

## Memorandum

To: Renee Ensor-Pope, Jaqueline Duval-Harvey, Eugenia Greenhood  
From: PATH Team at CLASP  
Date: March 3, 2020  
Re: School-Based Health Centers

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### SUMMARY

One goal of the Systems of Care Grant is to better meet the behavioral health needs of uninsured transition-age-youth. School-based health services can help to meet this goal, especially considering county-wide momentum around improving and expanding school-based mental health care. Prince George's County currently has four school-based wellness centers. In addition, the school system has plans to expand mental health services to all schools in the county. To provide guidance on this process, CLASP scheduled a learning call between the core PATH team, representatives from the county school department, and LA Trust – a nonprofit that manages wellness centers in Los Angeles County. This memo overviews key considerations when implementing health services in a school-based setting, including profiling other examples of how SBHCs are operated in different states.

### Overview

#### School-Based Health Centers<sup>1</sup>

The SBHC model delivers on-site health care by an interdisciplinary team of health-care professionals, which can include both physical and behavioral health clinicians. SBHCs represent a promising strategy to provide uninsured or underinsured individuals with necessary healthcare services and can help to serve students who are at risk of experiencing high levels of unmet health care needs. Due to this potential, the ACA increased funding for SBHCs.

SBHCs face persistent funding and sustainability challenges. Most SBHCs will serve any student, regardless of insurance coverage or ability to pay. In addition, they provide non-reimbursable educational and preventative services. On average, an SBHC will bill four different patient revenue sources, which will cover one-third of program costs. Fee-for-service is the standard payment method for SBHCs, but some sites receive capitated payments, or "pay for performance" supplements. In 2002, the Rutgers Center for State Health Policy provided several recommendations, including that SBHCs should diversify their donor bases to include public and private insurers and foundation support, develop a state association, and identify appropriate sponsors.

#### Expanded School-Based Mental Health<sup>2</sup>

Young people are six times more likely to complete mental health treatment in schools than in community settings. School mental health systems can be funded through legislative earmarks,

federal block and project grants, state or county funding, fee-for-service revenue from third-party payers, and private foundations. The National Center for School Mental Health (NCSMH) recommends diversifying funding to sustain programs, noting that schools cannot rely on a fee-for-service model for comprehensive programming. For example, Wisconsin uses a braided funding model involving three large-scale federal grants to allow for 100+ schools to receive mental health professional development, TA, and coaching.

NCSMH identified eight core features of comprehensive school mental health systems. The list includes: Well-trained educators and specialized instructional support personnel, family-school-community collaboration and training, needs assessment and resource mapping, mental health screening, and funding. They developed the [SHAPE system](#) to assess school mental health quality, and the [Mental Health Technology Transfer Network \(MHTTC\)](#), which includes a national school mental health curriculum. They also advocate for a three-tiered system of mental health support in schools. The first tier focused on prevention targets all students and staff. Policy suggestions for improving tier 1 activities include adopting K-12 social-emotional learning (SEL) standards (Illinois), implementing universal mental health screenings or wellbeing check-ups, instituting mental health literacy for all (New York, Virginia, New Jersey, Washington), and finding funding streams to fund intervention and prevention.

### **School-Based Health in Maryland**

Maryland has a strong school-based health infrastructure. The NCSMH is based out of the University of Maryland School of Medicine. The 2020 Annual Conference on Advancing School Mental Health will be held in Baltimore, October 29-31.<sup>3</sup> In addition to the national infrastructure, Maryland has a state-wide school-based health council<sup>4</sup> and has developed state-wide SBHC standards.<sup>5</sup> Currently, Maryland has 84 SBHCs in 12 of MD's 24 jurisdictions.<sup>6</sup>

Three Maryland districts helped to inform NCSMH's guidance from the field [report](#). Anne Arundel County Public Schools noticed an increase in mental health concerns among students. In response, the Board of Education asked for \$3.4 million to bolster mental health services by eighteen counselors, 7.6 psychologists, and six social workers.<sup>7</sup> Public school officials and the county government also established a mental health taskforce in May 2019, which created eight subcommittees to address the following factors contributing to mental health concerns: discrimination, bias and cultural barriers; trauma; poverty; parental substance abuse; lack of access; stigma; stress and pressure; and social media.<sup>8</sup> The taskforce has seventy members representing community organizations, national organizations, the school department, the county government, parents, and students. By April 2020 the task force will have a set of recommendations to present to the school board.<sup>9</sup>

Baltimore County Public Schools have a wellness center program. Wellness centers provide free comprehensive health coverage, including mental health services, to all students, regardless of insurance coverage. Centers are also available to the families of students. There are wellness centers in five elementary schools, one middle school, and one high school. They are funded by grants and in-kind funds from the Maryland Department of Education, Department of Health and Mental Hygiene, The Baltimore County Board of Education, Governor's Office of Children Youth and Families, the Baltimore County Local Management Board, and the Baltimore County Department of

Social Services.<sup>10</sup> In addition to wellness centers, 119 Baltimore city schools have Expanded School Mental Health (ESMH) programs, partnering with organizations like [Hope Health Systems](#), [GIFTS](#), and [Villa Maria](#) to provide services.<sup>11</sup>

## Key Considerations

For school-based health to have the most impact on transition-age youth, we have identified three key considerations:

- *Access:* Services should be accessible to students, families, and communities. Centers should have weekend, evening, and summer hours or ensure students know where to access after-hour care.
- *Funding:* Services should be available to all, regardless of insurance coverage. To achieve this, SBHCs need diverse funding streams with a focus on expanding coverage and reimbursement when possible.
- *Partnerships:* SBHCs should have strong partnerships with FQHCs, BHOs, providers, schools, students, and communities. SBHCs should also utilize national, state, and local resources to strengthen their infrastructure and service array.

## State Examples

*Colorado*<sup>12</sup>:

Currently, there are 52 SBHCs in Colorado. The program began in 1987 through Maternal and Child Health federal funding, but in 2006 it was established in statute with an initial appropriation of \$500,000. The following year funding increased to just under a million dollars. In 2014 the budget increased to over \$5.2 million. Most funds are allocated to local SBHCs in the form of grants, clinical quality improvement resources, and technical assistance. Colorado also passed CRS 18-13-119 which waives copays and deductibles for health care services received at an SBHC.<sup>13</sup>

In October 2013 the Colorado Health Foundation, in partnership with the University of California, [conducted a review](#) of the billing practices of six SBHCs in Colorado to develop a set of suggestions. The report highlighted the need for a strong sponsoring agency, the importance of effective billing practices, the need for enrollment specialists, and the challenges of serving uninsured students.

### Financial Sustainability

The surveyed SBHCs had a strong and supportive sponsoring agency. The sponsor serves as the lead agency, medical sponsor, and fiscal agent for the SBHCs. Having an FQHC as the lead sponsor allowed for a strong administrative structure and FQHC cost-based reimbursement rates. The Central High SBHC in Pueblo, CO partnered with the Pueblo Community Health Center, an FQHC and 501(c)(3) nonprofit that offers full-service family practice to every child regardless of their ability to pay, including undocumented children. While PCHC operates in the school, they bill as an FQHC which entitles them to an enhanced Medicaid rate.

In addition to getting an enhanced Medicaid reimbursement rate, FQHCs can have strong EHR

systems, which makes information sharing more efficient. Further, EHRs funnel data into UDS (Uniform Data System), which makes data easier to share and makes a significant amount of the data public. Each site noted the importance of using administrative resources on billing, either by contracting through a third-party or by employing billing staff. EHRs can help sites share data to better bill and receive reimbursement by monitoring diagnostic codes. It is important that staff understand how to maximize reimbursement through proper coding. These sites train providers at staff meetings on how to correctly enter data into EHRs to maximize billing. Further, EHRs help sites track and ensure the quality of care. Some surveyed SBHCs had become credentialed to bill private insurance.

The surveyed sites all noted the difficulty of billing for behavioral health services without partnering with a BHO or CMHC that is designated as a Medicaid behavioral health provider. Without being able to bill Medicaid for behavioral health services, SBHCs rely on grant funding or in-kind service from their local behavioral health providers to make these services available. Laredo Kids Clinic partners with a BHO and therefore can bill Medicaid. Northside Child Health Center partners with a CMHC. They have a behavioral health clinician on-site five days a week who is able to bill for most of the services she delivers; however, none of the patient revenue is returned to the SBHC and only half of the clinician's salary is covered by her agency, necessitating grant funding to cover the difference. Even SBHCs that have a behavioral health contract need to contract with several other independent counselors in order to meet demand. These therapists may or may not be able to bill Medicaid or private insurance, again necessitating private funding to cover the difference.

### Enrollment Specialists

Because Medicaid is the primary source of revenue for SBHCs, it is essential that all eligible students enroll in Medicaid. The reviewed SBHCs used a variety of outreach methods including providing consent to be contacted by the local health agency for Medicaid enrollment on the FRL application, using grants from the Colorado Health Foundation to determine eligibility using County Health Department and County Social Services data, and employing outreach enrollment staff. In some districts, when families enroll in school, they are asked about health insurance coverage. Uninsured families are automatically referred to as an enrollment specialist. The Laredo Kids Clinic and Northside Child Health Center both use enrollment specialists who are certified to make presumptive eligibility determinations. The enrollment specialist at Cripple Creek-Victor SBHC attends community events to help build trust in the community. The Cripple Creek-Victor SBHC partners with both an FQHC and a BHO who absorb the costs of serving uninsured patients. However, the BHO limits services to two students per month. In order to serve uninsured students, SBHCs need to allocate significant resources to enroll all eligible students in health insurance and to ensuring the most efficient billing practices to maximize reimbursement rates.

### *Kentucky*

In 2014 CMS issued a reversal of long-standing policy to allow states more flexibility regarding their school-based programs. The change allowed for school districts to bill federal Medicaid for any covered health services provided in the school to enrolled students.<sup>14</sup> To access these funds, states had to submit a state plan amendment, which Kentucky did in 2019. The School-Based Health Services (SBHS) program allows school districts to be reimbursed through Medicaid by authorizing

local education agencies to enroll as Medicaid health service providers and cover eligible students.<sup>15</sup> As a result, students enrolled in Medicaid now have increased access to school-based healthcare, including mental health services.<sup>16</sup> However, Medicaid will only reimburse services provided by a licensed mental health provider (including licensed psychologists and licensed clinical social workers), not a guidance counselor.<sup>17</sup> More than two in every five children in Kentucky is enrolled in Medicaid.<sup>18</sup>

Jefferson County Public Schools (JCPS) has been working on expanding their school-based mental health. In February 2019 the Jefferson County Board of Education unanimously passed new job descriptions for mental health practitioners, allowing the district to more than double the number of counselors available to students. JCPS superintendent Marty Pollio has called for a practitioner in every middle and high school and in certain targeted elementary schools. Other elementary schools would share a mental health counselor.<sup>19</sup> In August 2019, 109 of the 130 mental health practitioner jobs had been filled.<sup>20</sup>

One strategy Louisville has used is to partner with [Centerstone](#) to provide school-based mental health services. Centerstone is a non-profit healthcare organization that provides mental health and substance abuse treatment, and education and support to communities in Florida, Illinois, Indiana, Kentucky, and Tennessee.<sup>21</sup> Centerstone school-based clinics place providers within Jefferson County Public schools to provide ongoing therapy to students.<sup>22</sup> School-based therapy includes individual and group therapy, family counseling, risk assessments, specialized training and support services for parents and teachers, collaboration with other community providers, and links to additional community resources. Centerstone has three clinics offering school-based therapy in Louisville.<sup>23</sup>

Schools also staff their programs through practicum courses and internships offered through the University of Kentucky school psychology program.<sup>24</sup>

### *New Mexico*

In New Mexico, the Department of Health [Office of School and Adolescent Health \(OSAH\)](#), the Medical Assistant Division School Health Office, and an MCO create and manage SBHCs. The [New Mexico Alliance for School-based Health Care \(NMASBHC\)](#) created the official definition of SBHC. They define SBHCs as providing “quality, integrated, youth-friendly, and culturally responsive health care services to keep children and adolescents healthy, in school, and ready to learn.” They further define the [characteristics of an SBHC](#) which include making services available to the broader community; protecting privacy of students through student-only hours and a separate waiting room; partnering with education, health, and youth servicing agencies; student engagement; care that is culturally responsive, confidential, and developmentally appropriate; and having a robust sponsoring agency who provide funding and fiscal management, health infrastructure (medical oversight, health information technology, medical equipment, liability insurance), and sound business practices.<sup>25</sup> NMASBHC is one of 21 affiliates of the [School-Based Health Alliance \(SBHA\)](#). They provide training and TA to SBHCs, advocate locally and nationally for SBHCs, and develop policies to keep SBHCs sustainable and high quality. NMASBHC recognizes [exemplary SBHCs](#) who exceed in terms of student-centered services, involved student participants, responsive health services, sound administrative and clinical systems, population-based health promotion, partnering with the school system, and demonstrating leadership in the field.<sup>26</sup>

Currently there are 78 SBHCS in New Mexico, 52 of which are contracted with OSAH. SBHCs contracted through OSAH can bill Medicaid. OSAH works to promote adolescent health by providing TA and training to school health personnel; providing workforce development and training to those providing services to youth; developing a comprehensive school health manual; working on youth suicide prevention, teen pregnancy prevention, and teen dating violence; and focusing on integrating physical and behavioral health for adolescents.

New Mexico also receives funding through [the Medicaid School-Based Services Program \(MSBS\)](#). Through this program, schools receive reimbursement for services provided to Medicaid-eligible students that have an IEP or IFSP. Participating districts can also be reimbursed for Medicaid-related administrative activities. The money school districts receive through the MSBS program can be used to pay for additional health services that benefit all students, including those who are not Medicaid or IDEA eligible.<sup>27</sup>

### **Recommendations:**

Existing school-based health centers in high schools and planned rollout of school-based mental health services to middle and high schools create an opportunity to meet unmet behavioral health needs of transition-age youth in the county. To optimize the impact of the county's school-based health services for TAY, the PATH team should consider the following:

- 1) Work with the school system to ensure services are available to the broader community, including out-of-school youth and young parents. Jefferson County Public Schools in Louisville, KY, SBHCs in New Mexico, and certain wellness centers in Los Angeles make school-based mental health services available to the broader community, increasing the reach and impact of the school-based services.
- 2) Expanded hours of SBHCs to include after-school, weekend, and summer hours. Ensure students and community members know how they can access services if the school is closed. TAY, especially those no longer in the school system, need accessible access to care after school and work hours. Particularly for young people at the highest risk level, services need to be accessible and on-demand as young people may not be able to predict when they are available for a scheduled appointment. For this age group, flexibility in scheduling is key to ensuring accessible and youth-friendly care.
- 3) Partner with a strong and supportive sponsoring agency, such as FQHCs, BHOs, universities, or other qualified entities to maximize Medicaid reimbursement. These entities typically already have billing infrastructure in place, including a strong EHR system, resources allocated to billing, and enrollment specialists on staff. Maximizing Medicaid reimbursement frees up limited county and philanthropic dollars to serve uninsured students.
- 4) Ensure the school system is maximizing access to federal dollars through the school system becoming a Medicaid provider that can bill directly (as Kentucky did) or through participating in the Medicaid School-Based Services program (as New Mexico did), which covers care for students with an IEP, but can also help to cover administrative costs for all students.
- 5) Leverage national and state-level resources and trainings, offered through organizations like NCSMH, SBHA, and others to expand tier-one level supports. These types of supports are broadly



beneficial to in school youth, with broader implications for preventing behavioral health challenges throughout the community.

- 6) Consider piloting telehealth initiatives through the school-based system. Telehealth offers a promising strategy in providing youth-friendly and immediate care.

## Resources:

- [National Center for School Mental Health \(NCSMH\)](#)
- [School-Based Health Alliance \(SBHA\)](#)
- [National School-Based Healthcare Census](#)
- [The SHAPE \(School Health Assessment and Performance Evaluation\) System](#)
- [Opening an SBHC in Colorado](#)
- [School Health Manual](#)
- [Overview of SBHCs in New Mexico](#)
- [New Mexico SBHC Annual Summary 2017-2018](#)

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770486/>

<sup>2</sup> <http://www.schoolmentalhealth.org/Resources/Foundations-of-School-Mental-Health/Download-Resources/>

<sup>3</sup> <http://www.schoolmentalhealth.org/>

<sup>4</sup> <https://masbhc.org/>

<sup>5</sup> <http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SBHC/MarylandSBHCStandards.pdf>

<sup>6</sup> <http://marylandpublicschools.org/about/pages/dsfss/sssp/sbhc/index.aspx>

<sup>7</sup> <https://www.capitalgazette.com/education/ac-cn-mental-health-20190421-story.html>

<sup>8</sup> <https://www.chesapeakefamily.com/component/content/article/116-health/9816-tackling-mental-health-in-anne-arundel-county-schools?Itemid=217>

<sup>9</sup> <https://www.capitalgazette.com/education/ac-cn-mental-health-taskforce-20191122-3w46u4xj7bd5bpyafiwpllbhijy-story.html>

<sup>10</sup> <https://www.baltimorecountymd.gov/Agencies/socialservices/parenting/schoolbasedservices.html>

<sup>11</sup> <https://hopehealthsystems.com/esmh/#1559926928844-b1bfab97-9f92>

<sup>12</sup> [https://healthpolicy.ucsf.edu/sites/g/files/tkssra756/f/wysiwyg/PDF/SBHC Evaluation Case Studies Final-3.pdf](https://healthpolicy.ucsf.edu/sites/g/files/tkssra756/f/wysiwyg/PDF/SBHC%20Evaluation%20Case%20Studies%20Final-3.pdf)

<sup>13</sup> <https://www.colorado.gov/pacific/cdphe/about-sbhc-program>

<sup>14</sup> <https://kyyouth.org/free-care-address-student-health-needs/>

<sup>15</sup> <https://education.ky.gov/districts/Pages/School-Based-Medicaid-Services.aspx>

<sup>16</sup> <http://ci.uky.edu/kentuckyhealthnews/2019/11/11/kentucky-schools-can-tap-federal-money-to-provide-more-school-based-health-services-for-students-enrolled-in-medicaid/>

<sup>17</sup> <http://ci.uky.edu/kentuckyhealthnews/2019/11/11/kentucky-schools-can-tap-federal-money-to-provide-more-school-based-health-services-for-students-enrolled-in-medicaid/>

<sup>18</sup> <http://ci.uky.edu/kentuckyhealthnews/2019/11/11/kentucky-schools-can-tap-federal-money-to-provide-more-school-based-health-services-for-students-enrolled-in-medicaid/>

<sup>19</sup> [https://www.wdrb.com/in-depth/jcps-board-clears-way-for-district-to-hire-more-mental/article\\_aec10030-2f45-11e9-9df6-ffa6a7aeda29.html](https://www.wdrb.com/in-depth/jcps-board-clears-way-for-district-to-hire-more-mental/article_aec10030-2f45-11e9-9df6-ffa6a7aeda29.html)

<sup>20</sup> [https://www.wdrb.com/in-depth/expanded-mental-health-services-at-jcps-definitely-having-an-impact/article\\_e65c0360-c5da-11e9-b420-9f0e64d26a13.html](https://www.wdrb.com/in-depth/expanded-mental-health-services-at-jcps-definitely-having-an-impact/article_e65c0360-c5da-11e9-b420-9f0e64d26a13.html)

<sup>21</sup> <https://centerstone.org/about/our-organization/>

<sup>22</sup> <https://centerstone.org/programs/school-based-services/>

<sup>23</sup> <https://centerstone.org/service/school-based-therapy/>

<sup>24</sup> <https://education.uky.edu/edp/school-psychology-overview/>

<sup>25</sup> <https://www.nmasbhc.org/school-based-health-centers/new-mexico-definition/>

<sup>26</sup> <https://www.nmasbhc.org/school-based-health-centers/new-mexico-definition/>

<sup>27</sup> <https://www.hsd.state.nm.us/providers/medicaid-school-based-services-program.aspx>