



# **Renovating Your Program: A Starter Guide for Inheriting a 40-year-old State Program**

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## CME and CE Information

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- American Psychological Association (APA)
- Association of Social Work Boards (ASWB)
- Commission on Dietetic Registration (CDR)

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# Learning Objectives

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1. To explore the different facets of a State School Based Health Center (SBHC) Program, along with common challenges and solutions.
2. Workshop participants will be able to identify at least two strategies to apply within their SBHC /program.



# Poll

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How many here are from a...

- State Office
- State Affiliate
- SBHC

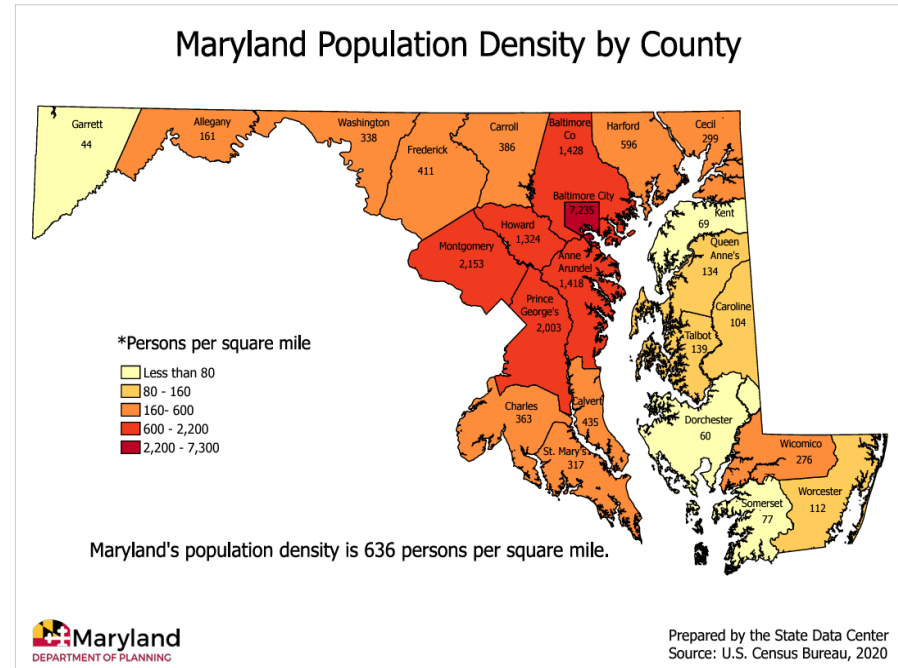
How old is your program/SBHC?

- < 5 years
- 6-10 years
- 11-20 years
- Older



# Maryland State

- Cultural melting pot of Southern and Northern attributes; “America in Miniature”
- 2020 Census: 6,177,224
  - 48.7% White
  - 29.5% Black
  - 8.4% 2 or more races
  - 6.8% Asian or PI
  - 11.8% Hispanic or Latino
- Highest national median household income in 2022 (\$108,200)
  - 8.6% of residents live in poverty
  - Rates vary by jurisdiction, 20.3% (Baltimore City) compared to 5.0% (Howard)
- Governor Wes Moore committed to ensuring world class health systems for all Marylanders and setting Maryland’s students up for success.



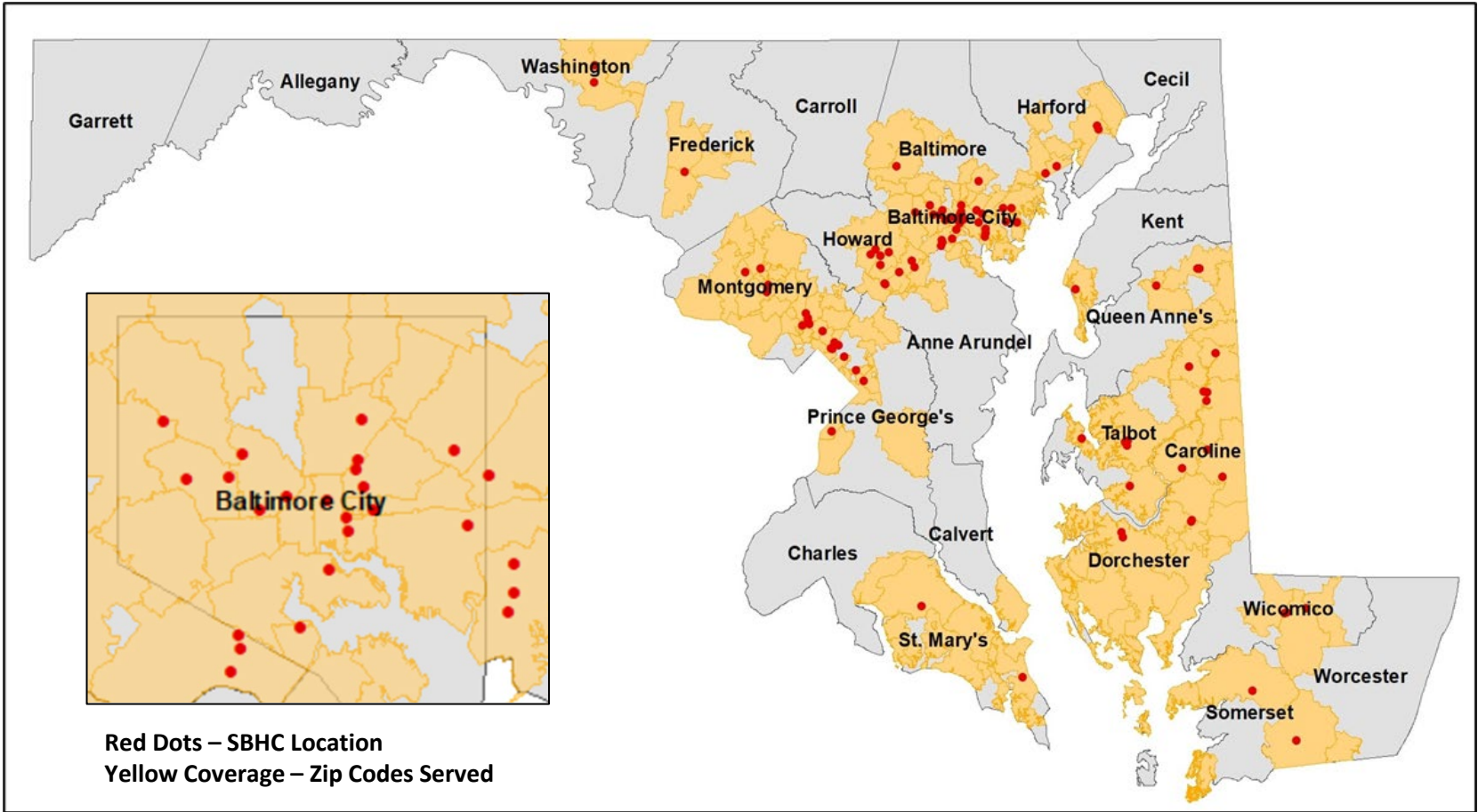
# Maryland School Based Health Center Program

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- Program provides grants and technical assistance to 87 SBHCs across 16 jurisdictions
- During the 2022-2023 school year - 18,618 students were served and 39,096 visits completed
- Maryland SBHCs are required to provide acute, preventative, and primary care services
  - Optional to provide behavioral health, oral health, sexual & reproductive health, nutritional services, and vaccines.
- Requirements for SBHCs outlined in SBHC Standards, last published in 2006



# Maryland SBHC Landscape





# Maryland SBHC Program

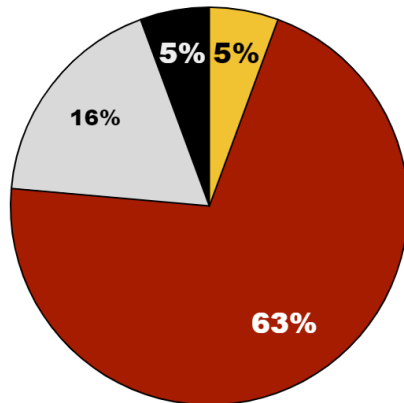
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- Each SBHC is sponsored by an **Administrative** and **Clinical Sponsoring Organization**
  - **Administrative Sponsoring Organization (ASO)** – receives the grant, responsible for submitting invoices, quarterly performance measures, annual data and overall reporting to the program
  - **Clinical Sponsoring Organization (CSO)** – responsible for clinical duties of the SBHC, including hiring clinical staff, developing and adhering to clinical procedures, policies and state/federal laws
- ASO/CSO Models:
  - Federally Qualified Health Centers – typically serve as ASO + CSO
  - Local Health Departments – may serve as ASO and/or CSO
  - Local Education Agencies – serves as ASO
  - Healthcare System – typically serves as CSO

# Maryland SBHC Program

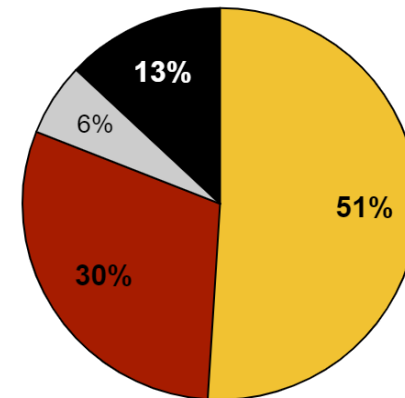
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2022 National Census of School-Based Health Centers



● LHD ● FQHC ● Hospital and Medical Center ● Public School

2022 Maryland SBHC Sponsorship Type



● LHD (49) ● FQHC (29) ● Other (5) ● Public School (13)

# SBHCs in Maryland

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**(1985)**

First SBHC opens in  
Baltimore City

**(1996 - 2000)**

RWJF and Governor's Office  
for Children, Youth, and  
Families dramatically expand  
SBHCs in the state

**(2007)**

Maryland SBHC Program  
transitions to Maryland  
State Department of  
Education

**(1985 - 1995)**

SBHCs gradually  
expand across the  
state as an important  
part of the healthcare  
safety net

**(2001)**

\$2.8 million  
State funding  
designated for  
SBHCs

# SBHCs in Maryland

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**(2017-2019)**

Kirwan Commission tasked with researching and developing recommendations for improving education in Maryland

**(2021)**

Bill passes to move the Maryland SBHC Program from Maryland State Department of Education to Maryland Department of Health



**(2021)**

The Blueprint for Maryland's Future passes

**(July 1, 2022)**

Maryland SBHC Program formally transitions to the Maryland Department of Health

# The Blueprint for Maryland's Future

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1. Increased annual education funding by \$3.8 billion over the next 10 years
2. Added \$6.5 million to support Maryland SBHCs
3. Developed Concentration of Poverty Grants for schools that meet a high percentage of students living in poverty
4. Established the Consortium for Coordinated Supports with the charge to administer grants toward expansion of behavioral health in schools.
  - In 2024, the Consortium provided \$111 million in grants to support implementation of behavioral health services in every jurisdiction in Maryland

# Pair and Share

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Partner with a near by neighbor and share a challenge your team is currently working through.

This may include fixing something you've "inherited," updating an archaic or ineffective process, launching a new initiative, wanting to set a program standard, etc.



# Inheriting the Program

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# Inheriting the Program: Challenges & Opportunities *at First Glance*

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**Maintaining  
“business as usual”**

**Increase of \$6.5  
million in funding per  
year**

**Assessing  
opportunities for  
Program growth**

**Develop  
relationships with  
Sponsoring  
Organizations**

**Measuring and  
increasing SBHC  
quality of care**

**Develop actionable  
data**



# Meeting with Partners

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**State Department of  
Education Leadership**

**Maryland Assembly on School  
Based Health Care (MASBHC)**

**Each of the Sponsoring  
Organizations**

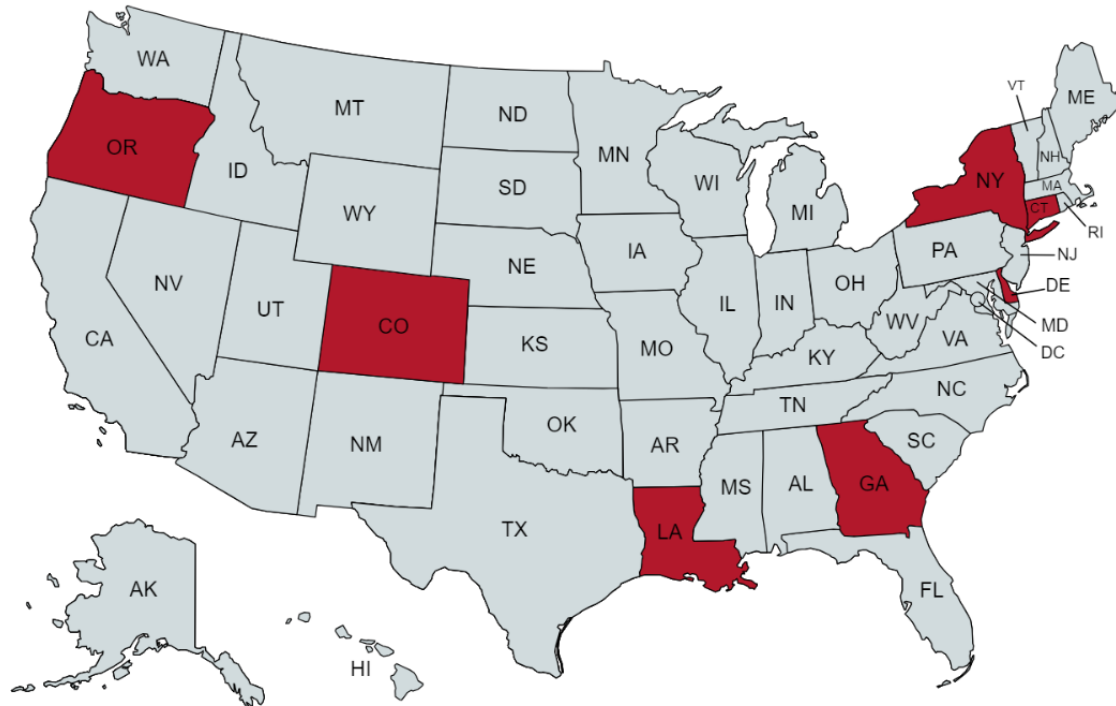
**Maryland Council on  
Advancement of School-Based  
Health Centers (CASBHC)**

**Health Resources and  
Services Administration  
(HRSA)**

**School Based Health Alliance  
(SBHA)**

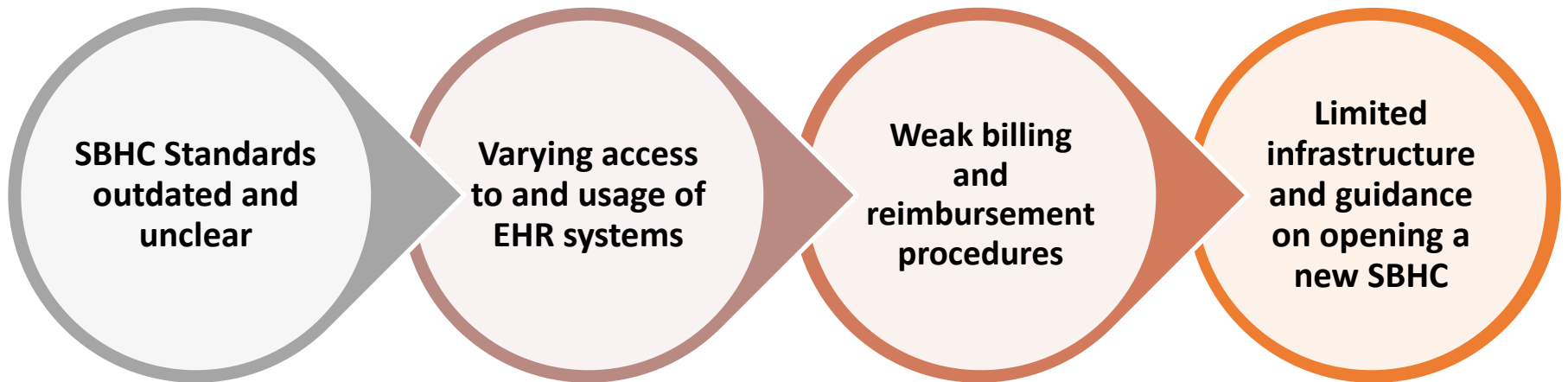
# Meeting with Partners

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# Challenges & Opportunities: *After Further Digging*

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# Setting a Strategy

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*Developed a strategic plan for State Fiscal Years 2022 – 2026:*

- 1. Define and standardize** the expected quality of care provided by SBHCs
- 2. Develop a robust foundation** of accessible data that is relevant to SBHC operations, quality of care, educational impact, and value.
- 3. Build a sustainable financial model** for SBHCs that sustainably and equitably supports their mission.
- 4. Expand comprehensive healthcare services** (e.g., preventive, behavioral, and oral health) in historically disenfranchised and underserved communities.

# Finding your Squad

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2022

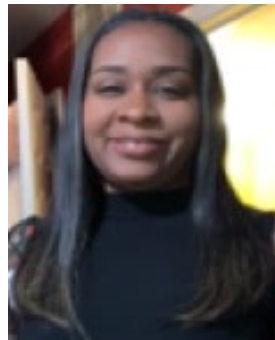
2023



**Bureau Director**



**Bureau Medical Director**



**Program Coordinator**



**Program Nurse Consultant**



**Program Manager**



**Program Nurse Consultant**

# Getting to work

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Supporting  
Quality of  
Care by  
Defining and  
Standardizing

- **Revised old program Standards** (circa 2006) and developed regulations to guide intake and discontinuation of SBHCs
- **Launched a learning collaborative** to help all SBHCs get connected to an EHR system and the region's health information exchange platform (CRISP)
- **Developed** a year long **Maryland SBHC Institute** for organizations interested in learning how to start a new SBHC. Covers topics from developing partnerships, creating a business plan, revenue and billing, etc.
- **Created Site Profiles** summarizing the SBHC's performance metrics with comparisons to other like-SBHCs across the state

# Getting to work

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## Bolstering Operations Growth and Expansion

- **Created new funding channels** separating operational funding from infrastructure; provided technical assistance to bolster better billing practices
- **Committed to maintaining funding**, i.e. – no SBHC will receive a >25% decrease in funding year- year
- **Conducted a needs assessment** to help identify highest need communities and schools
- **Released 2-year Request For Applications** to support organizations in their planning to start a new SBHC. Includes conducting a needs assessment, business plan, and financial support for renovations and supplies

# Lessons Learned From The Field

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# Embrace A Period of Exploration

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## Tools to do this:

- Surveys
- Needs Assessment or Readiness Assessment
- Environmental Scan or Asset Mapping
- Hosting Listening/ Feedback Sessions
- Inclusive Advisory Committees
- Setting reoccurring meeting cadences with stakeholders
- On-going networking (who is at the table, who is missing, and who haven't you yet thought of to include?)

# Aim for Incremental Changes

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## This can look like:

- Focusing on building the “ground-work” (developing or deepening relationships, ‘exploring’ even further)
- Soft launches
- Maintaining a threshold of consistency (re: “maintenance” funding)
- Sharing far in advance and including stakeholders in the process (opportunity to provide feedback on process, timeline, etc.)

# Know and Leverage Your Partners

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## Partnership Considerations:

- Leveraging partnerships is *crucial* at every level (not just for SBHCs)
- Takes continuous efforts to identify and integrate with new partners
- Opportunities to collaborate on initiatives or challenges, learn from and/or get feedback on how to improve
- Tailor program/SBHC “branding” and marketing *to your audience*
- Bonus Tip: Consider conducting a stakeholder analysis to identify and leverage your partners who have interest in your program/work, influence over your program/work or are key players that should be engaged and consulted
  - (Work developed by Katie Savage and Mia Martinez from United Community Schools: Session on Equitable Access Action Planning Toolkit)

# Embrace Flexibility and Adaptability

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- This can look like:
  - Piloting a new initiative with protected time to evaluate what went well/worked, what didn't and why
  - Keeping a quality improvement/ iterative mindset as you approach all aspects of your work
  - Lean in to “layered thinking”
  - Transparent boundaries or guardrails (what's set vs. where is there room for flexibility or innovation)
  - Power with vs. power over

## Pair and Share

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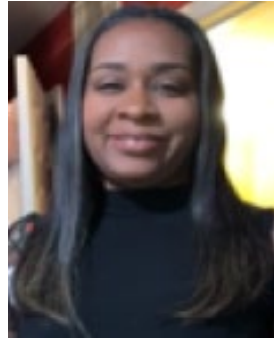
Reflecting on the challenges shared or connecting tips, how might you explore or utilize one of the strategies mentioned today?

What does your program/office/SBHC already do really well? Where are there areas you could improve?



# Thank You!

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**Connect with us**  
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