



## School-Based Health Care is Critical to Supporting Children

All children deserve to be healthy and get the care they need to thrive. Student physical health, mental health, and overall wellness are critical foundations for success in school and life, but according to the 2020-2021 [National Survey of Children's Health](#), an estimated 58,000 school-age children in Ohio were not able to access needed health care. Health care in schools helps ensure that children are healthy and ready to learn and advances health equity by providing increased health care access in areas where it may be needed. Integrating the services children and families need to thrive makes schools valuable neighborhood hubs that can transform student and community outcomes.

Recent data from the Ohio Department of Education (ODE) shows about 15 percent of schools reported half of their students chronically absent during the 2020-2021 school year. Increasing access to school health services is an evidence-based strategy for (1) reducing absenteeism so that students are in the classroom and ready to learn, (2) improving access and quality of care, and (3) reducing health care costs.

### Policy

School-based health services and supports are high priorities across multiple state departments: ODE's strategic plan, [Each Child, Our Future](#), and the Whole Child Framework identify physical and mental health as needs schools should address for students to have their best chance at success; Ohio's 2020-2022 [State Health Improvement Plan \(SHIP\)](#) identifies chronic absenteeism as a key priority; and the Ohio Department of Medicaid (ODM) now requires managed care organizations (MCOs) to measure their activity and effectiveness in meeting the needs of children, by partnering with schools to improve health outcomes for children. The last biennial budget, H.B. 110 – FY 2022-2023, also demonstrated a funding commitment in Ohio for student health and wellness, including funds that directly support behavioral health services in schools and delivery via telehealth, continuation of Ohio Student Wellness and Success funding, and investments to support and expand Ohio's behavioral health workforce. Beyond the budget, Ohio has also issued \$25.9M in ARPA funding to support 136 new or expanded school-based health center sites.

### Challenge

Supporting the growth of students is an evergreen concern, and even more so as the state continues to recover from the COVID-19 pandemic. The following data illustrate the pandemic's negative impacts on students and highlight the need for continued robust and coordinated state investment in the academic, physical, and mental health of our children.

- Increasing stress is contributing to mental health concerns.** The CDC reported that 62.9% of 18-24 year-olds reported an anxiety or depressive disorder, 25% said they were using illicit drugs or alcohol to cope with stress, and 25% reported that they had “seriously considered suicide in the previous 30 days.” A [review of 102 studies](#) through mid-2021 showed significant increases in addictive behavior, problematic internet use, depression, anxiety, lack of sleep, and suicidal ideation.

**Ohio:** In 2020, nearly 1 in 8 Ohio children, received a diagnosis of anxiety, depression, or both, up 42% - [the 10<sup>th</sup> highest increase nationwide](#).
- Learning has been negatively impacted.** Students were about 10 points behind in math and 9 points behind in reading compared to matched students before the pandemic, according to a July [2021 McKinsey and Co. study](#) of more than 1.6 million elementary in-school assessments across 40 states. Students of color and low-income students suffered the most. Students in majority Black schools ended the school year 6 months behind in both math and reading, or 50% and 100% further behind, respectively, than students in non-majority Black districts. In addition, chronic absenteeism increased by 12%. In December 2021, [UNICEF](#) reported that learning losses from COVID-19 could cost this generation of students close to \$17 trillion in lifetime earnings.

**Ohio:** [Data](#) from 2020-2021 shows that eighth grade math proficiency ranged from a low of 4% for students in some Ohio districts to as high as 98% in others, and third grade reading proficiency ranged from 10% to 98%, demonstrating striking disparities based on which district a child attends.

## Support Child Well-Being: Opportunities to Improve School Health

For many students across Ohio, school-based health care represents their only access to critical services such as mental health, dental, vision, chronic disease management, and immunization. However, given current health and education challenges, there is significant need for collaborative, long-term solutions that expand school-based health care and support sustainability of services for both school and health care partners. **Fortunately, in Ohio, there is a growing group of dedicated health care providers, K-12 education organizations, non-profits, and advocates for children at the forefront of this conversation, and there is a role for everyone.** The opportunities outlined below are intended to serve as a starting point for an intentional and thoughtful dialogue about school health and the role the state can play in supporting these efforts.

### School Provided Health Supports:

- Open Medicaid in Schools to all potential students.** In 2014, the federal government expanded the opportunity for Medicaid-eligible students without an Individualized Education Plan (IEP) to receive services reimbursed by the Medicaid in Schools Program. At least 16 other states, including Indiana, Michigan, and Kentucky, allow Medicaid reimbursement for students without an IEP.
- Focus on Student Wellness and Success funds.** Student Wellness and Success Dollars in school funding were a strong start towards dedicated dollars, and the intentional focus on student wellness should be maintained. In the future, funds should be specified for use to support school-based health care partnerships, such as hiring a school nurse or wellness staff and supporting a school-based health center.

- **Utilize school funding to ensure school community resource coordinators in every school district.** These coordinators serve an essential function in the delivery of school health services by building and maintaining community and external partnerships to ensure responsiveness to student needs in their local context.
- **Expand bricks and mortar access to support school-based care.** Currently, schools are allocated a certain amount of space for school health, and schools can assign other square footage for school health if so desired. The state should reconsider the space allowances for school-based health centers to support the bricks and mortar needs to provide appropriate, quality onsite care.

#### Community Based Partner Supports:

- **Enhance school health services payment rates and models.** Enhance and allow for flexibility in reimbursement rates for services delivered by providers in school settings and explore alternative payment models based on metrics that support student health. Seven states, including West Virginia and North Carolina have already adopted this approach.
- **Incentivize Managed Care Organizations to offer value-based payments to community-based partners.** Pay community-based providers bonuses for meeting state-defined quality metrics that are aligned with state population health goals, including goals for behavioral health. Create more incentives in alignment with national School Based Health Alliance [metrics](#), potentially as part of the Pediatric Comprehensive Primary Care program.
- **Improve reimbursements to provide parity for physical and mental health.** Children with commercial coverage are often unable to access mental health and Substance Use Disorder (SUD) prevention and treatment in schools due to coverage gaps and low reimbursement. Insurance carriers covering physical health services in schools must be accountable for covering and adequately reimbursing licensed behavioral health providers for a full range of mental health and SUD prevention and treatment services.

#### Community Efforts:

- **Address workforce retention and recruitment.** The pandemic negatively impacted the health care workforce, creating more vacancies, strain, and burnout. Explore certification or internship flexibility options to increase the pool of willing employees for school health providers of every type – school based, and community based.
- **Allow for Medicaid Administrative Claiming payment for family engagement activities.** Building awareness and earning the trust and understanding of caregivers in a school district can be a barrier to creating a self-sustaining school-based health program. MAC is generally permissible for items that improve the administration of Medicaid services and compensating for family engagement will support access to care.
- **Use ARPA funds to sustain, create new and expand existing school-based health service sites.** Release American Rescue Plan Act funds to support school-based health centers and encourage new community-based partners and districts to engage in evidence-driven, innovative school-based health care partnerships to meet the needs of Ohio’s children.

This issue brief was authored by Alison Paxson, Children’s Defense Fund-Ohio, in partnership with Nikki Reis, Advocacy and Communications Solutions, and the Ohio School-Based Health Alliance.

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