Council on the Advancement of School-Based Health Centers

2016 Annual Report (Final Draft)

History and Purpose

In 2005, the Maryland General Assembly passed House Bill (HB) 932, Education – *Child Care Administration and Programs of the Office for Children, Youth, and Families and Maryland Family Support Centers Network.* House Bill 932 transferred the School-Based Health Center (SBHC) from the Governor's Office for Children, Youth, and Families to the Maryland State Department of Education (MSDE) and further required MSDE to establish and staff the Maryland School-Based Health Center Policy Advisory Council.

In 2015, House Bill 375, *Health and Government Operations/Education, Health, and Environmental Affairs* repealed Annotated Code of Maryland, Education Article §7-4A-01 (2013) which established the Maryland School Based Health Center Policy Advisory Council (PAC) and established the Maryland Council on Advancement of School-Based Health Centers (Council). The purpose of the Council is to improve the health and educational outcomes of students who receive services from SBHCs. To achieve this purpose, the Council will advance the integration of SBHCs into the health care system and the educational system at the State and local levels.

Pursuant to Annotated Code of Maryland, Education Article §7-4A-05, the Council will develop policy recommendations to improve the health and educational outcomes of students who receive services from SBHCs by:

- Supporting local community efforts to establish or expand SBHCs capacity in primary care, behavioral health, and oral health;
- Integrating SBHCs into existing and emerging patient-centered models of care;
- Promoting the inclusion of SBHCs in networks of managed care organizations and commercial health insurance carriers;
- Advancing the public health goals of state and local health officials;
- 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;
- Supporting state and local initiatives to promote student success;
- Reviewing and revising best practices guidelines; and
- Supporting the long-term sustainability of SBHCs.

In addition, the Council will 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; provide guidance on the development of findings and recommendations based on the data; and conduct other activities appropriate to meet the purpose of the Council.

Overview of the Annual Report

On or before December 31 of each year, the Council reports its findings and recommendations to the Department of Health and Mental Hygiene (DHMH), MSDE, and the Maryland General Assembly in accordance with § 2-1246 of the State Government Article. The annual report will provide information on improving the health and educational outcomes of students who receive services from SBHCs. Each

year, the SBHC annual report should include information on the number and location of SBHCs that are not co-located within behavioral health services and recommendations on:

- The streamlining of the 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, and the expansion of the scope of existing SBHCs by MSDE and DHMH;
- The identification and elimination of barriers for managed care organizations to reimburse for services provided by SBHCs by managed care organizations; and
- Health reform initiatives under the Maryland Medicare waiver and patient-centered medical home initiatives.

This year's annual report provides an overview of the current SBHC landscape including the number and location of centers and a summary of the Council's structure and priorities for 2017. The report serves as a roadmap for the continued outreach, research, and policy recommendations the Council will pursue over the next 12-18 months.

Overview of SBHC Landscape

Currently, there is a total of 86 SBHCs operating across the State of Maryland. During the 2014-2015 school year, 28,162 students were enrolled in Maryland's SBHCs by their parents/guardians and 66,792 visits occurred. The mix of visits included:

- 26,459 visits were for somatic care;
- 20,297 visits were for mental health services;
- 18,491 were for case management and other services; and
- 1,545 visits were for dental care.

The following organizations support SBHCs throughout Maryland: Baltimore City Health Department; Baltimore Medical Systems, Baltimore County Public Schools, Baltimore County Health Department, Choptank Community Health System, Coppin State University, Dorchester County Health Department, Frederick Community Action Agency, Harford County Health Department, Johns Hopkins Medical Institutions, Maryland General Hospital, Montgomery County Department of Health and Human Services, Prince George's County Health Department, Washington County Health Department, and Wicomico County Health Department. Appendices one and two present SBHC utilization data disaggregated by jurisdiction, gender, and type of service.

Preliminary data collected from SBHC sponsors for the 2015-16 program year reveals that SBHC revenue is generated from diverse sources including fee-for-service billing, private contributions, and public revenue from state agencies and local governments. Currently, support from local jurisdictions represents approximately 61% of SBHC funding with the State providing approximately 37% of SBHC funding. The remaining funding of approximately six percent is generated from private donations and federal funding. Additional data collection is needed to fully understand the diversity of revenue sources SBHC sponsors are leveraging to sustain and expand SBHCs.

The Maryland State Department of Education administers approximately \$2.4 million in grants to SBHC sponsors. These funds represent approximately 33% of SBHC total funding. Grant awards range from \$53,000 to \$533,010 and represent only a portion of the cost associated with operating and sustaining a SBHC. Appendix three presents a summary of SBHC funds awarded by MSDE from 2015-2017 by jurisdiction. The Maryland Community Health Resources Commission (MCHRC) also supports SBHCs. Building the capacity of SBHCs and other community health resources is part of the statutory mission.

Over the last six years, the MCHRC has awarded 18 grants totaling \$4.7 million to SBHCs in 11 jurisdictions. These programs have collectively served more than 13,500 individuals and have provided access to primary/preventative care, mental health, and dental care services.

Structure and Priorities

Council Structure. There are 18 ex officio and appointed members of the Council. Two seats remain unfilled. Unfilled positions include a representative from the federally qualified health center (FQHC) to be nominated by the Mid-Atlantic Association of Community Health Centers and a pediatrician to be nominated by the Maryland Chapter of the American Academy of Pediatrics. Appendix four presents a roster of Council members and their affiliations. The Council held four meetings in 2016 with members and guests interested in the future of SBHCs.

In 2017, the Council will meet on a quarterly basis. Special guests will be designated to present topics to the Council. Meetings will also include strategy development by the full Council and work group sessions. The Council will be led by a Chair and Vice Chair and each work group will identify one person to serve as its chair. The table below identifies the responsibilities of each council position.

Table 1: Roles and Responsibilities of Council Leadership

Role	Responsibilities
Chair	 Oversee council meetings Provide input on the meeting agenda Establish work groups and appoint members Oversee completion of the annual report
Vice Chair	Provide support to the chairServe as chair in his/her absence
Work Group Chairs SBHC Quality and Best Practices System Integration and Funding Data Collection and Reporting	 Facilitate work group meetings Provide updates on work group progress during Council meetings Draft work group findings and recommendations to be included in the annual report

Council Priorities. During the August and September Council meetings, members and visitors reviewed the Council's legislative charge and worked to define a set of program and policy priorities for the Council to explore in 2017. The Council proposed *Sustainability* as the overarching theme for outreach and policy research in 2017. The focus will be to develop a vision for the future of SBHCs in Maryland and work to engage key stakeholders to promote the value and impact of SBHCs at the state and local levels. The Council will be working to answer the following administrative and policy questions:

- What is the overall vision and value proposition for the SBHC initiative? How do we engage a broader base of stakeholders to understand the need for, and impact of, SBHCs?
- What best practices are being implemented in Maryland and what opportunities exist to improve the level of quality and innovation? What business models are SBHCs employing and what can be done to secure diverse, sustainable funding?
- What successes and challenges of systems integration are faced by SBHCs in Maryland? To what extent are SBHCs leveraging the resources, funding, and supports available across public agencies and sectors? What are areas of improvement?

• What data is currently collected from SBHCs? How is the data reported? What improvements can be made to improve the quality and use of data to support the sustainability of SBHCs?

Table 2 below presents the three areas of work the Council will pursue. The table includes an outline of the specific priorities that will guide administrative and policy research and recommendations going forward.

Table 2: Council Priorities for 2017-18

Council Statement of Purpose

Improve the health and educational outcomes of students who receive services from School-Based Health Centers by advancing the integration of SBHCs into the health care and education systems at the State and local levels.

Area of Work	Priorities		
Quality and Best Practices	 Study SBHC sponsorship models employed in Maryland and nationally Understand current approaches to coordination of care and determine gaps in the provision of care (somatic, substance abuse and behavioral health services) Identify effective, sustainable business models – state and national best practices 		
System Integration and Funding	 Understand local and national models for system integration and funding for SBHC Identify ways that SBHCs are leveraging resources and coordinating care across state and local agencies and service providers Identify the funding and service linkages between MSDE, DHMH, DHS, and other public agencies 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 Review current SBHC RFP and application process to identify ways to improve the review and approval of SBHC (new and continuing; MSDE-funded and non-funded sites) 		
Data Collection and Reporting	 Establish performance measures to present the impact of SBHCs on health and education outcomes of students Identify opportunities to link SBHC utilization data to educational outcomes Identify opportunities to better capture data for substance abuse and behavioral health services Develop a trend analysis to understand the impact of SBHC over time by jurisdiction and population served 		

Appendix One: SBHC Demographic Data by Jurisdiction (2014-2015)

Reported 2014-2015	Number of SBHC Programs	Students Enrolled in SBHC	Students Served	Males Served	Females Served
Baltimore County	18	2,295	1,110	541	569
Caroline	9	3,933	2,869	1,352	1,517
Dorchester	4	1,776	737	305	432
Frederick	1	336	336	165	171
Harford	5	1,347	364	184	180
Howard	8	1,153	323	173	150
Montgomery	13	10,631	2,885	1,481	1,404
Prince George's	4	433	227	86	141
Somerset	1	305	305	174	131
Talbot	4	1,711	688	313	375
Washington	1	318	191	54	135
Wicomico	2	221	118	58	60
Baltimore City	16	5,368	2,609	1,261	1,348
TOTALS	86	28,162	12,571	6,093	6,478

Appendix Two: SBHC Utilization Data by Jurisdiction (2014-2015)

Reported 2014-2015	Total Visits	Somatic	Mental Health	Dental	Case Management or Other
Baltimore County	4,634	2,442	2,192	0	0
Caroline	11,675	4,731	5,750	1,194	0
Dorchester	4,349	2,675	1,674	0	0
Frederick	709	709	0	0	0
Harford	1,285	475	810	0	0
Howard	1,101	577	524	0	0
Montgomery	31,118	6,724	7,554	0	16,840
Prince George's	2,042	599	1,257	76	110
Somerset	0	0	0	0	0
Talbot	1,057	782	0	275	0
Washington	993	993	0	0	0
Wicomico	679	289	390	0	0
Baltimore City	8,143	6,456	146	0	1,541
TOTALS	66,792	26,459	20,297	1,545	18,491

Appendix Three: Summary of SBHC Funds Granted by MSDE

Jurisdiction	FY 2015 Actual	FY 2016 Actual	FY 2017 Appropriation
Baltimore City ¹	\$ 550,122.00	\$ 550,122.00	\$ 578,111.25
Baltimore County ²	208,795.00	201,804.00	201,803.00
Caroline County	83,235.00	83,235.00	83,235.00
Dorchester County	406,823.00	406,823.00	406,823.00
Frederick County	50,000.00	50,000.00	50,000.00
Harford County	157,853.00	157,853.90	157,853.00
Howard County	0	0	0
Montgomery County	255,478.00	255,478.00	255,478.00
Prince George's County	405,911.00	405,911.00	405,911.00
Somerset County	0	0	0
Talbot County	90,202.00	90,202.00	90,202.00
Washington County	200,384.00	200,384.00	200,384.00
Wicomico County	136,576.00	136,576.00	136,576.00
Evaluation and Technical Assistance (TA) ³	32,432.14	32,432.14	28,455.14
Total MSDE Investment	2,577,811.14	2,570,821.04	2,594,831.39

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¹ Baltimore City includes grants to Baltimore City Health Department, Coppin State and Baltimore Medical Systems

² Baltimore County includes grants to Baltimore County Public Schools and the Baltimore County Local Management Board

³ Evaluation and TA includes grants to Hilltop/UMBC and the Maryland Assembly on School Based Health Care

Appendix Four: Roster of Council Members

Ex Officio Members

Senator Richard Madaleno

Maryland State Senate

Delegate Bonnie Cullison

Maryland House of Delegates

Dr. Van Mitchell represented by Chad Perman

Director of Health Systems Transformation, Office of Population Health Improvement

Dr. Karen Salmon represented by Kristina Kyles-Smith

Assistant State Superintendent, Division of Student, Family, and School Support

Johnathan N. Kromm

Executive Director, Maryland Health Benefit Exchange

Mark Luckner

Executive Director, Maryland Community Health Resources Commission

Governor Appointed Members

Uma Ahluwalia

Montgomery County Department of Health and Human Service

Cathy Allen

Maryland Association of Boards of Education

Reggie Avery

Parent

Jean Paul Cadet

Principal, Oxon Hill High School

Kate Connor

The Rales Health Center at KIPP Baltimore Johns Hopkins University School of Medicine

Jennifer Dahl

CareFirst

John B. Gaddis

Public Schools Superintendents Association of Maryland

Nicole A. Johnson

Maryland Assembly on School Based Health Care

Barbara Masiulis

Baltimore County Public Schools Office of Health Services

Sharon Morgan

Maryland Association of Elementary School Principals

Maura Rossman

Maryland Association of County Health Officers

Raquel Ellen Samson

Director Health System Network Management