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
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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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a. December 7, 2020
b. February 8, 2021
c. June 8, 2021
d. September 27, 2021

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.

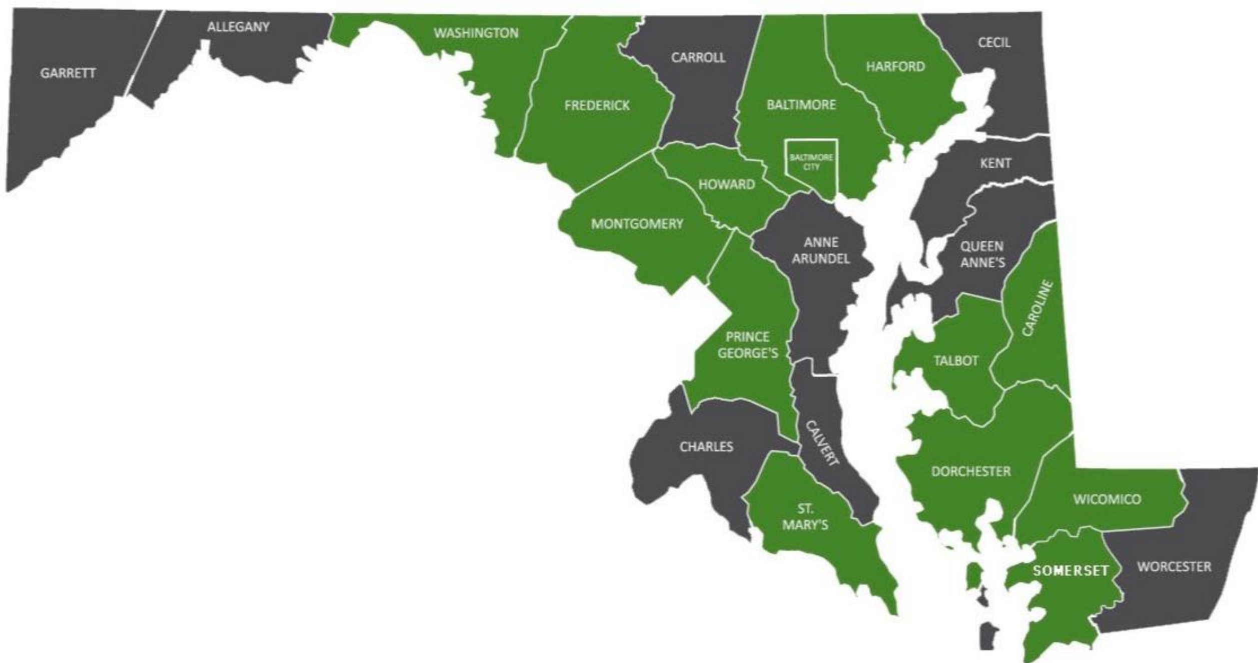

Diagram 1: SBHC distribution across Maryland

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	**Mary L. Gable**

Designee of the Secretary of Health Director, Maternal and Child Health Bureau	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

Appendix 1.

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 more race	Asian/ Pacific Islander
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
Montgomery County	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.

Appendix 2.

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. <u>Benefits</u>:
   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.

Appendix 3.

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.

Appendix 3.

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

Appendix 3.

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.

Appendix 4.

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

Appendix 5.

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.
3. 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.
4. incorporate our core values of equity, access, collaboration, quality, and earned trust into all of our decisions.

Appendix 6.

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.
    - o The workgroup can examine the current process and offer recommendations as to how it should look. Council leadership recently provided feedback to this end.
    - o 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).
    - o 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.[1] 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 existing annual survey questions and the existing survey platform.
   - ✔ 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.

[1] Harbage Consulting, "Demonstrating the Value School-Based Health Centers in Maryland: A Roadmap," November 1, 2019 ("Harbage Report"), pages 1, 6

2. Clean up the collected data.
   - ✔ 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."[2]

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.[3]
- ✔ 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."[4] 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."[5]
- ✔ Eventually, SBHC annual survey data should be analyzed in the context of state and local population health data.[6]
- ✔ 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

[2] Council on Advancement of School-Based Health Centers (CASBHC) website
[3] Harbage Report, pages 25-28, Appendix D
[4] CASBHC website
[5] CASBHC website
[6] 2018 CASBHC Annual Report, page 24

Maryland's Open Data Portal (ODP), which MDH already uses to host COVID-19 data, SHIP data, etc.[7]

- ✔ The workgroup recommends utilizing ODP's public and private sides, including a summary dashboard.[8]
  - o 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.
  - o 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.[9]
- ✔ The workgroup has made recommendations about which public data points could be entered first.[10]
- ✔ 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.[11]

- ✔ 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).[12]
- ✔ 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.[13]

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[7] 2020 CASBHC Annual Report, pages 40-42
[8] 2020 CASBHC Annual Report, page 41
[9] See 2020 CASBHC Annual Report, page 39
[10] 2020 CASBHC Annual Report pages 41-42.
[11] See Harbage Report, pages 28-29
[12] 2018 CASBHC Annual Report, page 24
[13] 2019 CASBHC Annual Report page 15

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

Appendix 7.

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[14] 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[15] and previous Council reports.[16] 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),

[14] "Vision, Values, and Mission," CASBHC, June 8, 2021
[15] Interim Report, Maryland Commission on Innovation & Excellence in Education, p. 112
[16] 2019 CASBHC Annual Report, p. 14

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[17] 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,[18] and an independent consultant[19] 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;

[17] The Children's Health and Education Mapping Tool, School-Based Health Alliance

[18] 2020 CABHC Annual Report, p. 12; 2019 CASBHC Annual Report, p. 14; 2018 CASBHC Annual report, p. 41

[19] Harbage Report, p. 30-32

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.[20] 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:
    a. 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
    b. Grant administration – administrative aspects of grantmaking, convenes reviewers, communicates with grantees
    c. 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)
    d. 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.[21] 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

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[20] Harbage Report, p. 30-31. Michigan has 12 agency staff overseeing its Child & Adolescent Health Center Program. Oregon has nine agency staff for its SBHC program.
[21] Grants Management Annual Survey, REI Systems, https://www.reisystems.com/wp-content/uploads/2021/05/Survey_Grants-2020-GMsurvey-Infographic.pdf

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).
D. **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.
E. **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.
F. **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.[22] 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.

[22] July 2020 Pandemic Recommendations, p. 4

A. 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).
B. 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.
C. Funding available through Concentration of Poverty Grants and Community Schools provisions in the Kirwan/Blueprint bill should be explored.[23] 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.
D. 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.
E. 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.

[23] Blueprint for Maryland's Future, p. 39, 199

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.[24] 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.

[24] CHRC Grants Supporting School-Based Health Centers and School Health Programs, CHRC, May 27, 2021

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

Appendix 8.

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

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.

DEPARTMENT OF HEALTH

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

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

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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.

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

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

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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.

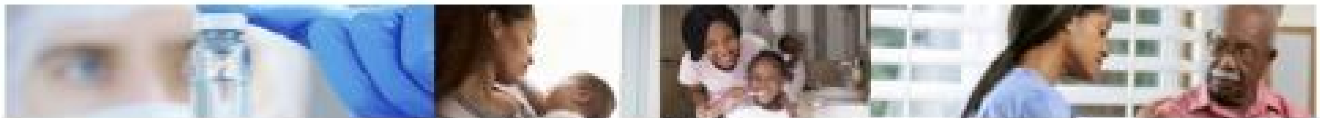
11:35 AM Adjournment

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

MDH presentation for 9/27/21 CASBHC meeting

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

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

3

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

4

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

Contacts

Ben Wormser, MD, MPH
Child Health Medical Director
Phone: 410-218-0444
Benjamin.Wormser@maryland.gov

Shelly Choo, MD, MPH
Director, Maternal and Child Health Bureau
Phone: 443-571-3424
Shelly.Choo@maryland.gov