Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Council on Advancement of School-Based Health Centers

2023 Annual Report
Health – General § 19-22A-05
HB 221, Ch. 199 (2017)
MSAR # 11078

December 29, 2023

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Governor

Aruna Miller
Lieutenant Governor

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Secretary of Health

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Community Health Resources Commission

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

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Council on Advancement of School-Based Health Centers
2023 Annual Report
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a. December 1, 2022
b. April 5, 2023
c. October 16, 2023

Abbreviations

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

Bureau: Maryland Department of Health Bureau of Maternal and Child Health

CRISP: Chesapeake Regional Information System for our Patients (health information exchange)

CHRC: Community Health Resources Commission

Council: Council on Advancement of School-Based Health Centers

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

EHR: Electronic Health Record

FERPA: Family Educational Rights and Privacy Act

FQHC: Federally Qualified Health Center

HEDIS: Health Effectiveness Data and Information Set

HIPAA: Health Insurance Portability and Accountability Act

Kirwan Commission: Kirwan Commission on Innovation and Excellence in Education

LHIC: Local Health Improvement Coalition

MASBHC: Maryland Assembly on School-Based Health Care

MHBE: Maryland Health Benefit Exchange

MCO: Managed Care Organization

MDH: Maryland Department of Health

MOU: Memorandum of Understanding

MSDE: Maryland State Department of Education

Needs Assessment: statewide SBHC Needs Assessment performed by MDH's contractor in 2022

PCP: Primary Care Provider

QBP: CASBHC's Quality and Best Practices Workgroup

SBHA: School-Based Health Alliance

SBHC: School-Based Health Center

SHIP: State Health Improvement Process

SIHIS: Statewide Integrated Health Improvement Strategy

SIF: CASBHC's Systems Integration and Funding Workgroup

Executive Summary

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

As of December 1, 2023, there were currently 89 SBHCs across 16 jurisdictions in Maryland. During Fiscal Year 2023, all SBHCs in Maryland received grant funding totaling over $7 million from the MDH Bureau of Maternal and Child Health ("the Bureau").

Diagram 1 illustrates the distribution of SBHCs across Maryland. Jurisdictions indicated in green are the counties where SBHCs are currently located.

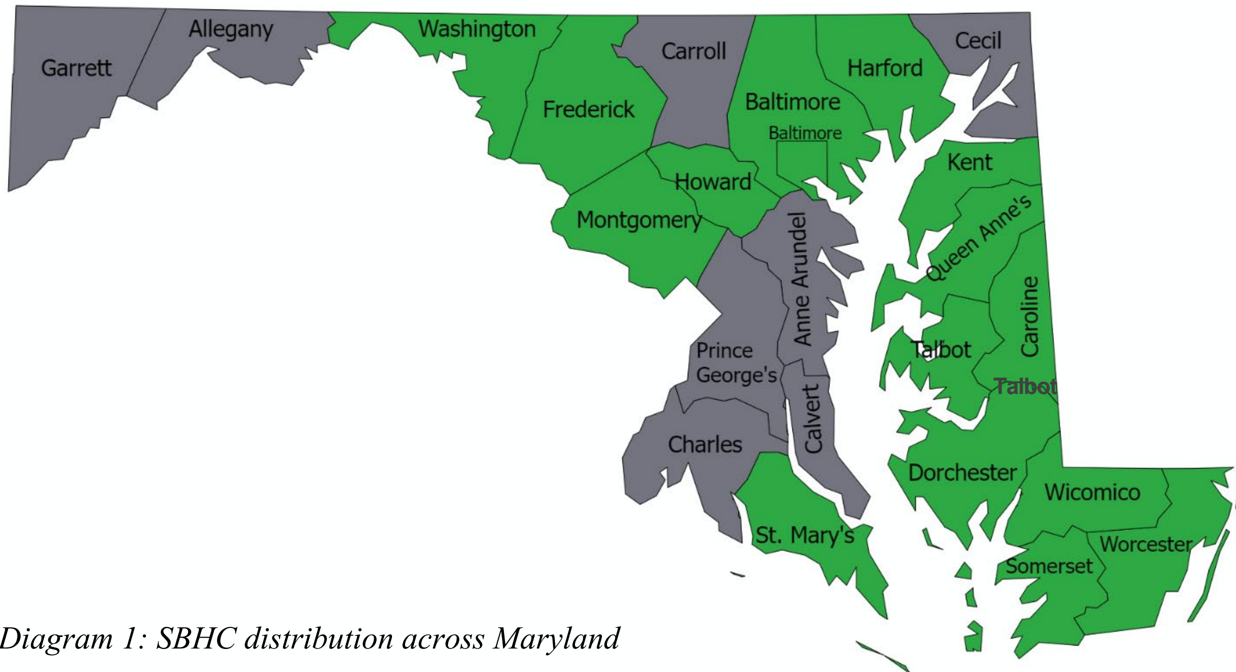

Diagram 1: SBHC distribution across Maryland

The Council made important progress on its mission in 2023. Key accomplishments are outlined below.

1. The Council issued recommendations for data to be collected and analyzed through the SBHC annual survey and other data sources. These recommendations, requested by the Bureau, included a number of suggested measures and the rationale for collecting each. The recommendations also included a list of measures that could be collected from sources other than the survey such as annual SBHC applications, MSDE, CRISP, Immunet, and others. The Council recommended: 1) that training and technical assistance be provided to SBHCs in completing survey questions; 2) that clear definitions be provided for each question, including the timeframe for each; 3) that the reporting burden on SBHC administrators be reduced by pre-populating data, pulling data directly from other sources, and building in logic tests; 4) that patient satisfaction surveys be developed; and 5) that SBHC Administrators be given sufficient time to adjust to any additional changes to the survey. Finally, the

Council recommended that the Department issue annual reports using SBHC data and use survey findings for data-driven decision-making. These recommendations are included in appendix 2.

2. The Council developed recommendations for a future SBHC quality and/or process improvement program. The recommendation proposed that such a program should not be implemented for 18 months or more, but planning should begin now. While SBHCs already are required to implement quality and/or process improvement programs, an opportunity exists to provide them with more support and feedback, including through a learning collaborative. The Council recommended a three-phase approach. During phase one, the Council recommended short interviews with SBHCs to understand their existing capacity and interests, as well as an assessment of the Department's capacity to manage such a program. During the second phase, the Council recommended interview results be used to identify potential areas of focus, that metrics be developed for these areas of focus, and that partners be engaged. Third would be a one- to two-year implementation phase, with a robust curriculum and significant technical assistance. These recommendations are included in appendix 3.

3. The Council developed recommendations related to the proposed requirement for a minimum of eight hours over two days per week of in-person clinician services at SBHCs. At the request of the Bureau, the Council considered whether minimum requirements should be set for weekly in-person clinician hours at SBHCs. The Bureau had included these requirements in its draft revised Standards. The Council recommended that while eight hours over two days per week would be ideal, SBHCs should have some flexibility and support. These recommendations are included in appendix 4.

4. Council recommendations supported a policy change by Maryland Medicaid to begin covering sports physicals (Preparticipation Physical Exams – PPE) by SBHCs. As part of its SBHC billing recommendations issued last year (2022), the Council recommended Medicaid reimbursement for sports physicals provided by SBHC clinicians. Maryland Medicaid, working with the Bureau, accepted that recommendation, and effective August 14, 2023, SBHCs may now bill Medicaid for sports physicals. A memo on this policy change is included in appendix 5.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2024. For more information about the Council, please contact Lorianne Moss, staff to the Council, at (410) 456-6525 or Mark Luckner, Executive Director of the Community Health Resources Commission, at (410) 260-6290.

Council on Advancement of School-Based Health Centers
Health – General § 19-22A-05
2023 Annual Report

I. Council Activities in 2023

The Council was established in 2015 to improve the health and educational outcomes of students who receive services from School-Based Health Centers (SBHCs) by advancing the integration of SBHCs into the health care and education systems at the State and local levels (Health – General § 19–22A–02(b)). It is comprised of 15 members appointed by the Governor and six ex-officio members from across state government. The Council is chaired by Dr. Katherine Connor, who serves as the Medical Director of the Johns Hopkins Rales Health Center at KIPP Baltimore. Dr. Patryce Toye, retired Chief Medical Officer for MedStar Health Plans, serves as Vice Chair. The full Council met three times during 2023.

Appointments. As of December 29, 2023, ten of the Council's fifteen seats are currently filled. Five positions currently are vacant. Nominations have been made and appointments are currently pending for three of the vacancies. A roster of Council members is included on page 11.

Council Meetings. The Council met three times during 2023. All meetings were held virtually.

At its April meeting, the Council approved recommendations related to SBHC data and a future SBHC quality/process improvement program. These recommendations are included in appendices 1 and 2, respectively.

At its October meeting, the Council received an update from the Bureau of Maternal and Child Health, including a presentation of new SBHC survey data. Also at this meeting, the Bureau presented four key issues and requested input from the Council: school construction funding for SBHCs, support for program expansion, areas for potential bonus payments through the SBHC grant program, and minimum in-person hours for SBHC clinicians. See further details in the workgroup reports below.

At its December meeting, the Council continued discussions of the Bureau's proposed requirement for a minimum of eight hours of in-person services over two days at each SBHC per week.

Meeting minutes from each of the Council meetings are included in appendix 6.

Workgroups. Much of the Council's work is conducted by its three workgroups.

Data Collection and Reporting (Data) Workgroup. The Data Collection and Reporting workgroup is co-chaired by Cathy Allen, representative of the Maryland Association of Boards of Education (MABE) and Vice-Chair of the St. Mary's County Board of Education, and Joan Glick, a Maryland Assembly on School-Based Health Care (MASBHC) representative formerly with the Montgomery County Department of Health and Human Services.

During 2023, the Data workgroup continued to monitor the annual survey of SBHCs, which had been expanded previously with input from the workgroup. The workgroup began the year by developing recommendations on data to be collected and analyzed from the survey as well as from other sources. These recommendations were approved by the full Council in April and can be found in Appendix 1. In fall, the workgroup met with the Bureau to discuss potential data reports and data analysis. At the request of the Bureau, Data workgroup leadership provided feedback to the Bureau in November with minor proposed revisions to the survey.

The workgroup has begun to develop additional recommendations for reports and analysis of SBHC data. The workgroup intends to present these recommendations for consideration by the full Council in 2024.

Systems Integration and Funding (SIF) Workgroup. The Systems Integration and Funding workgroup was co-chaired by Dr. Maura Rossman, representative of the Maryland Association of County Health Officers (MACHO) and Health Officer for Howard County Health Department, and Council Chair Kate Connor. Since Dr. Rossman's October resignation from the Council, Dr. Connor serves as the sole chair of this workgroup.

During 2023, the SIF workgroup looked at funding for SBHCs as well as integration between SBHCs and education systems. At the Bureau's request during the October meeting, the workgroup has begun to study support for expanding the SBHC program to additional areas of need, as well as school construction funding for SBHCs. The workgroup anticipates developing recommendations on these topics in 2024 for consideration by the full Council.

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

The QBP workgroup began the year by developing recommendations for a future SBHC quality and process improvement program. These recommendations are included in appendix 3. Then, at the request of the Bureau, the workgroup developed recommendations regarding the proposed minimum hours for in-person clinicians at SBHCs. These recommendations were approved at the Council's December meeting and are included in appendix 4.

In response to a request from the Bureau received at the October Council meeting, the workgroup has begun a discussion of potential areas for bonus payments under a "Base + Bonus" funding model. The workgroup plans to develop recommendations on this topic for consideration by the full Council in 2024.

II. Council Recommendations and Planning for 2024

In 2024, the Council will continue to offer its expertise to the Bureau and to Maryland Medicaid. This work is intended to be collaborative and will be guided by the following priorities:

- **Grant Program**. The Council and its SIF workgroup will continue to monitor the SBHC grant-making process. In addition, the QBP workgroup anticipates providing recommendations on areas for potential bonus payments.
- **School Construction**: The SIF workgroup will develop recommendations related to funding for SBHC construction/renovation and will bring those to the full Council in 2024.
- **Data**. The Council continues to recommend that SBHC data be made public in the form of reports or, eventually, a dashboard. The Data workgroup will continue to provide feedback regarding data collection, management, analysis, and dissemination, and will bring recommendations to the full Council in 2024.
- **Financial Sustainability.** The Council's SIF workgroup will continue to investigate SBHC financial sustainability and are encouraged by the commitment of the Bureau and Maryland Medicaid to collect data in order to better understand SBHC financing. The Council remains interested in working towards a possible enhanced Medicaid reimbursement model.
- **Integration with School Health Services**. The Council recommends deepening integration between SBHCs and school nurses. Systems level integration could include: increased data sharing and analysis, clarification on which services should be offered by School Health Services and which should be offered by SBHC practitioners, as well as best practices for referrals from school nurses to SBHCs. Integration between SBHCs and School Health Services also could be strengthened at the individual school level.
- **MCO cooperation**. The Council continues to encourage the Bureau and Maryland Medicaid to facilitate SBHC cooperation with MCOs. MCOs can help facilitate information-sharing between SBHCs and PCPs. Additionally, MCOs could be provided public student directory information in order to encourage SBHC utilization among their members.
- **Approval Processes**. The Council continues to recommend a streamlined, multi-year renewal process for SBHCs that have already been approved, as well as a streamlined and clarified process for approving new SBHCs.
- **Telehealth**. The Council continues to recommend the promotion of telehealth as a means of expanding the SBHC program to additional students and expanding the types of services SBHCs can provide.
- **Standards Revision**. The Council looks forward to the release of the revised SBHC Standards. The Council appreciates the Bureau's commitment to updating the Standards and values the Bureau's ongoing consultations with the Council.
- **Policies and Procedures**. The Council will continue to monitor the Bureau's development of new policies and procedures for the SBHC program and appreciates the Bureau's commitment to be collaborative, transparent and clear. The Council is available as a resource for the Bureau as these policies and procedures are developed.
- **Expansion**: The SIF workgroup will continue to consider ways to support the expansion of the SBHC program and may develop additional recommendations in 2024. The Council makes itself available as a resource to the Bureau as it fulfills its legislative mandate to expand the SBHC program to additional jurisdictions, schools, and students.

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

The Council will continue to offer its expertise and guidance during the 2024 General Assembly session as it relates to SBHC financial sustainability, systems integration, data priorities, and quality

and best practices. The Council will continue to partner with the Maryland Assembly on School-Based Health Care through the provision of subject matter expertise and leadership.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2023. For more information about the Council, please contact Lorianne Moss, staff to the Council, at (410) 456-6525 or Mark Luckner, Executive Director of the Community Health Resources Commission, at (410) 260-6290.

III. Roster of Council Members

Appointed by the Governor

Dr. Katherine Connor, Chair Maryland Assembly on School-Based Health Care (The Johns Hopkins Rales Health Center, KIPP Baltimore)	**Dr. Patryce Toye, Vice Chair** Maryland Assembly on School-Based Health Care (retired, MedStar Health Plans)
vacant Maryland Assembly on School-Based Health Care	**Jean-Marie Kelly** Maryland Hospital Association (ChristianaCare)
Joan Glick Maryland Assembly on School-Based Health Care (retired, Montgomery County Dept. of Health and Human Services)	**Dr. Arethusa Kirk** Managed Care Organization (UnitedHealthcare)
Cathy Allen Maryland Association of Boards of Education (St. Mary's County Board of Education)	**vacant** Secondary School Principal of a School with an SBHC
vacant Public Schools Superintendents Assn. of Md.	**Scott Steffan** Md. Assn. of Elementary School Principals (Gaithersburg Elementary School)
Gabriella Gold Commercial Health Insurance Carrier (CareFirst)	**vacant** Md. Association of County Health Officers
Dr. Diana Fertsch Md. Chapter of American Academy of Pediatrics (Dundalk Pediatric Associates)	**Christina Bartz** Federally Qualified Health Center (Choptank Community Health Systems)
vacant Parent/guardian of a student who receives services from SBHC	

Ex Officio Members

Senator Clarence Lam Maryland State Senate	**Delegate Bonnie Cullison** Maryland House of Delegates
Dr. Shelly Choo Designee of the Secretary of Health Director, Maternal and Child Health Bureau	**Mary L. Gable** Designee of the State Supt. of Schools Assistant State Supt., Student, Family, and School Support
Andrew Ratner Chief of Staff, Maryland Health Benefit Exchange	**Mark Luckner** Executive Director, Maryland Community Health Resources Commission

Appendix 1.

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

Chapter 417 of the Acts of 2015 requires the Council to report data on Maryland school-based health centers. This data is provided by the Maryland Department of Health (MDH).

The MDH Bureau of Maternal and Child Health has collected SBHC data through its annual survey. A report on this data will be released at a later date and will be available of the CBHC program website: https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Pages/default.aspx

Appendix 2.

SBHC Annual Survey Recommendations
Council on Advancement of School-Based Health Centers
April 25, 2023

The Council on Advancement of School-Based Health Centers and its Data workgroup have worked for several years to support the updating and improvement of the annual survey of School-Based Health Centers (SBHCs). The workgroup appreciates the Bureau of Maternal and Child Health's interest in taking a fresh look at these issues and receiving additional recommendations from the Data workgroup.

These recommendations are organized as follows: (A) overall recommendations; (B) measures recommended for the next survey; (C) measures that could be collected from other data sources; (D) potential measures to consider for future survey; and (E) other resources.

A. Overall recommendations

1. **Reduce the overall burden of the survey on SBHC Administrators**. The Council recommends several steps in order to reduce the burden of the survey on SBHC Administrators:
   a. **Auto-fill information**. This is a big issue for sponsoring agencies who may oversee many sites (leadership and structure are frequently the same). Other data points will not change year after year (ex. type of electronic medical records (EMR), schools served, etc). The survey should pre-fill these questions for survey respondents, while allowing the respondent to make changes, if applicable.
      i. For example, when submitting staffing information, this could be done once (initial survey) then auto-populated each year, with the option to change the information.
   b. **Pull data from other sources**. Some data can be collected by the Bureau from other sources and should not be included in the survey. See C. below.
   c. **Build logic tests into the platform**. For example, the sum of students broken down by demographic must equal the total number of students.
   d. **Reduce overall number of questions**. Some questions can be eliminated entirely, for example "Levels" of service, data pulled from other sources, etc. Some questions could be asked with less detail, for example, eliminate some demographic breakdown requirements if not useful.

2. **Utilize three categories of enrollee (user) data as broken down and identified below.** The Council recommends clarifying the enrollment (user) data into three groups as follows:
   a. **<u>Students</u>** enrolled in the SBHC:
      i. These are students attending the school where the SBHC is located (in elementary school, write the grades, i.e. K-5, PreK-5, etc. Note: some schools may serve K-8, etc.)
      ii. Students enrolled in identified feeder/spoke schools
   b. **<u>Other Children</u>** enrolled in SBHC (the Bureau should clarify which of the following should be included in an overall count of "other children"):
      i. Other public schools not formally connected with SBHC
      ii. Private/religious schools
      iii. Siblings

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iv. Homeschooled
v. Children of students
vi. Not enrolled in any formal school

c. **Adults** – including staff, parents, and community members.

3. **Provide training and technical assistance to SBHCs in completing survey questions**. The Council recommends working with SBHCs to explain the questions, show how the data can be extracted from their EMRs, and potentially fund IT upgrades to EMR systems to create customized reports. This may require individualized technical support before the survey is submitted, since SBHCs are using a wide variety of EMRs. Technical assistance should also be provided *after* a survey has been submitted in order to discuss data inaccuracies and provide support to improve data accuracy going forward.

4. **Provide clear definitions on what is being asked to collect (see enrollee examples above) and clarity on time frames of survey questions**. The Council recommends clear definitions for each question, including the timeframe or snapshot in time (e.g., on September 30, or on the date of the survey's submission, or during the time period August 1-July 30, etc.).

5. **Allow SBHC Administrators time to adjust to changes to the survey**. While changes to the survey are needed, the Council recommends a gradual approach. SBHC Administrators may not be able to respond to a new question the first year they see it.

6. **Use survey findings for data-driven decision-making (DDDM)**. The Council strongly recommends that each year SBHC program staff meet with each SBHC program individually to discuss their survey responses and other relevant data. The survey and other data should not be used just to provide a snapshot of the SBHC program, but also should be used to drive decision-making. Where are gaps? Where are additional resources needed? Which SBHCs may need additional support? How do they compare with other SBHCs in Maryland? How do they compare nationally? Etc.

7. **Issue annual reports using SBHC data**. The Council recommends the Bureau develop annual reports on the SBHC program using data from the survey and other sources. Reports for individual SBHCs could also be developed. The Data workgroup will be pleased to provide additional feedback on the components of an annual report. Examples from other states include:
   a. North Carolina: https://publichealth.nc.gov/wch/doc/aboutus/NCSHC-AnnualReport-FY2013-2018-WEB.pdf
   b. Michigan: https://scha-mi.org/wp-content/uploads/2021/08/2020-SCHA-MI-Annual-Report_FINAL.pdf
   c. New Mexico: https://www.nmasbhc.org/wp-content/uploads/sites/32/2023/01/NM-SBHC-_21-22_Annual-Report.pdf. Note: New Mexico and others use consultant Apex Evaluation (www.apexeval.org)

8. **Baseline data for new SBHCs**. The Bureau should provide technical assistance to new SBHCs to collect baseline data in order to demonstrate impact. The expansion of the program to

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new schools and sponsors will be a good opportunity to show return on investment. Having clear baseline measures will be valuable to this end.

9. **Exit surveys**. The Council recommends the use of brief exit surveys to measure SBHC satisfaction with training, technical assistance, webinars, and other elements of the program. SBHC Administrators also should be asked to provide input on what future programming would be most helpful to them.

10. **SBHC patient satisfaction surveys**. The Council supports the use of brief patient satisfaction surveys after receipt of services. SBHCs may require technical support in order to implement these and should be given time to plan. The Bureau may wish to provide guidance on whether a student can provide this information without parental permission, as well as what accommodations should be made for speakers of other languages.

11. **Support SBHC sponsors in applying for grants.** Survey data should be used to help SBHCs apply for grant funding. For example, the Maryland Consortium on Coordinated Community Supports will release Calls for Proposal in 2023 to expand access to student behavioral health services and related wrap around needs.

12. **Collaborate with Medicaid Managed Care Organizations (MCOs)**. One example is to encourage MCOs to collect data on "current school attending" on an annual basis. Each MCO can provide information on SBHCs and the services offered to their families with children attending schools with SBHCs. The Bureau should consider creating a brochure on SBHCs for distribution to MCOs. The Bureau can inform MCOs of the availability of public information such as the school student directory.

B. Measures recommended for the next SBHC annual survey:

Below are the measures the workgroup recommends collecting through the annual survey. The rationale for each measure is provided in response to the questions provided to the workgroup by the Bureau on December 19. The CASBHC Data workgroup offers to continue to work with the Bureau on the SBHC Annual Survey on phrasing and definitions for all survey questions.

1. **Somatic Health Services**. Rationale: legislative interest, equity, comparisons, growth.
   a. Collect information on 3 well defined categories of enrollees: **Students** enrolled at the SBHC and feeder school locations, **Other Children**, and **Adults**.
   b. Break each down by demographics, insurance status, and visits (both duplicated and unduplicated)
   c. Did you provide telehealth visits (as of Sept. 30) and if not using telehealth as of September 30, did the SBHC add telehealth during the remainder of the school year? Collect information on telehealth visits (#, type, demographics, insurance)

2. **Behavioral Health Services.** Rationale: legislative interest, comparisons, growth, DDDM.
   a. Collect behavioral health visits/types provided by the SBHC somatic health providers.

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        i. Which services/# visits for: mental health screenings/assessments, individual mental health counseling/therapy, group mental health therapy, substance use disorder (SUD) screenings/assessment, SUD counseling/therapy

   b. Collect behavioral health visits/types provided by the SBHC behavioral health providers. Do they utilize telehealth? Who is responsible for collecting this data? (frequently it is not the Administrative Agency but a collaborator at the SBHC).
      i. Which services/# visits for: mental health screenings/assessments, individual mental health counseling/therapy, group mental health therapy, SUD screenings/assessment, SUD counseling/therapy
   c. Determine which SBHCs have behavioral health services provided by others (both school staff and community providers) *within* their SBHC school.
   d. Determine which SBHC schools only refer to outside community providers.

3. **Oral Health Services.** Rationale: legislative interest, comparisons
   a. Services, type and # provided by somatic health providers (ie fluoride varnish)
   b. Services, type and # provided by Oral Health Providers

4. **Billing Measures**. Rationale: DDDM
   a. Insurance status of students enrolled in the school, other children, and adults
   b. Insurance claims
   c. Insurance revenues

5. **Clinical Performance Measures.** Rationale: The School Based Health Alliance (SBHA) has standardized performance measure that allow comparison to other states' SBHC programs. Please note: there are 10 performance measures collected in the Quarterly Review submitted to the Bureau by SBHC Administrators. The Council recommends the Bureau eliminate redundancy by determining which measures should be reported quarterly, and which should be in the Annual Survey.

   a. **Well Child Visits.** Additional rationale: demonstrate value of SBHCs to MCOs as this is a HEDIS measure and could eventually lead to value-based purchasing
      i. Note: While the SBHA recommends including the counting of any well child visit at the SBHC or another location (primary care provider (PCP), etc), this would be burdensome for SBHC to collect. If this data point is desired, consider requesting information from MCOs or the Chesapeake Regional Information System for our Patients (CRISP).
   b. **Health Risk Assessment.** Performed any time during the school year.
      i. The SBHA recommends collecting this as a percentage, in which the numerator is the number of unduplicated SBHC clients with documentation of ≥ one age-appropriate annual risk assessment during the school year and denominator is number of unduplicated SBHC clients who had at least one visit of any type to the SBHC during the school year.
      ii. To ease the burden on SBHCs, the survey could ask for just the raw number of patients receiving a risk assessment, and the Bureau could convert to a percentage.
   c. **BMI assessment and nutrition/physical activity counseling**

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    i. Number of unduplicated SBHC clients aged 3- 20 years with BMI >85th percentile with documentation of the following at least once during the school year: BMI percentile; counseling for nutrition; and counseling for physical activity
    ii. To ease the burden on SBHCs, the survey could ask just for just the raw number of patients with elevated BMI receiving BMI screening and counseling, and the Bureau could convert to a percentage.

- **d. Depression screening and follow-up**
    i. Number of unduplicated SBHC clients aged ≥12 years screened for clinical depression and follow-up plan documented if positive screen
    ii. To ease the burden on SBHCs, the survey could ask just for just the raw number of patients with positive depression screen and follow-up plan, and the Bureau could convert to a percentage.
- **e. Chlamydia screening**
    i. Number of unduplicated SBHC clients identified as sexually active who had ≥1 test for Chlamydia documented during the school year.
    ii. Note: may not be appropriate for elementary schools
- **f. Vaccines.** Additional Rationale: this is a key priority for educators and would demonstrate value of SBHCs to them, legislative interest.
    i. Total number of doses of vaccines (broken down by types) administered
    ii. Could this information be pulled from Immunet instead?
- **g. Sports Physicals.** Additional Rationale: This is a key priority for educators and would demonstrate value of SBHCs to them. Possible Medicaid reimbursement policy change forthcoming.
    i. Total number of Preparticipation Physical Evaluations (PPE - sports physicals) during the School Year

C. Measures that could be collected from other data sources.

Whenever possible, the Council recommends collecting data from other sources, so as to minimize the burden on SBHCs. This data should always be shared with SBHCs, however, in order to help drive decision-making.

1. **Annual SBHC applications**: Rather than asking in the annual survey, SBHC annual applications could potentially be a source numerous data points. As the program expands, guided by the Needs Assessment, the Bureau will have information about equitable growth. Applications may contain data including the following:
    - **a.** Sponsor organization information (name, type)
    - **b.** Number of SBHCs. Rationale: Demonstrates program growth/change
    - **c.** Services provided at the SBHC. Rationale: Demonstrates program growth/change

2. **MSDE School Report Card**: The Maryland School Report Card can be accessed at https://reportcard.msde.maryland.gov. Currently the latest information provided is from the 2018-2019 school year but there is a notation that the SY2021-2022 Report Card results will be available by the end of February 2023. (SY19-20 and SY20-21 are not noted, likely due to

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Covid and its impact on collection of information.) The information/data is offered as State, District (County or Baltimore City), and individual schools. Information can also be further broken down similarly by District. Specific School information can be broken down by student group information; equity; similar schools (compared by grade span, race/ethnicity, economically disadvantaged, EL, and SWD). Similar school data is downloadable via a very detailed Excel spreadsheet. Examples of data that the Bureau may wish to consider pulling directly from school report cards include:

a. **School enrollment**
    i. The Bureau can use this as denominator for calculating percentages
b. **Attendance data/chronic absenteeism**. Rationale: use to advance equity, DDDM
    i. Could potentially demonstrate return on investment (ROI) for SBHCs – do schools with SBHCs have better attendance than comparable schools that do not?
    ii. Could potentially be used to encourage schools to reach out to children that are frequently absent for health reasons and connect them to SBHC services
    iii. SBHCs should not be held accountable to reduce absenteeism, as there are many other factors.
c. **Standardized test results**: State: English and Language Arts, Math, Science; National: SAT, ACT, AP, and NAEP (National Assessment of Educational Progress)
    i. Could potentially demonstrate ROI for SBHCs – do schools with SBHCs have better academic outcomes than comparable schools that do not?
    ii. SBHCs should not be held accountable for improving academic outcomes, as there are many other factors.
d. **Graduation rate**
    i. Could potentially demonstrate ROI for SBHCs – do schools with SBHCs have better graduation rates than comparable schools that do not?
    ii. SBHCs should not be held accountable for improving graduation rates, as there are many other factors.
e. **Other**. The following data could be used to demonstrate that SBHCs are serving schools with need and/or to demonstrate potential need for new/additional SBHCs and/or to identify schools with similar demographics to compare with schools that have SBHCs and/or to consider whether SBHCs have the right staff and right services to meet population needs (data-driven decision-making) and/or address equity
    i. Percentage of students with disabilities (ADA 504)
    ii. Students with Disabilities (SWD)
    iii. Economically Disadvantaged
    iv. Free and Reduced Meal Students (FARMS)
    v. Title I
    vi. English Language Learners (EL)
    vii. Migrant
    viii. Homeless
    ix. Foster Care

3. **CRISP**: The Bureau may be able to work with CRISP directly to provide data on all visits and to get data on emergency department (ED) utilizations/hospitalizations for SBHC enrollees.

Appendix 2.

Could be particularly useful for asthma ED visits. Rationale: potentially demonstrate value of SBHCs, DDDM.

4. **Immunet**: The Bureau may be able to work with Immunet directly to get data on vaccinations administered by SBHCs; this might allow the questions to be eliminated from the Survey. Rationale: vaccinations are a key priority for educators and would demonstrate value of SBHCs to them, legislative interest.

5. **Samples involving a subset of SBHCs**. Some data is very labor intensive and could be collected from a limited number of SBHCs rather than required of all SBHCs in the program. A **public health intern** could be deployed to work with selected SBHCs to help gather this information. Examples include:
   a. Seat time – see SBHA proposal
   b. Return to class – students referred to the SBHC during the course of the day due to minor illness/injury (ie no fevers) who are able to return to class after their SBHC visit

6. **Case studies**. Use qualitative data to present case studies of students who have really been helped by SBHC. Could tell the story of how SBHCs support children with chronic conditions such as asthma or diabetes, children with special needs, etc. Including story-telling in an annual report could be powerful.

7. **Youth Risk Behavior Survey**. Could identify needs.

8. **MCOs**. May be able to provide data on their enrollees.

D. Potential measures to consider for future survey.

Due to limited resource availability, the following measures could be considered for snapshot surveys or for future annual surveys to get estimates. The Council recommends consultation with SBHC administrators to discuss the practicalities of collecting this data as this will not be in the EHR. These can be a snapshot in time or phrased “In the month of May, …….”

1. **Clarify wait times**. Rationale: legislature interested, DDDM.
   a. Number of children unable to be seen within 48 hours by SBHC for somatic health needs
   b. Number of children unable to be seen within 48 hours by SBHC for behavioral health needs
   c. Average wait time for students to receive SBHC services for somatic health needs.
   d. Average wait time for students to receive SBHC services for behavioral health needs. Use a check off of 1-2 weeks; 2-4 weeks; 4 weeks or more.

2. **Growth/change**. Rationale: legislature interested, DDDM. Ideally, this information would be apparent from SBHC applications. If not, could consider a few simple questions:
   a. As of September 30, what were the positions unfilled at this SBHC?

Appendix 2.

b. Did you add staff since the start of the school year (since Sept 30)? Y/N If Yes, add titles and hours.
c. Did you add telehealth services since the start of the SY? Y/N
d. Did you add a new type(s) of service? Y/N. If yes, please describe.

E. Other resources. The Data workgroup has provided a great deal of feedback on the survey in previous years. The following resources are recommended:

1. **CASBHC 2022 Annual Report:**
   https://health.maryland.gov/mchrc/Documents/SBHC%20PAGE/January%202023%20uploads/CASBHC%202022%20annual%20report%2c%20final.pdf

   Data Collection and Reporting (Data) Workgroup.
   During 2022, the Data workgroup continued to be interested in the annual survey of SBHCs, which had been expanded previously with input from the workgroup. The workgroup encouraged continued attention to the survey to improve the quality and accuracy of data collected, and to ensure data definitions are standardized and applied in a consistent manner by all SBHCs. The Bureau has indicated that it will revise the survey questions before implementing the 2021-2022 survey in the spring of 2023 and will consult with the Data workgroup during this process.
   The workgroup remains interested in working towards a future state where data is collected in real-time; i.e., systems with unique patient identifiers that automatically collect and share data, potentially obviating the need for an annual survey. This would take many years to plan and achieve. North Carolina may be a promising model in this regard. The workgroup may help investigate different software options as well as other considerations such as required legal agreements.
   Over the long- and intermediate-term, there is a desire to capture more outcomes data and to use that data to monitor and respond to observed trends.

   Summary for 2023: Data. The Council looks forward to engaging with the Bureau and the MDH Data Office to improve the quality of SBHC survey data. The Council recommends SBHC data be made public in the form of reports or, eventually, a dashboard. The Data workgroup will be pleased to continue to provide feedback regarding data collection, management, analysis, and dissemination.

2. **CASBHC 2021 Annual Report:**
   https://health.maryland.gov/mchrc/Documents/CASBHC%20Annual%20Report%202021%201.13.21%20to%20print.pdf
   See pages 32-37

3. **Harbage Report:**
   https://health.maryland.gov/mchrc/Documents/rural%20health/Harbage%20Consulting%20SBHC%20White%20Paper%2011.1.19%20for%20CHRC%20website%20posting.pdf

Appendix 3.

Recommendations for SBHC Quality and/or Process Improvement Program
Council on Advancement of School-Based Health Centers
April 25, 2023

The Council recommends the Bureau work with SBHCs on quality and/or process improvement programs, and appreciates the Bureau's interest in receiving recommendations on this topic. While SBHCs already are required to implement quality and/or process improvement programs, they have been given minimal support or feedback. Because of the expertise that resides in the Bureau and the Department as a whole, the workgroup believes this is the ideal time to begin to develop a more robust quality and/or process improvement program, including a learning collaborative.

Timing: Many changes have been occurring at the SBHC program, and the workgroup believes the timing of new initiatives should be carefully considered to ensure SBHC Administrators have the capacity to implement them well. For example, during this calendar year, SBHC Administrators will need to adjust to revised Standards with which many may not immediately be able to comply. (The workgroup observes that participation in a quality improvement learning collaborative is anticipated to be a requirement of the new Standards.) The CRISP learning collaborative recently began, and improved CRISP connectivity by SBHCs will help to lay some groundwork for the quality improvement initiative. In addition, SBHC Administrators will need to respond to a revised annual survey and are likely to require technical support to do so. New SBHCs should be given time to establish their programs before joining a quality and/or process improvement learning collaborative.

The QBP workgroup recommends that efforts to develop a SBHC quality and/or process improvement learning collaborative begin now at the agency level. However, SBHCs may need 18 months or more before they have the bandwidth to actually participate in a quality improvement learning collaborative.

The workgroup recommends a series of steps to help prepare for and launch a SBHC quality improvement learning collaborative.

<u>**Phase 1: Information Gathering**</u>

1. **The workgroup recommends short interviews with SBHC Administrators and/or SBHC Quality Management and Improvement Officers or Coordinators to understand their existing capacity to implement a quality and/or process improvement program**. The responses to these questions will help to inform planning for the learning collaborative going forward. For example, depending on differences across SBHCs, the Bureau may wish to break the learning collaborative into two or more groups based on either level of experience or area of interest. If some SBHCs have a great deal of experience, the program may be structured such that those SBHCs are used as models for the others.

   Interviews could be conducted by MDH staff or a contractor. Questions should be provided in advance. The workgroup recommends the following question set for interviews:

   1) What quality improvement or process improvement projects, if any, have your SBHCs worked on during the past five years (i.e. pre-pandemic, during pandemic, post-pandemic)? Please briefly describe the project and the data you used to track it. (Note: this information may be included in annual applications, and the workgroup recommends reviewing it before conducting interviews.)

Appendix 3.

2) What are the top three most important clinical/health related challenges facing the patients you serve right now? (ex. asthma, obesity, STIs, delinquent well child visits, missing vaccinations, behavioral health problems, etc. May vary for elementary vs high schools, etc.) Which process improvement projects would be most beneficial for your SBHCs? (ex. boosting SBHC enrollment, expanding SBHC utilization, improving collection of student insurance information, improving information-sharing with PCPs, enhancing coordination with school nurse, implementing patient satisfaction surveys, tracking return to class, addressing absenteeism, making referrals to address Social Determinants of Health, etc.)
3) Do you have the capacity to do a quality and/or process improvement project around one of these topics currently? Why or why not? If no, what resources and support would you need to conduct a quality improvement project around one of these topics? (ex. developing a plan, selecting data measures, setting goals, coordination with/support from MCOs or other groups, financial support, staff training, CRISP support, other technical assistance, etc.). If yes, what resources would you apply to a future project?
4) Do you have anything else to add that would be important as quality improvement programs and learning collaboratives are developed?

2. **The workgroup recommends the Bureau assess its own capabilities to manage a quality and/or process improvement program.** This assessment would be done concurrent to the interviews and should answer the following questions:
   - Which staff have expertise in implementing quality and/or process improvement programs?
   - What experts in data and/or EMRs could help with the program?
   - What financial resources could be made available for this effort?
   - Will financial resources be available in future years?
   - What tools and technical support could be provided to learning collaborative participants?
   - Should a contractor be hired to administer the program?

   In addition, the Bureau may consider the following preparatory steps for launching a quality and/or process improvement learning collaborative:
   - Clarifying the qualifications and responsibilities of the Quality Management and Improvement Officers or Coordinators, as well as training that the Bureau will provide
   - Developing an easy-to-use template SBHCs can use for their quality improvement programs. The National Committee for Quality Assurance (NCQA), Qlarant, and CMS may have some templates that could be adapted.
   - Identifying a contact person (accountable role) at the Bureau for the quality improvement program.
   - Developing a curriculum and goals for the collaborative.
   - Continuing to support SBHCs' use of CRISP, including by clarifying language related to CRISP in the Notice of Privacy Practices used by Local Health Departments and developing procedures to ensure confidential services provided via minor consent are suppressed or not recorded in CRISP.
   - Considering a recognition process/structure for SBHC participants to create an incentive to build and share best practices.

Appendix 3.

Phase 2: Strategic Planning Based on Interview Results

1. **The workgroup recommends that the Bureau use the interview results to identify potential areas of focus for SBHC Quality Improvement (QI) and/or Process Improvement (PI) efforts, like**:

- Increasing SBHC enrollment
- Increasing SBHC utilization
- Addressing asthma, obesity, STIs, behavioral health
- Improving accurate and timely billing
- Increasing well child visits
- Increasing vaccinations
- Implementing patient/parent satisfaction surveys
- Improving communication with PCPs
- Reducing absenteeism
- Providing sports physicals
- Measuring return to class rates for students permitted to return

The Bureau could permit SBHC Administrators to select from a handful of focus areas and offer flexibility to tailor their QI/PI programs. For example, elementary schools may have different priorities than high schools, and different geographic regions may have different priorities.

The Bureau could also provide guidance for SBHCs to focus on a small set of measurable goals like process improvement goals and/or quality improvement goals which align with state priorities.

2. **The workgroup recommends that the Bureau identify best practices, strategies, and potential workplans that SBHCs can use to improve quality and processes in the selected areas.** Be mindful that some interventions may not be available for all SBHCs, for example, not every county has an asthma home visiting program. Additional strategies and best practices could be identified and shared by SBHCs after the learning collaborative has begun.

3. **The workgroup recommends that the Bureau develops common metrics that SBHCs can use to measure their progress (ex. ER visits for asthma).** Goals should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound). Baseline data should be collected. Metrics could align with:
    - Maryland SBHC annual survey metrics
    - CASBHC Data workgroup recommendations
    - Maryland SIHIS goals or strategies
    - HEDIS measures supported by Maryland Managed Care Organizations (MCOs)
    - Other states' metrics (see SBHA National Quality Initiative)

In addition, some common metrics could be developed to demonstrate the value of SBHCs broadly, while allowing specialized metrics for local priorities.

4. **The workgroup recommends that the Bureau engages with CRISP, MCOs, Maryland Medicaid, Hilltop, and other entities that could help to provide data needed to measure programs.** Potential strategies could include establishing points of contact and developing data sharing agreements. In addition, surveying partner entities could help identify their own areas of focus. For example, MCOs may be most interested in access to care and continuity of coverage, closing gaps in care (HEDIS measures), and improving health outcomes and consumer satisfaction. These existing sources of data could then be maximized to reduce the burden of data collection for SBHCs.

Phase 3: Implementing the Learning Collaborative (begin 2024 or 2025)

Appendix 3.

1. The workgroup recommends the Bureau implements a plan that incorporates the following:

Facilitator	Bureau or Contractor
Participants	Quality Management and Improvement Officers or Coordinators (representing their SBHCs/sponsor agencies)
Cadence	Monthly meetings initially, potentially reduce frequency as programs are underway
Duration	1-2 years or more
Curriculum	• Fundamentals of Plan-Do-Study-Act or similar approaches • Data review at regular intervals • Other components dependent on key design decisions made during Phase 2
Goals	1. Create a quality and/or process improvement program report workflow to be used by each SBHC 2. Discuss results of the quality improvement program with each SBHC/sponsor 3. Benchmark targets against an established SBHC baseline (procured from best practices from select SBHCs) 4. Use results to help demonstrate the value of SBHCs (ex. key quality indicators could be used to educate local school boards, legislators, grant-makers, and others about the value of SBHCs) 5. Socialize results with MCOs as a means to begin a discussion of future value-based payments to SBHCs
Committees	Formed in response to specified needs
Support	• Ad Hoc Membership: Other SBHC staff • Technical Assistance: Individualized support for EMR data extraction, etc.

Appendix 4.

Recommendations re: SBHC Provider Minimum Hours Requirement
Council on Advancement of School-Based Health Centers
December 18, 2023

Context

- The Council agrees that all SBHCs should offer in-person services such as sports physicals, well child visits, and immunizations, and that in-person interactions between SBHC staff, students, parents/guardians, school staff, and community members will improve integration.
- The Council appreciates MDH's commitment that SBHCs be able to offer telehealth services consistent with other health care providers. The Council supports that there should be in-person services at every SBHC so that all the outlined medical services can be provided.

Recommendations

- The Council recommends that decisions about the number of hours of in-person services per week be left to SBHC sponsors, as these decisions should consider the volume of utilization of the SBHC and workforce constraints. This approach would be consistent with other health care providers.
- Instead, the Council recommends that the Standards state, "ideally, a minimum of eight hours over two days per week."
- In the event that MDH establishes a requirement in the SBHC Standards that each SBHC provide an on-site clinician for a minimum of eight hours over two days per week, the Council recommends the following:

    1. Earmarked and continuous financial support to supplement funding for clinician time;
    2. Funding and other support for expanding utilization of the SBHC; and
    3. A process for seeking a waiver of the minimum hours required, consistent with other waiver processes for other requirements in the Standards.

DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
School Based Health Centers Transmittal No. 1
Managed Care Organizations Transmittal No. 181
August 15, 2023

TO: School Based Health Centers
Managed Care Organizations

FROM: Sandra E. Kick, Director
Medical Benefits Management

RE: Medicaid Coverage of Sports Physicals, Effective August 14, 2023

NOTE: Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.

This transmittal is to inform all Maryland School Based Health Centers (SBHCs) that Maryland Medicaid will now cover sports physicals provided in SBHCs by certain licensed providers. This coverage expansion takes effect on August 14, 2023 and will facilitate access to sports physicals for student sport participation.

Sports physicals are a valuable tool to identify potentially life-threatening conditions as well as other issues that could pose a threat to a student's health. This type of physical exam focuses on cardiovascular and musculoskeletal issues that affect participation in sports and does not substitute for a comprehensive well-child exam. Because sports physicals and well-child exams are two separate exams, they may be performed independently or together during the same visit.

The Maryland Department of Health (MDH) is currently in the process of revising the regulations to align with this transmittal guidance.

The coverage expansion permits SBHCs to bill for sports physicals for any Medicaid-enrolled student. Medicaid will pay for one sports physical per benefit year for members between the ages of 6 and 18. Providers, including physicians, nurse practitioners and physician assistants, can perform and bill for this service.

To receive reimbursement from Medicaid for performing sports physicals, claims must be billed with the following information:

Appendix 5.

- Identify the sports physical as a self referred service using Place of Service Code 3 for schools.
- Use primary diagnosis ICD10 code Z02.5 (medical encounter for examination for participation in sports).
- When billed alone with the appropriate diagnosis of Z02.5 and 99212, fee-for-service (FFS) reimbursement for non-FQHC sponsored SBHCs is $61.84.
- SBHCs must follow relevant billing instructions for HealthChoice MCOs.
- FFS claims for FQHC-sponsored SBHCs need to be billed with procedure code T1015 in order to receive the all-inclusive cost based rate.
- Sports physicals and well-child exams may be billed on the same day on the same claim if both exams were performed, so long as the provider includes modifier 25 with well-child exam codes 99383 and 99384 and ICD-10 diagnosis codes from the following series: Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, or Z02.8X.

	CPT Code	ICD-10 Code	FFS Rate	Place of Service Code	Modifier Required	Limitations
Non-FQHC Sponsored School Based Health Center	99212	Z02.5	$61.84	03 - School	N/A	One sports physical per benefit year for students ages 6-18.
FQHC Sponsored School Based Health Center	99212	Z02.5	NA	03 - School	T1015*	One sports physical per benefit year for students ages 6-18.

***FQHC-sponsored school based health centers must bill procedure code T1015, as the sports physical provided will be included in the center's all-inclusive cost-based rate.**

For additional questions about this transmittal, please contact Earl Tucker, Supervisor, Clinic and Laboratory Services, at earl.tucker@maryland.gov.

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

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

Thursday, December 1, 2022
9:30 AM – 11:10 AM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Consulting Medical Director MedStar Family Choice
3. Joy Twesigye, Maryland Assembly on School-Based Health Care | Vice President, Health Systems Integration, Colorado Access
4. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
5. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
6. Rick Robb, Secondary School Principal with SBHC | Principal, Patuxent Valley Middle School
7. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
8. Maura Rossman, Maryland Association of County Health Officers Member | Local Health Officer, Howard County
9. Christina Bartz, Federally Qualified Health Center | Director of Community Based Programs, Choptank Community Health Systems
10. Gabriella Gold, Commercial Health Insurance | Director, Market-Driven Network Strategy, CareFirst BlueCross BlueShield
11. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | Pediatrician, Dundalk Pediatric Associates

Ex Officio

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

Public

1. Courtney McFadden, Deputy Director, PHPA, MDH

2. Benjamin Wormser, Maternal and Child Health Bureau, PHPA, MDH
3. Sadie Peters, Maternal and Child Health Bureau, PHPA, MDH
4. Bella Chant, Maternal and Child Health Bureau, PHPA, MDH
5. Kristen Yirenki, Maternal and Child Health Bureau, PHPA, MDH
6. Linda Rittelmann, Maryland Medical Assistance Program, MDH
7. Alicia Mezu, MSDE
8. Kristi Peters, MSDE
9. Scott Tiffin, Chief of Staff, Office of Sen. Lam
10. Alicia Nelson, St. Mary's Health Department
11. Pam Kasemeyer, Schwartz, Metz, Wise & Kauffman, P.A.
12. Robyn Elliott, Public Policy Partners

9:30 AM Roll-Call

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

9:35 AM Minutes from September 12, 2022 Meeting

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

9:40 AM Legislative Updates

Delegate Cullison said she anticipates the General Assembly may take up a bill to facilitate Medicaid reimbursement for behavioral health treatment by school health personnel. Another bill may expand vision services in schools. She said Governor-elect Wes Moore is committed to supporting community schools, and this will be a good context for the Council's work.

Scott Tiffin said Senator Lam will work on bills related to health workforce shortages.

9:45 AM SBHC Billing Recommendations

Maura Rossman introduced the recommendations developed by the Systems Integration and Funding workgroup related to billing by SBHCs. The recommendations will be edited slightly to spell out acronyms. There was also a question as to whether the recommendation to share school enrollment lists would be contrary to FERPA requirements. Mary Gable confirmed that sharing student "directory" information is consistent with FERPA. The SIF document uses 'directory' in its language.

Kate Connor thanked everyone who helped develop the recommendations, including key staff at MDH who also have been taking steps to support SBHC billing. Delegate Cullison said she will look into any areas of the recommendations that may need policy support. Jean-Marie Kelly moved to approve the recommendations and Maura Rossman seconded the motion. There were no oppositions or abstentions. The SBHC billing recommendations were approved.

10:05 AM CASBHC Annual Report

Lorianne Moss said the Council's annual report has been drafted for review by Council members. It is not yet finalized and will be circulated when final to Council members for an electronic vote later this month. She thanked MDH for helping to pull together the data required for the report, which has a time lag due to delays in updating the annual survey. Delegate Cullison encouraged the inclusion of more

current data in future reports. She also encouraged a broader distribution of the report in order to educate more legislators about SBHCs.

10:15 AM Agency Updates

Shelly Choo presented slides to update the Council on the SBHC program.

Map: Dr. Choo presented a map showing 95 SBHC programs in 17 jurisdictions of Maryland. Delegate Cullison urged the Bureau to do outreach with the remaining seven jurisdictions, as access to health care is a significant issue in many of these places. Shelly Choo agreed and said the Needs Assessment will help to guide this work. Ben Wormser added that jurisdictions that currently do not have SBHCs were asked to provide input in the Needs Assessment.

Standards: The Bureau is completing its revision of the SBHC Standards, with an expected release in spring 2023. The Bureau will share its final draft with stakeholders, including the Council. Shelly Choo thanked the Council for its input to date.

Regulations: The Bureau is developing new regulations related to the SBHC program. These regulations will define key terms, describe the significance of being "approved" as an SBHC, outline termination and suspension procedures, and cite corresponding Medicaid regulations. The Bureau would like to engage with a small group of Council members and SBHC Administrators to discuss the regulations. The anticipated release date is spring 2023.

Grant Program: The Bureau approved and executed over $7 million total in grants to SBHCs for FY 2023. All approved SBHCs from FY 2022 or earlier were eligible for grant funds, which were used for both operational costs and one-time infrastructure investments.

As it considers FY 2024 grant funding, the Bureau will survey existing SBHCs regarding any supplemental needs. The Bureau is beginning to plan for SBHC start-up grants and would like to receive input from the Council to that end. Kate Connor observed that the Systems Integration and Funding workgroup provided some recommendations on startup grants previously and said the workgroup may add to this work in 2023.

Billing: The Bureau has implemented a number of initiatives to support SBHC billing. A new learning collaborative around CRISP, supported by MASBHC, will launch this month. The Bureau is assessing billing capacities at ASOs, working with existing MDH revenue cycle management specialists, exploring claims denials, and will eventually provide direct technical support to SBHCs.

Needs Assessment: The statewide Needs Assessment will be finalized soon, ideally during December, and posted on the SBHC program website. The Bureau will organize a presentation of the report's findings.

Vaccines for Children: The Bureau is partnering with the Vaccines for Children (VFC) program to support SBHC participation in the program.

Data: SBHC Administrators have submitted their data for the 2021-2022 survey, and MDH is sorting through the responses.

Kate Connor, Patryce Toye, and Delegate Cullison thanked Shelly Choo for the thorough presentation and for all the Bureau's work on the SBHC program, which was fully transitioned to the Bureau less than six months ago.

Alicia Mezu said MSDE has released new guidance for school health services related to seizures. Maura Rossman suggested the Council look into the relationship between SBHCs and school health services, understanding that this model looks different in different jurisdictions. Mary Gable offered MSDE's support to this end, and said shortages of school nurses have been a challenge. Kate Connor said SBHCs may be able to help shift the burden.

Diana Fertsch said the Council should focus on expanding school-based mental health services. Kate Connor observed that Chrissy Bartz is the Council's representative on the Consortium on Coordinated Community Supports, a new program that will expand school behavioral health services. Mark Luckner briefed Council members on the Consortium's work. Mary Gable agreed that behavioral health is crucial and said the State Superintendent is very interested in expanding Medicaid reimbursement for school-based behavioral health services. Delegate Cullison said the workforce shortage in behavioral health providers must be addressed, and recommended using graduate students. Kate Connor reminded Council members that the billing recommendations approved earlier in the meeting recommend Medicaid reimbursement for care coordination, a key aspect of serving individuals with behavioral health challenges.

Cathy Allen announced that Joy Twesigye will be leaving the Council and thanked her for her service. Kate Connor echoed this thanks and said she looks forward to Joanie Glick taking on a leadership role with the Data workgroup.

11:10 AM Adjourn

Jean-Marie Kelly made a motion to adjourn the meeting. Cathy Allen seconded the motion. There were no oppositions or abstentions. The meeting was adjourned.

MDH Update

CASBHC Full Council Meeting

December 1, 2022

Agenda

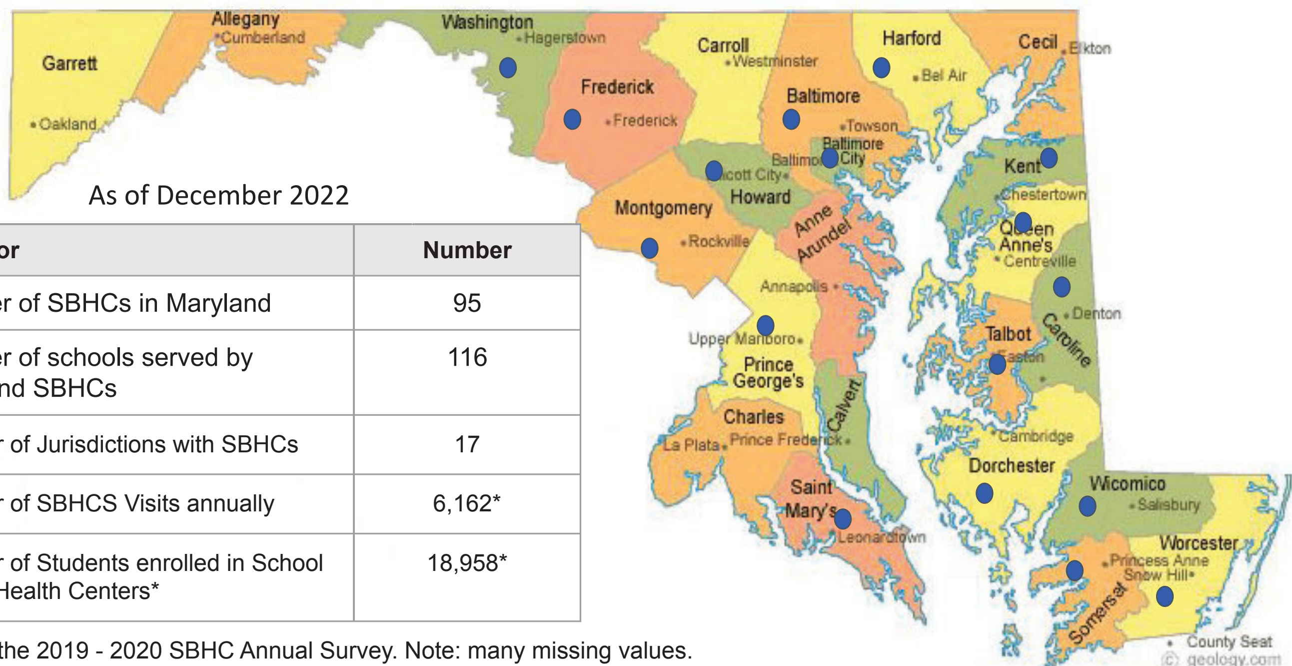
1. Strategic Priorities Reference
2. MD SBHC Program Status Update
3. SBHC Standards
4. SBHC Regulations
5. MD SBHC Grant Program
6. Public Health and Medicaid Partnership
   a. Supporting SBHC Billing Practices

1. Strategic Priorities (SFY 2022-2026)

1. **SBHCs** will be a **foundational, operational** element of **Maryland Medicaid.**
2. **Build a sustainable financial model for School-Based Health Centers** that sustainably and equitably supports their mission.
3. **Expand comprehensive school-based healthcare services** (e.g., preventive, behavioral, and oral health) in historically disenfranchised and underserved communities.
4. **Define and standardize the expected quality of care** provided by School-Based Health Centers in the Maryland SBHC Program.
5. **Develop a robust foundation of accessible data** that is relevant to School-Based Health Center operations, quality of care, educational impact, and value.

3

2. State of the Maryland SBHC Program



As of December 2022

Indicator	Number
Number of SBHCs in Maryland	95
Number of schools served by Maryland SBHCs	116
Number of Jurisdictions with SBHCs	17
Number of SBHCS Visits annually	6,162*
Number of Students enrolled in School Based Health Centers*	18,958*

* From the 2019 - 2020 SBHC Annual Survey. Note: many missing values.

SBHC Standards, Regulations, Policies & Procedures

Item	Purpose	*Updated* Expected Release
Regulations	Define important terms; Describe significance of “approved SBHC”; Outline termination/suspension procedures; Cite corresponding Medicaid Standards.	Spring 2023
Standards	Define the minimum requirements to be approved as a Maryland SBHC Program.	Winter/Spring 2023
Policies & Procedures	Program procedures for SBHC approval, QA site visits, etc. that reflect the Standards and Regulations and are public-facing.	Spring 2023
SBHC toolkits	Resources to help SBHC administrators adhere to Standards, Regs, increase quality.	Continuous - Start in 2023

5

SBHC Standards Components

I. Purpose, Mission, Vision, Values
II. Minimum Requirements to be Approved as an SBHC
   A. Sponsoring Organization Requirements (ASO, CSO)
   B. Facility Requirements
   C. Service Provision Requirements
   D. Core Services
   E. Expanded Services
   F. Staffing
   G. Partner Agreements
   H. Organization and Function
   I. Fiscal Operations
   J. Data Management and Data Requirements/Reporting

*Please refer to previous presentations on the process to update the standards

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SBHC Regulations Components

I. Purpose and Scope
   A. Defines a School-Based Health Center
   B. Describes requirements for School-Based Health Center
   C. Sets forth the responsibilities of the Maryland Department of Health Maternal and Child Health Bureau in:
      1. Approving School-Based Health Centers; and
      2. Oversight of School-Based Health Centers

II. Definitions
III. Requirements
IV. Application, Renewal, and Benefits
V. Waivers
VI. Actions for Non-Compliance
VII. Appeals

MD SBHC Grant Program

- Approved and executed infrastructure and operational grants over $7 million for State Fiscal Year (SFY) 2023
- All approved SBHCs from SFY2022 or earlier were eligible for grant funds
- Grants built to:
  - support the ongoing work of existing SBHCs
  - fund important infrastructure upgrades
  - expand staffing for increased access to services
- Surveying SBHCs re: supplemental funding needs for SFY23
- Future Development for developing Planning and Start-Up Grants

Improve Billing Process for Medicaid and Medicaid Eligible Students

- Prioritize foundational items
  - Learning collaborative to connect to and optimize use of CRISP (MASBHC) – Kick-off is December 12, 2022
  - Assessment of Billing Capabilities at ASOs
  - Work with existing MDH Local Health Departments Revenue Cycle Management Specialists to improve existing resources
  - Explore claim denials to identify cause(s)
- In future, shift to providing direct technical support to SBHCs

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Additional updates

- SBHC Needs Assessment Final Report will be posted on website
- Partnership with Office of Medical Benefits Management, particularly for Healthy Kids/Early and Periodic Screening, Diagnostic and Treatment and Provider Enrollment
- Partnership with Vaccines For Children (VFC) program to develop a standard operating procedure re: how SBHC Program will support VFC applications

10 Strategic Priority Areas #1 & #2

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

Tuesday, April 25, 2023
12:00 PM – 2:00 PM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Consulting Medical Director MedStar Family Choice
3. Joan Glick, Maryland Assembly on School-Based Health Care | Senior Administrator, Health Services, Montgomery County DHHS
4. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
5. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
6. Maura Rossman, Maryland Association of County Health Officers Member | Local Health Officer, Howard County
7. Christina Bartz, Federally Qualified Health Center | Director of Community Based Programs, Choptank Community Health Systems
8. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan
9. Gabriella Gold, Commercial Health Insurance | Director, Market-Driven Network Strategy, CareFirst BlueCross BlueShield
10. Diana Fertsch, Maryland Chapter of American Academy of Pediatrics | Pediatrician, Dundalk Pediatric Associates

Ex Officio

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

Public

1. Benjamin Wormser, Maternal and Child Health Bureau, PHPA, MDH
2. Sadie Peters, Maternal and Child Health Bureau, PHPA, MDH

3. Andrea Stennett, Maternal and Child Health Bureau, PHPA, MDH
4. Bella Chant, Maternal and Child Health Bureau, PHPA, MDH
5. Kristen Yirenki, Maternal and Child Health Bureau, PHPA, MDH
6. Linda Rittelmann, Maryland Medical Assistance Program, MDH
7. Jamie Perry, Office of Population Health Improvement, MDH
8. Alicia Mezu, MSDE
9. Kristi Peters, MSDE
10. Scott Tiffin, Chief of Staff, Office of Sen. Lam
11. Ellen Hudson, Meritus Health
12. Lisa Nelson, St. Mary's Health Department
13. Christine Krone, Schwartz, Metz, Wise & Kauffman, PA
14. Pam Kasemeyer, Schwartz, Metz, Wise & Kauffman, P.A.
15. Robyn Elliott, Public Policy Partners

12:00 PM Roll-Call

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

12:05 PM Minutes from December 12, 2022 Meeting

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

12:10 PM Legislative Updates

Senator Lam discussed two provisions of interest from the budget passed by the General Assembly. First was a provision allocating $875,000 to the Maryland Boards of Education (MABE) to fund pilot programs for primary health centers for school system employees and their families. Second was a requirement for a report on Medicaid claiming in School Based Health Centers (SBHCs). Senator Lam also encouraged SBHCs to be involved in two new Commissions established in during the recent legislative session: the Public Health Commission created by HB 214, and the Behavioral Health Care Treatment and Access Commission created by SB 582/HB 1148, which includes a slot for a representative of a SBHC.

Sen Lam also discussed a bill he introduced that focused on SBHCs, SB 628. While that bill did not pass, it highlighted the need to continue to educate the public about SBHCs.

Delegate Cullison said she spoke with the new MDH Secretary, Dr. Laura Herrera Scott, who is supportive of the planned expansion of the SBHC program. Delegate Cullison also highlighted: HB 111/SB 26, which will create an "Express Lane" to enroll families in Medicaid and the Maryland Children's Health Program; HB 48/SB 101, which will require Medicaid reimbursement for services provided in accordance with a Collaborative Care model integrating somatic and behavioral health services in primary care settings; and HB 1149/SB 622 which will expand available Medicaid funding for individuals waiting for services under a number of waiver programs. She noted that HB 82/SB 201, which would have permitted Medicaid reimbursement for behavioral health services provided by school-employed staff, did not pass, but enjoyed a great deal of support.

Cathy Allen observed that the lack of knowledge about SBHCs and the perceived disconnect between SBHCs and Local Education Agencies (LEAs) could have implications for local financial support for SBHCs. She also said that the new methodology for calculating Free and Reduced Meals (FARMs) in

schools, which now considers Medicaid enrollment, is increasing the percentage of students identified for FARMs and more accurately representing socio-economic need.

12:15 PM SBHC Quality and/or Process Improvement Program Recommendations

Jean-Marie Kelly introduced recommendations developed by the Quality and Best Practices workgroup related to a future quality and/or process improvement program for SBHCs. The program envisioned by these recommendations would not begin for at least 18 months due to capacity issues for both SBHCs and the Bureau. Ben Wormser said the Bureau had requested these recommendations, and supports the overall concept.

Chrissy Bartz moved to approve the recommendations and Cathy Allen seconded the motion. There were no oppositions or abstentions. The SBHC Quality and/or Process Improvement Program recommendations were approved.

12:30 PM SBHC Annual Survey Recommendations

Cathy Allen introduced recommendations developed by the Data workgroup related to the SBHC annual survey. The document includes short-term, long-term, and aspirational recommendations. The document recommends a number of measures, and provides the rationale for collecting each measure. When possible, the recommendations say data should be collected by MDH from other sources so as to alleviate the reporting burden on SBHCs. Joanie Glick added that SBHCs should be given clear definitions for measures and time to adjust to any new reporting requirements. She said the workgroup remains available to provide additional feedback on the survey.

Delegate Cullison expressed her support for the recommendations and asked about the recommendation to increase collaboration with Medicaid Managed Care Organizations (MCOs). Council members discussed ways to help inform MCOs and providers about SBHCs that could serve their patients. Ben Wormser expressed the Bureau's appreciation for these recommendations. Jean-Marie Kelly applauded the recommendation that SBHCs administer patient/family satisfaction surveys.

Cathy Allen moved to approve the recommendations and Jean-Marie Kelly seconded the motion. There were no oppositions or abstentions. The SBHC Annual Survey recommendations were approved.

12:45 PM SIF Workgroup Update

Maura Rossman reminded members that the Systems Integration and Funding workgroup's recommendations related to SBHC billing had been adopted at the previous Council meeting in December. Now, the SIF workgroup is considering SBHC integration into school health programs. As discussed earlier in the meeting, there is a lack of understanding about the role of SBHCs, and the workgroup's efforts can help to address that, she said.

1:00 PM Agency Updates

Ben Wormser presented slides to update the Council on the SBHC program. He presented a map showing 95 SBHC programs in 17 jurisdictions of Maryland, and introduced the new SBHC Program Manager, Andrea Stennett. The Bureau is recruiting for a second nurse consultant to add to the program staff.

The SBHC grant program continues to include both operational and infrastructure grants. Supplemental awards are being offered for FY 2023. The application cycle for the fiscal year 2024 grants is ongoing, and some recommendations of the statewide Needs Assessment have been considered.

The Bureau is developing new regulations related to the SBHC program, with an anticipated release date of summer 2023. Revised SBHC Standards are anticipated to be released in spring 2023. Public-facing SBHC policies and procedures will be released in summer 2023, and toolkits for SBHCs are currently being released.

To support the expansion of the program and the opening of new SBHCs, the Bureau has issued a Request for Applications for an SBHC Planning and Onboarding Program. The one-year moratorium on new SBHCs will expire on July 1, 2023, and applications for new SBHCs will be accepted under a new approval process.

The Bureau is working to make SBHC data more useful for the Program and for SBHCs. With input from the CASBHC Data Subcommittee, the Annual Survey is being revised. A learning collaborative to help SBHCs connect to CRISP is underway.

To facilitate billing by SBHCs, the Bureau is studying Medicaid claims denials, uncollapsing provider types (FQHCs, Local Health Departments, dental, etc.), and supporting the CRISP learning collaborative. In the future, direct technical support will be provided to help SBHCs with billing.

The Bureau is also working with Office of Medical Benefits Management (Healthy Kids/EPSDT) to combine site visits to SBHCs.

Delegate Cullison asked whether all of the grant funds were being fully spent currently. Ben Wormser said grantees have not been able to use all available grant funds this year. Of the $9 million for the grant program, the Bureau will ensure that the $2.5 million in regular funds are spent first, because the additional $6.5 million in special funds can carry over to the next fiscal year. As additional SBHCs are opened and staffing increases, grant funds will be fully spent.

1:25 PM Consortium on Coordinated Community Supports

Mark Luckner and Lorianne Moss briefed the Council on the Consortium on Coordinated Community Supports. With the CHRC acting as the fiscal agent, the Consortium will provide grants to expand access to expanded behavioral health and wraparound services for students and families. The first Coordinated Community Supports Call for Proposals will be issued in May/June, with proposals due later in the summer. SBHCs and other community providers interested in adding or expanding school-based behavioral health services are invited to apply.

Maura Rossman and Cathy Allen suggested that the deadline for Coordinated Community Supports grant applications be extended so more applicants will have the opportunity to apply. Diana Fertsch urged that pediatricians be engaged.

2:00 PM Adjourn

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

MDH Update

CASBHC Full Council Meeting

April 25, 2023

Agenda

1. Strategic Priorities SFY 2022 - 2026 (Reference)
2. State of the Maryland SBHC Program
3. MD SBHC Program Team Updates
4. SFY 2023 & SFY 2024 Grant Programs
5. Updates on Program Activities
   a. Standards, Regulations, Policies & Procedures
   b. Supporting New SBHCs
   c. Data
   d. Support for Billing in SBHCs
6. Additional Partnerships

Maryland DEPARTMENT OF HEALTH

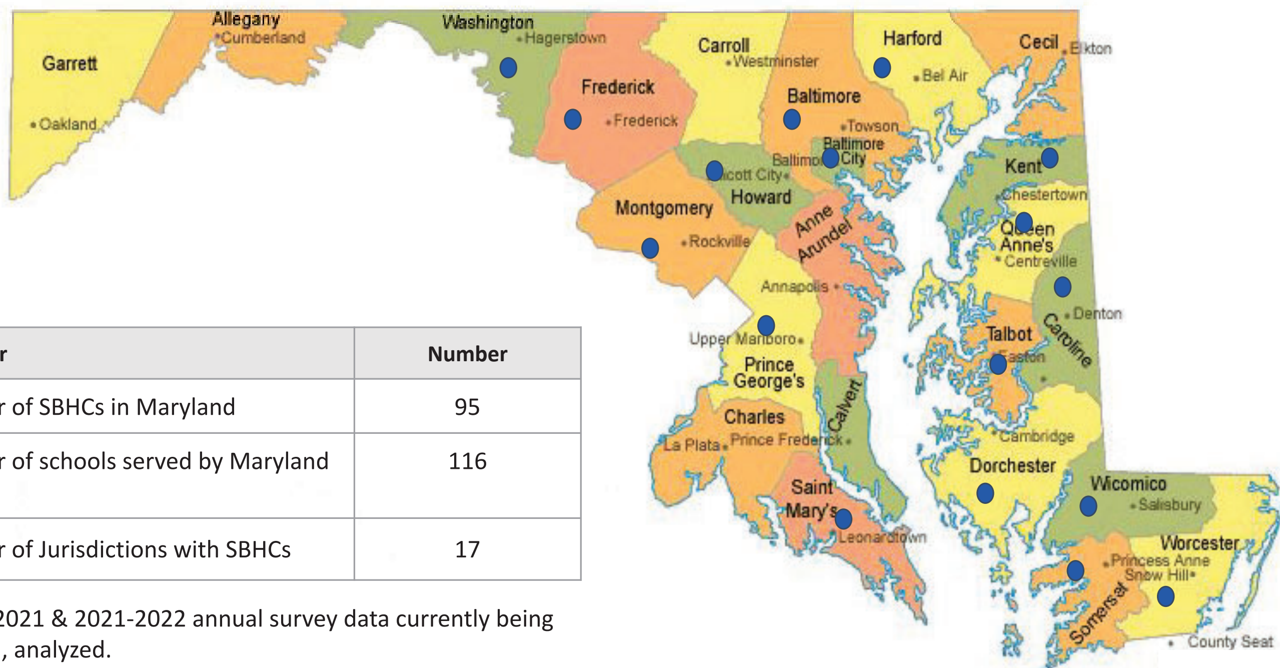
1. Strategic Priorities (SFY 2022-2026)

1. **SBHCs** will be a **foundational, operational** element of **Maryland Medicaid.**
2. **Build a sustainable financial model for School-Based Health Centers** that sustainably and equitably supports their mission.
3. **Expand comprehensive school-based healthcare services** (e.g., preventive, behavioral, and oral health) in historically disenfranchised and underserved communities.
4. **Define and standardize the expected quality of care** provided by School-Based Health Centers in the Maryland SBHC Program.
5. **Develop a robust foundation of accessible data** that is relevant to School-Based Health Center operations, quality of care, educational impact, and value.

3

-Priorities during SFY 2023

2. State of the Maryland SBHC Program



Indicator	Number
Number of SBHCs in Maryland	95
Number of schools served by Maryland SBHCs	116
Number of Jurisdictions with SBHCs	17

*2020-2021 & 2021-2022 annual survey data currently being cleaned, analyzed.

3. Maryland SHBC Program Team

Kristin Yirenkyi, LCSW
SBCH Program Coordinator

Ben Wormser, MD, MPH
Medical Director,
Maternal & Child Health Bureau

Sadie Peters, MA, MD, MHS
Physician Advisor,
Maternal & Child Health Bureau

Andrea Stennett, M.Ed.
SBHC Program Manager

Bella Chant, MS, RN
SBHC Nurse Consultant

Shelly Choo, MD, MPH
Director,
Maternal & Child Health Bureau

Ongoing Recruitment
SBHC Nurse Consultant

5

4. MD SBHC Grant Program

- Application cycle for State Fiscal Year (SFY) 2024 funding ongoing
  - Infrastructure and Operational grants
  - SBHCs approved by the MD SBHC Program eligible for grant funds
  - Informed by Statewide Needs Assessment
- Grants built to:
  - support the ongoing work of existing SBHCs
  - fund important infrastructure upgrades
- Supplemental grant funding for SFY 2023 also being completed

6

5a. SBHC Standards, Regulations, Policies, & Procedures

Item	Purpose	*Updated* Expected Release
Regulations	Define important terms; Describe significance of "approved SBHC"; Outline termination/suspension procedures; Cite corresponding Medicaid Standards.	Summer 2023
Standards	Define the minimum requirements to be approved as a Maryland SBHC Program.	Spring 2023
Policies & Procedures	Program procedures for SBHC approval, QA site visits, etc. that reflect the Standards and Regulations and are public-facing.	Summer 2023
SBHC toolkits	Resources to help SBHC administrators adhere to Standards, Regs, increase quality.	Continuous - Started in 2023

5b. Supporting New SBHCs

- Current RFA: Planning and Onboarding Program
- Toolkits for SBHC Administrators in development
- Preparing formal approval process to begin July 1, 2023
  - Clear guidance to SBHC Administrators (new and existing)
  - Timetable for expected responses from the Program
  - Will serve as foundation for future QA site visits

5c. Data

- Working to make existing data useful for Program and SBHC Administrators/Clinicians
  - PHASE Intern, Olivia Turner, working with SBHC Administrators to understand how they would like to receive data back
- Update of Annual Survey for 2022 - 2023 school year
- Learning collaborative to connect to, optimize the use of CRISP (MASBHC)
- Future database development to ensure no duplication of data entry by SBHC Administrators/Clinicians

5d. Support for Billing in SBHCs

- Prioritize foundational items
  - CRISP Learning Collaborative
  - Investigate claim denials to identify cause(s)
  - Uncollapsing provider types (FQHCs, LHDs, Dental, etc.)
- In future, shift to providing direct technical support to SBHCs

6. Additional Partnerships

- Office of Population Health Improvement (OPHI): School Health Services
- Office of Medical Benefits Management (Healthy Kids/EPSDT)
- Center for Immunization: Vaccines For Children (VFC)
- MSDE School Facilities Branch (Standards, SBHC Approvals)

Questions and Discussion

md.sbhcprogram@maryland.gov

Maryland Consortium on Coordinated Community Supports

Presentation to Council on Advancement of School-Based Health Centers

Mark Luckner and Lorianne Moss

Maryland Community Health Resources Commission

April 25, 2023

1

Objectives for today's presentation

- Statutory objectives of the Consortium
- Overview of Collective Impact model to establish Community Support Partnerships
- Overview of Coordinated Community Supports Call for Proposals

2

2

Maryland Consortium on Coordinated Community Supports

- Added as an amendment to HB 1300 of 2020, Blueprint for Maryland's Future
  - Legislators wanted to do more to address student behavioral health
  - "Housed" at CHRC
- A new state agency to expand access to student behavioral health services and related "wraparound" needs
- Former Del. David D. Rudolph appointed chair in July 2022
- National Center for School Mental Health provides technical assistance

3

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Consortium Membership – 24 total

David D. Rudolph, Chair

Maria Rodowski-Stanco, Dir, Child, Adolescent and Young Adult Services, Behavioral Health Administration, MDH

Emily Bauer, Two-Generation Pgm Ofcr, Dept of Human Services

Mohammed Choudhury, Superintendent, MD State Dept of Education

Edward Kasemeyer, Chair, CHRC

Mary Gable, Asst Superintendent, Div of Student Support, Academic Enrichment, & Educational Policy, MD State Dept of Education

Christina Bartz, Dir of Community Based Programs, Choptank Community Health Sys

Dr. Derek Simmons, Superintendent, Caroline County Public Schools

Tammy Fraley, Allegany Co. Board of Education

Dr. Donna Christy, School Psychologist, Prince George's Co. Public Schools (MSEA rep)

Gail Martin, former Baltimore Co. Public Schools Team Leader, School Social Work

D'Andrea Jacobs, School Psychologist, Baltimore Co. Public Schools

Dr. John Campo, MD, Dir of Mental Health, Johns Hopkins Children's Center, JHU Hospital

Sadiya Muqueeth, DrPH, Dir of Community Health, National Programs, Trust for Public Lands, and member, CHRC

Linda Rittelmann, Senior Manager, Medicaid Behavioral Health ASO, Maryland Dept of Health

Larry Epp, Ed.D., Dir of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt

Gloria Brown Burnett, Dir, Prince George's Co. Dept of Soc Svcs

Michael A. Trader, II, Asst Dir of Behavioral Health, Worcester Cty Health Dept

Dr. Kandice Taylor, School Safety Manager, Baltimore Co. Public Schools

Senator Katie Fry Hester

Delegate Eric Ebersole

The Consortium currently has three vacancies.

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Consortium goals

1. Expand access to high-quality behavioral health and related services for students and families
2. Improve student wellbeing and readiness to learn
3. Foster positive classroom environments
4. Promote sustainability through revenues from Medicaid, commercial insurance, hospital community benefits, and other sources

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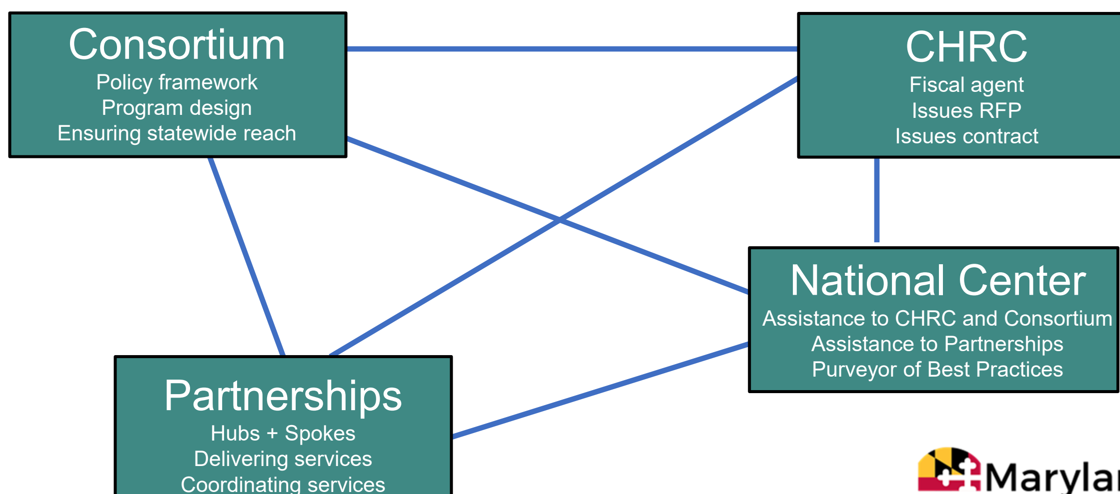
Implementing agencies



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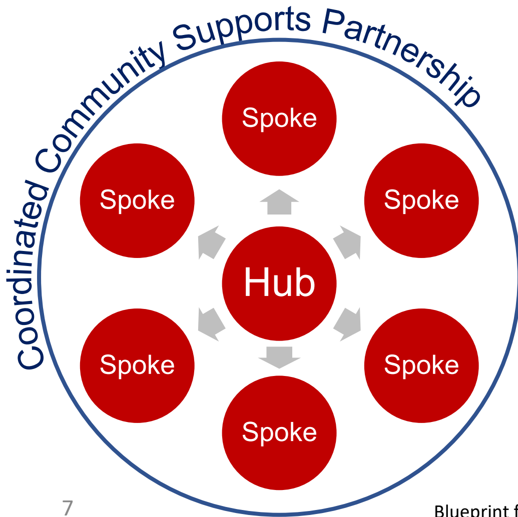
Partnerships: Legislative Requirements



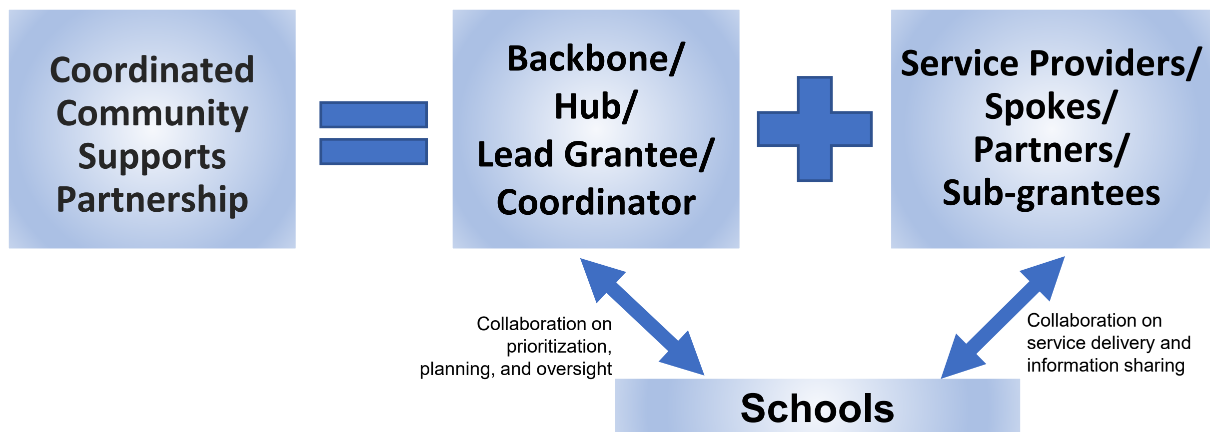
- Partnerships should be "formed," serve an "area," and involve many different kinds of organizations and people.
- Partnerships must be "community-based, family driven, and youth-guided," and provide "holistic and coordinated services and supports" including both "behavioral health and other wraparound needs."
- Partnership grants may include "partnership coordinators" and "reasonable administrative costs."

7

Blueprint for Maryland's Future (Md. Code, Educ. § 7-447.1)

7

Partnerships and the Collective Impact model



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Landscape in 2023

- Students need services now. Funds must expand access to services immediately.
- Need to build capacity for future Partnerships – Hubs + Spokes.

1. Service Delivery (Spokes) – majority of funding
2. Capacity Building (Hubs)

- Utilizes funding from both FY 2023 ($50 million) and FY 2024 ($85 million).
- *Future* grants will go to Hubs only, who will distribute funding to Spokes as subgrantees.

Tentative timeline for RFP

March-July 2023	Outreach to engage with local communities and stakeholders
May/June 2023	First RFP is released by CHRC
July/August 2023	Applications are due
Fall 2023	Award decisions are made
Fall 2023 – Fall 2025	First grant period; services begin for 2023-2024 school year

Service delivery grants (Spokes)

Service delivery grant funds should be used to expand access to the following:

- Individual, group, and family therapy
- Wraparound and navigation services
- Substance Use Disorder services
- Behavioral health education and support for families
- Crisis planning and services
- Telehealth services
- Support groups
- School-wide preventative and mental health literacy programming

Service providers must bill Medicaid to the maximum extent, and use grant funds to fill in the "gaps."

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Examples of potential permissible uses of grant funding

Grant funding should be used for activities not reimbursable by Medicaid. These may include:

- Start-up/expansion costs
- Screenings
- Implementation of evidence-based best practices
- Services and supports for uninsured students and families
- Co-pay support for children and families with high deductible plans
- Administrative costs such as attending school meetings
- Family education and support
- Staff training, including both community provider staff and school-employed staff
- Case management and other services provided by supervised interns, community health workers, and peers
- Transportation to services
- Translation costs
- Support groups
- School-wide programming (Tier 1)

12

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Who can be a Hub?

Hubs may be existing organizations such as Local Behavioral Health Authorities, Local Management Boards, universities – or new entities. Several different kinds of organizations could be Hubs, so long as they ultimately can do the following:

Service Delivery	• coordinate many partners • all MTSS tiers • ensure fidelity to best practices
Fiduciary	• receipt of grant dollars • accountability for grant funds • maximize third party billing • leverage funds from other sources • distribute funds to Spokes
Data	• collect data from Spokes • report data to Consortium and CHRC

13

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Where do Hubs go?

- Each Partnership has a Hub. Each Hub serves one Partnership.
- Hubs may not overlap.
- At full implementation, every school is covered by a Partnership.
  - The jurisdiction level is the most natural “fit” for a Partnership.
  - Larger jurisdictions could potentially have more than one Partnership.
  - Smaller jurisdictions could have a regional Partnership with a single Hub.
- Hub applicants must have a letter of support demonstrating collaboration with the LEA.

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Role of Schools

- School districts may ***not*** be Spokes or Hubs, may ***not*** receive direct funding.
- Grant dollars will ***not*** be used to hire additional school-employed staff, rather to bring community personnel into the school.
- Grant dollars may be used for school staff training and program materials.
- All applicants must have **a letter of support** from the school district and demonstrate **genuine collaboration** in developing proposals.
- School district could be on the Steering Committee of any Partnership.
- CHRC will consult school districts when making grant awards to Hubs and Spokes.
- An **MOU** will be developed with the school districts and Hubs & Spokes.

15

Staff contact information & website

Mark Luckner, CHRC Executive Director

mark.luckner@maryland.gov

Lorianne Moss, Policy Analyst

Lorianne.moss@maryland.gov

Consortium website:

https://health.maryland.gov/mchrc/Pages/Maryland-Consortium-on-Consolidated-Community-Supports.aspx

Consortium mailing list

16

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

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

Monday, October 16, 2023
11:00 AM – 12:35 PM

Attendees / Roll-Call

Appointee Membership

1. Katherine Connor, CASBHC Chair | Medical Director, Johns Hopkins Rales SBHC, KIPP Baltimore
2. Patryce Toye, CASBHC Vice Chair, Maryland Assembly on School-Based Health Care | Consulting Medical Director, MedStar Family Choice
3. Joan Glick, Maryland Assembly on School-Based Health Care | retired, Health Services, Montgomery County DHHS
4. Cathy Allen, Maryland Association of Boards of Education | Vice Chair, St. Mary's County Board of Education
5. Rick Robb, Secondary School Principal with SBHC | Principal, Patuxent Valley Middle School
6. Jean-Marie Kelly, Maryland Hospital Association | Senior Program Manager, Population Health, ChristianaCare
7. Maura Rossman, Maryland Association of County Health Officers Member | Local Health Officer, Howard County
8. Christina Bartz, Federally Qualified Health Center | Director of Community Based Programs, Choptank Community Health Systems
9. Arethusa Kirk, Managed Care Organization | Chief Medical Officer, United HealthCare Community Plan
10. Gabriella Gold, Commercial Health Insurance | Director, Market-Driven Network Strategy, CareFirst BlueCross BlueShield

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3. Shelly Choo, Ex Officio Member | Director, Maternal and Child Health Bureau, PHPA, MDH
4. Mark Luckner, Ex Officio Member | Executive Director, Maryland CHRC
5. Andrew Ratner, Ex Officio Member | Chief of Staff, Maryland Health Benefits Exchange
6. Lorianne Moss | CASBHC Staff

Public

1. Courtney McFadden, Deputy Director, PHPA, MDH
2. Benjamin Wormser, Maternal and Child Health Bureau, PHPA, MDH

3. Andrea Stennett, Maternal and Child Health Bureau, PHPA, MDH
4. Bella Chant, Maternal and Child Health Bureau, PHPA, MDH
5. Kim Grady, Maternal and Child Health Bureau, PHPA, MDH
6. Sadie Peters, Maternal and Child Health Bureau, PHPA, MDH
7. Kristen Yirenki, Maternal and Child Health Bureau, PHPA, MDH
8. Linda Rittelmann, Maryland Medical Assistance Program, MDH
9. Jamie Perry, Office of Population Health Improvement, MDH
10. Alicia Mezu, MSDE
11. Kristi Peters, MSDE
12. Scott Tiffin, Chief of Staff, Office of Sen. Lam
13. Erin Dorrien, Maryland Hospital Association
14. Derek Simmons, Superintendent, Caroline County Public Schools
15. Ellen Hudson, Meritus Health
16. Robyn Elliott, Public Policy Partners
17. Brett Molin, Assistant Principal, Wilde Lake High School

11:00 AM Roll-Call

Kate Connor welcomed meeting participants. Lorianne Moss called the roll. Kate Connor announced the resignations of two members and thanked them for their service on the Council: Sean Bulson, representing Public School Superintendents, and Maura Rossman, representing Local Health Officers.

11:15 AM Legislative Updates

Senator Lam and Delegate Cullison said they intend to work on nursing pathways legislation during the upcoming legislative session. Delegate Cullison also discussed efforts to expand Medicaid and Health Benefit Exchange eligibility to undocumented populations.

11:25 AM Minutes from April 25, 2023, Meeting

Cathy Allen suggested editing the minutes to correct the spelling of the name of the firm Schwartz, Metz, Wise & Kauffman, P.A. Maura Rossman moved to approve the April meeting minutes with that correction. Jean-Marie Kelly seconded the motion. There were no oppositions or abstentions. The meeting minutes were approved.

1:00 PM Agency Updates

Alicia Mezu said MSDE will be releasing updated school health guidelines soon.

Shelly Choo and Ben Wormser updated the Council on the SBHC program. There are currently 89 SBHCs in 16 of Maryland's jurisdictions. Six SBHC sites have closed since the last Council meeting. Four closed SBHCs in Prince George's County may reopen once a new clinical sponsor is identified. Other closed SBHCs include Running Brook Elementary School in Howard County and New Era Academy in Baltimore City. Additional SBHCs had been in in jeopardy of closing, but the Bureau succeeded in keeping them open by finding them new sponsors.

Ben Wormser shared several activities the Bureau is undertaking to support the SBHC program and expand it to additional sites. They are clarifying the application process for new SBHCs. They awarded a contract to MASBHC to implement a training academy for new SBHCs. The Bureau awarded planning

grants to Baltimore County Public Schools and the Garrett County Health Department that support the potential launching of new SBHCs. The Bureau is preparing toolkits and other support for new SBHCs, and new Standards and regulations are being developed for the program. Finally, the Bureau launched a new quarterly newsletter for SBHCs.

To support billing by SBHCs, the Bureau has helped SBHCs uncollapse their claims data, helped expand CRISP connectivity from 58% of SBHCs to 100%, and is investigating claim denials. As recommended by the Council, Maryland Medicaid will now permit SBHCs to seek reimbursement for sports physicals, and the Medicaid billing manual is being updated to reflect this change.

The annual SBHC survey has been revised with input from the Council's Data workgroup. The Bureau presented data from the 2022-2023 survey.

Kate Connor thanked the Bureau for their presentation and said she was gratified to see that many Council recommendations have been implemented. Delegate Cullison said she was elated by the recent progress and asked whether the application process could be further streamlined. Ben Wormser agreed that streamlining the process to become an SBHC is a priority for the Bureau. Andy Ratner said the Maryland Health Benefit Exchange could help uninsured children obtain coverage. Scott Tiffin asked whether SBHC usage of CRISP would impact minor consent and confidential services. Ben Wormser agreed it is important to avoid losing the trust of SBHC patients.

Ben Wormser concluded with several questions for the Council's consideration: (1) How should the Bureau respond to requests for school construction funding for SBHCs? (2) What other strategies could help drive expansion of the SBHC program? (3) If the Bureau implements a "Base + Bonus" model for funding SBHCs, which areas should drive bonus payments? (4) Should the Maryland SBHC Program Standards require that each SBHC have an in-person provider for at least eight hours over two days per week? Council members discussed the fourth question and whether telehealth visits should be included in an SBHC's eight hours per week.

Kate Connor announced that the Council's Systems Integration and Funding workgroup will take up questions (1) and (2) and that the Quality and Best Practices workgroup will look at questions (3) and (4). Council members are encouraged to attend workgroup meetings.

12:35 PM Adjourn

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

MDH Update

CASBHC Full Council Meeting

October 16, 2023

Agenda

1. Review Strategic Priorities
2. State of the Maryland SBHC Program
3. SBHC Closures and Transitions
4. Approval Procedures for New SBHCs
5. Supporting New SBHCs
6. Standards & Regulations Update
7. Supporting Existing SBHCs
8. Support for Billing in SBHCs
9. Data
10. Questions/Focus Areas for CASBHC

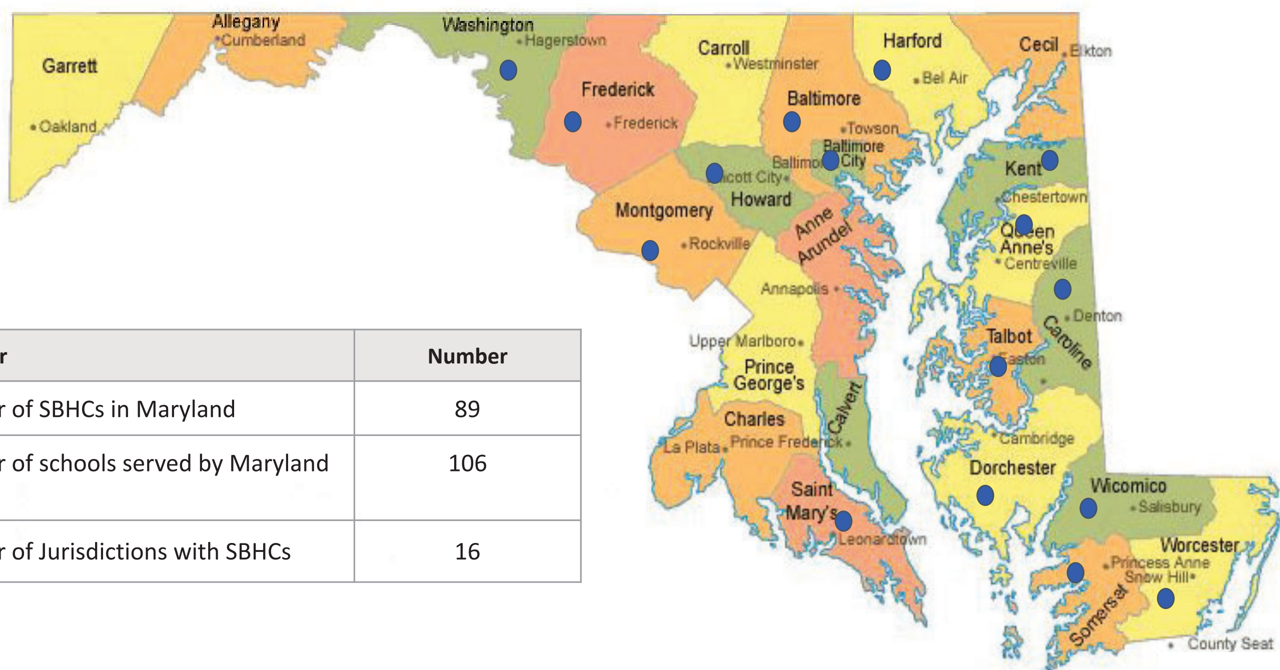
Maryland
DEPARTMENT OF HEALTH

1. Strategic Priorities (SFY 2022-2026)

1. **SBHCs** will be a **foundational, operational** element of **Maryland Medicaid.**
2. **Build a sustainable financial model for School-Based Health Centers** that sustainably and equitably supports their mission.
3. **Expand comprehensive school-based healthcare services** (e.g., preventive, behavioral, and oral health) in historically disenfranchised and underserved communities.
4. **Define and standardize the expected quality of care** provided by School-Based Health Centers in the Maryland SBHC Program.
5. **Develop a robust foundation of accessible data** that is relevant to School-Based Health Center operations, quality of care, educational impact, and value.

3

State of the Maryland SBHC Program



Indicator	Number
Number of SBHCs in Maryland	89
Number of schools served by Maryland SBHCs	106
Number of Jurisdictions with SBHCs	16

SBHC Closures and Transitions

- New Sites
  - Sudlersville ES (QA's County - Choptank)
  - Church Hill ES (QA's County - Choptank)
- Closed Sites
  - New Era Academy (Baltimore City Health Department)
  - Running Brook ES (Howard County Health Department)
  - 4 sites in Prince George's County (PG County Health Dept)
- New Sponsoring Organization
  - Wicomico MS (Chesapeake Health Care)
  - Wicomico HS (Chesapeake Health Care)

5

New SBHC Approval Procedures (SP 3 & 4)

- Application windows July 1 - July 31 and November 1 - November 30
  - Clear procedure with timelines developed
- Refined partnerships and workflows for this surprisingly complex process
  - Maryland SBHC Program
  - MDH School Health Services
  - MSDE School Health Services
  - MSDE Office of Facilities
  - Local representatives from school, facilities, school health services

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Supporting New SBHCs (SP 3 & 4)

- PHPA-2131: Planning and Onboarding Program
- PHPA-2193: Planning Grants
  - Baltimore County Public Schools
  - Garrett County Health Department
- Toolkits for SBHC Administrators in continuous development
  - Resource Center
- Revised Standards and Regulations

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Standards and Regulations Update (SP 4)

Item	Purpose
Regulations	Define important terms; Describe significance of “approved SBHC”; Outline termination/suspension procedures.
Standards	Define the minimum requirements to be approved as a Maryland SBHC Program.
Policies & Procedures	Program procedures for SBHC approval, QA site visits, etc. that reflect the Standards and Regulations and are public-facing.
SBHC toolkits	Resources to help SBHC administrators adhere to Standards, Regs, increase quality.

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Standards and Regulations Update (SP 4)

Values during Standards Development:

- Use national best practices, refine with local historical practices and stakeholder input
- Use Standards to guide, not to punish
  - Increase clarity, specificity
  - Provide time and support for existing SBHCs to meet any new requirements
  - Ensure high quality care
- Program priorities to be supported with Program funding and TA

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Supporting Existing SBHCs (SP 3)

- Toolkits/Resource Center
- New newsletter for SBHC Administrators
- Technical assistance webinars and annual conference
- RedCap submission of quarterly performance measures

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Support for Billing in SBHCs (SP 1 & 2)

- Prioritize foundational items
  - CRISP Learning Collaborative - 100% of SBHCs Connected
  - Investigate claim denials to identify cause(s)
  - Uncollapsing provider types (FQHCs, LHDs, Dental, etc.)
- Update Medicaid SBHC Billing Manual
- Medicaid reimbursement for Sports Physicals
- Moving towards providing direct technical support to SBHCs

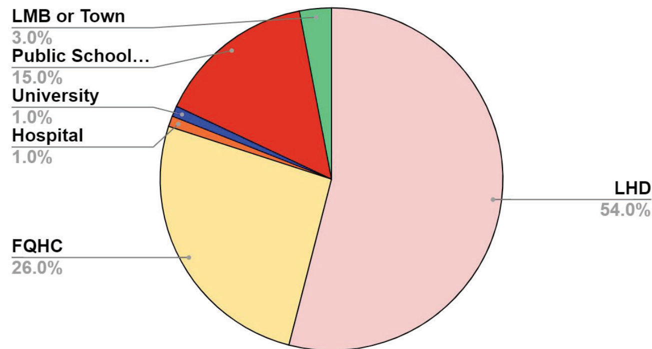
Data (SP 5)

- 2022 - 2023 Annual Survey successfully completed in RedCap
  - Preliminary results to be shared with SBHC Administrators, CASBHC
- Additional data to be presented via:
  - Individual SBHC reports
  - Annual Program report
- Intend to add any updates to the 2023 - 2024 survey by November 1, 2023
- Future database development to ensure no duplication of data entry by SBHC Administrators/Clinicians

Annual Survey: State Level Overview

State Level View	Total / Percent
SBHC Survey Response Rate	96 (100%)
Elementary SBHCs	39
Middle School SBHCs	15
High School SBHCs	32
*Other	10
Sites serving Non-Student patients	43 (45%)
Reported staff vacancy in past year	26 (27%)
Sites capturing patient satisfaction	61 (63%)
Sites capturing wait time	1 (1%)

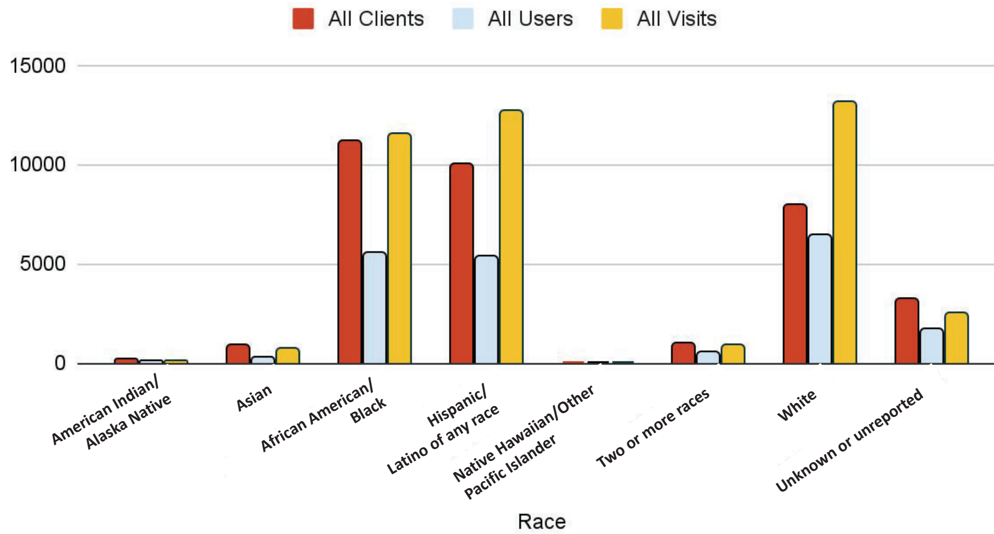
*Other defined as a site serving a combination of grade levels (ex: elementary and middle; middle and high, etc.)



Annual Survey: State Level Overview

- Students: an individual attending a school the SBHC serves. This may include students that attend the school the SBHC is located in, or students that attend "feeder" schools served by the SBHC.
- Clients: a subset of Students/Non-Students that have enrolled to receive care at the SBHC.
- Users: a subset of Students/Non-Students that have had at least one visit of any type.
- Visits: any visit to the SBHC to receive any type of service from any type of service provider.

Annual Survey: State Level Overview



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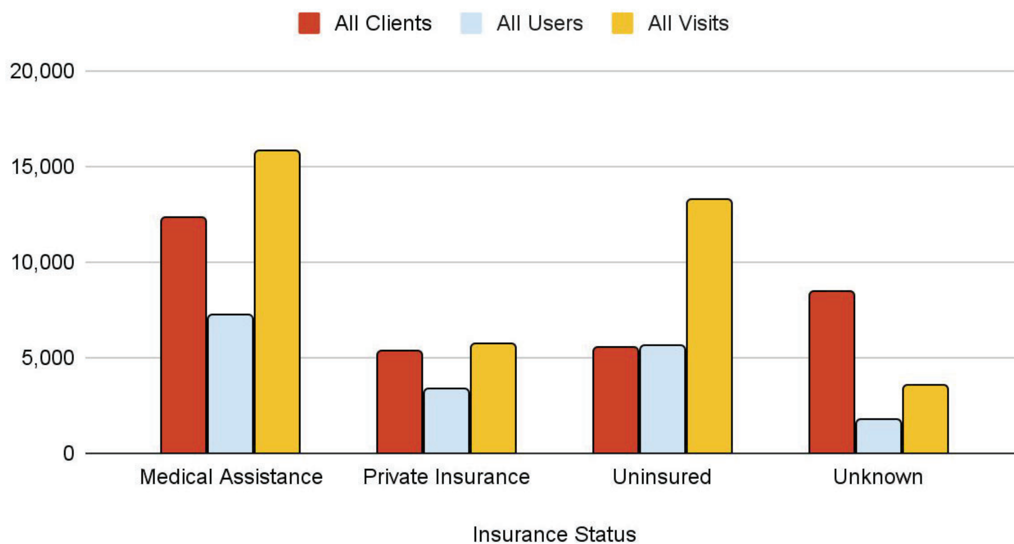
Annual Survey: State Level Overview



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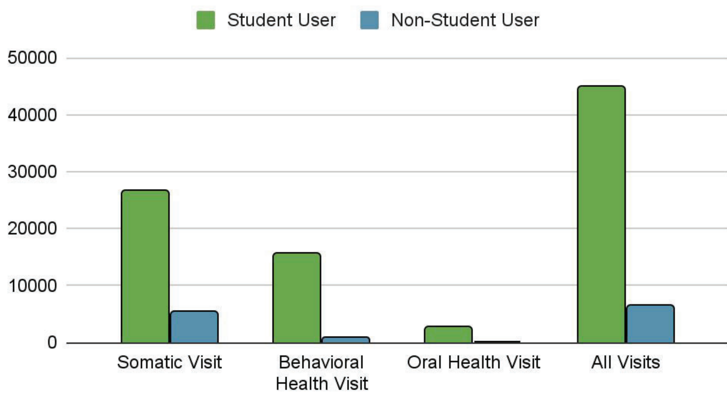
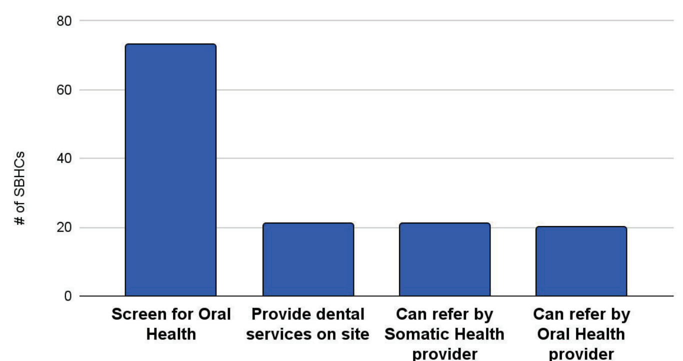
Visit Type and SBHA National Performance Measures



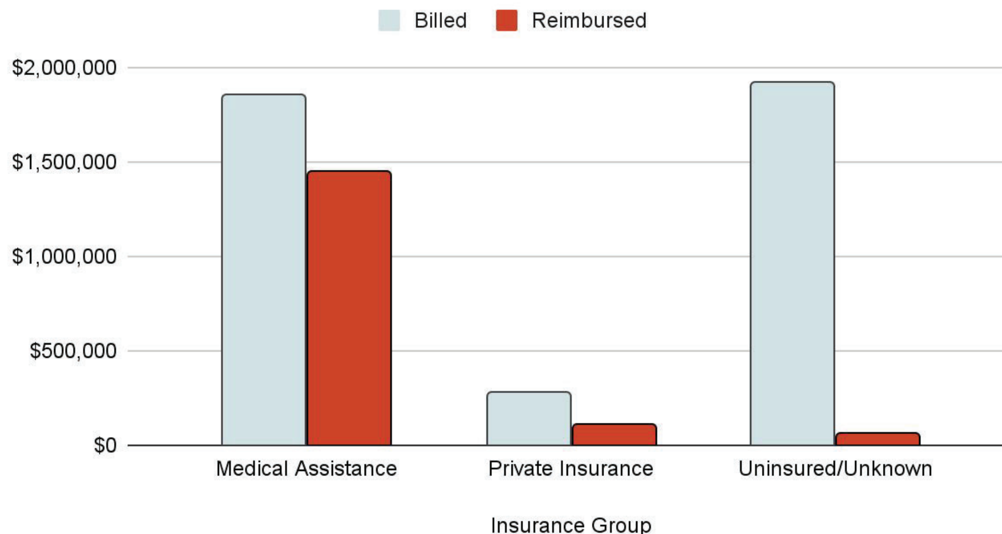
Visit Service Type	Student Users	Non-Student Users	*Total Users*	Percentage against *all* visit types
Annual Well-Child Visit	2723	804	***3527***	9%
Sports Physical	1786	90	***1876***	5%
Diagnosis of Asthma	786	76	***862***	2%
Age-appropriate Annual Risk Assessments	4752	831	***5583***	14%
Body Mass Index (BMI) percentile w/ counseling for nutrition and physical activity	3027	778	***3805***	10%
Clinical depression screening	4072		***4072***	10%
Chlamydia screening	933	30	***963***	2%

Behavioral Health Screening and Oral Health Services

Screening for Substance Use and Depression	Total
Sites that screen for substance use	**68**
Site Response for positive SU screen:	
Follow-up with same SBHC provider	56
Refer to provider outside of SBHC	60
Refer to BH provider in SBHC	29
Other	2
Sites that screen for depression	**54**
Number of youth screened for depression	**4,904**
Site Response for Positive Depression Screen:	
Follow-up with same SBHC provider	52
Refer to provider outside of SBHC	52
Refer to BH provider in SBHC	19
Other	5



Billed vs. Reimbursed by Insurance Type



Questions/Focus Areas for CASBHC

1. We have received requests from SBHC Sponsoring Orgs with interest in funding major construction projects (>$500,000). How does CASBHC recommend the Program approach these types of requests? How should we plan for future large infrastructure funding needs for Program expansion in the future?
2. Driving expansion of the Maryland SBHC Program to underserved communities with limited resources will be a challenge. Current infrastructure for supporting such an expansion includes development of the revised Standards, a SBHC Academy, more clarity around the approval process, and SBHC Planning Grants. What other strategies might be employed?
3. The Maryland SBHC Program is working to develop a meaningful and transparent funding formula for SBHC operational grants in FY26. We aim to use a Base + Bonus model and are interested in learning what areas CASBHC feels should be a priority for the "Bonus" payments? Note that including a measure as a bonus is a conscious Program decision to value that factor above others and will likely drive the Program's services in that direction.

Maryland
DEPARTMENT OF HEALTH

Questions/Focus Areas for CASBHC

4. Revisit: Should the Maryland SBHC Program Standards require that each SBHC have a provider in-person for at least 8 hours per week?

d. Each SBHC must be open and offer somatic care services with a licensed medical clinical provider on-site for a minimum of two days per week and a minimum of eight hours total per week when the school is open.

i. Licensed medical clinical providers may offer telehealth services to patients enrolled in an SBHC, in compliance with Health-Occupations Article §1–1001 through §1–1006.

Questions/Focus Areas for CASBHC

- 2006 Standards: "The Maryland School-Based Health Center Standards were written to help SBHCs clearly define themselves as a unique service delivery model to the medical, mental health and educational communities."
- HB34/SB278 (2021): "MDH may not.. Establish requirements that a SBHC must meet to provide telehealth that are inconsistent with the requirements for providing telehealth under Title 1, Subtitle 10 of the Health Occupations Article."
- The unique service delivery model inherent in SBHCs is their location in a school and their role as a member of the school community.