

# School-Based Health Centers & CHRC

July 28, 2017

**Mark Luckner**  
Executive Director, Maryland Community  
Health Resources Commission

mark.luckner@maryland.gov  
410.260.6290



**MARYLAND**  
Department of Health

## BACKGROUND ON THE CHRC

- **Eleven Commissioners of the CHRC are appointed by the Governor.**
- **Below is a listing of the CHRC Commissioners.**

**Allan Anderson, MD**, CHRC Chairman,  
Vice President of Dementia Care Practice,  
Integrace (**appointed Chair July 1, 2017**)

**Elizabeth Chung**, Executive Director, Asian  
American Center of Frederick

**Maritha R. Gay**, Senior Director of External  
Affairs at Kaiser Foundation Health Plan of the  
Mid-Atlantic States Region

**Scott T. Gibson**, Vice President for Human  
Resources at Melwood Horticultural Training  
Center, Inc.

**J. Wayne Howard**, Former President and  
CEO, Choptank Community Health System,  
Inc.

**Surina Jordan, PhD**, Zima Health, LLC,  
President and Senior Health Advisor

**Barry Ronan**, President and CEO, Western  
Maryland Health System

**Erica I. Shelton, MD**, Johns Hopkins  
University School of Medicine, Department of  
Emergency Medicine

**Carol Ivy Simmons, PhD**, President and  
CEO, Simmons Health Systems Consulting

**Julie Wagner**, Vice President of Community  
Affairs, CareFirst BlueCross BlueShield

**Anthony C. Wisniewski, Esq.**,  
Chairman of the Board and Chief of External  
and Governmental Affairs, Livanta LLC

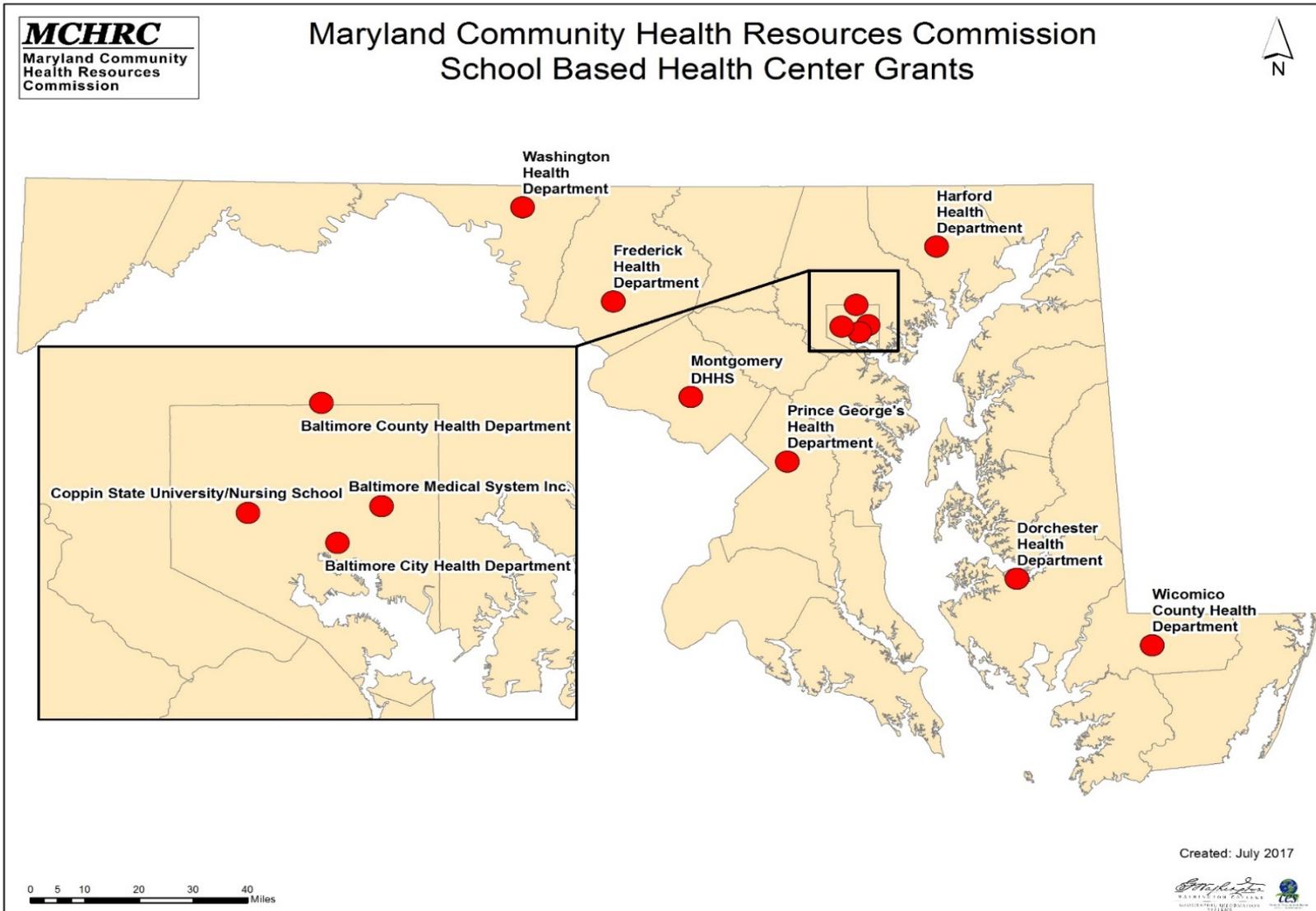
## IMPACT OF CHRC GRANTS

- **Since 2007, CHRC has awarded 190 grants totaling \$60.3 million. Most grants are for multiple years.**
- **CHRC has supported programs in all 24 jurisdictions, which have served 330,000 Marylanders.**
- **\$60.3 million has leveraged \$19.9 million in additional federal, private/non-profit, and other resources.**
- **Wicomico County Health Department (#16-009) received \$180,917 from the Donnie Williams Foundation.**

## CHRC & SBHCS

- **SBHCs are a designated “community health resource”- supporting SBHCs is embedded in CHRC’s authorizing statute.**
- **CHRC has awarded 11 grants totaling \$2.7 million to support SBHCs (next slide- map) in urban, suburban and rural areas.**
- **These grants have provided services to 9,386 patients in 9 jurisdictions.**
- **Grants have expanded access to primary, behavioral health, and dental services.**

# CHRC FUNDING OF SBHC



# COUNCIL ON ADVANCEMENT OF SCHOOL-BASED HEALTH CENTERS

- **In 2017, the Maryland General Assembly approved legislation that transferred the Council from the Maryland State Department of Education to the Department of Health.**
- **CHRC provides staffing support for the Council.**
- **Council has 15 voting members, 6 *ex officio* members and is led by Chair Kate Connor, MD and Vice Chair Barbara Masiulis.**
- **Three work groups on Quality & Best Practices; Systems Integration & Funding; and Data collection & Reporting.**

# COUNCIL ON ADVANCEMENT OF SCHOOL-BASED HEALTH CENTERS

- **Develop policy recommendations to improve the health and educational outcomes of students who receive services from SBHCs by:**
  - Support local community efforts to establish or expand SBHCs' capacity in primary care, behavioral health, and oral health;
  - Integrate SBHCs into existing and emerging patient-centered models of care;
  - Promote SBHC inclusion in networks of managed care organizations and commercial health insurance carriers;
  - Advance public health goals of state and local health officials;
  - Promote SBHC inclusion in networks of school health services;
  - Support state and local initiatives to promote student success;
  - Reviewing and revising best practices guidelines; and
  - **Supporting the long-term sustainability of SBHCs.**

# COUNCIL ON ADVANCEMENT OF SCHOOL-BASED HEALTH CENTERS

- **Council will offer recommendations on following areas:**
  1. Streamline existing process for review and approval of new SBHCs, including the Maryland Medical Assistance Program enrollment process for SBHCs and the expansion of the scope of existing SBHCs by MSDE and MDH;
  2. Identify and eliminate barriers for managed care organizations to reimburse for services provided by SBHCs; and
  3. Health reform initiatives under the Maryland Medicare waiver and patient-centered medical home initiatives.