported the implementation of a needs assessment and evaluation of Cecil County's substance use continuum in order to provide the county's local health improvement coalition with a blueprint to guide its work.
Charles County Health Department (LHIC12-009). This grant supported the Partnerships for a Healthier Charles County's Chronic Disease Prevention Team efforts to implement chronic disease and obesity prevention programs identified in the Charles County Health Improvement Plan.
Frederick County Health Department (LHIC12-010). This grant supported programs to address six priorities identified by the Frederick County HealthCare Coalition's Local Health Improvement Plan: 1) mental health, 2) affordable dental care, 3) access to care, 4) wellness and prevention, 5) health inequities, and 6) early childhood growth and development.
Garrett County Health Department (LHIC12-011). This grant supported a program to increase access to healthy foods and reduce obesity in adults and teens.
Harford County Health Department (LHIC12-012). This grant supported the development and implementation of a marketing campaign to promote healthy eating, active living, and tobacco cessation with specific attention to reaching minority populations.
St. Mary's County Health Department (LHIC12-016). This grant supported the implementation of a smoking cessation social marketing campaign in the low-income population of St. Mary's County and to recruit and assist local employers with the adoption of tobacco-free workplace policies.
Washington County Health Department (LHIC12017). This grant supported the implementation of a county health needs assessment to identify issues for which changes in the healthcare system can improve both patient care and preventive services.
Harford County Health Department (12-001). This grant supported the addition of comprehensive care coordination and community outreach to existing family planning/reproductive health services. The comprehensive program targeted low-income, minority women and health services and interventions to reduce infant mortality rates.
Tri-State Community Health Center (12-002). This grant supported a collaborative program to provide OB/GYN and postnatal care services through Tri-State providers and home visiting services through the Allegany County Health Department staff.
Walnut Street Community Health Center (12-004). This grant supported the expansion of the Healthy Smiles in Motion, a mobile dental van program, in Hagerstown.

Bel Alton (12-005). This grant supported a program which provided comprehensive dental screenings and oral health education to children in eight elementary schools in Charles, St. Mary's, and Calvert Counties.
Lower Shore Clinic (12-007). This grant supported a program to add primary care services to an existing behavioral health care clinic. The program provided regular physicals, preventative services, and chronic disease management for individuals with existing mental health or substance use disorders.

Walden Sierra, Inc. (12-013). This grant enabled Walden Sierra to co-locate behavioral health services with primary care providers and serve low-income and uninsured individuals with behavioral health disorders. Walden partnered with Greater Baden Medical Services and Medstar St. Mary's Hospital to provide primary care and clinical space for Walden Sierra outpatient services.

St. Mary's County Health Department (11-001). This grant supported a program which provided individual and group reproductive health and family planning counseling and multi-vitamins with folic acid to women of child-bearing age, as well as pregnancy tests and up to three months of birth control.

Allegany County Health Department (11-003). This grant supported a program that provided postpartum case management services to women who use substances during pregnancy. Services included drug/alcohol rehabilitation and instruction for providing care to substance affected newborns.

Choptank Community Health System (11-004). This grant supported a partnership between CCHS and the Chester River Hospital Center to provide pediatric dental surgery services in Kent County, a Medically and Dentally Underserved Area (MUA).

Health Partners (11-005). This grant supported a dental program and transportable dental unit to serve the uninsured and underinsured residents of Charles County.

Access Carroll (11-006). This grant supported a new full-time family dental clinic as part of the Access Carroll integrated care model.

West Cecil Community Health Center (11-007). This grant supported the addition of behavioral health services at the FQHC's site in Conowingo.

Greater Baden Medical Services (11-012). This grant supported the opening of a new FQHC site in Waldorf that provided access to primary care services for low-income individuals.

Calvert Healthcare Solutions (11-014). This grant expanded the grantee's capacity to provide primary health care services and linkage to service supports in Calvert County. The grant supported an increase in service hours for primary care and mental health services, the creation of a formal referral consortium with community agencies, and an increase in access to prescription assistance programs.

Garrett County Health Department (10-004). This grant supported the expansion of the health department's Nurse-Family home visiting program, which provided services throughout pregnancy and through the first two years of the child's life.

Dorchester County Health Department (09-005). This grant supported the operations of a SBHC in Dorchester County.

Frederick County Health Department (09-006). This grant supported the opening of a new SBHC at Hillcrest Elementary. This grant supported primary care services, links for students and families to medical homes, oral health screenings, and dental fluoride varnishes.

Harford County Health Department (09-007). This grant supported a SBHC program at four elementary schools in the county. The CHRC's grant supported expansion of primary care and mental health services at the SBHCs for students and their families, particularly those lacking access to care.

Washington County Health Department (09-009). This grant supported the expansion of mental health services at the health department's three SBHCs. The grant also helped to support the evaluation and implementation of a software system to improve student/patient tracking and improve billing and collections for services.

Carroll County Health Department (09-011). This grant funded the Best Beginnings Program, an interagency prenatal care program that targets women who are low-income, uninsured, and underserved residents of Carroll County.

Mid-Shore Health System (09-014). This grant supported a telemedicine initiative for youth enrolled in the 60-day inpatient substance use treatment at the Jackson Unit in Allegany County. The program enabled families to participate in treatment by addressing transportation barriers.
Somerset County Health Department (09-017). This grant provided support for a program providing assessment and counseling services to individuals with addiction and mental health related issues. The program involved a collaboration between Eastern Shore Psychological, Maple Shade, and Lower Counties Community Services.
Upper Chesapeake Healthlink (09-018). This grant supported the integration of on-site mental health services and medication management in a primary care setting.
Allegany County Health Department (08-001). This grant supported expansion of the existing dental program capacity, improving access to preventative health services and oral health education for low-income children and their families.
Carroll County Health Department (08-003). This grant funded a program that supported two pediatric dental programs. The first program expanded access to pediatric dental care by extending the dental clinic hours. The second program piloted an off-site Fluoride Varnish Program for children enrolled in the county Head Start program.
Choptank Community Health System (08-004). This grant provided support to expand the Choptank dental program. Funds were used to enhance a new seven-chair dental facility in Goldsboro.
Garrett County Health Department (08-005). This grant supported the Program Smiles program, which provided dental care to low-income and uninsured adults at community-based dentists who provided/donated care at the health department dental clinic or pro bono care.
Harford County Health Department (08-006). This grant supported Harford's efforts to provide dental services to low-income and underinsured/uninsured children.
Wicomico County Health Department (08-007). This grant supported the relocation and expansion of the WCHD Village Dental clinic to improve access and increase its capacity to serve county residents.
Allegany County Health Department (08-008). This grant enabled the Allegany County Health Department to purchase and implement a system which helped to improve the efficiency of the department's patient records and administration while maintaining compliance to HIPAA standards.
Choptank Community Health System (08-010). This grant supported the Choptank electronic health record system deployment to all the health center sites and locations, including final planning, testing and infrastructure building. Grant funds were utilized to provide software and staff IT training.
Walnut Street Community Health Center (08-012). This grant supported implementation of an integrated practice management, electronic dental records, and electronic medical records system.
Junction, Inc. (08-014). This grant supported psychiatric services for adolescents and young adults with co-occurring mental health and substance use disorders. Services provided included psychiatric mental health and medication management services.
Harford County Health Department (08-015). This grant supported the Hope Program, a re-entry program which provided free drug treatment, counseling, medical, and mental health care to those incarcerated at the Harford County Detention Center and continued those services after release.
Way Station (08-016). This grant supported the implementation of Integrated Dual Disorders Treatment (IDDT) and the development of Dual Diagnosis Capability to better serve individuals with co-occurring substance addictions.
Allegany Health Right, Inc. (08-017). This grant supported a program to provide dental services for low-income residents with an urgent or developing dental problem.

Atlantic General Hospital (08-021). This grant enabled Atlantic General Hospital to open a behavioral health center to deliver services in an ambulatory care setting, targeting individuals using the hospital's emergency department for behavioral health issues.
Upper Chesapeake Health (08-024). This grant supported the development of a comprehensive ED diversion program to redirect uninsured patients away from using emergency rooms for non-emergent visits towards a medical home for primary and preventative care, as well as linking them to a comprehensive community-based continuum of care.
Queen Anne's Health Department (08-027). This grant supported a program to provide the resources for prenatal care for uninsured and undocumented foreign-born women and provide transportation to and from medical appointments, as well as linkages to other resources in the community.
Access Carroll (07-001). This grant supported an expansion of care coordination to ensure timely referrals for specialty care services and improve the organization's overall efficiency.
Calvert Memorial Hospital (07-004). This grant supported improving access to health care services for low-income and uninsured residents of Calvert County by increasing the capacity of the Twin Beaches Community Health Center, increasing access to the case management, and providing supplemental payments to specialists and an area pharmacy to cover the gap between patients' sliding fee scale payments and actual costs.
Frederick Community Action Agency (07-006). This grant supported the Access to Care Program, which provided primary health care services to low-income, uninsured adults and children in Frederick County.
Health Partners (07-007). This grant supported expanding the grantee's capacity to serve low-income un/underinsured residents in Charles County.
Tri-State Community Health Center (07-010). This grant supported a collaborative program between the grantee, Allegany Health Right, and Western Maryland Health System to integrate community-based mental health and substance use services with somatic services for uninsured adults.
Walnut Street Community Health Center (07-012). This grant supported the Improving Patient Care Program at WSCHC health facility. The program incorporated behavioral health services within the Center's established family practice.

Appendix G

Abbreviations

CASBHC: Maryland Council on Advancement of School–Based Health Centers

CHRC: Community Health Resources Commission

CHW: Community Health Worker

CMMI: Center for Medicare and Medicaid Innovation

CRISP: Chesapeake Regional Information System for our Patients

DAP: Maryland Diabetes Action Plan (MDH population health initiative)

ED: Emergency Department

EHR: Electronic Health Record

FQHC: Federally Qualified Health Center

HEDIS: Health Effectiveness Data and Information Set

HERC: Health Equity Resource Community

HIPAA: Health Insurance Portability and Accountability Act

LHD: Local Health Department

LHIC: Local Health Improvement Coalition

MAT: Medication Assisted Treatment

MCO: Managed Care Organization

MDH: Maryland Department of Health

MHBE: Maryland Health Benefit Exchange

MOU: Memorandum of Understanding

MASBHC: Maryland Assembly on School-Based Health Care

MRHA: Maryland Rural Health Association

MSDE: Maryland State Department of Education

PCP: Primary Care Provider

QBP: CASBHC's Quality and Best Practices Workgroup

RFP: Request for Proposals

SBHC: School-Based Health Center

SDOH: Social Determinants of Health

SHIP: State Health Improvement Process