

Florida's School Based Health Services: An Excellent Foundation for Improving Child Health

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Changes in federal policies give Florida school districts new opportunities to access millions more in federal Medicaid dollars to support and expand school-based health services, as detailed in a recent Florida Policy Institute report.

There is a dire need for additional services, particularly in low-income communities. Florida's current infrastructure for the provision of school-based health services provides an excellent foundation for building up these resources. By engaging and building upon the following existing programs and resources, Florida could improve the health of Florida's most vulnerable children:

- Florida's School Health Program
- School Health & Medicaid Certified Match Programs
- Marjory Stoneman Douglas Health Safety Act
- Medicaid Managed Care Program
- Local Models for School-based Health Services
- School Health Advisory Committees & School Health Plans

The need for more school-based health services

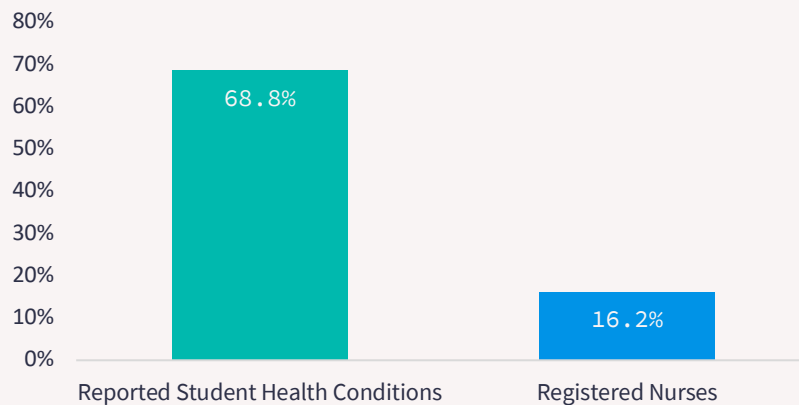
Data from the Florida Department of Health (DOH) demonstrate the high utilization of school-based health services.¹ In Fiscal Year (FY) 2016-17, there were 15.4 million school health room visits and 4.7 million medication doses administered out of a total of 2.8 million students. More than 88 percent of the students served were able to return to their classrooms after those visits. The top health conditions reported were allergies (both life threatening and non-life threatening) and asthma. Over 21,400 mental health/behavioral health conditions were also reported.

Chronic health conditions seen in students attending public schools are on the rise nationally and throughout Florida. Data from Orange County show that from 2011 to 2015, there was a steady increase in students with chronic disease conditions requiring more skilled care in public schools, including a rise in rates for students with asthma, ADD/ADHD and diabetes.²

Despite these trends, Florida's school-based health professional staffing ratios fall woefully short. Between 2005 and 2015, while reported student health conditions increased by 68.8 percent, the number of registered nurses (RNs) providing school health services in Florida increased by only 16.2 percent (See Figure 1).³ Florida has about 1,300 RNs for more than 4,170 public schools.⁴ This is well below the American Academy of Pediatrics' recommendation that there be a RN in every school.⁵

FIGURE 1: FLORIDA'S SCHOOL-BASED HEALTH SERVICES STAFFING FALLS SHORT

Change in reported student health conditions and change in student health personnel, 2005-2015



Source: Florida Department of Health, School Health Program, 2017.

Mental health services for Florida students fall short

Mental health needs of school-aged youth also far outpace service capacities. Nationally, approximately 20 percent of school-aged youth have a diagnosable mental disorder and one in five children meet criteria for psychiatric disorder at school entry.⁶ About 75 to 80 percent of children and youth in need of mental health services do not receive them because existing mental health services are inadequate.⁷ Certain students, including students with disabilities, students of color, and students from low-income families, are at greater risk for mental health challenges, but are even less likely to receive the appropriate services.⁸

Of those who do receive assistance, the clear majority (70 to 80 percent) receive mental health services in schools.⁹ Students were found to be 21 times more likely to visit school-based health centers for mental health concerns than other community-based centers.¹⁰ Schools have been identified as the natural and best setting for mental health prevention and treatment services¹¹ and can provide comprehensive prevention and early intervention services for all students, including those with and without identified education disabilities.

The shortage of mental health professionals in Florida schools has been brought to the forefront due to the tragedy at Marjory Stoneman Douglas High School in Parkland. Multiple school-based professional associations have recognized that more mental health resources are essential to providing a safe school environment key to positive educational outcomes.¹²

The recommended ratio of school psychologists to students is 1:500 to 1:700 (and lower when working with at-risk students) to provide adequate, comprehensive and preventive school-wide services. Yet the Florida Association of School Psychologists reports that Florida's ratio is about three times that rate-- on average, there is one school psychologist for each 1,800 students.¹³ Social workers are also primary mental health providers for students and may be the only counseling professional available to students. The National Association of Social Workers staffing ratio recommendations reflect the need for an increase in social work positions across the nation in all schools.¹⁴

Opportunities to build on the current Florida infrastructure to increase Medicaid-funded, school-based health services

As explained in the Institute’s earlier policy brief, new federal Medicaid funding is available for school-based health services provided to any Medicaid-eligible child. However, Florida policymakers must act to enable school districts to tap into this new funding.

Florida already has an extensive infrastructure in place to serve as a foundation for using Medicaid dollars to expand school-based health services. Currently, three state agencies are responsible for administering and/or funding these services: the DOH, the Department of Education (DOE) and the Agency for Health Care Administration (AHCA), as well as 67 local school districts, some county health departments, local governments and private community partners. Maximizing the availability and ensuring the best use of new Medicaid dollars will require strong coordination and collaboration among these multiple players.

Florida's School Health Program

Under the Florida School Health Services Act, DOH, in cooperation with DOE, is charged with supervising the administration of the school health services program.¹⁵ Each county health department is required to develop jointly with the school board and the local school health advisory committee (SHAC) a school health services plan. The plan must describe services to be provided, responsible agencies, strategies for providing the services and projected costs.

Different levels of school health services are also prescribed in state law.¹⁶ "Basic health services" are available for public school students in all 67 school districts. Services include health appraisals, nursing and nutrition assessments, a preventive dental program, health counseling, referral and follow up (See Box 1). Florida law also prescribes mandatory screening for vision, hearing, scoliosis and growth and development.¹⁷

BOX 1: LEVELS OF HEALTH SERVICES PROVIDED IN SCHOOLS

Level	Services Covered
Basic Health Services	Health appraisals, nursing and nutrition assessments, a preventive dental program, health counseling, screenings for vision, hearing, scoliosis and growth and development.
Comprehensive Services	Services to reduce high-risk behaviors of students in schools with a high incidence of medically underserved high-risk children, low birth weight babies, infant mortality or teenage pregnancy.
Full Service	For high needs student populations. Services include mental health and substance abuse counseling, counseling for abused children, nutrition services, and economic and job placement.

These health programs are implemented by county health departments, school districts and public-private partners. Services are provided by RNs, licensed practical nurses, health aides and trained school staff. They

include addressing day-to-day student health needs, emergency care, and management of chronic and acute health conditions like diabetes, asthma, allergies and epilepsy.

"Comprehensive school health services" provide a higher level of services in locally selected schools with a "high incidence of medically underserved high-risk children, low birthweight babies, infant mortality or teenage pregnancy."¹⁸ Forty-six counties receive funding for these services to reduce high-risk behaviors such as substance abuse, sexually transmitted diseases and teen pregnancies.¹⁹ Funding decisions are made by the DOH State Surgeon General in cooperation with the Commissioner of Education.

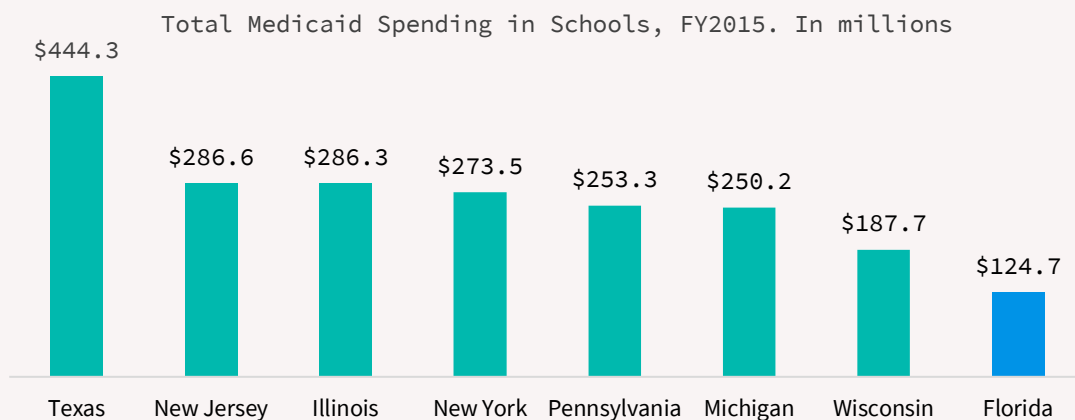
"Full service schools" provide the highest level of services and are focused on serving high needs student populations based on the results of demographic evaluations. Services include mental health and substance abuse counseling, counseling for abused children, nutrition services and economic and job placement services.

Many of the above-described services could be funded through the Medicaid program, if Florida policymakers lifted current funding restrictions. As described below, Florida's Medicaid certified school match program provides an excellent framework for accessing more federal dollars for these services.

School Health & Medicaid Certified Match Programs

Florida school districts receive Medicaid reimbursement for health services through the school certified match program. Under this program, school districts are authorized to certify state or local funds to meet federal Medicaid match requirements. Prior to a change in federal policies, school districts could only obtain Medicaid reimbursement for school-based health services provided to children with disabilities who had an individual education plan (IEP). But even with this limitation, states of comparable or smaller size than Florida have been obtaining significantly more Medicaid dollars for school-based services. In 2015, total Florida Medicaid funding in schools was \$124.72 million, while Texas's total was \$444.38 million, more than three times Florida's (See Figure 2). Funding in Illinois (\$286.39 million) and New York (\$273.56 million) was more than double Florida's.²⁰

FIGURE 2: OTHER STATES OUTSPEND FLORIDA ON HEALTH SERVICES IN SCHOOLS THROUGH MEDICAID



Source: Center on Budget and Policy Analysis of Centers for Medicare & Medicaid Services, 2015 MBES Expenditures

AHCA rules for the school certified match program currently limit reimbursable services to physical, occupational and speech therapies, nursing, behavioral services and augmentative communication devices.²¹ These limitations might have made sense when Medicaid reimbursement was limited to children with IEPs. But with the change in federal Medicaid policies, they need to be re-evaluated.

For example, dental care is not currently included among the reimbursable services, despite important state and local efforts currently underway to boost the number of Florida Medicaid-eligible children who get dental assessments and treatment.²² Research shows that students frequently visit school nurses for dental pain.²³

While most Florida school districts are using the certified match program, billing among the districts is highly variable, even among districts of comparable size.²⁴ This raises questions about whether local school districts are maximizing this tool for increasing school-based health services, including addressing severe health staffing shortages, such as nursing, psychologists and social workers:

- Is there a knowledge, administrative and/or other barrier for some school districts in accessing these funds?
- Is additional state or local technical support needed to help districts?
- Can the multiple partners responsible for funding and/or providing school-based health services better coordinate on maximizing Medicaid funding for these services?

It's also important to note that under the Medicaid county certified match program, county health departments can also claim Medicaid reimbursement for nursing, medication administration and social work services provided to Medicaid-eligible children in a school-based setting. However, unlike the current certified school match program, county reimbursement is available for services rendered to any Medicaid-eligible child.²⁵ Nevertheless, very few county health departments are seeking Medicaid reimbursement for these services.²⁶

Also, while the state infrastructure is already in place for local school districts to draw down more federal Medicaid funding, as discussed in the Institute's earlier brief, overly restrictive state statutes and rules must be revised to maximize federal funds available to local school districts.

New Mental Health Funding under the Marjory Stoneman Douglas Health Safety Act

In the 2018 Marjory Stoneman Douglas High School Public Safety Act, Florida schools were provided \$69 million to establish or expand school-based mental health care.²⁷ This is an annual allocation under which school districts will receive a minimum of \$100,000.

Under the new law, school districts have filed with DOE detailed plans for the use of these funds.²⁸ The plans must focus on delivering "evidenced-based mental health care" including assessment, diagnosis, intervention, treatment and recovery services to "students with one of more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses." Services must be coordinated with a student's primary care provider and other mental health providers involved in the student's care and include

direct or contracted employment or partnership with one or more local community mental health programs, agencies or providers.²⁹

School districts are encouraged "...to maximize third party health insurers and Medicaid..." for these services.³⁰ Notably, all the above-described services could be funded through Medicaid. These new recurring state funds are potentially available as a state match to leverage additional federal Medicaid funds. This is a unique opportunity for key stakeholders to develop and coordinate on funding and other strategies to increase school-based mental health services.

Coordinating with Medicaid managed care to improve quality of care

Most of Florida's Medicaid program operates under the umbrella of a federal demonstration waiver authorizing the state to enroll nearly all Medicaid-eligible children in managed care plans. These are mostly for-profit HMO insurers paid a flat monthly fee to provide care to enrollees under a contract with AHCA. The plans are responsible for providing a comprehensive package of child-focused services referred to as the Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) program.

However, the federal waiver terms expressly exclude certified match school-based services from the demonstration.³¹ This means that the plans have no responsibilities for providing school-based services. However, AHCA's contract does require the plans to develop a process for participating in school staffings that "may result in the provision of behavioral health services to an enrolled child/adolescent," and to make "a good faith effort" to enter into memorandum of agreement with private schools, charter schools and school districts participating in the certified match program."³²

As recommended by the School-Based Health Alliance, multiple states have enacted managed care policies to ensure greater coordination and collaboration between schools and Medicaid plans.³³ Unfortunately, Florida continues to rank in the bottom quartile on key quality performance measures for Medicaid children enrolled in health plans.³⁴ AHCA and managed care plans, in collaboration with DOE, DOH and local schools can be key partners to give students better access to EPSDT services and improve quality of care.

Building on local models for school-based health services

There is great variability of local delivery models and resources available to Florida school districts for health services.³⁵ Due to insufficient state support, many districts have built up extensive community partnerships with local government, health departments, health care providers and private foundations to help fill service gaps."

But local capacity to fill the gaps is highly uneven across the state.³⁶ Not surprisingly, significant additional resources are available in those counties where voters have approved health care taxes, such as in Miami-Dade through the Children's Trust (generating \$20 million per year primarily for school health services) and Palm Beach county (generating about \$19 million per year for school health). Tapping into increased federal Medicaid funding can be a way to increase minimum health services across all Florida school districts.

Local school districts have been and continue to be the laboratories for developing model school health programs. They provide strong foundations for leveraging more federal Medicaid dollars to support these

efforts. The change in federal Medicaid policies should encourage new discussions at the local level on how these models can be expanded to meet the needs of the most vulnerable children.

School Health Advisory Committees & School Health Plans

As noted above, local school health advisory committees (SHACs) are required participants in developing county school health services plans.³⁷ At a minimum, each SHAC must include members who represent the eight component areas of the Coordinated School Health model as defined by the Centers for Disease Control and Prevention. This includes health services, counseling, psychological and social services, social and emotional climate, physical environment, employee wellness, family engagement and community involvement.³⁸ The model components have been found to be highly effective in addressing health risk behaviors that are often established during childhood and early adolescence. DOH describes the SHAC as made up of "a broad cross-section of parents, school, health, business and community leaders, who serve as problem-solvers and advisors to school districts on health-related issues."³⁹

DOH notes that the SHAC "has the potential to be an active voice for improving the health of school children and staff by being an advocate for and supporting quality coordinated health services, education, programs and policies."⁴⁰ Thus, SHACs can provide an important venue for educating communities on the new opportunities to draw down increased federal Medicaid dollars to support and expand school-based health services. They are also a valuable platform for lifting parent and caregiver voices on special local community needs for health services that could be addressed through new school-based strategies.

Conclusion

There is an overwhelming need for additional school-based health services in Florida. This includes improving professional health staffing ratios, which fall woefully short. New Medicaid federal funding is available to help fill these gaps. Florida already has significant school health infrastructure and delivery models in place that can serve as an excellent foundation for expanding these services and improving child health.

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