Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Council on Advancement of School-Based Health Centers

2025 Annual Report
Health – General § 19-22A-05
HB 221, Ch. 199 (2017)

December 18, 2025

Wes Moore
Governor

Aruna Miller
Lieutenant Governor

Meena Seshamani
Secretary of Health

Destiny-Simone Ramjohn, Chair
Community Health Resources Commission

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

Council on Advancement of School-Based Health Centers
2025 Annual Report
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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: Health 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

SIHIS: Statewide Integrated Health Improvement Strategy

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 4, 2025, there are 91 SBHCs across 16 jurisdictions in Maryland. During Fiscal Year 2025, 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.

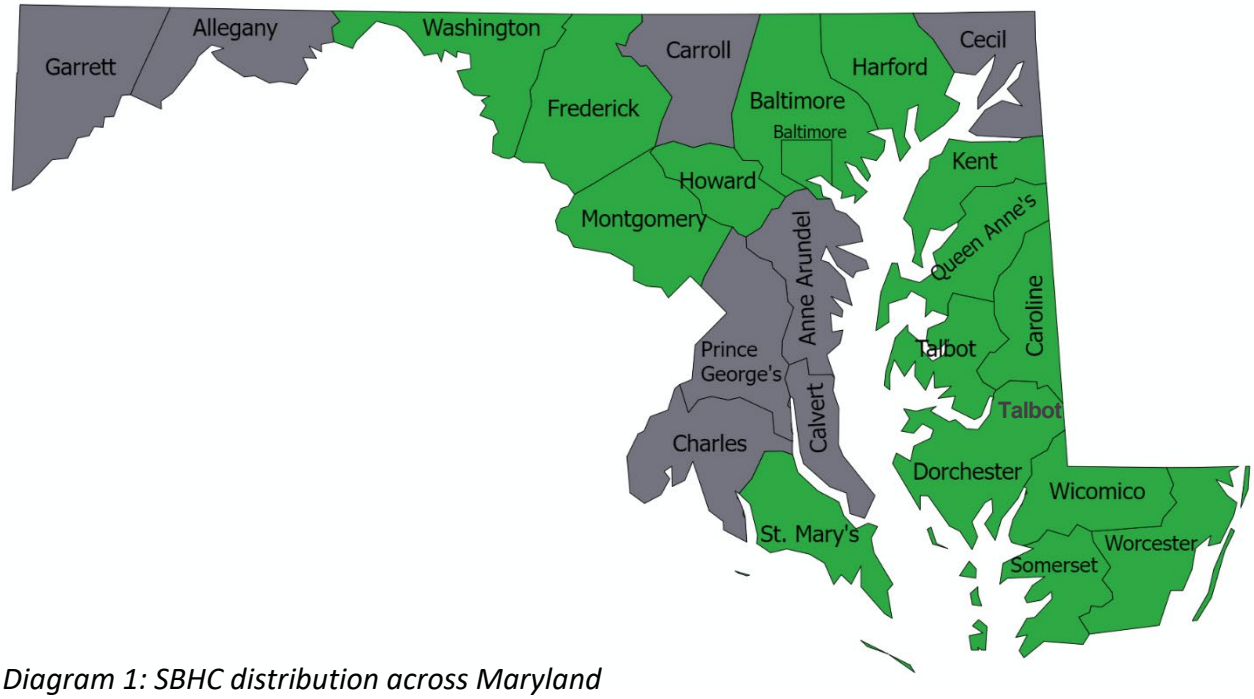

Diagram 1: SBHC distribution across Maryland

The Council made important progress on its mission in 2025. Key accomplishments are outlined below.

1. The Council issued recommendations related to support for school nursing. Recommendations include: establishing the goal of at least one full-time registered nurse in every school as a public health and educational priority for the State; supporting additional funding for school health services through Concentration of Poverty Grants and future Medicaid billing; collecting and reporting on key school health staffing data; and supporting school nursing workforce initiatives such as loan forgiveness, career ladders, credentialing, mentoring, and others. These recommendations are included in Appendix 2.

2. Council recommendations supported the first major revision of the SBHC Standards since 2006. For nearly a decade, the Council has recommended updating the Standards, and has provided significant expertise and feedback to support this effort. The Council is pleased that the Bureau released updated SBHC Standards in January 2025. The Standards are included in Appendix 3.

3. The Council initiated work to develop recommendations to support commercial insurance billing by SBHCs. This effort, led by the Systems Integration and Funding workgroup, will continue in 2026.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2026. 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
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2025 Annual Report

I. Council Activities in 2025

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 16 members appointed by the Governor and six ex-officio members from across state government. The Council is chaired by Dr. Katherine Connor, who serves as the Medical Director of the Johns Hopkins Rales Health Center at KIPP Baltimore. Dr. Patryce Toye, retired Chief Medical Officer for MedStar Health Plans, serves as Vice Chair. The full Council met three times during 2025.

Appointments. As of December 4, 2025, 14 of the Council's 16 seats are currently filled. Nine members began their Council service during calendar year 2025 and will serve staggered terms ending in 2026, 2027, and 2028. Council members may be reappointed, and there are no term limits. Two positions currently are vacant. Vacant positions include the principal of an elementary school with an SBHC and the parent or guardian of a student who receives SBHC services. A roster of Council members is included on page 10.

During 2025, based on recommendations of the Council, the General Assembly passed legislation to add a 16th voting member to the Council, representing school nurses. That position was filled by Katherine Hagner.

Council Meetings. The Council met three times during 2025. All meetings were held virtually.

At its June meeting, the Council approved recommendations related to school nursing. These recommendations are included in Appendix 2.

At its October meeting, the Council welcomed 9 new members. The meeting also included an update on the program and discussion of workgroup projects currently underway.

At its December meeting, the Council approved its annual report. The meeting also included a discussion of the potential role SBHCs could play in addressing substance use disorder.

Minutes from Council meetings are included in Appendix 4.

Workgroups. Much of the Council's work is conducted by its workgroups. The Council currently is evaluating its workgroup structure and may make some adjustments in 2026.

***Data Collection and Reporting (Data) Workgroup*.** The Data Collection and Reporting Workgroup was co-chaired by Cathy Allen, former representative of the Maryland Association of Boards of Education (MABE) to the Council, and Joan Glick, a former representative of the Maryland Assembly on School-Based Health Care (MASBHC) to the Council. Both Ms. Allen and Ms. Glick have been replaced by new members. The Data workgroup is currently paused pending the outcome of other projects. Data workgroup members have joined the other workgroups.

During 2025, the Data Workgroup hosted a meeting with Matt Duque from the Maryland State Department of Education to discuss available attendance data that could be used to evaluate the impact of SBHCs on school attendance.

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

During 2025, the SIF Workgroup developed recommendations to support school nursing. Those recommendations were approved at the Council's June meeting and are included in Appendix 2. Then the workgroup was asked to develop recommendations related to maximizing commercial insurance revenues for SBHCs. The workgroup supported a billing and training conference hosted by the Maryland Assembly on School-Based Health Care (MASBHC) during November. The workgroup held several meetings regarding commercial insurance billing in 2025 and will continue to work on this issue in 2026.

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

During 2025, the QBP Workgroup initiated the "Past-Present-Future" project. The workgroup is revisiting Council recommendations made over the past 8 years to evaluate the status of implementation and identify opportunities for additional Council work in the future. This effort may include recommendations to the restructure the Council's workgroups to better align with future projects. This effort will continue in 2026.

II. Council Recommendations and Planning for 2026

In 2026, the Council will continue to offer its expertise to agency partners and other stakeholders. This work is intended to be collaborative and guided by the following priorities:

- **Data**. For many years, the Council has worked closely with agency partners on SBHC data collection. The Council commends the Bureau for the significant progress made to this end. The Council continues to recommend that SBHC data be made public in the form of a dashboard, and looks forward to providing feedback on a dashboard when it is developed. The Council also recommends a formal study to demonstrate the value of SBHCs, utilizing available data such as school attendance data.

- **Managed Care Organizations (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 Primary Care Providers (PCPs). Additionally, MCOs could be provided public student directory information in order to encourage SBHC utilization by their members. MCO data also could be used in a potential study to demonstrate the value of SBHCs.
- **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. The Council is aware that the program may receive funding through the Rural Health Transformation Initiative for this purpose and is available to consult with the Bureau on the use of potential grant dollars.
- **Primary Care Providers (PCPs)**. The Council continues to recommend efforts to facilitate close collaboration between SBHCs and PCPs and acknowledges efforts by the Bureau to prioritize this work.
- **Public Health Integration**. The Council continues to recommend the integration of SBHCs into Maryland's public health goals, and acknowledges the Bureau's progress in this regard.
- **Vaccines**. The Council continues to support the utilization of SBHCs to deliver vaccines, and acknowledges significant work by the Bureau to support SBHC participation in the Vaccines for Children (VFC) program.
- **CRISP**. The Council continues to support the use of CRISP by SBHCs and recognizes significant progress by MDH in supporting SBHC connectivity to CRISP. The Council is interested in opportunities over the long term for CRISP to be used to share patient information and data as appropriate.
- **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.
- **Standards**. The Council applauds the recently completed revision and release of the SBHC Standards, as well as support and technical assistance provided to SBHCs to meet the Standards. The Council recommends the Bureau develop a schedule to periodically update the Standards going forward.
- **Financial Sustainability**. The Council remains focused on ensuring the financial sustainability of SBHCs. In prior years, the Council has made recommendations to maximize Medicaid billing and enhance the grant program. As the number of SBHCs expands across the state, the Council recommends that available grant dollars keep pace. During 2026, the Council's Systems Integration and Funding workgroup intends to develop recommendations to support increased commercial insurance billing by SBHCs.
- **Expansion**: The Council makes itself available as a resource as the Bureau fulfills its legislative mandate to expand the SBHC program to additional jurisdictions, schools, and students. The Council supports the potential use of Rural Health Transformation funds to support the expansion of SBHCs in more rural communities.

**

The Council is confident its recommendations will provide continuing support and guidance that will advance school health in Maryland.

The Council will continue to offer its expertise and guidance during the 2026 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 2026. For more information about the Council, please contact Lorianne Moss, Council staff, at (410) 456-6525 or Mark Luckner, Executive Director of the Community Health Resources Commission, at (410) 260-6290.

III. Roster of Council Members

Appointed by the Governor

Dr. Katherine Connor, Chair
Maryland Assembly on School-Based Health Care (The Johns Hopkins Rales Health Center, KIPP Baltimore)

Dr. Patryce Toye, Vice Chair
Maryland Assembly on School-Based Health Care (retired, MedStar Health Plans)

Jeanett Carmen Peralta
Maryland Assembly on School-Based Health Care (Nurse Administrator, Montgomery County Department of Health and Human Services)

Amanda Wright
Maryland Hospital Association (Director, Quality & Clinical Care, MHA)

Erin Dorrien
Maryland Assembly on School-Based Health Care (Associate Principal, Health Management Associates)

Dr. Arethusa Kirk
Managed Care Organization (Chief Medical Officer, UnitedHealthcare Community Plan of Maryland)

Nicole M. Kreamer
Maryland Association of Boards of Education (Charles County Board of Education)

Dr. Jonathan Garrick
Secondary School Principal of a School with an SBHC (Northwood High School)

Dr. Derek Simmons
Public Schools Superintendents Assn. of Md. (Caroline County)

vacant
Elementary School Principal of a School with an SBHC

Alexandra DeRuggiero
Commercial Health Insurance Carrier (CareFirst)

Dr. Casey Scott
Md. Association of County Health Officers (Dorchester County)

Dr. Diana Fertsch
Md. Chapter of American Academy of Pediatrics (retired, Dundalk Pediatric Associates)

Christina Bartz, PA-C
Federally Qualified Health Center (Director of Community Based Programs, Choptank Community Health Systems)

Vacant
Parent/guardian of a student who receives services from SBHC

Katherine Hagner
Maryland Association of School Nurses (Nurse Manager, Montgomery County Department of Health and Human Services)

Ex Officio Members

Senator Clarence Lam
Maryland State Senate

Delegate Bonnie Cullison
Maryland House of Delegates

Dr. Benjamin Wormser
Designee of the Secretary of Health
Medical Director, Maternal and Child Health Bureau

Mary L. Gable
Designee of the State Supt. of Schools
Assistant State Supt., Division of Student Support and Federal Programs

Maggie Church
Maryland Health Benefit Exchange

Mark Luckner
Executive Director, Maryland Community Health Resources Commission

Appendix 1.

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

Chapter 417 of the Acts of 2015 requires the Council to report data on Maryland school-based health centers.

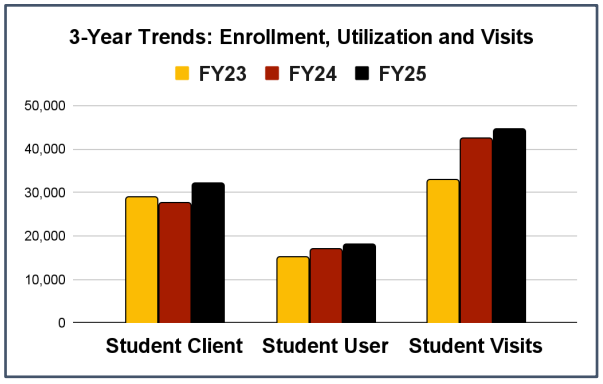
Table 1. Student Enrollment, Utilization and Visit Data by Jurisdiction, 2024 - 2025 School Year

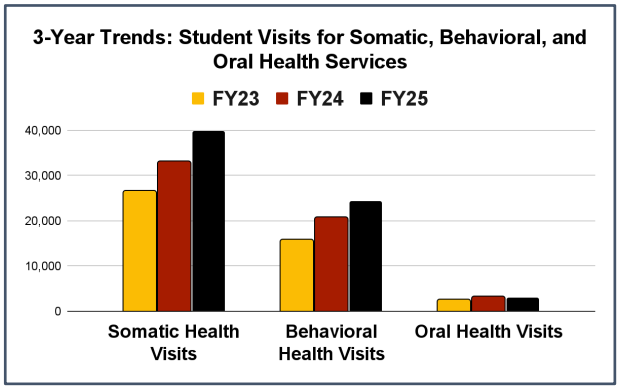
Jurisdiction	Number of SBHCs	Enrollment Rate*	Student Clients	Student Users	Utilization Rate	Student Visits
Baltimore City	14	32%	3,422	2,081	61%	6,416
Baltimore County	13	23%	3,488	1,454	42%	2,850
Caroline County	9	85%	4,804	3,781	79%	8,388
Dorchester County	4	62%	1,345	639	48%	3,911
Frederick County	1	**111%	639	413	65%	744
Harford County	5	9%	244	150	61%	497
Howard County	9	61%	4,044	1,644	41%	3,614
Kent County	1	**128%	248	178	72%	315
Montgomery County	16	41%	7,734	3,610	47%	11,048
Queen Anne's County	3	85%	926	622	67%	1,071
Somerset County	1	50%	298	228	77%	273
St. Mary's County	2	63%	1,096	1,096	100%	1,401
Talbot County	5	62%	2,285	1,564	68%	3,067
Washington County	2	27%	669	198	30%	586
Wicomico County	3	22%	619	210	34%	341
Worcester County	1	40%	148	110	74%	131
Maryland	89	43%	32,009	17,978	56%	44,653

*Enrollment rate is calculated using the 2025 MSDE Special Services Report against total Student Clients reported by the organizations
**Student data includes all individuals attending a school with a SBHC and may include students attending a neighboring school served by the SBHC through a memorandum of understanding (MOU)
Note: All data is self-reported by organizations

Table 2. SBHC Services by Jurisdiction, 2024-2025 School Year

	Somatic Visits		Behavioral Health Visits		Oral Health Visits	
Jurisdiction	**Student**	**Non-Student**	**Student**	**Non-Student**	**Student**	**Non-Student**
Baltimore City	6,218	22	0	0	0	0
Baltimore County	2,852	0	0	0	0	0
Caroline County	6,692	1,178	2,436	18	1,990	0
Dorchester County	1,728	73	2,183	0	0	0
Frederick County	1,094	350	0	0	0	0
Harford County	181	0	316	0	0	0
Howard County	3,614	0	0	0	0	0
Kent County	240	95	88	0	111	0
Montgomery County	11,048	3,069	14,034	0	0	0
Queen Anne's County	678	128	1,431	0	534	0
Somerset County	273	131	693	0	0	0
St. Mary's County	1,647	391	232	0	0	0
Talbot County	2,612	331	1,303	14	480	0
Washington County	586	0	0	0	0	0
Wicomico County	341	134	1,237	0	0	0
Worcester County	131	0	284	0	0	0
State Total	39,935	5,902	24,237	32	3,115	0





Maryland
DEPARTMENT OF HEALTH

THE MARYLAND SCHOOL-BASED HEALTH CENTER PROGRAM

2023 - 2024 SCHOOL YEAR REPORT

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INTRODUCTION

School-based health centers (SBHCs) have served Maryland's K-12 students for 39 years, beginning with the state's first SBHC which opened in Baltimore City in 1985[1]. These clinics, located in a school or on a school campus, provide primary, acute and preventative health services to students where they spend the majority of their day.

SBHCs in Maryland serve as both a safety net for children disconnected from or unable to easily access regular and routine somatic and social services, and as a partner with primary care providers, pediatric subspecialists, and other public health programs. Over the years, the Maryland model of school-based health care has evolved to include the addition of telehealth and expanded services like behavioral and oral health. Multiple generations of Marylanders have now benefited from access to a SBHC.

This report provides an update on the impact of Maryland SBHCs through the following sections:

- SBHC Population Demographics
- Connecting Students to Critical Services Through SBHCs
- Sustaining SBHC Operations: Opportunities for Revenue Generation
- Expansion of SBHCs in Maryland

Data described in this report is self-reported by organizations that sponsor Maryland SBHCs, and was collected by survey for services provided at SBHCs across Maryland from July 1, 2023 through June 30, 2024, reflecting the 2023 - 2024 school year. The following terminology and definitions are used throughout this report:

STUDENT	NON-STUDENT
Refers to the individual attending a school that the SBHC serves. This may include students attending the school the SBHC is located in, or students attending a neighboring school ("feeder school") served by the SBHC through a Memorandum of Understanding (MOU) / partnership agreement	Refers to any *other individual* the SBHC serves. This may include student's siblings (not enrolled in a school served by the SBHC), home-schooled students, school staff, other adults and/ or community members.

Client refers to an individual that has **enrolled/consented** to receive services at a SBHC

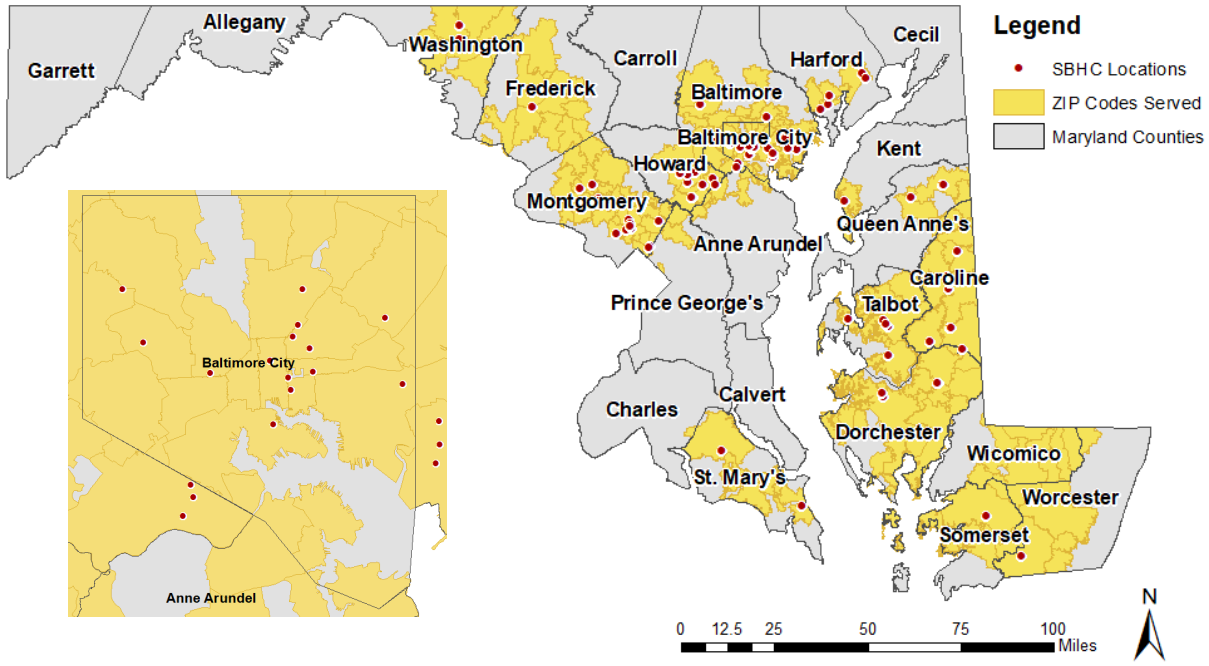
User refers to an individual that has **utilized** the SBHC. This includes anyone that has completed at least one visit of any type at the SBHC.

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

Maryland SBHCs are recognized as an effective public health intervention and are included in Maryland's State Health Improvement Plan, Title V Block Grant activities, and the Women's Health Action Plan supported by the Governor's Office for Performance Improvement. During the 2023-2024 school year, the Program supported 89 SBHCs across 16 jurisdictions. In total, SBHCs provided clinical services to youth across 161 zip codes and supported 15 neighboring (i.e. "feeder") schools.

Figure 1. Map of SBHC Locations and Zip Codes Served, 2023 - 2024 School Year



SBHC and School Characteristics

All SBHCs in Maryland are required to provide comprehensive primary, acute and preventative health services, including chronic condition management; however, the populations SBHCs serve, the hours and additional services offered, the availability of local resources, and the integration with school staff and community partners is unique to each school. SBHCs are an important asset for improving population health because of their ability to tailor their operations to the unique needs of each school and community served.

In Maryland, more SBHCs are located in an **urban** jurisdiction **(58%)** compared to a **rural** jurisdiction **(42%)**

Nearly **64%** of **students** attending a school with a SBHC **qualified** for **free and reduced meals** (FARMs)

Enrollment at schools with a SBHC ranged from **183** students to **2,368** students, **averaging 837 students** per school

SBHCs were **open** an **average** of **24 hours per week**, ranging from 8-48 hours per week across all sites

SBHC POPULATION DEMOGRAPHICS

Maryland SBHCs always serve students who attend the school where the clinic is located, and almost half (46%, n=41) made a decision in partnership with their local school and community to also serve non-students. To be treated at a SBHC, the patient must enroll for services or be enrolled by their parent/guardian.

During the 2023-2024 school year, 37% of eligible students enrolled in a SBHC. The Maryland SBHC Program aims to increase this rate to 70% by 2029 in order to help advance Maryland's goal to enhance health equity through enhanced access to care.

Table 1. Clients, Users, and Visits across School Levels, 2023 - 2024 School Year

	Elementary School (42%, n=37)	Middle School (18%, n=16)	High School (35%, n=31)	Multigrade (6%, n=5)
Student Clients	10,466	4,511	10,965	1,527
Total School Enrollment *	21,349	10,555	40,076	2,547
Non-Student Clients	1,970	688	630	75
Student Users	7,444	3,218	5,625	780
Non-Student Users	2,190	601	420	81
Student Visits	17,364	7,482	15,616	1,912
Non-Student Visits	4,302	780	734	171

** Data extracted from the 2024 MSDE Special Services Report*

SCHOOL YEAR 2023-2024 DATA SNAPSHOT

30,824
clients enrolled
in a SBHC -
27,469 *students*
3,363 *non-students*

20,359
users
visited a SBHC for any type of service at least once -
17,067 *students*
3,292 *non-students*

48,361
visits
were completed -
42,374 *students*
5,987 *non-students*

Figure 2. Two Year Comparison Among Student Clients, Users, and Visits

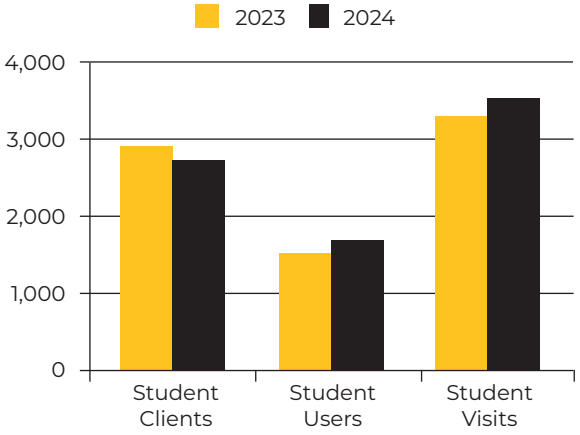


Figure 3. Two Year Comparison Among Non-Student Clients, Users, and Visits

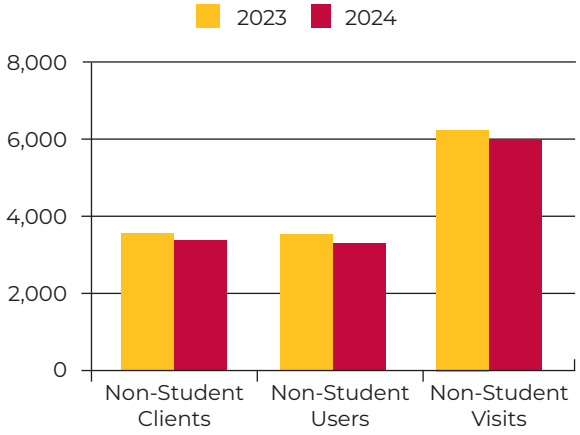
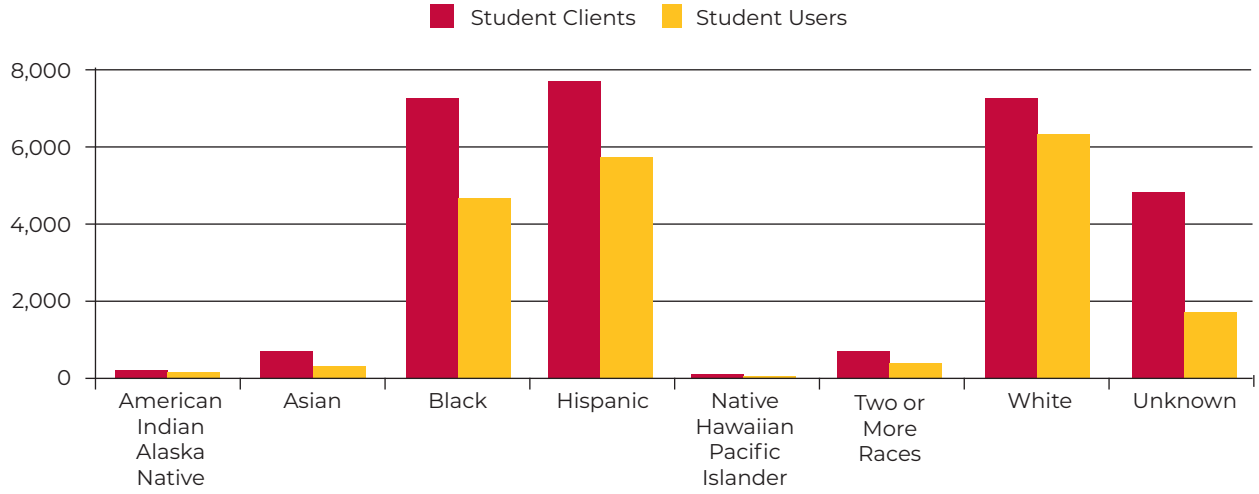
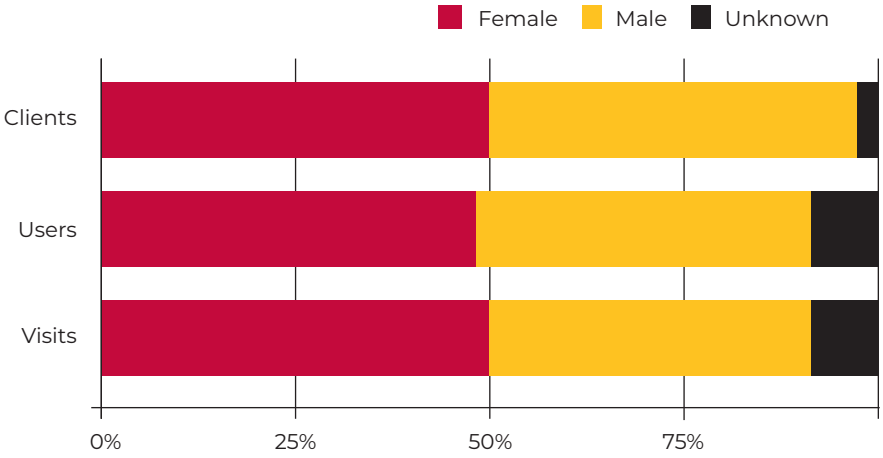


Figure 4. Statewide SBHC Student Clients and Users by Race



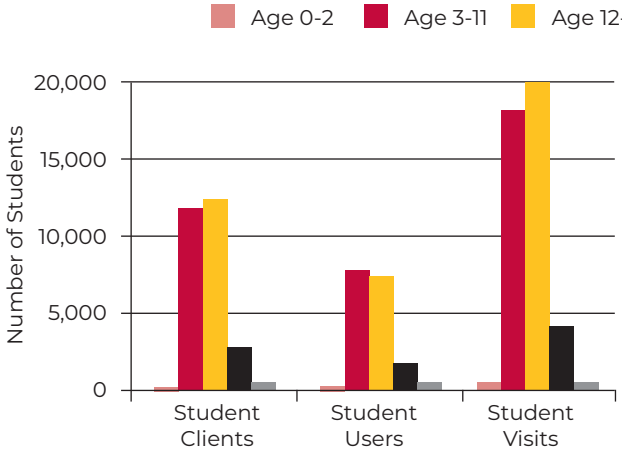
About 5 out of 10 students who enrolled at a SBHC were Black or Hispanic, a slight decrease from the 2022-2023 school year (6 out of 10). Combined, these groups accounted for 56% of total visits across all SBHCs (26% and 30% respectively). White students remained the highest utilizers and visited the SBHCs more often than any other race, accounting for 33% of all users and 32% of all visits.

Figure 5. Statewide SBHC Total Clients, Users, and Visits by Sex for FY24



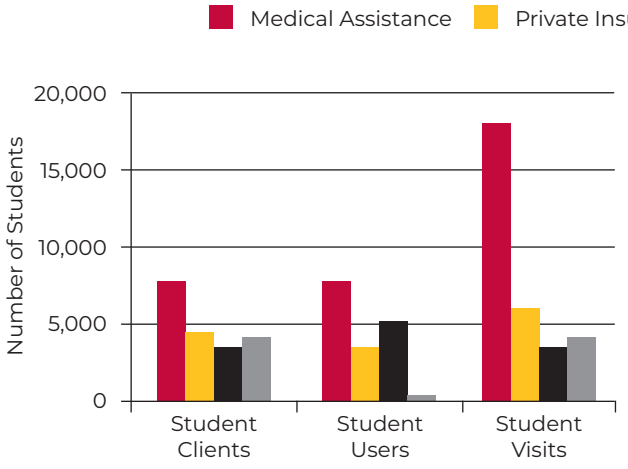
Statewide, more females than males enrolled, utilized, and visited a SBHC. In elementary schools, male students had slightly higher rates of enrollment and visits than did female students.

Figure 6. Statewide SBHC Clients, Users, and Visits by Age for FY24



Patients aged 3-17 made up 88% of student clients, 87% student users and 88% of all student visits. SBHCs enrolled and provided more visits for students aged 12-17 compared to any other group. Adults aged 22+ were the highest SBHC utilizers among non-student clients, users and visits.

Figure 7. Statewide SBHC Clients, Users, and Visits by Insurance Status



Patients with Maryland Medicaid insurance made up 39% of total clients, 46% of all SBHC users, and 47% of visits. Uninsured patients accounted for 35% of total visits. Without SBHCs, 5,237 student users and 1,554 non-student users may have gone without these crucially needed services.

In total, SBHCs provided 16,153 visits to uninsured individuals.

Table 2. All Clients, Users, and Visits Across Maryland jurisdictions, 2023 - 2024 School Year

Jurisdiction	Number of SBHCs	Student Clients	Non-Student Clients	Student Users	Non-Student Users	Student Visits	Non-Student Visits
Baltimore City	16	3,372	29	1,720	29	4,802	29
Baltimore	13	2,702	*	1,371	*	3,361	*
Caroline	9	4,286	716	3,823	860	9,145	1,682
Dorchester	4	1,365	192	713	40	4,504	70
Frederick	1	335	63	411	43	732	79
Harford	5	454	*	177	*	486	*
Howard	9	3,240	*	1,308	*	2,897	*
Kent	1	92	12	153	68	246	94
Montgomery	14	6,055	1,544	2,660	1,447	6,965	2,802
Queen Anne	3	604	78	768	137	1,394	215
Somerset	1	577	*	547	*	694	*
St Mary's	2	1,172	371	1,172	371	1,591	448
Talbot	5	1,925	358	1,478	297	4,254	568
Washington	2	611	*	174	*	529	*
Wicomico	3	565	*	480	*	635	*
Worcester	1	114	*	112	*	139	*
Total	**89**	**27,469**	**3,363**	**17,067**	**3,292**	**42,374**	**5,987**

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

CONNECTING STUDENTS TO CRITICAL SERVICES THROUGH SBHCS

SBHCs achieve their greatest impact when they are fully integrated into the communities they serve. This integration involves partnerships and collaboration between school leadership and staff, parents, students, local education agencies, health departments, community pediatricians, and others. Partners help shape essential elements of the SBHC, including what services it will provide, the unique resources it can support, and the agility with which it can coordinate care.

For instance, the decision to offer expanded services is made in partnership between the school and sponsoring organization at the local SBHC level. Types of expanded services include: behavioral health services, oral health services, sexual and reproductive health care, nutrition counseling, health education, and other services.

During the 2023-2024 school year, **33,161 visits** for **somatic services** were provided **to students** and **5,671 visits** were provided **to non-students**.

Further, seven jurisdictions provided **in-house behavioral health services** resulting in **20,947 total visits,** and six jurisdictions reported **3,237 visits** exclusively with students for **oral health services**.

Table 3. SBHC Services by Jurisdiction, 2023 - 2024 School Year

	Somatic Visits		Behavioral Health Visits		Oral Health Visits	
Jurisdiction	*Student*	*Non-Student*	*Student*	*Non-Student*	*Student*	*Non-Student*
Baltimore City	4,649	12	**	**	**	**
Baltimore	3,361	*	**	**	**	**
Caroline	7,468	1,448	1,046	66	1,581	*
Dorchester	1,763	70	2,645	*	**	**
Frederick	673	*	**	*	**	**
Harford	174	*	313	*	**	**
Howard	2,897	*	**	**	**	**
Kent	246	94	492	*	112	*
Montgomery	6,674	2,802	10,798	*	**	**
Queen Anne	953	215	640	*	284	*
Somerset	694	*	1,116	*	*	*
St Mary's	0	412	**	**	**	**
Talbot	2,306	546	1,311	22	693	*
Washington	529	*	**	**	**	**
Wicomico	635	*	2,322	*	190	*
Worcester	139	*	176	*	370	*
State Total	**33,161**	**5,671**	**20,859**	**88**	**3,237**	*

**Counts of 10 or fewer are suppressed*
*** Service not provided*

Supporting Somatic Health Through SBHCs

Each clinic supports age-appropriate health screenings and provides evaluation and treatment of both acute and chronic conditions, including preventive care and initial management of behavioral health conditions. They additionally serve as hubs for innovation that braid together relevant public health programs and clinical services; their integration with the Maryland Vaccines for Children program and the Asthma Home Visiting program as two examples.

During the 2023-2024 School Year:

- 53 students were referred for asthma home visits by their local health department
- 182 patients were enrolled in school-based asthma programs
- 2,498 hearing screenings and 3,401 vision screenings were performed
- 7,669 childhood immunizations were administered

Table 4. Select Services Delivered: Two-Year Comparison

Visit Service Type	2023 Student Users	2024 Student Users	2023 Non-Student Users	2024 Non-Student Users
Annual Well-Child Visit	2,723	4,307	804	964
Sports Physical	1,786	1,468	90	81
Diagnosis of Asthma	786	758	76	76
Age-appropriate Annual Risk Assessments	4,752	4,333	831	1,082
Body Mass Index (BMI) Percentile with Counseling for Nutrition and Physical Activity	3,027	5,680	778	1,198
Clinical depression screening	4,072	3,158	832	1,028
Chlamydia screening	933	1,129	30	20
Sick Visit / Acute Illness	*	8,600	*	1,708

**Data not collected in the 2022-2023 school year*

Supporting Behavioral Health Through SBHCs

Marylanders have benefited from the State's commitment to improve behavioral health (BH) outcomes as demonstrated by the Moore-Miller Administration's 2024 State Plan (Office of Governor Wes Moore, 2024)[2] to 'ensure world-class health systems for all Marylanders', and the passage of House Bill 1300 enacting the 'Blueprint for Maryland's Future'. Both State initiatives rely on SBHCs as effective public health interventions for improving access to quality care, including expanded services, further demonstrating the importance of funding SBHCs.

SBHC's place-based value helps reduce physical barriers of engaging youth in mental health care. In concert with school health services, they play significant roles in identifying, triaging and treating students needing additional behavioral health services and support.

During the 2023-2024 School Year:

- 68% of SBHCs routinely screened for substance use
- 44% of SBHCs offered behavioral health services on site
- 75% of SBHCs were able to refer students needing additional behavioral health services directly to the school's Behavioral Health provider

Table 5. Fast Facts: Behavioral Health (BH) in SBHCs

61 SBHCs routinely screen for substance use	Types of SBHC models for responding to positive screens: • SBHC provider follows up • SBHC BH provider follows up • SBHC directly refers student to school's BH provider • SBHC directly refers to community provider with follow up
39 SBHCs offer BH services with a BH provider on site	Types of services provided by the SBHC BH provider: • Substance Use Screening • Depression Screening • Counseling / Therapy • Mental Health Education • Substance Use Treatment
67 SBHCs directly refer students to the school's BH provider	SBHC models for referring students to the school's BH provider: • SBHC provides warm hand off to school BH provider with continued collaboration and follow up • Types of school BH providers includes social workers, psychologists, and psychiatrists

Looking ahead, Maryland will see an increase and expansion of behavioral health services offered across the state through the Maryland Consortium on Coordinated Community Supports[3]. Through this opportunity, it is anticipated that SBHCs will have significantly expanded coverage for behavioral health screenings and services through services offered directly at the SBHC or linkages with the school's Behavioral Health providers and programs.

Supporting Oral Health Through SBHCs

Oral health is an important part of overall health, well-being, and success in school. Research[4] has demonstrated negative associations between tooth pain, academic achievement and school absenteeism. A recent oral health survey[5] of Maryland school children conducted by MDH Office of Oral Health in 2022-2023 found that 43% of surveyed children had experienced dental decay.

During the 2023-2024 school year, oral health services were provided at 23 SBHCs across 6 Eastern Shore jurisdictions where the prevalence of untreated decay ranges from 9.6%-21.4% of the student population[5].

Types of Oral Health services offered by SBHCs included:

- Varnishes
- Fluoride Treatment
- Oral Health Instructions

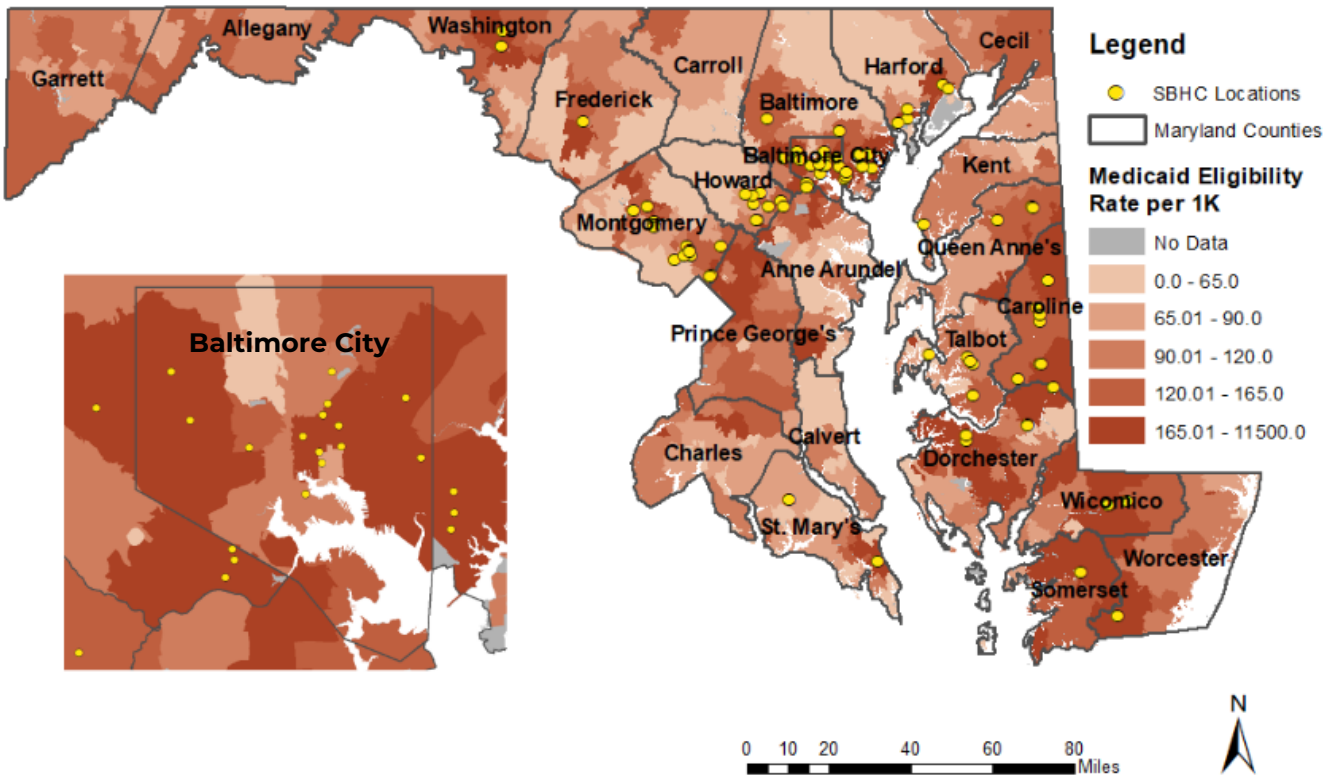
SBHC oral health services are primarily led by two FQHC sponsoring organizations who staff and contract registered dental hygienists, dental assistants and dental surgeons to provide care. A total of 2,559 students received oral health services and 3,237 visits were completed.

Oral health visits increased 18% from 2022 - 2023 to 2023 - 2024.

SUSTAINING SBHC OPERATIONS: OPPORTUNITIES FOR REVENUE GENERATION

SBHCs strive for long-term sustainability and require diversified revenue streams to effectively support their operations. SBHCs are placed in areas of greatest need (Figure 8) where populations with medical assistance or lack of insurance tend to be highest. During the 2023-2024 school year, SBHCs in rural jurisdictions saw higher rates of students with medical assistance compared to urban jurisdictions, who supported more uninsured users. However, students with Medical Assistance remained the highest utilizers of SBHCs in all types of jurisdictions across school years 2022-2023 and 2023-2024.

Figure 8. Maryland Medicaid Eligibility for Ages 0-18 Rate per 1,000 Population



Sites approved by the Maryland SBHC Program are eligible to receive State grants distributed by the Maryland SBHC Program to support some operational and infrastructure costs. SBHCs are also able to bill Medicaid and private insurance, which represent a critical source of revenue generation and ultimate sustainability for the SBHC. In the 2023-2024 school year, SBHCs billed Medicaid (Figure 9) and Private Insurers (Figure 10) at a 1.3 and 3.4 higher rate compared to the 2022-2023 school year, respectively.

Figure 9. Two Year Comparison of Self-Reported Billed/Reimbursed Medicaid Dollars

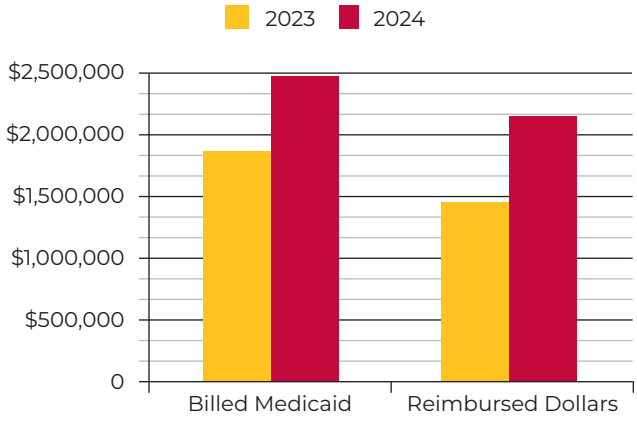
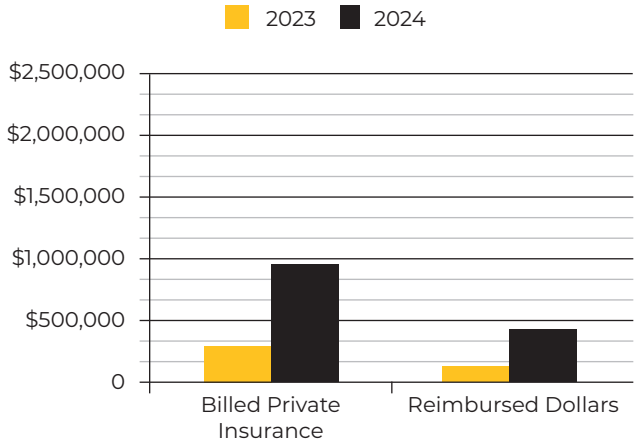


Figure 10. Two Year Comparison of Self-Reported Billed/Reimbursed Private Insurance Dollars

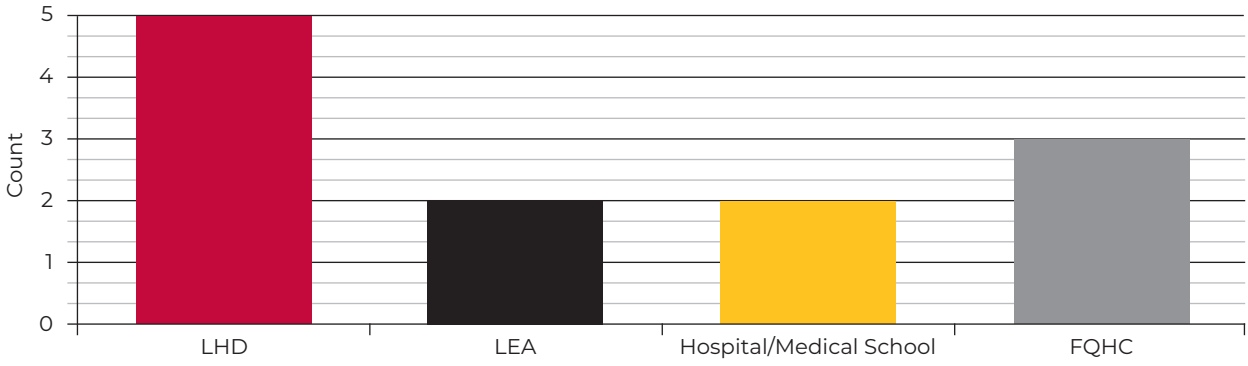


EXPANSION OF SBHCS IN MARYLAND

The Maryland SBHC Program is dedicated to expanding access to SBHCs in underserved jurisdictions, including those that do not currently have a SBHC. The Program developed and awarded a two-year SBHC Planning Grant in State Fiscal Years 2023 and 2024 to support organizations as they work with local partners to establish SBHCs that are responsive to the unique needs of their community. This funding opportunity has already energized planning efforts in four jurisdictions, including three that have never had an active SBHC.

The Maryland SBHC Program recognized that there are complexities to establishing a new SBHC beyond funding. To address this challenge, the Program partnered with the Maryland Assembly on School-Based Health Care (MASBHC) to develop a year-long Onboarding Institute to ready organizations wanting to open and operate a SBHC through tailored virtual sessions focused on best practices and processes. The Institute launched in April 2024 and welcomed twelve organizations (Figure 11) representing jurisdictions that have current SBHCs and jurisdictions that are new to the Maryland SBHC Program.

Figure 11. Onboarding Institute Organizations



Key: Local Health Department (LHD); Local Education Agency (LEA); Federally Qualified Health Center (FQHC)

CONCLUSION

The Maryland SBHC Program provides an important and innovative pathway to enhance health and wellness among Maryland students, which in turn also bolsters their academic success. SBHCs provide essential somatic, behavioral, and oral health care in a location where students spend a majority of their time, fulfilling the Maryland SBHC Program's mission to ensure Maryland's students and their families have equitable access to high-quality health care through SBHCs.

In the 2023-2024 school year, partnerships between State agencies, local school systems, and sponsoring organizations enabled 20,359 Marylanders to receive care at SBHCs, resulting in 48,361 visits. This achievement underscores the Moore-Miller Administration's dedication to the health and wellbeing of Maryland's youth. By further developing partnerships and enhancing the infrastructure and service delivery models of SBHCs, growth can be expected in the number of Marylanders benefiting from these essential health services in the coming years.

The Maryland SBHC Program will continue to partner with local communities to establish health centers that are responsive to the unique needs of that community and its students. Annual data collected by the Program will continue to guide technical assistance and service delivery strategies for existing SBHCs, ensuring that equitable access for all students is a priority. Moreover, the Program is committed to the sustainability of Maryland's SBHCs through implementation of effective billing practices with health insurance providers, diversifying funding sources, and expanding access to needed resources for Maryland's students for years to come.

Finally, this work was made possible by the tenacious groundwork laid by key Program partners since the inaugural opening of the first SBHC in Baltimore City. Through collaboration with school administrators, sponsoring organizations, community advocates, members of the Maryland Council on Advancement of School Based Health Centers (CASBHC), and MASBHC, we collectively impact the lives of Maryland's youth, fostering a brighter, healthier future.

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Maryland
DEPARTMENT OF HEALTH

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The Maryland School-Based Health Center Program
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Council on Advancement of School Based Health Centers
Recommendations on Support for School Nursing
June 30, 2025

The vision of the Council on the Advancement of School Based Health Centers' is for all Maryland students to thrive in the classroom and in life. Realization of this vision requires a comprehensive approach to school health and wellness. Such an approach is thoughtfully planned to address the needs of schools and communities and incorporates evidence-based interventions to improve health and educational outcomes. The Whole School, Whole Community, Whole Child (WSCC) model[1] is a helpful framework to guide coordinated planning and service delivery across education and health sectors.

School-based health centers (SBHCs) contribute to this vision by supporting health and educational equity through the provision of health care that is accessible, collaborative, high-quality, and based on earned trust. They are optimally deployed in schools and communities facing healthcare access barriers and primary and preventive care gaps. As enhancements of school health services (SHS), SBHCs are most successful when built upon a foundation of robust population health-focused SHS. SHS provide a basic level of care to all students, and SBHCs are able to extend this work by providing a range of comprehensive primary and preventive health care services, including diagnosis and treatment of medical conditions and management of chronic conditions.

School nurses are essential partners with SBHCs in achieving our vision. The Council recognizes the foundational role of school nurses in all schools - supporting student health, well-being, and educational success. Research indicates that when school health services are delivered by a registered nurse, improvements are seen in student health outcomes and school attendance. Improvements in chronic health condition management, immunization rates, and healthcare utilization are just some of the health impacts of school nursing. School attendance is critical to academic success and is an outcome of particular interest to education partners. School attendance has been linked to higher test scores, better grades,[2] better social skills, and ultimately higher employment.[3] Physical and emotional health problems can be barriers to school attendance and lead to chronic absenteeism (missing 10% or more of school days in a year), but health services delivered in schools can support student attendance.

School nurses play a critical role in supporting the establishment, operation, and sustainability of SBHCs.

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[1] https://www.cdc.gov/whole-school-community-child/media/pdfs/WSCCmodel_update_508tagged.pdf
[2] Gottfried, M. A. (2010). Evaluating the relationship between student attendance and achievement in urban elementary and middle schools: An instrumental variables approach. American Educational Research Journal, 47(2), 434-465
[3] The Link Between School Attendance and Good Health. Mandy A. Allison, MD Corresponding Author; Elliott Attisha, DO; COUNCIL ON SCHOOL HEALTH; Marc Lerner, MD; Cheryl Duncan De Pinto, MD; Nathaniel Savio Beers, MD; Erica J. Gibson, MD; Peter Gorski, MD; Chris Kjolhede, MD; Sonja C. O'Leary, MD; Heidi Schumacher, MD; Adrienne Weiss-Harrison, MD *Pediatrics* (2019) 143 (2)

To consider potential ways to support school nurses and SHS, while also ensuring necessary resources for the maintenance and expansion of the SBHC program, the Council's Systems Integration and Funding Workgroup held several meetings and invited a number of experts to brief the workgroup. This included: Derek Anderson, Director of Community Schools, Maryland State Department of Education (MSDE); Laura Goodman, Deputy Director, Office of Innovation, Research and Development, Maryland Medicaid; and representatives from the Maryland Association of School Health Nurses.

Based on this work and the expertise of Council members**, the Council recommends that the goal of at least one full-time registered nurse in every public school should be a public health and educational priority in the State of Maryland**. This recommendation echoes long-standing guidance from the American Academy of Pediatrics and the National Association of School Nurses.[4] The Council acknowledges that achieving this goal statewide will take some time and is unlikely to be achieved in the short term. According to the Annual School Health Services Survey, at the start of the 2023-24 school year, 68% of Maryland public schools were staffed with at least one full-time RN school nurse and 75% of schools were budgeted for at least one full-time school nurse. The Council appreciates that Maryland has prioritized funding for a full-time health professional in every Community School under the Blueprint for Maryland's Future. The Council acknowledges that private and nonpublic schools vary considerably in resources, size, and state oversight, and this variance should be considered in the context of school nursing requirements.

Achieving the goal of a full-time registered nurse in every public school will require additional resources. Existing and new funding mechanisms should be explored. The Council acknowledges that funding for school nursing in public schools is shared between state and local agencies and that school nursing staffing and oversight sit primarily at the local level. The following recommendations are intended to provide guidance for state-level policies that may support local education agencies (LEAs) and their partners in achieving the goal of at least one full-time registered nurse in every school. The Council recognizes that additional resources may be required for MSDE and MDH to support implementation of these recommendations.

The Council recommends:

1. The Maryland School Health Services Guidelines should include a statement recommending at least one registered nurse in every school as the optimal minimal

[4] COUNCIL ON SCHOOL HEALTH, Breena Welch Holmes, MD; Anne Sheetz, RN; Mandy Allison, MD; Richard Ancona, MD; Elliott Attisha, DO; Nathaniel Beers, MD; Cheryl De Pinto, MD; Peter Gorski, MD; Chris Kjolhede, MD; Marc Lerner, MD; Adrienne Weiss-Harrison, MD; Thomas Young, MD; Role of the School Nurse in Providing School Health Services, *Pediatrics* (2016) 137 (6)**;** National Association of School Nurses. (2020). *School Nurse Workload* (Position Statement); Elizabeth Dickson, PhD, RN; Robin Cogan, MEd, RN; Rosa M. Gonzalez-Guarda, PhD, MPH, RN; Role of School Nurses in the Health and Education of Children**;** **J***AMA Health Forum*. 2025;6(1)

staffing model. Some schools may need more school nurse time because of the number of students and/or the acuity level of student needs.

   a. Certified nursing assistants (CNAs), certified medication technicians (CMTs), licensed practical nurses (LPNs) and other health aides serve critical roles in the delivery of school health services and enhance school nursing capacity. However, they should not be considered as replacements for registered nurses in schools.

2. The Maryland State Department of Education should provide information about the use of funds to support school nursing available through the Blueprint for Maryland's Future, including Concentration of Poverty Grant funds, to LEAs and other SHS operators, and to School Boards at least annually.

   a. Optimizing available funding for school nursing *and* school-based health centers is critical. Funding for the Maryland School-based Health Center Program and local funds designated for school-based health centers should remain available for SBHCs and should not be diverted.

3. The Maryland State Department of Education and the Maryland Department of Health should continue to collaborate to collect up to date information on current school health staffing in each LEA including breakdown by staff credentials and vacancies, as part of the annual SHS reporting process. Reporting on vacancies could consider a snapshot in time as well as longer vacancies (i.e., over two months). These data should be publicly available, such as posted on a website. This recommendation aligns with legislation passed by the Maryland General Assembly during the 2025 legislative session, HB 672 / SB 486.

4. The Council supports the work of the Maryland Department of Health and Maryland Medicaid in planning for behavioral health services billing in schools – including billing for direct services and administrative claiming by school psychologists and school social workers.

   a. In order to increase available funding to support school nursing, the Council recommends a parallel process focusing on somatic health services billing. This should include billing for skilled nursing services provided by school nurses and administrative claiming as outlined in CMS guidance issued in May 2023. As allowable by CMS guidelines, equitable reimbursement for school nurse time spent supporting students in identifying primary care providers, signing up for insurance, and coordinating with school-based health centers also should be included.

   b. The Council acknowledges that a State Plan Amendment may be required prior to the expansion of Medicaid billing for school-based somatic care. Should this policy change occur, the Council recommends education and technical assistance

be provided to LEAs and School Boards to support implementation and maintenance of billing for somatic school health services. Any revenues obtained should support school health services.

5. The Council acknowledges the impact of nursing workforce shortages on school nursing staffing in Maryland and nationwide. Policies that specifically support increasing the school nursing workforce should be prioritized. Specifically, loan forgiveness programs for those working in school nursing; onboarding support and mentoring for newly hired school nurses; pipeline programs for Maryland public schools health professions students; career ladders; certification programs (see below); and training and continuing education opportunities for school nurses should be supported. Nursing supervisors and "floating" nurses should be prioritized to support the onboarding and ongoing training of school nurses.

    a. The Council supports the development of State certification/credentialing of school nurses to ensure that nurses entering the field of school nursing attain needed knowledge, skills, and expertise in the fields of education, public health and program leadership. Certification should be an opportunity to enhance skills and compensation, but should not be a requirement for hiring or maintaining a school nurse position. Neighboring states, including Pennsylvania, New Jersey, Massachusetts, and New York have certification programs through their state departments of education. Certification of school nurses would also support pay structures that align with the responsibilities of school nurses and with collective bargaining agreement. Incentives could be provided for National Board for Certification of School Nurses (NBCSN) certification,[5] among other pathways. Fiscal considerations potentially could be addressed through existing mechanisms including the Blueprint for Maryland's Future concentration of poverty grant funds, and through new mechanisms such as enhanced Medicaid billing.

    b. The Council acknowledges training modules offered through Maryland TRAIN that help to support and train school nurses. The Council recommends additional structured training opportunities be developed in partnership with school nurses and local academic institutions.

[5] National Association of School Nurses. (2021). *Education, licensure, and certification of school nurses [Position Statement];*

STANDARDS FOR SCHOOL-BASED HEALTH CENTERS

IN THE MARYLAND SCHOOL-BASED HEALTH CENTER PROGRAM

Maryland
DEPARTMENT OF HEALTH

January 2025

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STANDARDS FOR SCHOOL-BASED HEALTH CENTERS IN THE MARYLAND SCHOOL-BASED HEALTH CENTER PROGRAM

Maryland
DEPARTMENT OF HEALTH

Maryland's School-Based Health Centers (SBHCs) have delivered comprehensive, coordinated, high-quality health care to students in schools since 1985. In 1997, an interdisciplinary, interagency committee of administrators and practitioners from state, local, private, and public agencies collaborated with Maryland's State Department of Education (MSDE) and Maryland Department of Health (MDH) to produce statewide guidelines for SBHCs. These guidelines governed our state's SBHC expansion to over 90 schools in several counties, established a clearly defined SBHC model for Maryland, reduced site-to-site variability, improved SBHC sustainability, and increased the availability of quality health care for children and adolescents.

In 2021, House Bill 1148/Senate Bill 830 - *School–Based Health Centers – Guidelines and Administration of Grants* (2021) required that the Governor transfer the administration of SBHC grants and any related functions from MSDE to the Bureau of Maternal and Child Health (the Bureau) within MDH on or before July 1, 2022.

The Standards for School-Based Health Centers in the Maryland School-Based Health Center Program describe the minimum requirements that Maryland SBHCs must meet to be approved by the Bureau. To gain and maintain approval, SBHCs must meet all requirements described in the Standards. SBHCs may provide services beyond these minimum requirements.

I. PURPOSE, MISSION, VISION, AND VALUES OF SCHOOL BASED HEALTH CENTERS

SBHCs are health care centers located in a school or on a school campus, open to all students who enroll in the SBHC. SBHCs are staffed by teams of licensed medical professionals specializing in child and adolescent health, who are responsible for delivering somatic health care services, with or without behavioral health or oral health care.

PURPOSE

The enduring purpose of Maryland SBHCs is to provide, in partnership with schools, comprehensive somatic and/or behavioral health services, preventive care, and chronic health condition management that:

- reduce health disparities and barriers to healthcare access,
- serve all students regardless of ability to pay,
- maximize classroom attendance and readiness to learn, and
- support and extend the school health services program at each school.

MISSION

The mission of the Maryland SBHC Program is to promote and improve the health and safety of all Maryland residents through disease prevention, access to care, quality management, and community engagement.

VISION

The vision of the Maryland SBHC Program is that all Maryland students will succeed academically, socially, and emotionally to foster lifelong health and wellness. SBHCs promote health and educational equity through health care that is accessible, collaborative, high-quality, and based on earned trust.

VALUES

The Maryland SBHC **Program values**:

- collaboration between community partners and the education, health care, and public health systems to ensure health and racial equity,
- high quality, accessible, and affordable health care for students,
- responsiveness to specific community needs and public health imperatives,
- complementary roles to support school health services [1] offered to all students enrolled in the school, and
- staff who value their cooperative work within the school community to become an integral part of the school in order to maximize classroom attendance and readiness to learn.

[1] *The Code of Maryland Regulations COMAR 13A.05.05.05 - .15 mandates health coverage in schools by a school health services professional.*

II. REQUIREMENTS TO PARTICIPATE IN THE MARYLAND SBHC PROGRAM

The requirements in sections A-J below must be met to be an approved SBHC and participate in the Maryland School-Based Health Center Program. Approval to join the Maryland SBHC Program confers eligibility for grant funding from the Bureau, allows participation in the Maryland network of SBHCs, and is a prerequisite to bill Maryland Medical Assistance as a self-referred provider for services delivered to Medical Assistance participants.

The Bureau approves new SBHCs as authorized by Health-General §19-22A-01. The Secretary of Health has the authority to adopt rules and regulations under Health-General §2-104(b) and HB1148/SB830 (Chs. 605 and 606 of the Acts of 2021). An organization may provide clinical services in a school even if not approved to join the Maryland SBHC Program, though these clinics remain subject to applicable federal, state, and local laws.

Requirements to Participate in the Maryland SBHC Program Checklist

- **A.** Sponsoring Organization Requirements
- **B.** Facility Requirements
- **C.** Service Provision Requirements
- **D.** Core Services
- **E.** Expanded Services
- **F.** Staffing
- **G.** Partner Agreements
- **H.** Organization and Function
- **I.** Fiscal Operations
- **J.** Data Management and Data Collection/Reporting

A. SPONSORING ORGANIZATION REQUIREMENTS

To gain Bureau approval as a SBHC, the applicant must designate an Administrative Sponsoring Organization (ASO) and a Clinical Sponsoring Organization (CSO). One organization may serve as both the ASO and the CSO.

1. **Administrative Sponsoring Organization (ASO)**
   The ASO is responsible for adherence to all federal, state, and school system regulations concerning the structure and function of SBHCs. The plan for meeting the standards of care required for administration of a SBHC must be maintained in an Administrative Policy and Procedure manual (See Section H.1). The ASO must either demonstrate it is also a CSO or must contract with a CSO to provide the clinical components required to operate, and be approved, as a SBHC.

2. **Clinical Sponsoring Organization (CSO)**
   The Clinical Sponsoring Organization is responsible for planning and implementing each SBHC's clinical operations. This consists of ensuring a) adherence to the clinical standards of care as defined by state and federal regulations, b) development and maintenance of the Clinical Policy and Procedure Manual (See Section H.2) which describes how the SBHC meets the standards outlined in this document, and c) maintenance of malpractice liability insurance for all clinical providers.

Clinical sponsoring organizations can include, but are not limited to[2]

- Federally Qualified Health Centers (FQHCs),
- Hospital or university medical centers,
- Local health departments, and
- Private practices or medical groups.

2 HB409 (Ch. 198 of the Acts of 2020). https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB0409/?ys=2020rs

B. FACILITY REQUIREMENTS

Each SBHC facility must be a permanent space within a school building or on a school campus. The SBHC facility can be co-located with school health services suites, but must have a space reserved to exclusively provide SBHC services.

The SBHC facility must:

- ✓ be clean and welcoming for all clients,
- ✓ have the capacity to maintain client confidentiality,
- ✓ meet the Americans with Disabilities Act (ADA) requirements or demonstrate that the ADA requirements can be met through accommodations,
- ✓ comply with all standards set by the Occupational Safety and Health Administration (OSHA) and the Maryland Occupational Safety and Health Act (MOSHA),
- ✓ have appropriate liability coverage, and
- ✓ comply with local building and fire codes for lighting, exits, and ventilation.

1. **SBHC Facility Requirements**
   Recommendations for all SBHCs, including specific facility component requirements for new SBHCs, are outlined in Appendix B.

2. **Communications System**
   - **a.** Each SBHC's onsite communication system must include a phone/fax line exclusively dedicated to the SBHC.
   - **b.** Each SBHC must have access to the internet on-site.

3. **Facility Administration Operations**
   SBHCs must ensure that:
   - **a.** solid wastes, including biological infectious wastes, are collected, stored, and disposed of according to current bio-hazardous protocols;
   - **b.** passageways, corridors, doorways, and other means of egress are kept clear and unobstructed;
   - **c.** the Notice of Privacy Practices for Protected Health Information (HIPAA) is posted (and available in other languages if requested);
   - **d.** medical, fire and emergency instructions; procedures; and telephone numbers are posted in a central location;
   - **e.** smoke detectors and fire extinguishers are in working order and easy to access;
   - **f.** "No Smoking" signs are visible;
   - **g.** designated SBHC staff must have keys for all locked areas; and
   - **h.** service hours are clearly posted.

4. **Equipment**
   Maintenance of medical equipment is the sole responsibility of the CSO. All equipment must be inspected at least annually, calibrated per manufacturer's instructions, and must display documentation of inspection/calibration.

C. SERVICE PROVISION REQUIREMENTS

1. **Defining Population To Be Served**
   a. Each SBHC must define the population to be served.
      i. Populations could include, for example, students enrolled at the school at which the SBHC is located, students at other schools, former students, school personnel, family members of students, and community members.

2. **Ensuring Access To Care**
   a. Members of the defined population to be served may not be refused care or turned away because of inability to pay, race, ethnicity, gender identity, sexual orientation, health status, insurance status, or because the individual has an existing primary care provider.
   b. The site must provide an automated 24-hour phone system year-round so that patients can receive instructions on how to obtain urgent care and advice when the SBHC site is closed. This messaging should direct patients to an on-call SBHC provider or a non-SBHC provider in the community.
   c. Language interpretation with a certified in-person or telephonic interpretation service must be provided as needed or requested for clients whose primary or preferred language is not English.
   d. Each SBHC must be open and offer somatic care services with a licensed medical clinical provider on-site for a minimum of two days per week and a minimum of eight hours total per week when the school is open.
      i. NOTE: Licensed medical clinical providers may offer telehealth services to patients enrolled in an SBHC, in compliance with Health-Occupations Article §1–1001 through §1–1006.
   e. SBHCs must offer both same-day and scheduled appointments for preventive and acute visits to enrolled students during operating hours.

3. **Communication with Primary Care Provider (PCP)**
   - **a.** Except in the case of enrollment for confidential services, at the time an individual enrolls in the SBHC, a notification should be sent to their PCP that should include at a minimum:
     - **i.** Notification that the individual has enrolled in the SBHC, and
     - **ii.** The scope of services offered by the SBHC.
   - **b.** With each clinical encounter, if the PCP is an outside entity, the SBHC should send a visit summary to the PCP, unless the patient or their parent/ guardian does not consent to this exchange of information.
     - **i.** For Medicaid enrollees, SBHCs must communicate clinical encounter information with the PCP and the Medicaid insurer according to Medicaid regulations (COMAR 10.09.76.03)

4. **Enrollment and Parental Consent**
   - **a.** SBHCs must make consent forms available to all enrolling students and obtain the informed consent of the parent or legal guardian. If the student receiving services is 18 years of age or older (or is otherwise qualified to give consent) and is competent to give consent, such consent may be obtained directly from the student.
     - **i.** A minor not previously enrolled by a parent or guardian may seek care at the SBHC for certain confidential services[3,4]
   - **b.** The SBHC, through cooperation with the participating school, must make written information about the SBHC scope of services available to parents, including:
     - **i.** Whether the SBHC is able to serve as the designated PCP, or whether the SBHC will provide services in collaboration with the student's PCP,
     - **ii.** The staffing pattern and staffing plan, including regular providers who will staff the site and contingency plans for gaps in provider coverage, and
     - **iii.** How to access care 24 hours per day, 7 days per week, including when school is closed. This information should match any recording on the SBHC's 24-hour phone system described in 2.b.
   - **c.** Student Enrollment and Parental Consent forms must, at a minimum, request the following information:
     - **i.** Student name,
     - **ii.** Student address,
     - **iii.** Date of birth,
     - **iv.** Parent / Guardian name,
     - **v.** Student's type of health care coverage, including name of Medicaid Managed Care Organization / plan, if applicable,
     - **vi.** Insurance and / or Medicaid identification number (individual and group, if applicable),
     - **vii.** Student's PCP's name and address,
     - **viii.** Authorization to release information for care coordination and billing purposes,
     - **ix.** Contact phone numbers for all individuals in **iv**.,
     - **x.** Email addresses for all individuals in **iv.** as applicable.

[3] *Treatment of Minors, Article-Health-General §20–102. https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=20-102&enactments=true*

[4] *Health-Mental and Emotional Disorders- Consent, HB132/SB41 of 2021 Legislative Session. https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0041/?ys=2021rs*

D. CORE SERVICES

1. All SBHCs must provide a set of core services that includes primary and preventive health care, diagnosis and treatment of medical conditions, and management of chronic conditions.
2. Behavioral health must be addressed within core services, either by referral or on-site services.
3. Health care services must be aligned with state- and nationally-recognized standards including Early and Periodic Screening and Diagnostic Treatment (EPSDT),[5] Recommended Clinical Preventive Services for Adolescents from the Office of Population Affairs,[6] and the American Academy of Pediatrics' Bright Futures Guidelines.[7]

A. PREVENTIVE HEALTH SERVICES

All SBHCs are required to provide on-site preventive health services, including:

i. Age-appropriate anticipatory guidance (healthy relationships, suicide prevention, age-appropriate developmental guidance, substance misuse, etc.),

ii. Standardized, age-appropriate health screening (e.g., EPSDT),

iii. Standardized, adolescent risk factor and risk behavior assessment following guidelines, and

iv. State-required immunizations for school participation.[8]

B. COMPREHENSIVE PRIMARY CARE

All SBHCs are required to provide comprehensive primary care on site. Required on-site services include:

i. Comprehensive medical and psychosocial histories;

ii. Comprehensive physical exams per EPSDT;

iii. Developmental assessments;

iv. Nutritional assessments;

v. Evaluation and treatment of
- a.) Non-urgent problems,
- b.) Acute problems,
- c.) Chronic problems, and
- d.) Behavioral Health problems,

vi. Triage of medical emergencies;

vii. Medical case management in conjunction with specialty care providers, PCPs, and the student's insurance provider;

viii. Referral to PCP, dental provider, and specialty referrals within the community (and in accordance with the student's insurance coverage); and

ix. Referral of uninsured students to Maryland Medical Assistance to determine eligibility for coverage.

5 *See EPSDT website: https://health.maryland.gov/mmcp/epsdt/pages/home.aspx*

6 *See Office of Population Affairs website: https://opa.hhs.gov/adolescent-health/physical-health-developing-adolescents/clinical-preventive-services/recommended*

7 *Bright Futures website: https://www.aap.org/en/practice-management/bright-futures*

8 *School Health Services and Required Immunizations Before Entry into School: COMAR 10-06-04 School Immunizations 2014; Education Article §7-403, Annotated Code of Maryland*

C. LABORATORY SERVICES

Pursuant to state and federal laws, SBHCs are permitted to perform on site certain basic laboratory procedures classified as waived or Provider Performed Microscopy Procedures (PPMP) tests under the Federal Clinical Laboratory Improvement Act (CLIA) legislation. On-site point of care testing must include, but is not limited to, tests for:

i. Blood glucose,
ii. Group A streptococcus (strep throat),
iii. Influenza,
iv. SARS-CoV-2 (COVID-19), and
v. Urine hCG for pregnancy.

Samples for the following tests must be collected on-site but may be analyzed by an off-site laboratory:

i. STI screening and diagnosis (chlamydia, gonorrhea, syphilis), and
ii. HIV screening and testing

Samples collected for the following tests may be analyzed at the point of care or the client may be referred off-site for specimen collection and analysis:

i. Tuberculosis screening,
ii. Lead screening and testing, and
iii. Dyslipidemia screening.

D. BEHAVIORAL HEALTH

All SBHCs must provide behavioral health services, either on-site or by referral. Services may include the following:

i. Individual behavioral health assessment, treatment and follow up,
ii. Crisis and emergency psychiatric intervention,
iii. Substance use disorder treatment
iv. Short and long-term counseling for individuals and groups, and
v. Linkage with community counseling services

Referrals may be made for:

i. Advocacy and case management,
ii. Outreach to students at risk, and
iii. Family and group counseling.

E. REFERRALS

A referral for services should be made within the student's insurance plan network and coordinated with the PCP, as appropriate.

F. SOCIAL SERVICES

The SBHC should provide initial assessments and referrals to social service agencies in the community.

G. MEDICATION

Prescriptions for over-the-counter medications and other medications may be provided for acute and chronic conditions.

E. EXPANDED SERVICES

The following specialized services may be provided according to need, feasibility, and care team expertise.

1. **Behavioral Health Services**
   - **a.** Assessment, diagnosis, and treatment of psychological, social, and emotional problems, including those related to substance use disorders;
   - **b.** Individual, family, or group counseling or referrals to counseling for mental health and substance use disorders;
   - **c.** Crisis intervention and emergency mental health assessments; and
   - **d.** Referral to community-based providers or organizations to address needs outside the scope of the SBHC practice.

2. **Oral Health**
   - **a.** Dental screenings, hygiene, and restorative dental services;
   - **b.** Preventative treatments (e.g. fluoride and sealants);
   - **c.** Oral health education; and
   - **d.** Referral and follow up for specialty and community-based dental services beyond the scope of the SBHC practice, including referral to a dental home.

3. **Birth Control and STI Prevention and Treatment**
   - **a.** Family planning information and education,
   - **b.** Referral for community-based reproductive and sexual health care services,
   - **c.** Pregnancy testing,
   - **d.** STD/STI testing and treatment,
   - **e.** Reproductive health exams (inclusive of pap and pelvic exams),
   - **f.** Contraceptives prescription and/or dispensing,
   - **g.** HIV pre- and post-test counseling/HIV testing,
   - **h.** Availability of condoms, and
   - **i.** Referrals for prenatal care

4. **Health Education/Promotion**
   - **a.** The SBHC may provide health education for enrolled students, their families, and health center staff. Where possible, it should support the provision of comprehensive health education in the classroom.
   - **b.** Services could include:
     - **i.** One-on-one patient education,
     - **ii.** Group/targeted education at the SBHC,
     - **iii.** Health education for SBHC and school staff, or
     - **iv.** Support for comprehensive health education in the classroom.
   - **c.** Education may include interventions or programs that support creating and implementing a plan of action. Examples include:
     - **i.** Tobacco/nicotine cessation,
     - **ii.** Weight management,
     - **iii.** Diabetes prevention,

iv. Physical activity programs,
v. Nutrition counseling,
vi. Stress management, and
vii. Substance misuse prevention.

5. Social Services

SBHCs may provide on-site social care services, including:

a. Assessment, referral, and follow-up services that identify and manage/intervene on the Social Determinants of Health (episodic or long-term) may be offered for:
   i. Basic needs (food, shelter, clothing, etc.),
   ii. Legal services,
   iii. Public assistance (like Maryland's Temporary Cash Assistance (TCA) and Supplemental Nutrition Assistance Programs (SNAP)),
   iv. Assistance with enrollment in Medical Assistance and other health insurance,
   v. Employment services, and
   vi. Child care services.

6. Other Services

Other services provided could include:

a. Referrals for age appropriate tobacco-use prevention, assessment, and treatment,
b. On-site service or referrals for specialty care,
c. Additional recommended childhood immunizations on the CDC Recommended Child and Adolescent Immunization Schedule, or
d. Dispensing of medications by authorized personnel.

F. STAFFING

1. **Staffing for Core Services**

   Individuals may serve in multiple roles. Staffing at each SBHC site must include:

   a. **Clinical Director** who is a Physician or Advanced Practice Nurse available in-person or by phone at all times the site is open and who is responsible for the overall quality of care.

   b. **Site Coordinator or Administrator** who is responsible for

      i. Site's overall management,

      ii. Data collection and management,

      iii. Quality of services, and

      iv. Coordination with school personnel and with the Maryland SBHC Program

   c. **Clinical Provider** who must be available to provide services when the SBHC is open.

      i. Clinical Providers can be Physicians, Advanced Practice Nurses or physician assistants licensed in the State of Maryland, with the requisite training to treat the patient population served including meeting the EPSDT Provider qualifications as outlined in COMAR 10.09.23.

Staffing for Core Services may also include:

   d. **Clinical Support Staff**

      i. Registered Nurse, Licensed Practical Nurse, Medical Assistant, or Nursing Assistant – licensed, registered, certified, and/or credentialed to perform the required tasks outlined in their job description.

2. **Staff Licensure**

   All clinical staff must be licensed, certified, or otherwise authorized to practice in Maryland and credentialed specifically for their specialty and scope of services provided.

3. **Staffing Minimum Requirements for Training**

   All SBHC core staff must have training in:

   a. Child abuse mandated reporter requirements (Family Law, § 5-704 (a)(2)),
   b. Patient privacy and Health Insurance Portability and Accountability Act (HIPAA)
   c. Maryland minor consent law
   d. Infection control and prevention, and
   e. Emergency care that conforms to national standards such as those of the American Red Cross or American Heart Association or their equivalent
      i. Basic life support, with inclusion of training on use of an Automated External Defibrillator (AED).

G. PARTNER AGREEMENTS

1. The ASO is required to have a Memorandum of Understanding (MOU) or Contract with the CSO, if not the same organization, and the school system.
2. The MOU shall include:
    a. Description of the roles and responsibilities of each sponsoring agency and the school system,
    b. Proof/documentation of general liability and medical malpractice insurance,
    c. Assurances of regular meetings between representatives from the ASO, CSO, and school system,
    d. A plan that ensures clinical and administrative operations comply with federal, state, and local regulations for the provision of care in schools,
    e. A plan to develop and regularly update a Clinical Policy and Procedure manual that addresses the standards of care required for clinical operation of a SBHC,
    f. A plan to develop and regularly update an Administrative Policy and Procedure manual that addresses the standards of service required for administration of a SBHC,
    g. Description of a process for access to care after-hours, and
    h. Provisions that ensure unbiased care regardless of insurance status, insurance carrier, or ability to pay.

H. ORGANIZATION AND FUNCTION

1. **Administrative Policies and Procedures Requirements**

a. Each SBHC must have a manual of all administrative policies and procedures which must specify the person responsible for each policy or procedure.

b. The Administrative Policies and Procedures manual must, at a minimum, address
    i. Sponsoring facility requirements,
    ii. SBHC job descriptions/responsibilities/annual performance evaluations,
    iii. Outreach to students and enrollment for SBHC services,
    iv. Emergency operations and procedures (fire drills, etc.),
    v. An automated phone system that is available 24 hours per day, 7 days per week for instructing patients how to obtain urgent care and advice when the SBHC site is closed,
    vi. Fiscal and billing procedures,
    vii. Parental consent for services,
    viii. Minor consent for services,
    ix. Notice of Privacy Practices (NPP)
    x. CRISP Participant Notice of Privacy Practices (NPP) & NPP Acknowledgment,
    xi. A written policy to address the exchange of medical information between school health services and SBHC staff,
    xii. Assurances of confidential handling of lab results, as well as documentation of the follow up of abnormal results, and
    xiii. Other policies and procedures as appropriate.

c. ASO must review and update their Administrative Policies and Procedures Manual at least every two (2) years to adhere to and account for legislative mandates, regulations, and guidance from the Maryland SBHC Program.

d. There must be an organizational chart that graphically depicts the reporting hierarchies and working structures within the SBHC's administration, and highlights the different jobs, organizational sections and responsibilities that connect the SBHC, the sponsoring facility, and the school. This organizational chart must be updated as needed.

2. Clinical Policies and Procedures Requirements

a. Each SBHC must keep and maintain a Clinical Policies and Procedures Manual in accordance with state and national best practices and current evidence-based guidelines, which at a minimum addresses the following

- **i.** Informed consent policy;
- **ii.** Reporting of child abuse or maltreatment;
- **iii.** Management of the security, inventory and accountability for medications and related hazardous supplies (e.g. syringes and needles);
- **iv.** Pre-employment procedures for clinical staff, including licensure and certification
- **v.** Coordination of care with other providers and with Medicaid Managed Care Organizations or other insurers;
- **vi.** Outreach and engagement with community based organizations to support student and family social needs;
- **vii.** Maintenance of medical records in accordance with HIPAA, FERPA, and Maryland privacy laws, as applicable; and
- **viii.** A continuous Clinical Quality Management/Monitoring Plan detailing the ongoing evaluation and improvement of clinical processes and outcomes. These processes and outcomes should include
  - **a)** Maintenance of staff qualifications and credentialing,
  - **b)** Documentation of care,
  - **c)** Clinical outcomes,
  - **d)** Use of services,
  - **e)** Client satisfaction (student, families, and school personnel),
  - **f)** Community engagement activities and outcomes,
  - **g)** Client health education and community health promotion, and
  - **h)** Complaint investigation and response.
- **ix.** The CSO must review and update the Clinical Policies and Procedures Manual every two (2) years to adhere to legislative mandates, regulations, and guidance from the Maryland SBHC Program

b. SBHCs must participate in ongoing Continuous Quality Improvement (CQI) initiatives and learning collaboratives through the Maryland SBHC Program.

c. There should be a designated Quality Management and Improvement Officer or Coordinator. This individual may hold another role in the organization and should oversee:

- **i.** The Continuous Quality Management/Monitoring Plan and
- **ii.** CQI initiatives and learning collaboratives through the Maryland SBHC Program.

I. FISCAL OPERATIONS

The SBHC ASO should ensure that appropriate administrative support is provided to meet the following billing requirements:

1. Encounter forms should be generated for all visits.
2. Client enrollment or eligibility for enrollment in Medicaid, Medicaid Managed Care Organizations, and other third party insurance plans must be obtained upon enrollment to the SBHC.
3. Medicaid eligibility and/or enrollment must be confirmed at each encounter.
4. There must be established procedures for helping families with the insurance enrollment process if the student is not already enrolled with an insurance plan.
5. Procedures should be in place to ensure Medicaid and Medicaid Managed Care Organizations are appropriately billed for encounters.
6. Procedures should adequately address follow-up on any denied Medicaid or other third party insurance claims.
7. Procedures should address financial support for students unable to pay for services.
8. All reimbursement received from insurance claims must remain within the ASO's SBHC program budget to help support and develop its work.

J. DATA MANAGEMENT AND DATA COLLECTION/REPORTING

1. Each SBHC is required to maintain an Electronic Health Record (EHR), which allows for client data import and export, data aggregation, and analytics.
2. There should be written policies to dictate the access to and use of SBHC data.
3. Each SBHC should establish connectivity with the Chesapeake Regional Information System for our Patients (CRISP).
4. A designated individual should be responsible for the preparation of the reporting forms required by the Bureau.
5. Medical records for students must be created, maintained, and stored in compliance with state and federal regulatory requirements. At minimum, each client record must contain:
   a. Signed consent form,
   b. Personal and demographic data,
   c. Individual and family medical history,
   d. Medical problem list,
   e. Medication list, and
   f. Immunization record.
6. Psychotherapy notes must be separate from the general medical record in accordance with state and federal privacy laws.

APPENDICES:
SCHOOL-BASED HEALTH CENTER STANDARDS

APPENDIX A. DEFINITIONS AND TERMINOLOGY

Clinical Director	The clinician (MD, DO, or Advanced Practice Nurse) responsible for the overall quality of care of the services delivered at the ASO's SBHCs
Clinical Provider	A physician, advanced nurse practitioner, or physician assistant with appropriate credentials for providing services to the population being served, including the EPSDT Provider qualifications required in COMAR 10.09.23.
Clinical Support Staff	Either a Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Nursing Assistant (NA) or a Medical Assistant (MA).
Continuous Quality Improvement (CQI)	A quality management process that includes identifying a problem or area of improvement, creating an action plan to improve, studying the impact, reporting the results, assessing lessons learned, and implementing next steps to sustain change. This process is repeated as SBHCs continue to monitor and define new areas of improvement.
Family Educational Rights and Privacy Act (FERPA)	The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.
Site Coordinator(s) or Administrator(s)	Person(s) responsible for the management of overall operations of the site(s), data collection and data management, quality of services, and coordination with school personnel and with the Maryland SBHC Program.
Telehealth	Use of interactive audio/video/audio-visual, or other electronic technology/telecommunications by a Clinical Provider to deliver clinical services at a location other than that of the patient. Telehealth services require an audio component and a video unless a video device is not available. Telehealth services do not include the provision of health care services solely through use of social media, texting, or email. (COMAR 10.32.05.02)

APPENDIX B. FACILITY REQUIREMENTS

I. For SBHCs in newly constructed buildings, and to the maximum extent possible for new SBHCs in older buildings and existing SBHCs:

	REQUIRED	RECOMMENDED
1	The SBHC must be a permanent space located within a school building, or on the school campus, and used exclusively for the purpose of providing SBHC services while the SBHC is open. • The SBHC must not impede the School Health Services Suite's ability to operate independently of the SBHC. • The SBHC should have security access (i.e. swipe card, or locking door) to prevent unauthorized entry.	
2	Designated waiting/reception area.	Office/clerical area
3	At least one exam room with 4 permanent walls and a door that closes	
4	Counseling room/private area • an exam room with 4 walls and a door will suffice	
5	Secure storage area for supplies (e.g. medications, lab supplies)	
6	Designated lab space for "clean" items to be separated from "dirty" items with reasonable access to a sink with hot and cold water.	
7	Secure and confidential records storage area if using non digital/electronic records	
8	At least one sink, with hot and cold water easily accessible to each exam room	
9	One toilet facility with a sink with hot and cold water.	Two toilet facilities with a sink with hot and cold water
10	Phone line exclusively dedicated to the SBHC	
11	Internet access in all areas of the SBHC	
12	A refrigerator or freezer for vaccine/medication storage **a.** The electrical circuit for that refrigerator and/or freezer must remain active 24 hours per day. **b.** There must either be a back-up power source or a written procedure for relocation of the medications and/or immunizations to a different location with adequate refrigeration in the event of a loss of power.	

	REQUIRED	RECOMMENDED
13		Dedicated entrance for after-school hours and for patients who are not students or, if there is no dedicated entrance, an alternative mechanism for clients to access the SBHC site that ensures school safety and client anonymity. **a.** This exterior entrance should include exterior signage with the name of the SBHC program, phone number, after hours contact information (if different), and, if possible, hours of operation.
14	The facility must abide by standards provided by the Occupational Safety and Health Administration (OSHA) and the Maryland Occupational Safety and Health Act (MOSHA). See Appendix C for helpful links.	
15	The facility (as applicable) must meet other local, state, or federal requirements for occupancy and use within the permanent space allocated for the SBHC,	
16	Maryland State Department of Education, School Facilities Branch (MSDE Facilities) must be consulted to review current building code requirements and to advise as to whether additional ventilation and/or air filtration is required.	
17	The SBHC must have an internal intercom system (may be telephonic) that is connected to the school's central intercom system.	
18	Technology outlets must be available specifically in reception, office, and exam rooms, and other locations where needed.	

APPENDIX B. FACILITY REQUIREMENTS (CONTINUED)

II. Recommendation for SBHC spaces in Maryland to meet the following minimum square footage requirements per area:

AREA OF SBHC	NET SQUARE FOOTAGE (INTERIOR WALL TO WALL)
Waiting/reception area	75 sq. ft
Each exam room	80 sq. ft
Each toilet room	50 sq. ft
Counseling room/private area	80 sq. ft
Each office area	60 sq. ft
Records storage area	50 sq. ft
Supply storage area	50 sq. ft
Laboratory (Clean/Dirty Area)	80 sq. ft

III. Facility Review Procedure for New SBHCs:

A. New Construction ≥ $1,000,000:
The Maryland State Department of Education, Office of School Facilities (MSDE OSF) will conduct a formal review of the design and construction documents during the development of the project and will be part of the site approval of the SBHC after construction is complete. Once any issues they raise are resolved, they will provide a formal approval letter signed by the State Superintendent per Maryland Education Article §2-303(f), as regulated by COMAR 13A.01.02.03.

B. New Construction <$1,000,000:
MSDE OSF will be part of the site approval of the SBHC after construction is complete. They are also available to review design and construction documents during the development of the project prior to construction, which is advised.

C. New SBHC within an Existing School, Construction Cost < $1,000,000:
MSDE OSF will be part of the site approval of the SBHC after construction is complete. They are also available to review design and construction documents during the development of the project prior to construction, which is advised. If a proposed SBHC impacts the space of a school's existing health suite, MSDE OSF will review if COMAR Sec. 13a.05.05.10 can still be met and advise MDH.

Sponsoring Agencies interested in opening a new SBHC are encouraged to contact the Bureau at md.sbhcprogram@maryland.gov to discuss these facility requirements. Technical assistance, support, clarification, and guidance can be provided.

APPENDIX C. OSHA RESOURCES

BLOODBORNE PATHOGENS:

Overview of BBP Requirements Fact Sheet:
https://www.osha.gov/sites/default/files/publications/bbfact01.pdf

BBP Standard/Regulation:
https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030

Model/Template BBP Exposure Control Plan:
https://www.osha.gov/sites/default/files/CPL_2-2_69_APPD.pdf

OSHA Safety and Health Topics - Bloodborne Pathogens:
https://www.osha.gov/bloodborne-pathogens

HAZARD COMMUNICATION:

OSHA Hazard Communication Fact Sheet:
https://www.osha.gov/sites/default/files/publications/OSHA3696.pdf

OSHA Small Entity Compliance Guide for Hazardous Chemicals:
https://www.osha.gov/sites/default/files/publications/OSHA3695.pdf

OSHA Safety and Health Topics - Hazard Communication:
https://www.osha.gov/hazcom/guidance

HazCom Standard/Regulation:
https://www.osha.gov/hazcom/ghs-final-rule

APPENDIX D. TELEHEALTH

Telehealth is defined as a mode of delivering health care services from a provider to a patient using synchronous and asynchronous technologies by a health care practitioner to a patient at a different physical location than the health care practitioner. (Title 1, Subtitle 10 of the Health Occupations Article)

Telehealth includes:

- Synchronous interactions. An exchange of information between a patient and a health care practitioner that occurs in real time (includes the secure collection and transmission of a patient's medical information, clinical data, clinical images, laboratory results, and self-reported medical history).
- Asynchronous interactions. An exchange of information between a patient and a health care practitioner that does not occur in real time (includes the secure collection and transmission of a patient's medical information, clinical data, clinical images, laboratory results, and self-reported medical history).

Telehealth does not include the provision of health care services solely through text or e-mail messages or facsimile transmissions.

Telehealth Policy:

- HB 448/SB 402- *Health Care Practitioners-Telehealth and Shortage* (Ch 15 of the Acts of 2020) describes the requirements of a health care practitioner who wishes to establish a practitioner-patient relationship through telehealth.
- §1–1001 through §1–1006 of the Health Occupations Article provide the statute for provision of telehealth services in the State of Maryland.
- HB34/SB278 *State Department of Education and Maryland Department of Health- Maryland School-Based Health Center Standards- Telehealth* (Ch 348 of the Acts of 2021) prohibits the Maryland State Department of Education or the Maryland Department of Health from adding additional requirements or approval processes to those in §1–1001 through §1–1006. It is recommended that School-Based Health Center sponsors notify school leaders, superintendents, the Maryland Department of Health, and the Maryland State Department of Education when they begin to offer telehealth services.
- COMAR 10.09.49.00 - 10 provide the telehealth regulations for programs reimbursed by the Maryland Medical Assistance Program. HB 123 *Preserve Telehealth Access Act of 2021* (Ch 70 of the Acts of 2021) provides additional guidance regarding telehealth. [9]

In addition to the above regulations, School-Based Health Centers that provide telehealth should also adhere to the state and federal laws and regulations concerning the privacy and security of protected health information. These include:

1. **State of Maryland**
   a. Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland

[9] *SBHC Billing Manual*

2. **Federal**
    a. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. §§1320d et seq., as amended
    b. The HITECH Act, 42 U.S.C. §§17932, et seq., as amended
    c. 45 CFR Part 160, as amended
    d. 45 CFR Part 164, as amended

Technical assistance for developing a telehealth program is available from:

- The Centers for Medicare & Medicaid Services
- The Mid-Atlantic Telehealth Resource Center
- The School-Based Health Alliance
- The Maryland Health Care Commission

Maryland
DEPARTMENT OF HEALTH

Maryland Department of Health
The Maryland School-Based Health Center Program
Website: https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Pages/default.aspx
Email: md.sbhcprogram@maryland.gov

Maryland
DEPARTMENT OF HEALTH

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 9, 2024
2:30 PM – 3:55 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. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan
8. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | retired, Pediatrician, Dundalk Pediatric Associates

Ex Officio

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

Public

1. Andrea Stennett, Maternal and Child Health Bureau, PHPA, MDH
2. Bella Chant, Maternal and Child Health Bureau, PHPA, MDH
3. Kim Grady, Maternal and Child Health Bureau, PHPA, MDH
4. Kristen Yirenki, Maternal and Child Health Bureau, PHPA, MDH

5. Theresa Arlinghaus, Maternal and Child Health Bureau, PHPA, MDH
6. Jamie Perry, Maternal and Child Health Bureau, PHPA, MDH
7. Jasmin Whitfield, Maternal and Child Health Bureau, PHPA, MDH
8. Alicia Mezu, MSDE
9. Marcy Austin, Health Officer, Harford County
10. Derek Simmons, Superintendent, Caroline County Public Schools
11. Deb Somerville, Baltimore County Public Schools
12. Ellen Hudson, Meritus Health
13. Kate Hagner, Montgomery County Department of Health and Human Services
14. Pam Kasemeyer, Schwartz, Metz, Wise & Kauffman, P.A.

2:30 PM Roll-Call

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

2:35 PM Minutes from July 22, 2024 meeting

Cathy Allen moved to approve the July meeting minutes with an edit to correct the name of the firm Schwartz, Metz, Wise & Kauffman, P.A. Jean-Marie Kelly seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

2:40 PM Legislative updates

Delegate Cullison observed that the State is facing a major structural budget deficit that will impact the upcoming legislative session. She said she and Senator Lam will be introducing a bill to require certain school health services reports and add a school nurse to the Council's membership. Senator Lam said he is also working on a bill to make it easier for school nurses licensed in other states to become licensed in Maryland.

Cathy Allen and Joan Glick expressed their support for adding a school nurse to the Council. Kate Connor encouraged consideration of a potential youth member for the Council as well.

2:50 PM Agency updates

Ben Wormser presented an update on the SBHC program. Two new SBHC sites opened in Montgomery County, and the Bureau received an application for two additional sites in Baltimore County. In addition, three planning grant recipients are currently working on needs assessments for new SBHC sites. The SBHC Onboarding Institute has completed seven sessions, and participants have reported satisfaction with the institute. The Bureau recently released the first annual SBHC program report with data for FY 2023 (the 2022-2023 school year).

The Bureau has been seeking input on a potential future funding model for SBHCs, including from the Council's Quality and Best Practices workgroup. The Bureau also engaged SBHC administrators, who expressed preference for a formula-based approach that considers school FARMs rates, SBHC hours of operation, school size, jurisdictional factors, and uninsured students.

Ben Wormser briefed Council members on data for FY 2024 (the 2023-2024 school year), including a comparison of FY 2023 and FY 2024 data.

Kate Connor thanked the Bureau for the presentation and remarked that enhanced SBHC data collection and analysis has been a long-time Council priority. Delegate Cullison observed that insurance dollars

billed versus received by the SBHCs was low for commercial insurance and asked why this might be the case. Patryce Toye suggested that SBHCs may be out of network for many carriers. Ben Wormser said the Bureau plans to work on this issue in the future.

3:35 PM Recommendations on funding formula

Jean-Marie Kelly, co-chair of the Quality and Best Practices workgroup, introduced recommendations developed by the Quality and Best Practices workgroup related to a potential future funding formula for SBHCs, as requested by the Bureau. She said the first six recommendations were reflected in the previous presentation about a funding formula, while the other recommendations were more nuanced and could be considered for the future. Council members discussed the merits of a "base + boost" model as opposed to a straight formula as the SBHC administrators had preferred. Ben Wormser thanked the Council for these recommendations, which the Bureau will consult as it continues work on this topic.

Cathy Allen made a motion to adopt the recommendations. Chrissy Bartz seconded the motion. There were no oppositions or abstentions. The recommendations were approved.

3:45 PM Workgroup updates

Jean-Marie Kelly said the Quality and Best Practices workgroup is currently discussing the intersection of health and education outcomes as a way to demonstrate the impact of SBHCs.

Cathy Allen, co-chair of the Data workgroup, said the workgroup is collaborating with the Quality and Best Practices workgroup to look at ways to demonstrate the value of SBHCs. The workgroup also will look at the SBHC survey results. Joanie Glick, co-chair of the Data workgroup, commended the Bureau for the FY 2023 report and recommended increased use of data from MSDE, including absenteeism.

Kate Connor, chair of the Systems Integration and Funding workgroup, said the workgroup is looking at funding for school health services, including new Medicaid billing opportunities.

3:50 PM CASBHC Annual Report

Lorianne Moss, staff to the Council, previewed the Council's Calendar Year 2024 Annual Report. A draft will be distributed for feedback and an electronic vote in the coming weeks.

3:55 PM Adjourn

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

Maryland
DEPARTMENT OF HEALTH

MDH Update

CASBHC Full Council Meeting

December 9, 2024

Maryland SBHC Program: Status Update

- **New / Closed Sites:**
  - Montgomery Co. opened two new sites:
    - South Lake Elementary; JFK High School
    - Both have received program approval

- **New Site Application Period**
  - Opened November 1 - Closed November 30
    - Two applications received from Baltimore County Public Schools
    - Sites identified/developed through SFY24-25 Planning Grant opportunity

- **Planning Grants** -
  - Three grantees working to complete their Needs Assessment

Maryland SBHC Program: Status Update

- **MDH SBHC Program Onboarding Institute**
  - Completed 7 sessions; 3 sessions left
  - Implementing evaluation plan - -
  - *Mid-point survey results
    - ➢ Participants like the length (90 minutes) and frequency (1x month) of sessions
    - ➢ Participants feel comfortable asking questions, find session content helpful, and rated the facilitators highly in stimulating thought and discussion
    - ➢ 100% of respondents said the Institute was meeting expectations
    - ➢ Consider saving modules for self-paced learning

Evaluating the usability and efficacy of the Institute	
Pre/post Institute survey	To gather knowledge and comfort with topics - goal to test change after going through the Institute
****Mid-point survey***	To gather immediate feedback on session quality
Post-session evaluations	To gather feedback and make adjustments in real time as needed
Interviews	To gather deeper reflection of experiences for optimal improvement

- **Released!** FY23 SBHC Annual Report
  - Housed on program website (under resource section)

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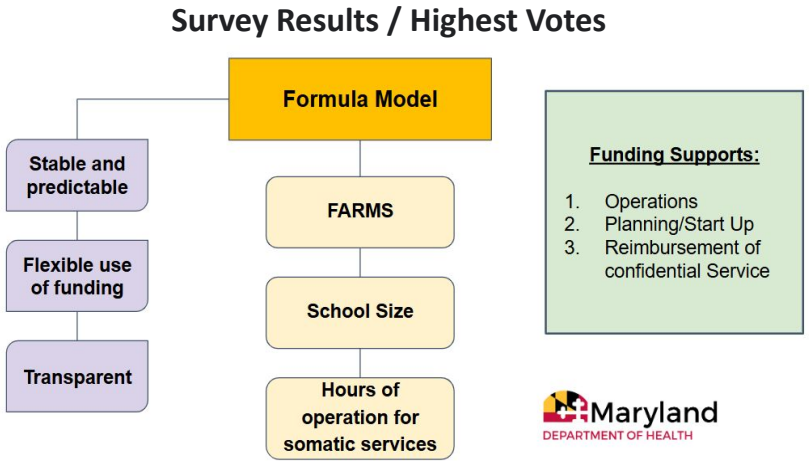
Funding Formula Development

Funding Formula Updates

- Request for input from CASBHC QBP Workgroup
- September 2024 - surveyed Admins on most important funding values, metrics and model
- October 2024 - hosted listening session to review results/ garner additional feedback

Survey/Listening Sessions Results:

- Admins valued stable and flexible use of funding for operations and planning / start-up the most
- Metrics for formula-based model include:
  - FARMs qualification
  - Somatic hours of operation
  - School size
  - Jurisdiction considerations
- 'Uninsured' was additionally brought up and determined to be an "extremely important" metric albeit equally hard to capture



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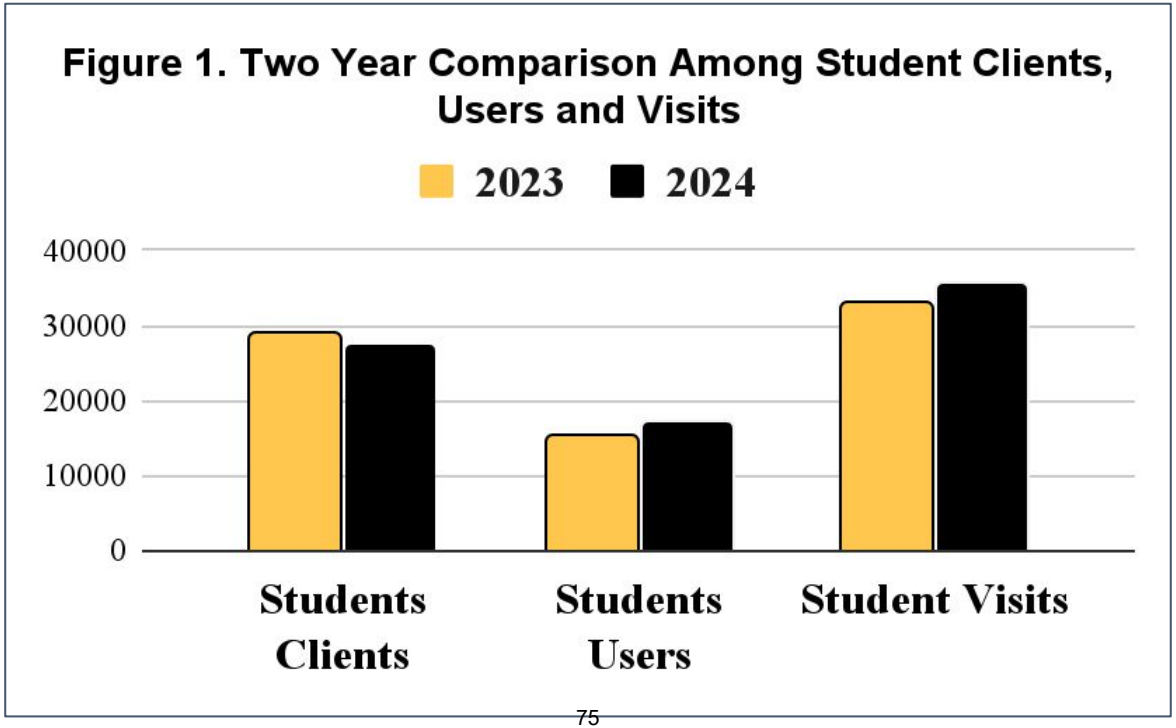
Preliminary State Level Data

2023-2024 School Year

Preliminary State Level Data Highlights

During the 2023-2024 school year, the Program supported 89 SBHCs across 16 jurisdictions		
30,824 Clients enrolled in a SBHC ● *27,469 students* ● *3,363 non-students*	**20,359 users visited a SBHC for any type of service at least once** ● 17,067 *students* ● 3,292 *non-students*	**48,361 visits were completed** ● 42,374 *students* ● 5,987 *non-students*

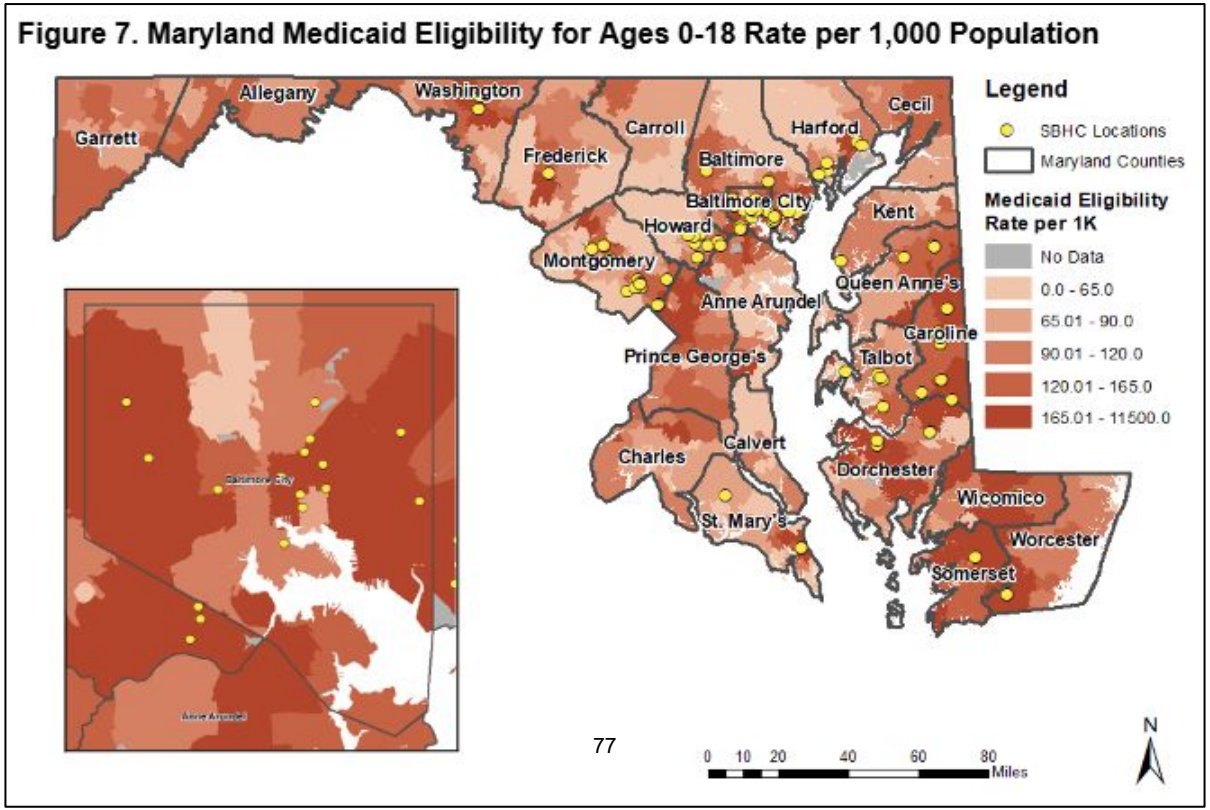
Preliminary State Level Data Highlights



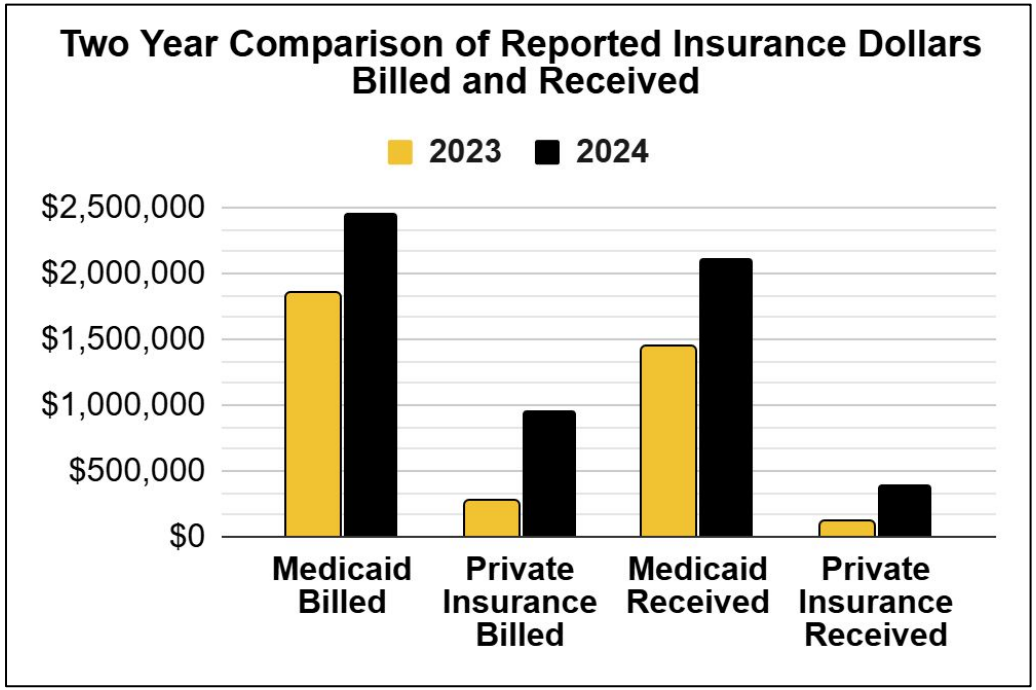
Preliminary State Level Data Highlights

Student Visit Type	2023 Users	2024 Users
Annual Well-Child Visit	2,723	4,307
Sports Physical	1,786	1,468
Diagnosis of Asthma	786	758
Annual Risk Assessments	4,752	4,333
(BMI) Screening	3,027	5,680
Clinical depression screening	4,072	3,158
Chlamydia screening	933	1,129
Sick Visit / Acute Illness	*	8,600

Preliminary State Level Data Highlights



Preliminary State Level Data Highlights



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Questions and Discussion

md.sbhcprogram@maryland.gov

Maryland
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Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

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

Monday, June 30, 2025
2:00 PM – 3:30 PM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | 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. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan

Ex Officio

1. Sen. Clarence Lam, Ex Officio Member | Maryland State Senate, District 12 (Howard & Baltimore City)
2. Del. Bonnie Cullison, Ex Officio Member | Maryland House of Delegates, District 19 (Montgomery County)
3. Benjamin Wormser, Ex Officio Member | Medical Director, Maternal and Child Health Bureau, PHPA, MDH
4. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
5. Lorianne Moss | CASBHC Staff

Public

1. Andrea Stennett, Maternal and Child Health Bureau, PHPA, MDH
2. Bella Chant, Maternal and Child Health Bureau, PHPA, MDH
3. Kim Grady, Maternal and Child Health Bureau, PHPA, MDH
4. Kristen Yirenki, Maternal and Child Health Bureau, PHPA, MDH
5. Jamie Perry, Maternal and Child Health Bureau, PHPA, MDH
6. Jasmin Grant, Maternal and Child Health Bureau, PHPA, MDH

7. Linda Rittelmann, Maryland Medical Assistance Program, MDH
8. Jamie Rose, intern, MDH
9. Alicia Mezu, MSDE
10. Kristi Peters, MSDE
11. Scott Tiffin, Office of Senator Clarence Lam
12. Erin Dorrien, Health Management Associates
13. Kate Hagner, Montgomery County Department of Health and Human Services
14. Robyn Elliot, Public Policy Partners
15. Christine Krone, Schwartz, Metz, Wise & Kauffman, P.A.

2:00 PM Roll-Call and Council membership discussion

Kate Connor welcomed meeting participants. Lorianne Moss called the roll. Kate Connor and Lorianne Moss said staff has been working with the Governor's Appointments Office to fill Council vacancies, including a new Council seat for a school nurse. Council members expressed interest in a future seat for a student representative.

2:15 PM Minutes from December 9, 2024 meeting

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

2:20 PM Agency updates

Ben Wormser presented an update on the SBHC program. Two SBHC sites relocated in Montgomery County. Two additional SBHC sites are under review in Baltimore County. The SBHC in Wicomico Middle School closed. The application period for new SBHC sites will open on July 1, and the Bureau anticipates applications from Baltimore County, Charles County, and Wicomico County.

Andrea Stennett provided an update on SBHC planning grants. The first two grantees from Baltimore and Allegany/Garrett completed the program. This culminated in applications for new SBHCs in Balt County, and continuing work in Allegany and Garrett Counties. The second cohort of grantees, Anne Arundel and Prince George's Counties, are completing their needs assessments. A third cohort will begin work in July.

Next, she reviewed the SBHC Onboarding Institute. 12 organizations participated in total, and 8 completed the Institute. Participants self-reported increased preparedness to open a SBHC as a result of the Institute. She also discussed a pilot project with the Governor's Office for Children to help community schools understand the process to establish SBHCs.

Ben Wormser highlighted the release of the fiscal year 2024 SBHC report and the revised SBHC Standards. He discussed the annual SBHC conference held in May 2025. Finally, he shared the SBHC funding formula.

2:55 PM School Nursing Recommendations

Kate Connor shared the recommendations developed by the Systems Integration and Funding workgroup to support school nursing, including the recommendation of a goal of at least one full-time nurse in every school. All voting members of the Council voiced their support for the recommendations.

Jean-Marie Kelly made a motion to adopt the recommendations. Chrissy Bartz seconded the motion. There were no oppositions or abstentions. The recommendations were approved.

3:05 PM Legislative updates

Senator Lam said that during the last legislative session, the General Assembly passed legislation to add a school nurse to the Council and to require reports on the staffing for school health services. He also observed that the legislature voted to reverse some proposed funding cuts for the Blueprint for Maryland's Future.

3:15 PM Discussion of future Council activities

Kate Connor led the Council in a discussion of future Council and workgroup priorities, noting that many of the Council's previous recommendations have been enacted or are in progress. Cathy Allen suggested that the workgroups take a "Past-Present-Future" approach, looking back at the Council's previous recommendations, the current state of Maryland SBHCs, and then consider future Council activities. Council members agreed with this approach.

3:30 PM Adjourn

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

Maryland
DEPARTMENT OF HEALTH

MDH Update

CASBHC Full Council Meeting

June 30, 2025

Maryland SBHC Program: Status Updates

- **SBHC Review and Approval - *status update***
  - Relocated SBHCs: Northwood High School & Broad Acres Elementary School (Montg. County)
  - Renovated SBHC: Augusta Fells Savage Institute of Visual Arts (Baltimore City)
  - Closures: Wicomico (Co.) Middle School (effective 6/30/25)

- **New Site Applications**
  - Under Review:
    - Berkshire Elementary School; Chadwick Elementary School (Baltimore County)
  - Anticipated Applications July 1 - July 31, 2025 (FY26)
    - Baltimore County
    - Charles County
    - Wicomico County

Maryland SBHC Program: Status Updates

- **SBHC Planning Grants**
  - **Cohort #1** (FY24, FY25) - completed
    - Grantees: Allegany/ Garrett County; Baltimore County
    - Outcomes:
      - Baltimore County - submitted applications for 2 new SBHCs, 3rd application pending
      - Allegany / Garrett Counties - completed needs assessment across both counties; continuing to develop and deepen relationships with new community partners: Mt. Laurel (FQHC), UPMC (Hospital), county superintendents, selected schools identified through NA, etc.
  - **Cohort #2** (FY25, FY26) - first year completed
    - Grantees: Anne Arundel County; Prince George's County
    - Status: Grantees wrapping up final sections of needs assessment
  - **Cohort #3** (FY26, FY27) - starting soon
    - Two new grantees starting in July

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Maryland SBHC Program: Status Updates

- **Maryland SBHC Program's Onboarding Institute**
  - The Onboarding Institute (OI) wrapped up April 2025
    - 12 organizations joined the Institute, 8 organizations finished the year
  - Program completed an evaluation of OI in May
    - Includes analysis of 1.) pre-OI survey, 2.) mid-point OI survey, 3.) post-OI survey, 4.) post-session surveys, and 5.) qualitative interviews
  - <u>Overall Findings:</u>
    - Efficacy - participant's level of preparedness to open a successful SBHC increased after participation in the OI (2.9 to 3.7 respectively)
      - Measured by 1 = not at all prepared; 5 = fully prepared
    - Levels of confidence, knowledge and understanding increased across all statements measured

Maryland SBHC Program: Status Updates

Table 1: Pre / Post Onboarding Institute Survey Results		
Assessing Confidence, Knowledge and Understanding (1-5)	**PRE**	**POST**
I am confident in my ability to complete a comprehensive needs assessment.	3.4	*4.1*
I am confident in my organization's ability to meet the Maryland Standards for SBHCs	4.2	*4.3*
I am confident in my organization's ability to submit clean claims for SBHC services provided	3.5	*3.9*
I am confident in my ability to complete a business plan and *pro forma* for my SBHC.	3.0	*3.7*
I have the knowledge needed to build effective partnerships.	4.0	*4.4*
I am familiar with additional revenue sources at the federal, state, and local levels for financial sustainability of my SBHC.	3.0	*3.6*
I know how to implement the best practices necessary for operating a successful SBHC.	3.4	*4.1*
I understand the roles and responsibilities of a Sponsoring Organization.	3.4	*4.4*
I understand the steps required to enroll as a self-referred provider with Medicaid	2.9	*4.0*
I understand the core competencies of SBHCs and how to provide equitable health care	3.6	*4.6*
Please rank your level of preparedness to open a successful SBHC	2.9	*3.7*

- - - Reflections - - -

- More opportunities to hear from individuals and organizations already operating SBHCs
- Road map that not only calls out what to do *but how to do it*
- More details on *how* to appropriately engage and get buy-in from diverse stakeholders
- Increased opportunities for conversational connection with each other, and the broader SBHC community
- Better balance of how content is digested and *how much*

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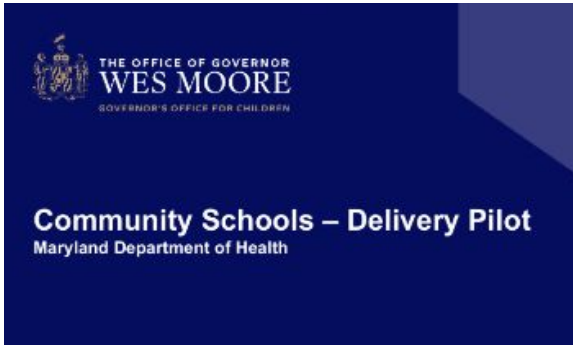
Maryland SBHC Program: Status Updates

- **Pilot project led by the Governor's Office for Children in partnership with Community Schools / MSDE**
  - Initiated pilot project January - June 2025 to bolster coordination between state agencies and school systems
  - SBHC Program invited to participate
    - *Goal:* connect schools to existing SBHC efforts at the school system and county level, and create a greater understanding of the process to establish a SBHC
  - Paired with (3) self-selected schools
    - Montgomery County - Harriet Tubman, Neelsville
    - Prince George's County - John Bayne
  - Takeaways
    - Deeper understanding of local processes and nuances that impact whether a school can choose to start a SBHC, and barriers that impact principal buy-in



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Released Reports
And Other SBHC Program Activities

Maryland SBHC Program: Status Update

Recently Released

FY24 SBHC Annual Data Report

Maryland Standards for School-Based Health Centers

*Approved SBHCs are expected to meet the Standards by the start of the 2025-2026 school year

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Maryland SBHC Program: Status Updates

- **FY25 Annual Maryland SBHC Conference - Held 5/15/25**
  - Welcomed 130 attendees to celebrate 40 years of resiliency in SBHCs!
  - MDH SBHC Program supported development of a post conference survey
    - Takeaways:
      - 69% of respondents felt the conference was well organized and were overall satisfied with their experience
      - Opportunities for further diversification of speakers (specialists vs. generalists, levels of clinical expertise, etc.) and more time for networking

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Maryland SBHC Program: Status Updates

- **New Program Funding Formula**
  - Formula released during Q3 Administrator meeting (March, 2025)
  - New budget marks represent minimum amount sponsoring orgs may anticipate for next 3 years (FY27, FY28, FY29)
  - Minimum budget marks may be added to depending on availability of reserved funds for new SBHCs and infrastructure
  - New metrics / measures may be considered in FY29 for funding in FY30-FY32

	Metric	Metric Characterization
Funding Formula	First SBHC (per Sponsor)	Baseline $95K
	Farms (≥70%)	Categorized by sites with ≥ or < 70% of student population meeting the FARMs definition
	Hours of Operation	Categorized by sites meeting ≥ or < 24 hours of weekly operations

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Questions and Discussion

md.sbhcprogram@maryland.gov

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Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

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

Monday, October 27, 2025
11:00 AM – 12:35 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. Jeanett Carmen Peralta, Maryland Assembly on School-Based Health Care | Nurse Administrator, Montgomery County Public Schools
4. Erin Dorrien, Maryland Assembly on School-Based Health Care | Principal, Health Management Associates
5. Nicole Kreamer, Maryland Association of Boards of Education | Vice Chairperson, Charles County Board of Education
6. Jonathan Garrick, principal of a secondary school with a SBHC | Northwood High School, Montgomery County
7. Amanda Wright, Maryland Hospital Association | Director, Quality & Clinical Care, MHA
8. Christina Bartz, Federally Qualified Health Center | Director of Community Based Programs, Choptank Community Health Systems
9. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan
10. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | retired, Pediatrician, Dundalk Pediatric Associates
11. Katherine Hagner, School nurse | Montgomery County

Ex Officio

1. Sen. Clarence Lam, Ex Officio Member | Maryland State Senate, District 12 (Howard & Baltimore City)
2. Del. Bonnie Cullison, Ex Officio Member | Maryland House of Delegates, District 19 (Montgomery County)
3. Maggie Church, Maryland Health Benefit Exchange | Director, Marketing & Web Strategies
4. Lorianne Moss | CASBHC Staff

Public

1. Andrea Stennett, Maternal and Child Health Bureau, PHPA, MDH
2. Bella Chant, Maternal and Child Health Bureau, PHPA, MDH

3. Kristen Yirenki, Maternal and Child Health Bureau, PHPA, MDH
4. Jamie Perry, Maternal and Child Health Bureau, PHPA, MDH
5. Jasmin Grant, Maternal and Child Health Bureau, PHPA, MDH
6. Alicia Mezu, MSDE
7. Kristi Peters, MSDE
8. Scott Tiffin, Office of Senator Clarence Lam
9. Jean-Marie Kelly, Director - Policy, Planning, & Assessment, Cecil County Health Department
10. Cathy Allen, St. Mary's County Board of Education
11. Joe Winn
12. Robyn Elliot, Public Policy Partners
13. Christine Krone, Schwartz, Metz, Wise & Kauffman, P.A.
14. Alicia Nelson, St. Mary's County Health Department
15. Ellen Hudson, Meritus Health

11:00 AM Roll-Call and introduction of new Council members

Kate Connor welcomed meeting participants. Lorianne Moss called the roll. The following new Council members introduced themselves: Erin Dorrien, Jeanett Peralta, Nicole Kreamer, Jonathan Garrick, Amanda Wright, Katherine Hagner, and Maggie Church.

11:20 AM Minutes from June 30, 2025 meeting

Patryce Toye moved to approve the June meeting minutes. Chrissy Bartz seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

11:25 AM Legislative updates

Delegate Cullison said she was pleased to have sponsored legislation during the previous session that added a school nurse to the Council's membership. She intends to continue to focus on supporting utilization of telehealth by SBHCs. She was pleased that SBHCs were mentioned during the recent suicide prevention conference.

Senator Lam said the General Assembly is working to address several current developments at the federal level: the federal government shutdown, potential increases in premiums for insurance purchased on the Maryland Health Benefit Exchange, changes in funding for SNAP, and increased immigration enforcement activities. He said implementation of the Access to Care Act, which would enable undocumented individuals to purchase health insurance on the Exchange, is currently on hold. He said Maryland has joined a multi-state collaborative on vaccines. He anticipates legislation to implement the recommendations of the final report of the Public Health Commission, which could impact Local Health Departments' ability to bill commercial insurers, and said he is also considering legislation related to insurance billing by SBHCs.

Kate Connor observed that it is difficult to recruit an individual to serve on the Council in the slot for a parent or guardian of a child who receives services at an SBHC, and said the Council would also like to have a student representative. She suggested stipends, childcare support, service-learning hours, and adjusting the timing of Council meetings to potentially help to engage these stakeholders.

11:35 AM Council priorities, workgroups, and next steps

Kate Connor reminded members that when the Council formed, members decided to organize into three workgroups: Quality and Best Practices, Systems Integration and Funding, and Data. Workgroups meet

approximately once per month and develop recommendations that are taken to the full Council for consideration. With many previous Council recommendations currently being implemented by MDH, the Council is currently considering a revision of the workgroups.

Currently, there are two active workgroups. The Quality and Best Practices workgroup is looking back at the Council's previous recommendations, understanding their current state, and making recommendations for future work. The Systems Integration and Funding workgroup is developing recommendations related to maximizing SBHC billing of commercial insurers. Council members, including members of the public, are encouraged to join one or both the workgroups.

12:20 PM Agency updates

Andrea Stennett presented an update on the SBHC program. Currently there are 91 SBHCs in 16 jurisdictions across the state. Three news SBHCs have opened recently: Berkshire and Chadwick Elementary Schools in Baltimore County, and East Salisbury Elementary School in Wicomico County. Planning grants were recently awarded to Johns Hopkins and Total Health Care for potential future SBHCs in Baltimore City.

She discussed the new funding formula for SBHCs which is designed to make funding more predictable and transparent. The formula takes into account the number of SBHCs per sponsor, the percentage of students receiving Free and Reduced Meals (FARMs), and the SBHCs' hours of operation.

Next, she shared SBHC data trends. Overall, SBHC enrollment and utilization have been increasing over the past three years. Reimbursements from Medicaid and private insurance also have been increasing.

Andrea Stennett then shared the program's priorities, which have been incorporated into state health goals. These include: (1) SBHCs enroll at least 70% of eligible students by 2029 (included in State Health Improvement Plan – SHIP); (2) All SBHCs routinely screen for depression and substance use (included in Women's Health Action Plan – WHAP); (3) Bolster partnerships between SBHCs and Primary Care Providers (PCPs) to create an expanded medical home model (included in the Bureau's Title V work); and (4) expand the SBHC program to underserved areas and counties without SBHCs (included in the Blueprint for Maryland's Future and WHAP).

The SBHC Program is also: initiating Quality Assurance visits to SBHCs to help them meet the SBHC Standards, developing an external facing data dashboard, procuring a revenue cycle management specialist, and requesting funding through the Rural Health Transformation program.

12:35 PM Adjourn

Nicole Kreamer made a motion to adjourn the meeting. Diana Fertsch seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.

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MDH Update

CASBHC Full Council Meeting

October 27, 2025

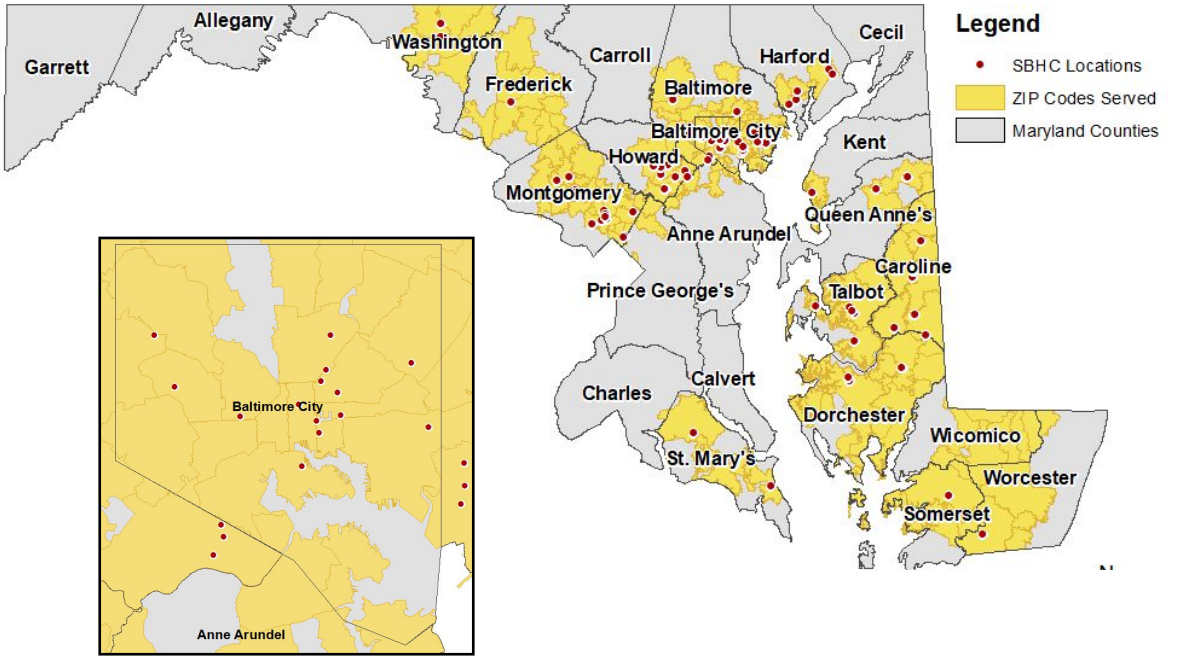
Maryland SBHC Overview

All Maryland SBHCs provide acute, preventative, and primary health care services through brick/mortar clinics located in or on school campus

- 57% provide in-person services only / 43% provide hybrid services w/ telehealth

Some SBHCs offer expanded services, including behavioral health, sexual & reproductive health, nutritional services, and vaccines

Currently, there are **91** SBHCs across **16 jurisdictions**



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Maryland SBHC Program: Status Updates

SBHC Review and Approval - *status update*

- New SBHCs
  - Baltimore County: Berkshire ES; Chadwick ES
  - Wicomico County: East Salisbury ES

SBHC Planning Grants (2-year grant to support planning + start up of a new SBHC)

- **Cohort #1** (FY24, FY25) - completed
- **Cohort #2** (FY25, FY26)
  - Grantees: Anne Arundel County; Prince George's County
  - Both grantees have completed their needs assessment and are working on their business plan. AAC still exploring sites; PGC hoping to open in 3 waves starting w/ 4 sites in 2026
- **Cohort #3** (FY26, FY27)
  - Grantees: Johns Hopkins; Total Health Care
    - Both working on new sites in Baltimore City
      - East / West side

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Maryland SBHC Program: Updated Funding Formula

New Program Funding Formula

- 3-year minimum budget marks shared with SBHC Administrators (FY27-29)
  - Overall positive responses for *predictable* and *transparent* funding
- Minimum budget marks may be added to each fiscal year depending on the availability of reserved funds for new SBHCs and infrastructure
- New metrics / measures may be considered in FY29 for funding in FY30-FY32

Maryland SBHC Program Funding Formula		
First SBHC Per Sponsor		**$95,000**
(As applicable) any remaining SBHCs per sponsor		
Metrics	**Categories**	**Amount**
FARMS Percentage	≥ 70%	**$40,000**
	< 70%	**$20,000**
Hours of Operation	≥ 24 in-person somatic hours	**$47,000**
	< 24 in-person somatic hours	**$20,000**

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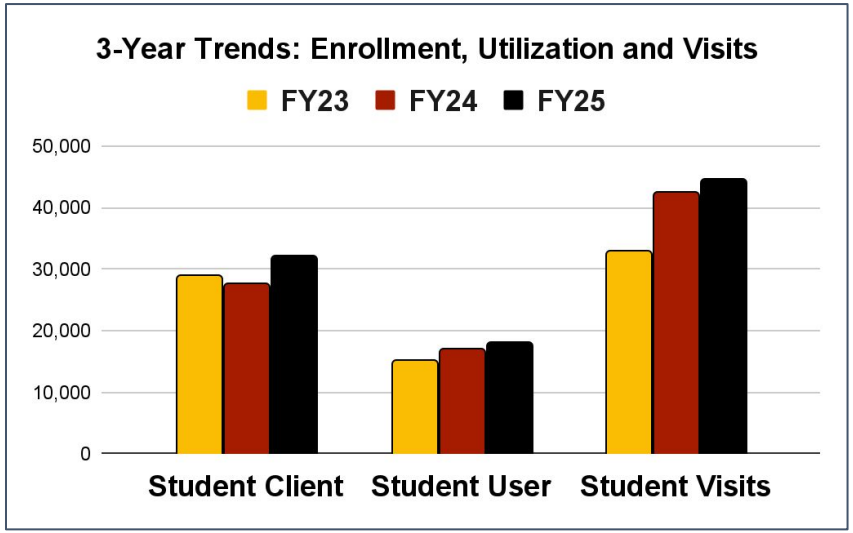
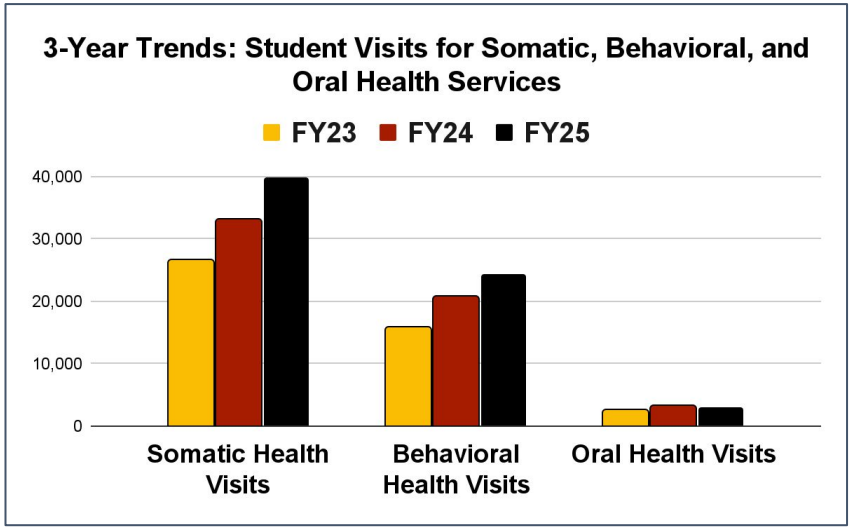
Maryland SBHC Program: Data Trends Snapshot





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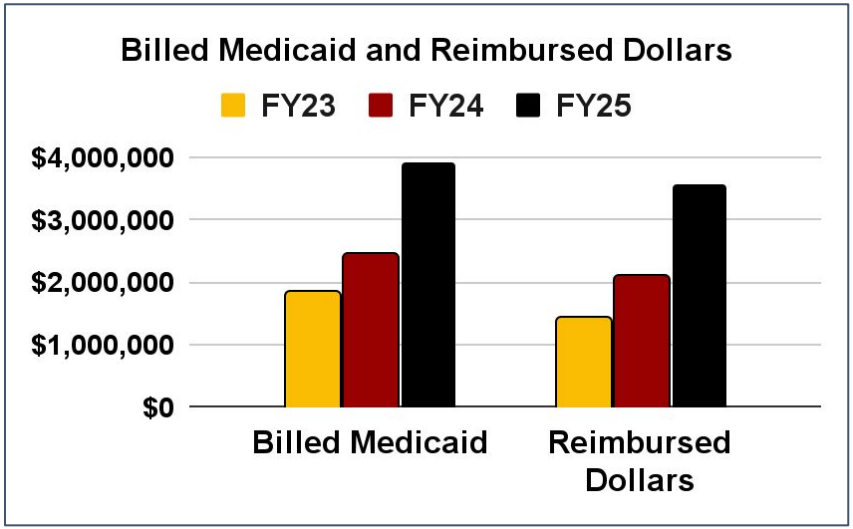
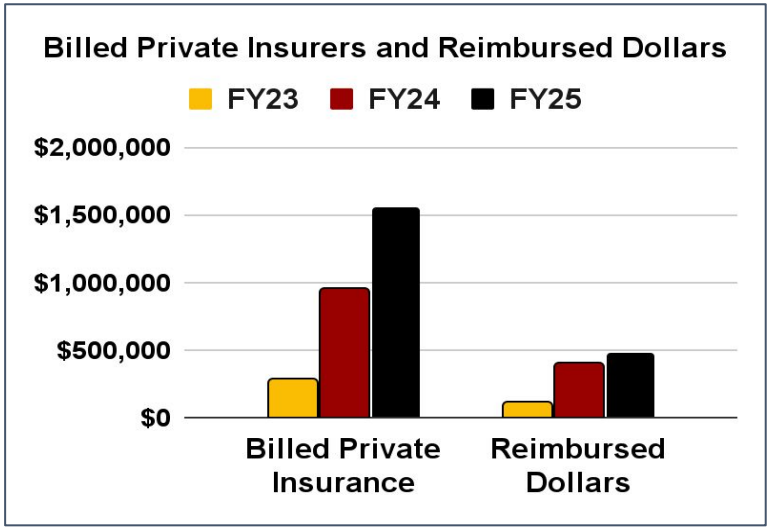
Maryland SBHC Program: Data Trends Snapshot





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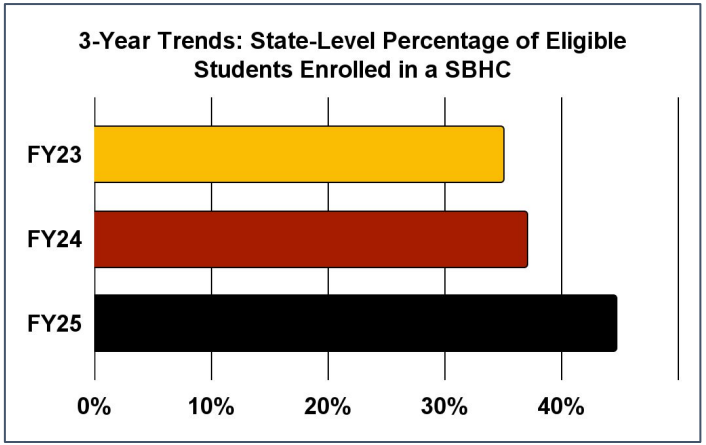
2026-2029 Program Priorities

Priority 1 - **SBHCs enroll at least 70% of the eligible school population by 2029**

- Included in the *State's Health Improvement Plan* (SHIP); increases access to care through enhanced care delivery models that meet the needs of discrete populations

Priority 2 - **Ensure all applicable SBHCs routinely screen for depression and substance use**

- Included in the *Women's Health Action Plan* (WHAP) within the Governor's Office for Performance Improvement; addresses the goal to support behavioral health needs across the life course



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2026-2029 Program Priorities

Priority 3 - **Bolster partnerships between PCPs and SBHCs to create an expanded medical home model based on care coordination and increased access to care**

- Included in *MCHB Title V* work; helps ensure care delivered in SBHCs and the community are aligned and make the best use of their respective resources/strengths

Priority 4 - **Increase access to school-based health through the expansion of SBHCs in underserved areas and counties without a SBHC**

- Required through the *Blueprint for Maryland's Future,* also included in WHAP

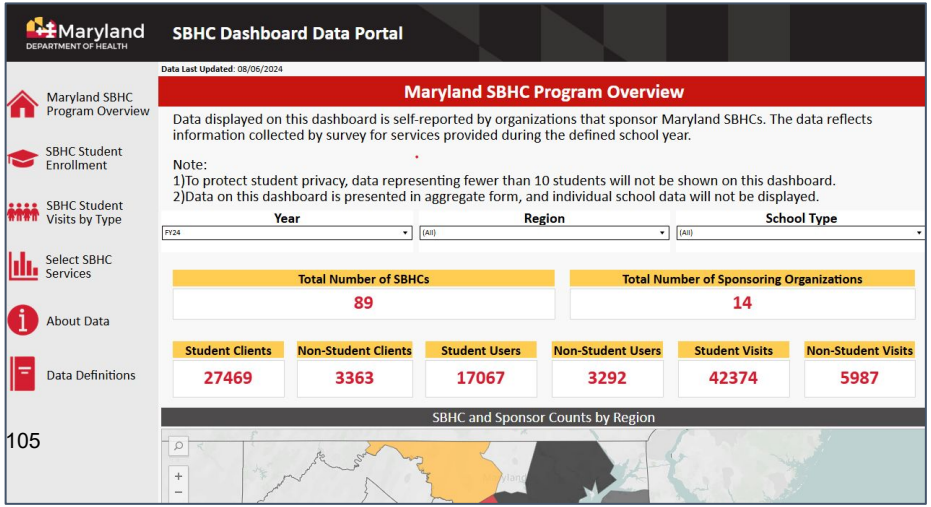
New Program Projects

Quality Assurance Visits

- Purpose: to continue supporting SBHCs to meet the Maryland SBHC Program Standards through individualized technical assistance; will also link back to SHIP (enrollment) and WHAP (depression and substance use screening) Program priorities
- Taking a PDSA approach - still in planning phase with hope to pilot first QA visit this fall / winter, will then review any opportunities for process improvement, implement as needed, then pilot second visit

SBHC External Facing Dashboard

- Includes Program Overview, Student Enrollment, Utilization and Visits, Select SBHC Services, and interactive maps by region and county
- Will be looking for external testers for user feedback prior to releasing (goal 2026)



New Program Projects

Released! Revenue Cycle Management RFP

- Posted to eMMA October 22, 2025
- RFP goal - to provide SBHCs with revenue cycle technical assistance and billing-related quality improvement that expands SBHCs' revenue generation and financial sustainability
    - 3 Year Grant - 3 cohorts (4-6 Sponsoring Orgs per cohort)
        - RCM to assess current billing practices, document actionable steps to improve billing health, provide support and technical assistance for 6 months after analysis

Rural Health Transformation Grant

- Submitted proposal to MDH for consideration to include in the state application
- Requested $25M in Capacity Building Grants for established SBHCs and
- $15M in Seed Funding for current and new organizations to test ideas like piloting telehealth and mobile clinics

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Questions and Discussion

md.sbhcprogram@maryland.gov