

**Statewide Workgroup on Financial Sustainability in School Health  
Recommendations  
April 20, 2022**

**Preface**

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 2019-2020 National Survey of Children’s Health, an estimated 69,000 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. 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) addressing absenteeism so that students are available and ready to learn, (2) improving quality of care, and (3) reducing overall health care costs.

**The Effects of the Pandemic on Children**

Supporting the growth of students is an evergreen concern, and even more so as the state recovers from the last two years of 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.
- 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%.
  - Average math scores among grades 3-8 dropped 20-27%, and average reading scores dropped 9-18% during the pandemic among 5.4 million US students, according to the Brookings Institute.
  - In December 2021, [UNICEF reported](#) that learning losses from COVID-19 could cost this generation of students close to \$17 trillion in lifetime earnings.

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

For students in many areas of Ohio, school-based health care (SBHC) often represents the only access to critical services such as mental health, dental, vision, chronic disease management, and immunizations, but currently there are significant limitations for access, service delivery, and financial reimbursement. Addressing the health needs of students might seem overwhelming, but there are solutions. 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. Those efforts have resulted in the following:

### *Enhanced Financial Support*

- \$1B in Ohio Student Wellness & Success Funds included in the last two state budgets.
- \$25.9M in ARPA funding to create 29 new school-based health centers and expand services in an additional 107 existing centers.

### *Recognized as a State Department Priorities*

- Chronic absenteeism identified as a priority for the [2020-2022 State Health Improvement Plan](#) (SHIP).
- ODE's strategic plan, [Each Child, Our Future](#), and the Whole Child Framework specifically cites physical and mental health as needs schools should address for students to have their best chance at success.
- The Ohio Department of Medicaid (ODM) is requiring managed care organizations (MCOs) to measure their activity and effectiveness in meeting the needs of children, by requiring them to partner with school health to improve health outcomes for children as part of procurement of MCOs.
  - Medicaid's Comprehensive Primary Care program also asks primary care practices/entities to build relationships with schools, including partnerships like school-based health centers.

### *Policy*

- New telehealth rules were adopted that make it easier for providers and patients to utilize this technology during the pandemic and should continue after.

## **Creating a Statewide Conversation**

Effective, integrated school-based health services rely on cooperation among the many actors in the space. For the past several months, representatives of more than 70 health and education organizations worked together to draft recommendations regarding school health financial sustainability—this group is the Statewide Workgroup on Financial Sustainability in School Health. It can be challenging to seamlessly integrate the complex requirements of the health and education systems, which highlights the need for collaborative, long-term solutions that support sustainability for both the school and health care partners. The need is great, and there is a role for everyone. Keeping that in mind, the Statewide Workgroup examined sustainability from

several perspectives—the school district care, the community-based partners, and the joint interests of the schools, the community partners, and the state of Ohio.

The recommendations below are intended to serve as a starting point for an intentional and thoughtful conversation about opportunities and the role the state can play in supporting these efforts. The Statewide Workgroup understands that it is unlikely that all of these ideas will come to fruition but looks forward to engaging in further conversation about what is most likely to bear fruit for Ohio now and in the years to come.

### **District-Provided Care**

Specifically support increased access to district-provided services for students, which will lead to improved academic and health outcomes. School district health personnel already provide health care services daily, and while Ohio Medicaid reimburses for some services, it is limited, and therefore access to care is more limited than the need. The Statewide Workgroup concluded the following recommendations would provide more students with greater access to what students need when they need it.

#### **Reassess Medicaid in Schools Program**

- 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.

#### **Enhance Medicaid Administrative Claiming (MAC)**

- Review opportunities to enhance available Medicaid Administrative Claiming.

#### **Focus on Student Wellness in School Funding**

- Student Wellness and Success Dollars in school funding were a strong start towards dedicated dollars and an intentional focus on student wellness should be maintained. In the future, specific funds should be required to be used for physical and behavioral/mental health.

#### **Expand Bricks and Mortar to Support Fulfilling Onsite Care Needs**

- Currently, schools cannot use any of their state match dollars to build clinic or health rooms in their buildings. The state should eliminate the prohibition of using Facilities Construction Commission monies for school-based health center rooms/renovations to support the bricks and mortar needs to provide appropriate onsite care.

### **Community-Based Partners (CBP)**

Specifically support the physical and mental health providers who serve their communities at large, including at schools.

### **Create New Medicaid Provider Type**

- Creating a new Medicaid provider type would allow for flexibility in reimbursement rates for services delivered by providers in school settings and could also support alternative payment models based on metrics that support student health. Seven states, including West Virginia and North Carolina have already adopted this approach and provider type.

### **Incentivize MCOs to Offer Value-Based Payments for CBPs**

- Pay community-based providers bonuses for meeting state-defined quality metrics that are aligned with state population health goals, including those 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.

### **Examine Existing Funding Streams: Title V Maternal and Child Health (MCH)**

- Examine existing funding streams such as the Title V Maternal and Child Health (MCH) Block Grant funding to support specific school health services.

### **Improve Reimbursement 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.

## **General School Health**

The Workgroup identified several recommendations that cut across all health delivery options for students.

### **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.

### **Require MCOs to Support Child Services**

- The Ohio Department of Medicaid already requires its MCOs to offer and address whole child services/SDOH, but has the opportunity to encourage further partnerships and flexibility for MCOs to deepen their financial support of school-based health to cover related services that improve health. Some of those funds could be used to cover the costs of school health that are not funded in other ways.

### **Use ARPA Funding to Support Planning of School-Based Health Centers**

- Release American Rescue Plan Act funds that allow for the planning of school-based health centers and encourage new community-based partners and districts to engage in this effort anywhere in Ohio.

### **Allow for Medicaid Administrative Claiming of 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.

### **Data/Evaluation Workgroup to Support Incentivizing Districts**

- Convene a workgroup that can request/incentivize districts and health care providers to collect and share key metrics regarding the impact on students, so Ohio can be a leader in showing the connection between health and education outcomes long-term.

### **Harness Technology to Connect Students with Essential Providers**

- Support/technology via telehealth for school nurses/school-based health centers/community behavioral health centers to connect students with essential providers via telehealth in locations where onsite care is unavailable.