Dear Chairman Kirwan:

Montgomery County Department of Health and Human Services is an integrated public agency that is also responsible for the delivery of early childhood services and school health services including School Based Health Centers and High School Wellness Centers. As such we have taken a deep interest in the deliberations of the Maryland Commission on Innovation and Excellence in Education. I am submitting this letter to you on behalf of the County to address our specific recommendations around supporting School Based Health Centers and High School Wellness Centers, namely the subject of the deliberations of Workgroup 4.

It is our understanding that at the August 15th workgroup meeting there was a robust discussion on funding community schools and health services. Montgomery County has, for over 40 years, had our own version of community schools in elementary schools with an everFARMS rate of 75% or higher. This program known as Linkages to Learning is incredibly successful and marries school-based health centers and Linkages to learning Centers. However, we do not have a community schools initiative in most high schools and middle schools but we do have High School Wellness Centers in these school clusters. There are significant costs to establishing both community schools and school-based health centers and high school wellness centers and there is need for these services in any combination that a community is willing to step out to do this work. It is for this reason that we support the MASBHC recommendation 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.”

Having worked in an integrated HHS department that focuses deeply on issues of equity and social justice and the social determinants that impact health, the role of the SBHC in schools (which are a trusted space) delivering healthcare is incredibly critical to the fabric of our safety net. Given the diversity of Montgomery County and the large numbers of uninsured residents, the role of the School Based Health Centers not tied only to Community Schools are critical. 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 suburban communities where transit-oriented development is not pervasive as in urban centers. 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 most of their day and can 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.

Our County recognizes the opportunity presented in combining Community Schools with SBHC’s but it is critical that both entities are able to stand alone as needed. The need for healthcare provided within a school campus, that increases access to health care in low income communities to all children including those without insurance and partners well with school nurses and school health room aides should be a stand-alone recommendation.

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.

Sincerely,

Uma S. Ahluwalia
Director

USA:dlm