



April 9, 2021

Paolo DeMaria
Superintendent of Public Instruction
Ohio Department of Education
25 S. Front St.
Columbus, OH 43215

Maureen Corcoran
Director
Ohio Department of Medicaid
50 W. Town St. 400
Columbus, OH 43215

Dear Superintendent DeMaria and Director Corcoran:

We write to you from the Ohio Consumers for Health Coverage Coalition. The Ohio Consumers for Health Coverage (OCHC) is a coalition uniting the consumer voice to achieve affordable, high-quality care for all. OCHC combines more than 20 healthcare consumer organizations' forces to bring consumers' voices to legislators, administrators, and other healthcare system stakeholders.

We represent ordinary Ohioans – working people, children, people living with disabilities, and seniors – the people whose access to health care is critically important.

Introduction:

We write this letter to both the Ohio Department of Medicaid (ODM) and the Ohio Department of Education (ODE) to recognize and praise your efforts to promote school-based healthcare. OCHC supports the various school-based healthcare initiatives included in ODE's strategic plan, *Each Child, Our Future*. ODM's Medicaid Managed Care procurement, among others, is primed to improve the quality and continuity of care, along with the educational experiences, for Ohio's most vulnerable children.

While we support your efforts, this letter extends a word of caution to ODM and ODE about another critical issue. While school-based health clinics can improve academic performance, we must ensure that time spent on health and other services doesn't impact learning time. The coordination between teachers and physical and mental health providers is essential to maximize learning time. Historically, our state's programs have required families to navigate multiple service systems (schools and healthcare) in largely uncoordinated ways with little tracking of when students forgo their education to access a physical or mental health service. OCHC hopes that ODE's and ODM's new initiatives will account for this problem.

Background on Ohio's Vulnerable Youth:

As you know, vulnerable youth often encounter challenges in both receiving quality and equitable education and accessing quality healthcare services. These youth may be students with disabilities, English language learners, students experiencing homelessness, students in foster care, students who have or are experiencing trauma at or outside of school, and adjudicated or migrant youth. This vulnerable youth population is hard to serve both medically and educationally and, without the proper intervention, may experience adverse outcomes during the transition between grade levels and into adulthood. OCHC's goals focus on removing common barriers — lack of transportation, lack of access to health care services, food insecurity, poor hygiene — to support these students' social and emotional needs and academic success.

Applauding ODE's and ODM's Recent Initiatives:

OCHC recognizes that ODM and ODE have launched several collaborative and commendable initiatives to tackle these problems. By way of example, we expect that ODM is about to announce its Medicaid Managed Care Organizations (MCO) recipients soon. Contained in the procurement guidelines is language that urges MCOs to co-locate health services in schools. OCHC supports this recommendation and encourages the continued joint effort between ODE and ODM to promote school-based health clinics.

Further, we applaud ODE's and ODM's joint development of the School-Based Health Care Support Toolkit. The toolkit supports schools and districts as they begin new partnerships with health care providers and other community organizations to launch school-based health initiatives.

These initiatives promote school-based health clinics and are designed to help ensure students are healthy and ready to learn. As highlighted in the various examples in ODE's 2021 Student Wellness Report, not only are these initiatives primed to help students, they can also help keep teachers healthy, reducing the need for substitutes. Further, school-based health clinics should be community connected, available to students, their families, and the community even when schools are closed. This would not only lead to improved health, but also create a pathway for a much needed medical home within the community.

Our Concern Regarding Navigating Multiple Services and Lost Instructional Time:

As we mentioned above, our state's programs have required families to navigate multiple service systems (schools and healthcare) in largely uncoordinated ways. The prime example of this problem is the fractured landscape of mental health in schools for students eligible for special education pursuant to the Individuals with Disabilities Education Act (IDEA). Unlike regulations found in other states, Ohio's rules do not delineate specific mental health support parameters in IEPs. As a result, districts have wide variability regarding the threshold for defining a mental health service as a related service under a student's individualized education program (IEP). This naturally creates inequalities between districts regarding the socio-emotional / behavioral learning aspects of free appropriate public education (FAPE).

The reality is that very few school districts in Ohio provide mental health services in-house through their district-supervised staff (e.g., a school psychologist, counselor, social worker, or a board-certified behavior analyst). Most schools refer out through contracts with providers in the community. Of those that refer out, some school districts contract to co-locate the independent providers' operations within the school building, others transport students to providers, and others allow the providers to come on campus to offer services.

Indeed, many schools outright decline to add mental health services as a related service to IEPs; instead, these schools give students a "break card" or hall-pass-equivalent accommodation permitting the student to leave class to access an independent provider. This often occurs when the school district contacts to co-locate the mental health or counseling service on campus. These schools recognize the benefits of referring out to co-located, more specialized providers. Still, they do not track the student's goals, progress, etc., nor allocate minutes of service toward such support as the student would receive if it were accounted for in the IEP, and in that lies the problem we bring to your attention.

The problem is that unless the service is actually defined as a related service under the student's IEP, and the school allocates minutes of service toward a socio-emotional or behavioral goal involving the mental health provider, these students must forgo learning time to access the mental service and no one is tracking or coordinating to determine how often it's happening and how it impacts the student's instructional time, in general.

Ideally, these students would all have appropriate mental health screening and treatment through county services, public health programs, primary care, and mental health providers, but this often is not the case. Instead, schools must continue to innovate and integrate approaches to school-based mental health — bringing the systemic focus of programs like social emotional learning programs into closer alignment with intensive individualized interventions while encouraging developmental awareness through early screening and progress monitoring. While innovation can be admirable, in this case, the “make-shift” solution is inadequate, lacking in the needed depth to respond to students' holistic needs.

A school-based solution for mental health services is more effective and indeed desired by many districts. Still, schools and providers must implement it so that it does not take away from learning time without accountability. The coordination between teachers and physical and mental health providers is essential to maximize learning time. OCHC encourages ODM and ODE to develop a framework to track how and when students access school-based health and mental services and how such access impacts overall learning time.

Conclusion:

Again, thank you for all your efforts to date, and we look forward to assisting in the promotions of school-based Medicaid health services.

Sincerely

Darold Johnson
Co-Chair
Ohio Consumers for Health Coverage



Clinton Householder
Staff Attorney
Community Legal Aid Services, Inc.