Montgomery County, Maryland – School-Based Wellness Centers

SBWC Background

The first school-based wellness centers in Montgomery County, Maryland were born the county's *Linkages to Learning* (LTL) program, a collaborative program with the county Department of Health and Human Services (MCDHHS), the county public schools (MCPS), and local community-based organizations (CBOs). The program placed social workers in target schools and focused on creating a "community schools" model to connect young students with resources to address their social and emotional health, as well as well as larger socio-economic barriers to student success.

With the success of *LTL* in the late eighties, MCDHHS received grant funding from the Robert Wood Johnson Foundation to expand the program and integrate more physical health services to establish school-based wellness centers in two elementary schools. After the success of these two initial SBWCs, the county council picked up the funding for these SBWCs and requests for additional SBWCs come from schools in the community. To respond, County Council tasked MCDHHS and MCPS to develop a criteria and methodology for scoring elementary schools and creating recommendations of future SBWCs in elementary schools. This spurred the formation of the LTL Interagency Planning Group with representatives from MCPS, MCDHHS, Montgomery Department of Public Works and Transportations, and County Facilities, a local nonprofit coalition, and a local primary care coalition. This group develop a list of criteria (expanded on in the next section) for strategic SBWC siting that included quantitative and qualitive data. Given both the growing interest in SBWCs and increase in teenage pregnancy and STI rates in the county, a second Planning Group was convened by MCDHHS and MCPS to make recommendations for expanding SBWC siting to secondary schools. This group was also charged with recommending services provided at these SBWCs.

Currently, there are 13 SBWCs operating in Montgomery County – four in high schools, and nine in elementary schools. SBWCs are governed both by local SBWC advisory boards, and statewide advisory boards. The county's SBWC program is overseen by three .5 liaisons from MCDHHS, MCPS, and the local CBO partners (funded by MCDHHS). These liaisons are extensively trained in HIPAA and FERPA application and have weekly, 2-hour working sessions to ensure that all SBWC activities are properly vetted and coordinated.

SBWC Siting

Different scoring metrics exist for elementary and high school SBWCs siting and recommendations. In elementary schools, the county SBWV planning group considers the following quantitative and qualitative data

- Ever FARMS (percent of students who have ever been enrolled in free and reduced-price meals system)
- Students in ESOP classes (English for Speakers of Other Languages)
- Projected enrollment/school growth
- Students enrolled in Care for Kids programs (county program for uninsured kids to connect them with medical home)
- Students in elementary school with diagnosed asthma
- Schools served by linkages to learning BH wellness programs

- Elementary school with modernization or additions plans

High school SBWC siting is recommended through an expert data subgroup (with representation from MCDHHS, MPS, and the local CBOs). The subgroup has created a scale that targets four categories of demonstrated need: Physical Health, Mental Health, Social Services, and Youth Development. Each category is broken up into specific metrics (Table 1). Each metric is converted into a score (1-5) based on scales for each metric. Each score is then assigned a point value based on relevance, impact, and priority, which then feed into the points for the four categories of needs, for a total of 100 points. This is the High School Wellness Centers Need Index. Schools are scored and then places into tiers based on their rating. The high tier schools are then considered for SBWC siting. Additional factors are also considered, including projected school enrollments, space availability, and inclusion in schools' modernization plans for MCPS.

Table 1: *High School Wellness Center Need Index Scorecard.*

Indicator	**Scale** *(based on range of all values from each school enrollment area)*	**Point Value Assigned**	**Total Indicator Value**
PHYSICAL HEALTH (6 Indicators, each 4.83 points)			**29**
Asthma Hospitalization: *rate of inpatient hospitalizations for asthma among children Under 18 years per 10,000 population*	1: 25 and greater	4.83	4.83
	2: 15 to 24.9	3.87	
	3: 8 to 14.9	2.90	
	4: 5 to 7.9	1.93	
	5: 4.9 and lower	0.97	
Tuberculosis Cases: *number of cases reported, DHHS, TB Program*	1: 40 and greater	5.8	4.83
	2: 20 to 39	4.35	
	3: 10 to 19	2.9	
	4: 9 and lower	1.45	
Chlamydia Cases: *number of cases reported among persons 15-24 years, DHHS, STD Program*	1: 40 and greater	5.8	4.83
	2: 20 to 39	4.35	
	3: 10 to 19	2.9	
	4: 9 and lower	1.45	
Health Room Utilization Rate: *number of visits (certified health room nurse/health room technician) per student, DHHS School Health*	1: 2.00 and greater	5.8	4.83
	2: 1.60 to 1.99	4.35	
	3: 1.30 to 1.59	2.9	
	4: 1.29 and lower	1.45	
Care for Kids Recipients: *number of Care for Kids recipients, Primary Care Coalition*	1: 200 and greater	5.8	4.83
	2: 125 to 199	4.64	
	3: 50 to 124	3.48	
	4: 20 to 49	2.32	
	5: 19 and lower	1.16	
Adolescent Births: *number of births to women under age 18 years, Vital Statistics Administration*	1: 400 and greater	5.8	4.83
	2: 300 to 399	4.64	
	3: 200 to 299	3.48	
	4: 100 to 199	2.32	
	5: 99 and lower	1.16	
MENTAL HEALTH (3 indicators, each 9.33 points)			**28**
	1: 10.0 and greater	9.33	9.33
	2: 7.0 to 9.9	6.99	

Suspension and Expulsion Rate: *number of students suspended or expelled per total enrolled population, MCPS*	3: 4.0 to 6.9	4.66	
	4: 3.9 and lower	2.33	
Truancy Rate: *number of students truant per total enrolled population, MCPS*	1: 5.00 and greater	9.33	9.33
	2: 3.00-4.99	6.99	
	3: 1.00-2.99	4.66	
	4: 0.99 and lower	2.33	
Mobility Rate: *number of entries and withdrawals during the school year per total enrolled population, MCPS*	1: 13 and greater	9.33	9.33
	2: 10.0 to 12.9	6.99	
	3: 8.0 to 9.9	4.66	
	4: 7.9 and lower	2.33	
SOCIAL SERVICES			**20**
(3 indicators, each 6.67 points)			
Lead Poisoning At-Risk Zip Codes: *Proportion of zip code areas designated as lead poisoning at-risk areas as a percent of the total high school attendance area, MD DHMH*	1: 1 or greater	6.67	6.67
	2: More than zero and less than 1	3.33	
	3: No ZIP code areas identified	0	
Ever FARMS Percentage: *number of per total enrolled population, September 30, MCPS*	1: 60.0 and greater	6.67	6.67
	2: 45.0 to 59.9	5	
	3: 15.0 to 44.9	3.34	
	4: 14.9 and lower	1.67	
ESOL Percentage: *number of students enrolled in English for Speakers of Other Languages per total enrolled population, September 30, MCPS*	1: 8.0 and greater	6.67	6.67
	2: 5.0 to 7.9	5	
	3: 2.0 to 4.9	3.34	
	4: 1.9 and lower	1.67	
YOUTH DEVELPOMENT			**23**
(5 indicators, each 4.6 points)			
Dropout Rate: *number of students who leave school before graduation and are not known to enroll in another school per total enrolled population, previous school year, MCPS*	1: 9.0 and greater	4.6	4.6
	2: 5.0 to 8.9	3.45	
	3: 2.0 to 4.9	2.3	
	4: 1.9 and lower	1.15	
Graduation Rate: *number of students who receive a high school diploma per number expected to graduate, previous school year, MCPS*	1: Less than 85	4.6	4.6
	2:85 to 92.9	3.07	
	3: 93 and greater	1.53	
Juvenile Offense Rate: *number of offenses by juveniles based on police reporting areas within school attendance areas per total enrolled population, MCPS*	1: 29.0 and greater	4.6	4.6
	2: 24.0 to 28.9	3.68	
	3: 20 to 23.9	2.76	
	4: 10.0 to 19.9	1.84	
	5: 9.9 and lower	0.92	
Known Gang Presence: *number of known gangs by location within school attendance areas, MCPS*	1: 03	4.6	4.6
	2: 02	3.45	
	3: 01	2.3	
	4: 00	1.15	
Neighborhood Index of Risk: *sum of composite index of risk used in gang needs assessment for school attendance areas, 2010, U.S. Census Bureau*	1: 30 and greater	4.6	4.6
	2: 10 to 29.9	3.68	
	3: -2.5 to 9.9	2.76	
	4: -8 to -2.49	1.84	
	5: -7.9 and lower	0.92	
Total *HSWC Need Index* Score			**100**

SBWC Model/Services

Behavioral health and social services are contracted separately from physical services and run under different programs but have strong collaboration between providers in SBWCs.

The school nurse is heavily involved in physical health service delivery. School nurses are a part of the SBWC staff work alongside the contracted NP/PA as a health aid to manage referrals. The cost of this aid does not come from SBWC funding but is absorbed into the larger MCPS funding for school health. Medical providers (NPs/Pas overseen by a physician) are contracted with MCDHHS through a routine RFP process. Montgomery County SBWCs offer the following physical health services:

- Routine or sports physical examinations
- Sick care – diagnosis and treatment of minor / acute / chronic health problems
- Referral and case management of children with acute and chronic illnesses
- Health screenings (including vision, hearing, dental)
- Reproductive healthcare testing and treatment (HIV and STI, contraceptives, birth control, pregnancy tests)
- Immunizations
- Prescriptions and dispensing of medications
- Laboratory testing
- Access to dental care
- Dental varnish
- Health education and counseling through individual interventions, classes, health fairs or health promotion

Physical health services in SBWCs are only available during the school year on weekdays. Some sites have early and/or afternoon hours. Evening and weekend services are available by appointment only, as SBWCs are not structured to function as emergency or urgent care centers. All students enrolled in the school are eligible to receive physical health services at the SBWC but must be enrolled in order to receive those services. Uninsured siblings or students in the school are also able to receive physical health services through the SBWCs. SBWCs do not operate as a medical home for any students, except for those enrolled in the county's Care for Kids program. Through this program, uninsured children living in specific ZIP codes near the school may have the SBWC assigned as their primary medical home. Due to this, all SBWCs must follow a specific program of structure requirements that includes having an external entrance.

Behavioral health and social services are delivered primarily through the *Linkages to Learning* (for elementary schools) and the *Positive Youth Development* (for secondary schools) programs. Through these programs, schools are staffed with a site coordinator, case manager, and mental health therapist. Staff may also include a community service aide and/or social work graduate student interns. The following behavioral health and social services are offered:

- Counseling—individual & group peer behavior modification
- Conflict resolution and mediation
- Substance use screenings and referrals
- Behavioral health education classes
- Victim services

- Crisis intervention
- Linkage to community services for students and families to meet basic needs
- Case management
- Medical insurance assistance
- Parent programs
- Mentoring and leadership development
- Support for students in transition
- After-school groups/activities
- Promotion of alternatives to gangs
- Employment readiness and training

Behavioral health and social service programs run year-round for students, especially for those that use the SBWC are their primary medical home. Programming also runs in the afternoons, evenings, and on weekends. During the COVID-19 pandemic, SBWCs have built wellness teams to monitor behavioral health and social service indicators, and assist students and their families with food support, internet connectivity, and transition to a virtual/hybrid learning environment.

SBWC Data & Sharing

Physical health and behavioral health and social services are tracked separately in SBWCs by the respective contractors and have limited ability for cross-analysis. Physical health staff use NextGen EHR and routine reporting requirements on enrollment, visits, and insurance for MCDHHS and the State. Behavioral health providers use their own systems' EHRs and pull a weekly feed of EHR visit data (not diagnostic data) to try to have limited conversation with physical health providers on crossover of somatic and social-emotional wellness. Behavioral and social service providers measure students using both the Piers Harris Self-Concept Scales and Massachusetts Family Self-Sufficiency Scales and Ladders to track students' and families' baseline data, set treatment plans, and track progress overtime.

Montgomery County does not currently have robust capability for analyzing and reporting on the intersections between SBWC data and educational outcomes. Previous analysis showed that students are more likely to return to class after receiving services in a SBWC than nurse's office or outside medical provider but have not been able to perform more in-depth analyses on seat time, and academic achievement.

SBWC Financing

SBWCs in Montgomery County are primarily financed by public funds through MCDHHS and MPS approved by the County Council. Previous funding for specific initiatives has come through competitive HRSA, SAMHSA, dental, and other grant programs, then been sustained by County Council due to positive relationships and outcomes. Behavioral health providers are able to charge some fees for services rendered but cannot deny students based on ability to pay. Physical health providers do not charge patient fees. Physical health services are funded by a set dollar amount for the county, and then managers must divvy up funds based on needs. The role of the school nurse in providing physical health services in the SBWCs aids in dispersing funding. SBWCs bill Medicaid as much as possible for physical health service delivery but have not had luck cooperating with commercial insurance. SBWCs do not currently work with state MCOs due to difficulties in exchanging data and names of patient panels;

however, given that SBWCs have been shown to improve MCO's HEDIS scores, the County is exploring ways for MCOs to incentives patients to utilize SBWCs.