

safe

healthy

educated

connected

employable

Voices for Ohio's Children supports the efforts being made by the Ohio Office of Health Transformation and the Ohio Department of Education to bring together schools and medical practices to bring health services to students, in order to improve student health and student performance.

Here are some of the criteria we think must be in place to reach an optimum model design and in the end to improve health outcomes for children and adolescents.

- The community and parents must have input.
- There must be school community support, including staff input from the principal to teachers, school health staff and the maintenance staff.
- Student support is critical.
- The SBHC must provide screenings and well-child/teen care that identifies and addresses physical and mental/behavioral health problems common to youth.
- The SBHC must be designed with a view toward reducing health disparities.
- The SBHC must be financially sustainable.

### **The community must have input**

There must be a robust planning process that includes all of the logical partners in the community, including community and business groups such as neighborhood associations, drug and alcohol prevention groups, local health department-community liaison groups, recreational groups for youth, faith-based organizations and local business associations. There must be input from local public health and other local government units involved in approving or implementing building renovations, environmental sustainability and recreation programs. Interact for Health, formerly the Health Foundation of Greater Cincinnati, wrote an article published in Health Affairs in 2016 that identifies many of the lessons they learned in their work in funding and bringing to fruition many SBHCs in the Greater Cincinnati area. It makes a strong case for the role of the community. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1234>

The planning process must incorporate parents, with multiple avenues for parents to receive information about the SBHC and to give input. This requires letters mailed directly to parents, e-mail communication, parent meetings, and incorporating SBHC into other events that parents attend. The meetings must be



well-facilitated so that the “soft voices” in the room are heard. In the 2016-17 school year, Portsmouth City School Superintendent decided, with board input, to introduce the Screening, Brief Intervention and Referral to Treatment (SBIRT) program into the schools. He decided to start with the seventh grade because that group had been a cohort for four years in a program that helped children develop positive behaviors, and he knew that their parents were already acclimated to the idea that schools can positively interact with students in areas outside of strict academics.

In addition, procedures for parental consent need to be sufficiently developed during the early part of the planning phase so that parents’ biggest concern—their control over their children’s health—will not disrupt the parent’s willingness to be involved in the planning. On the other hand, there must be enough flexibility in putting consent policies together that parents can have input into the consent and communication process. Nationwide Children’s hospital has parental consent forms available for download from its website for the services it provides at various schools in the Columbus area. This makes securing consent more convenient for parents. See <https://www.nationwidechildrens.org/care-connection>

There also needs to be a clearly established way for providing parents with information after the child’s visit. This may be a phone call to the parent, with paperwork mailed, or may involve the school nurse.

Thought also must be given to the special nature of behavioral health care. There may be value in allowing a student to be seen on a limited basis by a mental health provider on site, at the student’s or staff’s initiation, without parents’ knowledge or consent if it appears the parent may not cooperate and a troubled child may be left without any professional assessment of his/her condition. If the student is 14 years old or older, an Ohio statute<sup>1</sup> allows mental health treatment, but not medication, for 30 days or 6 visits, at the student’s initiation, without the consent or knowledge of the parents.<sup>2</sup> For students under 14 the law is not as clear, but a

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<sup>1</sup> Voices for Ohio’s Children offers this information to stimulate further discussion, and to suggest concerns that must be addressed in the process of establishing a school based health center. At the point of preparing protocols, school and health care staff should consult their legal counsel.

<sup>2</sup> 5122.04 Outpatient services for minors without knowledge or consent of parent or guardian.

(A) Upon the request of a minor fourteen years of age or older, a mental health professional may provide outpatient mental health services, excluding the use of medication, without the consent or knowledge of the minor's parent or guardian. Except as otherwise provided in this section, the minor's parent or guardian shall not be informed of the services without the



school would be wise to create a protocol for children under 14 who may be troubled, willing to talk to a professional, but whose parents either have denied consent or for good reason are believed to not be willing to consent. The protocol would also need to include the conditions under which a follow-up call to parents is recommended or required. There is statutory guidance on treating youth without parental consent in some other limited circumstances, such as substance use. ORC 3719.012<sup>3</sup>

### **There must be school community support**

The school staff must understand and have input into the plan. This should include administration, teaching staff, health staff, and the maintenance staff. School community involvement is particularly important in identifying the inputs the school will supply (space, maintenance, etc.) and what inputs the medical practice

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minor's consent unless the mental health professional treating the minor determines that there is a compelling need for disclosure based on a substantial probability of harm to the minor or to other persons, and if the minor is notified of the mental health professional's intent to inform the minor's parent, or guardian.

(B) Services provided to a minor pursuant to this section shall be limited to not more than six sessions or thirty days of services whichever occurs sooner. After the sixth session or thirty days of services the mental health professional shall terminate the services or, with the consent of the minor, notify the parent, or guardian, to obtain consent to provide further outpatient services.

(C) The minor's parent or guardian shall not be liable for the costs of services which are received by a minor under division (A).

(D) Nothing in this section relieves a mental health professional from the obligations of section [2151.421](#) of the Revised Code.

(E) As used in this section, "mental health professional" has the same meaning as in section [340.02](#) of the Revised Code.

Effective Date: 07-01-1989.

<sup>3</sup> 3719.012 Minor may give consent to diagnosis or treatment of condition caused by drug or alcohol abuse.

(A) Notwithstanding any other provision of law, a minor may give consent for the diagnosis or treatment by a physician licensed to practice in this state of any condition which it is reasonable to believe is caused by a drug of abuse, beer, or intoxicating liquor. Such consent shall not be subject to disaffirmance because of minority.

(B) A physician licensed to practice in this state, or any person acting at his direction, who in good faith renders medical or surgical services to a minor giving consent under division (A) of this section, shall not be subject to any civil or criminal liability for assault, battery, or assault and battery.

(C) The parent or legal guardian of a minor giving consent under division (A) of this section is not liable for the payment of any charges made for medical or surgical services rendered such minor, unless the parent or legal guardian has also given consent for the diagnosis or treatment.

Effective Date: 10-01-1982.



will supply. As mentioned by the Interact for Health authors in the above-cited Health Affairs article, “Schools must commit over the long term to providing space and utilities, such as water, electricity, and Internet access, for the SBHC. School staff are an important link to the primary patient population. Most schools with SBHCs also have a traditional school nurse employed by the school, who is a key partner in connecting students to the health center.

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1234>

### **Student support of the SBHC model is critical**

Komal Oza is a member of the youth advisory council of the national School Based Health Alliance. She attended her first conference in 2017 and had this to say in a blog she wrote for the Alliance’ newsletter (link below). “Participants also had the chance to apply the strategies they learned in the workshops to craft potential solutions and improvements to the health issues they saw in their SBHCs, schools, and communities. The critical thinking skills these young people used while forming such innovative ideas inspired me to think about how outreach in my own SBHC could be more effective by relaying information from peer to peer.” <http://www.sbh4all.org/2017/10/how-young-people-benefit-as-recipients-and-leaders/> School Based Health Alliance Newsletter (Dec 2017)

Youth involvement is important for quality measurement and it is also important for the financial sustainability of the SBHC. If the SBHC doesn’t meet students’ needs for a safe space to share medical concerns, services that are important to them, scheduling that works for them—they will not provide the volume necessary to drive financial sustainability.

### **SBHCs should be designed to document and reduce health disparities.**

A 2010 analysis of the SBHCs in Cincinnati found that they closed a health care access gap between African American students and the general population, as well as provide significant cost benefits in reducing estimated long term costs of chronic diseases, such as asthma.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2920971/>

As OHT and ODE figure out how to create adequate data sharing protocols to make the parental consent and billing arrangements feasible, it is also important that the state put in place data collection processes that will allow the state to determine whether SBHCs are helping to close the health disparity gap, not only in access but



also in outcomes. We recognize that will take time, but it is important. In Cincinnati, the large African American population made it easier for the authors of the cost/benefit article cited above to draw their conclusion. In school districts where racial and ethnically defined populations are smaller and more numerous, data that can be disaggregated will be very important.

**The SBHC must provide screenings and well-child/teen care that identifies and addresses physical and mental/behavioral health problems common to youth.**

One of the greatest advantages of the SBHC is that it can bring in youth who otherwise might not be seeing a physician in the community for regular well-child/teen visits. Among Medicaid enrollees, 2016 data shows that less than half of the adolescents had a well-care visit, and that figure trails the national median by about 5 percentage points (Ohio 41% vs 46% for all states reporting that measure)

One of the values of the well-care visit is that it gives the provider an opportunity to seek to create a relationship of trust and respect with the adolescent patient that will allow him/her to more effectively screen him/her for emotional and behavioral concerns that may otherwise never be discussed. These include, but are not limited to, relationship or home violence/abuse, risky use of drugs or alcohol, smoking, sexual activity, and others. The SBHC operated in Lima by Western Health Partners has attained experience in using a screening tool that touches on many important concerns. Medicaid enrollees should be receiving a range of services relevant to Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and identifying screening tools and protocols will help make sure that the EPSDT requirements are met from the time the SBHC gets off the ground.

**Financial sustainability and other key design features recommended by Interact for Health that are important to consider:**

There are other recommendations from Interact for Health (in the Health Affairs article above, and another article (link below) that we think are worth noting, though they may not be applicable across all school districts.

- They found that a school size of 600 with 75% Medicaid eligible was important to drive the necessary volume of services for sustainability. [https://www.interactforhealth.org/upl/SBHCs\\_in\\_Greater\\_Cincinnati\\_with\\_Map\\_030813.pdf](https://www.interactforhealth.org/upl/SBHCs_in_Greater_Cincinnati_with_Map_030813.pdf)
- Mental health services are an important component of a SBHC, but there is some wisdom in having the MH partner be organizationally separate from the medical provider because of the rule that one provider cannot be paid

for providing mental health and medical services on the same day. Depending on whether FFS is important to the effort, or whether the SBHC is primarily managed care driven with per capita payment, that rule may not always be an issue. (Note: on the issue of capitation, one author noted that New York carves out school-based health, and the SBHCs feel the FFS is critical to their success. School Based Health Alliance Newsletter December 2017. <http://www.sbh4all.org/2017/12/new-york-extends-medicaid-carve-out-for-sbhcs/> )

- At the December 4-5, 2017 convening in Washington DC of the *Healthy Students, Promising Futures* Collaborative, facilitated by the Trust for America's Health, one speaker noted that an important design decision to be made early on is whether the SBHC will serve the community as well as the students, and whether the SBHC "owner" (medical practice) has other facilities that can be made available to students during the summer. If the SBHC is really a medical home, students should be able to get their care there in the summer and during holiday breaks.