

National Association of State Boards of Education

➔ Enhancing School-Based Health Services

By Megan Blanco

School-based health services (SBHS) are a convenient, powerful, yet underused strategy to meet student needs and increase equitable access to healthcare. At a time when the nation is combating a youth mental health crisis and federal education funding is at an all-time high, state leaders can do more to leverage federal funding streams, partnerships, policies, and capacity building to expand SBHS.

SBHS include screening for vision, dental, hearing problems; manage medications and chronic conditions like asthma and diabetes; treat minor injuries; vaccinate; and offer nutrition services, physical therapy, sexual health services, referrals, behavioral health services (e.g., substance use prevention, mental health screenings), and more. School health providers include nurses, psychologists, behavioral health specialists, speech-language pathologists, and physical

therapists, and states determine their licensure and training requirements. Some states require a minimum number of licensed personnel: Vermont and Delaware, for example, require a full-time nurse in every school.

FEDERAL FUNDING

From 2010 to 2020, the federal government facilitated 104 formula and discretionary grant programs, 10 interagency groups, and 67 technical assistance centers and initiatives in support of school health.¹ Many of these efforts are still under way.

U.S. Department of Education.

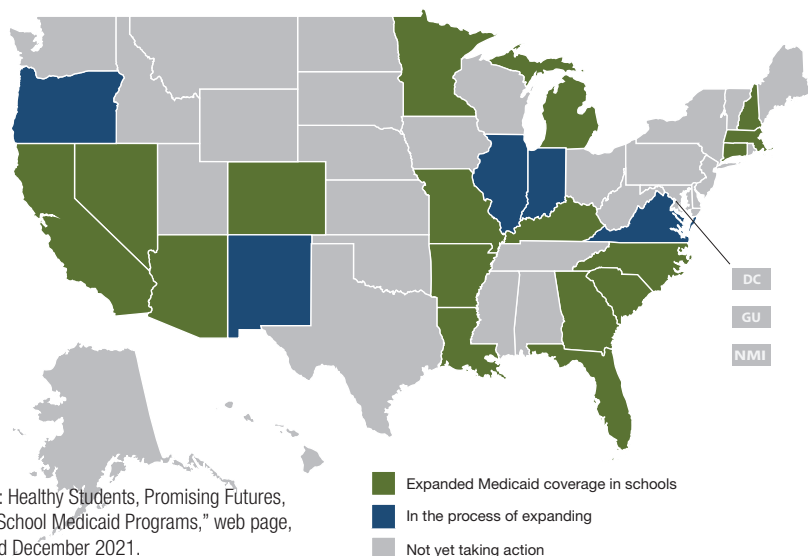
Grant programs that can be used for SBHS include the Every Student Succeeds Act's Title I and Title IV Student Support and Academic Enrichment, School-Based Mental Health Services, Individuals with Disabilities Act Part B grants to states, and Project Prevent Grants. The supplementary Elementary and Secondary School Emergency Relief (ESSER) Fund can also be used for SBHS and to build the infrastructure needed to sustain

these services. Full-Service Community Schools grants support planning, implementation, and operation of a proven approach to providing coordinated, integrated, comprehensive services in public schools.

Centers for Medicare and Medicaid Services (CMS).

Medicaid is one of the most sustainable and underused federal funding streams for SBHS. Medicaid providers working in schools and serving Medicaid-enrolled students can access these funds. In 2014, CMS gave states flexibility to bill Medicaid for all eligible school health services provided to Medicaid-enrolled students. Previously, reimbursement had only been allowed for health services included in a Medicaid-enrolled student's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).² In 2016, the federal government launched the Healthy Students, Promising Futures Learning Collaborative to offer states technical assistance on using the new flexibility to expand SBHS. Only a third of states take advantage of that flexibility (map). In August, CMS issued non-regulatory guidance to help schools understand how to leverage Medicaid in schools and how to use funds to provide behavioral health services in partnership with their health departments.

17 States Take Advantage of Added Medicaid Flexibility for Schools



U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Notable grant programs include Project AWARE, Project LAUNCH, the Children's Mental Health Initiative, and the Statewide Family Network. SAMHSA's 10 regional offices provide technical assistance and partnerships. Project AWARE helps states develop a sustainable infrastructure for school-based mental health programs and services through collaborative, multisector partnerships. With its Project AWARE funding, Louisiana is enhancing mental health services in three rural school systems, selected based on their high percentages of out-of-school suspension and the disproportionality of exclusionary discipline for student subgroups. Wyoming is using its Project AWARE funds to provide

Source: Healthy Students, Promising Futures, "Map: School Medicaid Programs," web page, updated December 2021.

behavioral health services through telehealth in 28 schools and will outfit a classroom in each school with the needed technology.

STATE STRATEGIES

Policies supporting health services in schools are on the books in every state, though most do not maintain a digital platform for public consumption and tracking.³ During implementation, keen attention to cross-agency and community collaboration and supporting infrastructure—funding, guidance, training, and ongoing technical assistance—all matter.

School Medicaid programs. All states have school Medicaid programs that let districts bill Medicaid for eligible school health services in students' IEPs/IFSPs. Seventeen states let districts bill for services delivered outside an IEP/IFSP. As more states seek to extend equitable access to SBHS in a sustainable way, this strategy will be key. The Bipartisan Safer Communities Act, signed into law in June, provides \$50 million in grants for states and school districts to implement, enhance, or expand school Medicaid programs.

School-based health centers. While the strategy's contribution to academic growth has not been deeply studied, there is evidence that centers do increase access to care.⁴ With nearly one in six U.S. children living in poverty, it is noteworthy that centers particularly benefit low-income households. Yet in a voluntary census in 2017, the School-Based Health Alliance found nearly 2,000 centers in operation, only about 2 percent of U.S. schools. Delaware requires all public high schools, including vocational-technical schools but not charter schools, to have a center. For schools without one before the law's 2016 enactment, Delaware covered start-up costs.

School health advisory councils. These councils advise decision makers on student health issues and may be convened at the state, district, or school level. Nine states require a state-level council. Some councils are limited in scope, as is California's on childhood nutrition, while others advise more broadly, as in the District of Columbia, whose council covers 11 student wellness topics. Florida, Mississippi, and Oklahoma require schools to establish a council.

Mental and behavioral health. More than one in three high school students experienced poor mental health during the pandemic, and nearly half of students felt persistently sad or hopeless, according to the U.S. Centers for Disease Control and Prevention (CDC). To address the national shortage of school-based mental health professionals, the National Governors Association suggests that states better align curriculum across community colleges and four-year institutions to allow for cheaper, easier degree attainment; offer to repay student loans to incentivize serving in schools; and develop apprenticeship programs.

With ESSER funds, Oklahoma launched the Oklahoma School Counselor Corps in 181 school districts, which will match the funds and hire school counselors and mental health professionals. Arkansas uses Medicaid billing flexibility to reimburse for mental health services delivered to all Medicaid-enrolled students. Ohio has created district and school **Healthy Student Profiles**, which include data on available staff and the prevalence of diagnosed mental health disorders to help stakeholders direct resources.

Vaccinations. Every state has vaccination policies for school-aged children, with many requiring the 16 recommended by the CDC. Nationally, the rates of children receiving regular immunizations dropped as the pandemic curtailed routine well-child visits, when most children receive vaccines.⁵ When the COVID-19 vaccine became available for school-aged children and staff, states and districts set up temporary clinics to increase access. AASA, The School Superintendents Association, found that 10 percent of districts that hosted a COVID-19 clinic partnered with a school-based clinic. This strategy made it easy for parents to have children vaccinated in a trusted setting.

Consent. State laws vary on a minor's legal right to provide informed consent in order to receive health services, including on sexually transmitted diseases and HIV, without the consent, knowledge, or involvement of a parent or guardian. According to the CDC, 11 states let minors provide consent for general health care.⁶

WHAT STATE LEADERS CAN ASK

To examine the extent to which their state is leveraging federal funding for SBHS, state leaders can ask the following:

- How many schools offer SBHS? How many school-based health centers are there? How is the state helping to expand access?
- Which districts have the biggest gaps between SBHS staff and student needs? What programs and partnerships can address shortages?
- How is the state leveraging federal dollars? Is the state taking full advantage of Medicaid funding to reimburse for eligible services?
- Does the state education agency have a dedicated office to advise districts and schools on SBHS? Is there formal collaboration between the office, the state health department, and the Medicaid office?

Megan Blanco is NASBE's director of safe and healthy schools. This publication is supported by cooperative agreement CDC-RFA-PS18-1807 with the CDC. The opinions, findings, and conclusions do not necessarily represent the views or official position of the U.S. Department of Health and Human Services or CDC.

NOTES

1 Deborah Temkin, "The Landscape of Federal K-12 School Health Efforts, 2010–20" (Bethesda, MD: Child Trends, August 2021).

2 Created in 1965, the Medicaid program is a federal-state partnership that provides lower-income individuals medical care and for which the government covers some or all costs. To leverage the new flexibility, most states need to submit a Medicaid state plan amendment to CMS; others can implement this change administratively. A few states codified the IEP/IFSP restriction in state law as well as their Medicaid plan and therefore need to change the law and submit an amendment.

3 See NASBE's State Policy Database on School Health, which maps policies across 200 categories.

4 Michael Arenson et al., "The Evidence on School-Based Health Centers: A Review," *Global Pediatric Health* (February 2019).

5 CDC, "Vaccination Coverage with Selected Vaccines and Exemption Rates among Children in Kindergarten—United States, 2020–21 School Year," *Morbidity and Mortality Weekly Report* (April 22, 2022).

6 CDC, "State Laws That Enable a Minor to Provide Informed Consent to Receive HIV and STD Services," web page, last reviewed October 25, 2022, <https://www.cdc.gov/hiv/policies/law/states/minors.html>.