



PO Box 716
Baltimore, MD 21233
202.669.0031 phone

August 24, 2018

William E. Kirwan, Chair
Maryland Commission on Innovation and Excellence in Education
Maryland Department of Legislative Services
90 State Circle
Annapolis, MD 21401

Dear Chairman Kirwan:

This past spring, the Maryland Assembly on School-Based Health Care (MASBHC) was pleased to learn that the Commission on Innovation and Excellence in Education wanted information on best practices in providing health and behavioral health services in school settings.

Over the past several months, we have eagerly attended the meetings of Workgroup 4 and provided additional background information to support the discussions related to at-risk students. At the August 15th workgroup meeting there was a robust discussion on funding community schools and health services. It appeared that the recommendation was narrowed to limit funding for a health services practitioner unless a school first chooses to become a community school. ***We recommend that the funding recommendation specify school-based health centers for all schools that meet the concentration of poverty criteria and not be limited in placement to just community schools.***

School-based health centers are historically located in schools with high concentration of poverty. They also improve access to medical, behavioral and oral health care; and they can improve academic and health outcomes. Families living in high poverty areas of our state face significant barriers in accessing health care services for themselves and for their children. This includes being under or uninsured. They may also face challenges with transportation especially in rural parts of our state or experience access issues because of their immigration status. School-based health centers are part of the solution to these barriers.

In addition, school-based health centers provide on-site health care services in a school where children spend the majority of their day and are able to see students regardless of their ability to pay or insurance status. They always have some primary health care on site, and when there are available funds - behavioral health and oral health services. If the student has Medicaid or private insurance, the school-based health center can bill to offset costs.

The Coalition for Community Schools define community schools as “both a place and a set of partnerships between schools and other community resources”. A community school is built around a school-site leadership team that creates a shared vision for the school, identifying desired results and aligning and integrating the work of partners with the school. Both school-based health centers and community schools are great ways to improve outcomes for students. In some instances, schools have



PO Box 716
Baltimore, MD 21233
202.669.0031 phone

incorporated both a school-based health center and the community school model where both work together. Regardless of the choice, it is based on the unique needs, resources, and circumstances of a school and its community. In Maryland, school-based health centers were first established in the late 1980s and continue to successfully operate throughout the state, with most not located in community schools.

Another reason to specify “school-based health centers” apart from community schools is to ensure any school-based health center can continue to access reimbursement where possible for services delivered in the centers. The reimbursements are from both Medicaid and private health insurance carriers.

If the Kirwan Commission narrows its funding recommendation for health services to schools that elect to establish a community school, we would be missing critical opportunities to help students:

- Most school-based health centers are located in non-community schools in Maryland and nationally. Many of the existing school-based health centers could benefit from additional state support to add or expand access to primary care, behavioral health and oral health services. While primary care is the one essential service, many school-based health centers have limited hours because they do not have sufficient funding;
- Some schools may not be in a position to become a community school for the purposes of establishing a school-based health center; and
- Even if a school is interested in becoming a community school, it involves a comprehensive and long planning process which may or may not result in a school-based health center on site in the school. School-based health centers can open relatively quickly when there is accessible funding and resources. The school-based health centers 30+ years of existence in Maryland have resulted in a robust infrastructure including support from multiple state and local agencies and community-based health care organizations.

Thank you for the opportunity to submit these comments to the Kirwan Commission. We look forward to continuing to work with you as the Commission’s work moves forward.

If you have any questions regarding school-based health centers, including our recommendation, please contact Rachael Faulkner, our public policy and governmental affairs consultant. She can be reached at rfaulkner@policypartners.net or (410) 693-4000.

Sincerely,

Donna Behrens
Immediate Past President