



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Council on Advancement of School-Based Health Centers

2024 Annual Report Health – General § 19-22A-08(d) MSAR # 13356

December 23, 2024

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Governor

Aruna Miller
Lieutenant Governor

Laura Herrera Scott
Secretary of Health

Edward J. Kasemeyer, Chair
Community Health Resources Commission

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

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Abbreviations

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

Bureau: Maryland Department of Health Bureau of Maternal and Child Health

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: Healthcare Effectiveness Data and Information Set

HIPAA: Health Insurance Portability and Accountability Act

IAC: Interagency Commission on School Construction

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

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

SIF: CASBHC's Systems Integration and Funding Workgroup

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).

As of December 10, 2024, there are 89 SBHCs across 16 jurisdictions in Maryland. During Fiscal Year 2024, all SBHCs in Maryland received grant funding totaling over \$7 million from the MDH Bureau of Maternal and Child Health (“the Bureau”).

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

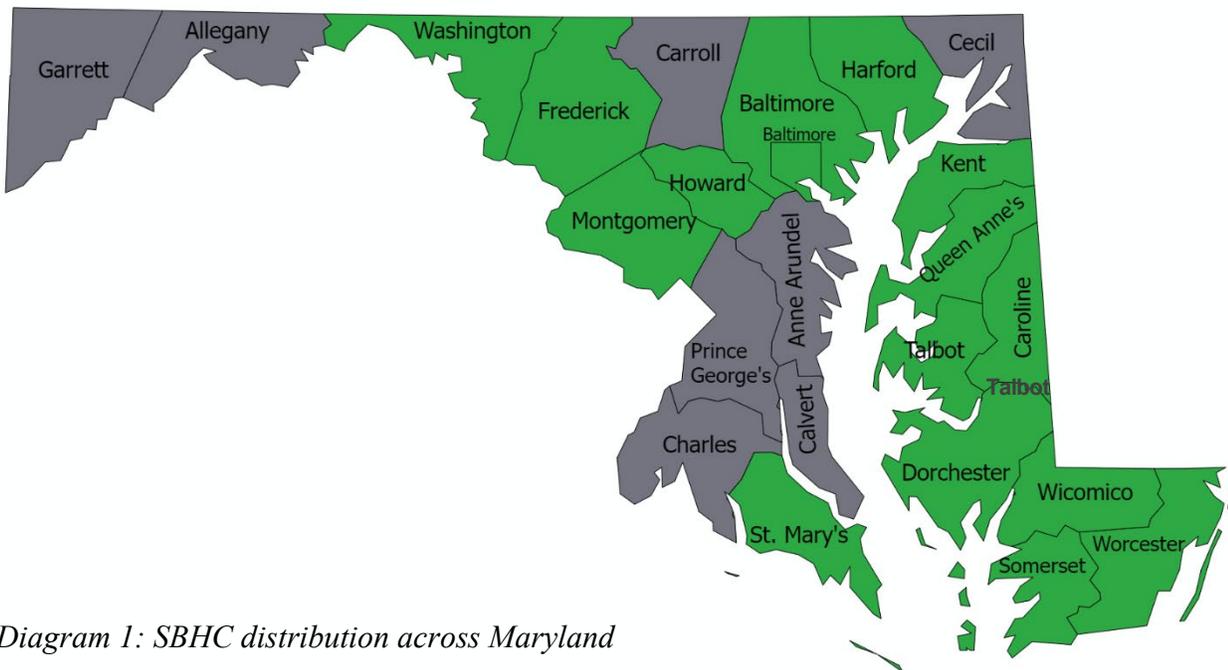


Diagram 1: SBHC distribution across Maryland

Note: SBHCs in Prince George’s County are currently closed as the school district works to identify a new sponsoring organization.

The Council made important progress on its mission in 2024. Key accomplishments are outlined below.

1. The Council issued recommendations related to funding for SBHC construction/renovation and expansion of the SBHC program to additional communities. These recommendations, requested by the Bureau, relate to planning for future large infrastructure funding needs and supporting the Bureau’s mandate to expand the SBHC program to additional underserved communities across the state. Overall, the Council recommends that major SBHC construction/renovation requests (above \$250,000) be funded through the LEA’s Capital Improvement Plan via the Interagency Commission on School Construction (IAC), rather than through the Bureau’s SBHC grant program. The recommendations include other considerations related to school construction, including: processes to

ensure SBHCs are routinely considered as part of all school construction projects, sample floorplans, and innovative facility models such as modular and mobile SBHCs. The Council also recommends tailored outreach with key local education stakeholders across the state and consideration of a provisional approval process for new SBHCs. These recommendations are included in Appendix 2.

2. The Council developed recommendations related to a SBHC funding model. These recommendations, requested by the Bureau, relate to a potential future funding formula for SBHC operational grants, and recommended characteristics for any potential “bonus” payments. The Council recommends a number of goals, requirements, and funding approach principles for consideration when selecting a funding model, including minimizing administrative burden, stable and predictable funding, flexible use of the funds, and fair and equitable distribution of funds across SBHCs, taking into consideration unique characteristics and challenges of each community. The Council also identifies potential areas where funding could be awarded based on goals met if the model ultimately chosen includes a “boost” type option, ranging from less complex goals, such as enrollment targets, well visits, and immunization, through more complex goals such as improved quality of care standards, better educational outcomes, and measurable progress on health equity. These recommendations are included in Appendix 3.

3. Council recommendations supported the issuance of the first Maryland SBHC program annual report. For nearly a decade, the Council has recommended improvements in the collection and reporting of Maryland SBHC data. These recommendations have included specific measures and other improvements for the annual SBHC data survey. The Council also has recommended a public-facing report that will demonstrate the effectiveness of SBHCs. The Council is pleased that Bureau issued the first public SBHC report in December 2024 covering the 2022-2023 school year. This report is included in Appendix 1.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2025. 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 2024 Annual Report

I. Council Activities in 2024

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. Kate Connor, who serves as the Medical Director of the Johns Hopkins Rales Health Center at KIPP Baltimore. Dr. Patryce Toye, retired Chief Medical Officer for MedStar Health Plans, serves as Vice Chair. The full Council met three times during 2024.

Appointments. As of December 10, 2024, nine of the Council’s fifteen seats are currently filled. Six positions currently are vacant. Nominations have been made and appointments are currently pending for three of the vacancies. Council staff are working with the Governor’s Appointment Office on the three pending nominations and potential nominations for the other open slots. A roster of Council members is included on page 10.

Council Meetings. The Council met three times during 2024. All meetings were held virtually.

At its April meeting, the Council approved recommendations related to funding for SBHC construction and renovation. These recommendations are included in Appendix 2.

At its July meeting, the Council held leadership elections. Kate Connor was reelected as the Council’s Chair and Patryce Toye was reelected as Vice Chair.

At its December meeting, the Council approved recommendations related to priorities for a future SBHC funding model. These recommendations are included in Appendix 3.

Meeting minutes from each of the Council meetings are included in Appendix 4.

Workgroups. Much of the Council’s work is conducted by its three workgroups.

Data Collection and Reporting (Data) Workgroup. The Data Collection and Reporting Workgroup is co-chaired by Cathy Allen, representative of the Maryland Association of Boards of Education (MABE) and Vice-Chair of the St. Mary’s County Board of Education, and Joan Glick, a Maryland Assembly on School-Based Health Care (MASBHC) representative formerly with the Montgomery County Department of Health and Human Services.

During 2024, the Data Workgroup continued to monitor the annual survey of SBHCs, which had been expanded previously with input from the workgroup. The workgroup is considering additional recommendations for the report and analysis of SBHC data.

Systems Integration and Funding (SIF) Workgroup. The Systems Integration and Funding Workgroup was chaired by Dr. Kate Connor.

During 2024, the SIF Workgroup developed recommendations for funding for SBHC construction/renovation. Those recommendations were approved at the Council’s April meeting and are included in Appendix 3. Then the workgroup held several meetings to look at SBHC integration with education systems. This included briefings on Community Schools and school nursing. The workgroup will continue this effort in 2025.

Quality and Best Practices (QBP) Workgroup. The Quality and Best Practices Workgroup is co-chaired by Jean-Marie Kelly, Maryland Hospital Association representative and most recently Director of Policy, Planning, & Assessment at the Cecil County Department of Health, and Dr. Patryce Toye, MASBHC representative and former Chief Medical Officer for MedStar Health Plans.

During 2024, the QBP Workgroup developed recommendations related to a SBHC funding model. These recommendations were approved at the Council’s December meeting and are included in Appendix 4. Then the workgroup began to discuss recommendations for a potential study to demonstrate the value of SBHCs, in collaboration with the Data workgroup. This work will continue in 2025.

II. Council Recommendations and Planning for 2025

In 2025, the Council will continue to offer its expertise to the Bureau and to Maryland Medicaid. This work is intended to be collaborative and will be guided by the following priorities:

- **Grant Program.** The Council and its SIF Workgroup will continue to monitor the SBHC grant-making process.
- **Data.** The Council continues to recommend that SBHC data be made public in the form of reports or, eventually, a dashboard, and that individual site reports be provided. The Data Workgroup will continue to provide feedback regarding data collection, management, analysis, and dissemination.
- **Financial Sustainability.** The Council’s SIF Workgroup will continue to investigate SBHC financial sustainability.
- **Integration with School Health Services.** The Council recommends deepening integration between SBHCs and school nurses. System-level integration could include increased data sharing and analysis, clarification on which services should be offered by school health services and which should be offered by SBHC practitioners, as well as best practices for referrals from school nurses to SBHCs. Integration between SBHCs and school health services also could be strengthened at the individual school level. The SIF workgroup will continue to study this issue.
- **MCO cooperation.** The Council continues to encourage the Bureau and Maryland Medicaid to facilitate SBHC cooperation with MCOs. MCOs can help facilitate information-sharing between SBHCs and PCPs. Additionally, MCOs could be provided public student directory information in order to encourage SBHC utilization among their members. MCO data also could be used to demonstrate the value of SBHCs.
- **Approval Processes.** The Council continues to recommend a streamlined, multi-year renewal process for SBHCs that have already been approved, as well as a streamlined and clarified

process for approving new SBHCs. A provisional approval process for new SBHCs could be considered.

- **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.
- **Standards Revision.** The Council looks forward to the release of the revised SBHC Standards. The Council appreciates the Bureau’s commitment to updating the Standards and values the Bureau’s consultations with the Council.
- **Policies and Procedures.** The Council will continue to monitor the Bureau’s development of new policies and procedures for the SBHC program and appreciates the Bureau’s commitment to be collaborative, transparent, and clear. The Council is available as a resource for the Bureau as these policies and procedures are developed.
- **Expansion:** The SIF Workgroup will continue to consider ways to support the expansion of the SBHC program and may develop additional recommendations in 2025. The Council makes itself available as a resource to the Bureau as it fulfills its legislative mandate to expand the SBHC program to additional jurisdictions, schools, and students.

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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 2025 General Assembly Legislative Session as it relates to SBHC financial sustainability, systems integration, data priorities, and quality and best practices. The Council will continue to partner with the Maryland General 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 2025. 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

<p>Dr. Kate Connor, Chair Maryland Assembly on School-Based Health Care (The Johns Hopkins Rales Health Center, KIPP Baltimore)</p>	<p>Dr. Patryce Toye, Vice Chair Maryland Assembly on School-Based Health Care (retired, MedStar Health Plans)</p>
<p>vacant Maryland Assembly on School-Based Health Care</p>	<p>Jean-Marie Kelly Maryland Hospital Association (Cecil County Health Department)</p>
<p>Joan Glick Maryland Assembly on School-Based Health Care (retired, Montgomery County Dept. of Health and Human Services)</p>	<p>Dr. Arethusa Kirk Managed Care Organization (UnitedHealthcare)</p>
<p>Cathy Allen Maryland Association of Boards of Education (St. Mary's County Board of Education)</p>	<p>vacant Secondary School Principal of a School with an SBHC</p>
<p>vacant Public Schools Superintendents Assn. of Md.</p>	<p>vacant Elementary School Principal of a School with an SBHC</p>
<p>Gabriella Gold Commercial Health Insurance Carrier (CareFirst)</p>	<p>vacant Md. Association of County Health Officers</p>
<p>Dr. Diana Fertsch Md. Chapter of American Academy of Pediatrics (Dundalk Pediatric Associates)</p>	<p>Christina Bartz Federally Qualified Health Center (Choptank Community Health Systems)</p>
<p>vacant Parent/guardian of a student who receives services from SBHC</p>	

Ex Officio Members

<p>Senator Clarence Lam Maryland State Senate</p>	<p>Delegate Bonnie Cullison Maryland House of Delegates</p>
<p>Dr. Benjamin Wormser Designee of the Secretary of Health Medical Director, Maternal and Child Health Bureau</p>	<p>Mary L. Gable Designee of the State Supt. of Schools Assistant State Supt., Student, Family, and School Support</p>
<p>Andrew Ratner Chief of Staff, Maryland Health Benefit Exchange</p>	<p>Mark Luckner Executive Director, Maryland Community Health Resources Commission</p>

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 Department of Health (MDH).

In December 2024, the SBHC Program at the Bureau of Maternal and Child Health released the first report of SBHC data. This report is included here.

Note: SBHCs in Prince George's County are currently closed as the school district works to identify a new sponsoring organization.



THE MARYLAND SCHOOL-BASED HEALTH CENTER PROGRAM

2022 - 2023 SCHOOL YEAR REPORT

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BACKGROUND/INTRODUCTION

The Maryland School-Based Health Center (SBHC) Program provides comprehensive primary, acute, and preventative health services, as well as chronic condition management, to students, families, and communities through clinics located on a school campus. SBHCs support positive health and education outcomes by providing high quality services in the location where children spend a majority of their time. Research has demonstrated that SBHCs not only support school performance, grade promotion, and high school completion¹ but also bolster feelings of school connectedness². This model has played a critical role towards increasing access to health services across Maryland, especially in underserved communities, since 1985.

This report describes the Maryland SBHC Program and includes data collected for services provided at SBHCs across Maryland from July 1, 2022 to June 30, 2023, reflecting the 2022 - 2023 school year.

Data was collected and incorporated from annual grant applications received in May 2022 and an annual survey administered in June 2023. The survey captured information on two main populations who are served by SBHCs: students and non-students.

STUDENT DEFINITION

An individual attending a school that the SBHC serves. This may include students attending the school that the SBHC is located in, or students attending "feeder schools" served by the SBHC.

NON-STUDENT DEFINITION

Any other individual the SBHC serves. This may include student siblings (not enrolled in the school served by the SBHC), home-schooled students, school staff, or other adults, and other community members.

This report also uses terminology informed by the School-Based Health Alliance (SBHA), which provides technical assistance to SBHCs nationally:

- **Client** refers to an individual that has enrolled in a SBHC by completing the intake paperwork and consent forms. Some individuals enroll in a SBHC but never complete a visit there.
- **User** refers to an individual that has completed at least one visit of any type at a SBHC.
- **Visit** refers to in-person and virtual encounters for any type of service from any type of provider. Visits are further categorized by the type of health care service provided.

MARYLAND SBHC PROGRAM LANDSCAPE

The information presented in this report encapsulates a unique time for the Maryland SBHC Program. The Program transferred from the Maryland State Department of Education (MSDE) to the Maryland Department of Health on July 1, 2022 following passage of House Bill 1148/Senate Bill 830 during the 2021 Maryland General Assembly's Regular Session. Throughout this period, the Program supported 96 SBHCs across 17 jurisdictions in Maryland, of which five jurisdictions contained a designated health provider shortage area (Harford, Prince George's, St. Mary's, and Somerset counties, and Baltimore City).

Maryland SBHCs provided clinical services to youth across **173 unique zip codes** in rural, urban, and suburban communities (Figure 1).

These SBHCs are intentionally placed in **high need** communities with **limited access** to healthcare resources.



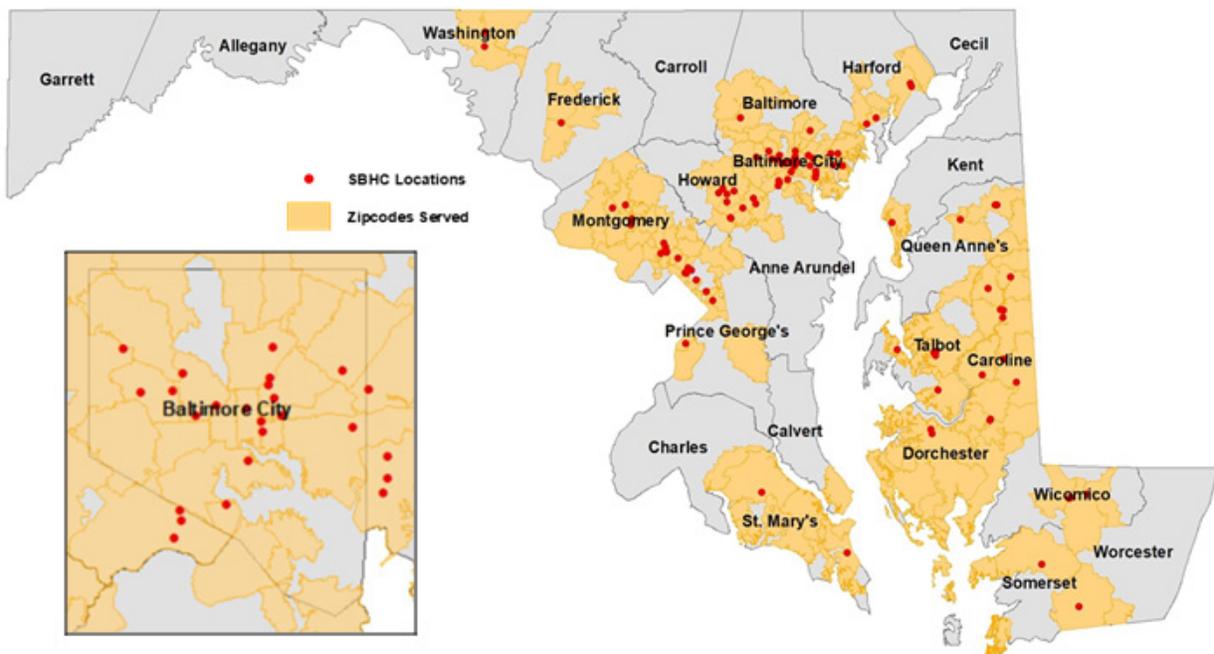
41% of SBHCs served **elementary** schools (n=39)

16% of SBHCs served **middle** schools (n=15)

33% of SBHCs served **high** schools (n=32),

10% of SBHCs served schools with a **mix of primary and secondary** grade levels (n=10).

Figure 1. Location of SBHCs and zip codes served



POPULATION SERVED

Maryland’s SBHCs serve patients regardless of race, ethnicity, gender, religion, sexual orientation, immigration status, or insurance status. While all SBHCs are available to students who attend the school where the SBHC is located, some SBHCs (45%; n=43) make a decision in partnership with their local school and community to serve non-students. To be treated at a SBHC, the patient must enroll in the SBHC or be enrolled by their parent/guardian.



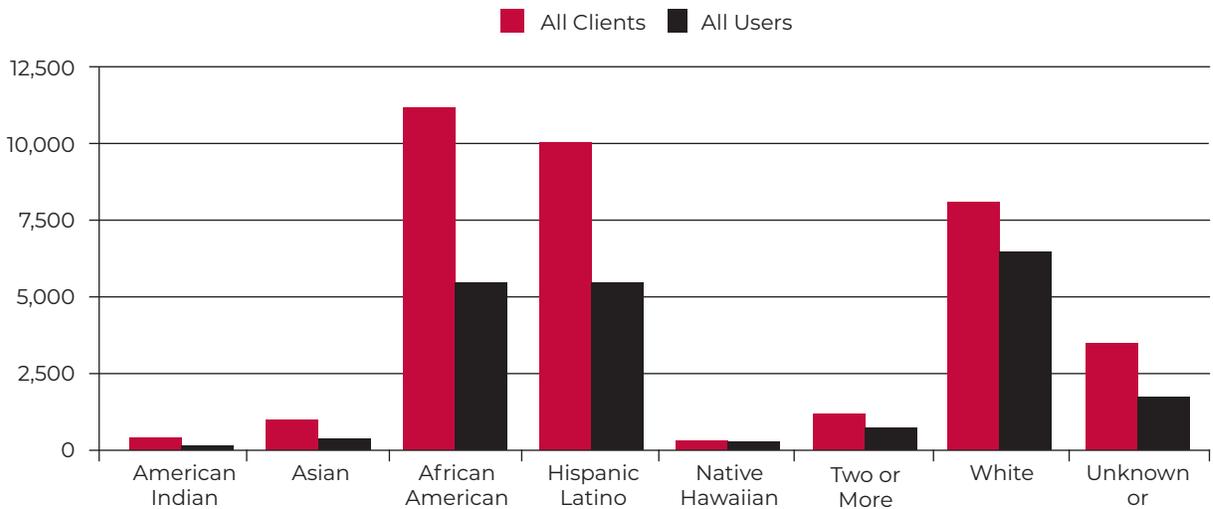
During the **2022-2023** school year, a total of **32,422 clients enrolled** in a SBHC, of which **18,618 (57.4%) utilized services at least once**. A total of **39,096 visits** were completed.

Table 1. Clients, Users, and Visits across School Levels, 2022 – 2023 School Year

	Elementary School	Middle School	High School	Multigrade
Student Clients	10,709	3,918	11,191	3,054
Total School Enrollment *	21,480	10,813	43,562	7,254
Non-Student Clients	2,337	339	730	144
Student Users	5,613	2,036	6,197	1,313
Non-Student Users	2,361	378	607	113
Student Visits	12,003	4,119	13,341	3,425
Non-Student Visits	4,399	503	1,140	166

* Data extracted from the 2022 MSDE Report Card

Figure 2. Race by Client and User



- About six out of ten students who enrolled at a SBHC were Black or Hispanic; combined, this population accounted for 58% of total visits across all SBHCs (28% and 30% respectively; Figure 2). However, white students used SBHCs at a higher rate and more often than any other race, accounting for 34.4% of all users and 33.6% of all visits.
- Patients with Maryland Medicaid made up 39% of total clients, 40% of all SBHC users, and 41% of visits (Figure 3).
- Uninsured or underinsured patients accounted for 44% of total visits. Without SBHCs, a potential 7,321 clients would not have received these needed services. For students, this may have meant missing class time or whole school days seeking care. The Maryland SBHC Program is one of only a few state SBHC programs nationwide that ensures no students can be denied services based on their ability to pay.

Figure 3. Insurance Status by Client, User, and Visit

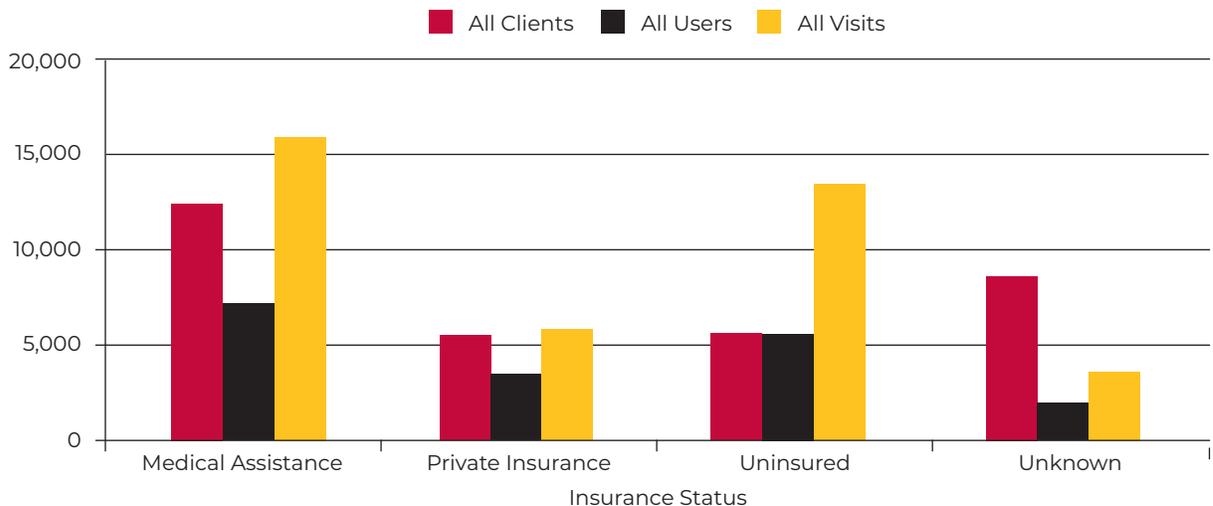


Table 2. All Clients, Users, and Visits across Maryland Counties, 2022 - 2023 School Year

County	Number of SBHCs	Student Clients	Non-Student Clients	Student Users	Non-Student Users	Student Visits	Non-Student Visits
Baltimore City	17	5,710	20	2,020	20	4,738	235
Baltimore	13	1,834	*	1,192	*	2,694	*
Caroline	9	4,146	704	2,949	1,474	6,411	2,290
Dorchester	4	1,481	169	494	*	2,870	12
Frederick	1	372	*	372	*	372	*
Harford	5	1,218	*	228	*	1,034	*
Howard	11	3,828	*	1,670	*	2,202	*
Kent	1	73	56	107	56	165	71
Montgomery	14	5,913	2,040	2,706	1,206	7,066	2,604
Prince George's	4	745	*	745	*	902	*
Queen Anne's	3	379	117	338	167	540	236
Somerset	1	317	40	317	40	547	40
St. Mary's	2	274	64	323	64	447	81
Talbot	5	1,520	267	995	341	1,570	554
Washington	2	496	*	173	11	578	11
Wicomico	3	411	57	375	57	519	57
Worcester	1	155	16	155	16	233	17

Note: *Counts of 10 or less are suppressed.
 Note: Visit data represents any type of visit to the SBHC for any service

SBHC SERVICE MODELS



All SBHCs in Maryland are required to provide somatic healthcare services delivered by a physician, nurse practitioner or physician’s assistant. This includes conducting age-appropriate health screenings and providing evaluation and treatment of both acute and chronic conditions, including preventive care and initial management of behavioral health conditions. 26,629 visits for somatic services were provided to students during the 2022 - 2023 school year, and 5,459 visits were provided to non-students.

Table 3. SBHC Services by County, 2022 - 2023 School Year

County	Somatic Visits		Behavioral Health Visits		Oral Health	
	Student	Non-Student	Student	Non-Student	Student	Non-Student
Baltimore City	4,426	*	1,017	*	**	**
Baltimore	2,694	*	**	**	**	**
Caroline	4,897	1,882	917	29	1,449	*
Dorchester	1,146	12	1,724	*	**	**
Harford	225	*	810	*	**	**
Howard	2,202	*	**	**	**	**
Kent	165	61	**	**	73	*
Montgomery	7,066	2,604	8,506	875	**	**
Prince George's	**	**	947	**	**	**
Queen Anne's	464	208	26	*	302	*
Somerset	273	40	1,296	*	27	*
St. Mary's	526	81	**	**	**	**
Talbot	1,358	484	**	**	260	**
Washington	585	*	**	**	**	**
Wicomico	369	57	81	*	421	*
Worcester	233	17	420	*	117	*

*Note: Counts of 10 or less are suppressed

**Service not provided

***Frederick reported 372 (non-somatic) visits during the 2022-2023 year

****Prince George's changed sponsors during the 2022-2023 school year, impacting their ability to provide somatic services to students.

SBHCs have the option to offer additional services, called Expanded Services, which include behavioral health services, oral health services, sexual and reproductive health care, nutrition counseling, health education, and other services. The decision to offer these services is made at the local SBHC level with input from the Sponsoring Organization that provides clinical/administrative oversight at the SBHC (see pg. 10 for more information), the local school system, and the greater school community. Eight Sponsoring Organizations provided behavioral health services, resulting in 15,744 visits with students and 910 with non-students. Two Sponsoring Organizations reported 2,649 visits exclusively with students for oral health services.

Select Somatic Services

Each of the 39,096 visits to SBHCs during the 2022 - 2023 school year represented an opportunity to provide a direct service or to connect a patient with another health-related program. Specifically, 122 patients were referred for asthma home visits, and 726 patients were enrolled in school-based asthma programs. 1,512 hearing screenings and 2,204 vision screenings were performed. 13,240 childhood immunizations were administered to prevent future infections, and to ensure that students could enroll in school.



Table 4. Select Services Delivered, 2022 - 2023 School Year

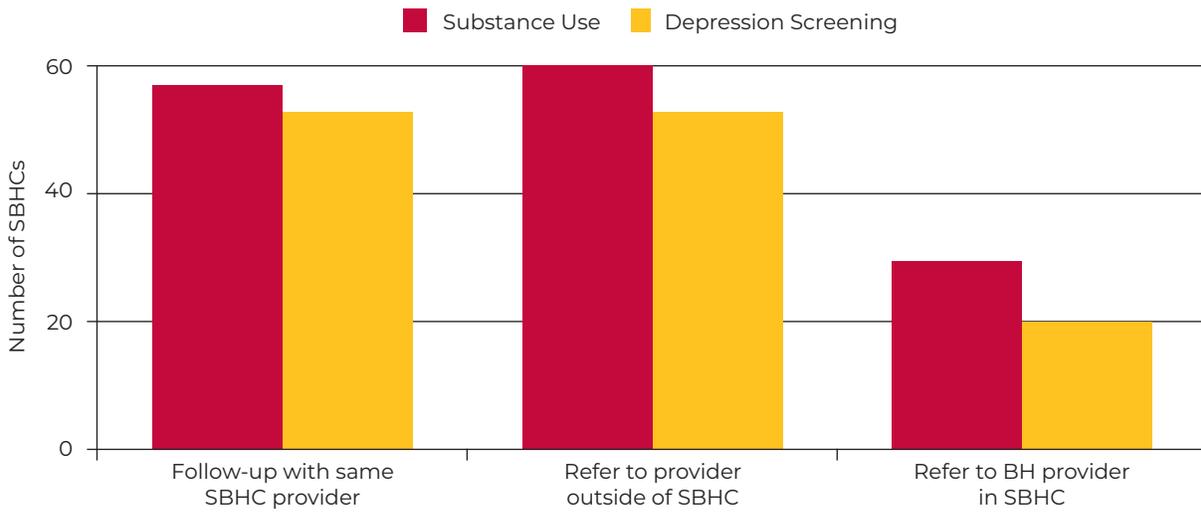
Visit Service Type	Student Users	Non-Student Users
Annual Well-Child Visit	2,723	804
Sports Physical	1,786	90
Diagnosis of Asthma	786	76
Age-appropriate Annual Risk Assessments	4,752	831
Body Mass Index (BMI) percentile w/ counseling for nutrition and physical activity	3,027	778
Clinical depression screening	4,072	832
Chlamydia screening	933	30

Behavioral Health Services



It is a Moore - Miller Administration priority to improve access to mental health treatment and advance well-being for all Marylanders, including youth. SBHCs help to fill service and provider gaps by providing behavioral health (BH) services while also conducting screenings and making referrals to services. Fifty-four SBHCs regularly screened patients for depression, and 68 SBHCs screened for substance use during the 2022 - 2023 school year (Figure 4).

Figure 4. Positive Substance Use and Depression Screening Options 2022-2023 School Year



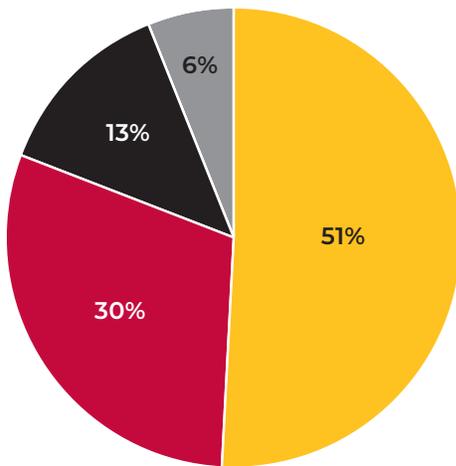
SPONSORING ORGANIZATIONS

Sponsoring Organizations play a critical role in SBHC operations as they provide the administrative and/or clinical oversight necessary to keep centers staffed and operating. In Maryland and across the nation, Sponsoring Organizations are diverse organizations, and can include health centers, local health departments, public school systems, hospitals, universities, tribal governments, non-profits, local management boards, and others.

In 2022, the Maryland SBHC Program provided grants to 16 Sponsoring Organizations: eight local health departments (LHD), three federally qualified health centers (FQHC), two universities, two towns or local management boards (LMB), and one public school system (PSS) (Figure 5). This distribution differs from national trends³, in which a majority of SBHCs are sponsored by FQHCs and only 5% by LHDs (Figure 6).

Figure 5. Sponsorship Type, 2022-2023 School Year

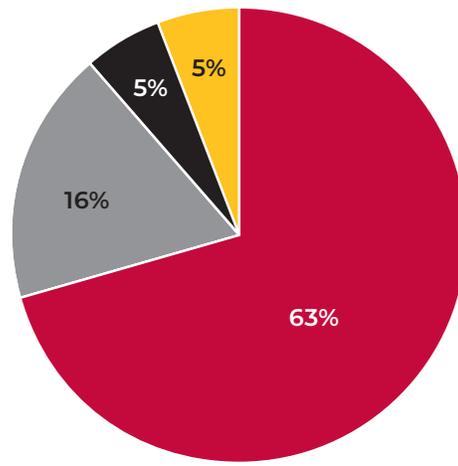
Maryland SBHC Sponsorship Type



■ LDH (49) ■ FQHC (29)
■ Other (5) ■ Public School (13)

Figure 6. National Sponsorship Type, School-Based Health Alliance 2022 Consensus Report

National SBHC Sponsorship Type



■ LDH ■ FQHC ■ Public School
■ Hospital and Medical Center

SPONSOR TYPE COMPARISON

With any sponsor model, there are unique strengths associated with the type of organization serving as the lead sponsor, and therefore, SBHCs largely operated by a LHD, for example, may look different than a SBHC led by a university. One key example of this is reflected in the types of services provided. Maryland SBHCs sponsored by FQHCs were the sole sponsor type to provide any oral health service with an oral health provider. In contrast, SBHCs sponsored by a LHD were more likely to provide in house behavioral health services with a behavioral health provider compared to FQHCs and other sponsor types. Enrollment and utilization strategies may also differ between sponsor types.

Table 5. Clients, Users, and Visits Across Sponsor, 2022 - 2023 School Year

	FQHC	LHD	Other
Student Clients	10,376	14,669	3,827
Non-Student Clients	*1,257	2,273	*20
Student Users	5,977	6,865	2,317
Non-Student Users	2,151	1,277	31
Somatic Visits (Student)	10,139	12,551	3,939
Somatic Visits (Non-Student)	2,749	2,697	13
Behavioral Health Visits (Student)	3,681	12,063	**
Behavioral Health Visits (Non-Student)	**	875	**
Oral Health Visits (Student)	2,649	**	**
Oral Health Visits (Non-Student)	**	**	**

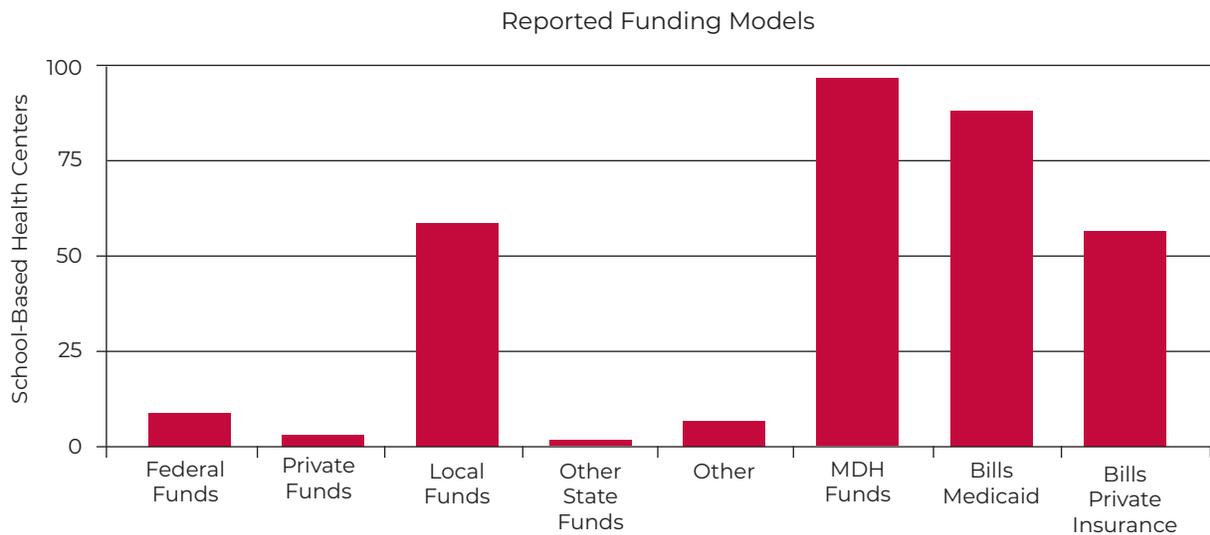
*This total may be lower than actual due to enrollment structure and processes across 14 sites

**Note: Counts of 10 or less are suppressed

FUNDING MODELS

Successful SBHCs utilize a variety of funding sources to support clinic staffing and operations. As reported by Maryland SBHCs (Figure 7), four dominant sources were identified: 100% of SBHCs received grant support from the Maryland SBHC Program (n=96), 92% of SBHCs reported billing Maryland Medicaid (n=88), 58% of SBHCs reported billing private insurance (n=56), and 60% of SBHCs reported receiving local funding (n=58). The 88 SBHCs that billed Maryland Medicaid reported a total reimbursement of \$1,444,962.

Figure 7. Reported SBHC Funding Sources, 2022 - 2023 School Year



TELEHEALTH



SBHCs in Maryland are permitted to provide services via telehealth, a care delivery model found to be particularly critical during the pandemic. Nationally, SBHCs have reported increased use of telehealth services, rising from 19% in 2016-2017 to 90% of responding SBHCs in 2022³. In Maryland, 33% of SBHCs reported providing telehealth services (n=32)

for a total of 829 visits (2% of all visits). Among the 29 SBHCs sponsored by FQHCs, 59% provided telehealth compared to 27% of SBHCs sponsored by LHDs, and 11% of SBHCs sponsored by others.

CONCLUSION

The Maryland SBHC Program serves an important role in promoting the health, well-being, and educational achievement for Maryland's students. Its unique service delivery model brings high quality care to communities with limited resources. SBHCs ensure that students have access to somatic, behavioral, and oral health care in locations where they spend the majority of their time.

As part of the Moore-Miller Administration's commitment to the health and well-being of Maryland's youth, the Administration underscores the importance of fostering robust partnerships. These collaborative endeavors bring together state agencies, school systems, and Sponsoring Organizations' providers. During the 2022- 2023 school year, the partnerships enabled 18,618 Marylanders to be served by SBHCs, with 39,096 visits completed. By developing additional partnerships and reinforcing the infrastructure of SBHC service delivery models, the Administration can anticipate growth in the number of Marylanders benefiting from these crucial health services.

The Maryland SBHC Program will support the opening of new SBHCs in additional communities over the coming years, including in counties not currently represented in the Program. This goal will be achieved by expanding infrastructure to support new Sponsoring Organizations that are working with local communities to establish SBHCs that are responsive to the unique needs of the community, and its students. In existing SBHCs, the Program will use the data in this report to guide technical assistance for Sponsoring Organizations that will further promote equitable access for students. Finally, the Program will promote the sustainability of Maryland's SBHCs by strengthening local partnerships and increasing billing of health insurance providers to diversify funding sources and to maintain this important resource for Maryland's students for years to come. Throughout this work, the Program will remain committed to ensuring high quality care is available to students and their families through SBHCs.

The work represented in this report and in the Program's future plans is built upon the input, guidance, and partnership of school administrators, Sponsoring Organizations, community advocates, members of the Maryland Council on Advancement of School-Based Health Centers (CASBHC), and members of the Maryland Assembly on School Based Health Care (MASBHC), without whom none of this would be possible.

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1. Knopf, J., Finnie, R., Peng, Y., et al. (2016) School-based health centers to advance health equity: A Community Guide systematic review. *American Journal of Preventive Medicine*, 51(1), 114–126. <https://doi.org/10.1016/j.amepre.2016.01.009>.
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3. Soleimanpour, S., Cushing, K., Christensen, J., Ng, S., Yang, J., Saphir, M., Geierstanger, S., Even, M., Brey, L. (2023). Findings from the 2022 National Census of School-Based Health Centers. Washington, DC: School-Based Health Alliance.



Maryland

DEPARTMENT OF HEALTH

Maryland Department of Health
The Maryland School-Based Health Center Program
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Appendix 2.

Council on Advancement of School-Based Health Centers Recommendations regarding the expansion of SBHC program

Context: The Council on Advancement of School-Based Health Centers received two questions from the Bureau of Maternal and Child Health (“the Bureau”) related to the expansion of the School-Based Health Center (SBHC) model across the state. The first involved funding requests for SBHC construction/renovation. The second related to other strategies to support the expansion of SBHCs to underserved communities. These questions from the Bureau are posted below:

1. We have received requests from SBHC Sponsoring Orgs with interest in funding major construction projects (>\$500,000). How does CASBHC recommend the Program approach these types of requests? How should we plan for future large infrastructure funding needs for Program expansion in the future?
2. Driving expansion of the Maryland SBHC Program to underserved communities with limited resources will be a challenge. Current infrastructure for supporting such an expansion includes development of the revised Standards, a SBHC Academy, more clarity around the approval process, and SBHC Planning Grants. What other strategies might be employed?

In developing recommendations, the Council found some overlap, as construction/renovation of facilities is essential for expansion. The recommendations below address both of these questions.

Background on school construction: The Council’s Systems Integration and Funding workgroup met with the staff from the Interagency Commission on School Construction (IAC) and the Maryland State Department of Education (MSDE) to understand the process for school construction and renovation requests.

The Capital Improvement Program process for school building construction/renovation typically takes about two years from start to finish. Local Education Agencies (LEAs) present construction/renovation proposals to the IAC each October. Cost-sharing between the state and each LEA is based on a formula.

SBHCs are typically constructed using the Cooperative Use Space allowance, which may include up to 3,000 gross square feet of improvements in addition to the school’s Health Suite. More information about cooperative use space requirements can be found on pages 5-6 of the IAC’s Capitol Improvement Program [instructions](#).

In addition, Community Schools will be eligible for additional square footage of Cooperative Use Space through a Concentration of Poverty add-on. More information can be found on page 46 of [this document](#).

Recommendations:

1. Overall, the Council recommends that major SBHC construction/renovation requests (above \$250,000) be funded through the LEA’s Capital Improvement Plan via the IAC, rather than through the Bureau’s SBHC grant program. Smaller renovations could be requested through the Bureau’s SBHC grant program as an infrastructure grant request and/or a separate Request for Applications, pending the availability of funds. The Council recommends that no more than 10% of the Bureau’s total grant awards to SBHC sponsor organizations in a given year be used for renovation projects. The Council recommends considering ways to make funding available to organizations that have not yet opened SBHCs, provided

Appendix 2.

that these organizations can demonstrate significant SBHC planning efforts are taking place in collaboration with the LEA and MDH. Priority could be given to requests that have a local match and/or renovations required in order to open a new SBHC or remain in compliance with facilities standards.

2. The Council recommends the Bureau engage with senior local school district administrators (Superintendents, Directors of School Services, and principals) as well as local school boards and county commissioners to inform them about the SBHC program and the value of school-based health centers. Council members may be able to facilitate connections to these groups through their membership organizations. The Council recommends that discussions with local school districts be tailored to the unique circumstances of each school district. This engagement is critical for the construction/renovation of SBHCs, because these officials set the priorities for school construction and also would need to commit to local matching funds. Through this engagement, local school districts could be encouraged to:

- invest in SBHCs to address health and educational equity;
- include SBHCs in their budgets for Concentration of Poverty grants under the Blueprint for Maryland's Future and otherwise meet their Blueprint implementation goals; and/or
- prioritize SBHCs in their annual planning for school construction through the Capital Improvement Plan and IAC.

As part of this outreach, the Council recommends that the Bureau share with LEAs and local communities the statewide Needs Assessment released by the Bureau in 2022, which identified dozens of schools across the state that could be prioritized for SBHCs.

3. The Council recommends engagement with Blueprint Coordinators and Community Schools Coordinators for the LEAs in order to educate them about SBHCs. Under the Blueprint for Maryland's Future, Community Schools are eligible for Concentration of Poverty grants that may be used to fund SBHCs. This meeting could be facilitated by the Council's MSDE partners.

4. The Council recommends that the Bureau and MSDE encourage LEAs to consider building a physical space that could be used by an SBHC every time they have a school construction project. Some districts routinely incorporate SBHCs into all their school construction plans. For example, for several years, Caroline County Public Schools has included space for SBHCs in all of their school construction projects; as a result, there is now an SBHC in every school in that county.

5. The Council recommends the Bureau work with the IAC to inform school districts with projects in the pipeline about opportunities to include SBHCs in their pending renovation projects.

6. The Council recommends the Bureau share with LEAs some sample floorplans for SBHCs to help with the design of the spaces. The Council recommends that exterior entrances for new SBHCs be considered so that SBHCs could be used outside of school hours.

7. The Council recommends consideration of innovative models for SBHC facilities. For example, St. Mary's County recently used a federal ESSER grant to purchase a relocatable modular building for its SBHCs. Mobile SBHCs could also be considered.

Appendix 2.

8. The Council recommends that schools work closely with SBHC sponsors on renovations and construction. For minor renovations of a school building, it can be more efficient for the SBHC sponsor to directly manage the renovation than the school or LEA.

9. The Council appreciate the Bureau's outreach to Federally Qualified Health Centers (FQHCs) and encourages outreach to other potential clinical sponsors including hospitals, health systems, and universities, as well as other potential administrative sponsors including charitable foundations. Sponsors should be known and trusted by the communities they will serve. While the Council encourages continued outreach to potential SBHC sponsors, the Council advises that direct outreach to LEAs is also necessary (see #2 above).

10. The Council recommends consideration of a provisional approval process for new SBHCs. Currently, school districts and sponsors interested in opening a new SBHC must commit significant resources toward construction without any assurance that the SBHC ultimately will be approved. To address these concerns, the Council recommends the Bureau provide a letter or other document indicating the intent to work together with the sponsor and school district toward the shared goal of an SBHC once the construction/renovation is complete.

Long-term policy recommendations:

1. Over the long term, the Council recommends that minor renovations below a certain threshold, such as those needed to establish or renovate a SBHC in an existing school building, be funded through a different process than major school construction and renovation projects. These smaller projects potentially could have an expedited process and timeline.

2. Over the long term, the Council recommends a dedicated stream of funding for school health or SBHCs within the Capital Improvement Program, such that these priorities would not compete with one another. For example, it may be difficult for an LEA to prioritize a SBHC over a request for a new school roof or new pre-kindergarten classrooms.

Appendix 3.

Council on Advancement of School Based Health Centers Recommendations on SBHC Grant Program Funding Models

Background: The Council on Advancement of School-Based Health Centers were asked by the Bureau of Maternal and Child Health (the Bureau) at the Maryland Department of Health (MDH) to provide recommendations related to a future funding model. The Council was asked the following question:

The Maryland SBHC Program is working to develop a meaningful and transparent funding formula for SBHC operational grants in FY26. We are exploring several models and are interested in learning which characteristics CASBHC feels should be a priority for potential “Bonus” payments? Note that including a measure as a bonus is a conscious Program decision to value that factor above others and will likely drive the Program’s services in that direction.

Colorado Example: The Council’s Quality and Best Practices workgroup (QBP) studied this question. The workgroup reviewed a presentation given at the 2023 School Based Health Alliance national conference describing work done jointly by the Youth Health Alliance and the Colorado Department of Health & Environment, (which are akin to the Maryland Assembly on School Based Health Care [MASBHC] and the Bureau, respectively). In their presentation titled, “Incorporating Equity & Stakeholder Input into the Colorado SBHC Program’s Funding Approach,” the team from Colorado described in detail the process it undertook to develop a revised SBHC funding model aimed at supporting the establishment of new SBHCs and expanding service/providing ongoing support to existing SBHCs.

Colorado started the process by reviewing the existing model and identifying problems with it that they felt needed to be addressed in any revisions. Time was spent identifying key stakeholders and gathering input into the work via a variety of engagement strategies. Goals and Requirements for a new model were developed and ranked, and then these criteria were tested against several different funding models for their ability to meet the stated goals. Funding Approach Principles were also developed as part of the process, and each proposed model was evaluated against the principles. The final model selected was the one that scored highest (i.e., met the most goals): ‘Base and Boost.’ As the name implies, the model offers a base payment with an opportunity to earn extra funds, the ‘boost,’ if certain goals are achieved by the SBHC. The full Colorado presentation is attached.

To support the Bureau as it works through a process similar to Colorado’s, the Council is providing some recommended Goals, Requirements, and Funding Approach Principles, as well as potential areas where a ‘boost’ or other similar supplemental funding could be applied, depending on the model chosen by the Bureau.

Recommended Goals, Requirements and Funding Approach Principles. Within this structure, the QBP workgroup developed the following list of Goals, Requirements, and Funding Approach Principles. Note: the workgroup assumed that grant funding would continue to be awarded to the SBHC administrative sponsor organizations and from there would flow to the individual SBHCs based on needs identified by the administrative sponsor (rather than granting directly to each individual SBHC).

1. Minimize administrative burden – the process of applying for a grant should be as streamlined as possible .
2. Easy data submission processes for grant funding.
3. Provide stable funding, i.e., a multiyear grant process, or at least predictable funding – this would allow SBHCs to know what resources they have and allow time for processes to be

Appendix 3.

developed. The Council acknowledges that this may be incompatible with the current MDH procurement process but recommends exploring potential opportunities to modify the procurement process in the future.

4. Provide for flexible use of the funds - incorporate a process for SBHCs to modify the use of funds awarded to another purpose, with approval from the Bureau. For example, reallocate funds for a wellness program for STI screening to tobacco/vaping cessation if there is a newly identified surge in use within the school.
5. Provide fair and equitable distribution of funds across the SBHC community, taking into consideration the differing characteristics and challenges of rural vs suburban vs urban locations and accounting for the range of school enrollment and SBHC enrollment – smaller school enrollment at elementary schools vs high schools, etc.
6. Transparent methodology for calculating funding so that a SBHC can predict its funding and validate the accuracy of funding awarded.
7. Distinguish between startup funding and ongoing funding, with distinct amounts proportionate to total available dollars to ensure that there is a funding stream for each category. For example, total funds could be allocated with 30% for new/startup SBHCs and 70% for ongoing funding. This should be part of the transparent methodology.
8. Consider sustainability of the total available dollars as the number of SBHCs increases. The workgroup recommends ensuring that state funds available for the SBHC program keep pace with the program's growth. This could be accomplished through legislation approved by the General Assembly and/or through the Governor's annual budget.
9. Consider "innovation" grants as part of the main grant or as an individual grant – these would be funding to bring a new program into a SBHC or a new approach to solve an identified problem in the school.
10. Consider additional funding where local resources are not available, as a means to support SBHCs in counties that have smaller operating budgets.
11. Specific grants for one-time investments in infrastructure such as medical equipment like defibrillators and VFC refrigerators (consistent with the existing funding model).
12. Flexibility in the timeline to allow newer sites time to get operations in place – multiyear grants would be ideal.
13. Model could include consideration of the number of operating sites, any feeder schools, differing hours of operation, and mode of operation (in person hours vs service hours via telehealth).
14. Model should be able to support service delivery by 'brick and mortar" clinics, telehealth, and the potential for mobile clinics in the future.
15. Model should acknowledge and account for the difficulty in getting information on the cost to run SBHCs. For example, many SBHCs receive in-kind services to support operations. Accurate information on the value of these services is not always available to the SBHC administrative and clinical organizations when in-kind services are supplied by the school system.
16. Model may provide some differential funding for SBHCs that offer mental health, dental, vision etc. to encourage expanded services, while not reducing funding for smaller SBHCs that do not have the volume of patients to support these services.

Recommended Potential Boost Areas: For the second part of the request made by Bureau, the workgroup identified a number of potential areas where funding may be awarded based on goals met if the model ultimately chosen includes a 'boost' type option.

Acknowledging that achieving some of these goals is more complicated or requires infrastructure or legal agreements not available in all jurisdictions, the Council offers a phased approach. The Council also

Appendix 3.

recognizes that many of these goals are shared by the Bureau as presented to the full Council meeting on March 1, 2022.

Phase 1 Goals:

1. Meet ALL the new SBHC Standards
2. Encourage increased enrollment
3. Encourage expanded hours of operation
4. Encourage increased utilization of well visits
5. Encourage increased immunizations

Phase 2 Goals:

6. Encourage effort by SBHC to access additional funding by providing report of efforts
7. Set high Quality of Care standards (and demonstrate improvement through metrics)
8. Encourage expansion of services to address the broader needs of the school population (i.e. dental, behavioral health, wellness like smoking cessation or obesity, etc.)
9. Increase total number of SBHCs/number of students with access to a SBHC
10. Integration with community – referrals, advisory boards, social services referrals
11. Communications with PCPs – closing referral loop, electronic health record interoperability or alternative process for care coordination, health visit forms shared with PCP, and communication and coordination with PCP. In the long term, CRISP may be used for information-sharing.
12. Maximize revenue – billing Medicaid and other insurances
13. Accurate data gathering and submission to support efforts listed above for increasing enrollment, well visits, immunizations, and other projects and programs where metrics will be essential for evaluating effectiveness

Phase 3 Goals:

14. Promote health equity in services provided and measure it
15. Reduce absenteeism/improve educational outcomes
16. Reduce ER visits, especially for asthma

The Council would like to thank the Bureau for this opportunity to offer its thoughts and ideas on a future funding model and looks forward to further collaboration as the model development process continues.

Incorporating Equity & Stakeholder Input into the Colorado SBHC Program's Funding Approach

Aubrey Hill, Executive Director, Youth Healthcare Alliance
Michelle Shultz, School-Based Health Center (SBHC) Program Manager



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Disclosures

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the presenters or other activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
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Learning Objectives



By the end of the session, participants will be able to:

- Initiate a partnership between the state grant program and the state affiliate organization to support a strategy for disseminating school-based health center (SBHC) funding.
- Describe how to apply various methods to engage stakeholders in developing a funding strategy for a SBHC grant program.
- Describe various types of funding formulas or methods for distributing grant funding.

Session Agenda

- State program overview
- State affiliate overview
- Timeline & engagement strategies
- Development steps
- Summary & lessons learned
- Q&A

Colorado SBHC State Grant Program Overview

Colorado's School-Based Health Center (SBHC) Program Overview

- Established in [state statute](#)
- CO's SBHCs are clinics located in schools or on school property that offer primary, behavioral and oral health care to children and young adults.
- The SBHC Program awards grants to:
 - Establish new SBHCs (planning grants).
 - Expand services/provide ongoing support to operating SBHCs.



2021-22 SBHC TOTAL COSTS ~ \$21 million for 53 sites

CDPHE Grants

\$6,100,000

(~\$4.5 million
granted from SBHC
state general fund)

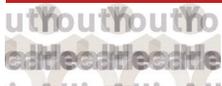
Insurance
reimbursement

\$10,000,000

(Primarily public
insurance, e.g.
Medicaid)

Other grants,
support, &
in-kind
donations

\$5,400,000



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Grant Activities

Ensure
community
input in the
SBHC

Adhere to
SBHC quality
standards

Collect &
evaluate
data

Provide
a core
menu of
services

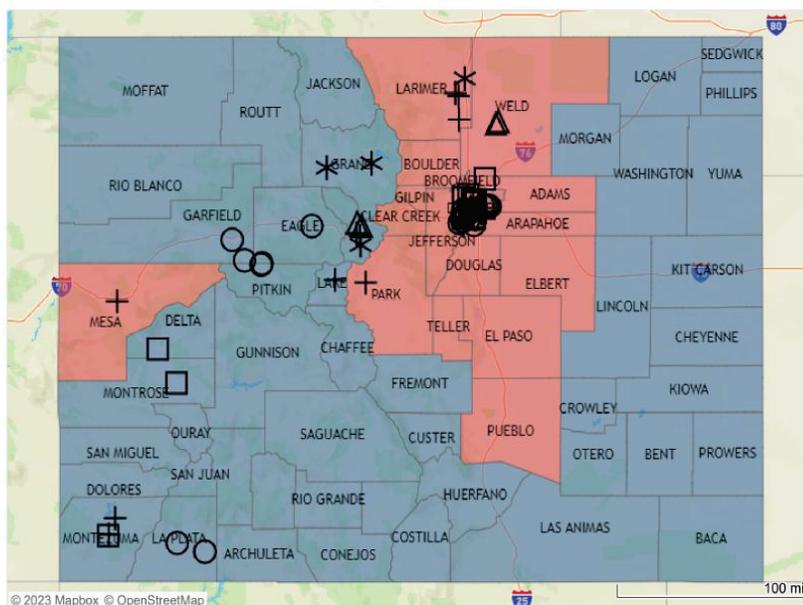
Conduct
quality
improvement
activities



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Colorado's SBHC Program Sites

School Based Health Centers (SBHCs) By Urban and Rural Counties



Urban / Rural Filter
(All)

Urban / Rural
 Urban
 Rural

Strategy
(All)

Strategy
 Operating SBHC without SBIRT or SBOH
 Operating SBHC with SBIRT only
 Operating SBHC with SBOH only
 Operating SBHC with SBIRT and SBOH
 Planning SBHC

Click [here](#) to view the interactive map



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Colorado State Affiliate Overview



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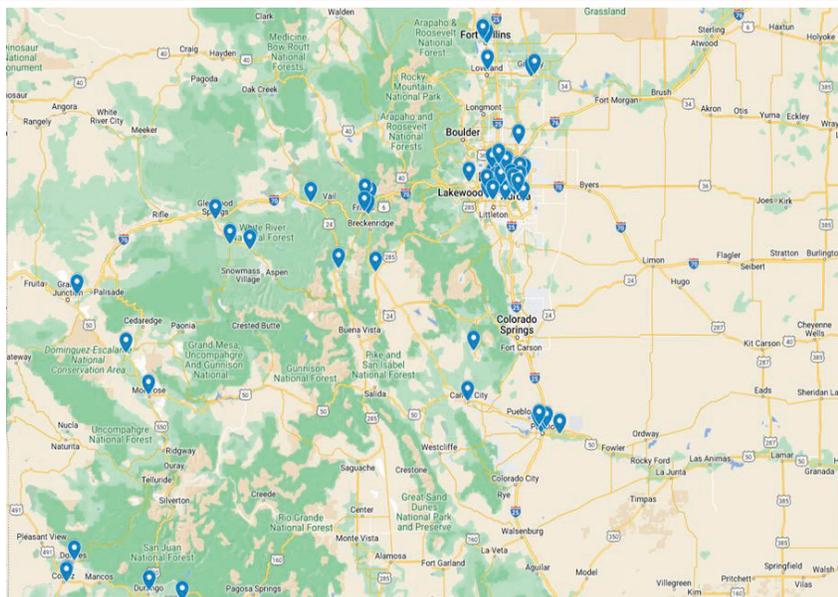
Youth Healthcare Alliance Overview

1. In existence since 1996 (renamed in Feb 2023)
2. Nonprofit membership organization for all Colorado's SBHCs (70 total; 53 of those funded by CDPHE)
3. Champions for school-based clinics in Colorado
 - a. Provide advocacy, outreach/access to resources and supports to explore school-based models, supports for clinical advancement within existing clinics.
 - b. Ultimately, driven by our members' needs and vision.



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Colorado SBHC Locations



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YHA - CDPHE partnership

YHA - State Affiliate:

- Acts as membership organization
- Advocates in state legislature
- Provides technical assistance for clinical programs
- Reaches out and provides support to new community

Shared partnership with the vision of supporting and advancing SBHCs statewide.

- Collaborate on program specifics
- Share information regarding policy changes
- Share information about interested communities

CDPHE - State Program Office:

- Provides grant funding
- Sets minimum standards for services and quality
- Provides evaluation and data analytics



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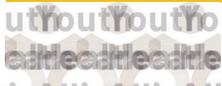
Funding Model Timeline & Engagement Strategies



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Problem with old funding model

- Not equitable.
 - Awards based on score.
 - Awards based on amount requested.
- Complex.
 - Challenge to allocate when available funding changed.
 - Unpredictable budgets for grantees year-to-year.
- Not transparent



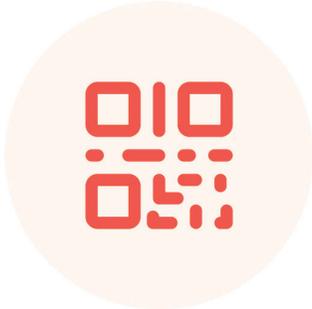
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Timeline



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How have you managed major programmatic transitions during COVID/public health emergency while many were operating in a virtual environment?



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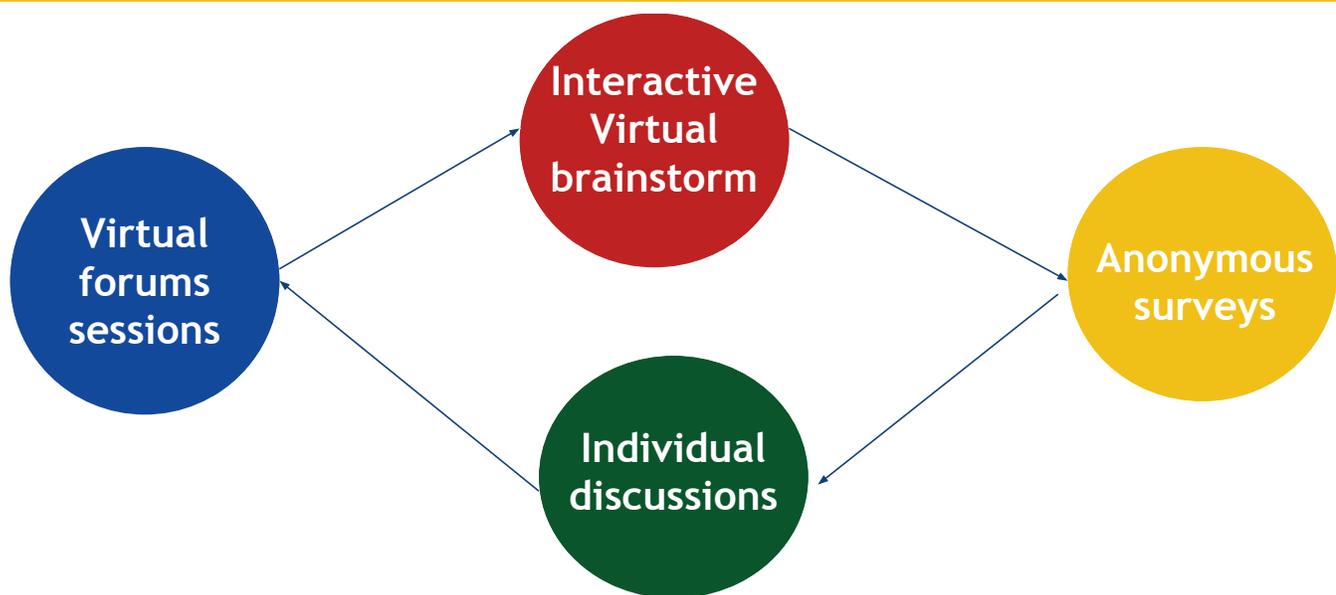


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Planning for new model

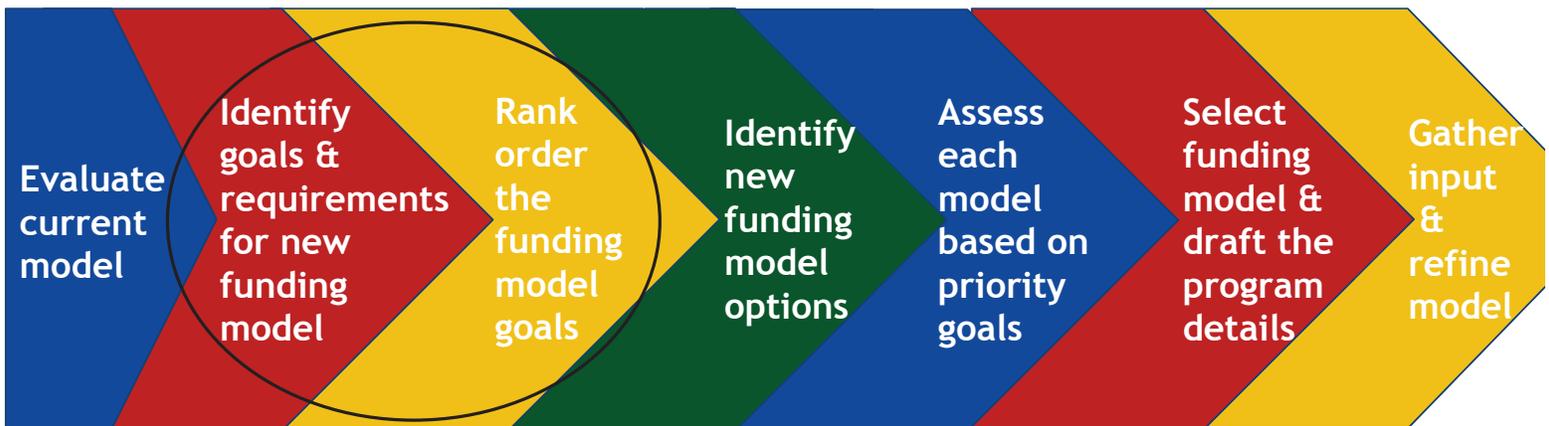
- Conducted research of other grant-making programs' funding models.
- Identified key stakeholders.
- Developed plan for stakeholder involvement & shared decision-making.
- Developed a timeline to include time for feedback.
- Used multiple avenues to solicit input.

Employed Multiple Engagement Methods



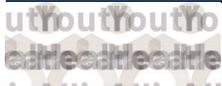
Funding Model Development

Process to develop the new model



SBHC Program Funding Approach Equity Definition

All SBHCs, regardless of location or organizational resources, have the capacity to provide quality care to as many students as possible in their school.



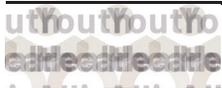
Funding Approach Goals - Put sticky note on your "top 3"

The sticky note cards are as follows:

- Reduce administrative burden:** Surrounded by notes like "Vote", "Love it!", "First Priority", "Yes please!", "#1", "#2", "Vote! :)".
- Improve predictability and forecasts:** Surrounded by notes like "Vote", "Yes, Please :)", "#1", "#2", "#3", "Vote! :)".
- Increase flexibility in how funds can be spent:** Surrounded by notes like "Vote", "Love it!", "#2", "#1", "Yes please", "Vote", "#2", "#2", "Vote", "smiley face".
- Equity:** Surrounded by notes like "Please!!", "3", ":", "Yes!", "vote".
- Consistency:** Surrounded by notes like "#3", "#3", "Vote".
- Transparency:** Surrounded by notes like "#3", ":", "Vote".

SBHC Program Funding Goals

1. Reduce administrative burden.
2. Increase flexibility in how funds can be spent.
3. Improve predictability and forecasts.
4. Improve equity in funding distribution.
5. Increase consistency in distribution.
6. Promote transparency in distribution.



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Funding Approach Principles - Put sticky note on your "top 3"

<p>#1 1 1</p> <p>Preserve the delivery of quality health care services</p> <p>1 1 #1 1 #1</p> <p><i>Vote! :)</i> #1</p> <p><i>I would integrated to this statement</i></p>	<p>#3</p> <p>Support the most equitable distribution of funds per SBHC</p>	<p>#2</p> <p>Maintain an expectation of other revenue sources</p>
<p>#2 #2 #3 2</p> <p>Increase ease and simplicity</p> <p>3 #3 3</p> <p><i>Agree, after top 3</i></p> <p>3 #2 3</p>	<p>3 2 #3</p> <p>Ensure funding for establishment, expansion, and ongoing operations</p> <p>2 #3 Vote! :)</p> <p>2 2 #1</p>	<p>#2 3</p> <p>Do most good/least harm for SBHCs meeting/exceeding quality standards</p> <p><i>Vote! :)</i></p>

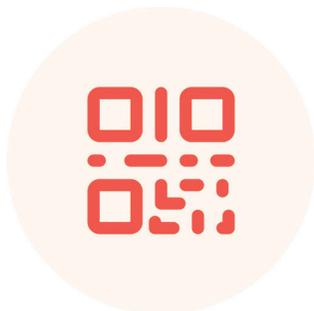


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SBHC Program Funding Approach Principles

1. Preserve quality health care service delivery in SBHCs.
2. Increase ease and simplicity of administering grant dollars.
3. Ensure continued funding for establishment, expansion, and ongoing operations of SBHCs.
4. If funding decreases, do least harm for SBHCs meeting quality standards.
5. Support the most equitable distribution of funds/SBHC.
6. Maintain an expectation of other revenue sources to promote sustainability.

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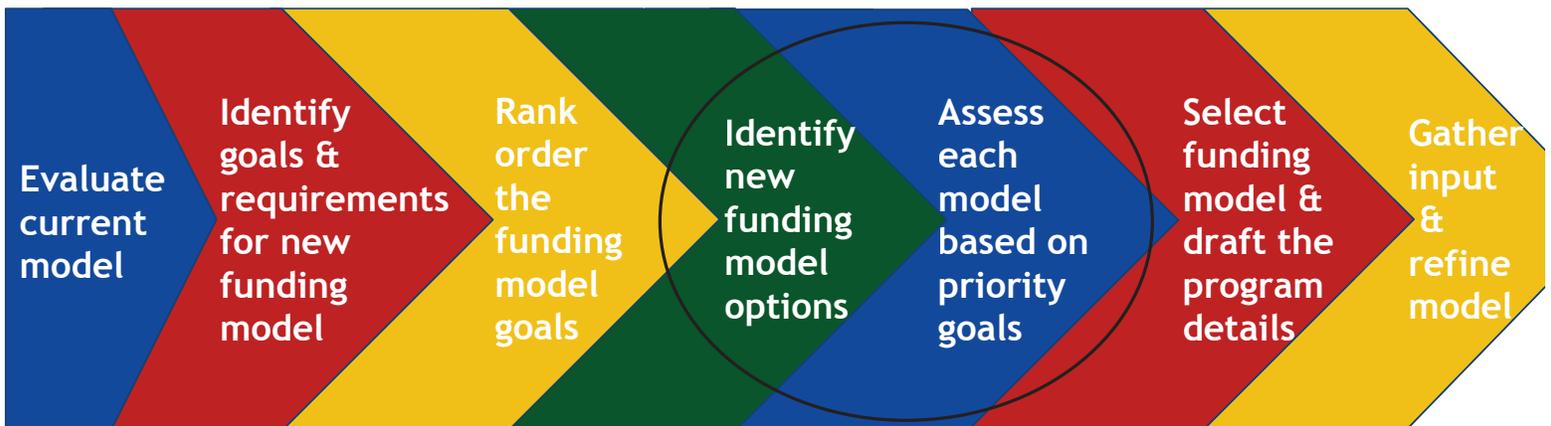
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What stakeholder engagement tools have you found to be the most informative and effective in remote settings? Click all that apply/that you've used.

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Process to develop the new model



Funding Models Explored

- Performance-based models
 - Based on quality metrics.
- Formula models
 - Based on variables (e.g., # of visits, # of provider hours).
- Tiered models
 - Based on number of sites per grantee/assumes economies of scale.
- Base + boost funding models
 - Equal base amount + boost based on categories of choice.



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Funding Goals by Model

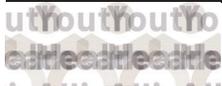
	Current	Perfor. based	Formula	Tiered	Base + Boost
1. Reduce administrative burden	Red	Red	Yellow	Yellow	Green
2. Increase flexibility in how funds can be spent	Red	Red	Green	Green	Green
3. Improve predictability and forecasts	Red	Red	Red	Green	Green
4. Improve equity in funding distribution	Red	Yellow	Yellow	Yellow	Green
5. Increase consistency	Red	Yellow	Yellow	Green	Green
6. Promote transparency in distribution	Red	Yellow	Green	Green	Green



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New Funding Approach Principles by Model

	Current	Perfor. based	Formula	Tiered	Base + Boost
1. CDPHE grant dollars should preserve the delivery of quality health care services	Yellow	Green	Yellow	Yellow	Yellow
2. Increase ease and simplicity of administering grant dollars	Red	Red	Yellow	Yellow	Green
3. Ensure funding for establishment, expansion, and ongoing operations of SBHCs	Yellow	Yellow	Yellow	Green	Green
4. In event of decrease in grant dollars, do most good/least harm for SBHCs meeting/exceeding quality standards	Red	Green	Yellow	Yellow	Yellow
5. CDPHE grant dollars should support the most equitable distribution of funds per SBHC	Red	Yellow	Yellow	Yellow	Green
6. Maintain an expectation of other revenue sources to promote sustainability	Yellow	Green	Green	Green	Green



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Selection: Base + Boost Funding Model

Base award

- Evenly distributed across all Operating SBHC sites.
- Eligibility tied to meeting the Operating SBHC requirements.

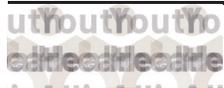
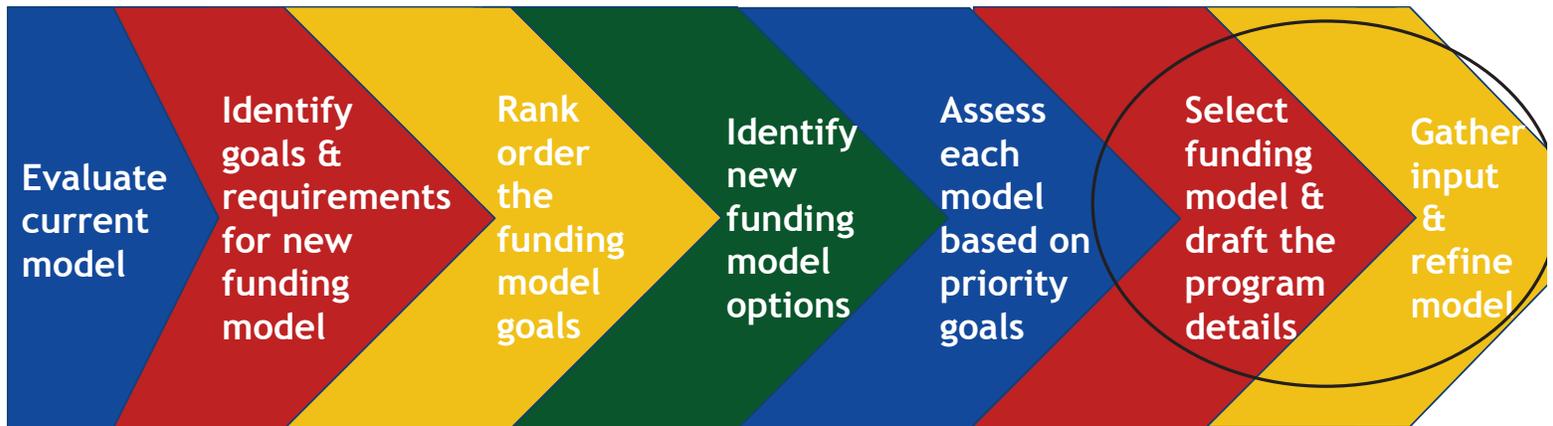
Boost awards

- Awarded to Operating SBHC sites based on site characteristics.
- Not all sites may be eligible for Boost awards.



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Process to develop the new model



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Stakeholder Input on Base+Boost Funding Model

Overall feedback on the base + boost model:

- Many agreed that it is the model most aligned with our funding goals and principles.
- Some concern that the model may not provide an incentive for SBHC expansion to new sites.

Base and total funding amount recommendations:

- Many want base funding set from \$50,000-\$70,000.
- Several expressed need for total funding ~\$80,000 for SBHCs open year round and sites supported by non-FQHC medical sponsors.
- Request to taper funding cuts from current grant.



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Boost Categories - Put sticky note on your "top 3"

<p>#2 #1 #1</p> <p>Rural/Frontier Location</p> <p>#3 #2</p>	<p>#2</p> <p>Non-FQHC Medical Sponsor</p>	<p>#2 #3</p> <p>Only one SBHC site</p>
<p>#3 #1</p> <p>Student population demographics (e.g., free & reduced lunch)</p> <p>#2 #3</p> <p>#3</p>	<p>#3 #1</p> <p>Innovation for expanding reach (e.g., telehealth extension hub)</p> <p>#1 #2 #1</p> <p>#1</p>	<p>#2 #3</p> <p>Other - write suggestions on a sticky on the next page</p>

Stakeholder Input: Boost Funding Categories

Most endorsements:

- Data indicating student need or population demographics.
- SBHC implementation of innovative strategies to expand student reach.

Medium number of endorsements:

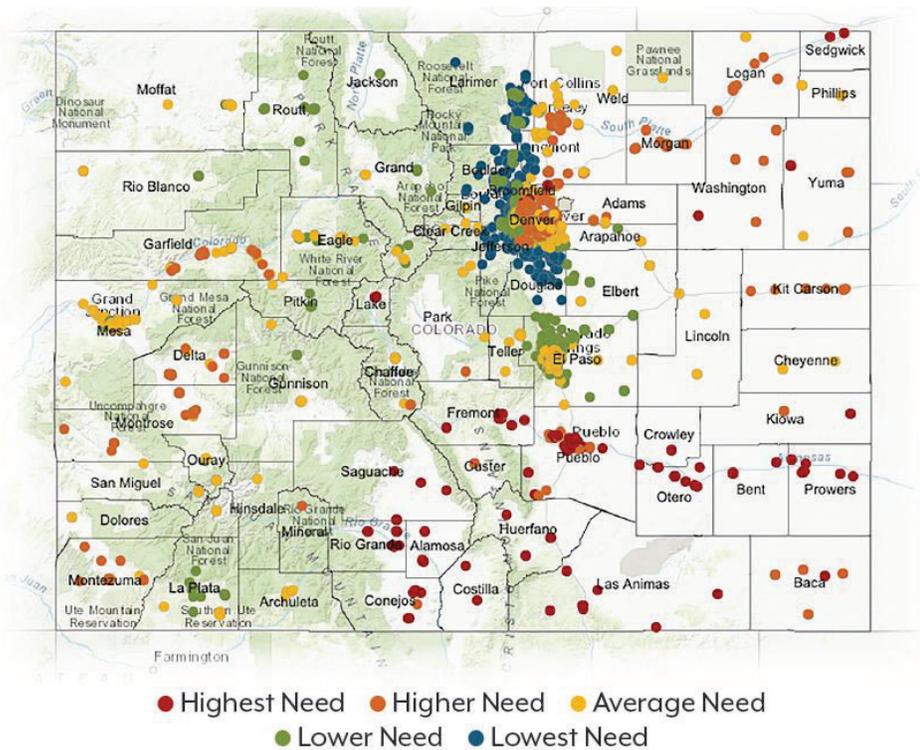
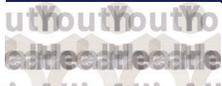
- Rural/frontier location.
- Full-time behavioral health services.
- SBHC hours of operation.

Mixed responses:

- Non-Federally Qualified Health Center (FQHC) medical sponsor.

CDPHE SBHC Program Team Boost Category Analysis

- Considered the number of stakeholder endorsements & context discussed in meetings, email, and surveys.
- Assessed alignment with SBHC Program funding principles & program priorities.
- Identified reliable, publicly-available data sources.
- Assessed the ability to fairly evaluate eligibility for boost category.
- Analyzed funding impact by host school SBHC relative need as indicted in needs assessment.

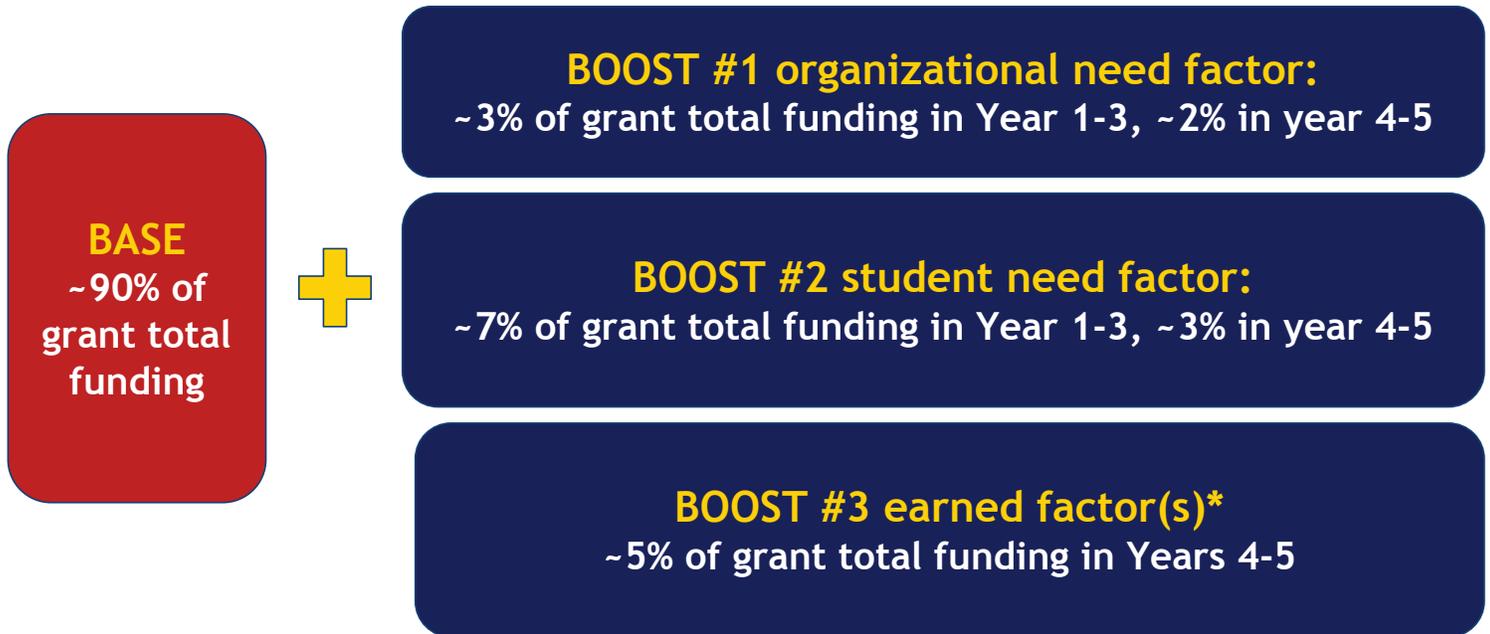


Identifying Opportunities for School-Based Health Care in Colorado

[Colorado Health Institute needs assessment for school-based health centers \(SBHCs\) in Colorado](#)

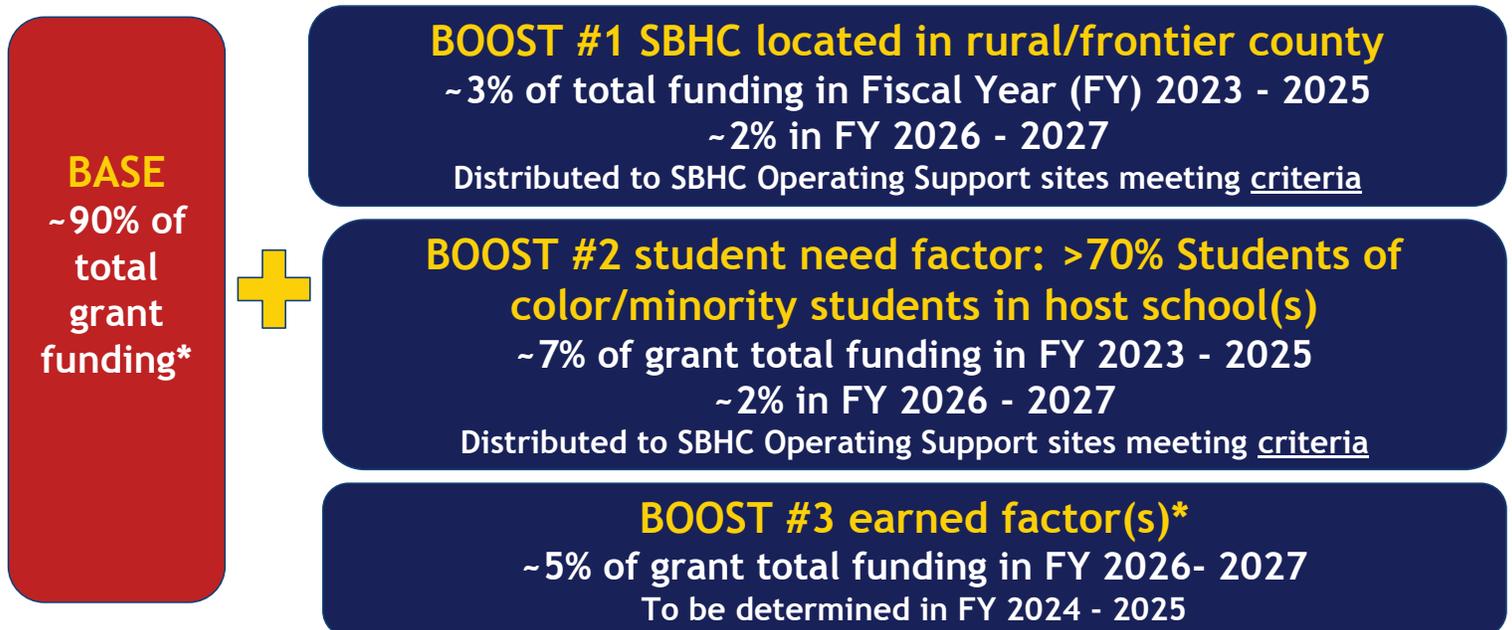


SBHC Program Funding Model

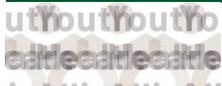


*Earned boost factor parameters to be determined by SBHC stakeholders by Year 3.

SBHC Operating Support Awards



Summary & Lessons Learned



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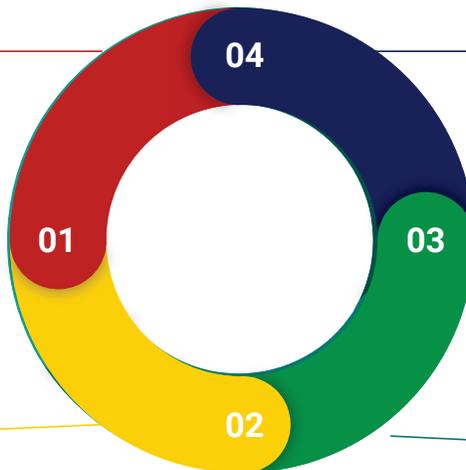
Funding Model Development Process

Identification of funding model goals & principles

- Identified qualities of an ideal funding approach.
- Stakeholders finalized and prioritized the funding model goals and principles.

Analysis of funding models by SBHC program funding model goals & principles

- Researched alternative funding models with stakeholders.
- Stakeholders reviewed models against funding model goals and principles.
- Identified the merits of the base+boost model.



Incorporated stakeholder input into funding model

- Funding model for SBHC Operating Support grantees beginning FY 23.
- Two boost characteristics driven by funding goals, principles, and stakeholder input.

Gathered stakeholder feedback to refine the base+ boost funding model

- Conducted meetings, surveys, Jamboard forums, and email input.
- Collected boost category suggestions and rankings.
- Collected input on base funding floor and boost category amounts.



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Summary of Responses to Stakeholder Input

- Incorporated stakeholder input into each step to define model.
- Identified a model most aligned with the agreed-upon goals.
- Projected base funding within the preferred range.
- Included the top-rated boost factor categories.
- Shared tools to help grantees budget for future.

Steps to consider

- Identify the stakeholders who need to provide input.
- Develop a timeline sufficient for stakeholder engagement.
- Identify multiple avenues to solicit input.
- Create shared goals & definitions w/stakeholders.
- Convene with other program partners throughout (e.g., YHA).

Steps to consider

- Engage program partners (e.g., YHA) to communicate engagement opportunities.
- Use existing communication channels to raise awareness.
- Promote transparency by sharing progress.
- Prepare grantees for change by running scenarios & providing tools to calculate.

Continuing Education Credits

- In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Community Health Center Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
- This conference is intended for Nurses, Nurse Practitioners, Physicians, Physician Assistants/Associates, Psychologists, Registered Dietitians, and Social Workers
- **Please go to the link for the CME web platform (Weitzman Education) posted in the mobile app to complete the post-session survey to access your continuing education credit.**
- A comprehensive certificate will be available in the CME platform after completing the post-session surveys for all sessions you attended.



Thank you.

Aubrey Hill at hill@youthhealthcarealliance.org
Michelle Shultz at michelle.shultz@state.co.us



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Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**Council on Advancement of School-Based Health Centers
Telecon via Zoom
MINUTES**

Monday, December 18, 2023

1:00 PM – 2:05 PM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toyce, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Consulting Medical Director, MedStar Family Choice
3. Joan Glick, Maryland Assembly on School-Based Health Care | retired, Health Services, Montgomery County DHHS
4. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
5. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
6. Christina Bartz, Federally Qualified Health Center | Director of Community Based Programs, Choptank Community Health Systems
7. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan
8. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | Pediatrician, Dundalk Pediatric Associates

Ex Officio

1. Shelly Choo, Ex Officio Member | Director, Bureau of Maternal and Child Health, MDH
2. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange
3. Lorianne Moss | CASBHC Staff

Public

1. Benjamin Wormser, Maternal and Child Health Bureau, PHPA, MDH
2. Andrea Stennett, Maternal and Child Health Bureau, PHPA, MDH
3. Bella Chant, Maternal and Child Health Bureau, PHPA, MDH
4. Kim Grady, Maternal and Child Health Bureau, PHPA, MDH
5. Kristen Yirenki, Maternal and Child Health Bureau, PHPA, MDH
6. Linda Rittelmann, Maryland Medical Assistance Program, MDH
7. Jamie Perry, Office of Population Health Improvement, MDH
8. Alicia Mezu, MSDE
9. Scott Tiffin, Chief of Staff, Office of Sen. Lam
10. Erin Dorrien, Maryland Hospital Association

11. Derek Simmons, Superintendent, Caroline County Public Schools
12. Marcy Austin, Health Officer, Harford County
13. Ellen Hudson, Meritus Health
14. Joy Twesigye, MASBHC Policy Chair
15. Pam Kasemeyer, Schwartz, Metz, Wise & Kauffman, P.A.
16. Robyn Elliott, Public Policy Partners

1:00 PM Roll-Call

Kate Connor welcomed meeting participants. Lorianne Moss called the roll.

1:05 PM Minutes from October 16, 2023 Meeting

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

1:00 PM Discussion of proposed minimum hours requirement

Kate Connor reminded the Council that the Bureau had requested feedback on the Bureau's proposal to include in the updated SBHC Standards a requirement that each SBHC have an in-person clinician for at least eight hours over two days per week. Ben Wormser said having these minimum hour requirements would help to protect the unique service delivery model of SBHCs, and would not interfere with an SBHC's ability to provide services via telehealth in addition to the in-person services. Other states have higher in-person minimum hour requirements.

The matter had been referred to the Council's Quality and Best Practices (QBP) workgroup, which developed draft recommendations for discussion at the full Council meeting. QBP workgroup Co-Chair Jean Marie Kelly shared the draft recommendations, observing that while the workgroup agrees that SBHCs should have some in-person clinician hours, the workgroup recommends that decisions about the number of hours of in-person services per week be left to SBHC sponsors. Rather than having a prescribed minimum number of hours, the workgroup recommended that SBHC sponsors consider the volume of utilization of the SBHC and workforce capacity. The workgroup further recommended that if minimum hours were set, the Bureau should provide SBHCs funding to help pay for eight hours of in-person clinician time, and should develop a process for SBHCs to seek a waiver, consistent with other requirements in the Standards.

Jean-Marie Kelly added that setting minimum in-person clinician hours could stifle innovation and would treat SBHCs different than private practices. Council Chair Kate Connor said the eight-hour minimum could interfere with a Hub and Spoke model for SBHCs, and could disadvantage smaller and more remote schools. She said SBHCs should develop staffing plans based on outcomes rather than hours.

Cathy Allen suggested the Standards could express that SBHCs "ideally" should have a clinician in-person for eight hours over two days per week. Other Council members supported this suggestion.

1:55 PM Council 2023 Annual Report

Jean-Marie Kelly made a motion to approve the 2023 Council Annual Report with a correction regarding the number of vacancies on the Council, and without the recommendations on minimum hours. Cathy Allen seconded the motion. There were no oppositions or abstentions. The 2023 Annual Report was approved.

2:00 PM Vote on proposed minimum hours requirement

Arethusa Kirk made a motion to approve and include in the annual report the QBP recommendations on minimum hours, with a sentence added to suggest that SBHCs should have a clinician in-person “ideally” for eight hours over two days per week. Chrissy Bartz seconded the motion. There were no oppositions or abstentions. The recommendations were approved.

2:05 PM Adjourn

Kate Connor encouraged Council members to share any legislative updates with Lorianne Moss to circulate among Council membership via email.

Arethusa Kirk made a motion to adjourn the meeting. Cathy Allen 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 Zoom
MINUTES**

Thursday, April 30, 2024
11:30 AM – 12:50 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 | retired, Chief Medical Officer, MedStar Health Plans
3. Joan Glick, Maryland Assembly on School-Based Health Care | retired, Senior Administrator, Health Services, Montgomery County DHHS
4. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
5. Jean-Marie Kelly, Maryland Hospital Association | Director - Policy, Planning, & Assessment, Cecil County Health Department
6. Christina Bartz, Federally Qualified Health Center | Director of Community Based Programs, Choptank Community Health Systems
7. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | retired, Pediatrician, Dundalk Pediatric Associates
8. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan

Ex Officio

1. Del. Bonnie Cullison, Ex Officio Member | Maryland House of Delegates, District 19 (Montgomery County)
2. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
3. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange
4. Lorianne Moss | CASBHC Staff

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5. Kristen Yirenki, Maternal and Child Health Bureau, PHPA, MDH
6. Jamie Perry, Office of Population Health Improvement, MDH
7. Alicia Mezu, MSDE
8. Scott Tiffin, Chief of Staff, Office of Sen. Lam

9. Erin Dorrien, Maryland Hospital Association
10. Derek Simmons, Superintendent, Caroline County Public Schools
11. Marcy Austin, Health Officer, Harford County
12. Marcy Leonard, Principal, Wilde Lake High School
13. Alicia Nelson, St. Mary's Health Department
14. Ellen Hudson, Meritus Health
15. Christine Krone, Schwartz, Metz, Wise & Kauffman, P.A.

9:30 AM Roll-Call

Kate Connor welcomed meeting participants. Lorianne Moss called the roll.

9:35 AM Minutes from December 18, 2023 meeting

Cathy Allen moved to approve the December meeting minutes. Patryce Toyce seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

11:40 AM Legislative updates

Delegate Cullison said the recent legislative session did not particularly focus on School-Based Health Centers (SBHCs). She highlighted several bills that passed including: the Access to Care Act (HB 728), to permit qualified residents to purchase plans on the health exchange regardless of immigration status; HB 522, to require the development of State guidelines to accommodate telehealth appointments for students at middle and high schools during the school day; HB 1441, to support the expansion of pre-kindergarten under the Blueprint for Maryland's Future; and SB 579, to require a study on the cost to provide free breakfast and lunch to all students in public schools.

Senator Lam's chief of staff Scott Tiffin highlighted: SB 190, to facilitate the use of bronchodilators by school nurses and other school personnel; SB 991, to support language access to behavioral health care for children with limited English proficiency; SB 718, to establish the Maryland Pathway to Nursing Pilot Program to provide practical and financial support to nursing students; and SB 441, to expand educational loan repayment to school nurses.

11:50 AM Agency updates

Ben Wormser presented an update on the SBHC program. There are currently 89 SBHCs across the state. The Bureau is aware of a least 15 additional SBHCs that may open over the next several years. To support new SBHCs, the Bureau has launched an onboarding institute, awarded planning grants, and developed several toolkits. To support existing SBHCs, the Bureau is streamlining the reapplication process and developed a quarterly newsletter. The Bureau will be presenting at the national School Based Health Alliance conference in Washington, D.C. later this summer. The annual SBHC survey is being updated, and the Bureau is producing data reports to share with SBHCs and with the public. The Bureau's future priorities include engagement with stakeholders such as CASBHC about a potential SBHC grant funding formula.

Kate Connor expressed the Council's appreciation for the Bureau's work, noting that many longstanding Council recommendations are coming to fruition.

12:15 PM School construction and SBHC expansion recommendations

Kate Connor, as chair of the Systems Integration and Funding workgroup, presented draft recommendations developed by the workgroup related to school construction and SBHC program expansion. Cathy Allen expressed support for the recommendations, suggesting that the recommendations include outreach to local Blueprint Coordinators. Delegate Cullison also expressed support, suggesting that the Council encourage SBHCs to have an exterior entrance allowing them to serve patients outside of school hours. The recommendations were amended to reflect these suggestions. Kate Connor made a motion to adopt the recommendations as amended, and Cathy Allen seconded the motion. There were no oppositions or abstentions. The recommendations were adopted.

12:45 PM Next steps and introductions of Council nominees

Kate Connor announced that the workgroup leaders will meet soon to discuss next steps. She introduced two individuals who have been nominated to serve on the Council: Marcy Leonard, principal of Wilde Lake High School in Howard County, and Marcy Austin, Harford County Health Officer.

12:50 PM Adjourn

Patryce Toye made a motion to adjourn the meeting. Chrissy Bartz seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.



MDH Update

CASBHC Full Council Meeting

April 30, 2024

Agenda

1. Strategic Priority Review
2. State of the Maryland SBHC Program - Status Update
3. Support for New SBHCs
4. Support for Existing SBHCs
5. Data Updates
6. Plans for FY25/FY26

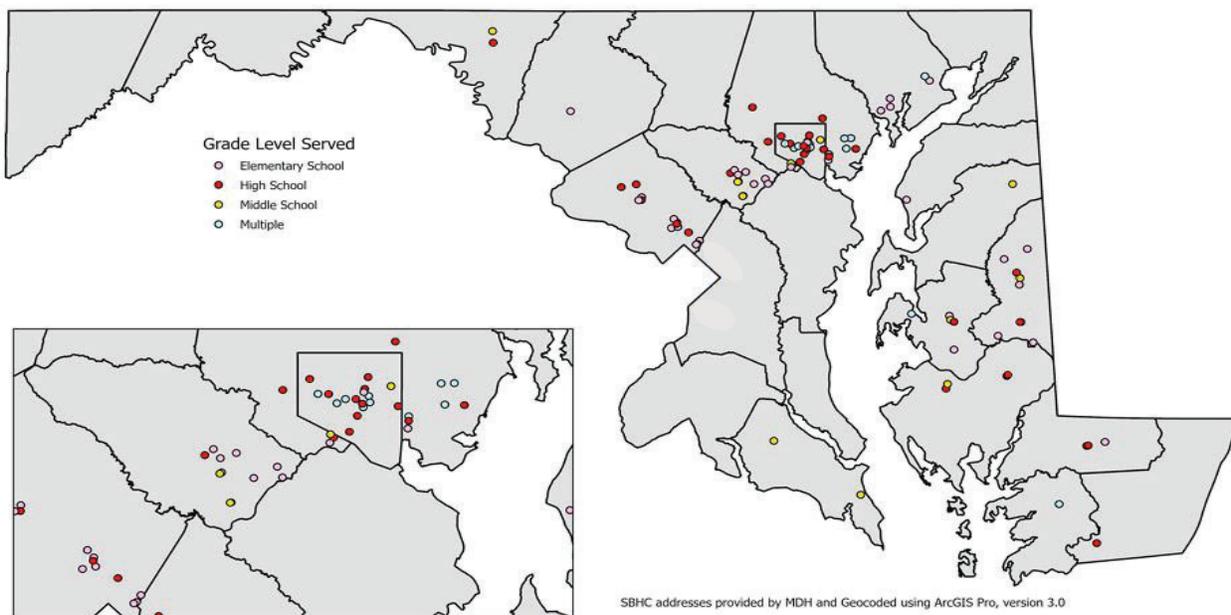


Strategic Priorities (SFY 2022-2026)

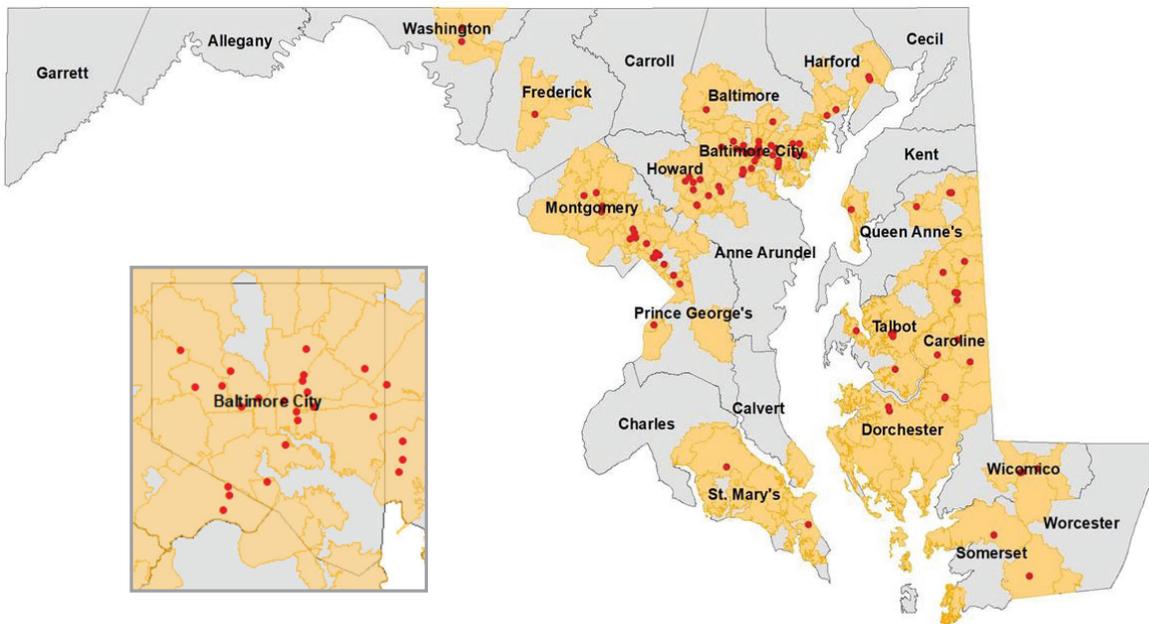
1. **Build a sustainable financial model for School-Based Health Centers** that sustainably and equitably supports their mission.
2. **Expand comprehensive school-based healthcare services** (e.g., preventive, behavioral, and oral health) in historically disenfranchised and underserved communities.
3. **Define and standardize the expected quality of care** provided by School-Based Health Centers in the Maryland SBHC Program.
4. **Develop a robust foundation of accessible data** that is relevant to School-Based Health Center operations, quality of care, educational impact, and value.



State of the Maryland SBHC Program



State of the Maryland SBHC Program



State of the Maryland SBHC Program

- **New / Closed or Transitioning Sites:**
 - No new updates to share
- **Anticipated sites in 2024-2025**
 - Prince George's County - 4 sites for re-approval; 6 newly built sites
 - Anne Arundel County - 1 new site
 - Baltimore County - > 1 new site
 - Garrett County - 1 new site
 - Charles County - 1 new site
 - Baltimore City - 1 new site
 - *Total → minimum 15 new SBHCs*
- **New Site Application Periods:** every July and November



Supporting *New* SBHCs (SP 2 & 3)

- Launch of the **MDH SBHC Program Onboarding Institute**
- **Planning Grants** - to support organizations interested in opening a new SBHC
 - Cohort 1 - FY24 and FY25
 - Baltimore County Public Schools
 - Garrett County Health Department
 - Cohort 2 - FY25 and FY26
 - Awardees to be selected in coming weeks
- **Toolkits** for SBHC Administrators in continuous development
 - Resource Center
 - Meeting the Standards
 - Best Practices for Integrating with local Community Providers
- **Revised Standards and Regulations**



MDH SBHC Program's Onboarding Institute

Audience

Organizations planning to sponsor an SBHC and join the Maryland SBHC Program

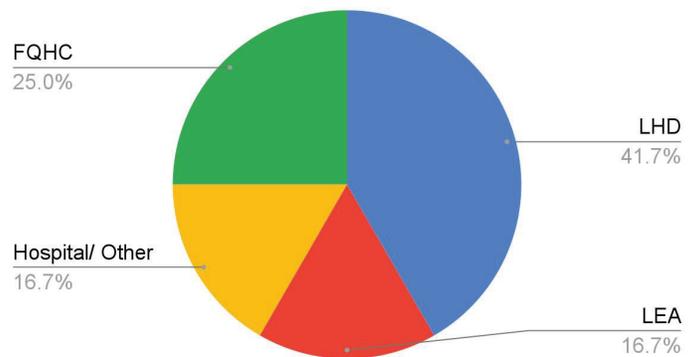
Goal

Guide participants through the core components of ***developing, operating, and sustaining*** an approved SBHC in the state

Registration

40 participants from 12 organizations. First session was held on April 19

Participant Organizations



MDH SBHC Program’s Onboarding Institute

Session	Topic
1	Needs Assessment- What students need and is a SBHC the Answer?
2	MD SBHC Standards, Application for a new SBHC and Preparing for a Site Visit
3	Building Effective Partnerships
4	Business Plan and Pro-Forma
5	Additional Revenue Sources
6	Requirements and Responsibilities of Sponsoring Organizations
7	What needs to be in place to bill Medicaid
8	Billing Process
9	Core Competencies of SBHCs and providing health equity care
10	Best practices for a successful SBHC- Summary of all Lessons

Standards and Regulations Update (SP 3)

Item	Purpose
Standards	Define the minimum requirements to be approved as a Maryland SBHC Program.
Regulations	Define important terms; Describe significance of “approved SBHC”; Outline termination/suspension procedures.
Policies & Procedures	Program procedures for SBHC approval, QA site visits, etc. that reflect the Standards and Regulations and are public-facing.
SBHC toolkits	Resources to help SBHC administrators adhere to Standards, Regs, increase quality.



Supporting *Existing* SBHCs (SP 2)

- **Revised FY25 SBHC Application**
 - Reduced number of requested items and revised application format
 - 1 document/excel with SBHC funding sources, hours of operation by service type, allocated staff per SBHC, credentials, etc.
 - TA included office hours, 1:1 meetings and supportive email reminders
- **Standard Grant Agreements (SGAs) Interagency Agreements (IAs) and Memorandum of Understanding (MOUs)**
 - Engaged Administrators in timely documentation submission to improve fiscal grant turn around and timeliness



Supporting *Existing* SBHCs (SP 2)

- **Maryland SBHC Annual Conference**
 - **May 16, 2024** at The Meeting House in Columbia
 - Free for all attendees
- **SBHA National Conference**
 - **June 30 - July 2, 2024** in Washington, D.C.
 - (New) allowable cost for administrators to attend
 - MDH SBHC Program accepted to present two workshops
 - Workshop 1 - Incorporating Community Service Partners in SBHCs
 - Workshop 2 - Renovating Your Program: A Starter Guide for Inheriting a 40-year-old State Program



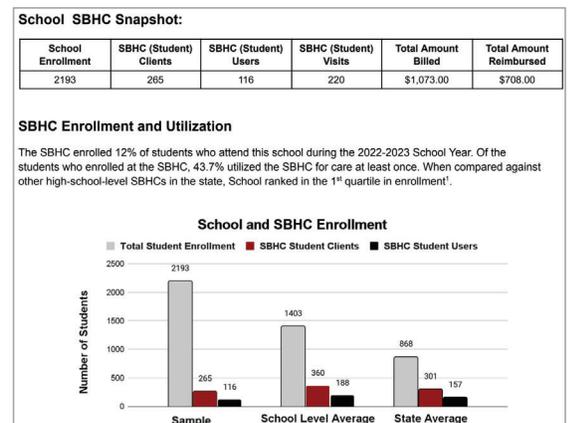
Supporting *Existing* SBHCs (SP 2)

- **SBHC Quarterly Newsletter and Reporting**
 - Provides programmatic updates and reminders as well as information/resource sharing
 - Q1 - October 2023
 - Q2 - January 2024
 - Q3 - March 2024
 - Q4- June 2024
- **SBHC Program Annual Survey**
 - 2022-2023 Annual Report - pending graphic design
 - 2023-2024 Survey Updates -
 - Will include gender and age
 - Updated tables to optimize data entry by client (enrolled), user and visit



Supporting *Existing* SBHCs (SP 2)

- **2022-2023 SBHC Site Profiles**
 - All sites received an SBHC profile if that site was active in 2022-2023
 - Profiles developed using recommendations from *data sharing focus groups* held last spring by PHASE intern Olivia Turner
- **Purpose:** To share data back with sites. Serves as data quality check; sites encouraged to share with stakeholders/partners
- **Includes:** Enrollment and utilization rates, patient race / insurance status, visit data and overall billed/reimbursement rates



FY25 - FY26 / Future Direction

- Continued Stakeholder Engagement
 - Advocating for SBHCs with superintendents, principals, local education boards
 - Continued networking with local health improvement boards, local health officers, FQHCs, etc.
 - Exploration of alternative funding support
 - Healthcare organizations (small grants, in-kind donations)
 - Philanthropic foundations (grants, continuous support)
- Support SBHC billing of private and public insurers to promote sustainability
- Co-develop a funding formula to be used in future funding mechanisms



Development of a Funding Formula

- National SBHC Funding Formula Landscape:
 - No single national best practice
 - Similarities between states - considerations for characteristics of the school population (size, racial makeup, % of students with free and reduced lunch)
 - Differences between states - level of funding complexity and breakdown, interchangeability of variables funding is attached to (based on national interests/state or local interests), some considerations for urban vs. rural
 - Models:
 - Base \$\$ per SBHC + boost (linked to whatever the state is focused on)
 - All funding divided equally between sites
 - % of funding attached to variable(s) - typically includes threshold (more than X% = Y funding; less than X% = Z funding; etc.)



MDH Plan - Funding Formula

Phase	<i>Preliminary / Background Work</i>	<i>Engaging Stakeholder Partnerships</i>	<i>Implementation</i>
Plan	Identify permissible funding mechanisms with focus on supporting multi-year funding options	Use surveys, stakeholder listening sessions to gather input	With stakeholder consensus, apply new funding formula to future grants



Questions and Discussion

md.sbhccprogram@maryland.gov



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

**Council on Advancement of School-Based Health Centers
Telecon via Zoom
MINUTES**

Monday, July 22, 2024
10:00 AM – 10:50 AM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toyce, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | retired, Chief Medical Officer, MedStar Health Plans
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3. Bella Chant, Maternal and Child Health Bureau, PHPA, MDH
4. Kim Grady, Maternal and Child Health Bureau, PHPA, MDH
5. Theresa Arlinghaus, Maternal and Child Health Bureau, PHPA, MDH
6. Jamie Perry, Office of Population Health Improvement, MDH
7. Alicia Mezu, MSDE
8. Marcy Austin, Health Officer, Harford County
9. Jamie Sibel, Harford County Health Department
10. Pam Kasemeyer, Schwartz, Metz, Wise & Kauffman, P.A.
11. Christine Krone, Schwartz, Metz, Wise & Kauffman, P.A.
12. Robyn Elliott, Public Policy Partners

10:00 AM Roll-Call

Kate Connor welcomed meeting participants. Lorianne Moss called the roll.

10:05 AM Minutes from April 30, 2024 meeting

Chrissy Bartz moved to approve the April meeting minutes. Joan Glick seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

10:10 AM Agency updates

Ben Wormser presented an update on the SBHC program. The program has hired a new epidemiologist to support data collection and analysis.

There are currently 87 SBHCs across the state. Two inactive SBHCs in Baltimore City recently closed. The Bureau anticipates that several counties that do not currently have SBHCs will open new SBHCs soon, including Anne Arundel, Charles, and Prince George’s. The Bureau has launched the SBHC Program Onboarding Institute, which included 40 participants from 12 organizations. Planning grants have been awarded to several organizations interested in opening new SBHCs: Garrett and Allegany health departments, Baltimore County Public Schools, Prince George’s County Public Schools, and the Anne Arundel County health department.

The Bureau participated in the recent state SBHC conference as well as the national School-Based Health Alliance conference. The fiscal year 2024 annual SBHC survey has been released and included suggestions from the Council’s Data workgroup.

Looking to the future, the Bureau intends to continue: developing relationships with key stakeholders including Community Schools, supporting SBHC billing of private and public insurers, developing a funding formula for the SBHC grant program with input from stakeholders, and publishing a public-facing dashboard for SBHC data.

Delegate Cullison said she was “elated” to hear about the Bureau’s progress. She asked about the closure of SBHC sites, and Ben Wormser responded that the closed SBHCs have not been seeing patients for some time. He added that the Bureau expects a number of new SBHCs to open soon in Baltimore City.

Council members expressed interest in deepening the Council’s collaboration with Community Schools in the future.

10:30 AM Council leadership elections

Council staff Lorianne Moss reminded members that since the last meeting, nominations had been sought for the positions of Council Chair and Vice Chair. Only two nominations were received: Kate Connor was nominated to continue to serve as Chair and Patryce Toye was nominated to continue to serve as Council Vice Chair. Delegate Cullison expressed strong support for the two nominees.

Joan Glick made a motion to have a Council leadership election via secret ballot and Chrissy Bartz seconded the motion. Lorianne Moss said that per the advice of the Council’s AAG, absentee ballots would be accepted for individuals unable to attend the meeting. Members then voted electronically using a secret ballot. Lorianne Moss reported the results for the secret ballot election: Kate Connor was re-elected unanimously to serve as the Council’s Chair and Patryce Toye was reelected unanimously to serve

as Vice Chair. Kate Connor and Patryce Toye expressed their thanks for the vote, and encouraged other members to consider leadership positions in the Council.

10:45 AM Workgroup updates

Joan Glick, co-chair of the Data workgroup, said the workgroup had reviewed the most recent SBHC annual survey, and co-chair Cathy Allen thanked the Bureau for incorporating the workgroup's feedback. They said the workgroup looks forward to meeting with the new epidemiologist.

Patryce Toye, co-chair of the Quality and Best Practices workgroup, said the workgroup is finalizing recommendations related to a future SBHC funding model. These recommendations will be presented at the next workgroup meeting and considered at a future full Council meeting.

Kate Connor, chair of the Systems Integration and Funding workgroup, said the workgroup is looking into integration between SBHCs and school health services, and may develop a recommendation related to school nurses. The workgroup also intends to study the Maryland Community Schools model as it relates to health care for students. She encouraged members to consider co-chairing the workgroup.

10:50 AM Adjourn

Patryce Toye made a motion to adjourn the meeting. Chrissy Bartz seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.



MDH Update

CASBHC Full Council Meeting

July 22, 2024

Agenda

1. State of the Maryland SBHC Program - Status update since April 30th
2. Expanded Plans for FY25/FY26



New SBHC Team Member

- New SBHC team member - Theresa Williams
 - SBHC Program Epidemiologist
 - To support overall data collection, analysis and strategic planning for optimizing future data collection and synthesis



Maryland SBHC Program: Status Update

- **New / Closed or Transitioning Sites:**
 - Baltimore City LHD closing 2 (inactive) SBHCs
 - William Baer, Booker T. Washington
- **(Anticipated) Sites in New Counties 2025-2026**
 - Prince George's County (reactivating existing sites)
 - Anne Arundel County
 - Planning / building phase
 - Charles County
 - Planning/building phase
- **New Site Application Period**
 - Opened July 1
 - No applications received to date



Maryland SBHC Program: Status Update

- Launch of the **MDH SBHC Program Onboarding Institute**
 - 40 participants from 12 organizations
 - First session was held on April 19
 - Sessions 1-4 complete, Session 5 to resume in September
 - Working with MASBHC to complete first year evaluation of Institute
- **Planning Grants** - to support organizations interested in opening a new SBHC
 - FY24 and FY25 Awardees
 - Garrett/Allegany Counties LHDs
 - Baltimore County Public Schools
 - FY25 and FY26 Awardees
 - Prince George's County Public Schools
 - Anne Arundel County LHD



Maryland SBHC Program: Status Update

- Maryland SBHC Annual Conference
 - Held **May 16, 2024** at The Meeting House in Columbia
 - 253 registered individuals (in-person/virtual)
 - Satisfaction/feedback survey recently sent to attendees
- SBHA National Conference
 - Held **June 30 - July 2, 2024** in Washington, D.C.
 - *MDH SBHC Program presented three workshops:*
 - Panel Discussion: Incorporating Community Service Partners in SBHCs
 - Renovating Your Program: A Starter Guide for Inheriting a 40-year-old State Program
 - Partnering with States to Improve Youth Mental Health: Lessons Learned from a Six-Month Learning Collaborative
 - Maryland also represented in presentations by JHUSOM/ Rales Center Team, site visit to Montgomery County SBHC



Maryland SBHC Program: Status Update

- Wrapping Up FY24
 - Processing Q4 invoices + review of annual expenses
 - Released FY24 SBHC Annual Survey
 - 2023-2024 Survey updates included gender, age, and a few additional questions on local behavioral health resources (i.e. consortium funding, linkages with expanded mental health, etc.)
- Continued Stakeholder Engagement
 - Met with Executive Director from Community Schools (MSDE)
 - Goal to nurture partnership overtime; requested to present about SBHCs to local community school coordinators
 - Developed on-going partnership with MDH Behavioral Health Administration
 - Scheduled to present to group: Primary Behavioral Health/Early Intervention, Local Behavioral Health Authorities, Child, Adolescent & Young Adult Coordinators



FY25 - FY26 / Future Direction

- Continue developing relationships with key stakeholders
- Support SBHC billing of private and public insurers to promote sustainability
- Co-develop a funding formula to be used in future funding mechanisms
 - Process to begin late 2024
- Publish public facing dashboard of SBHC program with FY23 and FY24 data
 - Goal to publish by end of 2024





Questions and Discussion

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