

Strategic Partnerships for Improving Youth Wellness in Ohio

Strategic Partnerships for Improving Youth Wellness in Ohio

Vincent Caringi, M.D. – Chief Clinical Officer and Director of Psychiatry, *The Centers & Child and Adolescent Psychiatrist, University Hospitals Cleveland Medical Center*

Katie Davis Bellamy, MSN, RN, PHNA-BC – Director, Center for Health Outreach, Access & Prevention, *The MetroHealth System* & Board Chair, *Ohio School-Based Health Alliance*

Dan Paoletti – Chief Executive Officer, Ohio Health Information Partnerships & Clinisync

This session's speakers have no disclosures to report.

Learning Objectives

Participants will be able to:

1. Describe the increase in stress and decline in mental health well-being in children, and the need for primary care, behavioral health, and school-based health providers to work together to address children's holistic health needs in a more coordinated and timely manner.
2. Summarize the current landscape of school-based health centers across Ohio and best practices that align with the whole child model of care and the related impact on youth wellness outcomes.
3. Identify Ohio Health Information Partnership & Clinisync's efforts for statewide health information exchange intended to enable timely sharing of data and information related to children's health, academic, and social needs amongst schools, parents, health care providers and other to promote appropriate intervention and follow up.

Disclosures

- I have no actual or potential conflict of interest in relation to this program or presentation.
- Financial – I DO NOT have a financial interest/arrangement or affiliation that could be perceived as a conflict of interest.
- Non-Financial – I am a Taylor Swift fan and have seen her live on two occasions which could inaccurately be perceived as poor taste in music.



Google Search

I'm Feeling Lucky

Watch now: [See how Google protects billions of people online every day](#)



🔍 what does it mean ✕

🔍 what does it mean

🔍 what does it mean **when you dream about someone**

🔍 what does it mean **when your poop is green**

🔍 what does it mean **when your eye twitches**

🔍 what does it mean **when a cat licks you**

🔍 what does it mean **when your left hand itches**

🔍 what does it mean **when your right hand itches**

🔍 what does it mean **to gaslight someone**

🔍 what does it mean **when a cat purrs**

🔍 what does it mean **when you see a cardinal**


Google Search

I'm Feeling Lucky

[Report inappropriate predictions](#)



[✕](#) [🔊](#)



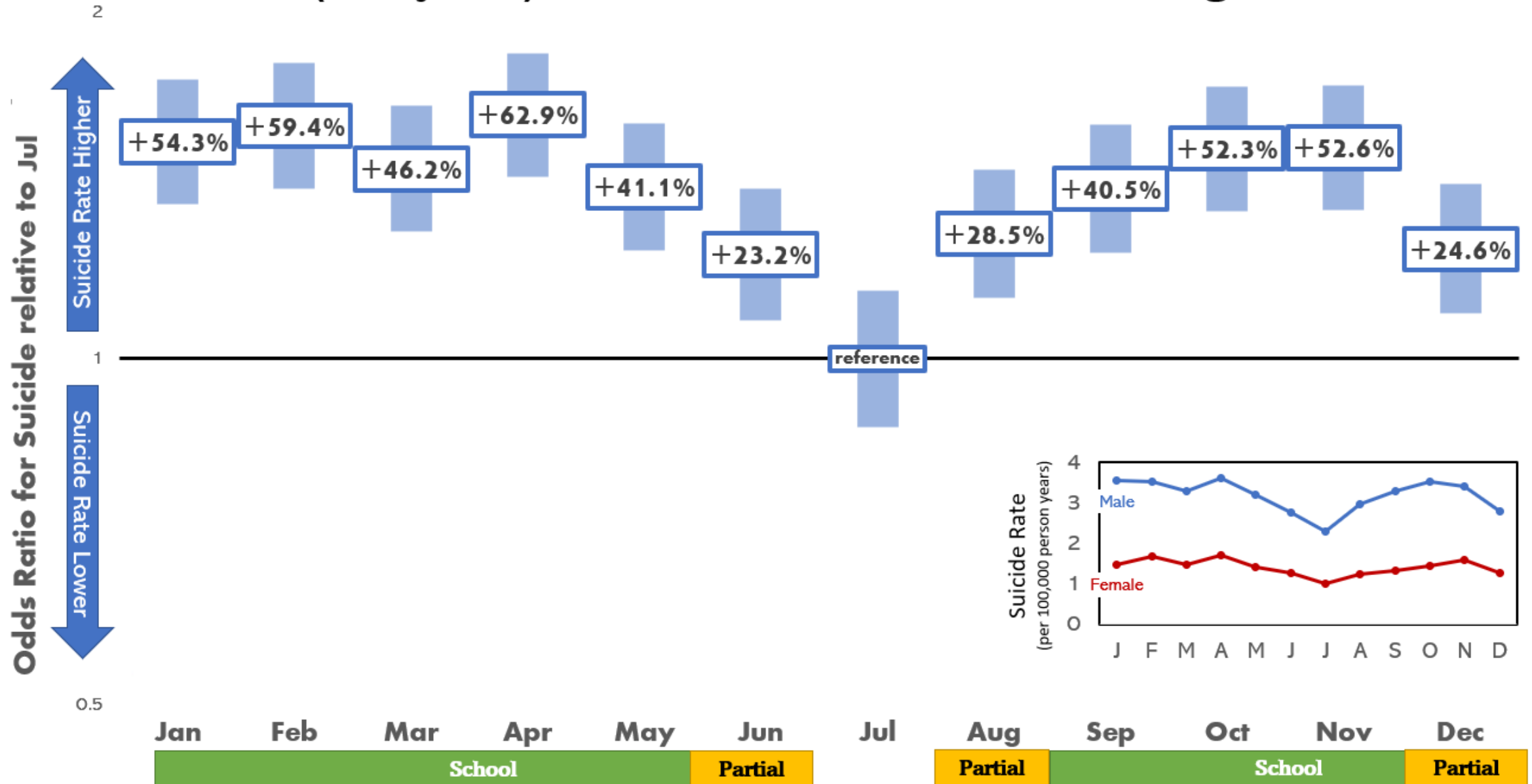
School Makes Me Happy

Book by Jonny Zucker

Google Search

I'm Feeling Lucky

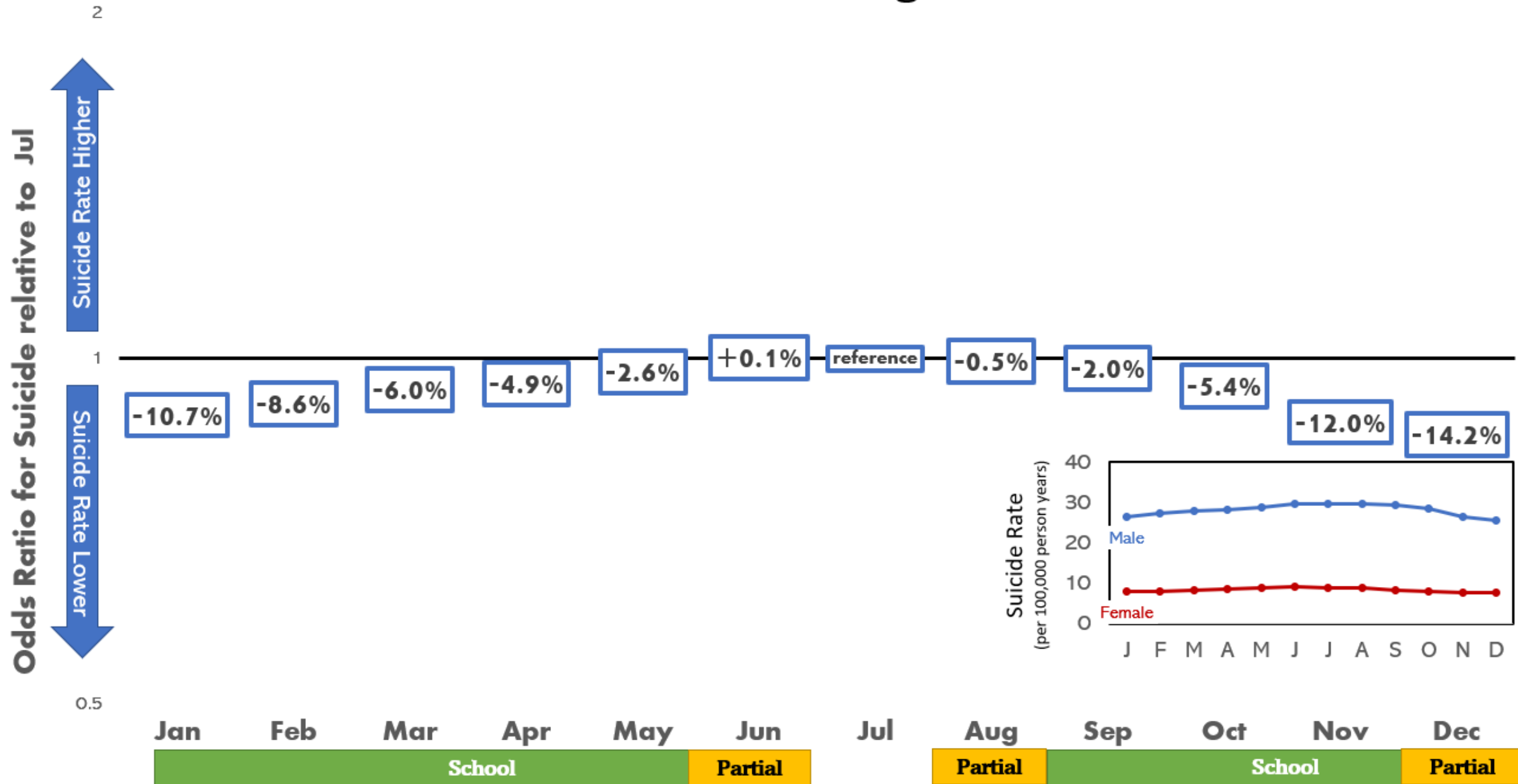
Pediatric (<18 years) suicides are more common during school months.



Source: CDC Wonder, 2016-2019

2% of US students start school July 23; 12% by August 5; 29% by August 12, 19% by August 19, 14% by August 30, and 23% after Labor Day in September

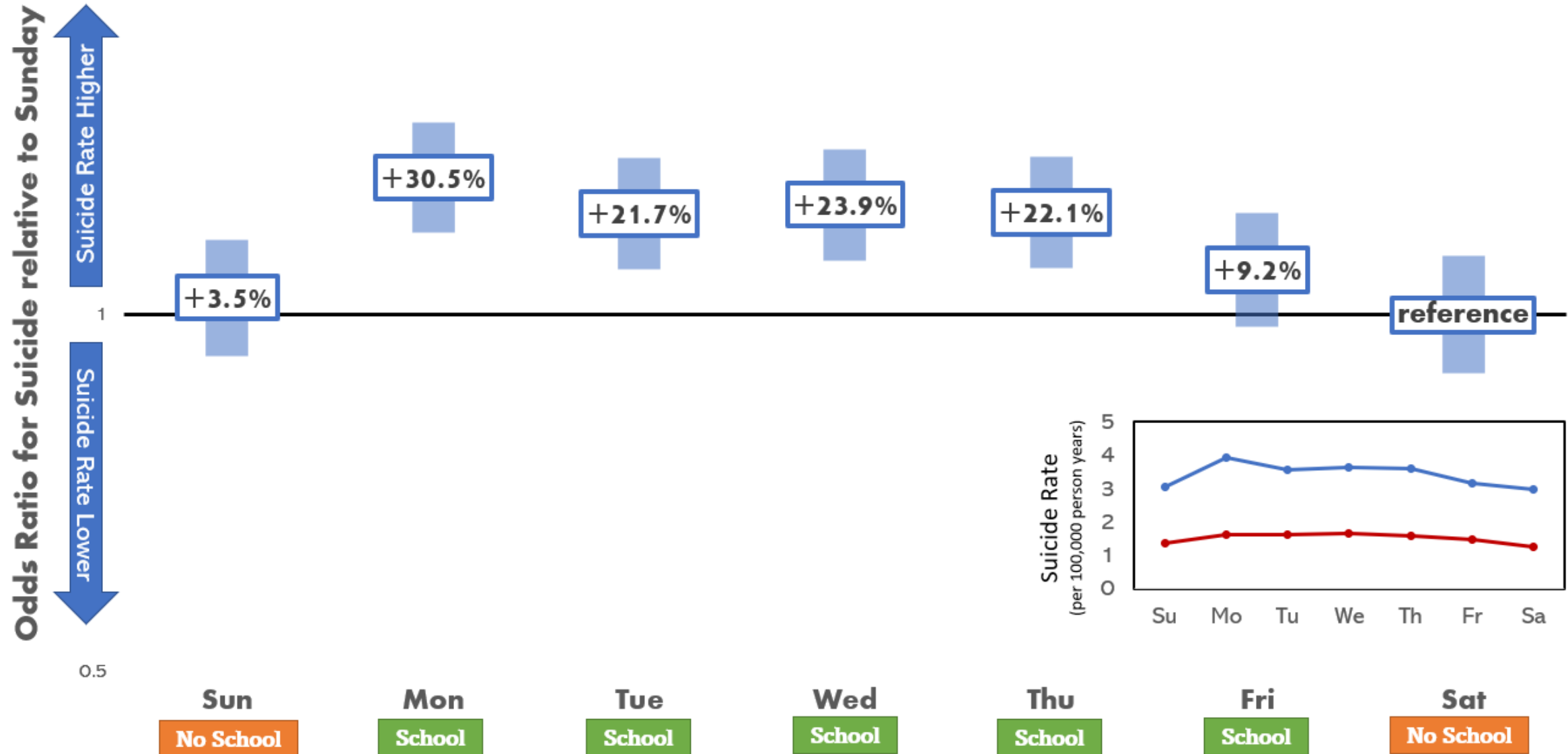
Adult suicides are more common during summer months.



Source: CDC Wonder, 2016-2019

2% of US students start school July 23; 12% by August 5; 29% by August 12, 19% by August 19, 14% by August 30, and 23% after Labor Day in September

Pediatric (<18 years) suicides are more common during school weekdays.



Source: CDC Wonder, 2016-2019 - June, July, August, and December are excluded due to significant holidays by a large % of US students.

2% of US students start school July 23; 12% by August 5; 29% by August 12, 19% by August 19, 14% by August 30, and 23% after Labor Day in September

Suicide Heat Map for Pediatric Suicides (<18 years old)

	Su	Mo	Tu	We	Th	Fr	Sa	
Jan	2.1	3.1	2.6	2.9	2.9	2.1	2.1	← Jan Average: 2.5
Feb	2.5	2.9	2.7	2.7	2.9	2.5	2.3	← Feb Average: 2.6
Mar	1.9	3.3	2.7	2.5	2.1	2.5	2.0	← Mar Average: 2.4
Apr	2.7	2.7	3.0	2.9	2.8	2.2	2.6	← Apr Average: 2.7
May	2.0	2.2	2.0	2.7	2.6	2.3	2.5	← May Average: 2.3
Jun	2.0	1.8	1.7	2.6	2.3	2.1	1.7	← Jun Average: 2
Jul	1.5	1.9	1.8	1.5	1.5	1.5	1.7	← Jul Average: 1.6
Aug	2.4	2.2	2.2	2.1	2.0	2.2	1.8	← Aug Average: 2.1
Sep	2.1	2.3	2.9	2.7	2.4	2.1	1.9	← Sep Average: 2.3
Oct	2.3	2.9	2.7	2.5	3.0	2.3	1.8	← Oct Average: 2.5
Nov	2.2	3.2	2.5	2.3	2.4	2.8	2.1	← Nov Average: 2.5
Dec	2.3	2.1	1.9	2.1	2.1	1.6	2.2	← Dec Average: 2.1

all figures expressed as "suicides per 100,000 per person-year"

Month Contains School?

		School	Partial	No School
Day	Weekend	2.19	2.05	1.59
	Weekday	2.61	2.07	1.67



visualization by
@tylerblack32

Source: CDC Wonder, 2016-2019 (pre-pandemic)

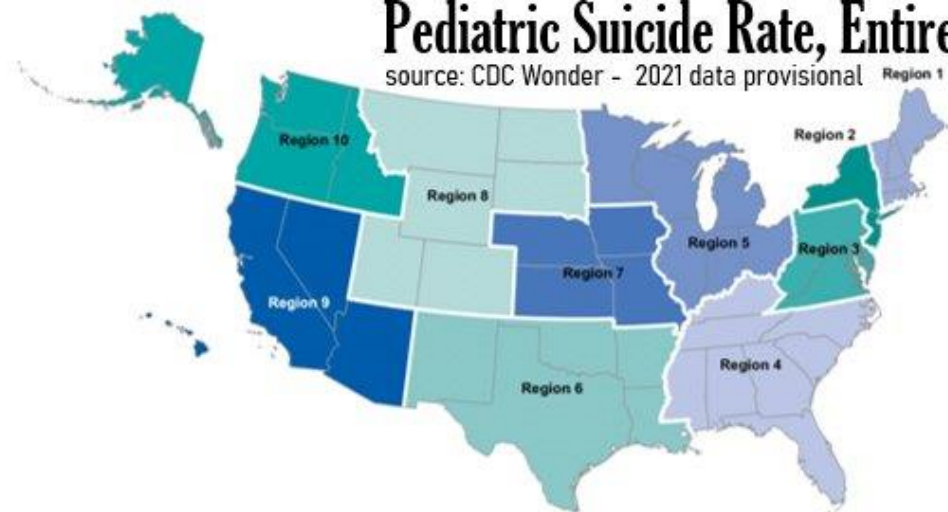
Suicide Heat Map for Pediatric Suicides (<18 years old)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat					
Jan	+43%	+106%	+72%	+93%	+94%	+41%	+43%	Month Contains School?				
Feb	+65%	+92%	+81%	+83%	+92%	+67%	+52%		School	Partial	No School	
Mar	+29%	+119%	+78%	+69%	+42%	+65%	+35%	Day	Weekend	+37.9%	+29.6%	ref
Apr	+80%	+78%	+100%	+96%	+85%	+49%	+74%		Weekday	+64.6%	+30.7%	+5.6%
May	+31%	+50%	+33%	+84%	+74%	+53%	+65%					
Jun	+31%	+23%	+13%	+76%	+54%	+43%	+11%					
Jul	REF	+30%	+22%	+2%	+2%	+2%	+13%	← reference selected by minimum value				
Aug	+58%	+45%	+50%	+39%	+32%	+48%	+24%					
Sep	+39%	+57%	+92%	+81%	+61%	+39%	+26%					
Oct	+57%	+91%	+81%	+67%	+104%	+54%	+20%					
Nov	+48%	+117%	+71%	+57%	+61%	+89%	+39%					
Dec	+54%	+43%	+29%	+40%	+41%	+7%	+47%					

Source: CDC Wonder, 2016-2019 (pre-pandemic); value = increase rate of suicide compared to Sundays in July

Pediatric Suicide Rate, Entire United States

source: CDC Wonder - 2021 data provisional



Record Increase: 2017 (+23%) - Rate: 2018 (3.5)

Males

Record Increase: 2004 (+40%) - Rate: 2021 (1.6)

Females

Suicide Rate, per 100,000 per Year

4

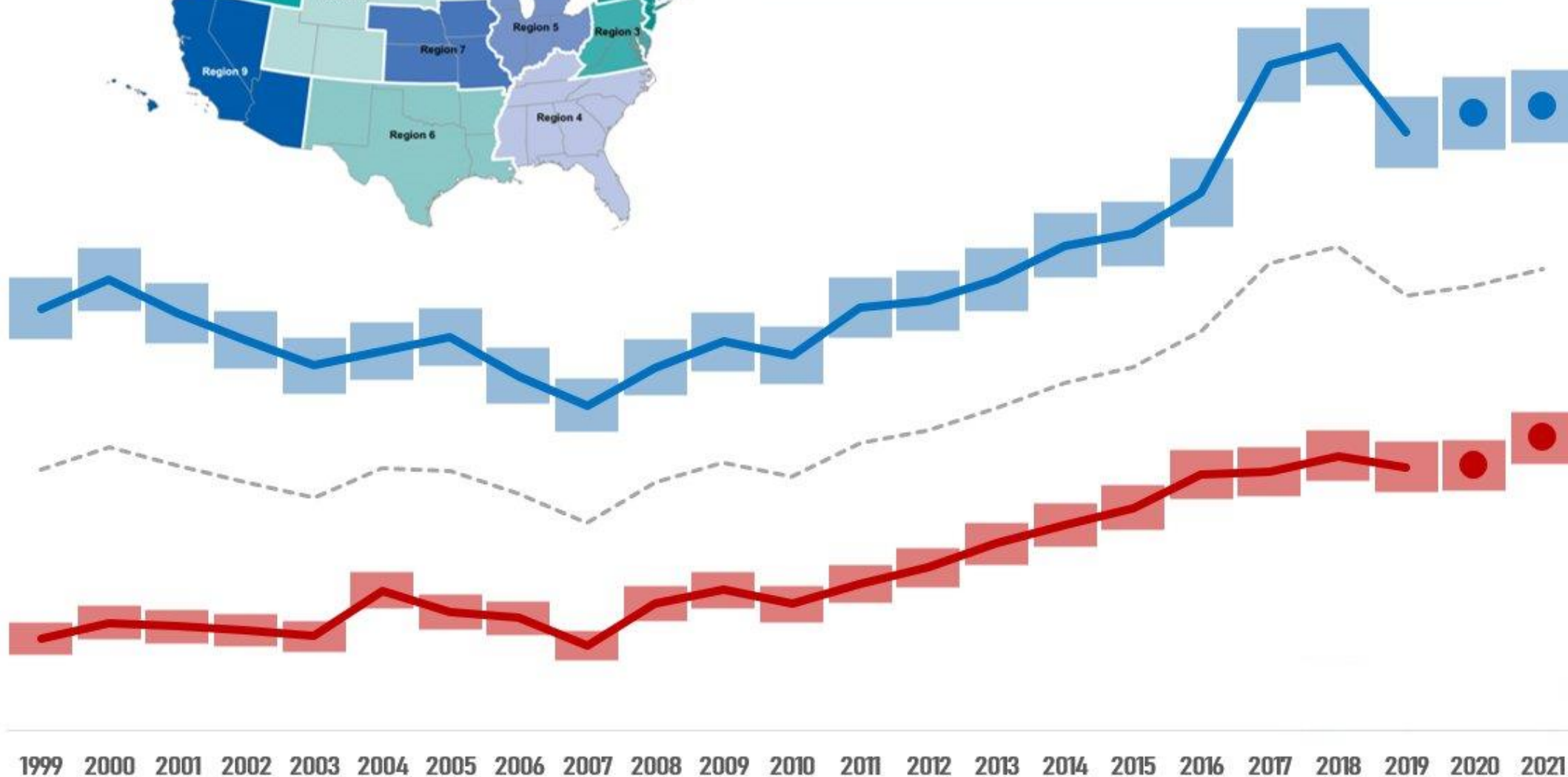
3

2

1

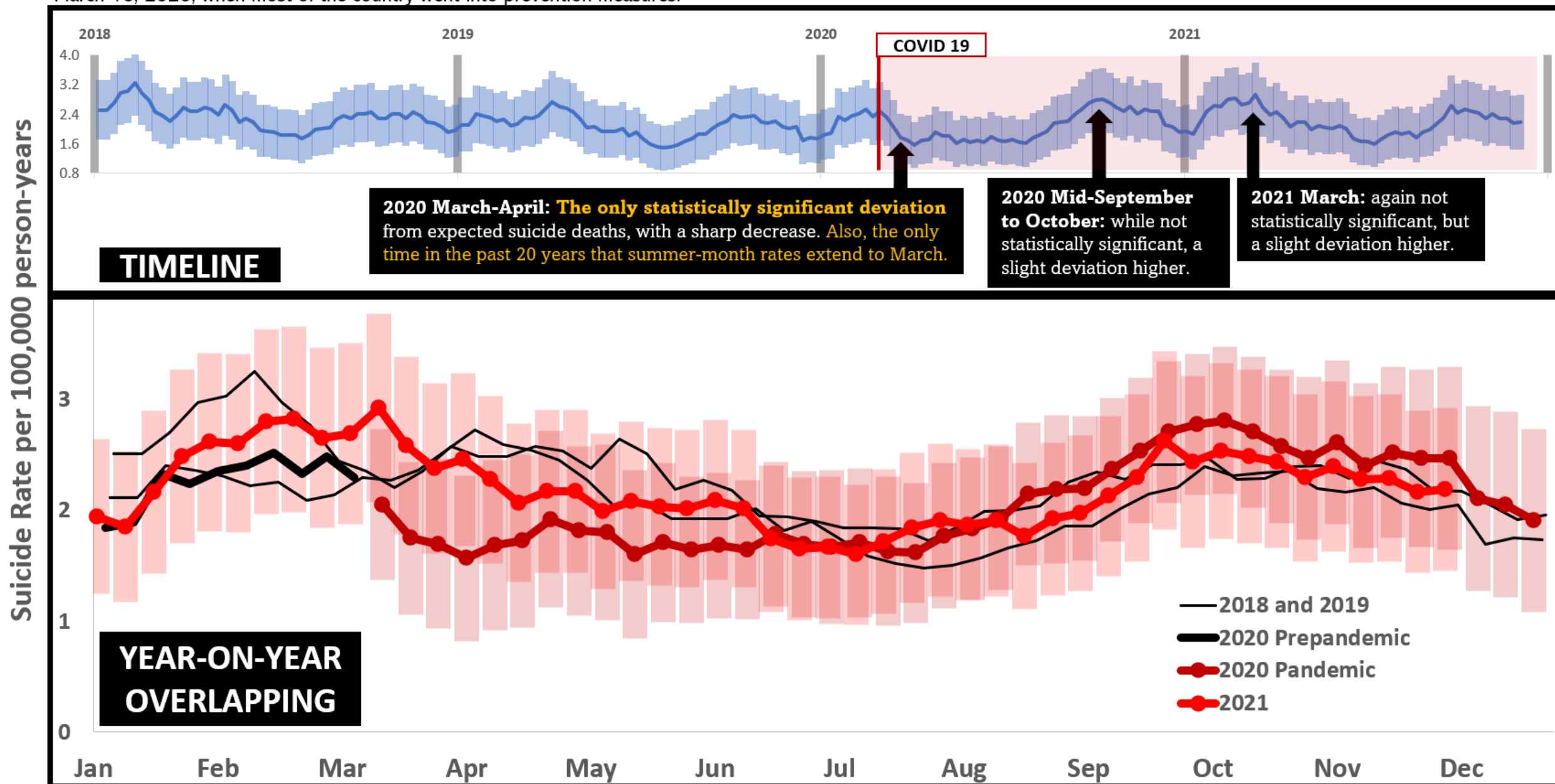
0

1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

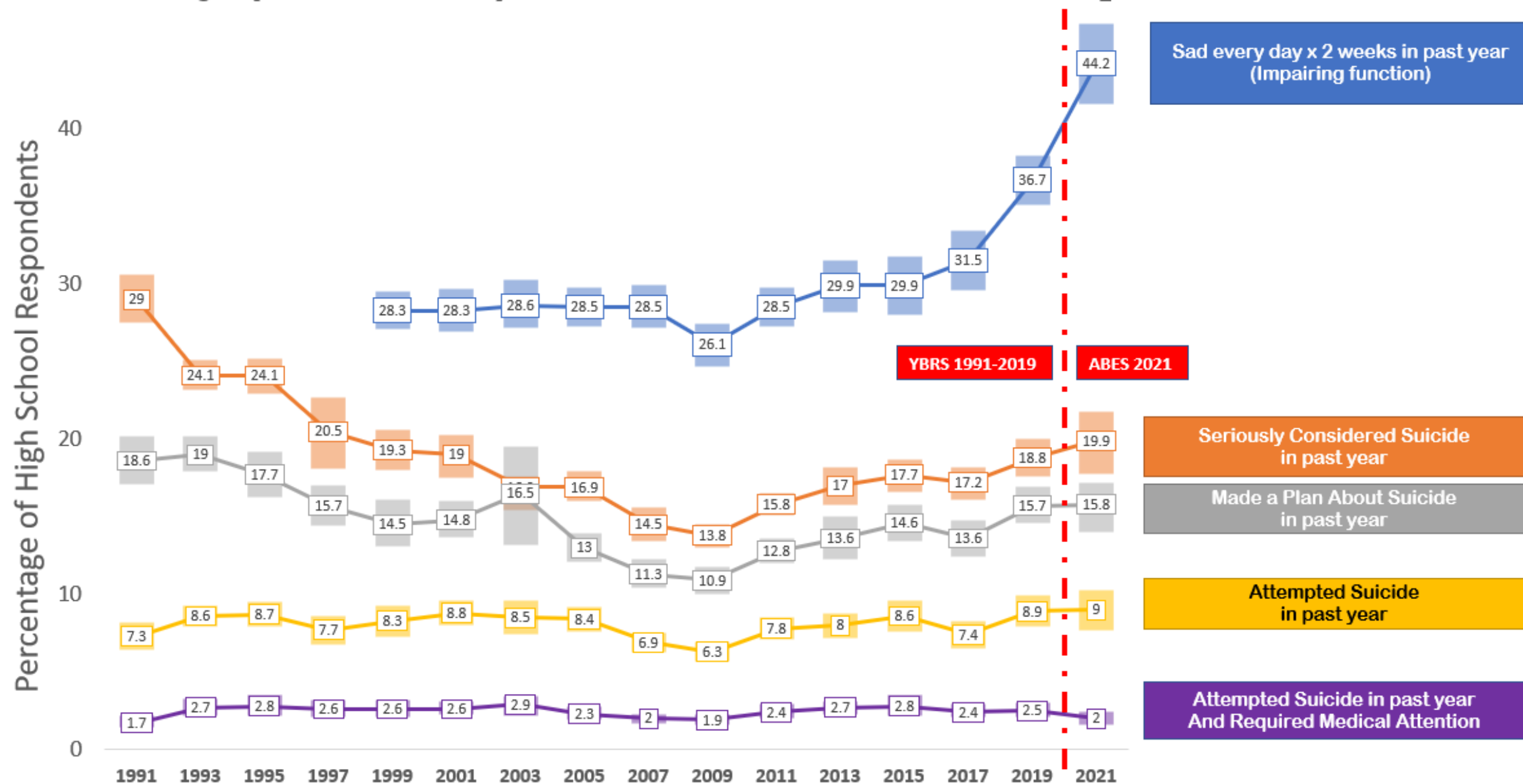


Weekly Pediatric Suicide Rate in the US, 2018-2021

Source: CDC Wonder. 2021 data is preliminary. Pandemic start defined as March 16, 2020, when most of the country went into prevention measures.

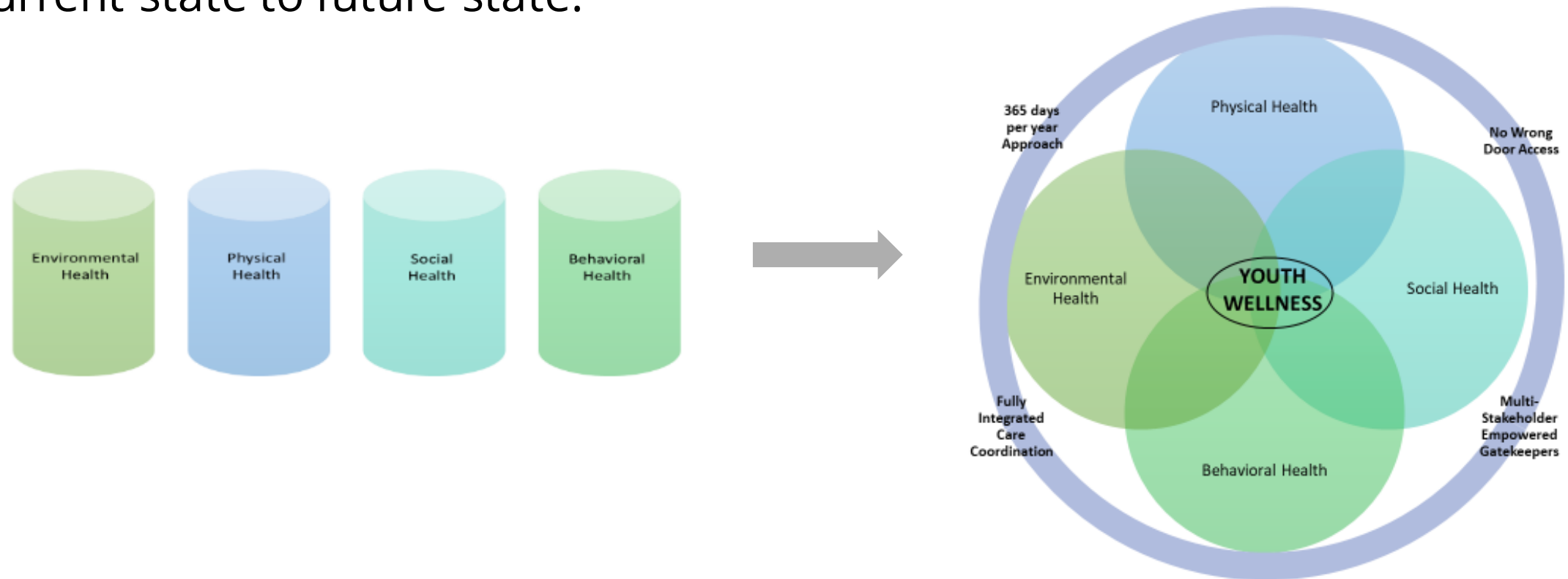


CDC Surveys (YBRS & ABES) and Measured Mental Health Responses



Vision: From Silos to Systems Approach for Youth Wellness

Current state to future state:



BHP Children's Health Collaborative Participants and Supporters

Clinical

Akron Children's Hospital
Care Alliance Health Center
The Centers
Cleveland Clinic Health System
The MetroHealth System
Neighborhood Family Practice
Senders Pediatrics
University Hospitals Rainbow Babies & Children's Hospital

Academic

Akron Public Schools
Case Western Reserve University
Cleveland Metropolitan School District
Lakewood City Schools
NEOMED
Say Yes to Education
Stark County Educational Service Center
Summit Education Initiative

Public Health

Cleveland Department of Public Health
Cuyahoga County Board of Health
Summit County Public Health

Data Integration

OHIP (Ohio Health Information Partnership) - Clinisync
Summit Education Initiative
Unite Us

Social Agency, Community-Based

Cuyahoga County Invest in Children
Hip Cuyahoga
Cleveland Lead Safe Coalition
United Way Greater Cleveland - 2-1-1
Pathways Community HUB

State, National

Ohio Department of Medicaid (ODM)- Managed Care Organizations (MCOs)
UnitedHealthcare
Centers for Disease Control - REACH
Ohio Suicide Prevention Foundation (OSPF)

Local Foundations

Bruening Foundation
Sisters of Charity Foundation
George GUND Foundation



Strategic Partnerships for Improving Youth Wellness in Ohio

School-Based Health Services: What They Are & Why They Matter

Katie Davis, MSN, RN, PHNA-BC

Executive Director, Center for Community and Corporate Health

The MetroHealth System

Board President

Ohio School-Based Health Alliance

MetroHealth: Devoted to Hope, Health, and Humanity

Our essential role in our community

- Cuyahoga County's public hospital system.
- Serving Greater Cleveland since 1837.
- Dedicated to improving health and eliminating disparities by advancing equity and addressing the root causes and social factors of health
- Open and accessible to all (95% of Cuyahoga County residents live within 10 minutes of MetroHealth care).



Our Commitment to redefine healthcare

Going beyond medicine to be *just as good at promoting health as we are at treating illness.*



**The Institute for
H.O.P.E.™**



MetroHealth

Institute for H.O.P.E.™

School Health Program

Our Mission

- Improve access to healthcare by partnering with the community, to advocate for and support the health and well-being of our children.

Focus Areas

- Increase access to health care and support services
- Population health focused delivery of care
- Mental health screening and education
- Improve health and education outcomes

Models of Care

- Clinical Services: Primary Care
- Prevention Programming
- Consulting



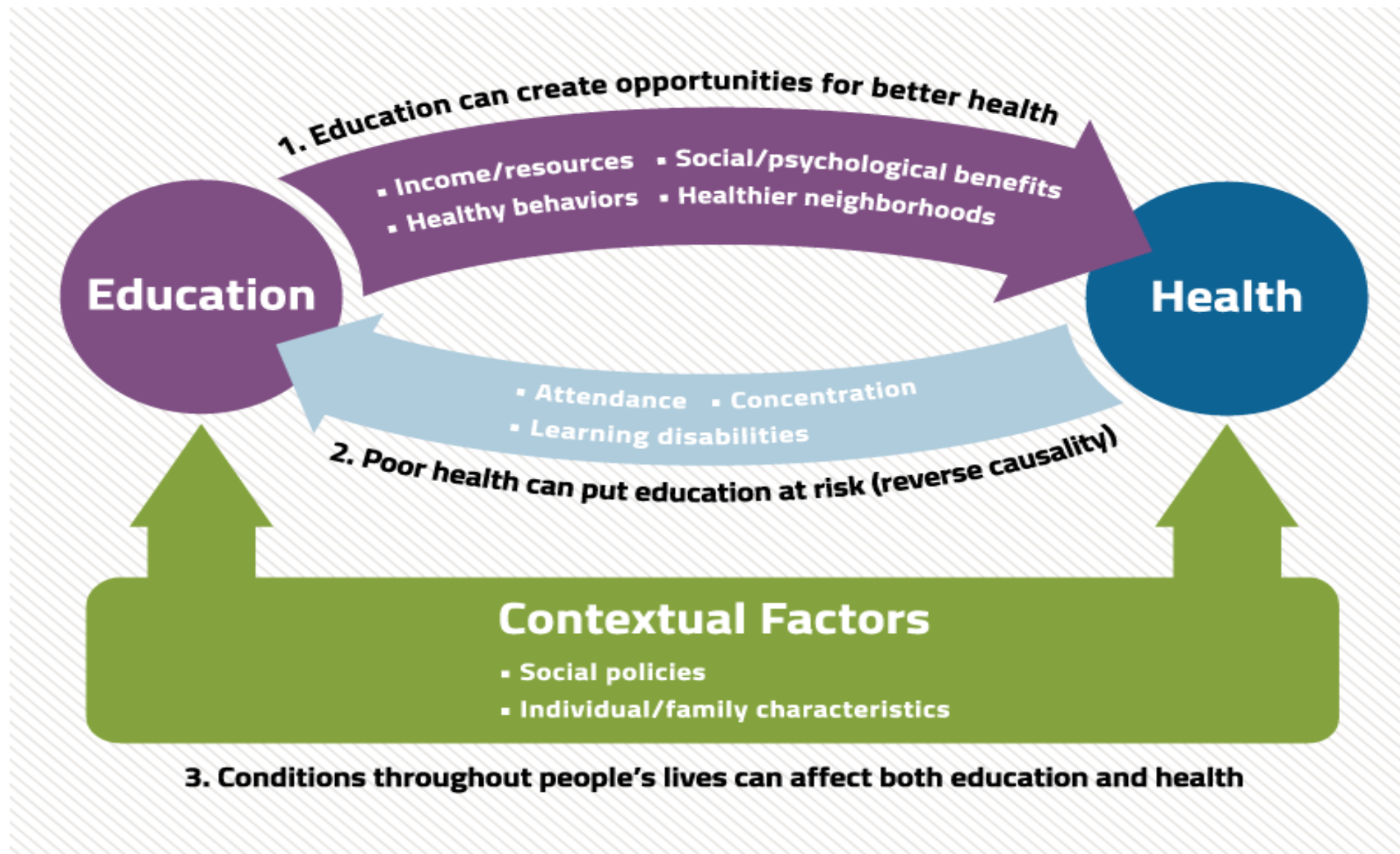
The Ohio Alliance

- Statewide organization for over 20 years
- State affiliate of the National School-Based Health Alliance
- Supports high quality, sustainable models of health care in school settings
- Committed to improving student health and education outcomes and reducing disparities statewide



“Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.”

—National Association of State Boards of Education

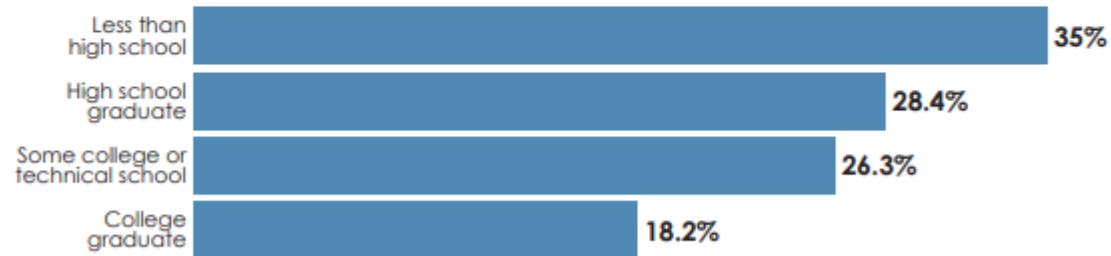


Center on Society and Health, *Why Education Matters to Health; Exploring the Causes*, 2015

Connections between Health and Education

Figure 7. Adult chronic disease prevalence in Ohio and the U.S. (2015)

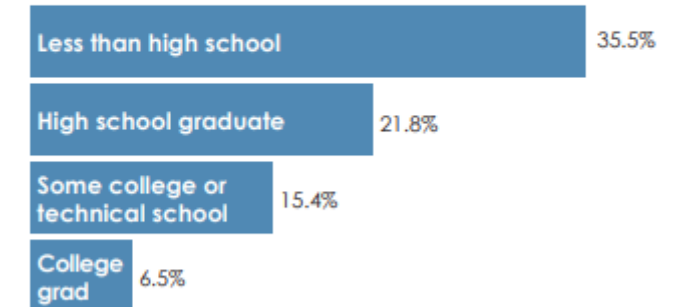
Percent of Ohio and U.S. adults who report having one or more of the following chronic conditions: diabetes, cardiovascular disease, heart attack, stroke and asthma, by educational attainment



Source: SHADAC analysis of the Behavioral Risk Factor Surveillance Survey, as compiled by the RWJF DataHub

Figure 6. Ohioans reporting fair or poor health (2015)

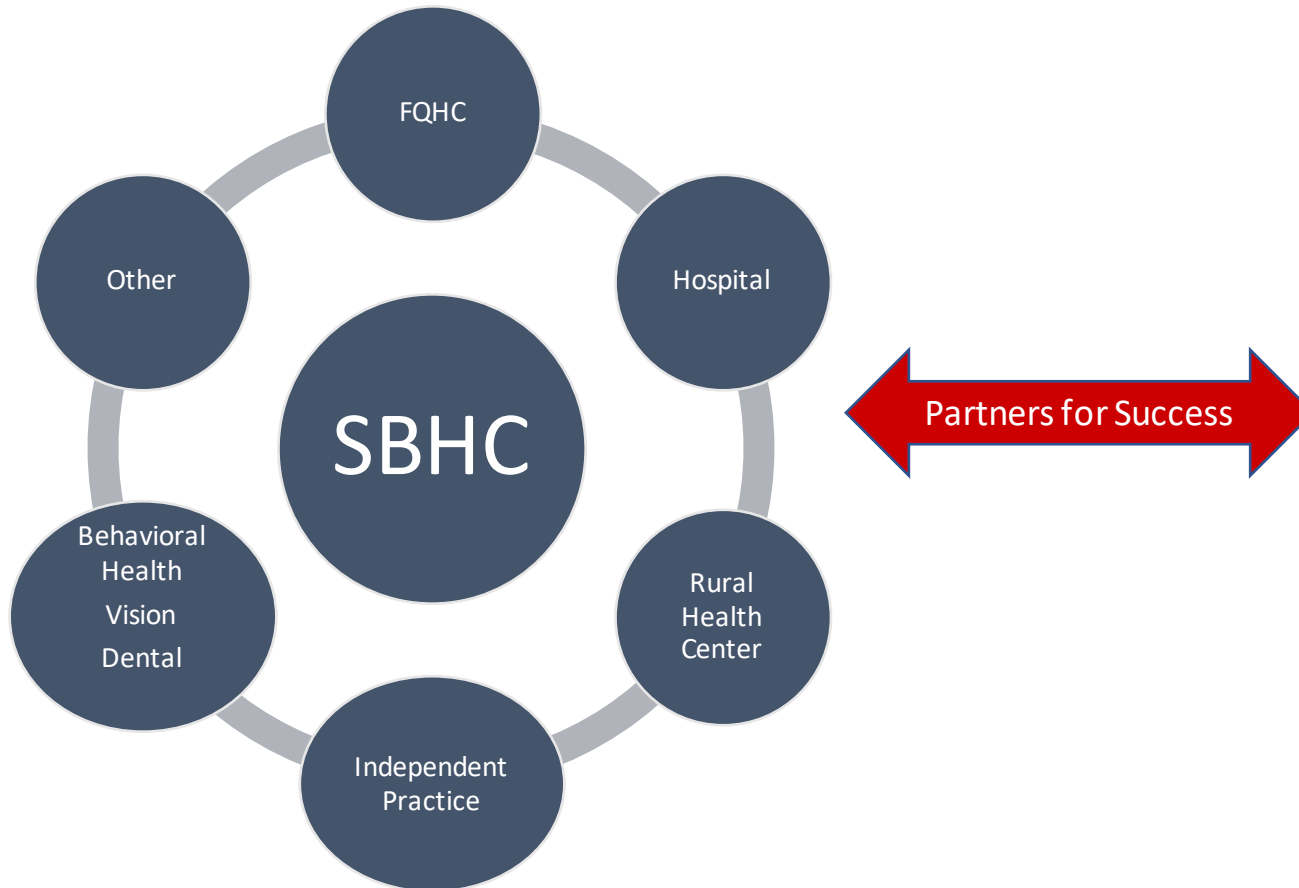
Percent of Ohio adults ages 25 and older reporting fair or poor health, by educational attainment



Source: SHADAC analysis of the Behavioral Risk Factor Surveillance Survey, as compiled by the RWJF DataHub

Connections between education and health. *Health Policy Institute of Ohio*. January 2017

Framework of School-Based Health Services



Framework of School-Based Health Services

Primary Health
Care

Dental Services

Behavioral Health
Care

Vision Care

Delivery Models



**School-
Linked**



**Mobile
Providers**



**Mobile
Vans /
Trucks**



**Fixed Site
in school**



Telehealth



**Hub &
Spoke**

SBHC Core Competencies



<https://www.sbh4all.org/wp-content/uploads/2022/07/Core-Competencies-2022-final-.pdf>

© School-Based Health Alliance 2022

Value of School-Based Health Services



Why School-Based Health Services Matter?*

All children and adolescents deserve to thrive. But too many struggle because they lack access to health care services. School-based health care is the solution, bringing health care to where students already spend the majority of their time: in school.

School-Based Health Services Improve Health Equity**

"The Community Preventive Services Task Force recommends the implementation and maintenance of school-based health centers (SBHCs) in low-income communities to improve education and health outcomes...if targeted to these communities SBHCs are like to reduce gaps in education and improve health equity."

*School-Based Health Alliance: <https://www.sbh4all.org/what-we-do/>

**Community Preventive Services Task Force: <https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-school-based-health-centers>

Impact of School-Based Health Services

Education Outcomes

Improved school attendance

Students do not miss hours of school time (improved seat time)

Improved school performance

Increased grade promotion

Increased rates of high school completion



Health Outcomes

Increased delivery and completion of vaccination and recommended preventive services

Decrease in emergency department visits and hospital admissions

Decrease in risky health behaviors

Improved asthma health outcomes

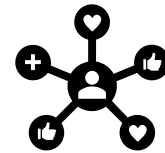


Social Drivers of Health Outcomes

Help eligible students and families enroll in health insurance

Caregivers do not have to take time off work = Increases Family Financial Security

Increase access to health care



Impact of School-Based Health Services



THE DROPOUT CRISIS:

A Public Health Problem and the Role of School-Based Health Care



Key drivers of dropping out

Absenteeism and developmental delay

- Chronic illness
- Poverty
- Hunger
- Homelessness
- Teen pregnancy

Impact of School –Based Health Services on Dropout Crisis

- School-based mental health counseling decreased absenteeism by 50% within two months
- School-based health engagement increased black male student retention 3x more than those not enrolled in school-based health



OHIO

**SCHOOL-BASED
HEALTH ALLIANCE**

Healthy Kids Learn Better

Impact of School-Based Health Services

MetroHealth School Health Program - Nationally Recognized Evaluation Report

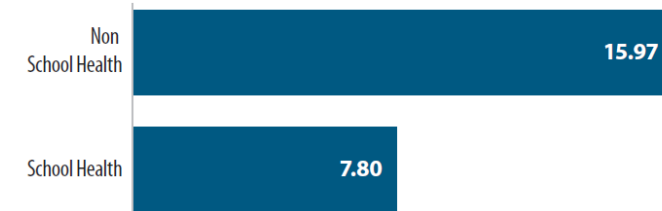
Health Outcomes

- In comparison to Ohio Medicaid population, SHP students:
- Increased annual exams
- Increased immunization series completion
- **SHP students:**
- Decreased emergency room utilization (at MH sites)



Educational Outcomes

Absences (Days): Lincoln-West High School



**Statistically Significant*

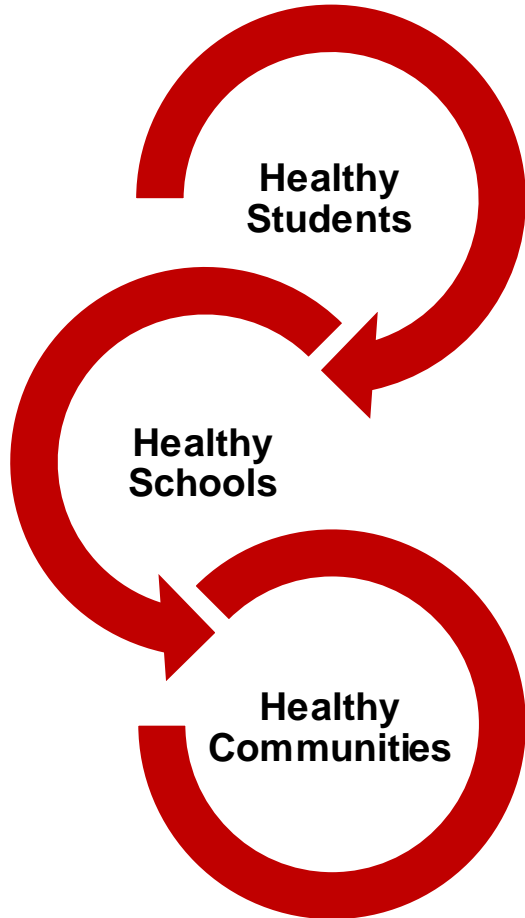
Grade Point Average: Lincoln-West High School



**Statistically Significant*

SBHC Ohio Landscape

- Estimated 100+ SBHC sites in Ohio
- Ohio Alliance partnered with Case Western Reserve University Schubert Center to conduct landscape survey of SBHCs in 2021



Survey focused on:

- ☐ SBHC demographics
- ☐ Services and activities
- ☐ Utilization



SCHUBERT CENTER
FOR CHILD STUDIES

Schubert Center SBHC Survey

- Launched July 2021 – September 2021 (six weeks)
- 45.7% response rate (64 SBHC sites representing 34 school districts)
- Representation across all regions of the state

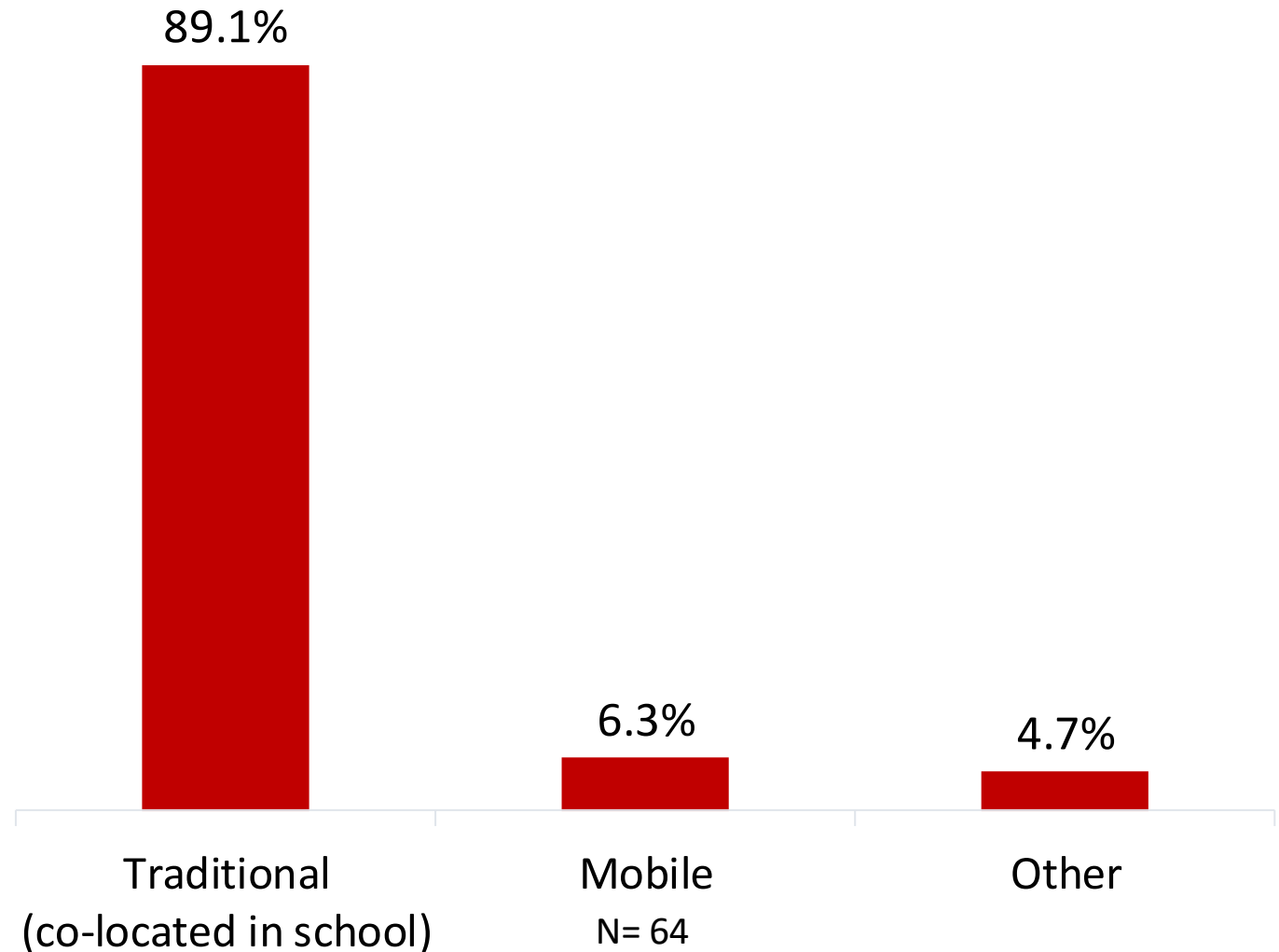


- Counties with known SBHS sites
- Counties with known SBHS sites and at least one site that completed the survey

Schubert Center SBHC Survey

SBHC Type

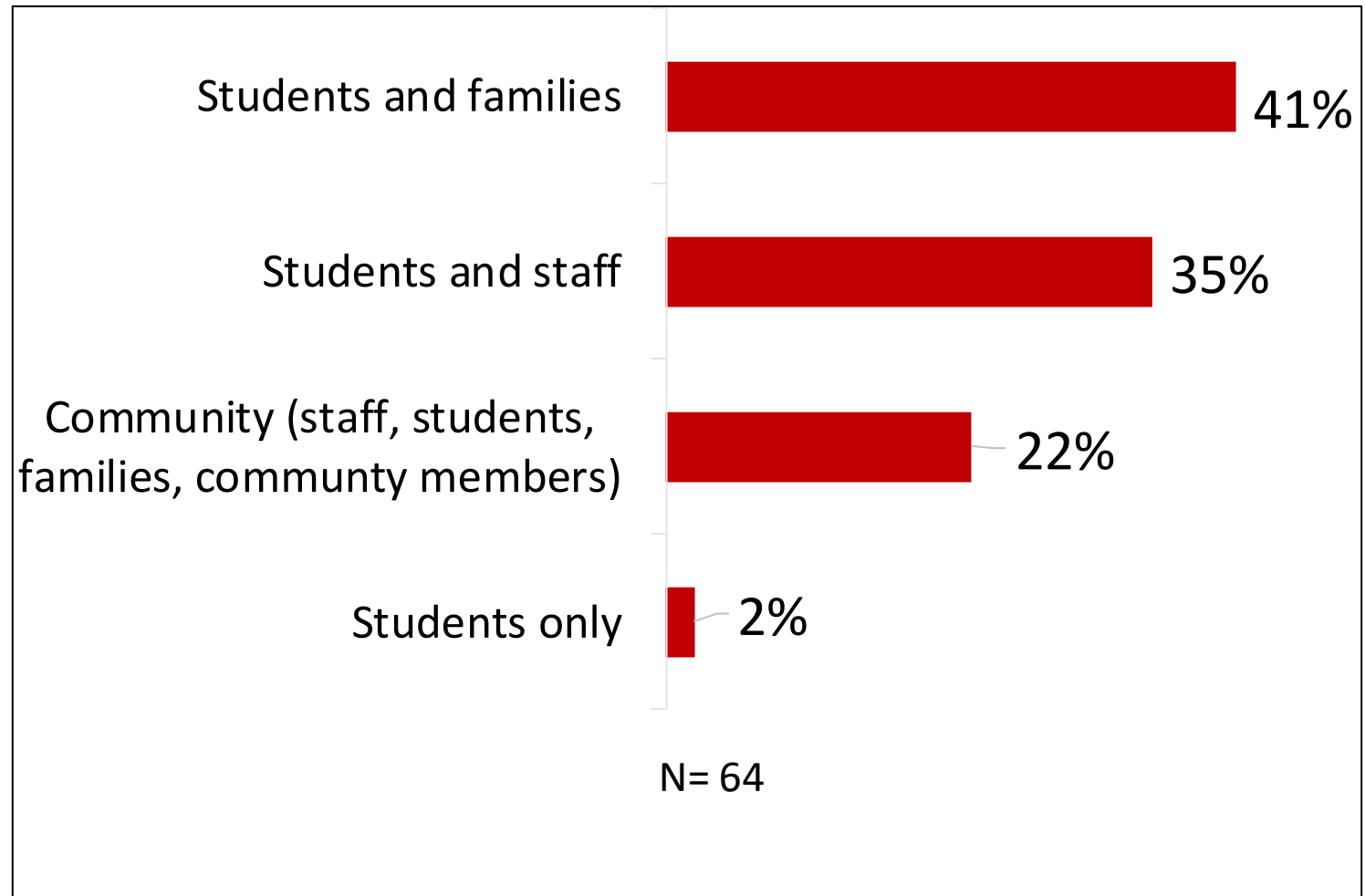
- Most sites operated:
 - 30+ hours per week (71.9%)
 - Five days a week (68.8%)
 - Year-round (67.2%)
 - Offered telehealth services (95.3%)



Schubert Center SBHC Survey

Clients Served

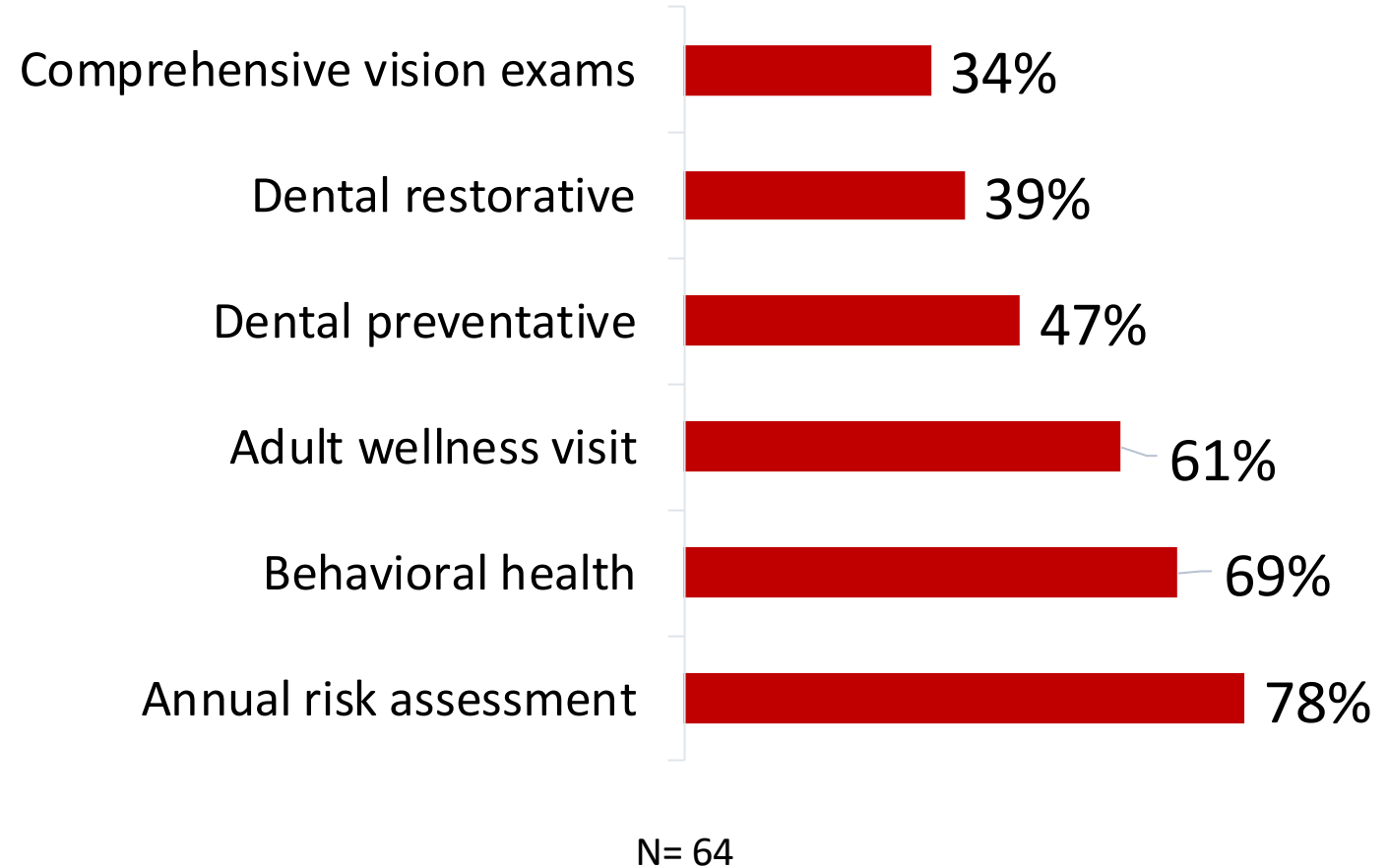
- Most sites averaged ~9 clients per day (70.3%)
- Sites ranged from 2 to 30 clients per day



Schubert Center SBHC Survey

SBHC Services

- **All sites** provided sick visit, well child care, and vaccinations
- **98%** provided pediatric recommended and school-required immunizations
- **97%** provided depression screening and BMI screen and nutritional/physical activity counseling



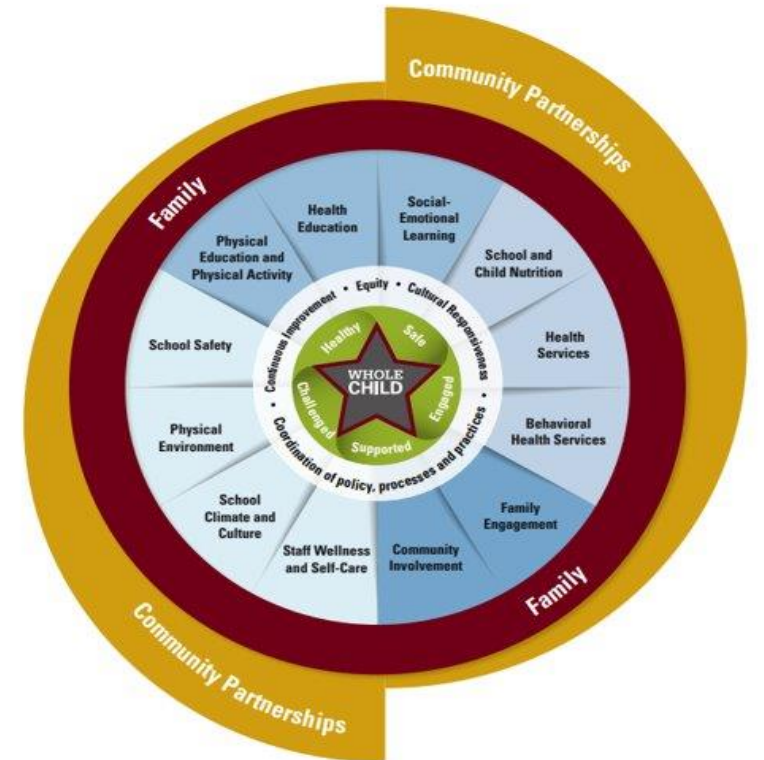
Shared Vision

Social Determinants of Health



Ohio's Whole Child Framework

A collaborative approach to learning and wellness

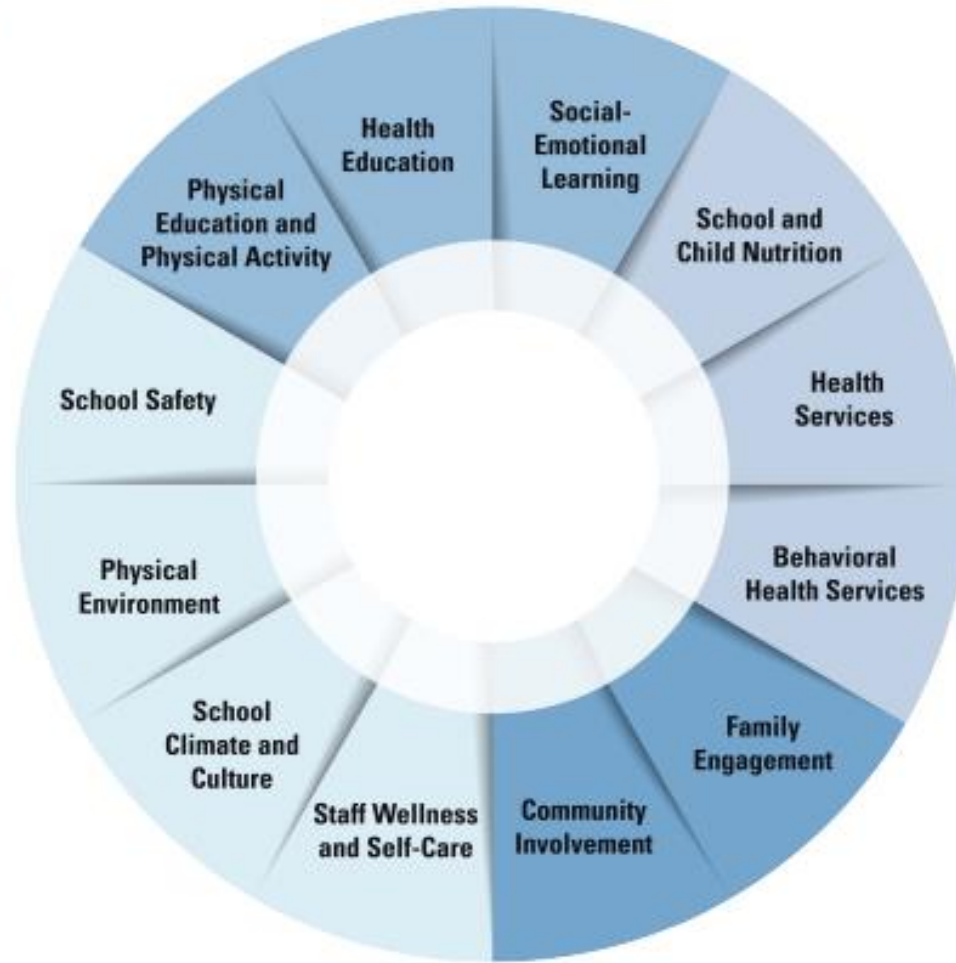


Social Determinants of Health
Copyright-free

Healthy People 2030



Shared Vision: Components of School and Health Support Systems



Whole Child Framework: Five Tenets



- **Healthy:** Each student enters school healthy and learns about and practices a healthy lifestyle
- **Safe:** Each student learns in an environment that is physically and emotionally safe for students and adults
- **Supported:** Qualified, caring adults support each student in way that addresses each student's individual needs and circumstances
- **Challenged:** Each student is challenged academically and prepared for success
- **Engaged:** Each student is actively engaged in learning and connected to the school and broader community

Youth Health in Ohio

Ohio fell from rank of 25 in 2018 to 31 out of 50 states in 2022 on Annie E. Casey Kids Count composite measure of child well-being

24% of Ohio K-12 students were chronically absent in 2020-2021

Ohio Department of Education

15.6% of Ohio high school students surveyed reported that they had considered attempting suicide in 2019

Ohio Youth Risk Behavior Survey

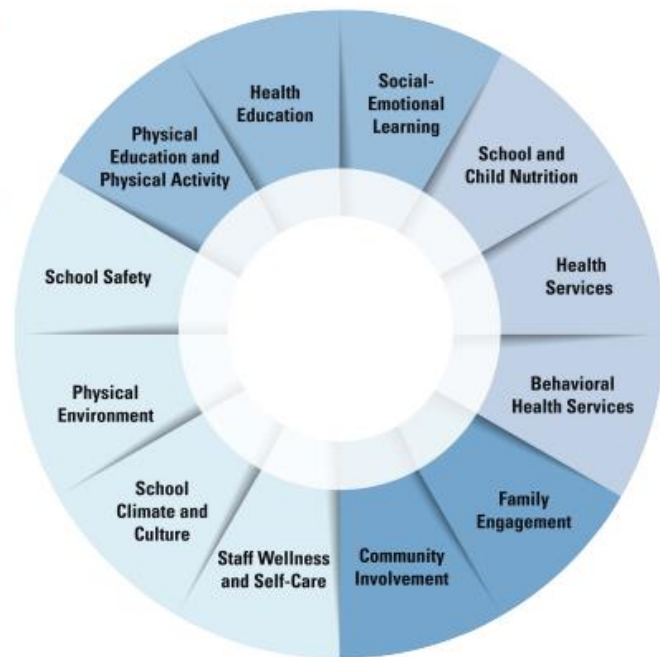
Only 50% of school-age children, ages 6-17, reported they had a medical home

2020-2021 National Survey of Children's Health

Barely half (54.6%) of adolescents enrolled in Medicaid received their well-child visits in CY 2019

Ohio Medicaid SFY2020 Report on Pregnant Women, Infants and Children

SBHCs: Whole Child in Practice



Only 50% of school-age children, ages 6-17, reported they had a medical home

2020-2021 National Survey of Children's Health

Barely half (54.6%) of adolescents enrolled in Medicaid received their well-child visits in CY 2019

Ohio Medicaid SFY2020 Report on Pregnant Women, Infants and Children

SBHC in Action: MetroHealth School Health Program:
Clinical Services

Connecting to the Five Tenets

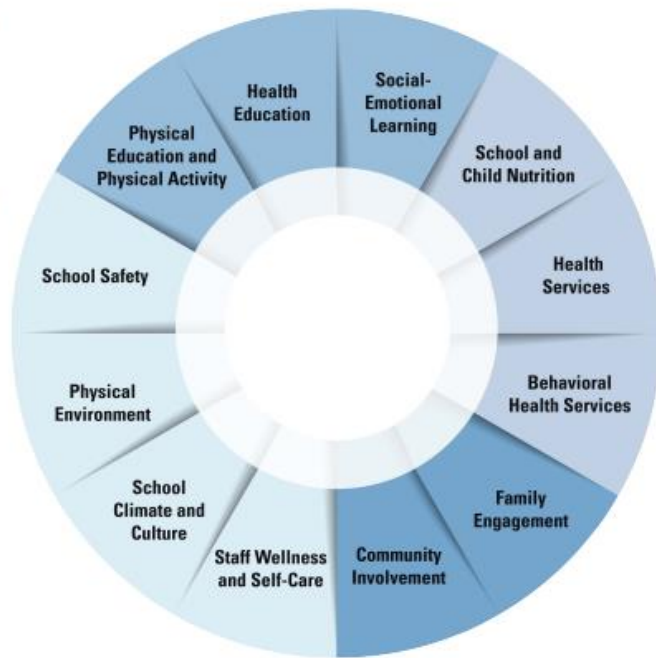
Healthy: Access to Health Services; Health Integration

Safe: Empowering Students

Supported: Multi-Tiered System of Support; Families as Partners

Challenged: Use of Data; Evidence-Based; Lifelong Success

SBHCs: Whole Child in Practice



15.6% of Ohio high school students surveyed reported that they had considered attempting suicide in 2019

Ohio Youth Risk Behavior Survey

SBHC in Action: MetroHealth School Health Program:
Clinical Services, Prevention Services, Consulting Services

Connecting to the Five Tenets

Healthy: Access to Health Services; Health Integration; Families and Caregivers

Safe: Trauma-Informed; Student Centered & Connected; Social-Emotional Learning

Supported: Multi-Tiered System of Support; Families as Partners; Relationships

Challenged: Evidence-Based

SBHCs: Whole Child in Practice



24% of Ohio K-12 students were chronically absent in 2020-2021

Ohio Department of Education

SBHC in Action: MetroHealth School Health Program:
Clinical Services, Prevention Services, Consulting Services

Connecting to the Five Tenets

Healthy: Access to Health Services; Health Integration; Families and Caregivers

Safe: School Climate; Empowering Students;

Supported: Multi-Tiered System of Support; Relationships

Challenged: Use of Data; Lifelong Success

Engaged: Access to Areas of Interest

Call to Action...

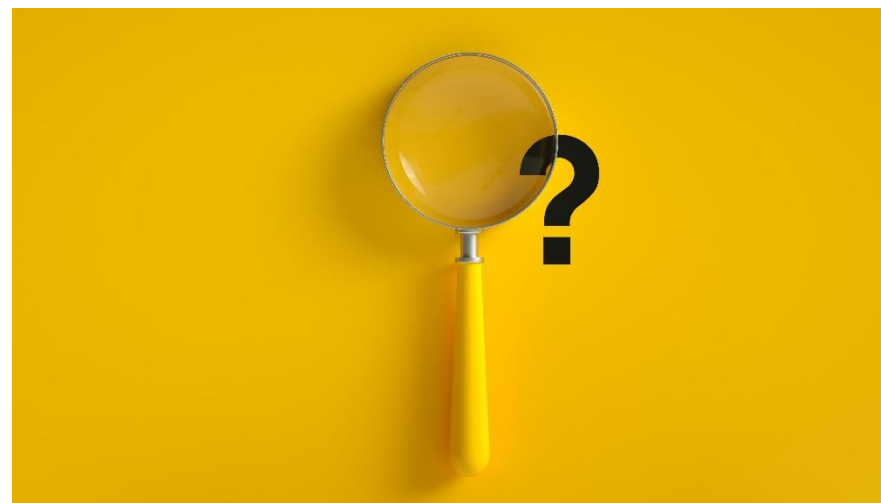
How are you supporting youth within your organization?

SBHCs and Schools – What's your shared vision?

Explore School-Based Health Resources

Ohio School-Based Health Resources

- Ohio Department of Education: School-Based Health Care Support Toolkit
- [School-Based Health Care Support Toolkit | Ohio Department of Education](#)
 - What is school-based health care?
 - How do we get started?
 - How do we operationalize our partnership?
 - How can we ensure a sustainable model?
 - How do we measure success?
 - Resources for reference
 - Telehealth resources



Ohio School-Based Health Resources

- Ohio Healthy Student Profiles
<https://www.healthpolicyohio.org/education-and-health/>
- Ohio Department of Medicaid and Ohio Department of Education
- Data resource for Needs Assessment and Planning
- Measures
 - Health Care Interactions
 - Health Conditions
 - Education Indicators
 - Health Staff

Interactive Dashboard

This information is best viewed on a desktop computer and may require a moment for initial loading.

1. SELECT County
Cuyahoga

2. SELECT District Name or School Type
Cleveland Municipal

3. SELECT School Name
Full District: Cleveland Municipal

DISPLAYED:

Full District: Cleveland Municipal
043786

County/State comparison: All Grades
Total head count: 36,269
Medicaid enrolled: 24,558
67.7%

Ohio Healthy Students Profile: 2020-2021 School Year

#	Measure Group	Measure Name	Denom.	Count	Pct.	County	State
1	Overview	Medicaid Rate	36,269	24,558	67.7	48	41.5
2	Healthcare Interactions	Comprehensive Well-Child Visit	24,558	10,892	44.4	48.2	43.9
3	Healthcare Interactions	Primary Care Physician Visit	24,558	14,649	59.7	64.1	67.3
4	Healthcare Interactions	Primary Care Physician Visit, within 2 Years	24,558	19,522	79.5	81.9	82.8
5	Healthcare Interactions	Dental Care Visit	24,558	8,122	33.1	39.3	40
6	Healthcare Interactions	Dental Care Visit, within 2 Years	24,558	13,008	53	57.9	58
7	Healthcare Interactions	Trip to Emergency Room	24,558	6,187	25.2	23.6	25.4
8	Healthcare Interactions	Overnight Stay at General Hospital	24,558	495	2	2	1.7
9	Health Conditions	Asthma	24,558	945	3.8	3.7	3.3
10	Health Conditions	Diabetes	24,558	124	0.5	0.6	0.6
11	Health Conditions	Any Behavioral Health Condition	24,558	7,555	30.8	30.1	32.8
12	Health Conditions	Serious Emotional Disturbance	24,558	3,244	13.2	12.4	12.9
13	Health Conditions	Autism	24,558	492	2	1.8	1.8
14	Health Conditions	Major Depression	24,558	681	2.8	3.2	3.7
15	Health Conditions	Depression (All)	24,558	1,418	5.8	6.3	7
16	Health Conditions	Anxiety	24,558	2,079	8.5	9.5	10.4
17	Health Conditions	Attention-Deficit/Hyperactivity Disorder	24,558	3,506	14.3	13.6	14.5
18	Health Conditions	Substance Use Disorder	24,558	211	0.9	0.9	1
19	Health Conditions	Eating Disorder	24,558	62	0.3	0.3	0.3
20	Education Indicators	Demonstrating Readiness for Kindergarten	146	31	21.2	28	25.9
21	Education Indicators	Proficient on English Language Arts State Test	10,913	2,246	20.6	31.5	39.6
22	Education Indicators	Proficient on Mathematics State Test	11,867	1,132	9.5	20	29.9
23	Education Indicators	On-Time Graduation (2020 Cohort)	1,609	1,273	79.1	75.8	76.9
24	Education Indicators	Chronic Absenteeism	27,045.08	15,631.22	57.8	48.8	37.4
25	Education Indicators	Disciplinary Incidents per Student FTE	22,810.82	51	0.2	3	8.5
26	Staff Indicators	District Counselors (per 100 Student FTE)	34,510.6	44	0.1	0.2	0.2
27	Staff Indicators	District Nurses (per 100 Student FTE)	34,510.6	59	0.2	0.1	0.1
28	Staff Indicators	District Psychologists (per 100 Student FTE)	34,510.6	76.8	0.2	0.2	0.1
29	Staff Indicators	District Social Workers (per 100 Student FTE)	34,510.6	6	0	0	0

Connect with Ohio Alliance

Sign up for news and updates:
http://eepurl.com/h_D7HX



[linkedin.com/company/
ohioalliance](https://www.linkedin.com/company/ohioalliance)



[@OSBHAAlliance](https://twitter.com/OSBHAAlliance)

www.osbha.com

Resources

- **MetroHealth School Health Program**
 - <https://www.metrohealth.org/school-health-program>
- **Ohio School-Based Health Alliance**
 - <https://www.osbha.com>
- **Ohio Department of Education**
 - School-Based Health Care Support Toolkit
 - <http://education.ohio.gov/Topics/Student-Supports/School-Based-Health-Care-Support-Toolkit>
- **School Health Documentary (Ohio)**
 - <https://www.metrohealth.org/transformation-blog/metrohealth-school-health-program>
- **The Community Guide**
 - *Task Force Recommends School-Based Health Centers to Promote Health Equity*
 - <https://www.thecommunityguide.org/content/task-force-recommends-school-based-health-centers-promote-health-equity>
- **National School-Based Health Alliance**
 - <https://www.sbh4all.org/>
- **American Public Health Association: Center for School, Health and Education**
 - <http://www.schoolbasedhealthcare.org/>
- **The Center for Health and Health Care in Schools**
 - <http://www.healthinschools.org/#sthash.9sgUWP8t.dpbs>



Ohio Health Information Partnership
Health Information in a Heartbeat

Dan Paoletti, CEO
The Ohio Health
Information Partnership &
CliniSync



DISCLOSURE

- Speaker has no financial relationships with any commercial interest related to the content of this activity.

CliniSync's Community

~ 1B

Clinical
Transactions
Annually

12M

Ohio Residents

156

Participating
Hospitals in OH,
WV, KY

>400

Long-Term and
Post-Acute Care
Facilities

15,000

Independent
and Hospital-
employed
Physicians

13

Health Plans
(7 Medicaid
MCOs or
MyCare)

100+


Behavioral
Health and
Social Service
Agencies

60

Connected
EHRs

MORE

Commercial Lab,
Public Health
and More



CREATED IN 2009 AS AN
INDEPENDENT 501C(3) NOT-FOR-
PROFIT ORGANIZATION

MODIFIED MISSION AND PURPOSE (2021)

2.1 Mission. The Corporation has been organized as a nonprofit stakeholder-driven organization to **improve care, health disparities and equity for all Ohioans**, regardless of demographic or socioeconomic status, by facilitating the exchange of health and other critical information among stakeholders in a private and secure manner.

2.2 Purposes. In order to accomplish its mission, the Corporation's stated purposes include the following:

- (a) Operate a statewide information network that allows for the electronic use and exchange of information;
- (b) Participate in efforts to implement a statewide and nationwide health information technology infrastructure;
- (c) Develop a center of excellence program to provide health information technology integration and education services to providers of health care and other related services;
- (d) Promote and facilitate interoperable electronic medical record and personal health record capabilities throughout the state and region;
- (e) ***Coordinate and leverage community resources and research activities within the state to advance the Corporation's mission and purposes;***
- (f) ***Enhance community service and economic development opportunities related to health information technology; and***
- (g) ***Improve the outcomes of Ohioans by addressing health disparities and equity through collaboration with multiple stakeholders utilizing data and technology.***

MULTI-STAKEHOLDER WORKGROUP



2021 Mission: *"...improve care, health disparities and equity for all Ohioans, regardless of demographic or socioeconomic status...."*

Social Service Organizations

Catholic Social Services
Columbus Partnership
Dayton Area Food Resource
Direction Home
Feeding America
Health Impact Ohio
Help Network of Northeast Ohio
Human Service Chamber
Lifeline
MidOhio Foodbank
Pathways of Central Ohio
Summit County ADM Board
United Way Summit and Medina

Health Plans

Anthem
CareSource
Humana
Molina
Molina HealthCare
United Healthcare

Association

Ohio Association Community Health Centers
Ohio Hospital Association
Ohio Osteopathic Association
Ohio State Medical Association

Diversity Consulting

More Inclusive Healthcare

Health Systems

Akron Children's
Bon Secours Mercy Health
Cleveland Clinic
Dayton Children's Hospital
Firelands Regional Medical Center
Fisher Titus
Genesis HealthCare System
Lake Health
Nationwide Children's Hospital
OhioHealth Corporation
OSUWMC
Premier Health Partners
Sisters of Charity Health System
SOMC
Southwest General
Summa Health System
The Metro Health System
University Hospitals
Wooster Community Hospital

Behavioral Health

Netcare

FQHC/Provider

COPC
Madison Pediatrics
Orthopedic One
Logan Elm Health Care



CRITICAL SUCCESS CRITERIA

Goal: Overcoming barriers and roadblocks preventing better outcomes in vulnerable populations. Recognizing that 75% of health outcomes are affected by social determinants of health, enabling coordination and facilitating information flow to those that need it.

An aligned approach in managing Social Drivers of Health

THE GOAL: A STATEWIDE "INTEROPERABLE TECHNOLOGY STACK"

To address the social needs of Ohioans and complement the current interoperability platforms:

- A social needs closed-loop referral platform
- An Ohio Resource Library that can be leveraged by Stakeholders across the state and individuals
- An enhanced identity management solution that can be leveraged by Stakeholders across Ohio
- A certified data quality system
- Pathways Hub software
- An expanded clinical interoperability suite
- Extending interoperability to the *"last mile"*
- An enterprise analytics suite focusing SDoH
- CFR 42 Part 2 compliant Patient consent process
- **An interoperable solution allowing school-based caregivers the ability to coordinate with providers in the community**

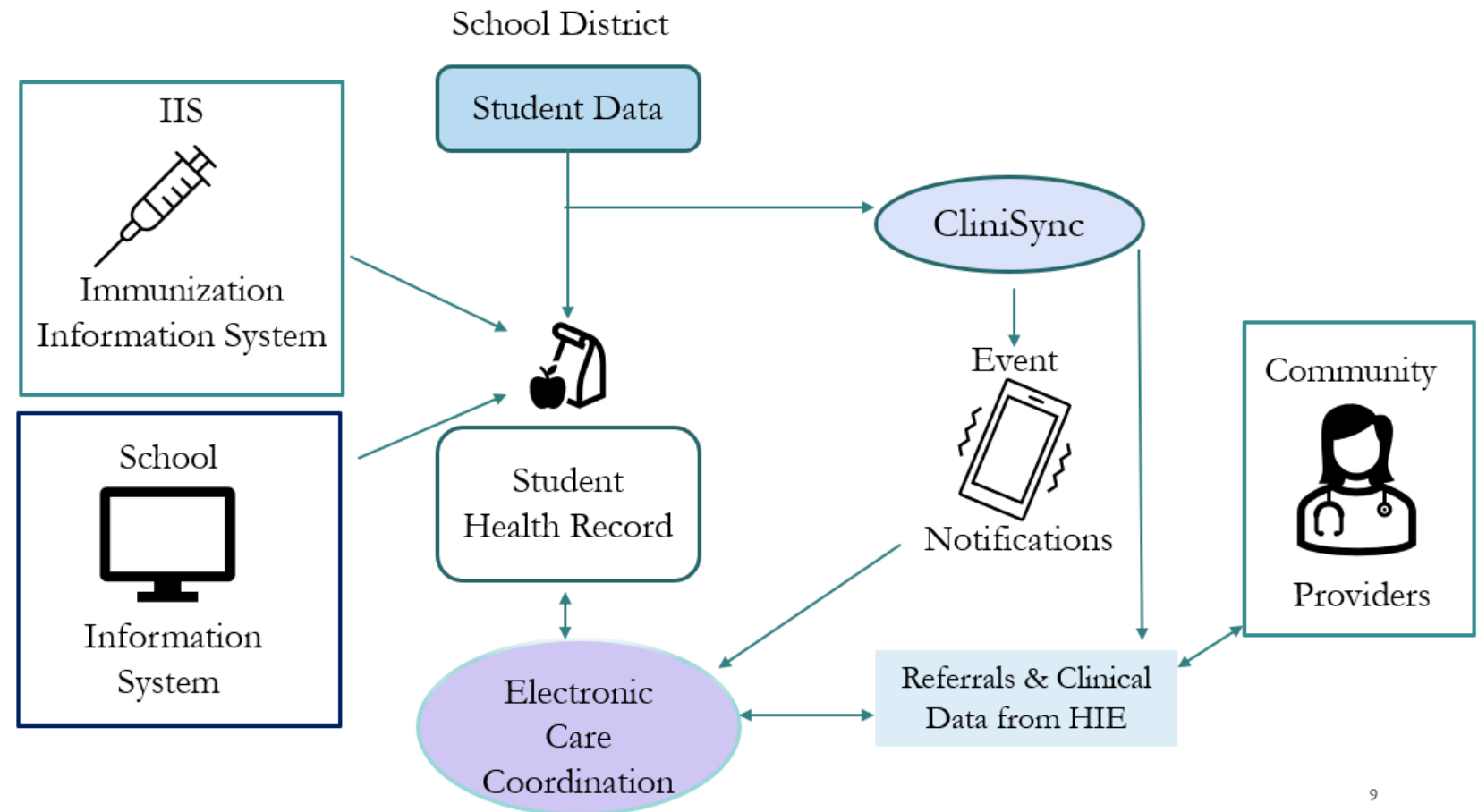


SCHOOL BASED CARE COORDINATION

- Appropriate access to clinical school records
- Standardize consent form and process which is provided in the beginning of the year by Parent; under FERPA/HIPAA – current state of HIPAA and FERPA a school care giver can share information with a healthcare provider and vice versa if school care professionals are using a technology outside access of other school employees.
- School health professionals can allow a student's teacher or guidance counselor to access certain student information if consent is provided
- Permission to medicate
- Enable referrals from School Health Provider to Community Provider
- Enable licensed School Health Provider access to clinical data and event notifications
- Sharing of update care plans and permission forms (i.e. medications)

PROJECTED WORK-FLOW

- School Health Record
 - Receives student file list from department of education
 - Copy of file to CliniSync
- CliniSync incorporates that student into the MPI and associates to a district
 - If there is an event CliniSync sends a notice to School Care to alert school health care giver
- School Health Record also has direct access to Immunization System
- School Health Record would provide a Single Sign On (SSO) into the CliniSync Community Health Record to School Health Provider can have access to clinical data from new event
- CliniSync enables electronic referral to community Provider



SCHOOL-BASED HEALTH CARE



OIG + US Dept. of Education joint guidance (2019):

When does FERPA permit an eligible student's treatment records to be disclosed to a third-party health care provider for treatment?

An eligible student's treatment records may be disclosed to individuals who are providing treatment to the student, including health care professionals who are not part of nor acting on behalf of an educational institution (i.e., third-party health care provider), as long as the information is being disclosed only for the purpose of providing treatment to the student. institution ... so long as the records remain unavailable to anyone other than persons providing the eligible student with treatment, or a physician.



THANK YOU

Dan Paoletti

dpaoletti@ohionline.org

Closing Remarks

**Ted Wymyslo MD
Board Member**

Today's slides will be posted on our website and evaluations will be sent via email to obtain feedback and must be completed to receive CME.

Thank you!



Tra

er

www.betterhealthpartnership.org