



Council on the Advancement of School-Based Health Centers

December 9, 2016

9:30 a.m. to 12 p.m.

Maryland Department of Transportation

7201 Corporate Center Drive

Richard Trainor Conference Room – First Floor

Hanover, MD 21076

Meeting Objectives

- Appoint chair and vice chair
- Distribute final draft of annual report
- Review Work Group priorities
- Schedule 2017 quarterly meetings

Meeting Agenda

- I. Welcome, Roll Call and Agenda Review
 - a. **In attendance:** Kate Connor, Barbara Masiulis, Delegate Bonnie Cullison, Jennifer Dahl (phone), Mark Luckner, Sharon Morgan, Cathy Allen, Nicole Johnson, Kristina Kyles Smith, Maura Rossman, Uma Ahluwalia (phone), John Gaddis (phone)
 - b. **Visitors:** Sapna Hencinski, Tina Backe, Robyn Elliot, Rachel Faulkner, Joan Glick, Judy Covich, Sharon Hobson, Alice Bauman, Derek Simmons, Alicia Mezu, Cherly DePinto, Mona Carey, Beth Spencer, Michelle Hinton, Joan Glick, Walter Sallee
- II. Chair and Vice Chair Nominations
 - a. The council will vote on the Chair and Vice Chair of the Council.
 - b. Voting members present include Uma Ahluwalia, Cathy Allen, Kate Connor, Nicole Johnson, Barb Masiulis, Sharon Morgan, John Gaddis, Jennifer Dahl and Maura Rossman.
 - c. Chair nominee is Kate Connor.
 - Kate Connor MD, MSPH is a pediatrician and medical director of the Rales Health Center at KIPP Baltimore and a member of the Division of General Pediatrics and Adolescent Medicine at the Johns Hopkins University School of Medicine. A graduate of the University of Pennsylvania, she received her medical degree from the University of Maryland School of Medicine and completed her pediatric residency training and chief residency at the Ann and Robert Lurie Children's Hospital of Chicago and Northwestern University's Feinberg School of Medicine. At Johns Hopkins, she completed a fellowship in general academic pediatrics and earned a master's degree in public health from the Johns Hopkins University Bloomberg School of Public Health. After her fellowship, Connor joined the faculty at Sinai Hospital in Baltimore, practicing at Greenspring Pediatric Associates and training residents and medical students. Dr. Connor returned to Johns Hopkins in 2015 to lead the start-up and implementation of the Rales Health Center. She also serves as Editor-In-Chief of the Johns Hopkins Harriet Lane Pediatric Primary Care Online Curriculum and supervises medical student and resident trainees at the Rales Health Center and the Harriet Lane Primary Care Clinic. Her clinical work and research

focus on innovative approaches to the redesign of pediatric preventive care to improve quality, accessibility, and family engagement with care.

- d. Vice Chair Nominee is Barbara Masiulis.
 - Barbara Masiulis, MS, CRNP is a Supervisor in the Office of Health Services for Baltimore County Public Schools; supervising its school based health centers. Ms. Masiulis is a certified Pediatric Nurse Practitioner with 18 years of experience in school health. In addition to her commitment to school-based health care, she has a special interest in the needs of students with Diabetes in the school setting. During her 40 year career, she has cared for children in a variety of settings. Ms. Masiulis received a Bachelor's Degree in Nursing from Niagara University. She received her Master's Degree in Pediatric Nursing and her Post Master's as a Pediatric Nurse Practitioner from the University of Rochester. She lives with her husband in Elkridge and has three adult children, one of whom is a nurse. Ms. Masiulis has actively participated in the Maryland Assembly on School-Based Health Care as a member of the Technical Assistance Committee, as Co-Chair of the Technical Assistance Committee, President-Elect, and President. Under her leadership as President, MASBHC began implementation of the Hallways to Health grant which supported the creation of a project manager position and expanded its outreach. Currently, she serves as the Past President of the organization and co-chair of the Technical Assistance Committee. She is committed to supporting the mission, goals and the continued successful endeavors of school based health centers in Maryland and MASBHC.
- b. Both Kate and Barb are running unopposed and there were no additional nominations from the floor
- c. Kate Conner was unanimously voted in for Chair of the Council.
- d. Barbara Masiulis was unanimously voted in for Vice Chair of the Council.

II. Population Health Plan presentation by Alice Bauman

- a. Alice Bauman, Senior Health Planner from the Office of Population Health and Improvement form DHMH, presenting the Population Health Improvement Plan that the office has been working on the past year.
- b. Alice provided a high level overview of what the plan entails and how it relates to school and school health. It is important to note that the plan is a framework not an implementation plan. It presents potential outcomes but not goals to achieve.
- c. The plan includes 15 focus areas under five sub categories including: chronic disease management and prevention, substance use, mental health, senior health, and youth health and wellness.
- d. The full improvement plan can be found here: <https://goo.gl/Xbvrcb>
- e. The Population Health Improvement Plan focuses on the 2nd and 3rd buckets of prevention, i.e. innovative clinical prevention and total population or community-wide prevention.
- f. The council discussed a variety of topics regarding the improvement plan, including the connection between school health and academic success which aren't highlighted in this plan. It was noted that academic achievement can be seen as not only an indicator but also an intervention in regards to school health.
- g. Overall, the plan provides a framework to look through in regards to locality and priority area.
- h. The purpose of the presentation regarding the plan is for the council to be aware of it and look for opportunities to think about and refer back to the plan.
- i. The plan doesn't see SBHC's as singular entities but as part of a community-based effort that relates strongly to the purpose of the council.
- j. Council members noted that it is important for the plans focus areas to address health disparity and health equity. While health disparity and health equity is not addressed uniquely for each of the focus areas, the plans introduction addresses that each of the focus areas has a health disparity. The plan and Office of Population Health and Improvement did not have the bandwidth to individual address the health equity for each focus areas.
- k. A council member asked if the plan assumes that SBHC's would become medical homes? The response was that the intention of the plan is not to place burdens on existing entities but rather provide a framework as to how to prioritize policy, programs, and initiatives.
- l. This plan is not met with funding. There are no dollars being provided. It solely provides a platform for future work and plan for long term investment.

- m. The Office of Population Health and Improvement is accepting comments from stakeholders and the general public from December 2nd to December 12th. Please send your comments or questions to dhmh.pophealth@maryland.gov
- n. For any other questions regarding this presentation you can contact Alice Bauman at alice.bauman@maryland.gov or 410-767-3173.

III. 2016 Annual Report

- a. This is the 2nd draft of the 2016 Annual Report. Adjustments to this draft include:
 - On Page 2 of the report under ‘Overview of SBHC Landscape’ with Ms. Kyles Smith’s help and the help of folks at MSDE we had already shared the financial numbers but at the last meeting it was asked to provide more clarification as to how the funding is leveraged. Thus, we added a general breakdown in the 3rd paragraph in regards to how much money was allocated and to whom. We wanted to give some sense of what percentage of SBHC funding is MSDE. Mr. Luckner shared information on the investment that the Maryland Health Resources Commission has made to SBHC’s.
 - On Page 4 in which we list the priorities of each of the workgroups. The following bulleted statements were added to the Systems Integration and Funding workgroup priorities; Identify ways that SBHC’s are leveraging resources and coordinating care across state and local agencies and service providers; Review current SBHC grant application process to identify ways to improve the review and approval of SBHC (new and continuing; MSDE-funded and non-funded sites)
 - Previous version of this report, Appendix 1 and Appendix 2 were represented in one chart but are now divided into 2 charts. Appendix 1 contains the demographic data and Appendix 2 contains the SBHC utilization data.
 - Previous version of this report, the chart in Appendix 3 listed unallocated funds. So this new chart clarifies that funds that were listed as unallocated actually went towards evaluation and technical assistance.
- b. It was noted that, we do not know how many edits can be made to this version of the report based on where the report is in the approval process at MSDE. But would like to ask for overall feedback, even if we may not be able to address your concerns in this version of the report.
- c. Feedback regarding the report included:
 - Add Text to go alongside the Appendix as a reference point for what the chart represents.
 - It was noted that on the report Somerset County is listed as serving kids but is not receiving MSDE money. Thus would like to see the other sources of funding. The distinction is noted between an SBHC sponsor and SBHC support, however the dollars are not differentiated. In order to get the full funding picture is going to require more data and more feedback from SBHC’s and their administrators.
 - It was noted, that the council would like to see the reinstatement of the SBHC Administrator meetings that were led by MSDE. There have been no admin meetings in the last couple of years. Barb proposed that we add a bullet to Quality and Best Practices work group to reinstate these meetings and for them to be held at least quarterly.
 - Bullet 3 of the Systems Integration and Funding work group priorities, it notes that they will identify funding and service linkages between MSDE, DHMH, DHS and other public agencies. Would like to expand that to include any sources.
 - It was noted that because there are a lot of SBHC’s funded by FQHC’s we need to state whether that is private, state, and federal.
- d. It was inquired if we are limited to these work group priorities. The 2016 Annual Report is a preliminary report to meet the December deadline. We would anticipate that our 2017 Annual Report coming from the council would be much more comprehensive and would provide the legislature with any actions that might need to be taken in their 2018 session
- e. Potential changes to the annual report are listed below should we be able to make changes at this phase of the report:
 - ‘Overview of the SBHC Landscape’ – Page 2-3
 - Delete 2nd and 3rd sentence in the third paragraph.
 - Delete the 2nd sentence in the fourth paragraph.

- Amend the MCHRC numbers to 15 instead of 18 grants totaling \$3.3 million not \$4.7 million.
- Table 2 ‘Council Priorities for 2017-18’
 - Add a bullet point to the Quality and Best Practices section to engage SBHC Administrators.
 - Change bullet 3 in the System and Integration and Funding section to address any sources that create service linkages.
 - Change bullet 3 in the Data Collection and Reporting Section from ‘substance abuse and behavioral health’ to ‘substance use and mental health’.
- Appendix 2: SBHC Utilization Data by Jurisdiction: Provide definitions for the categories.
- Appendix 3: Summary of SBHC funds Granted by MSDE: provide some context or narrative the reiterate that is not the county’s full funding but solely the MSDE investment.
- Council can add ad hoc committees for items needed moving forward.

IV. Work Group Priorities and Membership

- a. The council discussed how the work group committees will function. The intent is to have work group meetings during the larger council meetings. We may need to have lengthier meetings or have additional meetings to accommodate the work needed to be done.
- b. As far as timeline goes, we would likely be doing the bulk of the work between January and October, in order to have an annual report completed by December. Big ticket items such as changes the application will hopefully posted by June, thus the timeline for changes to the application would be between January and April. In regards to data reporting, must note the difference between the council’s year and the school year. Not likely that we can amend data collection in the middle of the school year. The idea is to improve data collection and but not dump the data that we have. Would like to the work group to be ambitious but also be cognizant of the time constraints.
- c. It was noted that if the funding was going to change that health departments are already creating their budgets for FY17, thus if application changes are going to impact the amount of funding they should be notified. It was noted that any application changes would impact the RFP process but will not impact level of funding.
- d. Work groups meet in January and possibly again in April and May.
- e. One of the things we may want to think about is clarity, definition, and better processes so that we aren’t asking the same questions next year.
- f. Soft poll of the meeting attendees to see which work groups they would like to sit on. It was noted that you don’t have to be member of the council to be on work group.
 - i. Quality and Best Practice
 1. S. Morgan
 2. M. Hinton
 3. B. Masiulis
 4. J. Covich
 5. OPHI rep
 6. Cheryl DePinto
 7. SBHA Rep
 8. MSDE Facilities
 - ii. System Integration and Funding
 1. M. Luckner
 2. K. Connor
 3. M. Rossman
 4. Jennifer Dahl
 5. U. Ahluwalia
 6. S. Hobson
 7. M. Carey
 - iii. Data Collection and Reporting
 1. C. Allen
 2. T. Backe

3. D. Cullison
 4. J. Glick
 5. A. Mezu
 6. SBHA Rep
- iv. Other entities we should recruit to sit on work group
1. Parents and Students
 2. Other Council Members
 3. MASC
 4. PTA
 5. Immigrant Health
 6. Maryland Association of School Nurses
 7. Youth Advisory Groups
 8. FQHCs

V. Meeting Schedule for 2017

- a. January 30th (Tentative)
- b. April 24th
- c. September 11th
- d. November 20th

VI. Closing Remarks and Evaluations