MARYLAND
Department of Health

MCHRC
Maryland Community Health Resources Commission

Council on Advancement of School-Based Health Centers

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

December 2017

Larry Hogan
Governor

Boyd Rutherford
Lieutenant Governor

Dennis R. Schrader
Secretary of Health

Dr. Allan Anderson, Chair
Community Health Resources Commission

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

Barbara Masiulis, 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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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. In 2017 the Council moved its administrative operations from the Maryland State Department of Education (MSDE) to the Community Health Resources Commission, an independent commission operating within the Maryland Department of Health (MDH).

The Council made important progress on its mission in 2017. Key accomplishments include –

1. **The Council elected its Chair and Vice Chair.** The Council is chaired by Dr. Katherine Connor, who serves as the Medical Director of the Johns Hopkins Rales Health Center at KIPP Baltimore. Barbara Masiulis, Supervisor of the Office of Health Services at Baltimore County Public Schools, serves as Vice Chair.

2. **The Council made consistent progress on stated goals.** In 2016, the Council established three workgroups: Data Collection and Reporting (Barbara Masiulis, Chair), Systems Integration and Funding (Uma Ahluwalia, Chair), and Quality and Best Practices (Jean-Marie Kelly, Chair). These workgroups began meeting regularly in 2017 and provide infrastructure for the Council's work.

3. **The Maryland Department of Health released two resources to assist School-Based Health Centers with billing and reimbursement from Medicaid and private insurance.** In 2017, MDH distributed a manual to local health departments and SBHC-sponsoring organizations. The separate Medicaid SBHC billing manual contains information relevant to all SBHCs participating with Medicaid, including updates to help SBHCs conform billing procedures with current state and federal policy. In 2018, the Council is planning to coordinate technical assistance for School-Based Health Centers on the use of these manuals.

4. **The Maryland State Department of Education made a change to its SBHC application process in response to a Council recommendation.** MSDE revised the grant application and grant process to assure that grant awards were received in a timely manner and included language about funding being contingent on appropriations. The Council will continue to work with MSDE on further refinements to the application process.

5. **The Council is identifying key outcome measures in the areas of service utilization, cost savings, educational outcomes, and financial practices.** The Council will recommend that these outcome measures be used to refine data metrics in MSDE's annual SBHC survey.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2018. For more information about the Council, please contact Mark Luckner, Executive Director of the Community Health Resources Commission and staff to the Council, at (410) 260-6290.

Council on Advancement of School-Based Health Centers
Health – General § 19-22A-05
2017 Annual Report

I. Council Activities in 2017

Legislative Update. Chapter 199 of the Acts of 2017 (HB 221) transferred the Council from the Maryland State Department of Education (MSDE) to the Community Health Resources Commission (CHRC), an independent commission operating within the Maryland Department of Health. The Council's membership (Health–General § 19–22A–03) and statutory responsibilities (Health–General § 19–22A–05) were not altered by the legislation.

Mission. The Council's purpose is 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. Barbara Masiulis, Supervisor of the Office of Health Services at Baltimore County Public Schools, serves as Vice Chair. The Council meets 3-4 times annually. Workgroups, meet more regularly, approximately every 1-2 months.

Appointments. Fourteen of the Council's 15 appointed seats are currently filled or in the process of being filled. The Council is working on recruiting a parent or guardian of a student who utilizes services at a School-Based Health Center to fill the last slot. A roster of Council members is included at the end of this report.

Council Meetings. The Council met three times in 2017. At its April meeting, the Council received a legislative and regulatory update and a presentation on billing; the workgroups developed 3-5 major priorities to work on throughout the year. At its September meeting, the Council developed a planning grid (included in Appendix 2), which is a new tool to track Council short- and long-term deliverables. At its November meeting, the Council received a presentation from the School-Based Health Alliance and discussed recommended changes to MSDE's annual SBHC survey. Meeting minutes are included in Appendix 3.

Data Collection and Reporting Workgroup. The Data Collection and Reporting Workgroup is chaired by Barbara Masiulis, the Council's Vice Chair. A major focus of the workgroup in 2017 was on recommending changes to MSDE's annual survey of School-Based Health Centers. To inform its recommendations, the workgroup reviewed the literature on SBHC outcomes and identified key performance measures for Maryland programs.

The workgroup also conducted a cross-walk of MSDE's survey with a one conducted nationally by the School-Based Health Alliance; the cross-walk informed the workgroup's

recommendations about which MSDE questions to keep, alter, and eliminate so that the survey better captures the impact of SBHCs on the performance of students they serve. The workgroup plans to continue to collaborate with MSDE in order for the revised survey to be completed within 12 months. A full report of the Data Collection and Reporting Workgroup is included in Appendix 4.

Systems Integration and Funding Workgroup. The Systems Integration and Funding Workgroup is chaired by Uma Ahluwalia, Director of the Montgomery County Department of Health and Human Services. It is working on a number of fronts to streamline and improve financial sustainability for SBHCs. Funding is currently available through grants from several sources, including MSDE, MDH, and CHRC. The workgroup is focused on identifying and recommending strategies for SBHCs to diversify funding. In 2017, the Maryland Department of Health released two resources to assist School-Based Health Centers with billing and reimbursement from Medicaid and private insurance. In 2018, the workgroup will lead efforts to coordinate technical assistance for School-Based Health Centers on the use of these resources.

The workgroup mapped and reviewed in detail the SBHC application processes for approval and funding. Two initial changes were implemented in response to this review: (1) the Maryland State Department of Education revised the grant application and grant process to assure that grant awards were received in a timely manner and included language about funding being contingent on appropriations; (2) the Maryland State Department of Education and the Maryland Department of Health will add an application and review period mid-year, to allow time for new School-Based Health Centers to open in time for the start of school. A full report of the Systems Integration and Funding Workgroup is included in Appendix 5.

Quality and Best Practices Workgroup. The Quality and Best Practices Workgroup is chaired by Jean-Marie Kelly, Community Benefits Coordinator at Union Hospital of Cecil County. It was constituted in September and held one meeting in the fall of 2017. The workgroup will study and recommend quality measures to be adopted in Maryland, with careful attention to those recommended by the School-Based Health Alliance. It will also develop a list of questions to ask other states about how they are able to collect data and report on quality measures. A full report of the Quality and Best Practices Workgroup is included in Appendix 6.

Planning Grid. The Council developed a 2017-2018 Planning Grid, which is a new tool to organize the work of the Council and its workgroups, and track activities, recommendations, and deliverables over time. The grid includes rows for each of the Council's mandated responsibilities and commitments, and columns for activities that have been completed, and those planned for the next six to 12 months. The grid also assigns each responsibility to a workgroup. The Council will review the grid at each meeting to track progress. The Planning Grid is in Appendix 2.

Key accomplishments in 2017 include –

1. **The Council elected its Chair and Vice Chair.** The Council is chaired by Dr. Katherine Connor, who serves as the Medical Director of the Johns Hopkins Rales Health Center at

KIPP Baltimore. Barbara Masiulis, Supervisor of the Office of Health Services at Baltimore County Public Schools, serves as Vice Chair.

2. **The Council made consistent progress on stated goals.** In 2016, the Council established three workgroups: Data Collection and Reporting (Barbara Masiulis, Chair), Systems Integration and Funding (Uma Ahluwalia, Chair), and Quality and Best Practices (Jean-Marie Kelly, Chair). These workgroups began meeting regularly in 2017 and provide infrastructure for the Council's work.

3. **The Maryland Department of Health released two resources to assist School-Based Health Centers with billing and reimbursement from Medicaid and private insurance.** In 2017, MDH distributed a manual to local health departments and SBHC-sponsoring organizations. The separate Medicaid SBHC billing manual contains information relevant to all SBHCs participating with Medicaid, including updates to help SBHCs conform billing procedures with current state and federal policy. In 2018, the Council is planning to coordinate technical assistance for School-Based Health Centers on the use of these manuals.

4. **The Maryland State Department of Education made a change to its SBHC application process in response to a Council recommendation.** MSDE revised the grant application and grant process to assure that grant awards were received in a timely manner and included language about funding being contingent on appropriations. The Council will continue to work with MSDE on further refinements to the application process.

5. **The Council is identifying key outcome measures in the areas of service utilization, cost savings, educational outcomes, and financial practices.** The Council will recommend that these outcome measures be used to refine data metrics in MSDE's annual SBHC survey.

II. Council Recommendations and Planning for 2018

Chapter 417 of the Acts of 2015 requires the Council to report on the following items. This section of the report also includes Council recommendations and planned activities for 2018.

The number and location of SBHCs that are not colocated within behavioral health services.

2016-2017 SBHC Data. There were 83 School-Based Health Centers operating during the 2016-2017 school year in Maryland. Summary statistics are provided in the table below, and these data are broken out by jurisdiction in Appendix 1.

Measure	**Total**
Students Enrolled	**41,348**
Visits	**65,144**
Somatic Care	42,513
Behavioral Health	19,328
Dental	2,156
Case Management or Other	1,147
SBHCs – All Levels	**83**
Level 1*	52
Level 2**	14
Level 3**	17
* Not colocated with Behavioral Health	
** Colocated with Behavioral Health	

MSDE Annual Survey. The data points above are collected through MSDE's annual SBHC survey and are illustrative of the type of information the survey provides. The current survey focuses on identification of operational activities rather than outcomes; the Council has determined that outcome data are preferable because they allow for analysis of program impact. For this reason, the Council is recommending revisions to the survey, which include incorporation of key performance measures, in the areas of health care utilization, cost savings, educational outcomes, and financial practices.

The Council recognizes that the revised survey will require more work by SBHCs to complete, so Council representatives plan to meet regularly with the School-Based Health Center Administrators to explain the new survey and find out how the Council can best support the Administrators so they can complete it. Council representatives will also work with MSDE to acquire or develop the appropriate technology to back up the survey, cut down on completion time, pre-populate information that is contained in other data sources, and address other concerns.

Recommendations on the streamlining of the existing process for the review and approval of new School-Based Health Centers, including the Maryland Medical Assistance Program enrollment process for SBHCs.

Application Process. In 2017 the Council recommended that there be more than one submission period for new SBHC applications. This would allow review and approval of the application prior to the new school year. MSDE has agreed and changed their process for the current fiscal year. As a next step, the Council plans to obtain information about funding sources and budget components covered by MSDE and other funders. This information will inform recommendations, if any, about changes to the relationship between funding and oversight.

Sponsorship Models. School-Based Health Centers are typically supported by a sponsor organization, which provides management and infrastructure; e.g., by employing staff, providing medical and IT equipment, and billing health insurers. Examples of potential sponsors include federally-qualified health centers, local health departments, and general clinics. The Council is carefully reviewing sponsorship models for School-Based Health Centers, with a 12-month goal of making recommendations for streamlining the application process, and potential changes to sponsorship requirements, if appropriate.

To this end, in 2017 the Council reviewed and provided input on Medicaid regulations (COMAR 10.09.76.03) related to sponsorship models of School-Based Health Centers and has completed a request to the School-Based Health Alliance for data regarding sponsorship nationally. These data will inform the recommendations and provide information about optimal approaches to data sharing between SBHCs, MCOs, and Medicaid for panel management and assessment of costs and savings.

Recommendations on the expansion of the scope of existing SBHCs by MSDE and MDH.

Behavioral Health. The Council reviewed the existing processes at MSDE and MDH. In 2017 the Council focused specifically on behavioral health, given the high needs in Maryland schools (e.g., 45% of SBHC visits were for behavioral health during the 2016-2017 school year). Over the first half of 2018 the Council will: 1) ascertain whether SBHCs know about use and access to Behavioral Health Intervention in Pediatric Primary Care (BHIPP), a statewide consultation service; 2) understand local and national approaches to integration of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to address substance use; and 3) determine to what extent SBHCs have, or have direct access to, psychiatric care.

Primary Care. The Council is interested in enhancing communication, coordination, and integration of School-Based Health Centers with primary care practices and networks. As a first step, the Council plans to understand and map any regulatory or logistical barriers SBHCs face in communication with their patients' medical homes. Based on this information the Council will develop an advocacy agenda that supports integration into primary care networks.

Outreach and Enrollment. SBHCs' impact and sustainability are enhanced when a majority of students enrolled in the school are enrolled in the SBHC. The Council plans to understand and map any regulatory barriers to communication about and enrollment in SBHCs within schools and will develop an advocacy agenda to support outreach and enrollment activities into SBHCs.

Recommendations on the identification and elimination of barriers for managed care organizations to reimburse for services provided by SBHCs.

Listening Tour. The Council intends to systematically identify barriers perceived by SBHCs and stakeholders for efficient administration of a comprehensive SBHC system. To that end, the Council is developing a list of key stakeholders to engage on a "listening tour," to be conducted in 2018. The purpose of the listening tour is for these stakeholders to identify barriers; this will provide the Council with the necessary information to frame recommendations for the elimination of these barriers.

Billing Manual. One way to eliminate barriers is through more effective billing practices. The Council will support financial sustainability of SBHCs, including through diversification of their funding streams beyond grants. To that end, the Council recommends that School-Based Health Centers receive training on two resources developed by the Maryland Department of Health to assist School-Based Health Centers with billing and reimbursement from Medicaid and private insurance.

Recommendations on health reform initiatives under the Maryland Medicare waiver and patient-centered medical home initiatives.

Patient-Centered Medical Homes. The Council is closely monitoring health care reform initiatives under the Maryland Medicare waiver and other advanced payment models. In some other states, SBHCs are designated as patient-centered medical homes. The Council is looking at ways SBHCs might integrate better into the patient-centered medical home model. By the end of 2018, the Council plans to understand the new patient-centered medical home recognition program developed by the National Committee for Quality Assurance (NCQA), so it can make specific recommendations.

Community Collaboration. In the first half of 2018, the Council will also meet with the Maryland Chapter of the American Academy of Pediatrics to discuss experience with and plan collaboration with community clinicians.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2018. For more information about the Council, please contact Mark Luckner, Executive Director of the Community Health Resources Commission and staff to the Council, 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)

Barbara Masiulis, Vice Chair
School-Based Health Center
(Office of Health Services, Baltimore County Public Schools)

Uma Ahluwalia
School-Based Health Center (Montgomery County Dept. of Health and Human Services)

Jean-Marie Kelly
Maryland Hospital Association (Union Hospital of Cecil County)

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

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

Jennifer Dahl
Commercial Health Insurance Carrier
(CareFirst)

Angel Lewis
Secondary School Principal of a School with an SBHC (Claremont High School)

John B. Gaddis
Public Schools Superintendents Assn. of Md.
(Somerset County)

Sharon Morgan
Md. Assn. of Elementary School Principals
(Flintstone Elementary School)

Nicole A. Johnson
Maryland Assembly on School-Based Health Care

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

Ex Officio Members

Senator Richard Madaleno
Maryland State Senate

Delegate Bonnie Cullison
Maryland House of Delegates

Dr. Cheryl DePinto
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

Dr. Howard M. Haft
Acting Executive Director, Maryland Health Benefit Exchange

Mark Luckner
Executive Director, Maryland Community Health Resources Commission

Appendix 1.

Council on Advancement of School-Based Health Centers
2016-2017 School-Based Health Center Data

Table 1. SBHC Programs and Students, 2016-2017

	SBHC Programs	Students Enrolled	Unique Students	Males Served	Females Served
Baltimore County	14	3,760	1,469	835	634
Caroline	9	4,217	1,881	899	982
Dorchester	4	1,758	745	290	455
Frederick	1	293	293	151	142
Harford	5	1,865	379	208	171
Howard	8	2,355	495	261	234
Montgomery	13	16,183	2,800	1,425	1,375
Prince George's	4	1,886	1,631	638	993
Somerset	1	494	494	274	220
Talbot	4	1,878	1,112	527	585
Washington	2	684	458	160	298
Wicomico	2	283	218	85	133
Baltimore City	16	5,692	2,922	1,349	1,573
TOTALS	83	41,348	14,897	7,102	7,795

Source: Maryland State Department of Education, 2016-2017 SBHC Survey (Preliminary Data)

Table 2. SBHC Services by Type, 2016-2017

	Total Visits	Somatic Visits	Mental Health	Dental Visits	Substance Abuse	Case Mgt or Other
Baltimore County	4,081	3,038	1,043	N/A	N/A	N/A
Caroline	13,467	5,665	6,272	1,530	N/A	N/A
Dorchester	6,816	5,072	1,744	N/A	N/A	N/A
Frederick	714	714	N/A	N/A	N/A	N/A
Harford	1,461	379	1,082	N/A	N/A	N/A
Howard	1,434	918	516	N/A	N/A	N/A
Montgomery	14,971	8,280	6,691	N/A	N/A	N/A
Prince George's	2,260	1,068	1,011	141	N/A	N/A
Somerset	1,119	494	175	285	165	N/A
Talbot	1,741	1,541	N/A	200	N/A	N/A
Washington	3,050	3,050	N/A	N/A	N/A	N/A
Wicomico	1,085	616	469	N/A	N/A	N/A
Baltimore City	12,945	11,678	126	N/A	34	1,107
TOTALS	65,144	42,513	19,129	2,156	199	1,107

Source: Maryland State Department of Education, 2016-2017 SBHC Survey (Preliminary Data)

Table 3. SBHC Programs by Level, 2016-2017

	SBHC Programs	Level I	Level II	Level III
Baltimore County	14	14	-	-
Caroline	9	9	-	-
Dorchester	4	-	4	-
Frederick	1	1	-	-
Harford	5	5	-	-
Howard	8	7	1	
Montgomery	13	-	-	13
Prince George's	4	-	-	4
Somerset	1	1	-	-
Talbot	4	4	-	-
Washington	2	2	-	-
Wicomico	2	-	2	
Baltimore City	16	9	7	-
TOTALS	83	52	14	17

Source: Maryland State Department of Education, 2016-2017 SBHC Survey (Preliminary Data)

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.

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Council on Advancement of School-Based Health Centers
2017-2018 Planning Grid

#	Requirement	Authority	Workgroup	Completed Activities	Planned Activities	
					6 months	12 months
1	**Supporting local community efforts to establish or expand SBHCs capacity in:**	HG § 19-22A-05(a)(1)	Systems	(see below)		
1a	Primary Care	HG § 19-22A-05(a)(1)	Systems		Understand and map any policy or regulatory barriers to SBHCs providing primary care services.	Develop an advocacy agenda that supports outreach and enrollment activities into SBHCs.
1b	Behavioral Health	HG § 19-22A-05(a)(1)	Systems		Ascertain whether SBHCs know about use, access to BHIPP services. Understand local and national approaches to integration of SBIRT. Determine to what extent SBHCs have psychiatric care.	Develop an advocacy agenda that supports outreach and enrollment activities into SBHCs.
1c	Oral Health	HG § 19-22A-05(a)(1)	Systems			Develop an advocacy agenda that supports outreach and enrollment activities into SBHCs.
2	**Integrating SBHCs into existing and emerging patient-centered models of care**	HG § 19-22A-05(a)(2)	Systems		Meet with MD Chapter of AAP to discuss gathering information re: experience and planned collaboration with community clinicians; recruitment of pediatric clinicians, FQHCs, MCOs. Clarify what communication vs collaboration look like, specifically around behavioral health.	Define and compare communication with the medical home and integration into the medical home.

Appendix 2
Last updated: November 15, 2017

Council on Advancement of School-Based Health Centers
2017-2018 Planning Grid

#	Requirement	Authority	Workgroup	Completed Activities	Planned Activities	
					6 months	12 months
3	**Promoting the inclusion of SBHCs in networks of managed care organizations and commercial health insurance carriers**	HG § 19-22A-05(a)(3)	Systems	MDH released two resources to assist School-Based Health Centers with billing and reimbursement from Medicaid and private insurance.	Develop a list of key stakeholders. Define the purpose and participants of the listening tour. Convene SBHC Administrators more regularly. Host a technical assistance session for SBHC administrators about billing guidelines.	Conduct a listening tour and complete membership expansion.
4	**Advancing the public health goals of state and local health officials**	HG § 19-22A-05(a)(4)	Quality	MDH briefed the Council on the population health improvement plan.	Evaluate current population health measures and emerging measures to identify where SBHCs fit best, e.g., education component for SBHC clinicians, MASBHC, what's happening at the local level.	
5	**Promoting the inclusion of SBHCs into networks of school health services and coordinated student service models for the range of services offered in school settings**	HG § 19-22A-05(a)(5)	Systems			Understand local school health councils, i.e., what is the relationship between Council and the school health councils. Identify potential opportunities to work together.

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					6 months	12 months
6	**Supporting state and local initiatives to promote student success**	HG § 19-22A-05(a)(6)	Quality		Work with MSDE to identify what measures, if any, they are working on to improve student success (e.g, seat time, attendance, patient experience). Encourage SBHCs to work with hospitals re: hospital Community Benefit reports. Other partners to engage include Population Health, Health Services Cost Review Commission and the Local Health Improvement Coalitions.	Become fully apprised of the Howard County Telehealth evaluation for lessons learned on replication and spread and scale of the telehealth model and for evaluation of SBHC programs in general. Make recommendations for how to align priorities for student success.
7	**Reviewing and revising best practices guidelines**	HG § 19-22A-05(a)(7)	Quality		Study and recommend quality measures to be adopted in Maryland, with careful attention to those recommended by the School-Based Health Alliance. Develop a list of questions to ask other states about how they are able to collect data and report on quality measures.	Review and update current SBHC Standards of Practice.
8	**Supporting the long-term sustainability of SBHCs**	HG § 19-22A-05(a)(8)	Systems		Determine (or suggest) that SBHC survey include financial data, if that data doesn't exist elsewhere (e.g., in the annual application process). Discuss with MSDE and others. Learn from SBHCs and others about models for financial sustainability nationally.	

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#	Requirement	Authority	Workgroup	Completed Activities	Planned Activities	
					6 months	12 months
9	**Review the collection and analysis of SBHCs data collected by MSDE to make recommendations on best practices for the collection and analysis of the data**	HG § 19-22A-05(b)(1)	Data	The Data workgroup has reviewed the current MSDE survey and made recommendations for changes.	Develop final recommendations for changes to the MSDE survey, in consultation with the SBHC administrators and MSDE. The recommendations include combination of the renewal application and survey, to be completed less frequently (e.g., every two years). Provide recommendations to MSDE. Meet with MSDE and IT to discuss possible technology. Follow-up on SBHA seat time study.	Finalize survey, including technology that will support it.
10	**Provide guidance on the development of findings and recommendations based on the data**	HG § 19-22A-05(b)(2)	Data	The Data workgroup identified key measures, including utilization, cost savings, educational outcomes (of particular interest), financial information.	Collect data.	Finalize survey. Look into the coordination of patient care data between MCOs and SBHCs.
11	**Conduct other activities that meet the purpose of the Council**	HG § 19-22A-05(c)	All	The Council elected its Chair and Vice Chair. Workgroups began meeting approximately bi-monthly.	Workgroups (Data Collection and Reporting, Systems Integration and Funding, Quality and Best Practices) will continue meeting regularly.	
12	**Number and location of SBHCs that are not co-located with behavioral health services**	Ch. 417 (2015), §2	Data	The Council received 2016-2017 school-year data on SBHCs from MSDE.		
13	**Streamlining of the existing process for the review and approval of new SBHCs, including:**	Ch. 417 (2015), §2	Systems	(see below)		

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13a	Maryland Medical Assistance Program enrollment process for SBHCs	Ch. 417 (2015), §2	Systems	The Systems workgroup reviewed Medicaid enrollment process.	Conduct a listening tour and forum among SBHC administrators and billing experts. Understand limitations related to allowable sponsor organizations.	Make recommendations about streamlining the application process for SBHCs and potential changes to sponsorship requirements. Make recommendations about optimal approaches to data sharing between SBHCs, MCOs, and Medicaid for panel management and assessment of cost and savings.
13b	Expansion of the existing scope of SBHCs by MSDE and MDH	Ch. 417 (2015), §2	Systems	The Systems workgroup reviewed the current process. The Council recommended the inclusion of more than one submission period for new SBHC applications, which would allow review and approval prior to the new school year.		Obtain information about funding sources and budget components covered by current funding from MSDE and other sources.
14	**The identification and elimination of barriers for managed care organizations to reimburse for services provided by SBHCs**	Ch. 417 (2015), §2	Systems	MDH released two resources to assist School-Based Health Centers with billing and reimbursement from Medicaid and private insurance.	Engage with council members who represent MCOs. Conduct listening campaign to identify best practices for MCO collaboration.	
15	**Health reform initiatives under the Maryland Medicare waiver and patient-centered medical home initiatives**	Ch. 417 (2015), §2	Systems		Meet with the MD Chapter of AAP to discuss gathering information re: experience with and planned collaboration with community clinicians; recruitment of pediatric clinicians, FQHCs, MCOs. Clarify what communication and collaboration look like.	Understand the National Committee on Quality Assurance approval process for SBHC medical homes and make recommendations about how/whether this should be implemented in Maryland.

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					6 months	12 months
16	**Study SBHC sponsorship models employed in Maryland and nationally**	Annual Report (2016)	Systems	The Systems workgroup completed request to SBHA regarding sponsorship nationally.	Review SBHA needs assessment and sustainability tools.	
17	**Understand current approaches to coordination of care and determine gaps in the provision of care**	Annual Report (2016)	Quality		Meet with the MD Chapter of AAP to discuss gathering information re: experience with and planned collaboration with community clinicians; recruitment of pediatric clinicians, FQHCs, MCOs. Recommend updates to the MSDE Annual survey that would illustrate mental health services and substance abuse services being conducted in SBHCs.	
18	**Identify effective, sustainable models - state and national best practices**	Annual Report (2016)	Quality		Study and recommend quality measures to be adopted in Maryland, with careful attention to those recommended by the School-Based Health Alliance. Develop a list of questions to ask other states about how they are able to collect data and report on quality measures.	
19	**Understand local and national models for system integration and funding for SBHC**	Annual Report (2016)	Systems		Review SBHA sustainability and integration tools.	

Appendix 2
Last updated: November 15, 2017

Council on Advancement of School-Based Health Centers
2017-2018 Planning Grid

#	Requirement	Authority	Workgroup	Completed Activities	Planned Activities	
					6 months	12 months
20	**Identify ways that SBHCs are leveraging resources and coordinating care across state and local agencies and service providers**	Annual Report (2016)	Systems		Conduct a listening tour and update data in surveys.	
21	**Identify the funding and service linkages between MSDE, MDH, DHS, and other public agencies**	Annual Report (2016)	Systems	The Systems workgroup reviewed existing relationships.	Formally map and document relationships.	
22	**Clarify the roles and improve the coordination across and within agencies (state and local) making sure systems are aligned to make the SBHC initiative sustainable long-term**	Annual Report (2016)	Systems	The Systems workgroup reviewed existing relationships.	Formally map and document relationships.	
23	**Review current SBHC grant application process to identify ways to improve the review and approval of SBHC (new and continuing; MSDE funded and non-MSDE funded)**	Annual Report (2016)	Systems	The Systems workgroup completed review. MSDE revised the grant application and grant process to assure that grant awards were received in a timely manner and included language about funding being contingent on appropriations.		

Appendix 2
Last updated: November 15, 2017

Council on Advancement of School-Based Health Centers
2017-2018 Planning Grid

#	Requirement	Authority	Workgroup	Completed Activities	Planned Activities	
					6 months	12 months
24	**Establish performance measures to present the impact of SBHCs on health and educational outcomes of students**	Annual Report (2016)	Data		Develop final recommendations for changes to the MSDE survey, to include which screenings are provided. Share with the SBHC administrators in collaboration with MSDE.	
25	**Identify opportunities to link SBHC utilization data to educational outcomes**	Annual Report (2016)	Data		Develop final recommendations for changes to the MSDE survey, in consultation with the SBHC administrators and MSDE.	Consult with SBHA about seat time projects. Explore proposals for pilot projects on seat time in Maryland.
26	**Identify opportunities to better capture data for substance use and mental health services**	Annual Report (2016)	Data		Determine which of the SBHCs are providing SBIRT screenings.	Determine what gaps exist for SBIRT and what value there is in having more Level I SBHCs vs. Levels II and III.
27	**Develop a trend analysis to understand the impact of SBHC over time by jurisdiction and population served**	Annual Report (2016)	Data	The Data workgroup has reviewed the current MSDE survey and made recommendations for changes.	Develop final recommendations for changes to the MSDE survey, in consultation with the SBHC administrators and MSDE.	

Appendix 2
Last updated: November 15, 2017

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Karen B. Salmon, Ph.D.
State Superintendent of Schools

200 West Baltimore Street • Baltimore, MD 21201 • 410-767-0100 • 410-333-6442 TTY/TDD • marylandpublicschools.org

Council on the Advancement of School-Based Health Centers
April 24, 2017
9:30 a.m. to 1 p.m.
Maryland Department of Transportation
7201 Corporate Center Drive
Richard Trainor Conference Room – First Floor
Hanover, MD 21076

Meeting Objectives

- Provide input to MASBHC Policy Council re: SBHC sponsor and billing questions
- Work Group planning: set priorities, schedule work group meetings
- Review and update schedule

Meeting Agenda

1. 9:30-9:45:Welcome, Roll Call, Introduction of New Members, Agenda Review
    - Council Members: Delegate Bonnie Cullison represented by Brigida Krzysztofik, Barbara Masiulis, Cathy Allen, Dr. Karen Salmon represented by Mary Gable, Jennifer Dahl, Mark Luckner, Maura Rossman, Nicole Johnson, Dennis Schrader represented by Tina Backe.
    - Visitors: Rachel Faulkner; Public Policy Partners/MASBHC, Mona Care; Dorchester County Health Department, Beth Spencer; Dorchester County Health Department, Judy Covich; Montgomery County, Joan Glick; Montgomery County DHHS, Sapna Hencinski; MASBHC, Cheryl DePinto; DHMH, Sharon Hoover; University of Maryland, Sharon Hobson; Howard County Health Department.

2. 9:45-10:15: MASBHC Policy Council: Legislative Update, Sponsorship and Billing Presentation (15 min) Council Discussion, Feedback, and Next Steps
    - Rachel Faulkner from Public Policy Partnership attended the meeting to provide the council with an update on sponsorship and billing, provide highlights from the past legislative session, and inform the council about a regulatory change that happened during session from DHMH Medicaid office.
    - House Bill 221/ Senate Bill 223: Maryland Council on the Advancement of School-Based Health Centers Bill
        - This bill will moved the council from MSDE to Community Health Resources commission.
        - Effective date is October 1. More information about that late summer/early fall.
        - Thanks to MSDE for everything they have done up until this point. Good time to transition.
    - Two bills were introduced the dealt with behavioral health.
    - House Bill 786: Education - Individualized or Group Behavioral Counseling Services – Establishment
        - Requires MSDE and DHMH to provide best practice guidelines for behavioral health services.
    - House bill 1522: Needs Assessment for Student School-Based Behavioral Health Services
        - Goal of this bill is to figure out what happens to behavioral health services when school is not in session, such as during summer and other breaks. This is a collaboration between DHMH and MSDE. More to come on this bell. It was championed by Delegate Terry Hill. Center for School Mental Health was not involved in this bill. DHMH is looking into what

their responsibilities are for this bill.
    - House Bill 1082/ Senate Bill 1060: Heroin and Opioid Education and Community Action Act of 2017 (Start Talking Maryland Act)
        - Bill focuses on schools stocking naloxone. Allows for other school health personnel to get trained in administering naloxone.
    - House Bill 1329/ Senate Bill 967: Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017
    - House Bill 150: Budget Bill (Fiscal Year 2018)
        - MASBHC obtained committee narrative requiring MSDE to report on the disposition of SBHC grant funds for fiscal 2018 by August 1, 2017.
    - House Bill 152: Budget Reconciliation and Financing Act of 2017
        - As introduced, the Governor proposed to permanently cap the budget of the Community Health Resources Commission at $4 million. In addition, the Department of Legislative Services recommend a $700,000 cut to the current fiscal year. MASBHC collaborated with MDAC to successfully:
        - Eliminate the permanent cap on the Commission's budget. Thus, the Commission's budget could rise to about $8 million in fiscal 2019.
        - Increase the Commission's budget from $4 million to $4.8 million in fiscal 2018.
        - Defeated the proposed cut of $700,000 in fiscal 2017.
- Regulations/ Sponsoring Entities: See the attached summary
    - DHMH/ Medicaid put out proposed regulatory changes for SBHCs. There is new language in the regulation that states that if you want to be an SBHC and be approved by MSDE, you need to have a sponsoring entity in order to then bill for Medicaid. In response to the regulatory changes, MASBHC submitted comments to DHMH requesting the list of sponsoring entities be expanded. DHMH responded declining MASBHC's request
    - The DHMH sponsoring entities list includes: local health department, FQHC's, and general clinic.
    - MASBHC requested to add: local school system, hospital or medical center, private nonprofit, any other sponsor approved by the department.
    - The final list effective April 10th are those already approved by DHMH.
- Discussion about this bill regarding sponsoring entities. It was noted that it would be best discussed in the systems integration and funding work group but would be fruitful to have a discussion prior to breaking out into the work groups.
- Does this list capture the range of sponsoring entities? If you are approved as an SBHC you are allowed to apply to Medicaid to bill Medicaid, however you have to fulfill one of the Medicaid sponsorship types.
- Who's left out if you don't add these organization? Nurse practitioners in Maryland can now work independently and that they would work to open an SBHC. Hospitals are not single entities themselves. When you talk about hospitals sponsorship it's hard to define because they usually have general clinics that can support an SBHC. It's difficult to figure out where in the hospital entity that the SBHC lies, if the hospital is the sponsor.
- Who would be left out of becoming a center that align with this reaffirmed regulation?
- What is the role of the sponsor?
    - Typically there are two different kinds of sponsors. One type is the fiscal agent and then the medical sponsor. Medical sponsors are the one that is providing the provider and staff.
    - Often the school system is the fiscal agent sponsor but they are not the medical sponsor of their SBHC's. Baltimore's school system is the sponsor and the medical sponsor is the health department. In another Maryland county their SBHC sponsor was the local management board that provided administrative oversight but the clinical service provide/ medial sponsorship was provided by the health department.
- Discussion regarding who falls under the general clinic entity.
- Discussion regarding how entities that would like to be added to the regulations, how do you support them in developing partnerships to align with the approved DHMH categories, if those categories are not expanded.
- Where and what are the missed opportunities – something for the Systems Integration and Funding work group to explore.
- What does the general clinic definition require and what are the missed opportunities, what would your designation be under Medicaid.

1. 10:15-10:30 Work Group Review and Charge
    - Work group roles and responsibilities document was distributed.
    - Discussion of the Statement of Purpose.
    - There are 3 work group major areas of discussion; there may be some overlap in the work groups.
    - Today's purpose the work group breakouts is for each work group to identify 3-5 major priorities to work on. Gather information that you need, voices that you want at the table, site visits that you would like to conduct, whatever you think you need to accomplish your goals.
    - Anticipate that in order for work groups to accomplish will need to have additional meetings. Each work group should discuss when and where your group plans on meeting between now and September. We can reserve these rooms on behalf of the work groups. As long as we know in advance.
    - 2nd page of the work group template is the timeline for your meetings.

10:30-12:30 Work Group Break-Outs

I. Election of Chair, Secretary
II. Priorities (3-5)
III. Timeline and Deliverables (short, medium, long-term)
IV. Meeting Schedule
V. Needs (supplies, support, council input, outside input, etc.)

12:30-1:00 Work Group Report-Out and Conclusion

The next full Council Meeting will be Monday September 11, 2017 9:30am-1pm.

Council on the Advancement of School Based Health Centers: Work Groups 2017-18

Quality and Best Practice
S. Morgan
M. Hinton
B. Masiulis
J. Covich
OPHI rep
Cheryl DePinto
SBHA Rep
MSDE Facilities

System Integration and Funding
M. Luckner
K. Connor
M. Rossman
Jennifer Dahl
U. Ahluwalia
S. Hobson
M. Carey

Data Collection and Reporting
C. Allen
T. Backe
D. Cullsion
J. Glick
A. Mezu

Council on Advancement of School-Based Health Centers
Meeting Minutes: Monday, September 11, 2017, 9:30 am to 12:30 pm

Location: Maryland Department of Transportation
7201 Corporate Center Drive, Hanover, MD 21076
Call-In: 605-472-5485 (Access code: 996134)

9:30 am **Greetings and Opening Remarks**

Kate Connor, Chair of the Council, opened the meeting at 9:30 am with thanks and welcome. All members of the Council and public attendees introduced themselves. Chair Connor reviewed the agenda and minutes of the previous meeting in April. The Council approved the April minutes.

Attendees: Council: Patryce Toye, Barbara Masiulis, Kate Connor, Mary Gable, Uma Ahluwalia, Sharon Morgan, Jean-Marie Kelly, Maura Rossman, Jennifer Dahl, Arethusa Kirk, Cheryl DePinto, Delegate Bonnie Cullison, Howard Haft, Mark Luckner, Allison Taylor (staff to the Council)

Public: Michelle Hinton, Mona Carey, Brandon Smith, Tina Backe, Beth Spencer, Pam Kasemeyer, Lynne Muller, Donna Behrens, Robyn Elliott, Joan Glick, Tania Haag, Sharon Hobson, Rachael Faulkner

9:45 am **Review Council Membership, Current Vacancies**

Chair Connor reviewed the membership of the Council. The Council currently has three vacancies, for the positions listed below. The Chair advised that the Council is working on leads for these vacancies and requested that members of the Council and the public spread the word about the vacant positions among potentially interested parties.

- One secondary school principal of a school that has a school-based health center;
- One representative of a federally qualified health center, nominated by the Mid-Atlantic Association of Community Health Centers; and
- One parent or guardian of a student who utilizes services at a school-based health center.

9:50 am **Work Group Break-Outs**

Chair Connor charged the Council to break into its workgroups and populate the 2017 Annual Report Planning Grid. The purpose of this exercise was for the workgroups to set a timeline for completing each of the Council's responsibilities, guided by the activities and progress made by the workgroups over several meetings this summer. The spreadsheet contained rows for 1) the Council's statutorily-mandated responsibilities, 2) requirements for the 2017 annual report, and 3) commitments made by the Council in its 2016 annual report. A copy of the Planning Grid is included in Appendix A.

The Data Collection and Reporting workgroup and the Systems Integration and Funding workgroup met as constituted; the Chair and Vice Chair requested that anyone interested in serving on the Quality and Best Practices workgroup (which did not meet over the summer) meet separately.

Data Collection and Reporting Workgroup

The Data Collection and Reporting workgroup met three times this summer (June 28, July 13, and August 14), and established the following objectives:

1. Understand the national perspective on core standardized SBHC performance measures;
2. Review SBHC literature on performance data, educational impact data;
3. Conduct an SBHC survey cross-walk (MSDE v. School-Based Health Alliance Survey);
4. Identify key performance measures to quantify the correlation between SBHC activities and health and education outcomes;
5. In-depth review of the MSDE SBHC Survey: keep, edit, add, or delete;
6. Identify the process for updating the MSDE SBHC survey;
7. Use of identified performance measures to:
    - Correlate SBHC activities with health and education outcomes;
    - Capture substance use and mental health services data; and
    - Analyze impact of SBHCs by population, jurisdiction, and at individual SBHCs.

The workgroup's primary recommendation is for MSDE to update the Annual Survey as outlined by the Council. In revising the Annual Survey, the workgroup recommends that current technology be utilized to consolidate pertinent data to best illustrate the "school-based health center story." A mechanism will be developed for analysis, reporting, and dissemination of the data to key stakeholders. The workgroup hopes to have the survey completed within the next six months.

A full report of the Data Collection and Reporting workgroup's summer work is included in Appendix B.

The workgroup discussed holding a meeting with the SBHC Administrators group, to outline their vision for the updated MSDE survey and get feedback on how to make the survey-completion process easier. The workgroup also discussed how SBHCs could better share data with the Medicaid program and other payors.

Systems Integration and Funding Workgroup

The Systems Integration and Funding workgroup met three times this summer (June 26, August 10, and August 14), and established the following objectives:

1. Review and make recommendations to streamline and improve the grant review and award process between MSDE and MDH;
2. Identify and recommend strategies to diversify funding for SBHCs; and
3. Gather all possible data sources and evaluate whether the data is successfully helping to assess school based health centers, their effectiveness, tell the story of the opportunities, successes and challenges and build a strong advocacy agenda.

The workgroup discussed 1) distinguishing between data outputs and outcome, including data related to program sustainability; 2) aligning funding processes from multiple grantors (e.g., MSDE, MDH, CHRC); 3) funding flexibility; 4) advanced payments opportunities; and 5) providing technical assistance regarding billing.

A full report of the Systems Integration and Funding workgroup is included as Appendix C.

11:00 am Identify Chair of Quality & Best Practices

The groups reconvened at 11am. The Quality and Best Practices workgroup was constituted as follows:

Jean-Marie Kelly, Chair
Patryce Toye
Sharon Morgan
Robyn Elliot

11:10 am Work Group Report Outs

Data Collection and Reporting Workgroup

The workgroup consulted with the national School-Based Health Alliance on trends and analysis. They have identified key measures that can be used to tell the story of school-based health in Maryland (see Appendix B for a list of key measures). The key measures focus on utilization, cost-savings, health outcomes, and educational outcomes (e.g., seat time, absenteeism). As the next step, the workgroup conducted a cross-walk of the MSDE survey to determine which questions were pertinent to these key measures, what could be modified, and what questions were unnecessary (and could be deleted). As a 6-month goal, the workgroup would like for the MSDE survey to be completed.

The workgroup noted that there are many data sources currently in existence that could be incorporated to provide a more robust picture of school-based health in Maryland. The workgroup is interested in working with stakeholders to identify data sources, and utilize technology to more efficiently incorporate new data. The workgroup will work with MSDE IT staff on the technology issue; it established a 12-month goal of incorporating new technology into the survey.

The workgroup advised that the new survey is a major departure from the last version – it asks fewer yes/no questions, and more questions requiring specific numbers. The roll out of this survey will require input from the SBHC administrators to determine how the Council can best support them in the completion of the new survey. The workgroup considered whether data from the survey should be incorporated into the Council's annual report going forward, or whether the owner of the data should put out an annual report.

A major issue is data-sharing with the MCOs to reduce duplication of services between the Medicaid program and SBHCs. The workgroup will devote more time to this going forward.

The Council discussed how financial operations data will be captured, including when and how SBHCs bill private payors. This information would help better establish the costs of operating an SBHC, and establish the cost-effectiveness of SBHCs. Several years ago, there was a survey conducted on SBHC billing. The Council will review that survey and discuss how the survey could be repeated.

The workgroup also recommended that SBHCs have a relationship with local hospitals related to community benefit and reports, and the SBHC administrators should review that community benefit reporting.

Systems Integration and Funding Workgroup

The workgroup inquired about whether it could look at data from Medicaid rather than from each individual center. This would be a question for Medicaid about whether or not they could parse it out. This could help estimate the operating costs of each center, which is going to be a challenge. It was also discussed that OPHI and HSCRC should be the recipient of any data received from MSDE.

The workgroup has also been examining the grant-making process. The main granting organizations for SBHCs are MDH, MSDE, and CHRC, all of which have different procedures and operate on different timelines.

The workgroup made what it acknowledged to be a "controversial" suggestion, contemplating whether the grant awards for SBHCs could be made on competitive basis in the future. This strategy could bring in additional players, but could create sustainability problems for current SBHCs. No decision was made as to whether to adopt this strategy, though there was universal consensus among the Council that additional resources should be allocated to support SBHCs, not a decrease in state grant funding for SBHCs.

Delegate Cullison mentioned that if the Council had any short-term funding needs, now would be a good time to start talking about the FY 19 budget. Any proposal would need to be back by a strong justification and concrete numbers. Council members suggested the following ideas:

- Hiring a contractor to help with developing a data collection needs assessment.
- Full funding for CHRC in FY 2019 and beyond, to include grant-making funds for SBHCs.

12:00 pm Discuss 2017 Council Annual Report

Chair Connor suggested that this year's annual report should be a roadmap of where the program currently is, and where the Council will be headed over the next year. Next steps will include:

- Identification of all relevant stakeholders, including those who are not currently in contact with the Council, but who might be drawn in in future years.
- An outlined approach to understanding the needs of all stakeholders (e.g., billing), through a "listening tour." The listening tour will be a major focus of the Council over the next year, and will be conducted systematically, e.g., using focus groups.

Depending on the timing of the next meeting, a draft of the annual report may be available for review and comment before then. In any case, the full Council will have the opportunity to review and comment on the annual report before it is submitted to the General Assembly.

The Chair suggested that the Council discuss the listening tour in more detail at a future council meeting, which will likely occur later in the fall. Between now and then, the workgroups should each meet to discuss key stakeholders and who should be included.

12:15 pm Closing Remarks

Chair Connor made closing remarks. The meeting was adjourned at 12:19pm.

Council on Advancement of School-Based Health Centers
DRAFT Meeting Minutes: Monday, November 20, 2017, 9:30 am to 12:30 pm

Location: Maryland Department of Transportation
7201 Corporate Center Drive, Hanover, MD 21076
Call-In: (641) 715-3814, Participant Code: 313674#

9:30 am **Greetings and Opening Remarks**

Kate Connor, Chair of the Council, opened the meeting at 9:30 am with thanks and welcome. All members of the Council and public attendees introduced themselves. Chair Connor reviewed the agenda and minutes of the previous meeting in September. The Council approved the September minutes.

Attendees: Council: Patryce Toye, Barbara Masiulis, Kate Connor, Cathy Allen, Sharon Morgan, Angel Lewis, Maura Rossman, Arethusa Kirk, Diana Fertch, Cheryl DePinto, Mary Gable, Delegate Bonnie Cullison, Jean-Marie Kelly, and Mark Luckner.

Public: Tina Backe, Judi Lockett, Lynne Muller, Robyn Elliott, Donna Behrens, Sharon Hobson, Joan Glick, Rachael Faulkner, and Judy Lichety-Hess.

Chair Connor provided an update on appointments. Dr. Diana Fertsch will serve as the pediatrician representative. The Council is still looking for a parent representative. The Chair has reached out to the Maryland Parent Teacher Association; she would prefer to have this slot filled before the next meeting.

The Council had preliminary discussions about the meeting schedule for 2018. There will likely be a meeting in the early part of the legislative session – in late January or early February. Council members discussed what role, if any, the Council would play during session. Several attendees noted the need to consult with state agencies and the Governor's office about the Council's role. The Chair stated that she would follow up with Council staff about how to clarify roles. Council staff will send out a doodle poll to facilitate scheduling the next meeting.

9:45 am **National Perspective on School-Based Health Centers**

John Schlitt, President of the School-Based Health Alliance (SBHA), presented a national perspective on School-Based Health Centers. SBHA is a national advocacy orgnazation for school-based health care. Mr. Schlitt described the importance of state funding for School-Based Health Centers – in 1998, 40 states provided funding for SBHCs; in 2017, Maryland is one of only 18 states that provide funding. Federal funding, which has historically come from Title V and tobacco settlements, is on the decline. As a result, communities are looking to other sources, such as billing Medicaid and private insurers.

A state program for school-based health care adds value by setting explicit standards, benchmarking performance, and driving quality improvement. It also provides SBHC networking opportunities and is an avenue for techincal assistance.

Mr. Schlitt noted that there are 100,000 schools in the nation, compared with 3,000 School-Based Health Centers. The group discussed several reaons for this, including funding and lack of knowledge about the model. Council members asked about start-up costs for new SBHCs, and whether there are good examples of SBHCs "breaking even" (i.e., fiscal sustainability).

Colorado is the only state that has conducted a statewide needs assessment; Mr. Schlitt will provide that document after the meeting.

10:55 am **Discussion of Data Collection and Reporting Workgroup's Recommended Changes to MSDE Annual Survey**

Barb Masiulis, Vice Chair of the Council, described the Data workgroup's recommended changes to the MSDE Annual SBHC survey. The proposed recommendations were intended to reduce duplication of reporting, facilitate a renewal application, and collect outcome data. The workgroup also proposed calling the document a "report" rather than a "survey."

The workgroup thought the survey/report should include information about the school community that the SBHC is serving. This information isn't currently being collected. They were also proposing a number of changes to data collection on services provided, in order to better measure the impact of SBHCs.

Representatives of the workgroup attended the most recent meeting of the School-Based Health Center Administrators, to provide an update on the workgroup's review of the survey. Workgroup representatives asked the SBHC Administrators for information about what data they are already collecting. There is some variability among the SBHCs about what's collected.

Council members had the following feedback:

- Include the recommendation to change the title, as well as appropriate definitions, in the draft recommendations document.

- Is there a way to collect information on pre/post knowledge about health education? The Vice Chair noted that SBHA has a satisfaction survey, which gets at some of this information. Howard County also has a satisfaction survey; it's mailed home or in backpacks. The return rate is about 20%. The ones that are returned show a lot of positive feedback.

- There are concerns about how to protect the privacy of student data, in conformity with FERPA and HIPAA. The workgroup is aware of these concerns.

- Have the SBHC Administrators provided feedback on these recommendations? The Vice Chair stated that the recommendations have not been shared yet, since the group wanted Council feedback first; however, the Administrators will have the opportunity to provide feedback.

- There could be more information collected about complexity of care for students with special health care needs, anxiety, substance use disorder, and ADHD. Access to an electronic health record makes a difference in the availability of data.

The Vice Chair stated that the Data workgroup would be meeting after the first of the year, and would incorporate the Council's feedback into the recommendations. Chair Connor thanks the Vice Chair and the Data workgroup for their hard work.

11:45 am **Discussion of the Proposed Scope of Work for Data Collection and Analysis**

Council members received a "Scope of Work" document prior to the meeting. The Chair described the impetus for this document; at previous meetings there had been discussion about how to move forward Council recommendations, e.g., by hiring a contractor to produce certain deliverables. This document is

more aptly described as a "Project Concept," to facilitate the Council's consideration of work to be completed by a contractor. The Project Concept includes three deliverables:

1) Identify existing health and educational data from state and local sources and make recommendations for the creation and sustainability of a reporting system.

2) Conduct qualitative formative research to assess a) the value of SBHCs; b) the challenges and service gaps associated with SBHCs; and c) the role they are filling in Maryland communities. Research methods would include in-depth interviews and focus group discussions with school personnel (e.g., principals, superintendents) and families (both whose children use and don't use SBHCs).

3) Review published articles on the benefits of School-Based Health Centers and write a white paper about what programs or strategies ("interventions") have been shown using statistically-valid research methods to produce lasting impact on students' health and educational outcomes.

Council members offered the following comments:

- The annual survey belongs to MSDE, and any recommended changes to the survey would be considered and implemented by MSDE. A contractor could not implement these changes. Council members then clarified that the purpose of the contractor is not to implement the recommendations to the MSDE survey; it's to implement the three deliverables described above. The language in the Project Concept will be revised to clarify this distinction.

- It might be beneficial for a contractor to conduct a cost-benefit analysis/healthcare economic analysis in order to make the case for the benefits of SBHCs. The Department of Labor has developed guidelines for assessing the costs such as a parent missing a day or work, or a student missing school. The Chair noted that some of that work has already been done nationally, and that would be one purpose of deliverable #3. This could help inform methodology for a Maryland-specific cost-benefit analysis.

- Perhaps the role of the Council is to offer subquestions for each of the deliverables, to add specificity. The document needs to be specific to make sure it achieves the Council's needs.

- The Council need to be thoughtful about what is measured for program evaluation purposes.

- Delegate Cullison appreciated the thoughfulness of all the members' comments, and suggested that the state agencies and stakeholder organizations provide information on the work they are doing, and also provide some input on what questions they would like answered by a contractor. She wants to maintain the momentum that's been generated by the Council.

The Chair summarized the feedback: the Council needs to be clear and consise about what they are looking for. The Council also needs to understand what is being done by the Maryland Assembly on School-Based Health Care, MDH, MSDE, and the School-Based Health Alliance so there is not redundancy of effort. At the same time, the Council wants to build on the momentum that it has generated this year.

12:00 pm **Introduction of Angel Lewis**

Chair Connor introduced Angel Lewis, the newest member of the Council. Ms. Lewis fills the slot of a Secondary School Principal of a school with an SBHC. Ms. Lewis is the Principal of Claremont High School in Baltimore. It is a designated special needs school and has a School-Based Health Center.

12:05 pm Update on the 2017 Annual Report

Mark Luckner provided an update on the Council's 2017 Annual Report. Council members were given 10 days to provide comments to the report, and all comments were incorporated in the draft sent to members in advance of the meeting. The Chair noted that no further comments would be accepted, in light of the need to approve the report and submit to MDH for final review before it is submitted to the General Assembly. The Council approved the report with no substantive changes.

12:15 pm Workgroup Reports

Jean-Marie Kelly, Chair of the Quality and Best Practices workgroup, provided an update. The workgroup will look at the guidance on quality and best practices put forth by SBHA, as well as reporting on health outcomes in conjunction with the data workgroup. The workgroup is also looking at the readiness of SBHCs for electronic health records and standardized billing practices. Ms. Kelly has asked workgroup members to come up with 5-10 questions to ask best-practice models from around the nation, related to services provided, quality scores, funding, and billing. The workgroup has developed 14 questions.

Chair Connor provided an update for the Systems Integration and Funding workgroup. The workgroup is working on technical assistance for SHBCs related to billing. They are also working on ideas to optimize the fee-for-service billing system, while also thinking about innovative payment models and collaboration with the Managed Care Organizations.

12:30 pm Closing Remarks

Chair Connor made closing remarks and asked the Council to watch for a doodle poll to facilitate scheduling of the next meeting. The meeting was adjourned at 12:35pm.

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Appendix 4.

Council on Advancement of School-Based Health Centers
Data Collection and Reporting Workgroup Report
September 2017

Summary of workgroup meetings (6/28, 7/13, 8/14):

Attendees: Barb Masiulis, Alicia Mezu, Kristi Peters, Delegate Cullison, Brigida Krzysztofik, Cathy Allen, Joanie Glick, Hayley Love, Cheryl De Pinto, Tina Backe

Workgroup Objectives:

1. Understand the national perspective on core standardized SBHC performance measures
2. Review of SBHC literature on performance data, educational impact data
3. SBHC survey cross walk (MSDE v. School-Based Health Alliance Survey)
4. Identify key performance measures to quantify the correlation between SBHC activities with health and education outcomes
5. In-depth review of the MSDE SBHC Survey: keep, edit, add, or delete
6. Identify the process for updating the MSDE SBHC survey
7. Use of identified performance measures to:
    - Correlate SBHC activities with health and education outcomes
    - Capture substance use and mental health services data
    - Analyze impact of SBHCs by population, jurisdiction, and at individual SBHCs

Workgroup Progress:

1. Objectives 1 - 4: Complete
2. Objective 5: All comments on the MSDE SBHC survey, line by line analysis
3. Objective 6: Updating the MSDE survey involves working with Hilltop (time and cost factors)
4. Objective 7: May require collaboration with a data analyst

Recommendations:

MSDE will update the Annual Survey with recommendations as outlined by the Council. In revising the Annual Survey, it is recommended that current technology be utilized to consolidate pertinent data to best illustrate the school based health center story. Mechanism will be developed for analysis of the data, reporting and dissemination of the data to key stakeholders.

Key Measures Identified for Future SBHC Data Collection:

Utilization Measures	- # visits, including non-duplicated visits - # behavioral health v somatic visits - # enrolled in the SBHC, % of students who are FARMs - % of English language learners - # enrolled in the school

	- Type of insurance of students seen in SBHC
Cost Saving Measures	- Preventive care - Well child visits (including risk assessment) - High incidence visits (e.g. asthma, acute illness) - Mental health/behavioral services
Educational Outcome Measures	-Absentee rate (chronic absenteeism) -Mobility of student population -Seat time (to be investigated further. Measure to be studied by SBHA)

Short Term Recommendations (6 months)

1. MSDE will update the Annual Survey with recommendations as outlined by the Council. The updated survey will be shared with SBHC administrators with a timeline for release. A trial period of the updated survey is recommended.
2. In updating the Survey, maximal use of technology needs to be considered in survey development, such as:
    a. Auto-populating fields from previous years and across SBHCs (with ability to edit)
    b. Eliminating duplication of data entry/information gathered by reviewing information gathered in the application process and the survey
    c. Collect data across platforms (e.g. MSDE Report Card) to use in correlating vital data to demonstrate the SBHC profile, activities and potential health and education outcomes.
3. Plans will be developed for disseminating the Annual Survey data to key stakeholders. An annual report on SBHCs is recommended, "to tell the SBHC story."

Longer Term Recommendations

1. The data workgroup recommends investigating the most effective location/owner of the SBHC data base.
2. Further study of potential educational impact outcomes such as "seat time." The SBHA will be trialing this data collection tool, Fall 2017.
3. Further investigate the use of a standardized satisfaction survey or experience survey with learning outcomes included. SBHA will be releasing a model in 2017.
4. Investigate the allocation grant dollars to SBHCs based on criteria other than history of past awards, as suggested by the Integration Workgroup
5. Use the data to quantify return on investment, for example:
    a. Do SBHCs have an impact on the return to class rate or graduation rate?
6. Correlate SBHC data sources with MCO required HEDIS data
7. Continue to research data points and how to make the data more useful on an individual basis in terms of impact of services provided.
8. Investigate the sharing of patient care data with SBHCs to better coordinate care and to support patient care outcomes.

Appendix 5.

Council on Advancement of School-Based Health Centers
Systems Integration and Funding Workgroup Report
September 2017

Members Include:

Kate Connor	Cheryl DePinto
Mark Luckner	Joy Tesigwye
Maura Rossman	Beth Spencer
Sharon Hobson	Jennifer Dahl
Lynne Muller	Mona Carey

Three meetings – June 26, 2017; August 10, 2017 (joint data and systems integration workgroup) and August 14, 2017

Purpose:

1. The purpose of the workgroup was to review, make recommendations to streamline and improve the grant review and award process between MSDE and MDH.
2. To identify and recommend strategies to diversify funding for SBHCs
3. Gather all possible data sources and evaluate whether the data is successfully helping to assess school based health centers, their effectiveness, tell the story of the opportunities, successes and challenges and build a strong advocacy agenda.

Over the course of three calls and email document exchanges there has been considerable discussion on all three of these topic areas. Short range recommendations include:

Grant Process Improvements:

1. Several improvements have already been made by MSDE, MDH and CHRC – Contract is for a 2-3 year period with language that qualifies that renewal is subject to appropriation.

2. MDH gives 50% of the entire annual grant award in the first quarter and then ask for quarterly submissions outlining how the funds were expended by the grantee. For CHRC which follows the same protocol of 50% upfront award, the grantee has to respond in a six month intervals and if dollars are unspent no new disbursement occurs until there is a sit down on spend patterns and new agreements are reached. There ae claw back provisions for both. These accommodations help greatly with start-up efforts.

3(a). MSDE has made significant improvements already with timeliness and streamlining of the review processes. It was expected that by Mid-September this year all grants award letters will be issued – a significant improvement in the award schedule compared to prior years. It is also expected that next year's (FY 2019) grant cycle notices will be issues in Mid-September of 2017 as opposed to Mid-February as it happened with the FY2018 grant cycle notices.

3(b). MSDE grants for SBHC are not competitively awarded and are continuations of prior year awards and the annual application is intended to ensure that the grantee is meeting standards. MSDE does allow for no-cost extension but not advance payments under their

regulations. However they do allow for a grantee to flexibly move funds within their own sites as needed.

LONGER TERM RECOMMENDATIONS:

1. Work with the Data group to track outcomes and not just outputs – Are there good effectiveness measures we can lift from other SBHC projects around the country
2. Identify components of sustainability plans – demonstrate need and effectiveness – what tool should we use to demonstrate need

Funding:

CURRENT OPPORTUNITIES AND AVAILABLE FUNDING FLEXIBILITIES:

1. Continue fund allocation flexibility once a grant has been awarded by the grantee within their sites as needed.
2. Continue Advance Payments as possible

SHORT TERM RECOMMENDATIONS (WITHIN SIX MONTHS):

1. Map different sources of funding for SBHC and HSWC
    a. MSDE
    b. MDH
    c. CHRC
    d. Philanthropy
    e. Local Government
    f. 3RD Party Billing
    g. Others
2. How to strengthen and standardize the needs requirements and this could involve polishing up the voluntary survey questions that will be administered to current state fund grantees.
3. Standardize 3rd party billing as there is considerable variance across SBHCs and HSWCs across the State. The billing manual that was just released by MDH was a big step in this direction. – Also explore if there are regulatory and legislative levers that can be pulled in this area of work.
4. Connect with the School Based Health Association and conduct listening sessions with SBHC administrators and the Medicaid TA providers to frame a recommendation around this t hat will lay a roadmap for deepening this work.

LONGER TERM RECOMMENDATIONS:

1. Based on the information on funding mix of each grantee and a better understanding of the sustainability framework for each, a protocol should be developed to allow a transparent and sustainable shift in funding strategy to allow newer grantees to be allowed into the network within a flat funded budget. This would require current grantees to also propose a future funding framework wherein state grants are used for start-up and certain unsupportable functions within existing SBHCs and ongoing budgets are sustained by other strategies such as 3rd party billing and Medicaid.
2. The CASBHC should build an advocacy agenda using data to make the case for Return on Investment, clear systems integration and documented needs around patient and

population health to ask for additional funding to support expansion of SBHC and HSWC networks

3. The CASBHC should develop an advocacy agenda that supports outreach and enrollment activities into SBHCs
4. Develop a performance incentive payment framework for SBHCs and HSWCs that are achieving our integration and care delivery outcomes that are measured with clear and transparent metrics.

Data:

There was a joint meeting of the Systems Integration and Funding Workgroup and the Data Workgroup and several issues were clarified as a result of that conversation.

- The two groups are collecting data for vastly different purposes. The Data Workgroup wishes to use the survey mechanism to collect data with the express purpose of telling the story of SBHCs and therefore their data collection efforts are more process driven with a few outcomes built in.
  The Systems Integration and Funding Workgroup wants to collect data to help with policy making and funding decisions and our data needs are more urgent to help support policy and funding recommendations that need to move in a more rapid time frame.
- Both data collection goals are necessary and not mutually exclusive. It was agreed that our workgroups concurred that Data Workgroup would need MSDE permissions before the survey tool can be disseminated to the Systems Integration and Funding Workgroup Members. This permission was being sought.
- Be fully apprised of the Howard County Telehealth evaluation for lessons learned on replication and spread and scale of the telehealth model and for evaluation of SBHC programs in general

SHORT TERM RECOMMENDATIONS:

1. Any Data from MSDE on SBHCs should be shared with the whole Council. CHRC as staff to the Council could also share with the Office of Population Health Improvement at MDH.
2. These data feeds should also be shared with LHDs and with LEAs.

LONGER TERM RECOMMENDATIONS:

1. Begin more intensive data gathering on outputs, outcomes, process and funding information to support longer term policy and funding recommendations
2. MSDE in coordination with MDH will take the lead on scheduling an Infrastructure related data issue meeting to identify both questions to ask and the tools to gather that data including but not limited to the MSDE survey that is currently administered by Hilltop.

GENERAL RECOMMENDATIONS BY THE GROUP:

1. The Systems Integration and Funding Workgroup will define what Services Integration would look like including clarifying the meaning of Communication with Medical Home versus Integration into the Medical Home (with the latter being the desired state). This

them means that we also have to define what would data sharing and integration look like to support the goals of services/treatment integration.

2. Include a representative from AAP, the MCOs and FQHCs to join the Services Integration Workgroup to provide adequate context and information to ensure that the perspectives of their interest groups are well represented on the Integration Workgroup and they are part of the crafting of the data feeds and the solutions.

3. Kate will reach out to the Maryland chapter of the American Association of Pediatrics to begin discussion on conducting a survey with pediatricians and also with Alan Lake of the Maryland State School Health Council to discuss data gathering efforts.

4. These data gathering forays will take several months and the work of the Systems Integration and Funding Committee will likely continue into the new calendar year.

Three other issues were raised at the full Council meeting:

1. Integration of primary care with behavioral health services supported by access to psychiatric care
2. Integrating the SBIRT into protocols used at SBHCs
3. Aligning the State Health Improvement Process with the Community Health Improvement Process – ensuring that there are currently defined measures and that any emerging measures related to:
    - **a.** Adolescent Immunization
    - **b.** Well-Child visit
    - **c.** Teen Pregnancy

   are aligned and provide a full picture of the outcomes tracked by SBHCs and demonstrate improved health for children served.

Appendix 6.

Council on Advancement of School-Based Health Centers
Quality and Best Practices Workgroup Report
October 2017

Workgroup Members:

Jean-Marie Kelly, Chair
Patryce Toye
Sharon Morgan
Dr. Arethusa Kirk

This workgroup was reconstituted in September 2017 and held its first meeting on October 27, 2017.

The Quality and Best Practices Workgroup is studying the five SBHC performance measures put forth by the national School-Based Health Alliance. Those measures are –

a. Well Child Visit
b. Annual Risk Screen
c. BMI Assessment, Nutrition/Physical Activity Counseling
d. Depression Screening and Follow-up
e. Chlamydia Screen

The Workgroup is developing a list of questions to ask other states about how they collect information and report on these measures. Answers to these questions will inform the workgroup's recommendations to the Council about how to incorporate these performance measures in Maryland.