



October 19, 2020
Maryland Rural Health Association
Annual Conference

**Preparing Maryland's School-
Based Health Centers to Respond
to COVID-19 and Future
Pandemics**



Today's Presenters:

Mark Luckner, Executive Director, Community Health Resources Commission (**moderator**)

The Hon. Bonnie Cullison, Maryland House of Delegates, and member of the Council on Advancement of School-Based Health Centers

Dr. Katherine Connor, MD, MPH, Assistant Professor of Pediatrics and Medical Director of the Rales Center for the Integration of Health and Education at Johns Hopkins University School of Medicine, Chair, Council on the Advancement of School Based Health Centers

Lorianne Moss, Staff Consultant, Council on Advancement of School-Based Health Centers

School-Based Health Centers

- School-Based Health Centers (SBHCs) are health centers located in a school or on a school campus
- Safety net providers, serve underserved communities/populations
- Onsite primary/preventative care at all SBHCs
- Many SBHCs also provide behavioral health, dental care and/or vision services
- Staffed by a range of health care providers, such as pediatricians, family practitioners, nurse practitioners, physician assistants, registered nurses, behavioral health providers, and/or others

SBHCs in Maryland

84 SBHCs in
Maryland
across 12
jurisdictions

Over 40,000
students
enrolled

More than
52,000
visits

- > 33,000 visits for somatic care
- > 16,000 visits for behavioral health
- > 2,000 visits for dental

SBHCs in Maryland

Each SBHC has a sponsoring agency:

- ⊕ Local Health Department
- ⊕ Federally Qualified Health Center
- ⊕ General Clinic
- ⊕ NEW! Hospital Physician Group, Nurse Practitioner Group, etc

Decision-making can involve:

- ♥ MSDE
- ♥ MDH
- ♥ Local Superintendents
- ♥ School Principals
- ♥ Governor and State Superintendent (COVID-19)
- ♥ SBHC Sponsor
- ♥ Coordination among several
- ♥ Others

At the State level, SBHC oversight is managed jointly by the Maryland State Department of Education (MSDE) and Maryland Department of Health (MDH).

Funding:

- 🏠 Grants (local, state, federal, private)
- 🏠 Philanthropy
- 🏠 Clinical billing (Medicaid, private insurance)

SBHCs in Rural Communities

SBHCs address unmet needs in rural communities. SBHCs:

- Place a medical provider in an underserved area
- Overcome the challenge of transportation to health care – convenience for parents
- Offer services to address behavioral health and substance use disorders, sports physicals, immunizations
- Serve as safety net providers for low-income individuals
- Help reduce avoidable hospital utilization and visits to emergency rooms by children

Rural Counties with SBHCs:

Caroline County = 9
Dorchester County = 4
Frederick County = 1
Harford County = 5
Talbot County = 3
Washington County = 3
Wicomico County = 2

27 rural SBHCs

**1st SBHC in Somerset
coming soon!**

Council on Advancement of School-Based Health Centers (CASBHC)

- Created in legislation approved by the Maryland General Assembly in 2015. Legislation approved in 2017 directed Community Health Resources Commission (CHRC) to provide day-to-day staffing support of Council.
- Develops policy recommendations to improve health and educational outcomes of students who receive services from SBHCs.
- Comprised of 15 members (**next slide**) appointed by the Governor representing a range of providers, educators, administrators, and other experts from across the health care and education sectors, as well as six ex-officio members from across state government.

Council on Advancement of School-Based Health Centers (CASBHC)

Chair: Kate Connor, MD, MSPH

Vice Chair: Patryce Toye, MD

Kate Connor MD, MSPH : Maryland Assembly on School-Based Health Care

Patryce Toye, MD : Maryland Assembly on School-Based Health Care

Joanie Glick : Maryland Assembly on School-Based Health Care

Joy Twesigye : Maryland Assembly on School-Based Health Care

Sean Bulson, EdD : Public School Superintendents Association of Maryland

Cathy Allen : Maryland Association of Boards of Education

Meredith McNerney: Elementary school principal of schools with a school-based health center

Rick Robb: secondary school principals of school with a school-based health center

Jean-Marie Kelly : Maryland Hospital Association

Maura Rossman, MD : Maryland Association of County Health Officers

Arethusa Kirk, MD : Managed Care Organization

Jennifer Dahl : Commercial Health Insurance Carrier

Diana Fertsch, MD : Pediatrician

Kelly Kesler : parent of a student who receives SBHC services

vacant: Federally Qualified Health Center

Ex Officio Members

The Hon. Clarence Lam – State Senate

The Hon. Bonnie Cullison – House of Delegates

Cheryl De Pinto, MD, MPH – Maryland Department of Health

Mary Gable – Maryland State Department of Education

Andy Ratner – Maryland Health Benefit Exchange

Mark Luckner – Maryland Community Health Resources Commission

Staff Consultant

Lorianne Moss

Council on Advancement of School-Based Health Centers (CASBHC)

THREE WORKGROUPS

**Quality and
Best Practices**
Patryce Toye
and
Jean-Marie
Kelly

Data
Joy
Twesigye

**Systems
Integration and
Funding**
Maura Rossman
and
Kate Connor




Council on Advancement of School-Based Health Centers (CASBHC)

Notable Council Activities

- **Survey:** Worked with MSDE to revise and modernize data collection in its annual survey, bolstering reporting of health and education outcomes.
- **Standards:** Working with MSDE on updating of standards for SBHCs, which have not comprehensively been revised since 2006.
- **Harbage Report:** Worked with consultant on the release of a paper to demonstrate the value of SBHCs in Maryland and provide recommendations to maximize SBHC impact.
- **Kirwan:** Worked with Kirwan Commission and legislators on provisions related to SBHCs in reports and in Blueprint for Maryland's Future legislation.

COVID-19 and SBHCs

When Maryland school buildings were closed in March due to the COVID-19 pandemic, all SBHCs statewide were closed as well.

- SBHC assets  underutilized
- Continuity of care  jeopardized
- Health disparities  exacerbated

A small number of SBHCs transitioned to remote services for their patients, but many other SBHCs were unable to provide care. Barriers included:

- ✘ Questions about how to pivot operations
- ✘ Obstacles to communication with patients
- ✘ Reduced staffing and supplies

SBHCs have existing medical **facilities**, **equipment**, and **supplies** – as well as skilled **clinicians** with existing patient **relationships**. All of these *could* be utilized to continue to serve patients during school closures *and* can serve as public health resources during the current COVID-19 crisis and in future planning around long-term school closures.

Developing CASBHC Recommendations

Legislative mandate to issue recommendations for SBHC program.

Ad-Hoc Workgroup

Survey of Maryland SBHCs
conducted by CASBHC

Best practices identified through the
Maryland Assembly on School-Based
Health Centers (MASBHC)

Expert consensus among Council
members informed by organizations
they represent

5 over-arching recommendations, through three phases.

Not one size fits all.

Implementors range from the Governor and State Superintendent, to MSDE and MDH, to Local Education Agencies, and even individual SBHCs.

Five Central Recommendations

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

Recommendation 1: Continuity of Care

Develop **guidance** to clarify that SBHC practitioners are permitted and encouraged to continue offering clinical care to their patients even if their physical building is closed. [MSDE and MDH]

Each SBHC sponsor should determine the **best way**:

- ❖ remote care/telehealth
- ❖ reopen in school building if permitted
- ❖ partner organizations, affiliated clinics and SBHCs
- ❖ outreach to primary care providers

Consider **brief, low-contact services** for such needs as injections, medications, and vaccines [SBHCs and sponsors]

Conduct **outreach** to students to inform them of continued SBHC operations, including through contact databases, social media, and at food distribution sites [SBHCs, local schools and school districts]

Recommendation 2: Flexibility

Develop a document that **clarifies lines of authority** and processes for SBHCs to gain approval for changes to their emergency operations. [MSDE] Clarify which agencies must approve or be informed of changes including:

- ❏ Transition to telemedicine
- ❏ Altering hours/months of operation,
- ❏ Changing SBHC staffing
- ❏ Expanding service population
- ❏ Revising services offered
- ❏ Modifying grants modifications

SBHC sponsors should have maximum **flexibility** to make such changes without additional hurdles.

Recommendation 3: Telehealth

- ✓ **Clarify** steps required to transition to telehealth during emergency and non-emergency scenarios [MSDE and MDH]. Eliminate unnecessary barriers.
- ✓ Retain expanded authorities and **reimbursement** for telehealth, including audio-only, well child visits, and site origination flexibility. [MD Medicaid]
- ✓ Provide **equipment, technical assistance, and training** to SBHCs related to telehealth care and billing. [SBHC sponsors, Policymakers, MDH, MSDE]
- ✓ Utilize school and/or community **hot spots** for video telehealth visits, particularly in communities lacking broadband access. [SBHCs, LEAs]
- ✓ Expand affordable **high-speed internet/broadband** services to underserved parts of the state. [Governor, General Assembly]

Recommendation 4: Central Resources

Staffing

- Fund new “primary contact employee” positions in MSDE and MDH, to focus exclusively on SBHCs [Policymakers, General Assembly]
- This additional staffing will address needs for inter-agency cooperation, oversight, and support during pandemics and other times.

Funding

- Increase SBHC grant funding by \$6.5 million annually [Policymakers, General Assembly]
- Additional financial resources should support technical assistance, training, supplies, and other recommendations.

Recommendation 5: Building Access

- Plan for **occasional building access** to SBHCs for the purpose of obtaining supplies, health records, data files, and other materials necessary for continuity of care. [Policymakers, State Superintendent, LEAs]
- Consider allowing the provision of care in SBHCs' **brick and mortar** location during times of school closure, particularly in facilities that have separate entrances and/or barriers between the centers and the rest of the school. [State Superintendent, Policymakers, LEAs, SBHCs]
- Use available SBHC facilities for **public health purposes** during future emergencies, including for vaccines, screenings, non-pandemic-related services, continuity of care, or other purposes [Policymakers, MDH, MSDE]

Phase 1: During School Closures

- ⊕ Focus on **continuity of care** [SBHCs, others]
- ⊕ Develop **telehealth** capabilities [SBHCs, others]
- ⊕ Ensure SBHCs have **flexibility** to meet needs [MSDE, SBHCs, others]
- ⊕ **Resume/scale up** operations [SBHCs, others]
- ⊕ Revisit **building access** restrictions [Governor, State Superintendent, LEAs]

Phase 2: Preparing for Re-Entry

- Involve SBHCs in **school-wide protocols** to prevent transmission and address COVID-19 cases in schools [MSDE, LEAs]
- Maintain **telehealth** capacities [SBHCs, others]
- Plan for **increased staffing** and **PPE replenishment** [SBHCs, others]
- Coordinate with PCPs to address **backlog** in medical services such as well-child visits, sports physicals, medical forms, and vaccines [SBHCs]
- Utilize SBHCs in any **COVID-19 mass-vaccination** campaign, including to populations beyond SBHC patients [Governor, General Assembly, MDH]

Phase 3: Future Emergencies/Closures

- ❖ Plan for **continuity of care** [SBHCS, others]
- ❖ Modify **consent forms** to prepare for future disruptions [MSDE, SBHCs, others]
- ❖ Use SBHCs as a **public health resource**. [MDH, LHDs, others]
- ❖ Consider serving the **broader community** [SBHCs, others]
- ❖ Identify assets not needed for continuity of care, if any, to **share** with Local Health Departments in emergency situations [SBHCs, others]
- ❖ Incorporate emergency planning and public health functions into revised SBHC **standards** and **grants** [MSDE]

THANK YOU!

The full report is available on-line at:

<https://health.maryland.gov/mchrc/Pages/Maryland-Council-on-Advancement-of-School%E2%80%93Based-Health-Centers.aspx>

Questions?

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