Maryland
DEPARTMENT OF HEALTH

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

Council on Advancement of School-Based Health Centers

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December 2020

Larry Hogan
Governor

Boyd K. Rutherford
Lieutenant Governor

Dennis R. Schrader
Acting Secretary of Health

Elizabeth Chung, Chair
Community Health Resources Commission

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

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Council on Advancement of School-Based Health Centers
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Abbreviations

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

CRISP: Chesapeake Regional Information System for our Patients

CHRC: Community Health Resources Commission

Council: Council on Advancement of School-Based Health Centers

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

EHR: Electronic Health Record

FERPA: Family Educational Rights and Privacy Act

FQHC: Federally Qualified Health Center

HEDIS: Health Effectiveness Data and Information Set

HIPAA: Health Insurance Portability and Accountability Act

Kirwan Commission: Kirwan Commission on Innovation and Excellence in Education

LHIC: Local Health Improvement Coalition

MASBHC: Maryland Assembly on School-Based Health Care

MHBE: Maryland Health Benefit Exchange

MCO: Managed Care Organization

MDH: Maryland Department of Health

MOU: Memorandum of Understanding

MRHA: Maryland Rural Health Association

MSDE: Maryland State Department of Education

PCP: Primary Care Provider

QBP: CASBHC's Quality and Best Practices Workgroup

SBHA: School-Based Health Alliance

SBHC: School-Based Health Center

SHIP: State Health Improvement Process

SIF: CASBHC's Systems Integration and Funding Workgroup

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Executive Summary

The Council on Advancement of School-Based Health Centers works to improve the health and educational outcomes of students who receive School-Based Health Center (SBHC) services by advancing the integration of SBHCs into the health care and education systems at the State and local levels. The Council is staffed by the Community Health Resources Commission, an independent commission operating within the Maryland Department of Health (MDH).

There are currently 84 SBHCs across 12 jurisdictions in Maryland. A portion of these SBHCs receive funding from MSDE from the general fund allocation of $2.5M annually. These monies are administered through grant funding. Diagram 1 illustrates the distribution of SBHCs across Maryland. Jurisdictions indicated in green are where SBHCs are located.

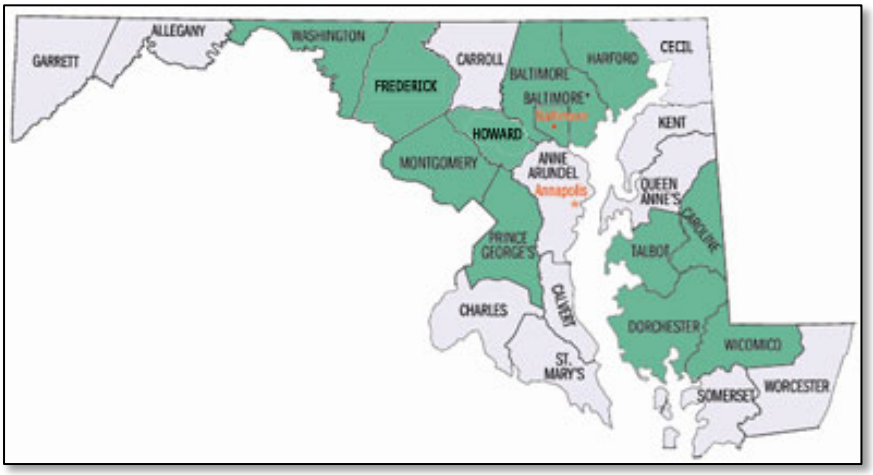

Diagram 1: SBHC distribution across Maryland

The Council made important progress on its mission in 2020. Key accomplishments are outlined below.

1. **The Council publicly released comprehensive recommendations to position School-Based Health Centers to be utilized during the COVID-19 crisis and future public health emergencies.** In response to the COVID-19 crisis, the Council convened an ad-hoc workgroup and conducted a survey of SBHCs. These efforts resulted in comprehensive recommendations to: actively promote continuity of care for vulnerable students, develop clear processes and lines of authority to provide SBHC flexibility, support remote care by SBHC practitioners, enhance central agency resources for the SBHC program, and consider access to closed school buildings for certain SBHC activities. Recommendations were approved by the full Council, shared with a wide range of stakeholders, and presented at the Maryland Rural Health Association's virtual conference in October 2020. A copy of the recommendations is provided in Appendix 2.

2. **The Council worked to facilitate telehealth utilization by SBHC practitioners during the COVID-19 crisis and beyond.** In response to issues identified in the SBHC administrator survey conducted through the Council's ad hoc pandemic work group, the QBP workgroup conducted a comprehensive review of Maryland regulations relevant to telehealth and school-

based healthcare, including policy guidance and recommendations from the Maryland Assembly on School Based Healthcare (MASBHC). QBP and Council leadership then engaged with MSDE and MDH to clarify telehealth models and the telehealth authorization process, clarify billing requirements, and address concerns regarding liability and oversight. MDH/Maryland Medicaid secured a Federal waiver to allow for Medicaid reimbursement for certain telehealth encounters not previously approved by SBHCs, and updated the SBHC billing manual, which MSDE circulated to SBHC administrators. A vision statement related to the Workgroup's efforts is provided in Appendix 3. Additional work remains to be done to make sure all Maryland SBHCs are able to easily implement telehealth, and this issue is likely to continue to be a priority for the Council during 2021.

3. **The Council informed legislation to expand the types of organizations that can sponsor SBHCs.** Until recently, Maryland's SBHCs have been sponsored overwhelmingly by Local Health Departments, a different and potentially more limited model than other states with SBHC programs. The Harbage Report, commissioned by the Council in 2018, recommended expanding the types of organizations that can sponsor SBHCs in Maryland, and the Council has advocated for this policy change for several years. Legislation passed during the 2020 General Assembly session (HB 409), with input from the Council, expands the types of SBHC sponsorship organizations that can receive Medicaid reimbursement – effectively opening the door for hospitals, physician or nurse practitioner groups, and other organizations to sponsor SBHCs. A copy of the Council leadership letter regarding HB 409 can be found in Appendix 4.

4. **With MSDE releasing its redesigned annual survey of SBHCs during the fall of 2020, the Council developed a plan to make data gathered from the survey publicly available**. The Council previously collaborated with MSDE to modernize data collected in the annual SBHC survey. That survey was released to SBHC administrators during fall 2020. Also during 2020, the Council's Data Workgroup worked with MSDE and the Maryland Department of Information Technology (DoIT) to develop a proposed strategy for making SBHC data collected through the survey publicly available on the State's Open Data Portal. These recommendations can be found in Appendix 5.

5. **The Council developed recommendations to integrate SBHCs into the statewide Diabetes Action Plan.** The Council's SIF Workgroup prepared these recommendations as an example of how SBHCs can be integrated into the State's larger public health infrastructure. Recommendations related to SBHCs and the Diabetes Action Plan are included in Appendix 6.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2021. For more information about the Council, please contact Lorianne Moss, staff to the Council, at (410) 456-6525 or Mark Luckner, Executive Director of the Community Health Resources Commission, at (410) 260-6290.

Council on Advancement of School-Based Health Centers
Health – General § 19-22A-05
2020 Annual Report

I. Council Activities in 2020

The Council was established in 2015 to improve the health and educational outcomes of students who receive services from School-Based Health Centers (SBHCs) by advancing the integration of SBHCs into the health care and education systems at the State and local levels (Health – General § 19–22A–02(b)). It is comprised of 15 members appointed by the Governor and six ex-officio members from across state government. The Council is chaired by Dr. Katherine Connor, who serves as the Medical Director of the Johns Hopkins Rales Health Center at KIPP Baltimore. Dr. Patryce Toye, Chief Medical Officer, MedStar Health Plans, serves as Vice Chair. The full Council met five times during 2020.

Appointments. 14 of the Council's 15 appointed seats currently are filled. The Council is recruiting a representative of a Federally Qualified Health Center (FQHC) to fill the open slot.

During 2020, two previously vacant positions were filled: a representative of the Maryland Assembly on School-Based Health Care, and a principal of a secondary school with a school-based health center. A roster of Council members is included at the end of this report.

Council Meetings. The Council met five times during 2020. One meeting in January was held in-person, while the others were held via Google Meet due to the COVID-19 pandemic.

At its January meeting, the Council set priorities for 2020 based on its evaluation of recommendations stemming from the 2019 Harbage Report commissioned by the Council. The Council also received updates on the Blueprint for Maryland's Future education reform legislation.

At its April and July meetings, the Council discussed legislative developments, agency implementation of Council recommendations including the revision of SBHC standards and the annual SBHC survey, and the Council's role in responding to the COVID-19 pandemic. Council recommendations regarding SBHCs and the COVID-19 pandemic were approved by electronic vote on July 27, 2020.

At its October meeting, the Council voted to approve recommendations related to: (1) SBHCs and the State's Diabetes Action Plan and (2) a public-facing platform for SBHC data. The Council also discussed issues related to telehealth utilization by SBHCs.

At its December meeting, the Council reviewed the 2020 Annual Report and recommendations related to building access for SBHCs. Meeting minutes from each of the Council meetings are included in Appendix 8.

Workgroups. Much of the Council's work is conducted by its three workgroups, which meet approximately every 2 months. The workgroups began the year by prioritizing areas of focus related to recommendations stemming from the Harbage Report. Later in the year, two workgroups took up issues related to SBHCs and the COVID-19 pandemic.

Data Collection and Reporting (Data) Workgroup. The Data Collection and Reporting Workgroup was chaired by Joy Twesigye, representative of the Maryland Assembly on School-Based Health Care and Director of Health Program Planning and Evaluation for School Health at the Baltimore City Health Department. During 2020, the Data workgroup built upon its previous efforts with MSDE to redesign the annual survey of SBHCs. Specifically, the Data workgroup focused on next steps for the collected data, including a platform to host the data and a strategy to make data publicly available.

The Data workgroup held webinars with data experts from the School-Based Health Alliance (the national organization for SBHCs) and Maryland's Department of Information Technology (DoIT). Consensus emerged among Council members that the State of Maryland's Open Data Portal (ODP), managed by DoIT, would be a cost-effective means for hosting SBHC data. The Data workgroup had some reservations about using ODP, specifically noting that more technologically advanced solutions may be available. However, because this platform already is available and in use, the workgroup advised moving ahead to test this option.

ODP is split between public and private data. The workgroup recommended utilizing ODP's private capabilities as a repository for annual survey data. Then, the workgroup recommended a phased approach to begin making selected SBHC data available on the public side, beginning with data that is already publicly available, but not easily accessible. The workgroup developed a list of sample data points that could be included during this first phase, and mapped these to annual survey questions. Continued commitment as well as designated time and resources will be needed at the Department level in order to move ahead with making SBHC data publicly available.

Systems Integration and Funding (SIF) Workgroup. The Systems Integration and Funding Workgroup is chaired by Dr. Maura Rossman, representative of the Maryland Association of County and Health Officers and Local Health Officer for the Howard County Health Department. Because of Dr. Rossman's increased workload around the COVID-19 pandemic, Council Chair Kate Connor filled in as SIF workgroup chair during much of 2020.

The SIF workgroup began the year by looking at ways to better integrate SBHCs into the State's population health goals, a priority that had been identified through the Council's recommendations related to the Harbage Report. The workgroup decided to focus on the State's Diabetes Action Plan (DAP), an MDH population health initiative. This effort resulted in the development of recommendations that were approved by the full Council in October.

As the COVID-19 crisis began spreading through Maryland communities during the spring, the SIF workgroup began an effort to identify SBHC assets that could be used during a public health emergency, as well as barriers to their utilization. The workgroup then began to develop recommendations around the role of SBHCs during COVID-19 and future emergencies. Due to the

high level of interest among Council members and the complexity of the topic, this work was moved to an ad-hoc Pandemic workgroup.

Following Council adoption of recommendations produced by the ad-hoc Pandemic workgroup, the SIF workgroup continued to look into issues around the use of closed school buildings by SBHCs. The workgroup developed recommendations to facilitate the use of closed school buildings by SBHCs. These recommendations were approved by the Council by electronic vote in December.

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

Having previously developed a matrix of recommendations to support changes to the SBHC standards, the QBP workgroup continued to prioritize completion of these revisions. MSDE accepted the Council's previous recommendation to hire a contractor to update the standards. In December, MSDE selected Ms. Samantha Neilson, who will work through June 2021 to update the standards document. Representatives of the QBP workgroup met with Ms. Nielson in December to discuss the Council's work related to the standards and to share with her the workgroup's recommendations matrix.

Next, the workgroup began to move forward on ways to collect and ultimately utilize SBHC quality data, a priority that had been identified through the Council's recommendations related to the Harbage Report. The workgroup initiated a survey of SBHC Administrators to determine readiness to collect and share quality data through Electronic Medical Records (EMR), Chesapeake Regional Information System for our Patients (CRISP), and other means. Preliminary results indicated a wide variety of EMR systems as well as other barriers to efficient, consistent reporting of SBHC quality data. The workgroup intends to use survey results to inform future recommendations.

After the COVID-19 recommendations were approved by the Council, the QBP workgroup was tasked with continuing to work on barriers to telehealth faced by SBHCs. The workgroup met with MDH and MSDE to clarify the different models of telehealth utilized in SBHCs before, during, and after the COVID-19 crisis, and to identify concerns related to each model. The workgroup continued to meet with MDH and MSDE to recommend ways to streamline the telehealth authorization process, ensure reimbursement and appropriate parental consent, and promote telehealth utilization in the future. QBP recommendations regarding utilization of telehealth by SBHCs in Maryland cannot be finalized until clarification of legal requirements on place of service is obtained from MDH and MSDE Assistant Attorneys General. In the interim, the workgroup produced a "vision document" to communicate the status and overall direction of their efforts to date and to guide the development of specific recommendations once clarification on legal aspects is obtained. Work around telehealth is likely to continue during 2021.

Ad-Hoc Pandemic Workgroup. Statewide school closures in March 2020 related to the COVID-19 pandemic resulted in the closure of SBHCs as well. This jeopardized continuity of care

for vulnerable children, exacerbated health disparities, and left SBHC assets underutilized. In response, the Council's SIF workgroup worked to identify ways SBHCs could continue to be used during such emergencies.

Due to the high level of Council interest and expertise, as well as the complexity of the topic, the effort initiated by SIF was shifted to an ad-hoc Pandemic workgroup, on which a majority of Council members served. The workgroup engaged a medical student to conduct a survey of SBHCs to understand their capabilities and challenges. The workgroup met several times to discuss the appropriate role of SBHCs during a public health emergency and/or long-term school closure. This effort resulted in comprehensive recommendations through three phases: during school closures, preparation for re-entry, and planning for future emergencies. Five core recommendations apply to all three phases: actively promoting continuity of care for vulnerable students, developing clear processes and lines of authority to provide SBHC flexibility, supporting remote care by SBHC practitioners, enhancing central agency resources for the SBHC program, and considering access to closed school buildings for certain SBHC activities. The full Council approved these recommendations on July 27, 2020, while requesting that work continue around the issues of telehealth and building access.

II. Council Recommendations and Planning for 2021

The Council began 2020 by continuing work prioritized through strategic recommendations developed by an independent consultant, Harbage Consulting, which had been released by the Council in 2019. During 2020 and continuing into 2021, the Council continues to prioritize implementation of the following recommendations:

1. Revising SBHC standards;
2. Moving forward to share SBHC data, including on a public-facing platform (see Appendix 5);
3. Enhancing central agency resources for the SBHC program, including through additional staffing at MSDE and MDH, as well as increased grant funding; and,
4. Integrating SBHCs into Maryland population health initiatives such as the Diabetes Action Plan (see Appendix 6).

While this work continues, the Council also took up new and urgent priorities related to the role of SBHCs during the COVID-19 pandemic and future school closures. Core recommendations approved by the Council relating to the COVID-19 pandemic align with previous Council recommendations and are summarized below:

Recommendation #1: Promote continuity of care for vulnerable students. The Council recommends that MSDE and MDH offer guidance to clarify that SBHC practitioners are permitted and encouraged to continue offering clinical care to their patients even if their physical building is closed, provided that such care can be provided in ways that are consistent with other guidelines. Each SBHC sponsor should determine the best way to ensure continuity of care for its patients during current and future school closures. Approaches should be aligned with approved/acceptable practices of that sponsor. If permitted, some SBHCs could consider reopening, potentially with limited staff. Some SBHCs may offer video telemedicine or telephonic care. Some may encourage

visits to partner organizations such as affiliated clinics. All SBHCs should encourage patient outreach to primary care providers. SBHCs should communicate these plans with MSDE and local education agencies.

Recommendation #2: Develop clear processes and lines of authority for flexibility in SBHC services. Acknowledging that authority may at times reside with MSDE, local superintendents, MDH, or other entities, the Council recommends that MSDE, as the lead oversight agency for SBHCs, create a document that clarifies lines of authority and processes for SBHCs to gain approval for changes to their emergency operations including: telemedicine (see next section), hours/months of operation, staffing changes, expanding service population, changes to services provided, grant modifications, operations during school closures, etc. The Council urges that SBHC sponsors be given maximum authority to make such changes.

Recommendation #3: Support remote care (telehealth) by SBHC practitioners. The Council supports the guidance and flexibility for emergency telehealth provided by MDH and Maryland Medicaid, and recommends that this flexibility remain in place. The Council appreciates efforts by Maryland Medicaid to ensure reimbursement for telehealth, both video and audio-only, and urges that this reimbursement remain in place. The Council recommends that additional clarity on telehealth authorization be communicated to SBHC Administrators and sponsors, and that any unnecessary barriers be eliminated.

Recommendation #4: Enhancing central agency resources for the SBHC program. Independent consultants have noted that Maryland's SBHC program has less central agency support than other states', both in terms of grant funding and SBHC-dedicated staffing. The Council is deeply appreciative of the high level of commitment to SBHCs of staff at both MSDE and MDH, and acknowledges that these staff members have other responsibilities and are constrained in their capacity. Additional central resources for SBHCs are also warranted due to the complexities of inter-agency cooperation. Such resources would expand oversight of and support for SBHCs during crisis periods, as well as periods of normal operation. Measures to increase central agency resources for SBHCs which were passed by the Maryland General Assembly as part of the Blueprint for Maryland's Future legislation, which was subsequently vetoed by the governor, include: providing new "primary contact employee" positions in MSDE and MDH to focus exclusively on SBHCs; and increasing SBHC grant funding by $6.5 million annually.

Recommendation #5: Considering access to closed school buildings for certain SBHC activities. During current and future times of school closure, the Council recommends policymakers plan for occasional building access to SBHCs for the purpose of obtaining supplies, health records, data files, and other materials necessary for continuity of care, coordinated through local schools and school districts. The Council further urges policymakers to support the provision of care in SBHCs' brick and mortar location during times of school closure, particularly in facilities that have separate entrances and/or barriers between the centers and the rest of the school. Such in-person care may be particularly warranted for high needs, large schools, or those also serving community members, and should include safeguards identified in State guidance for the reopening of ambulatory practices.

The full text of the Council's recommendations related to the COVID-19 pandemic is included as Appendix 1.

The 2020-2021 school year began with many school districts continuing to restrict access to school buildings. Some SBHCs were able to resume services through telehealth or in-person care. Other SBHCs have remained unable to see patients. The Council will continue to support efforts to restore and expand access to health care for vulnerable children.

In November, the Council approved additional recommendations related to building access for SBHCs (see Attachment 7). These recommendations acknowledge the role of local Superintendents in making decisions about school building use, except for extraordinary circumstances when the State Superintendent may close all school buildings. The Council recommends that local Superintendents be given information about the value of SBHCs in their communities, the ability of SBHCs to safely re-open for in-person services, and a process to permit SBHCs to have access to school buildings even when these buildings may be closed to students. This process should include a letter signed by the Superintendent clarifying the terms under which an SBHC may operate. The signed letter should be emailed to MSDE along with a description of changes to the SBHC's services facilitated by the letter.

During 2021, the Council will work to develop a vision statement articulating the Council's vision for school-based health care in Maryland. The Council anticipates that this vision statement will help to prioritize Council efforts moving forward. Key elements of this vision include support for vulnerable children and communities, as well as the equitable distribution of health care resources.

The Council will continue its efforts related to the role of SBHCs during the COVID-19 pandemic. A top priority is the role SBHCs could play in the COVID-19 vaccine effort, as well as routine childhood vaccinations.

In a related effort, the Council will continue to focus on facilitating the use of telehealth by SBHCs. Telehealth is transforming the health care landscape, and will continue to be an invaluable tool for SBHCs during and after the COVID-19 pandemic. The Council seeks to address remaining obstacles to telehealth faced by SBHC administrators, and to expand the use of telehealth by SBHCs. Promotion of tele-mental health will be explored.

The Council will investigate opportunities to support funding from a variety of sources and other resources for SBHCs. This includes funding for new SBHCs as well as the operation of existing SBHCs. Funding is also needed for vaccine distribution efforts. Expanded central agency resources for SBHCs also will continue to be a priority, including additional staff and grant dollars. The Council may work on recommendations to define the scope of work of any additional staff and to redesign the grant program.

Finally, existing efforts to support the revision of SBHC standards, the analysis and sharing of SBHC data, and the collection of SBHC quality data will remain on the Council's agenda for 2021.

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

The Council will continue to offer its expertise and guidance during the 2021 General Assembly session as it relates to SBHC use of telehealth, SBHC central agency resources, systems integration, data priorities, and quality and best practices. The Council will continue to partner with the Maryland Assembly on School-Based Health Care through the provision of subject matter expertise and leadership to support their advocacy efforts for school health advancement.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2021. For more information about the Council, please contact Lorianne Moss, staff to the Council, at (410) 456-6525 or Mark Luckner, Executive Director of the Community Health Resources Commission, at (410) 260-6290.

III. Roster of Council Members

Appointed by the Governor

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

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

Joy Twesigye
Maryland Assembly on School-Based Health Care (Baltimore City Health Department)

Jean-Marie Kelly
Maryland Hospital Association (ChristianaCare)

Joan Glick
Maryland Assembly on School-Based Health Care (Montgomery County Dept. of Health and Human Services)

Dr. Arethusa Kirk
Managed Care Organization
(United Health Care)

Cathy Allen
Maryland Association of Boards of Education
(St. Mary's County Board of Education)

Rick Robb
Secondary School Principal of a School with an SBHC (Patuxent Valley Middle School)

Sean Bulson, Ed.D.
Public Schools Superintendents Assn. of Md.
(Harford County)

Meredith McNerney
Md. Assn. of Elementary School Principals
(Gaithersburg Elementary School)

Jennifer Dahl
Commercial Health Insurance Carrier
(CareFirst)

Dr. Maura Rossman
Md. Association of County Health Officers
(Howard County Health Department)

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

Kelly Kesler
Parent/guardian of a student who receives services from SBHC (Howard County Health Department)

Ex Officio Members

Senator Clarence Lam
Maryland State Senate

Delegate Bonnie Cullison
Maryland House of Delegates

Dr. Cheryl De Pinto
Designee of the Secretary of Health
Director, Office of Population Health Improvement

Mary L. Gable
Designee of the State Supt. of Schools
Assistant State Supt., Student, Family, and School Support

Andrew Ratner
Chief of Staff, Maryland Health Benefit Exchange

Mark Luckner
Executive Director, Maryland Community Health Resources Commission

Appendix 1.

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

Chapter 417 of the Acts of 2015 requires the Council to report data on Maryland school-based health centers. This data is provided by the Maryland State Department of Education (MSDE). With input from the Council and support from the Maryland Department of Information Technology (DoIT), MSDE recently revised its annual survey of SBHCs. The new survey will be a powerful tool to collect and ultimately analyze SBHC data. Unfortunately, complete SBHC data for the 2018-2019 and 2019-2020 school years are not yet available, due to delays associated with the survey redesign. The Council hopes to provide information related to SBHC utilization, including enrollment and visits for mental health, somatic, and dental, as a mid-year addendum to the 2020 report.

Table 1. SBHC Programs by Jurisdiction, Level of Service, and Telehealth 2019-2020

Jurisdiction	SBHC Programs	Level 1	Level 2	Level 3	Utilizes Telehealth
Baltimore City	17	11	6	-	10
Baltimore County	13	13	-	-	-
Caroline	9	8	1	-	-
Dorchester	4	-	4	-	-
Frederick	1	1	-	-	-
Harford	5	5	-	-	-
Howard	10	8	2	-	7
Montgomery	13	-	13	-	-
Prince George's	4	-	-	4	-
Talbot	3	3	-	-	-
Washington	3	3	-	-	-
Wicomico	2	-	2	-	-
TOTALS	84	52	28	4	17

Source: Maryland State Department of Education

Definitions (from the Maryland School-Based Health Center Standards)

Level I: Core School-Based Health Center
A Level I SBHC site must have hours that are at a minimum eight hours per week with a licensed medical clinician present and are open a minimum of two days per week when school is open. Level I SBHC staff must include, at a

minimum, a licensed medical clinician and administrative support staff. There may be additional clinical support staff such as a RN, LPN, or CNA. Note: the licensed medical clinician cannot replace the school nurse.

Level II: Expanded School-Based Health Center

The SBHC site must be operational (with an advance practice provider on site) a minimum of twelve hours per week, three to five days for medical care when school is in session. Mental health services must be available on site for a minimum of three days and a minimum of twelve hours per week. The SBHC staff must include at a minimum: A licensed medical clinician; Mental health professional; Clinical support staff (RN, LPN, or CNA); and Administrative support staff.

Level III: Comprehensive School-Based Health Center

Medical services must be available a minimum of five days and twenty hours per week. The availability of full-time services needs to be commensurate with the number of students enrolled in the school. The SBHC may rely on other community healthcare providers for 24-hour coverage. Level III or Comprehensive SBHC is available limited hours for defined services for enrolled students during the summer hours. The SBHC is open before, during, and after school hours. The SBHC staff must include at a minimum: A licensed medical clinician; Clinical support staff (RN, LPN, or CNA); Administrative support staff; Mental health professional; and at least one additional service provider such as a general or pediatric dentist, dental hygienist, nutritionist, or health educator for a minimum of four hours per month.

Appendix 2.

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

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

July 23, 2020

Recommendations Regarding School-Based Health Centers and Public Health Emergencies and/or Long-Term School Closures

Summary: When Maryland school buildings were closed in March 2020 in accordance with Phase 1 of the Governor's Plan to address the coronavirus pandemic, all school-based health centers (SBHCs) statewide were closed as well. In keeping with its legislative mandate to provide recommendations to improve the health and educational outcomes of students who receive services from SBHCs, the Maryland Council on the Advancement of School-Based Health Centers (the Council) generated the following recommendations that would allow SBHCs to most effectively fulfill their critical role as public health and educational resources during public health emergencies and/or extended school closures.

These recommendations are grounded in three core principles: (1) continuity of care consistent with MDH guidance for the re-opening of ambulatory practices and other guidance from the Governor, (2) working collaboratively to support readiness for school reentry, and (3) deepened integration of SBHCs as public health resources. The Council's comprehensive recommendations span three phases: (1) current summer school closures, (2) re-entry, and (3) future closures. While these recommendations have been generated in response to the current coronavirus pandemic, they may be applied more broadly to other public health emergencies, natural disasters, or other causes of emergency school closure.

Five overarching recommendations emerge that support these principles throughout all phases:

1. **Actively promoting continuity of care for vulnerable students**
2. **Developing clear processes and lines of authority to provide SBHC flexibility**
3. **Supporting remote care (telehealth) by SBHC practitioners**
4. **Enhancing central agency resources for the SBHC program**
5. **Considering access to closed school buildings for certain SBHC activities**

Background: School-based health centers (SBHC) play a critical role in preventive care, chronic disease management, and acute care for some of the most vulnerable students in Maryland schools. SBHCs can continue to serve these functions during school closures *and* can serve as public health resources during the current COVID-19 crisis and in future planning around long-term school closures. SBHCs have existing medical facilities, equipment, and supplies – as well as skilled clinicians with existing patient relationships.

The closure of Maryland school buildings and SBHCs due to the COVID-19 pandemic left many SBHC assets underutilized, and jeopardized continuity of care for many SBHC patients. A small number of SBHCs made requests to transition to remote services and were permitted to do so. Many other SBHCs, however, were unable to provide care for their patients. A number of factors contributed to this, including questions about how and whether SBHCs could pivot

operations, obstacles to communication with patients, reduced staffing and supplies due to redeployment, and other barriers. Because SBHCs are safety net providers and in some cases the child's only source of primary care, this reduction in services may have put at risk the health of some of Maryland's most vulnerable children, potentially exacerbating health disparities. In preparation for another emergency, the Council, in collaboration with MSDE and MDH, is reviewing the needs and desires of SBHCs to provide services. At a time when primary care capacity is being strained, SBHCs must be considered as an additional source of high quality primary and preventive care.

During school closures, SBHC practitioners could provide many services to patients remotely or through partner organizations, thus helping to keep children out of urgent care and emergency rooms. Other services that require face-to-face interaction could be conducted in other settings or in limited SBHC sites that remain open and serve additional schools, in coordination with the Governor and State Superintendent's policy guidelines. Besides ensuring continuity of care for existing SBHC patients, an alternative scenario could involve integrating SBHC personnel and assets into county- and state-wide responses to COVID-19.

As we emerge from this crisis, SBHCs could serve a critical role in addressing gaps in care (eg. routine immunizations, school physicals, etc.) that will allow students to return quickly to school and could have a role in population-wide vaccination programs and other public health functions specific to COVID-19.

Because of their unique nature, authority for SBHCs spans across diverse agencies and levels of government, including the State Department of Education (MSDE), Health Department (MDH), local education agencies, and others. The Council recognizes that this governance structure means progress on many of the following recommendations will require significant collaboration across diverse government entities.

The Council further recognizes that every school and school district is different, and every SBHC and SBHC sponsor is different. Therefore, many of these topics do not have a one-size-fits-all solution.

Moreover, the Council recognizes that while some of these recommendations could be implemented fairly easily, others may require legislation, regulatory change, revision of emergency orders, or other action.

The Council applauds actions already taken by policymakers, administrators, practitioners, and others in the face of this unprecedented challenge. In particular, the Council is grateful for expanded authorities related to telehealth, steps to ensure reimbursement for remote services including well child visits, large-scale distribution of meals to families, the deploying of countless health professionals to testing and other sites, outreach to children with behavioral health and other needs, the release of *Maryland Together: Maryland's Recovery Plan for Education*, and many others.

Above all, the Council acknowledges the extraordinary efforts of countless agencies, organizations, and individuals dedicated to the health and well-being of Maryland communities. The following recommendations are offered in the spirit of building upon our shared commitment to the health of Maryland children.

About the Council: The Council on Advancement of School-Based Health Centers was created by the Maryland General Assembly in 2015 to issue policy recommendations to promote the advancement of school-based health centers in Maryland, and to offer recommendations to improve

the health and educational outcomes of students who receive services from SBHCs. It is comprised of 15 members appointed by the Governor representing a range of providers, educators, administrators, and other experts from across the health care and education sectors, as well as six ex-officio members from across state government. Since 2017, the Community Health Resources Commission has provided staffing support for the Council. More information about the Council can be found at: https://health.maryland.gov/mchrc/Pages/Maryland-Council-on-Advancement-of-School–Based-Health-Centers.aspx

RECOMMENDATIONS

The following recommendations are grounded in rigorous research that supports the efficacy of SBHCs in improving health and educational outcomes, particularly for marginalized and vulnerable students and communities. They are based on expert consensus among Council members informed by the organizations they represent, a survey of Maryland SBHCs conducted by the Council, and best practices identified through the Maryland Assembly on School-Based Health Centers (MASBHC). Recommendations align with previously issued Council recommendations on the need for integration of SBHCs into public health, educational, and healthcare networks and systems.

Listed first are core recommendations, which apply to all three phases of the pandemic. These are followed by additional recommendations specific to each phase. Decision-makers are indicated in brackets following each recommendation.

Appendix 1 organizes these recommendations by implementing agency, and attempts to rank them by degree of feasibility.

Appendix 2 organizes these recommendations by core principle, recommendation for practice, implementor, corresponding policy action, and funding considerations.

CORE RECOMMENDATIONS

1. Promote continuity of care for vulnerable students

SBHCs are a safety net provider to vulnerable populations, and continuity of care during current and future extended school closures is critical. The Council appreciates the highlighting of SBHC continuity of care capacities in MSDE's planning document, *Maryland Together: Maryland's Recovery Plan for Education*, and supports cooperation between local schools and SBHCs to reach out to provide behavioral health supports, especially to at-risk children.

The Council recommends that MSDE and MDH offer guidance to clarify that SBHC practitioners are permitted and encouraged to continue offering clinical care to their patients even if their physical building is closed, provided that such care can be provided in ways that are consistent with other guidelines. [MSDE and MDH]

Each SBHC sponsor should determine the best way to ensure continuity of care for its patients during current and future school closures. Approaches should be aligned with approved/acceptable practices of that sponsor. If permitted by the Governor and State Superintendent, some SBHCs could consider reopening, potentially with limited staff. [Governor, MSDE, LEAs, SBHCs] Some SBHCs may offer video telemedicine or telephonic care. [SBHCs and sponsors] Some may encourage visits to partner organizations such as affiliated clinics. [SBHCs and sponsors, LEAs] All SBHCs should

encourage patient outreach to primary care providers. [SBHCs, PCPs] SBHCs should communicate these plans with MSDE and local education agencies.

Other recommendations to promote continuity of care include:

- with appropriate permissions (see next section), allowing patients from a closed SBHC to receive services from an open SBHC [SBHCs and sponsors, LEAs]
- with appropriate permissions, implementing brief, low-contact services, including in an outdoor setting if appropriate, for such needs as injections, medications, and vaccines [SBHCs and sponsors]
- conducting outreach to students to inform them of continued SBHC operations, including through contact databases, social media, and at food distribution sites [SBHCs, local schools and school districts]

2. Develop clear processes and lines of authority for flexibility in SBHC services

Because of the unexpected, rapid changes in the educational and public health landscape due to COVID-19, schools and other institutions have had to make changes in the way they deliver services. Likewise, many SBHCs have had to be flexible, and would like additional flexibility. The Council's survey of SBHC administrators identified confusion regarding how to make changes to operations such as service delivery, particularly during State emergencies. Surveyed administrators expressed uncertainty about which of the SBHC governing authorities to approach, and in what manner, in order to make needed changes (eg. implementation of remote service delivery approaches such as telemedicine).

Acknowledging that authority may at times reside with MSDE, local superintendents, MDH, or other entities, the Council recommends that MSDE, as the lead oversight agency for SBHCs, create a document that clarifies lines of authority and processes for SBHCs to gain approval for changes to their emergency operations including: telemedicine (see next section), hours/months of operation, staffing changes, expanding service population, changes to services provided, grant modifications, operations during school closures, etc. [MSDE] The Council urges that SBHC sponsors be given maximum authority to make such changes.

Other recommendations to provide flexibility to SBHCs include:

- Permitting the carryover of FY 2020 funds to FY 2021 [Governor, policymakers]
- Allowing reporting and other flexibility for SBHC grantees [MSDE, Budget Agency]

3. Supporting remote care (telehealth) by SBHC practitioners

Social distancing requirements have led some SBHC practitioners, like other healthcare providers, to utilize telehealth, both video and audio-only. Such remote services are likely to become part of the "new normal" even after the immediate crisis passes, particularly if schools reopen with staggered schedules. As such, the Council appreciates the discussion of SBHC telehealth capacity in MSDE's planning document, *Maryland Together: Maryland's Recovery Plan for Education*, while urging additional measures.

The Council supports the guidance and flexibility for emergency telehealth provided by MDH and Maryland Medicaid, including the expanded definition of a telehealth originating site, and

recommends that this flexibility remain in place. [Maryland Medicaid] The Council appreciates efforts by Maryland Medicaid to ensure reimbursement for telehealth, both video and audio-only, and urges that this reimbursement remain in place.

The Council is concerned about difficulties some SBHCs have faced in trying to transition to telehealth. SBHC Administrators surveyed by the Council cited a lack of clarity on steps required to gain authorization for telehealth during the COVID-19 pandemic. Council discussions with MSDE and MDH have shed light on different approval processes required for different circumstances (emergency vs non-emergency), different sponsor types (eg. general clinics, Local Health Departments, Federally Qualified Health Centers), and different types of telehealth (eg. originating site at the school vs the patient's home, telehealth requiring specialized equipment vs no specialized equipment, etc). Some scenarios may require a checklist and site visit to authorize telehealth, while many others, particularly during an emergency, do not and should not. The Council recommends that additional clarity on telehealth authorization during different scenarios be communicated to SBHC Administrators and sponsors, and that any unnecessary barriers be eliminated. [MSDE and MDH]

Anticipating that remote services are likely to become part of the "new normal," the Council recommends that MDH develop a process to ensure that real or perceived barriers to reimbursement identified by SBHC administrators or sponsors be efficiently communicated to MDH/Medicaid, that Agency responses be collated and shared with sponsors, and that technical assistance be provided as needed. Agencies may wish to utilize contractors including but not limited to MASBHC. [MDH]

Other measures to support remote care include:

- Providing equipment, technical assistance, and training to SBHCs related to telemedical and telephonic care [SBHC sponsors, Policymakers, MDH, and MSDE and/or their partners or contractors]
- Utilizing school and/or community hot spots for video telehealth visits, particularly in communities lacking broadband access [SBHCs, MSDE, LEAs]
- Expanding affordable high-speed internet/broadband services to underserved parts of the state [Governor, policymakers]

4. Enhancing central agency resources for the SBHC program

Independent consultants have noted that Maryland's SBHC program has less central agency support than other states', both in terms of grant funding and SBHC-dedicated staffing. The Council is deeply appreciative of the high level of commitment to SBHCs of staff at both MSDE and MDH, and acknowledges that these staff members have other responsibilities and are constrained in their capacity. Additional central resources for SBHCs are also warranted due to the complexities of inter-agency cooperation. Such resources would expand oversight of and support for SBHCs during crisis periods, as well as periods of normal operation. [Policymakers]

The Council further recognizes that additional financial resources may be required to support funding for technical assistance, training, supplies, and other recommendations of this report. [Policymakers]

Other measures to increase central agency resources for SBHCs, both of which were passed by the Maryland General Assembly as part of the Blueprint for Maryland's Future legislation, which was subsequently vetoed by the governor, include:

- Providing new "primary contact employee" positions in MSDE and MDH, to focus exclusively on SBHCs [Policymakers, General Assembly]
- Increasing SBHC grant funding by $6.5 million annually [Policymakers, General Assembly]

5. Considering access to closed school buildings for certain SBHC activities

The Council observes that some SBHCs regularly operate in school buildings when buildings are open to staff but school is not in session, and recommends that this be considered a possible model for the consideration of SBHC use when school buildings are closed. The Council further observes that some closed school buildings are being used in a limited capacity during COVID-19 closures, including for food preparation and, during Phase 2, for special education purposes. Accordingly, during current and future times of school closure, the Council recommends policymakers plan for occasional building access to SBHCs for the purpose of obtaining supplies, health records, data files, and other materials necessary for continuity of care, coordinated through local schools and school districts. [Policymakers, State Superintendent, LEAs]

The Council further urges policymakers to consider allowing the provision of care in SBHCs' brick and mortar location during times of school closure, particularly in facilities that have separate entrances and/or barriers between the centers and the rest of the school. [State Superintendent, Policymakers, LEAs, SBHCs] Such in-person care may be particularly warranted for high needs, large schools, or those also serving community members, and should include safeguards identified in State guidance for the reopening of ambulatory practices.

Other recommendations related to building access:

- Using available SBHC facilities for public health purposes during future emergencies, including for vaccines, screenings, non-pandemic-related services, continuity of care, or other purposes [Policymakers, MDH, MSDE]
- Studying whether concerns about HVAC systems should be an obstacle to SBHC operations in the event of school closures. [MSDE or MDH]

ADDITIONAL RECOMMENDATIONS, BY PHASE

Phase One: Short-Term Recommendations Related to Current School Closures

During the current phase, continuity of care should be a top focus. As stated above, a clear process to allow flexibility to SBHCs is needed, as are policies to promote remote care and permit some building access. Additional central agency resources would help to coordinate such efforts. Also during phase one:

- At a minimum, continuation of existing funding for SBHCs should be prioritized, to allow SBHCs to maintain staff and supplies for essential functions. [Governor, Budget Agency, policymakers]
- Given the disruptions of this school year and strains on primary care capacity, some SBHCs may wish to continue or resume SBHC services during the summer, with appropriate permissions and safeguards. [State Superintendent, SBHCs, Sponsors, MSDE, LEAs]

Phase Two: Preparing for Reentry

As schools reopen, SBHCs should be utilized in protocols developed by MSDE and LEAs to monitor and address COVID-19 cases in schools. This may include collaboration with school health services on school-wide screenings for fever or other symptoms, isolation areas and barriers inside the existing SBHC and potentially in other areas of the school, and possibly COVID-19 testing. Technical assistance and training should be provided as needed, as well as funding for isolation areas, supplies and other materials. [Policymakers, MSDE, LEAs] Telehealth capacities should be retained in order to ensure continuity of care, and flexibility should be facilitated. Also during phase two:

- In preparation for the reopening of schools, SBHCs and school health services should make plans for increased staffing and PPE replenishment. SBHCs that offer behavioral health services may require additional behavioral health staffing. SBHCs that offer dental care may require additional resources for deferred dental services. The Council recommends that MSDE provide support for such replenishment and staffing needs. [SBHCs, sponsors, MSDE, local schools, Policymakers]
- SBHCs should coordinate with PCPs to provide medical services such as well-child visits, sports physicals, medical forms, and vaccines that have been deferred due to the current crisis. Some may be able to work with patients remotely to begin health history and other parts of visits that do not require in-person encounters. When in-person encounters are permitted, these appointments may be shortened. This process could be started in the summer months to spread out the volume. [SBHCs, PCPs]
- SBHCs should be considered a public health resource and therefore utilized in any COVID-19 mass-vaccination campaign, including to populations beyond SBHC patients, such as school staff, families, and potentially the broader community. [Governor, Policymakers, MDH]

Phase Three: Preparation for future school closures or public health emergencies

Spring 2020 school closures are unlikely to be the last time Maryland schools are required to close, whether for another wave of COVID-19 or a future public health emergency. SBHCs should be incorporated into public health efforts to prepare for both events. While continuity of care for SBHC patients should continue to be prioritized, including through remote care, SBHCs should have the flexibility to serve the broader community. [SBHCs, MSDE, LEAs] Also during phase three:

- SBHCs and sponsors should determine which assets (facilities, staff, supplies, etc) are needed for a continuity of care plan during a long-term school closure, then work collaboratively to determine how additional SBHC assets (if any) could be shared or utilized by Local Health Departments and/or sponsoring agencies in such an event. The Council recommends the development of MOUs between SBHCs and Local Health Departments to clarify roles to this end. [LHDs, SBHCs]
- The Council urges MSDE to continue to prioritize completion of comprehensive SBHCs standards revision, which has not occurred since 2006. In addition to other recommendations the Council has provided to MSDE relative to the standards, the Council recommends that revised standards require SBHCs to develop plans for continuity of care during long-term school closures, promote separate SBHC entrances and/or barriers between the SBHC and the rest of the school, and encourage elements to minimize transmission risk and maximize SBHC effectiveness

during a public health crisis. Standards also should clarify lines of authority and processes required to make changes to SBHC operations in response to a changing landscape. [MSDE]

- The Council recommends that any revision of the MSDE grant process include provisions to reflect SBHC continuity of care planning, assistance in COVID-19 recovery efforts, and public health resource capacity during future emergencies, including through barriers or separate entrances for SBHCs. [MSDE]
- The Council recommends the development of template language for SBHC consent forms to support continuity of care during long-term school closures, including consent for remote services, services by affiliated providers, and patient outreach by SBHCs. [MSDE and contractors, SBHC Administrators and sponsors]

Annual Report Appendix 2.

Appendix 1

Summary recommendations sorted by implementing agency and ranked by estimated degree of feasibility.

Governor/Budget Agencies/State Superintendent/Policymakers

1. Permit intermittent building access to SBHC staff during school closures to obtain needed supplies, files, and other materials
2. Consider allowing SBHC operations in closed school buildings, including during the summer and during future school closures
3. Budget flexibility for FY 20/21
4. Utilize SBHC facilities in planning around future school closures
5. Utilize SBHCs in mass vaccination campaigns for children and other community members
6. Fund new SBHC Ombudsmen positions
7. Robust/increased FY 21 funding for SBHCs
8. Funding to support SBHCs including PPE, supplies, isolation areas, technical assistance, telehealth promotion, central agency infrastructure
9. Expand broadband internet access to underserved parts of the state
10. Increase annual grant dollars for SBHCs by $6.5 million

MSDE

1. Timely completion of SBHC standards revision, incorporating COVID-19 factors and other recommendations
2. Clarify lines of authority for approval of other changes to SBHC operations, particularly during health emergencies
3. With LEAs, incorporate SBHCs into future COVID-19 protocols for reentry with appropriate training and supplies
4. If/when SBHC grant process is revamped, incorporate COVID-19 factors
5. Flexibility on grant reporting requirements
6. Develop template SBHC consent form language to prepare for future closures with SBHC sponsors and Administrators
7. Financial support for replenishment of supplies if funding is available
8. Support telehealth and telephonic care through funding, equipment, TA, and training if funding is provided

MDH and Maryland Medicaid

1. Maintain site origination flexibility regarding telehealth
2. Maintain Medicaid reimbursement for telehealth including audio-only
3. Clarify and streamline authorization processes for telehealth by SBHCs
4. Develop process to help SBHCs overcome barriers to reimbursement
5. Utilize SBHCs in any mass-vaccination program
6. Consider SBHCs as public health resource in future health emergency planning
7. Support remote care through grant funding, equipment, TA, and training

MSDE and MDH Collaboratively

1. Provide uniform guidance and approval process regarding changes to SBHC operations to insure continuity of care, telehealth, and remote care
2. Study HVAC concerns
3. Provide TA to SBHCs regarding billing during school closures
4. Provide equipment, TA, grants, and training to SBHCs to support telehealth and other remote care, as well as IT infrastructure, if funding is provided

SBHCs and Sponsors, in coordination with LEAs and principals

1. Determine best way to provide continuity of care currently, and communicate to patients, MSDE, and LEAs
2. As appropriate, permit patients from closed facilities to visit open ones
3. Encourage patients to utilize "hot spots" in order access telehealth
4. Consider brief, low-contact services, including in an outdoor setting, for injections, etc.
5. Reach out to Primary Care Providers regarding care coordination during COVID-19 closures and after reopening when a surge in deferred appointments may occur
6. Continue to utilize telehealth and other remote services, even when in-person visits are again permitted
7. Sponsoring agencies should provide equipment, TA, and training to SBHCs to support telehealth and other remote care
8. Reevaluate summer plans, to support continuity of care and readiness for school reentry
9. Begin to conduct physicals and other visits in a two-step process, beginning with medical history and other parts that could be done remotely
10. With school health services, plan for increased PPE and staffing requirements when schools reopen

Local Education Agencies

1. Partner with SBHCs on communications and outreach, including contact databases, social media, and food distribution sites, as permissible within HIPAA and FERPA protections
2. Provide building access if approved by Governor and/or State Superintendent
3. Utilize SBHCs in reentry planning

Several Agencies Must Coordinate

1. Consider offering SBHC services to families and broader community
2. MOUs between Local Health Departments and SBHCs to plan roles for future emergencies

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
Continuity of care	Maximize existing funding streams for SBHCs (1)	At a minimum, maintain existing SBHC funding	Governor/ Budget agency, Policymakers	No additional funds needed	
	Maximize existing funding streams for SBHCs (2)	Permit flexibility with existing funds and reporting requirements, including carryover	Governor/ Budget agency, Policymakers MSDE	Flexibility with existing funding	
	Facilitate SBHC flexibility	Articulate clear process for approving changes to SBHC operations, including clear lines of authority	MSDE	No additional funds needed	High Priority
	Encourage continuity of care (1)	Issue guidance to clarify that SBHCs are permitted and encouraged to provide continuity of care	MSDE and MDH	No additional funds needed	
	Encourage continuity of care (2)	Each SBHC determines best way to provide continuity of care, and communicates to patients, MSDE, and LEAs	SBHCs and Sponsors, MSDE, LEAs	No additional funds needed	
	Encourage continuity of care (3)	Allow SBHC staff occasional building access for medical records and supplies, etc.	Governor, State Superintendent LEAs	No additional funds needed	
	Encourage telehealth and telephonic health (1)	Clarify and streamline authorization processes for telehealth by SBHCs	MSDE, MDH	No additional funds needed	High priority

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
	Encourage telehealth and telephonic health (2)	Maintain expanded TH reimbursement policies and site origination flexibility	MD Medicaid	No additional funds needed	
	Encourage telehealth and telephonic health (3)	Develop process to address real and perceived barriers to reimbursement	MDH	No additional funds needed	
	Encourage telehealth and telephonic health (4)	Provide TA for remote services and billing	MSDE and MDH, sponsors	No/minimal additional funds needed	
	Encourage telehealth and telephonic health (5)	Provide funding for TH equipment and software	MSDE and MDH, Governor/ budget agency, sponsors	Additional funds or funding flexibility needed	
	Encourage telehealth and telephonic health (6)	Encourage utilization of hot spots for TH	MSDE, LEAs, SBHCs	No additional funds needed	Rural areas and others lacking broadband
	Encourage telehealth and telephonic health (7)	Expand broadband to underserved areas	Governor/ budget agency, Policymakers	Additional funds needed	Rural areas and others lacking broadband
	Permit in-person care with appropriate permissions, PPE, etc. (1)	Allow certain SBHCs to reopen for in-person care	Governor, State Superintendent, LEAs, SBHCs and sponsors	No additional funds needed	Consider offering services during summer

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
	Permit in-person care with appropriate permissions, PPE, etc. (2)	Provide PPE, barriers, etc. to reduce transmission	Sponsors, MSDE, MDH Governor/ Budget agency	Additional funds or funding flexibility needed	
	Permit in-person care with appropriate permissions, PPE, etc. (3)	Permit care at affiliated non-school clinics, or selected open SBHCs	SBHC Sponsors, MSDE, LEAs	No additional funds needed	
	Permit in-person care with appropriate permissions, PPE, etc. (4)	Study concerns about transmission via HVAC systems	MSDE or MDH	No/minimal additional funds needed	
	Permit in-person care with appropriate permissions, PPE, etc. (5)	Offer brief, low-contact services, including in an outdoor setting	Sponsors, SBHCs	No/minimal additional funds needed	
	Outreach to inform patients of continuity of care plans	1. SBHCs work with schools, LEAs, and insurers 2. Share/utilize databases and social media 3. SBHC presence at food distribution sites	SBHCs, LEAs	No additional funds needed	Respecting HIPAA and FERPA protections
	Care coordination	SBHCs coordinate with PCPs to provide care to shared patients	SBHCs and PCPs	No additional funds needed	

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
	"Catch up" on deferred services	SBHCs ramp up services during summer as permitted	Governor, State Superintendent, Sponsors, LEAs, SBHCs	Flexibility with existing funding	
Supporting readiness for school reentry	Identify and fund increased staffing, PPE replenishment, barriers, and other supplies for safe reopening of schools and SBHCs (1)	Support through unspent grant dollars and other funding sources	SBHCs and Sponsors, MSDE, Policymakers	Flexibility with existing funding and/or additional funds	Including isolation areas inside the SBHC and potentially in other areas of the school
	Identify and fund increased staffing, PPE replenishment, barriers, and other supplies for safe reopening of schools and SBHCs (2)	Provide full funding for SBHC grant program, as well as proposed $6.5 million annual increase	Governor and State Superintendent, General Assembly	Additional funds may be needed	
	Expedite routine back-to-school visits	Partial remote visits in summer to expedite sports physicals and other visits that will require in-person attention	SBHCs and Sponsors	No additional funds needed	Coordinate with PCPs
	Reducing COVID-19 transmission in re-opened schools	Utilize SBHCs in school-wide screenings and potentially COVID-19 testing and contact tracing	MSDE, MDH, Policymakers, LEAs	Additional funds may be needed	Provide training and supplies as needed

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
	Enhance Central agency oversight and support of SBHCs	Provide additional positions and resources at MSDE and MDH focused exclusively on SBHCs	Governor/ Budget agency, General Assembly	Additional funds needed	Additional $6.5 million in SBHC grant funding and 2 new ombudsmen positions
	Modernize SBHC standards	Update SBHC standards to take into account public health emergencies and other priorities	MSDE	No additional funds needed	High Priority
	Promote continuity of care during future school closures (1)	Plan in advance to allow certain SBHCs to remain open during future school closures	Governor and State Superintendent, Sponsors, LEAs	No additional funds needed	
	Promote continuity of care during future school closures (2)	Develop template language for SBHC consent forms	SBHC sponsors, LEAs	No/minimal additional funds needed	Consent for remote services, services by affiliated providers, contact information during closures
	Promote continuity of care during future school closures (3)	Promote continuity of care planning through grant process and standards revision	MSDE	No additional funds needed	
SBHCs as integrated public health resources	COVID-19 Vaccine	Utilize SBHCs in mass vaccinations, including school staff and community members	MDH, Governor, Policymakers	No additional funds needed	

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
	Potentially provide care to community members, particularly during crisis periods	Clear process to permit flexibility to change SBHC operations	Sponsors, LEAs, MSDE	No/minimal additional funds needed	
	Integrate SBHCs into future health emergency planning (1)	Develop MOUs with Local Health Departments to clarify roles	MDH, Local Health Departments	No/minimal additional funds needed	
	Integrate SBHCs into future health emergency planning (2)	Plan in advance to allow certain SBHCs to remain open during future school closures	Governor, State Superintendent, Sponsors, LEAs	No additional funds needed	(also included in "Supporting readiness for school reentry")
	Integrate SBHCs into future health emergency planning (3)	Encourage separate entrances or barriers between such SBHCs and the rest of the school building so certain SBHCs can remain open	MSDE	No additional funds needed	Including through revised SBHC standards
	Integrate SBHCs into future health emergency planning (4)	Incorporate SBHC public health functions into MSDE grant process and revised standards	MSDE	No additional funds needed	

Appendix 3.

Quality and Best Practices Workgroup – Telehealth Vision and Update

As directed by the Council during its July 2020 meeting, the Quality and Best Practices Workgroup has held several meetings to build on the Council's July 2020 recommendations with regard to telehealth. The workgroup consulted numerous reference documents and met with MDH and MSDE staff.

1. Defining telehealth service delivery models

Telehealth exists in various service delivery models, and lack of clarity on these models has led to confusion. The Workgroup studied these models and summarized them in the following table:

	Already in use?	When appropriate	Originating site/patient's location	Staff/ telepresenters at originating site	Technology currently required	Rendering clinician and location	Current approval process
Model 1 (TH-only-SBHC)	Yes	Normal school operations	SBHC in school	RNs	Specialized equipment	Remote clinician in office, hospital, or another SBHC	TH service delivery plan, MDH checklist, site visit, MSDE application/update
Model 2 (Hub-and-Spoke)	Yes	Normal school operations	SBHC in school	RNs	HIPAA compliant video conferencing software	Remote clinician in a related SBHC	TH service delivery plan, MDH checklist, site visit, MSDE application/update
Model 3 (Home-to-Home)	Not currently permissible	During emergency situations	Student's home or other location (must be located in Maryland)	None (parents/ guardians)	HIPAA compliant video conferencing software	Remote clinician in home, office, or hospital	Not currently allowed, pending AG review
Model 4 (Home-to-School)	Yes	Normal school operations and during emergencies	Student's home or other location (must be located in Maryland)	None (parents/ guardians)	HIPAA compliant video conferencing software	Clinician in SBHC	TH service delivery plan, MDH checklist, site visit, MSDE application/update
Model 5 (Specialist)	No, but permissible	Normal school operations	SBHC in school	Physicians, NPs, or RNs	HIPAA compliant video conferencing software	Specialist in office or hospital	TH service delivery plan, MDH checklist, site visit, MSDE application/ update, documentation of care relationship with specialist

2. Vision for utilization of telehealth by SBHCs

- Telehealth will continue to be a widely accepted clinical practice even after the end of the COVID-19 public health emergency.

- School-based health center services can be delivered via telehealth.
- During times of school closure and other times, SBHC services provided through telehealth can promote continuity of care.
- Each of the five above models will continue to have utility in the future as telehealth becomes even more standard across the health care system.
- Legislation passed by the Maryland General Assembly in 2020 (SB 402) is intended to standardize telehealth across health occupations and ensure the same standards of practice for telehealth compared to in-person care. This framework should apply to SBHCs.
- As a general principle, all physicians and Nurse Practitioners (NPs) should have the capability to transition quickly to telehealth as circumstances dictate. In most cases, the workgroup does not believe additional agency approvals should be required.
- Additional clarity is needed on the steps required, if any, for an SBHC to adopt telehealth according to Model 3, above. Modified consent forms may be required.
- Revised telehealth consent forms, with input from agency attorneys, may help provide a level of comfort for agencies and school principals, particularly for telehealth originating in a student's home (Models 3 and possibly 4, above). While signed, hard-copy consent forms are preferred, verbal parental consent should be deemed sufficient for a one-time visit in the event that a signature cannot be obtained.
- Parents/guardians must provide active consent for telehealth services, including for SBHC services provided when students are not in the school building.
- School principals, MSDE, and MDH should be notified when an SBHC begins to offer new or expanded telehealth services.
- Efforts to secure a Federal waiver for Medicaid reimbursement for SBHC telehealth, as well as the updating of the SBHC billing manual, have been helpful. Medicaid reimbursement flexibilities for telehealth should be maintained.
- Telehealth should be part of updated SBHC standards, but requirements for telehealth at SBHCs should not exceed telehealth requirements for other Maryland providers.
- Licensed physicians and NPs in SBHCs should not be required to demonstrate more proof of compliance than any other telehealth providers.

3. Next Steps

- Guidance from agency attorneys is being sought in order to address school and agency responsibility for SBHC telehealth services that do not originate in the school (Model 3 and possibly 4 above). New consent form language may resolve concerns.
- Guidance is also needed to determine whether SBHCs can bill for telehealth services as an SBHC if the clinician is not located in the SBHC at the time of the visit.
- More work needs to be done to develop consensus on recommendations for streamlining the agency approvals for each of the five models listed above.
- In the future, as the COVID-19 pandemic recedes and the Public Health Emergency ultimately expires, the workgroup intends to monitor developments such as the possible reimposition of telehealth restrictions, and may have further recommendations at that time.
- The workgroup is interested in learning more about whether telehealth could be used to provide services to students in schools that do not have a physical SBHC in their building as a

means of expanding the SBHC program. This potentially could represent a sixth model or an expansion of the first model.

Appendix 4.

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

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor
Allan Anderson, M.D., Chair – Mark Luckner, Executive Director

February 4, 2020

The Honorable Bonnie Cullison
House of Delegates
312 House Office Building
6 Bladen Street
Annapolis, MD 21401

Dear Delegate Cullison,

Thank you for sharing with the Council on Advancement of School-Based Health Centers (the Council) your legislation, HB 0409, regarding expanded sponsorship models for school-based health centers (SBHCs).

As you know, the Council has been interested in this topic and supportive of expanding SBHC sponsorship models. Last year's Blueprint for Maryland's Future legislation required the Council to consult with the Maryland Department of Health and the State Department of Education on a plan to build a sustainable sponsorship model by expanding the types of organizations that can sponsor SBHCs. The Council formed an ad-hoc workgroup to study the issue more closely.

In its letter to the Maryland Department of Health and State Department of Education pursuant to the legislative requirement of last year's Blueprint legislation, the Council advised:

> …the Council recommends considerations for modifying Maryland State Medicaid regulations to include hospitals, and additional Sponsoring entities beyond LHD, FQHC, and general clinic, endorsed by the Council …

The recommendations of the ad-hoc workgroup outlined above are based in part on the findings of an independent consultant commissioned by the Council, and are aligned with the Council's 2019 recommendations to the General Assembly.

The independent report commissioned by the Council included the following:

> We recommend that the Council further analyze opportunities for improving the SBHC model in Maryland, which differs from other states ... Currently, hospitals are not permitted to receive Medicaid reimbursement for SBHC services, but this is something that should be reviewed, leveraging experiences from other states.

The Council's 2019 Annual Report included the following recommendation:

> The Council recommends expanded sponsorship models to promote the advancement of school-based health center sustainability. The sponsoring agency types should not be restrictive if the standards of being a safety net provider are met.

By way of background, the Council was charged by the Maryland General Assembly in 2015 to issue policy recommendations to promote the advancement of SBHCs in Maryland, and to offer recommendations that would help improve the health and educational outcomes of students who receive services from SBHCs. As a rule, the Council does not take positions on legislation. The Council does, however, respond to requests for information and is poised to share with policymakers its views on whether policy proposals align with the Council's recommendations.

Sincerely,

Dr. Katherine Connor
Chair, Council

Dr. Patryce Toye
Vice Chair, Council

cc: Webster Ye, Deputy Chief of Staff, Maryland Department of Health
Mark Luckner, Executive Director, Community Health Resources Commission
Lorianne Moss, Staff Consultant, Council on Advancement of School-Based Health Centers

Appendix 5.

Council on Advancement of School-Based Health Centers
2020 Data Workgroup Recommendations

The Maryland State Department of Educations (MSDE) has made commendable strides to update its annual survey of school-based health centers (SBHCs). This effort, to which the Council's Data group contributed its own expertise, will yield a great deal of data critical for analyzing Maryland's SBHC program and demonstrating the value of SBHCs. The Data workgroup thanks MSDE for investing in this time- and labor-intensive project, and looks forward to working together to build upon it.

With the revised survey now beginning to be completed by SBHC sponsors, the Data workgroup recommends that MSDE consider shifting its data-related focus to the development of a public-facing platform to host selected survey data and permit its analysis. This may require a commitment from the highest levels at the Department, and the Council stands ready to reinforce with MSDE leadership the importance of this task.

Why focus on a data platform? Improving SBHC data collection and management has been a central part of the mandate given to the Council by the General Assembly. The Council's authorizing legislation requires the Council to "review the collection and analysis of school-based health center data collected by the State Department of Education to: (1) make recommendations on best practices for the collection and analysis of the data; and (2) provide guidance on the development of findings and recommendations based on the data."

Currently, very little data on the SBHC program is publicly available or easily accessible. The Council's annual report, which is public, is required to report some high-level data on SBHCs including: enrollment; total number of visits for mental, somatic, and oral care; level of service designated for each SBHC; and the number of SBHCs using telehealth. MSDE supplies this information to the Council upon request. (Delays related to the survey redesign have meant that the latest annual report data is for the 2017-2018 school year.) MSDE's SBHC website, while including a contact list of all SBHC locations, does not contain information such as SBHC enrollment and utilization, services provided, use of telehealth, poverty indicators such as free or reduced meals, health or education outcome data, etc. Right now, the only way to procure even very basic data to describe the SBHC program is to place a request with MSDE staff.

Data is essential for understanding how the needs of Maryland's children are being met by the current SBHC program, and in which areas improvement is needed. For example:

- Population data is needed to ensure that SBHC services are being matched with students who need them most.
- Health and educational outcome data is needed to evaluate SBHC effectiveness.
- Quality data is needed to measure the performance of individual SBHCs and demonstrate their value to insurers and others.
- Demographic data would help to ensure health equity goals are met.
- Data on the provision of vaccines and well-child visits by SBHCs would be important to understand in the context of current pediatric health care challenges.

With all this information now being collected in the annual survey, the workgroup recommends that the Department next consider which data sets should be made public, and how to present them in a way that best facilitates analysis. Such an approach also is consistent with Maryland open data laws.

Previous Council recommendations: For several years, the Council has discussed the importance of SBHC data sharing. These recommendations are included in the 2018 annual report, the 2019 annual report, and the Harbage Report commissioned by the Council.

- **From 2018 Annual Report**: With improved data collection, mechanisms should be developed to annually share the data with key stakeholders. Infrastructure support will be needed to ensure data sharing and analysis. Strategies should be shared with SBHC administrators on best practices for utilizing the data collected to enhance SBHC programming and development. These strategies should include analysis of the MSDE SBHC annual data and state and local population health data. Also, recommendations on needs assessment tools should be provided to SBHC administrators. If additional SBHC funding is available, a dedicated program administrator is needed at the state level to move forward the improved data collection system, dissemination, and analysis of SBHC data to support and advance SBHCs in Maryland.

- **From 2019 Annual Report**: **Recommendation 4.B.iv.** Develop public facing data portals for key SBHC measures. The reporting may be modeled after the MDH State Health Improvement Process (SHIP) and MHBE Data Reporting. Key considerations for a public facing portal include: (1) MSDE's SBHC Annual Report to stakeholders, (2) Capacity to respond to Public Information Act and Inter-Agency data requests, and (3) Technical portal capability and sophistication for public accessibility

  … The Council recommends resources be devoted to maintaining this new platform and to continually advance its capabilities in line with Council recommendations and SBHC Administrator needs …

- **From the Harbage Report**: The State of Maryland must be willing and able to take on a leadership role in developing a data reporting plan and obtaining buy-in from frontline staff and other stakeholders. The state will also need to dedicate additional resources and staff to strengthening the infrastructure for data collection, reporting, analysis, and dissemination.

2020 Activities: During 2020, the Data workgroup held several meetings with MSDE, the Maryland Department of Information Technology (DoIT), and the School-Based Health Alliance to explore options for such a platform. Consensus emerged among Council members that the State of Maryland's Open Data Portal (ODP), managed by DoIT, would be a cost-effective means for beginning to host SBHC data.

ODP and SBHC Data: ODP is a repository for large amounts of state data, using the Socrata software. MDH's SHIP operates from this platform, and MSDE already utilizes it.

ODP's purpose is to organize data and make it available to the public. It does NOT analyze data, but has some built-in capabilities to facilitate data analysis and even create basic data

visualizations (graphs, etc.). Data can be entered in many ways, including from Excel spreadsheets, which MSDE currently uses for SBHC data. Data can be public or private.

The Data workgroup has some reservations about using ODP. Specifically, the Data workgroup believes more technologically advanced solutions may be available. However, because this platform is already available and in use, the workgroup advises moving ahead to test this option.

The Data workgroup is aware of concerns related to the privacy of SBHC data. The Data group believes these concerns should not prevent forward progress. Datasets already hosted on ODP include: kindergarten readiness, AP Exams taken, Free/Reduced Breakfast and Lunch Programs, teen pregnancies, child maltreatment, children with elevated blood lead levels, adolescents who use tobacco, children receiving dental care, children who received wellness checkups, children who received vaccines, adolescent obesity, etc. Furthermore, data can be suppressed or protected on ODP.

Two tracks: The Data workgroup recommends that MSDE move forward with posting SBHC data on ODP, taking advantage of ODP's private and public capabilities.

1. **Private Data**: The Data group recommends that MSDE work with DoIT to utilize ODP as a repository for annual survey data. DoIT designed the annual survey with MSDE, and may be able to integrate the data seamlessly. Any data initially should be posted to the private side of ODP. Sensitive data may remain on the private side, while less sensitive data should be made public.
2. **Public Data**: The Data workgroup proposes a phased approach for making SBHC data public.
    a. Begin with a small set of high-level information that is *already* publicly available (see below). This information may come from current SBHC annual surveys and/or prior years. This information should be posted on ODP's public-facing side.
    b. As comfort grows with this initial set of data, look at ways to expand, including data that is not currently public. CASBHC's Data workgroup may make recommendations on future data sets. Work through privacy issues as they arise.
    c. Initiate efforts to manipulate and analyze data. Display charts and graphs generated by the data on MSDE webpages and use them in MSDE's reports on the SBHC program.
    d. Investigate dashboards for displaying public data and/or graphs and maps generated from the data. This may include other software packages that integrate with Socrata.

Public Data Points: Below is a list of potential data points that the workgroup recommends MSDE consider for sharing publicly on ODP, as well as the question(s) in the annual survey to which each corresponds. This information would help to describe Maryland's SBHC program without getting into student health measures. Most of this is already public information. This list is not exclusive. Moreover, as the comfort level grows, the Data workgroup recommends that additional data sets be added.

- SBHC sponsor names and jurisdiction - already on MSDE's website - #5
- Total number of SBHCs in jurisdiction and state - already on MSDE's website - #36-40
- Number of students enrolled in each SBHC/jurisdiction/state - #67
- Number of non-students enrolled in each SBHC (faculty, parents, siblings, etc.) - #74-79

- Percentage of students receiving free or reduced meals in schools served by SBHCs - already reported publicly in the school's Report Card - #45
- SBHC's level of services (Level I, II, or III) - CASBHC already includes this information in its annual report - #42
- SBHCs offering Behavioral Health services - CASBHC already includes this information in its annual report - #1-2
- SBHCs offering Oral Health services - CASBHC already includes this information in its annual report - #3-4
- SBHCs offering vaccines - CASBHC already includes this information in its annual report - #58
- SBHCs utilizing telehealth - CASBHC already includes this information in its annual report - #41, 80, 84, 85

Next Steps for the Short-Term: The Data group recommends that over the next 12 months, MSDE consider the following steps:

1. Secure Department-level commitment to the posting of public and private SBHC data on ODP. This may involve the crafting of a written implementation plan, and may require approval from the Department's Accountability Office and the State Superintendent's Office. The Council stands ready to reinforce with MSDE leadership the importance of this task.
2. Identify data sets that could be posted publicly in the short-term. (see above)
3. Identify thresholds and procedures to ensure the privacy of sensitive data.
4. Designate an MSDE staff member to obtain an ODP account and be responsible for SBHC data. Provide information to the Council about any additional resource requirements and constraints.
5. Finalize any required agreement with DoIT for this purpose.

Appendix 6.

Council on Advancement of School-Based Health Centers
2020 Recommendations Re: Diabetes Action Plan

School-based health centers (SBHCs) should be utilized as a resource in implementing the State's Diabetes Action Plan (DAP).[1] SBHC collaboration on this priority can serve as a model for SBHC integration into future statewide population health initiatives. One outcome of such collaboration would be a shift of SBHCs away from being isolated care providers toward becoming a state public health resource.

Recommendations for the Maryland State Department of Education (MSDE) and Maryland Department of Health (MDH):

- Encourage the involvement of SBHCs in their respective Local Health Improvement Coalitions (LHICs) by providing LHIC contact information to SBHCs, and vice versa. Hold these organizations accountable by following up with them and hosting a meeting with LHICs and SBHCs (and possibly others) around the DAP. [MDH]
- Distribute to all SBHCs an electronic copy of the DAP. [MSDE]
- Host a presentation on the DAP at an upcoming SBHC Administrators meeting. [MSDE/MDH].
- Provide technical and financial assistance to SBHCs to expand the reach of their DAP-related activities to include school staff and other community members. [MSDE/MDH]
- Provide professional development tailored to SBHCs on best practices for diabetes, as well as DAP implementation guidance issued by MDH. [MSDE/MDH].
- Integrate SBHCs into guidance related to the DAP, including guidance provided to primary care providers and others. [MSDE/MDH]
- Ensure SBHCs are considered for financial resources associated with DAP implementation. [MDH/Other state agencies and funders]
- Expand SBHC data collection to include diabetes measures, and share such data with other entities involved in DAP. [MSDE]
- Consider providing BMI screenings to all students, regardless of a student's enrollment status in a SBHC. Such screenings should correspond with a certain grade or grades, modeled after the periodic vision and hearing screenings currently conducted in schools. SBHCs should be a partner in this effort, and should receive appropriate funding to do so. SBHCs should help provide screenings and should encourage screened students to enroll in their SBHC. [MSDE/MDH]
- Create a document outlining clear lines of communication, processes, and lines of authority for SBHCs and their sponsors seeking to make changes to current SBHC service delivery models (eg. to expand diabetes-related services, to provide services to school staff and/or community members in addition to students, respond to changing circumstances, etc.). [MSDE/MDH]

Recommendations for individual SBHCs and sponsors:

[1] In this document, Diabetes Action Plan (DAP) refers to the Maryland Department of Health's diabetes-related population health initiative found here: https://phpa.health.maryland.gov/CCDPC/Pages/diabetes-action-plan.aspx. The DAP is a collaborative effort between health care partners and community-based organizations to align efforts, resources, and funding to reduce the burden of diabetes in Maryland. For the purpose of the Council's recommendations, DAP does not refer to an individual's diabetes management plan.

- Become familiar with the DAP, as well as any additional guidance on DAP implementation to be provided by MDH.
- Become involved in their respective LHICs.
- With technical assistance from MSDE and MDH, be involved in implementing the DAP by providing:
    1. Screening and testing, including BMI testing, for diabetes and obesity;
    2. Lifestyle diabetes prevention strategies including nutrition and physical activity; and
    3. Managing diabetes, including performing A1C and other testing, for individuals diagnosed with diabetes.
- With technical assistance from MSDE and MDH, connect patients with diabetes and prediabetes, as well as at-risk individuals, to DAP resources.
- Coordinate DAP efforts with other medical providers, including information sharing through CRISP.
- Because the DAP will focus on adults in the near term, consider expanding diabetes-related services beyond students, including to school staff as well as other community members.
- Seek additional financial support from state agencies as well as other grant-making entities for expansion of diabetes-related services and other actions related to DAP implementation.
- Gain approval from MSDE and/or other agencies for any changes in services related to the DAP. (See approval process recommendation in previous section.)

Recommendations for LHIC*s*:
- Reach out to include SBHCs in their coalitions, and encourage SBHC participation and leadership roles within their organizations.
- Identify roles for SBHCs in their planning and implementation of DAP, as a model for addressing future population health topics.

Recommendations for policymakers:
- Ensure adequate funding to enable MDSE and MDH to: provide technical assistance and professional development to SBHCs for implementing the DAP; support expansion of SBHC services to school staff and other community members; foster cooperation between SBHCs and LHICs; expand the sharing of diabetes-related information; and implement other efforts related to the DAP.
- Increase funding for the SBHC program by $6.5 million annually, as envisioned in the Blueprint for Maryland's Future legislation, in order to support the expansion of SBHC services and support DAP goals.
- Add new staff at MSDE and MDH dedicated solely to the SBHC program, as envisioned in the Blueprint for Maryland's Future legislation, who will have a capacity to focus on these and other recommendations critical to the SBHC program.
- Where barriers to the sharing of diabetes-related information are identified, including HIPAA/FERPA barriers, lack of CRISP connectivity, etc., systems level solutions should be developed.

Appendix 7.

Council on Advancement of School-Based Health Centers
Recommendations for SBHC Access to School Buildings

As safety net providers for vulnerable Maryland children, school-based health centers (SBHCs) should be permitted access to school buildings, including schools that have opted for on-line or hybrid learning models.[2] Such access should be provided both for patient care and for support activities. Many jurisdictions, including Baltimore City, already have reached agreements to permit SBHCs to operate in buildings closed for students. This model should be expanded to jurisdictions where building access currently is restricted. SBHCs should inform MSDE if approved by their superintendent to provide in-person care.

SBHC practitioners adhering to Maryland Department of Health (MDH) guidelines for ambulatory operations can safely provide much-needed health care services. Careful pre-screening of patients, specialized personal protective equipment (PPE), and adherence to other MDH guidelines will allow SBHCs to mitigate transmission to an even greater degree than programs currently permitted in many school buildings, such as daycare and special education programs. The safe reopening of SBHCs will not put other school staff or children at increased risk of COVID-19; to the contrary, the presence of on-site health care services will be an asset.

The Council supports the role of local Superintendents in making decisions about the use of school buildings, while acknowledging the authority of the State Superintendent to close schools during extraordinary circumstances. The Council recommends that local authorities be informed about the role SBHCs play in their communities, and the rationale and process for allowing SBHCs to resume in-person services.

The Council appreciates the discussion of SBHCs in the Maryland State Department of Education's (MSDE) planning document, *Maryland Together: Maryland's Recovery Plan for Education*, including a commitment to "provide leadership, guidance, and support for local school-based health center programs during and after the COVID-19 pandemic." One area in which MSDE and MDH have an opportunity to provide additional leadership and support is the issuance of guidance on how to provide SBHCs with operational access to school buildings.

Consistent with previous State actions to encourage local jurisdictions to permit daycare centers in otherwise closed school buildings, the Council recommends that local Superintendents be provided with information about:

1. the presence of SBHCs in their districts;
2. the role of SBHCs in advancing health and educational equity;
3. the ability of SBHCs to provide health care safely, consistent with State and local guidelines on ambulatory operations during the pandemic; and
4. the decision-making authority of local Superintendents regarding school building use for SBHCs.

[MSDE and MDH]

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[2] In July 2020, the Council issued comprehensive recommendations regarding the utilization of SBHCs during the COVID-19 pandemic and future school closures. Among these was a recommendation to consider expanding access to closed school buildings for certain SBHC activities. At the request of Council members, the Council's Systems and Integration Workgroup has continued to work on the topic of school building access for SBHCs.

The Council recommends that SBHC sponsors and local Superintendents be given clarity about a process (see below) by which SBHCs could be permitted to provide in-person care in school buildings that are restricted due to the COVID-19 crisis. [MSDE]

The Council recommends that this process include a letter from the local Superintendent to the SBHC sponsor that articulates and acknowledges the following, and that the signed letter be emailed to MSDE:

1. The SBHC's existing/annual MOU which authorizes the SBHC's presence in the school building(s). This MOU differentiates the SBHC from many other community entities requesting the use of school buildings.
2. SBHC adherence to State and local health department guidance on ambulatory operations during the pandemic, and other measures the SBHC will implement in order to minimize transmission risk.
3. Terms under which the SBHC may operate in the school building(s), including: hours of operation, patient population, safety measures, contact personnel, etc.
4. Steps required to modify the above terms if necessary.
5. Consent of the individual school principal(s) to the SBHC's operation in the school building(s).

[MSDE, Local Education Agencies, SBHC sponsors]

This signed letter should be emailed to MSDE, along with a description of changes to the SBHC's services facilitated by the letter. [SBHC sponsors]

Background:

The blanket closure of school buildings mandated in spring 2020 by State Superintendent Salmon was lifted when the State moved to Stage Two of Governor Hogan's Roadmap for Recovery. With local jurisdictions once again the current decision-making authorities for their school buildings, it is an appropriate time to reconsider restrictions on the use of SBHC facilities.

Health requirements of children do not disappear when a school building is closed. For example, reports indicate Maryland students are falling behind on routine vaccines, including vaccines deemed mandatory for attending school. April 2020 saw a 46 percent reduction in childhood vaccines compared to April 2019. COVID-19 also has exacerbated mental health challenges. Additionally, many children rely on school health services to provide occupational therapy, physical therapy, and/or behavioral health services.

Many SBHC services can be offered remotely, and the Council strongly supports the expansion of telehealth capacities. However, many SBHCs have not been able to transition to telehealth for a variety of reasons. In fact, for some SBHCs, lack of practitioner access to school buildings has been a barrier to telehealth services. Moreover, other services such as vaccines, lead tests, injections, and certain examinations must be provided in person. In-person pediatric care remains vitally important, and SBHCs are crucial for meeting the needs of some of Maryland's most vulnerable children.

Appendix 8.

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

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor
Allan Anderson, M.D., Chair – Mark Luckner, Executive Director

Council on Advancement of School-Based Health Centers
Teleconference: 605-475-4000 Passcode: 142685#
MINUTES

Thursday, November 14, 2019
1:00PM-3:00PM

Attendees / Roll-Call

Appointee Membership

1. Dr. Katherine Connor, CASBHC Chair | Medical Director Johns Hopkins Rales SBHC | KIPP Baltimore
2. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
3. Dr. Patryce Toye, Maryland Assembly on School-Based Health Care | Medical Director, MedStar Family Choice
4. Dr. Arethusa Kirk, CASBHC Managed Care Organization Member | Chief Medical Officer United HealthCare Community Plan
5. Jennifer Dahl, Commercial Health Insurance Member | Credentialing Coordinator, CareFirst
6. Meredith McNerney, Maryland Association of Elementary School Principals | Gaithersburg Elementary School
7. Dr. Sean Bulson, Public Schools Superintendents Association of Maryland | Harford County Public Schools
8. Kelly Kesler, Parent/Guardian of student who receives SBHC services | Director, Howard County Local Health Improvement Coalition
9. Karen Williams, Federally Qualified Health Center | CEO, Mid-Atlantic Assoc. of Community Health Centers

Ex Officio

10. Delegate Cullison, Ex Officio Member | House of Delegates, District 19 (Montgomery County)
11. Senator Lam, Ex Officio Member | Maryland State Senate, District 12 (Howard & Baltimore City)
12. Mark Luckner, CASBHC Community Health Resource Commission (CHRC) Ex Officio Member | Executive Director CHRC
13. Dr. Cheryl De Pinto, CASBHC Maryland Department of Health (MDH) Ex Officio Member | Director, MDH Population Health

14. Andrew (Andy) Ratner, Ex Officio Maryland Health Benefit Exchange Member | Chief of Staff, Maryland Health Benefit Exchange

Public

1. Jennifer Barnhart, CASBHC Staff Consultant | President LUMA Health Consulting
2. Rachael Faulkner, Public Policy Partners
3. Joy Twesigye, Public Member | Baltimore City Health Department
4. Pam Kasemeyer, Public Member | Schwartz, Metz, and Wise, PA
5. William (Mike) Shaw, Public Member | St. Mary's County Health Department

1:00PM Welcome (Chair: Dr. Kate Connor)

Dr. Connor welcomed Council members and the public, and thanked everyone for the hard work on finalizing the 2019 Council recommendations.

1:05PM Minutes from October 7, 2019

Dr. Toye moved to approve the meeting minutes. Ms. Dahl seconded the approval. There were no oppositions or abstentions. The meeting minutes were approved.

1:10PM Elections

Ms. Barnhart described that the term of the Chair and Vice Chair is limited to two years. There is no limit on the number of terms the Chair and Vice Chair can serve. The Chair and Vice Chair are nominated by appointed and ex officio Council members. Appointed members may nominate themselves or others on behalf of their nominating organization. The Chair and Vice Chair are elected by appointed members and may be re-elected into their respective positions after the conclusion of their terms. Members may recuse themselves from elections.

Ms. Barnhart described that a quorum of the Council shall consist of two-thirds (67%) of the appointed members, including the Chair and Vice Chair. A quorum shall be required for the affirmative transaction of official business of the Council, as deemed a priority of the Council Chair, including but not limited to the Annual Report, leadership elections, recommendations to the Governor's Office, and General Assembly

The Council shall elect the Chair and Vice Chair. Biographies have been distributed earlier today.

The Council had a single nomination for Chair, Dr. Kate Connor. There were no discussions requested before the vote. The motion to re-elect Dr. Connor was made and seconded, with no abstentions or oppositions. Dr. Connor was re-elected to another term (November 14, 2019 through November 14, 2021).

The Council had a single nomination for Vice Chair, Dr. Patryce Toye. There were no discussions requested before the vote. The motion to elect Dr. Toye was made and seconded, with no abstentions or oppositions. Dr. Toye was elected as Vice Chair for a two-year term (November 14, 2019 through November 14, 2021).

1:20PM 2019 Annual Report

Dr. Connor provided Council members with ten minutes during the meeting to read through the Annual Report. After ten minutes, Dr. Connor asked for Council members to provide substantive comments. The comments are outlined as follows:

Activity: The Council provided strategic guidance to Wicomico County School-Based Health Centers. The Council recommended strategies to improve enrollment by leveraging managed care organization capabilities.

Discussion: The Council asked to describe this activity. Mr. Luckner described that this activity was to advise a Community Health Resources Commission SBHC grantee's difficulty in achieving enrollment objectives. Council Managed Care Organization representatives advised the CHRC grantee about how to leverage MCO member outreach capabilities to engage parents and encourage them to enroll their students at the Wicomico County SBHC. The Council requested that 'text capabilities' language be removed from the strategies to improve enrollment.

Activity: The Quality & Best Practices Workgroup recommended changes to the SBHC Standards.

Discussion: The Standards are overseen by MSDE and not jointly by MSDE and MDH. The Annual Report was updated to reflect this.

Activity: SBHC Annual Survey

Discussion: The Council inquired about the status of the Annual Survey. MSDE stated that leadership will not allow any more changes at this point. The Survey is expected to be distributed to SBHC Administrators in winter 2020. The Council felt the Report captured the objectives and challenges of the survey very well.

Annual Report Content: Diagram 1 visual map of SBHCs across Maryland.

Discussion: Council requested it be updated to include Frederick and Howard counties. MSDE said they will fix the visual and send to Ms. Barnhart for inclusion in the final Report.

Annual Report Content: SBHC alignment with state population health priorities.

Discussion: The Council requested that managed care Performance Improvement Process be removed from this section of the Report. The Council requested the Report build upon the MDH diabetes population health goals.

Next Steps: Dr. Connor asked Council members to further review and provide feedback to Ms. Barnhart. Ms. Barnhart will share the Report back with the Council before Thanksgiving in a track-changes format. The Council members will vote by electronic poll to approve the final Report. The Report needs to be finalized by early December and distributed to the General Assembly, on or before December 31, 2019.

3:00PM Adjourn

Dr. Connor adjourned the meeting at 3:00PM.

STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor
Allan Anderson, M.D., Chair – Mark Luckner, Executive Director

Council on Advancement of School-Based Health Centers
House Office Building, 6 Bladen St, Room 170, Annapolis, MD 21401
MINUTES

Monday, January 29, 2020
1:00 PM-3:00 PM

Attendees / Roll-Call

In-Person Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, Maryland Assembly on School-Based Health Care | Medical Director, MedStar Family Choice
3. Joy Twesigye, Maryland Assembly on School-Based Health Care | Bureau of School Health, Baltimore City Health Department
4. Sean Bulson, Public Schools Superintendents Association of Maryland | Harford County Public Schools
5. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
6. Meredith McNerney, Maryland Association of Elementary School Principals | Gaithersburg Elementary School
7. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan
8. Jennifer Dahl, Commercial Health Insurance Carrier | Credentialing Coordinator, CareFirst

In-Person Ex Officio

9. Cheryl De Pinto, Ex Officio Member | Director, MDH Population Health
10. Mary Gable, Ex Officio Member | Assistant State Superintendent, MSDE
11. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange
12. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
13. Lorianne Moss | CASBHC Staff

In-Person Public

14. Rick Robb, Principal, Patuxent Valley Middle School
15. Joan Glick, Senior Administrator, Health Services, Montgomery County DHHS
16. Sharon Hobson, Howard County Health Department
17. Rachael Faulkner, Director, Public Policy Partners
18. Alicia Mezu, MSDE
19. Corey Carpenter, MDH
20. Hannah Gaskill, Maryland Matters

On the Phone Appointee

21. Kelly Kesler, Parent/Guardian of student who receives SBHC services | Director, Howard County Local Health Improvement Coalition
22. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | Pediatrician, Dundalk Pediatric Associates

On the Phone Ex Officio

23. Sen. Clarence Lam, Ex Officio Member | Maryland State Senate, District 12 (Howard and Baltimore County)
24. Del. Bonnie Cullison, Ex Officio Member | Maryland House of Delegates, District 19 (Montgomery County)

1:00 PM Roll-Call (Chair: Kate Connor)

Kate Connor introduced Rick Robb, nominee for the Council position of Secondary Principal of a school that has an SBHC; and Lorianne Moss, new staff consultant.

1:10 PM Minutes from November 14, 2019 meeting

Cathy Allen moved to approve the meeting minutes. Jennifer Dahl seconded the approval. There were no oppositions or abstentions. The meeting minutes were approved.

1:15 PM Kirwan Commission Update (Rachel Faulkner)

Rachael Faulkner described MASBHC's efforts to shape the work of the Kirwan Commission.

1. The bill passed last year, SB 1030, the Blueprint for Maryland's Future, provides for a full-time healthcare practitioner in every school with 80% poverty. The governor's budget proposes a full-time healthcare practitioner for schools with 70% poverty, likely encompassing additional schools. These are purely state dollars, without cost sharing by counties.
2. MASBHC's primary focus this year is on the Commission's recommendation to provide an additional $6.5 million for SBHCs through the existing MDSE grant process. This represents full funding of a promise made in the 1990s, plus inflation. The goal is for this funding to be available in the FY 2022 budget.

Legislation to implement the Kirwan Commission recommendations is expected this week or next. It will be at least 200 pages long. It is unclear whether it will originate in the House or Senate.

Meredith McNerney asked whether the additional funding would support existing SBHCs or be dedicated to establishing new Centers. Rachael said it is unclear, and anticipates stakeholder input in reviewing the grant-making process. Kate Connor observed that this may be an opportunity for the Council to offer recommendations.

Kate Connor asked Council members to share information about the positions of their organizations on Kirwan legislation, in order to address any potential conflicts as the legislative process unfolds. Information provided in advance by Cathy Allen shows no current conflict with the positions of the Maryland Association of Boards of Education and the Council.

1:20 PM Legislative Update (Delegate Cullison and Senator Lam)

Delegate Cullison discussed two bills she is working on related to SBHCs.

1. She has proposed to create one staff position in MDH and one in MDSE whose sole responsibility would be oversight of SBHCs, in order to better coordinate agency efforts and activities. This was her ombudsmen's bill last year. She cited the Harbage Report as highlighting the need for such infrastructure to support SBHCs. She has spoken to the chairs of the Ways and Means and Appropriations Committees, as well as the respective Education Subcommittees, to encourage them to include this provision in their Kirwan legislation. If the bills do not contain her provision, she plans to introduce her legislation separately.
2. She has introduced legislation, HB 409, to require MDH to revise regulations to permit Medicaid reimbursement of SBHC providers beyond the provider types that currently may receive reimbursement for SBHC services. This legislation relates to the Council's work in providing recommendations on the Sustainable Sponsorship Model, as required by last year's Kirwan legislation, SB 1030. HB 409 will have a hearing on February 5th. Before that time, Cullison hopes to have the sustainable sponsorship report by MSDE and MDH that had been required by SB 1030.

Senator Lam agreed that the Kirwan legislation will be lengthy and will provide opportunities for Council input. He said upcoming legislation related to health data sharing and telehealth also could be opportunities for the Council to offer recommendations.

1:35 PM Discussion of Council's role (Kate Connor)

Kate Connor thanked both legislators and reiterated that the Council's role is to provide information and make recommendations on legislation, but not to lobby or advocate for bills. The Council should be poised to respond to requests, and to describe how legislation does or does not align with Council recommendations.

Kate Connor instructed Workgroups to develop plans for 2020 by prioritizing items from the Council's recommendations related to the Harbage Report.

1:45 PM Workgroups: Break-out

Workgroups broke out to discuss priorities for 2020.

2:15 PM Workgroups Report-out

Quality and Best Practices (QBP) Workgroup (Co-Chairs: Patryce Toye and Jean-Marie Kelly)

The QBP Workgroup will focus on efforts to update SBHC standards (annual report recommendation 5A). Dr. Toye noted that MSDE has provided MASBHC a small grant to begin to look at the standards. This will be particularly important if the Kirwan legislation results in an expansion of the number of SBHCs in Maryland.

The QBP group had some concerns about annual report recommendation 5B related to performance measurement incentives, and favored aligning the goals of SBHCs with Medicaid and state goals.

The QBP group believes recommendation 5D, concerning site-specific identifiers for SBHCs, would be easy and inexpensive to accomplish. Cathy Allen suggested this could be part of telehealth legislation.

Data Workgroup (Chair: Joy Twesigye)
The Data Workgroup plans to focus on recommendation 4, regarding data planning, collection, analysis, reporting, and evaluation. The group will look in particular at recommendation 4Aii, relating to the development of a data collection platform. Such efforts go hand-in-hand with the development of MOUs on information sharing, as mentioned in recommendation 1A.

Kate Connor encouraged all Workgroups to enumerate the support needed to operationalize their recommendations.

Systems Integration and Funding (SIF) Workgroup (Chair: Maura Rossman; Kate Connor filled in)
The SIF Workgroup proposed to focus on recommendation 2, regarding central infrastructure support and funding. They also will work on recommendation 1 as it involves data sharing, possibly using CRISP, for the purpose of coordination of care. They will not work on recommendation 3, regarding additional funding sources, pending the outcome of the Kirwan legislation. Additionally, they will work on recommendation 8, related to barriers to information sharing arising from FERPA and HIPAA.

2:45 PM Agency Update on Sustainable Sponsorship Model (Cheryl De Pinto and Mary Gable)
Agency representatives to the Council confirmed that the response to the Sustainable Sponsorship Model required by SB 1030 is awaiting final approval. Broad consensus exists among many stakeholders for the response they propose.

Kate Connor noted that Del. Cullison's bill causes some urgency for the agencies to complete their work. Rachael Faulkner noted that considerable delay can occur between a report's submission to DLS and its posting on-line, and asked that the report be shared as soon as possible.

2:50 PM Survey Update (Mary Gable and Alicia Mezu)
The updated SBHC survey is nearing completion. The MSDE technician will be attending the meeting of SBHC Administrators in February to demonstrate it and identify whether additional changes are needed.

Cathy Allen pointed out some minor corrections that the survey needs. Joanie Glick offered to review the survey. Mary Gable suggested that substantive changes to the survey be postponed until the latest version is completed.

3:00 PM Adjourn
Kate Connor adjourned the meeting at 3:00 PM.

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

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

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

Tuesday, April 14, 2020
9:00 AM-11:30 AM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, Maryland Assembly on School-Based Health Care | Medical Director, MedStar Family Choice
3. Joy Twesigye, Maryland Assembly on School-Based Health Care | Bureau of School Health, Baltimore City Health Department
4. Sean Bulson, Public Schools Superintendents Association of Maryland | Harford County Public Schools
5. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
6. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, Christiana Care Health System
7. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan
8. Rick Robb, Secondary School Principal with SBHC |Principal, Patuxent Valley Middle School
9. Jennifer Dahl, Commercial Health Insurance Carrier | Credentialing Coordinator, CareFirst
10. Kelly Kesler, Parent/Guardian of student who receives SBHC services | Director, Howard County Local Health Improvement Coalition

Ex Officio

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

Public

1. Joan Glick, Senior Administrator, Health Services, Montgomery County DHHS
2. William "Mike" Shaw, St. Mary's County Health Department
3. Rachael Faulkner, Director, Public Policy Partners
4. Alicia Mezu, MSDE
5. Kristi Peters, MSDE

6. Lynne Muller, MSDE
7. Sharon Hobson, Howard County Health Department
8. Nicole Mair, University of Maryland Baltimore Medical School

9:00 AM Roll-Call (Lorianne Moss)

Kate Connor announced that CASBHC member Karen Williams has passed away.

9:15 AM Minutes from January 27, 2020 meeting

Patryce Toye moved to approve the January meeting minutes. Del. Cullison seconded the approval. There were no oppositions or abstentions. The meeting minutes were approved.

9:20 AM Legislative Update

Del. Cullison expressed thanks for the work of all in demonstrating the value of SBHCs, and shared relevant legislative victories for SBHCs.

1. Her provision to create positions dedicated to SBHCS at both MSDE and MDH was included in the final version of the Kirwan/Blueprint for Maryland's Future legislation as "primary contact employees." However, given the state budgetary crisis related to COVID-19, everything is now "in limbo," including the Kirwan bill, which passed both chambers but has not been signed into law by the governor. Del. Cullison was hopeful that pieces of the Blueprint bill will be funded, although likely not at the level she and others had hoped. She hoped SBHCs would be seen as an asset and a resource especially during times of need.
2. Her bill to expand MMAP reimbursement for different kinds of SBHC sponsors also passed and awaits action by the governor.

Rachael Faulkner described two additional elements of the Blueprint bill relevant for SBHCs. As above, uncertainties about the fate of the Blueprint bill make it difficult to project the outcome of these measures.

1. $6.5 million in additional grant funding per year through the existing MSDE grant program, which represents the first substantial increase for SBHC grants since the 1990s. This is supposed to take effect beginning in FY 2021.
2. Last year's Blueprint bill provides for a full-time healthcare practitioner in every school with 80% poverty. The Governor's budget brought that level to 75%, encompassing more schools. This year's Blueprint bill eventually would bring the number to 55%.

Rachael Faulkner explained that if the governor vetoes the Kirwan bill, the General Assembly would need to meet in a special session in order to override that veto. If a special session is not held, the SBHC grant funding could not be increased by July 1, the first day of FY 2021.

Del. Cullison explained that May 15 is the deadline for the governor to sign, veto, or allow the Blueprint to pass without his signature. One possibility is that the Blueprint bill could end up having a one-year delay. It is unclear whether a special session will be held.

Kate Connor stressed the importance of keeping SBHCs on the radar screen during the COVID-19 emergency in order to maintain the safety net for vulnerable children and families.

Mark Luckner briefed the Council on another provision included in the Blueprint bill: a 20-member Consortium on Coordinated Community Supports. This Consortium will develop a framework for

creating coordinated community supports to address behavioral health in schools. The Chair of CASBHC will appoint one consortium member, and CASBHC members are invited to get involved in the Consortium's work in other ways. Del. Cullison shared that during her visits to SBHCs and schools, she observed a strong desire to do more around the issue of behavioral health.

9:45 AM Agency Update: Primary Contact Employees and Grant Dollars (Mary Gable)

Kate Connor asked representatives from MSDE and MDH to update the Council on their planning related to the previously discussed Blueprint provisions.

Mary Gable explained that the "primary contact employee" language in the Blueprint bill requires MSDE to "designate" such employees, but doesn't necessarily provide funding for them. As such, MSDE may interpret this to relate to *existing* staff rather than the hiring of new staff.

As for the increased grant dollars, Mary said MSDE is "delighted." They hope to offer the grant funding to a larger number of SBHC, and would like to work with CASBHC on recommendations to this end.

Rachael Faulkner stressed the MASBHC's interpretation of the "primary contact employee" language was that new positions be funded out of the additional $6.5 million. Del. Cullison also emphasized that the legislative intent was for two additional positions, something she communicated clearly in her discussions with committee chairs. She offered her assistance to convey this message to relevant administration officials making determinations about the language. Kate Connor also suggested that CASBHC may weigh in on this.

Lynne Muller said that MSDE's regular annual grant application process was up and running, and said she plans to present it at the April 30 SBHC Administrators meeting. She noted that it is not an RFP process, but rather an "application," since the same group of sponsors are eligible year after year.

Kate Connor asked whether applicants and MSDE might begin to plan for an expanded process "just in case" the additional funding becomes available in July. Mary Gable responded that legally MSDE can only release an RFP if funding is secure.

Joy Twesigye asked whether the COVID-19 crisis presents an opportunity to rethink the SBHC grant model. Arethusa Kirk echoed that schools are already playing a new role in community food distribution and wondered whether SBHCs might pivot to a larger role in COVID-19 response such as in a future mass vaccination campaign.

Kate Connor suggested MSDE undertake a statewide needs assessment to inform its grant-making process, particularly as schools transition to a "new normal."

10:20 AM Agency Update: Survey and Standards Update (Mary Gable and Lynne Muller)

Lynne Muller said MSDE plans to release the new survey by early May. The release will include a webinar to help SBHCs complete the survey. Data from 2018-2019 will be collected to the best of SBHC abilities. Then, later in the year, the 2019-2020 survey would be distributed.

Mary Gable said MSDE is preparing a job description for someone to update the standards. In order to move expeditiously, this person would need to come from another agency. Del. Cullison asked about the work CASBHC's QBP workgroup began with the SBHC Administrators related to the Standards. Lynne said this information is helpful, but it is just one piece that needs to be considered in the new standards.

Joan Glick and Patryce Toye asked why MASBHC isn't eligible to do this work. Lynne said certain legal and procurement restrictions led to a determination that MASBHC could not work on this.

10:40 AM Break

10:45 AM Discussion re: SBHC role during pandemics (Kate Connor)

Kate Connor led a discussion about the role SBHCs are playing, and could play, during the COVID-19 crisis. She walked Council members through a table the SIF workgroup prepared that begins to catalogue the resources that SBHCs can bring to the crisis, both in terms of continuity of care and in direct response.

Alicia Mezu noted that MSDE has asked SBHCs to tell MSDE what they currently are doing.

Dorchester responded that they are doing mental and somatic health services via telehealth, but that they were challenged in providing contraceptive services. Baltimore County responded that all SBHC clinics closed, and providers are working with health department doing intake, clinic screenings, and potentially testing. Baltimore County also reported challenges in communicating with students privately regarding ongoing family planning and pending lab screening. Kate replied that KIPP in Baltimore is providing continuity of care via video and telephone, and that Joanie Glick would say the same for Montgomery County.

Kate Connor introduced medical student Nicole Mair, who is preparing a survey to SBHCs to find out what they currently as doing. This work will help to inform potential CASBHC recommendations related to COVID-19 and future public health emergencies. Lynne urged that this work be coordinated with the QBP workgroup's proposed EMR survey, so as to avoid survey fatigue.

Kate Connor said that pediatric practices are trying to restrict their offices only to patients under the age of two for vaccines.

Rick Robb noted that some SBHCs are doing a good job of reaching out to provide mental health services.

Due to the lack of time, Kate Connor proposed forming an ad-hoc workgroup on pandemic recommendations. Members are encouraged to reach out to Kate, Mark, and Lorianne if they are interested in being part of this.

11:25 AM Workgroups Update

Data Workgroup (Chair: Joy Twesigye). The Data workgroup is focused on big picture data infrastructure technology. This may influence the SBHC standards. This work may also dovetail with the behavioral health Consortium's mandate to develop and analyze metrics.

QBP Workgroup (Co-Chairs: Patryce Toye and Jean-Marie Kelly). The QBP workgroup's top priority is the standards revision. Next, the group wants to investigate measuring quality scores, and as such is working on the EMR survey.

SIF Workgroup (Chair: Maura Rossman is occupied with COVID; Kate Connor is filling in). The SIF workgroup put together recommendations related to the Diabetes Action Plan, but these are now low priority. The SIF group views the COVID-19 response as another opportunity to demonstrate the value of SBHC integration into the bigger state public health infrastructure, and will work with the ad-hoc group to continue to formulate SBHC pandemic recommendations. SIF will now place a priority on ensuring

the primary contact employee positions are new PINs, and that standards updates and a statewide needs assessment be conducted in concert with the increase in SBHC grant funding.

11:35 AM Adjourn
Kate Connor adjourned the meeting at 11:35 AM.

The Blueprint for Maryland's Future:
Key Provisions of Interest for CASBHC

1. SBHC Grant Funding. The legislation increases grant dollars for MSDE's existing school-based health center grant program. This funding will be available for both existing SBHCs and new SBHCs. Beginning in FY 2021, the total funding level will rise to $9 million per year from the current $2.5 million per year. MSDE retains discretion on how to award this money.

2. Agency Staffing. MSDE and MDH must each designate a "Primary Contact Employee" for SBHC matters. Contact employees are to provide technical assistance to new and existing SBHCs and to coordinate efforts with the other agency. The provision was added an amendment by Del Cullison, based on her SBHC Ombudsmen bill. The intent is to ensure additional staffing and better coordination between agencies.

3. Concentration of Poverty Grants. Under the legislation, high-poverty schools will receive special grant funding and become Community Schools. Community Schools must provide full-time coverage by at least one health care professional. Each Community School must conduct a needs assessment to determine the physical, behavioral, and mental health needs and wraparound service needs of students, families, and communities. Among the wraparound services a Community School may consider is the establishment or expansion of SBHCs. In other words, Concentration of Poverty Grants *may* be used to support SBHCs, but this depends on the school.

4. Behavioral Health Consortium. The legislation creates a new Consortium on Coordinated Community Supports, related to behavioral health. It has 20 members, representing a variety of organizations, one of whom would be a member of CASBHC appointed by the CASBHC Chair. Like CASBHC, it will be staffed by CHRC. Technical Assistance will be provided by the National Center for School Mental Health at UMB. The Consortium shall:

- develop a framework for the creation of Coordinated Community Supports Partnerships (CCSP) to provide services to meet students' behavioral health needs;
- design a model involving reimbursement, hospital community benefit, and other financial footing for such services;
- establish and implement a CCSP grant program to deliver services;
- develop best practices for a positive classroom environment;
- evaluate relevant regulations related to a positive classroom environment;
- develop accountability metrics coordinated through the Maryland Longitudinal Data Center; and
- use these metrics to guide the development of best practices for CCSPs.

CCSP grant program funding is: $25 million in FY 2022, $50 million in FY 2023, $75 million in FY 2024, $100 million in FY 2025, and $125 million in FY 2026 and beyond.

NOTE: In light of recent economic uncertainties, a provision was added to the bill stipulating that if state revenues drop by 7.5% in a given year, the bill's provisions would be put on hold and increases to education spending would be limited to the rate of inflation.

April 2020

STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

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

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

Monday, July 13, 2020
10:00 AM-1:00 AM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Medical Director, MedStar Family Choice
3. Joy Twesigye, Maryland Assembly on School-Based Health Care | Bureau of School Health, Baltimore City Health Department
4. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
5. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
6. Sean Bulson, Public Schools Superintendents Association of Maryland | Harford County Public Schools
7. Jennifer Dahl, Commercial Health Insurance Carrier | Credentialing Coordinator, CareFirst
8. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
9. Kelly Kesler, Parent/Guardian of student who receives SBHC services | Director, Howard County Local Health Improvement Coalition
10. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan

Ex Officio

6. Del. Bonnie Cullison, Ex Officio Member | Maryland House of Delegates, District 19 (Montgomery County)
7. Sen. Clarence Lam, Ex Officio Member | Maryland State Senate, District 12 (Howard & Baltimore City)
8. Mary Gable, Ex Officio Member | Assistant State Superintendent, MSDE
9. Cheryl De Pinto, Ex Officio Member | Director, Population Health, MDH
10. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange
11. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
12. Lorianne Moss | CASBHC Staff

Public

1. Benjamin Wolff, Medicaid Provider Services, MDH
2. Alicia Mezu, MSDE
3. Kristi Peters, MSDE
4. Lynne Muller, MSDE
5. Scott Tiffin, Chief of Staff, Office of Sen. Lam
6. Pam Kasemeyer, Managing Partner, Schwartz, Metz, and Wise, PA
7. Rachael Faulkner, Director, Public Policy Partners
8. Nolan O'Dowd, MedStar Family Choice
9. Evie Frankl
10. Nicole Mair, University of Maryland Baltimore Medical School

10:00 AM Roll-Call (Lorianne Moss)

10:10 AM Minutes from April 14, 2020 meeting

Cathy Allen moved to approve the April meeting minutes. Jean-Marie Kelly seconded the approval. There were no oppositions or abstentions. The meeting minutes were approved.

10:15 AM Legislative Update

Del. Cullison stated that the legislature has been focused on the COVID-19 pandemic and the State budget. The Kirwan/Blueprint for Maryland's Future education reform legislation was vetoed by the Governor. A special session is unlikely. The legislature is not expected to reconvene until January.

Sen. Lam added that the outlook for reconvening in January is also uncertain. He is a member of the Joint COVID-19 Response Legislative Workgroup, which meets every other week.

The Council discussed the veto of the Kirwan/Blueprint legislation, which had contained several provisions important for the Council's work. Legislators restated their commitment to the bill, noting that it may be modified in any future iteration. Kate Connor observed that the COVID-19 pandemic highlights more than ever the need to bolster health care in schools, as the legislation aimed to do. Cheryl De Pinto suggested that future work on the Kirwan bill apply more of a public health perspective. Sen. Lam agreed that policies should seek to better integrate SBHCs into the work of Local Health Departments, including through information sharing. Kate Connor suggested that the draft Pandemic Recommendations being developed by CASBHC could help to focus this work.

10:30 AM Agency Updates: Annual Survey and Standards Revision (Mary Gable)

Mary Gable and Lynne Muller briefed the Council on MSDE's efforts to hire an outside contractor to revise the SBHC standards. The RFP has been approved and entered into the system. It now awaits action by MSDE's Procurement Office. MSDE staff will notify the Council when the procurement is posted. MSDE intends for a contractor to be hired and the work to begin in late August, with a goal of completing the work by December, at which point MSDE will review the contractor's proposal.

Del. Cullison urged MSDE to plan for on-going revisions after this effort is completed. Jean-Marie Kelly applauded MSDE's steps forward on the standards. Kate Connor thanked the QBP workgroup, led by Jean-Marie Kelly and Patryce Toye, for its efforts on the standards.

Mary Gable and Lynne Muller told the Council that the updated annual survey of SBHCs has been released to Administrators. Because it took two years to update and reformat the survey, this version requests data from the 2018-2019 school year. The deadline for completion of the survey has been extended to September or October, since school buildings are closed. After this survey has been completed, Administrators will be asked to fill out the survey for the 2019-2020 school year, which also will be completed in the fall.

Kate Connor commended MSDE for putting out the survey and asked about the plan for sharing results and data with stakeholders. Lynne Muller suggested MSDE may be prepared to share reports generated by the survey at the SBHC Administrators meeting in spring 2021. Del. Cullison suggested MSDE utilize the Department of Information Technology (DoIT) to streamline their data analysis.

10:40 AM Agency Updates: Financial Sponsorship regulatory change (Ben Wolff)

Ben Wolff briefed the Council on Maryland Medicaid's plans for updating Maryland regulations to permit Medicaid reimbursement for different kinds of SBHC sponsors, as required by HB 409. The plan is to add two additional provider types: Physician Groups and Nurse Practitioner Groups. The effect of this change would be to allow hospitals and others to be SBHC sponsors, as they would bill Medicaid through these kinds of groups. The draft regulations are being put together now, with a notice of proposed action in the next couple weeks. Maryland Medicaid also will need to modify its enrollment system.

Cheryl De Pinto said that MDH had recommended certain safety net criteria for SBHC sponsors. Ben Wolff responded that such criteria would be out of place in Medicaid regulations. Because there are no other COMAR regulations around SBHCs, Lynne Muller and Cheryl De Pinto discussed including these provisions in the SBHC standards. Ben Wolff suggested that SBHCs should have COMAR regulations apart from Medicaid. Del. Cullison said she may look into this, and Rachael Faulkner suggested the 2019 Kirwan bill as a possible statutory basis for such regulations. Kate Connor reminded participants that the Council submitted a letter last year with recommendations regarding SBHC sponsorship, and offered to provide additional feedback and assistance if needed.

11:00 AM Agency Updates: Telehealth (Cheryl De Pinto and Mary Gable)

Kate Connor asked Cheryl De Pinto and Mary Gable to discuss issues surrounding SBHCs transitioning to telehealth due to COVID-19 closures. Cheryl De Pinto said that expanded authorities and reimbursement for telehealth will continue until 30 days after the end of the Governor's State of Emergency.

Mary Gable said that in a non-COVID situation, authorization for telehealth for SBHCs requires a simple check list and a site visit. Lynne Muller said that MSDE did not deny any SBHC that wished to transition

to telehealth authorization to do so. Cheryl De Pinto discussed different models for telehealth. Kate Connor observed that the different types of telehealth and different approval processes for different situations had led to some confusion among SBHC administrators and sponsors. Rachael Faulkner noted that FQHCs were able to switch to telehealth without additional hurdles, and that MDH has provided clear guidance on telehealth. Behavioral health services also were able to switch to telehealth with relative ease. She said MSDE has not provided guidance on telehealth for SBHCs, and that many questions remain.

11:20 AM Discussion of Pandemic Recommendations (Kate Connor)

Kate Connor began a discussion of recommendations the Ad-Hoc Pandemic Workgroup has developed related to SBHCs and school closures/public health emergencies.

Cheryl De Pinto raised concerns about the document's recommendations related to continuity of care, noting that different sponsor types have different abilities. Joy Twesigye and Joanie Glick discussed some of the unused capabilities of their SBHCs potentially to provide care despite closures.

Mary Gable raised concerns about the document's recommendations related to allowing building access for SBHCs. Lynne Muller and Mary Gable raised concerned about the document's recommendations related to telehealth, particularly ambiguity about whether these recommendations intended to address telehealth authorization only during emergencies, or also during normal operations.

11:40 AM Break

11:45 AM Continued discussion of Pandemic Recommendations (Kate Connor)

Cathy Allen suggested modifications to the document's telehealth section to address some of the Agencies' concerns. Kate Connor and Cheryl De Pinto summarized some of the previous discussion about different kinds of telehealth requiring different steps for authorization. Del. Cullison and Patryce Toye suggested that this should be clarified for SBHCs. Sean Bulson observed that the issue may have been one of perceived rather than actual barriers to telehealth, and a lack of clarity as to when additional authorization is needed and when it is not.

Regarding building access, Cathy Allen suggested that SBHCs with external entrances might be more conceivable for use during school closures than those that do not have separate entrances. Patryce Toye stressed that, moving forward, there should be a plan in advance as to how school buildings could be accessed by SBHCs in the event of closures. Sean Bulson said that local superintendents will want to have a say regarding building access of SBHCs, and observed that SBHC operations may be a worthy exception to building closure rules, akin to kitchen use. Joanie Glick added that Special Education services also have been permitted in otherwise closed school buildings.

Kate Connor summarized the conversation and told Council members she will distribute a modified version of the Pandemic Recommendations document for electronic vote.

12:30 PM Workgroups Update

QBP Workgroup (Co-Chairs: Patryce Toye and Jean-Marie Kelly). The QBP Workgroup's top priority has been the standards revision, and the workgroup is delighted that MSDE is making progress on hiring a contractor. Now, the group is beginning to look to a future state when SBHCs will be able to provide electronic quality measures. The Workgroup has developed a brief questionnaire to assess readiness for such measures, focusing on electronic medical records. Lynne Muller said the questionnaire is short and focused and will not add to "survey fatigue" among SBHC administrators. Once the questionnaire is complete, the Workgroup intends to turn these findings into recommendations about infrastructure and communications related to quality measures.

Data Workgroup (Chair: Joy Twesigye). The Data Workgroup intends to build upon MSDE's updated SBHC survey by looking into platforms to host and ultimately analyze the data. After several webinars with experts, the Workgroup is considering the capabilities of Maryland's Open Data Portal, which many state agencies already use. The Workgroup needs to work through some details and hopes to have recommendations prepared for the full Council's next meeting. Cheryl De Pinto said MDH has worked with Open Data Portal. Del. Cullison said that DoIT is a valuable resource and should be utilized. She urged that cost not stand in the way. Lynne Muller agreed that cost should not be prohibitive.

SIF Workgroup (Chair: Maura Rossman is occupied with COVID; Kate Connor is filling in). Earlier this year, the SIF Workgroup put together recommendations related to the State's Diabetes Action Plan, as an example to shed light on the bigger issue of SBHC integration into public health systems. Kate Connor will circulate those recommendations for comments and an electronic vote after the meeting.

Having completed its work on the Pandemic Recommendations, the SIF Workgroup now is taking up the issue of information sharing, using COVID-19 test results as an example. The workgroup had a good discussion with Marc Rabner about CRISP capabilities to this end, and may reach out to other Workgroups to draw on their expertise as the work continues.

1:00 PM Adjourn

Kate Connor adjourned the meeting at 1:00 PM.

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

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

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

Thursday, October 22, 2020
2:00 PM-5:00 PM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Medical Director, MedStar Family Choice
3. Joy Twesigye, Maryland Assembly on School-Based Health Care | Bureau of School Health, Baltimore City Health Department
4. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
5. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
6. Jennifer Dahl, Commercial Health Insurance Carrier | Credentialing Coordinator, CareFirst
7. Dr. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics Member | Pediatrician, Dundalk Pediatric Associates
8. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
15. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan
16. Rick Robb, Secondary School Principal with SBHC | Principal, Patuxent Valley Middle School
17. Maura Rossman, Maryland Association of County Health Officers Member | Local Health Officer, Howard County

Ex Officio

13. Del. Bonnie Cullison, Ex Officio Member | Maryland House of Delegates, District 19 (Montgomery County)
14. Sen. Clarence Lam, Ex Officio Member | Maryland State Senate, District 12 (Howard & Baltimore City)
15. Mary Gable, Ex Officio Member | Assistant State Superintendent, MSDE
16. Cheryl De Pinto, Ex Officio Member | Director, Population Health, MDH

17. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange
18. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
19. Lorianne Moss | CASBHC Staff

Public

20. Lynne Muller, MSDE
21. Alicia Mezu, MSDE
22. Kristi Peters, MSDE
23. Scott Tiffin, Chief of Staff, Office of Sen. Lam
24. Chris Daniels, Office of Sen. Lam
25. Pam Kasemeyer, Managing Partner, Schwartz, Metz, and Wise, PA

2:00 PM Roll-Call

2:05 PM Minutes from July 13, 2020 meeting (Kate Connor)

Cathy Allen requested page one of the minutes be corrected to say 1:00 PM rather than 1:00 AM. Cheryl De Pinto requested the spelling of her name be corrected throughout.

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

2:10 PM Council Processes and Procedures (Kate Connor)

Kate Connor described new procedures to ensure review of documents prior to Committee meetings in order to make meetings more efficient.

1. Recommendations developed by workgroups will be circulated to Council members two weeks prior to Council meetings.
2. Council members are requested to provide written feedback within one week of receiving these materials.
3. Workgroup chairs and Council leadership will incorporate this feedback as appropriate.
4. Final recommendations will be circulated to Council members at least 48 hours prior to the meeting.
5. During Council meetings, voting and ex-officio members will have the opportunity to make comments for the record and raise concerns in order to inform the votes of Council members. Substantive changes beyond clarifications and factual corrections will not be permitted during Council meetings.
6. Pending a motion and second, a vote will be called. Recommendations that are voted down will return to workgroups.

2:15 PM Annual Report Update (Kate Connor and Lorianne Moss)

Kate Connor and Lorianne Moss discussed the Council's 2020 annual report. The report is due to the General Assembly by December 31, but must be approved by MDH first. The aim, then, is to complete the report around Thanksgiving time. The report will include an executive summary with a list of key Council deliverables, a summary of Council activities during 2020, recommendations and planning for 2021, a roster of Council members, Council meeting minutes, and approved recommendations. The

annual report may be considered for a vote at a future Council meeting, or possibly considered by electronic vote.

The report also is required to include several data points about Maryland SBHCs to be provided by MSDE. Because of the survey redesign process, last year's report did not include this data. The goal is for this year's report to include data from the 2018-2019 school year; this will depend on MSDE's ability to complete the survey and extract the needed data. Data from the 2019-2020 survey may be submitted to the legislature as a mid-year addendum.

Delegate Cullison suggested that the annual report stress the Council's recommendations to add dedicated staff for SBHCs at MSDE and MDH, and to increase grant funding for the program.

2:25 PM Pandemic Recommendations Update (Kate Connor and Lorianne Moss)

Kate Connor and Lorianne Moss said that the Council's recommendations related to the role of SBHCs during COVID-19 and other public health emergencies were approved 13-0, as of July 24, by electronic vote. They have been disseminated to relevant agencies and to legislators, and posted on the Council's website. Two ex-officio members, Delegate Cullison and Senator Lam, also had recorded support for the recommendations. Several members, while voting in favor of the recommendations, also had requested that the Council continue to work on the issue of telehealth. The Council's Quality and Best Practices Workgroup is continuing this effort.

Delegate Cullison, Kate Connor, and Lorianne Moss presented the recommendations at the Maryland Rural Health Association's virtual conference on Monday, October 19. The conference was an opportunity to highlight both the recommendations and the Council's work. Delegate Cullison observed that the Council helps to demonstrate the value of SBHCs by participating in events which raise awareness of them.

2:30 PM Diabetes Actions Plan Recommendations (Kate Connor)

Kate Connor reminded Council members that the Systems Integration and Funding Workgroup had approved recommendations related to SBHCs and implementation of the State's Diabetes Action Plan prior to COVID-19, but held back in order to allow the Council to focus on activities related to the pandemic. These recommendations are intended to illustrate how SBHCs can be integrated into state level public health goals.

Diana Fertsch asked about the recommendations' omission of endocrinologists. Kate Connor and Patryce Toye responded that the document refers to the statewide Diabetes Action Plan public health initiative, not an individuals' diabetes action plan, which can lead to confusion. Cathy Allen moved that the recommendations be approved with a footnote to reference the State's plan and include the clarification. Patryce Toye seconded the motion. There were no oppositions or abstentions. Ex-officio members Delegate Cullison and Senator Lam also expressed support for the recommendations. The recommendations were approved. Approved recommendations will be circulated to Council members with the added footnote.

2:45 PM Data Platform Recommendations (Kate Connor and Joy Twesigye)

Joy Twesigye shared the Data Workgroup's recommendations for a public facing platform for SBHC data, building upon previous discussions and MSDE's revised survey. Lynne Muller thanked workgroup leadership for modifying its previous draft to emphasize the need for such a strategy to be approved through MSDE's approval processes. Mary Gable committed to moving forward on data, recognizing the hard work of MSDE staff to redesign the annual survey, and observing that it will be easier to talk with MSDE leadership about next steps once they have actual survey data. Rick Robb complimented the document's listing of specific data points that are already public. Delegate Cullison commended the effort to move toward analysis and harvesting of survey data. Kate Connor observed that SBHC administrators provide a lot of data, and will be gratified when they are able to see their data being used.

Cheryl De Pinto observed that the document should refer to the "Open Data Portal" rather than "Open Data Platform." Cathy Allen suggested that the document should spell out the acronym SHIP, which refers to the State Health Improvement Process. Cathy Allen moved that the recommendations be approved with technical corrections related to "Open Data Platform" and "State Health Improvement Process." Rick Robb seconded the motion. There were no oppositions or abstentions. The recommendations were approved. Approved recommendations will be circulated to Council members with the technical corrections.

3:00 MSDE Updates (Mary Gable and Lynne Muller)

Lynne Muller said that the redesigned annual survey for 2018-2019 has been sent to SBHC Administrators and will close on November 1. MSDE will review the data and the survey mechanics, adjusting as necessary, then aims to send the 2019-2020 survey to SBHC Administrators during December. MSDE will try to provide the 2018-2019 data needed for the Council's annual report.

Regarding the procurement of a contractor to work on revising the SBHC standards, Lynne Muller said a second solicitation has been posted, and will close on October 28. This contract would run from November 15 through June 30. Responding to a question from Delegate Cullison, Mary Gable explained that the previous solicitation had resulted in bids that were too high, and applauded the creativity of MSDE staff in modifying the solicitation and identifying other possible sources of funds.

Lynne Muller and Alicia Mezu noted that the SBHC Administrators met on Monday, October 19. News SBHCs may be opening soon, including in Worcester, Somerset, and St. Mary's. Cathy Allen discussed funding concerns surrounding the St. Mary's SBHC project. Mark Luckner observed that the Community Health Resources Commission's 2021 Request for Proposals could be a source of grant funding for SBHCs. Kate Connor said she was glad to see interest in opening additional SBHCs and would like to know what has prompted this interest. Delegate Cullison said these developments highlight the need for additional staff at MSDE and MDH dedicated exclusively to the SBHC program.

3:20 PM Legislative Update (Senator Lam and Delegate Cullison)

Senator Lam said the General Assembly may vote to override the Governor's veto of the Kirwan Blueprint for Maryland's Future education reform bill, which contains provisions to increase central agency staffing and funding for SBHCs. He said several legislators reached out to his office to support the Council's pandemic recommendations. During the upcoming session, he anticipates further legislation on telehealth, particularly regarding reimbursement. Due to COVID-19, the 2021 session will look very different than previous years, with Committee work done mostly online, limits to the

number of bills Senators can introduce, and socially distanced in-person floor sessions that would not occur every day.

Delegate Cullison said that while the House has not set bill limits yet, Delegates have been urged to focus on bills relevant to the COVID-19 pandemic. The House Health and Government Operations Subcommittee, on which she serves, will focus on telehealth. She will continue to advocate for the added staff and funding for SBHCs contained in the Kirwan bill, and will reference the apparently increasing demand for SBHCs. Kate Connor asked Council members to be sure to share the Council's pandemic recommendations with their member organizations in anticipation of the legislative session.

3:30 PM Discussion of Council Structure (Kate Connor and Patryce Toye)

Kate Connor and Patryce Toye said the Council may wish to reconsider the structure of its workgroups in light of several factors. New priorities have emerged for the Council, particularly due to the COVID-19 crisis. Some issues do not fit neatly into a single workgroup. Some Council members have expertise needed for activities in more than one workgroup, which is time-consuming. Patryce Toye said the Council may wish to periodically brainstorm about its top priorities and rethink its structure accordingly. For example, in 2021, the Council may wish to prioritize helping the new SBHCs launch. Kate Connor suggested that another approach could involve the entire Council selecting a priority issue, then splitting it up among the three workgroups.

Cathy Allen said the guiding principles behind the Council's three workgroups are still applicable, and that breakout sessions during in-person meetings had been helpful. Delegate Cullison said that while self-evaluation is beneficial, she felt that the three workgroups still make sense, and wondered whether the issue was lack of time rather than inappropriate structure. Rick Robb suggested taking an inventory of each Council member's expertise. Kate Connor said a vision statement might help to clarify these issues, and that this conversation will continue.

3:55 PM Break

4:05 PM Telehealth Discussion (Kate Connor and Cheryl De Pinto)

Kate Connor reminded Council members that the Ad-Hoc Pandemic Workgroup had included specific recommendations related to telehealth in its earlier draft of the pandemic recommendations. Further discussion revealed that these recommendations needed to better align with existing practices. As a result, the telehealth recommendations ultimately approved in the Council's pandemic recommendations were broad. The Council's Quality and Best Practices Workgroup then began a more thorough effort to review documents, including MASBHC's policy statement, and to meet with stakeholders regarding telehealth use by SBHCs. The workgroup has prepared a document for this meeting to help Council members understand its thought process. Because legal and regulatory questions are still outstanding, this document will not be brought for a vote.

Cheryl De Pinto said that both agencies recognize the importance of telehealth for SBHCs. She explained the current telehealth approval process, which involves a checklist. While telehealth exists in various forms, involving different locations for originating (patient) and rendering (provider) sites, the model of home-to-home telehealth services presents the greatest concern, in part because of restrictions related to Medicaid reimbursement. MDH and MSDE are working with their Attorneys General to address agency concerns about safety and liability.

Kate Connor noted that home-to-home telehealth was not envisioned when the SBHC telehealth checklist was developed. Diana Fertsch discussed her practice's positive experience with telehealth. She added that children are struggling because they are not in school due to the pandemic, and urged that progress be made to reach SBHC patients via telehealth. Cheryl De Pinto agreed with this concern for children, and said the agencies are moving quickly to approve telehealth that involves the school as either the originating or rendering site. She acknowledged a communication disconnect between the agencies and SBHC administrators regarding the steps needed to authorize telehealth. She said a recent test with Worcester County revealed their equipment was not functioning, and that this demonstrates the need for continued agency oversight.

Joanie Glick stressed that home-to-home telehealth is the central issue for Montgomery County, because neither children nor SBHC staff are permitted in school buildings. Medicaid reimbursement is not a primary concern because the highest need children are uninsured. SBHCs in Montgomery County have been able to call patients, but would like to use video technologies. She said Montgomery County uses models of telehealth not covered by the workgroup's vision document.

Patryce Toye urged that barriers to home-to-home telehealth be resolved expeditiously, because COVID-19 cases have been on the rise and schools may be closed again by January. Cheryl De Pinto responded that the agencies hope to have an answer from their AGs by early next week, which may entail simply some additional procedures and consent for home-to-home telehealth.

Delegate Cullison observed that the agencies seem to view their oversight as relating to the school building rather than to the practitioners or to the SBHC as a medical practice. She said telehealth will continue to be important after schools reopen due to student absences. Diana Fertsch observed that in her practice, all telehealth visits begin with an explanation of the visit and consent to telehealth services. Billing relates to the originating site, not the rendering site. Joanie Glick said telehealth should not be viewed as a programmatic change, like adding a different service such as dental services, but rather as the same services provided through a different process, and therefore should not require additional authorization. Telehealth involving specialized equipment may require additional oversight, she added. Rick Robb noted that in his school, telehealth is being used for mental health services but not for somatic. Kate Connor said that the rendering location should not matter, because regardless of whether she is working at home or in her school's SBHC, no state agency is directly observing her.

Patryce Toye asked Joanie Glick to share with the workgroup the additional models of telehealth utilized in her jurisdiction. Kate Connor said the Council looks forward to learning the response from the AGs.

5:00 PM Adjourn

Kate Connor adjourned the meeting at 5:00 PM.