

Expand School-Based & Community Connected Care for Children & Families



The research is clear - healthy children are better learners. Health problems represent barriers to academic success and positive educational achievement. Children who are not healthy and who have chronic conditions have lower school attendance and exhibit problems with focus and learning. Left untreated, health issues can adversely affect children's attendance, their ability to see, hear and pay attention in the classroom, their ability and motivation to learn, and even their chances of graduating from high school. According to EPI, the more days of school a student misses, the poorer his or her performance will be, irrespective of gender, race, ethnicity, disability, or poverty status.

Today, too many children in Ohio, especially the 133,000 who are uninsured, have difficulty accessing comprehensive, quality health care. In turn, ongoing access and quality issues

throughout childhood can lead to chronic health problems. Health challenges experienced in childhood and throughout adolescence can significantly impact not only a child's ability to learn but also their overall ability to attend school regularly and thrive and flourish into adulthood. This is a complex issue, and policymakers, practitioners, and other stakeholders must be creative and persistent in addressing these challenges.

According to a brief by the [Health Policy Institute of Ohio](#), examples of health-related issues that can lead to chronic absenteeism are:

- Oral health problems;
- Teen pregnancy;
- Mental health conditions; and
- School violence concerns.

Other issues that could affect regular attendance and impact learning are:

- Pain or discomfort from an untreated conditions (e.g. cavities);
- Hunger;
- Lack of consistent sleep;
- Other issues related to the school environment (e.g. Lead in drinking water, asthma and allergy triggers, and lack of A/C or sufficient heat).

School-Based Health Centers

The COVID-19 pandemic has amplified this stark reality and also brought into sharp focus the important role schools have in ensuring children and adolescents are healthy enough to learn. As more children head back to physical school buildings, school-based health centers (SBHC) will be on the front line of keeping children safe in the classroom and ready to learn. SBHCs are medical health centers within schools that can provide comprehensive healthcare, physicals, health education, health screenings, immunizations, and first aid. They can also treat acute and chronic health problems like asthma, lowering the chance of an emergency room or hospital visit. Studies have shown that having a SBHC located in a school lowers school absences and helps prevent parents from missing work. Many SBHCs in underserved areas also offer services to the surrounding community and , may also provide mental health services, dental care, and vision services.

Figure 1. [School Health Services Model \(CDC\)](#)





Expand School-Based & Community Connected Care Con't

Not only do SBHCs increase access to services, they also save money. A 2014 [economic systematic review](#) of several studies found that using SBHCs resulted in net savings to state Medicaid programs of between \$30 and \$969 per visit. School-based health care is a powerful but underutilized tool for achieving health equity among children and adolescents who experience health care disparities by race, ethnicity, family income, or geographic location. School-based health care attempts to reduce these disparities by meeting students where they spend a significant amount of their time - in school. This evidence-based practice places critically needed services like medical, behavioral, dental, and vision care directly in schools so that all students have their health needs met and improve their wellbeing. School-based health services are a lifeline for students who cannot access critical health care and health services outside of their school. Schools also are increasingly seen as places to deliver high-quality,

cost-effective healthcare. However, it is also important to note that SBHCs can also create community connections by helping families find a medical home to address their health care needs. In Ohio, most of the state's 62 SBHCs are partnerships between school districts and either a federally qualified health center or hospital system. Beginning in 2022 Managed Care Organizations (MCOs) in Ohio must support and encourage providers to deliver Healthchek services in school-based settings.

School-Community Partnerships to Expand Access for Children

In 2019, one in four elementary-age and one in three middle and high-school-age students insured by Medicaid had behavioral health conditions like anxiety, depression, ADHD and adjustment disorder. This situation represents opportunity for school districts to develop partnerships with local community behavioral health centers (CBHC) that specialize in mental health services for children and adolescents to expand access to services in school-based and community connected health centers. CBHC providers can address these challenges by offering services such as screening, individual or group therapy, consultation with caregivers, and even crisis response, and receive payment from insurers, including Medicaid, community provider at their school. The school district/CBHC model

offers several financial advantages to schools, such as a funding model that relies on health insurance, freeing up the school's resources for other areas. It also creates opportunities for children to stay connected with providers outside of school hours and during school breaks. Finally, families can receive services as well as children, opening doors for child-parent therapy and other family treatment models.

The community partnership model is gaining traction in a number of school districts. Of the 1.2 million school-age children insured by Medicaid in Ohio, 6% have received behavioral services from a community provider at school.

Any can access services by contacting 877-275-6364 or visiting <https://mha.ohio.gov/Families-Children-and-Adults/Get-Help>

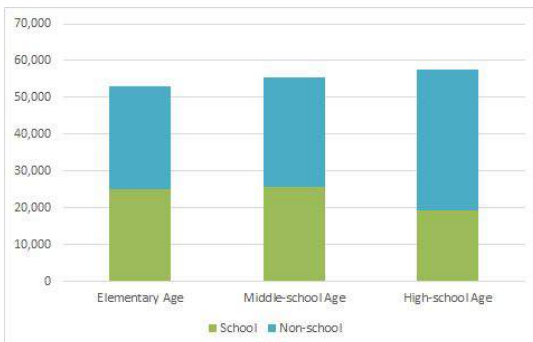
The Role of Medicaid in Providing Critical School-Based Health for Children

Medicaid is a major source of funding for School-Based Health Centers (SBHCs), and many of these centers are located in schools with large populations of lower-income students, many covered by Medicaid. The Health Resources and Services Administration (HRSA) has limited funding available for SBHCs. In 2019, [three Ohio organizations](#) were granted \$298,625 in HRSA money to increase access to mental health, substance abuse, and childhood obesity-related services in Ohio SBHCs.



Expand School-Based & Community Connected Care Con't

Figure 2. Number of children insured by Medicaid served by Community Behavioral Health Centers (CBHC) at school and elsewhere



Children Benefit from Medicaid in Schools Program Expansion

The [Medicaid in Schools Program](#) (MSP) provides reimbursement for medically necessary therapy services, certain administrative activities, and specialized transportation associated with accessing therapy services for students with an Individualized Education Plan (IEP). In December 2014, the Centers for Medicare & Medicaid Services (CMS)

[clarified](#) the way that Medicaid reimburses for health services delivered in schools. School districts had been restricted to reimbursement for services delivered to students enrolled in Medicaid under specific conditions (IEP services). The new guidance permitted Medicaid to cover eligible services delivered to all Medicaid-enrolled students. This allowed more health care funding for the most disadvantaged students.

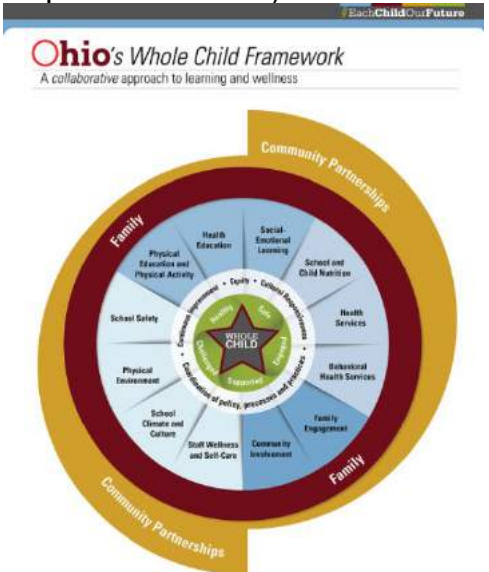
Even though the federal policy change opened the door for more students to access health care and for greater financial support for states and school districts, most states did not immediately take advantage of it - including Ohio. It took time for early adopter states to develop implementation roadmaps for other states to follow. By 2020, 13 states—California, Colorado, Connecticut, Florida, Kentucky, Louisiana,

Massachusetts, Michigan, Missouri, Nevada, New Hampshire, North Carolina, and South Carolina—have expanded their school-based Medicaid programs. This expansion of Medicaid policy is an opportunity to support student physical and mental health that Ohio should explore.

Student Wellness and Success Funding

The Ohio Department of Education adopted a new strategic plan in 2017, [Each Child Our Future](#), which focuses on learning and whole child wellbeing. This framework, not only acknowledges, but reinforces the role that health plays in a child's ability to learn. Though Ohio does not directly fund school-based health care, the FY2020-21 state biennial budget included \$675 million in Student Wellness and Success Funding (SWSF) to help districts support students' academic achievement through wraparound services. Every district was slated to get a minimum of \$25,000 for FY20

Figure 3. Ohio's Whole Child Framework (Ohio Department of Education)





2. Expand Ohio's Medicaid in Schools Program. Ohio must file a State Plan Amendment (SPA) that permits Medicaid to cover eligible services delivered to all Medicaid-enrolled students. CMS issued guidance in 2014 that clarified this coverage as allowable.

3. Protect Student Wellness and Success Funding in the Executive Budget. These funds support students' academic achievement through mental health counseling, wraparound services, mentoring and after-school programs. We must ensure these investments are maintained throughout the budget process.

4. Encourage School-Based and Community Connected Care. Children and families need access to medical homes that provides high-quality, continuous, and comprehensive health care services especially during times when schools are not in session.

For more information, please contact Kelly Vyzral, Senior Health Policy Associate
kvyzral@childrensdefense.org

To read more about children's health policy issues, please visit
www.cdfohio.org

Other related articles on school-based health in Ohio:

[Student Success and Wellness Funding](#)

[Child Watch Ohio](#)

Expand School-Based & Community Connected Care Con't

and \$36,000 in FY21. The Ohio Department of Education determined that some of these dollars could go toward SBHCs at the superintendent's discretion.

In Governor DeWine's Executive Budget for FY 22-23, Ohio would increase its spending on SWSF for wraparound services for primary and secondary students by \$100 million in each of the next two fiscal years.

Now more than ever, students are facing unmet health care needs and less access to care. As Ohio school districts work to reopen, a major investment in school health services is needed.

CDF-Ohio Policy Recommendations

School-based health care is an efficient and cost-saving way for

children and families to access quality health care, behavioral health, and dental and vision services, regardless of race, ethnicity, family income, or geographic location. In the health crisis we find ourselves in, now is the time to prioritize funding for student health and wellness - regardless of where and how it's provided. The following recommendations:

1. Dedicate funding for SBHCs.

There are 62 SBHCs in Ohio, that are uniquely positioned to address the physical and mental health needs of students and families. Dedicated state funding would expand access to health care and mental health services for students and families, avoiding any potential gaps in care both during and after the pandemic.