

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

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

9:30 am Greetings and Opening Remarks

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Council members had the following feedback:

- Include the recommendation to change the title, as well as appropriate definitions, in the draft recommendations document.
- Is there a way to collect information on pre/post knowledge about health education? The Vice Chair noted that SBHA has a satisfaction survey, which gets at some of this information. Howard County also has a satisfaction survey; it’s mailed home or in backpacks. The return rate is about 20%. The ones that are returned show a lot of positive feedback.
- There are concerns about how to protect the privacy of student data, in conformity with FERPA and HIPAA. The workgroup is aware of these concerns.
- Have the SBHC Administrators provided feedback on these recommendations? The Vice Chair stated that the recommendations have not been shared yet, since the group wanted Council feedback first; however, the Administrators will have the opportunity to provide feedback.
- There could be more information collected about complexity of care for students with special health care needs, anxiety, substance use disorder, and ADHD. Access to an electronic health record makes a difference in the availability of data.

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

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

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

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

- 1) Identify existing health and educational data from state and local sources and make recommendations for the creation and sustainability of a reporting system.
- 2) Conduct qualitative formative research to assess a) the value of SBHCs; b) the challenges and service gaps associated with SBHCs; and c) the role they are filling in Maryland communities. Research methods would include in-depth interviews and focus group discussions with school personnel (e.g., principals, superintendents) and families (both whose children use and don’t use SBHCs).
- 3) Review published articles on the benefits of School-Based Health Centers and write a white paper about what programs or strategies (“interventions”) have been shown using statistically-valid research methods to produce lasting impact on students’ health and educational outcomes.

Council members offered the following comments:

- The annual survey belongs to MSDE, and any recommended changes to the survey would be considered and implemented by MSDE. A contractor could not implement these changes. Council members then clarified that the purpose of the contractor is not to implement the recommendations to the MSDE survey; it’s to implement the three deliverables described above. The language in the Project Concept will be revised to clarify this distinction.
- It might be beneficial for a contractor to conduct a cost-benefit analysis/healthcare economic analysis in order to make the case for the benefits of SBHCs. The Department of Labor has developed guidelines for assessing the costs such as a parent missing a day or work, or a student missing school. The Chair noted that some of that work has already been done nationally, and that would be one purpose of deliverable #3. This could help inform methodology for a Maryland-specific cost-benefit analysis.
- Perhaps the role of the Council is to offer subquestions for each of the deliverables, to add specificity. The document needs to be specific to make sure it achieves the Council’s needs.
- The Council need to be thoughtful about what is measured for program evaluation purposes.
- Delegate Cullison appreciated the thoughtfulness of all the members’ comments, and suggested that the state agencies and stakeholder organizations provide information on the work they are doing, and also provide some input on what questions they would like answered by a contractor. She wants to maintain the momentum that’s been generated by the Council.

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

12:00 pm

Introduction of Angel Lewis

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

12:05 pm Update on the 2017 Annual Report

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

12:15 pm Workgroup Reports

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

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

12:30 pm Closing Remarks

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