Executive summary

This brief (policy brief No. 2) and the briefs described in the box below are part of a four-part series exploring the connections between education and health. This brief focuses on how Ohio schools are providing health services to students and specific evidence-based policies and programs that have demonstrated both health and education benefits. The brief highlights:

• Relevant federal and state policies and programs
• Types of health professionals commonly working in schools
• School partnerships to provide health services, with an emphasis on school-based health centers (SBHCs)
• Provision of mental health and preventive services in schools
• Policy options to expand health services in Ohio schools

Why is this important?

Students with untreated physical and/or mental health conditions often struggle academically. They are more likely than healthier peers to be absent from school and often have difficulty paying attention and learning while in class. Research has shown that schools can positively impact student achievement through health improvement efforts.\(^1\)

School health partnerships

School leaders increasingly recognize the value of addressing non-academic barriers to student success and partnering with healthcare and social service providers in the community to address these barriers. Because funding constraints limit the extent to which schools can afford to employ school-based healthcare professionals, forming partnerships with organizations in the community can be a powerful and cost-effective option.\(^2\)

Mental health

School mental health programs can range from minimal support services provided by a school counselor or other school-based professional to a comprehensive continuum of mental health services and supports, ranging from universal prevention to more targeted, intensive clinical interventions.\(^3\)

Prevention

Schools also promote healthy behaviors that provide a foundation for physical and mental wellness later in life. There are many evidence-based strategies to enhance physical activity and healthy eating, prevent youth from engaging in risky health behaviors, develop social and emotional skills, improve behavior and prevent violence among students. Some programs, such as social-emotional instruction, provide multiple benefits, such as greater academic achievement, increased school engagement and improved mental health, self-confidence and youth behavior.\(^4\) Future HPIO publications will provide more details on specific non-clinical, school-based prevention policies and programs.

Additional HPIO education and health publications and resources

• Policy brief No. 1 explains the relationship between education and health and describes factors impacting this relationship (Released: January 2017)
• Policy brief No. 3 will explore early learning policies and programs including early childhood education and family supports and social-emotional development (Target release: August 2017)
• Policy brief No. 4 will explore school-based policies and programs that impact health and education outcomes, including strategies to improve nutrition, increase physical activity, prevent violence and drug abuse and increase health literacy (Target release: Fall 2017)
• Additional resources can be found on HPIO’s Intersections between education and health online resource page, which will be continually updated throughout 2017
Policy options to expand health services in Ohio schools

State agencies and policymakers
1. Incentivize partnerships with SBHCs through Medicaid managed care plans and the Comprehensive Primary Care initiative.
2. Create seamless data sharing agreements and procedures between and among state agencies that ensure the effective and timely delivery of services to K-12 school districts.
3. Ensure that the development of the school-based health care partnership toolkit, as proposed in the Governor’s Office of Health Transformation 2018-19 budget white paper, includes guidance for navigating federal privacy laws (Health Insurance Portability and Accountability Act and Family Educational Rights and Privacy Act).
4. Reinstate and continue to convene the School Health Advisory Council.
5. Maintain chronic absenteeism as the indicator of school quality/student success in the state plan required under the Every Student Succeeds Act (ESSA).
6. Formally adopt the Whole School, Whole Community, Whole Child framework (i.e., comprehensive approach to addressing non-academic learning barriers) to inform education and/or health policy decisions.
7. Allocate direct funding to SBHCs through the general revenue fund or the Maternal and Child Health Block Grant.
8. Allocate direct funding to schools to employ healthcare professionals, such as a full-time school nurse.

Ohio Department of Medicaid, Medicaid managed care plans and private payers
9. Waive or mitigate prior authorization requirements for SBHCs.
10. Explore ways to provide enhanced payments to SBHCs including creating an SBHC provider type.
11. Remove barriers to reimbursement of school-based telehealth services, such as making an SBHC a qualifying provider.
12. Make the necessary changes to Ohio Medicaid’s State Plan (through a State Plan Amendment) and administrative regulations to facilitate implementation of the new Centers for Medicare and Medicaid Services free care policy guidance in Ohio.

Providers
13. Partner with schools to deliver health-related programs and services to students through SBHCs, mobile clinics or other collaborations.
14. Work with schools to develop an infrastructure that links school-based health records with students’ electronic health records.

Boards of education/school districts
15. Integrate mental health services, including prevention, early intervention and treatment into school-based health care.
16. Consider space to provide school-based health services when planning school building construction or expansion.
17. Employ a school health coordinator to oversee the delivery of health-related programs and services across all schools in the district.
18. Evaluate the impact of school-based health services on chronic absenteeism and academic outcomes.

Community members and other interested parties
19. Participate in school health advisory groups to regularly assess student and school health needs at the district or school level and to assist in developing policies and programs to address identified health needs.
20. Support organizations like Growing Well (state affiliate of the national School-Based Health Alliance) that advocate for the expansion of SBHCs in the state and provide guidance and technical assistance for the establishment of new SBHCs.
21. Include schools, primary care and behavioral health partners in local community health improvement planning led by local health departments and hospitals.

Notes

To view the full brief Connections between education and health: Health services in schools, visit HPIO’s website

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