



School-Based, Community-Connected Care



Children Struggling During Pandemic & Need Relief

As Ohio struggles to emerge from the pandemic there will be an increased need for access to health care, especially for children. Groups like the [American Academy of Pediatrics](#) have voiced concern over the dramatic drop in child well-check visits, and the associated drop in [immunization rates](#), in some cases up to 70%. Children are also experiencing increased mental health issues as a result of isolation and other stresses as a result of this pandemic and economic uncertainty and hardships. Even before the pandemic, far too many children had undiagnosed and untreated mental and physical illnesses. This lack of mental and physical healthcare threatens both

their well-being and their academic achievement. We know healthy children are better learners.

The need for school-based and community connected health care has never been more important, and funding is critical. But this need existed before the pandemic as well. Chronic absenteeism caused by persistent, reoccurring health issues like asthma, diabetes, and tooth pain has long-term, negative effects on students, such as lower academic achievement and graduation rates.

According to the Ohio Health Department nearly 170,000 children in Ohio under age 18 have been diagnosed with [asthma](#), and 20% of third-graders have untreated cavities. In 2016,

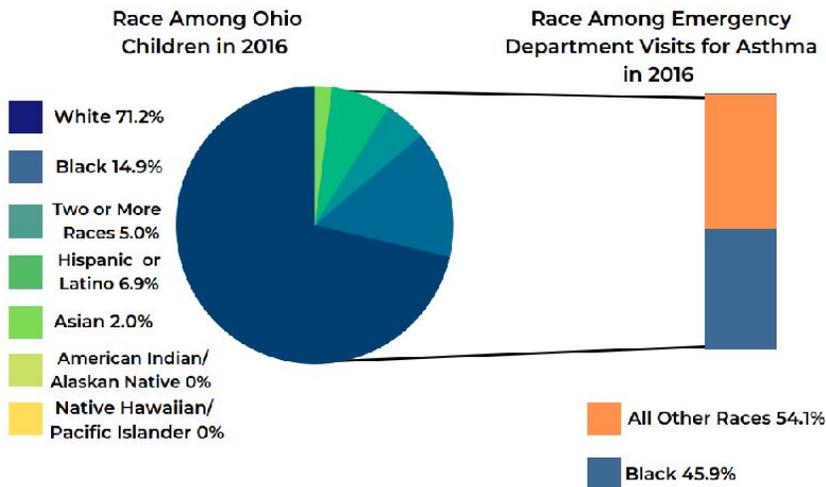
over 11,000 emergency department (ED) visits were made by children ages 5-14. Close to half of these visits (45.9 percent) were from Black children, even though they comprise less than 20 percent of Ohio children. These chronic health issues are treatable and manageable and should not be a barrier to children's learning and future opportunities in life. Supporting school-based community connected care is a proven strategy to address both the chronic conditions and the disparity with which these illnesses impact communities of color.

School-based health care should be **community-connected**, which means that children and their families have access to care year-round, in evenings, and on the weekends through community providers. This creates a much needed "medical home" for families who may never have had regular access to health care. This model of care requires schools or school districts to partner with a community health center or hospital.

Expanding access to physical and mental health services through community-connected, school-based health care reduces barriers to educational attainment and employment later in life, helps narrow health inequities, and increases access to quality healthcare for the whole community.

Effective integrated school-based health services rely on a variety of

Disparities of Emergency Department Visits for Children Aged 5-14 Years Disaggregated by Race



Student Wellness & Success Funds Offer Opportunity

federal, state, and local financial resources, including Ohio's [Student Wellness & Success Funds](#) (SWSF).

The \$675M in Student Wellness and Success Funds appropriated as a new line item in Ohio's last budget represented a turning point in how our state prioritized the need for education and health care systems to work in tandem to support bright, thriving futures for Ohio's students.

Aligned with the Ohio Department of Education's (ODE) [Each Child, Our Future](#) strategic plan, these dollars were appropriated to assist schools in providing their students with: mental health counseling; wraparound services; community connected partnerships and liaisons; mentoring opportunities; family engagement and support services; professional development in trauma-informed care and cultural humility; and

other initiatives to support children experiencing homelessness or living in foster care.

Over the last two years, ODE reports that more than 3,000 support initiatives were planned or implemented in districts using these funds and that the majority of these dollars were used for mental health, which accounted for nearly 30% of all initiatives. It will take time and more extensive data collection to understand the most effective ways these dollars were used, especially during the pandemic.

These types of arrangements offer return on investment for our children, communities, and future. Although the Ohio House passed budget included Student Wellness and Success Funds, these were rolled into the larger Fair School Funding Plan. What this means is that these dollars, which were originally allocated with the specific

purpose of wraparound services to students, may now be at risk of being used for other purposes. What is best for Ohio children is a state budget that both passes the Fair School Funding Plan and preserves Student Wellness and Success Funds, which promotes whole-child wellbeing. This need not be an "either/or scenario", especially not when Ohio has ample resources in both state and federal funds to do both. This is an opportunity to meet the challenges of this moment and promote the wellbeing of future generations of Ohioans.

American Rescue Plan Funds

As Ohio leaders begin deliberations regarding the \$5.4B in federal pandemic-relief funds, we urge them to take advantage of this unique opportunity to meet urgent needs and build a long-term, sustainable school-based and community-connected health entry point for children and families. Using federal dollars for this purpose will advance efforts to combat the long-term effects of the pandemic on children by increasing access to both physical and behavioral health services. It will build a bridge between schools, children, and community providers, and will increase children's and families' access to medical homes. The goal is long-term sustainability, and this is achievable, but it takes time to build the trust of the community in utilizing new services. Using these one-time federal funds would create a "gap" funding model that would give school-based health programs the



time they need to reach sustainability. Funding these start-up costs for two years will give Ohio the data it needs to determine if changes need to be made to Ohio Medicaid's state plan and administrative regulations to align with the care we know students need.

There are many models that can be used to provide students with the school-based healthcare they need. While a traditional brick and mortar healthcare center is one option, a mobile unit or offering services through telehealth are also viable options for providing needed services to students, their families, and when it can be supported, the community as well. School-based health centers (SBHCs) provide a positive return on investment. Studies have shown net savings to Medicaid ranging from \$46 to \$1,166 per SBHC user. Studies report pharmaceutical savings and lower emergency department and hospitalization expenses, especially for children with asthma.

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. As we emerge from the pandemic we know Ohio children have unmet mental and physical health care needs. Now is the time to prioritize funding for student health and wellness - regardless of where and how it's provided.

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.

2. Expand Ohio's Medicaid in Schools Program. Ohio should 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 (SWSF) in the 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. The House merged those funds into the school funding formula and it is no longer clear if those funds will be used for their intended purpose to provide wrap-around mental health services to students. We urge the Senate to separate the SWSF out of the school funding formula or protect their integrity with language ensuring those funds will be spent to support student mental health services.

4. Encourage School-Based and Community Connected Care.

Children and families need access to medical homes that provide high-quality, continuous, and comprehensive health care services especially during times when schools are not in session. Using a portion of the American Rescue Plan funds to support start-up costs for school-based health care is a both fiscally responsible and forward thinking way to support Ohio students and their families.

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