

Tapping into Federal COVID-19 Relief Funding & Medicaid to Support Schools and the Wellbeing of Students

Schools are seeking cost-efficient ways to better meet the educational and health needs of students.

- School district leaders identify wellbeing and mental health needs as pressing issues facing their students and staff. They need cost-efficient strategies to meet the high demand for help.

In the 2021–2022 school year, district leaders were more concerned about students' mental health than student engagement and discipline, attendance or declining enrollment.¹ But too few public schools feel they have the resources to effectively provide mental health services to all students in need.²

90%
OF DISTRICT LEADERS HAVE
MODERATE OR MAJOR CONCERN
ABOUT STUDENT MENTAL HEALTH

56%
OF PUBLIC SCHOOLS ARE
CAPABLE OF PROVIDING MENTAL
HEALTH SERVICES TO STUDENTS

- Many states and local school districts are already building capacity and infrastructure that support student and staff wellbeing and connection. **Because Elementary and Secondary School Emergency Relief (ESSER) funds are flexible and can be used in innovative ways, states can tap them to create supports that can be sustained through the expansion of school-based Medicaid programs.**

¹ Diliberti, M.K. & Schwartz, H.L. (2022). *District Leaders' Concerns About Mental Health and Political Polarization in Schools: Selected Findings from the Fourth American School District Panel Survey*. RAND Corporation. https://www.rand.org/pubs/research_reports/RRA956-8.html

² National Center for Education Statistics. (2022, May 31). *Roughly Half of Public Schools Report That They Can Effectively Provide Mental Health Services to All Students in Need* [Press release]. https://nces.ed.gov/whatsnew/press_releases/05_31_2022_2.asp



Use one-time ESSER funds on existing and/or new services to maximize the sustainable benefits of ongoing school-based Medicaid.

- Designate or hire state education agency (SEA) staff members to oversee school-based Medicaid, build cross-agency collaboration and provide technical assistance to local education agencies (LEAs).
- Develop and disseminate materials from the SEA to LEAs about opportunities to partner with local hospitals, community-based mental health providers and other local medical practices.
- Fund a cohort of LEAs that do not currently participate in the state's school-based Medicaid program to explore opportunities for beginning a program.
- Initiate and pilot long-term infrastructure projects:
 - Provide training, data systems and infrastructure to support statewide school-based Medicaid implementation.
 - Fund telehealth technology and training.
 - Support partnerships to increase access to school health services, such as start-up grants for school-based health centers.

STARTING POINT: WHO TO COORDINATE WITH

STATE MEDICAID DIRECTOR

STATE SUPERINTENDENT

CFOs FROM MEDICAID
AND SEA

STATE SPECIAL EDUCATION
DIRECTORS

STUDENT HEALTH DIRECTOR
(frequently this is the State
Special Education Director)

STATE MEDICAID PLAN
DIRECTOR



Apply evidence and best practices to improve efficiency and effectiveness.

- Encourage communication and coordination among state Medicaid, SEA and LEA staff as they consider their options for expanding school-based Medicaid programs.
- Dedicate staff to help with both implementation and ongoing Medicaid reimbursement and communicate with Medicaid agency.
- Invest in infrastructure, such as local partnerships and collaboratives, as well as database systems to facilitate the long-term success of school-based Medicaid programs.
- Promote understanding and compliance through a robust, transparent policy environment — including research, guidance documents and policy manuals.
- Work with partners to facilitate initial training, technical assistance and continued learning about the state's school Medicaid program and provide written guidance to stakeholders such as district administrators and school health providers.
- Engage and educate families and staff as a school community to boost the chances of program success.

Leverage school-based Medicaid programs to improve outcomes for schools and students nationwide.

- All states have a school-based Medicaid program. A participating LEA can be reimbursed a percentage of every qualified service delivered by a qualified provider to a Medicaid-enrolled student.
- Medicaid can reimburse LEAs for a wide range of school-based services. Some examples include:



Mental and behavioral health services



Nursing services



Occupational, physical and speech therapy



Physician services



Optometry services



Respiratory services



Dental services



Crisis management and behavioral interventions



Diagnostic, health screening and treatment services

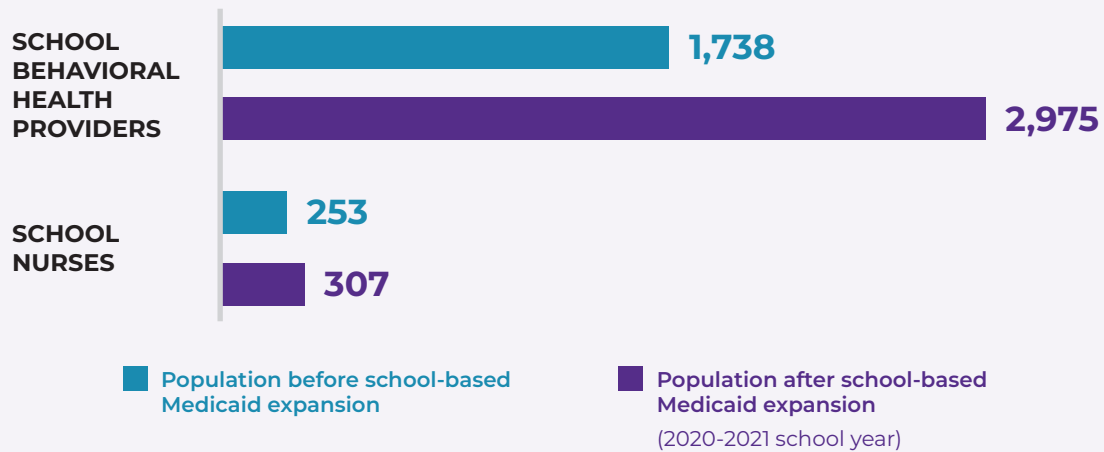


Nutritional services

- While one-time ESSER funds cannot be used for long-term student supports, they can contribute to the planning and execution of Medicaid improvements. For example, funding can be used to create an interagency state task force that makes recommendations on how to expand the school Medicaid program. Further, funding can support training and staffing for implementation of these recommendations.

Expanding School-Based Medicaid in Michigan

In early 2019, the Michigan Legislature passed Senate Bill 149, which allocated \$31 million to provide licensed school behavioral health providers for general education students. The bill also directed Michigan's state Medicaid agency to expand its school Medicaid program to allow LEAs to seek Medicaid reimbursement for services provided to all Medicaid-enrolled students. Since that first year of funding, Michigan has continued to see significant investment from Gov. Gretchen Whitmer and the state legislature. The COVID-19 pandemic, political and social unrest across the country and violent shootings at Oxford High School and Michigan State University have only exacerbated students' mental health needs. Over \$350 million in mental health funding was allocated to schools in fiscal year 2022-23.



The investment of funding, coupled with the promise of Medicaid as a sustainable funding mechanism, has allowed the state to significantly expand its school behavioral health workforce. Prior to the expansion, there were 1,738 school behavioral health providers across the state and 253 school nurses. By spring of the 2020-2021 school year, there were 2,975 school behavioral health providers and 307 school nurses. The state expects to cover a substantial portion of the costs associated with the new providers through the state's significantly increased Medicaid revenue.



Learn more by visiting <https://bit.ly/36dScmE>