



Fostering School-Based Behavioral Health Services

Key Recommendations for Policymakers and Philanthropy

September 2023

Table of Contents

About Us	2
Overview	2
Background	3
Child and Youth Behavioral Health.....	3
Comprehensive School Mental Health Systems	4
School-Based Behavioral Health Landscape.....	5
School Services Funding	5
Importance of Medicaid	5
Changes to Federal Policy Landscape.....	6
Challenges and Gaps in Core Areas	7
Financial Sustainability	7
Care Integration	8
Workforce Shortages	8
Equity and Prevention	9
Leveraging Technology	10
Recommendations	11
Comprehensive Recommendations	11
Recommendations for the TAC.....	14
Conclusion	14

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About Us

Nemours Children's Health is one of the nation's largest multistate pediatric health systems, which includes two free-standing children's hospitals and a network of more than 75 primary and specialty care practices. Nemours Children's seeks to transform the health of children by adopting a holistic health model that utilizes innovative, safe and high-quality care, while also caring for the health of the whole child beyond medicine. We also power KidsHealth.org from Nemours KidsHealth — a pioneer and leader in pediatric health content trusted by millions worldwide for more than 25 years.

The Nemours Foundation, established through the legacy and philanthropy of Alfred I. duPont, provides pediatric clinical care, research, education, advocacy and prevention programs to the children, families and communities it serves. For more information, visit [Nemours.org](https://www.nemours.org).



Overview

School-based behavioral health (SBBH) services play a vital role safeguarding the well-being of children and youth across the nation. The Bipartisan Safer Communities Act (“BSCA”, [P.L. 117-159](#)) and Consolidated Appropriations Act, 2023 (“CAA”, [P.L. 117-328](#)), passed into law during 2022, included numerous provisions to support SBBH services. In the months following passage, Nemours Children's interviewed more than 40 national, state and local stakeholders to identify opportunities to maximize implementation of these provisions.

Building on these conversations, more than 150 key stakeholders convened virtually on May 9, 2023, to identify innovations, challenges and policy recommendations for federal agencies, states and philanthropic organizations. Convening participants included national pediatric and behavioral health organizations, state and local education agencies, philanthropic organizations, federal officials and other stakeholders involved in SBBH.

Since the convening, the Centers for Medicare and Medicaid Services (CMS) took two important steps, as required by BSCA. On May 18, 2023, CMS [released guidance](#) to make it easier for schools to receive payment for Medicaid-covered services. Soon after, CMS [launched a technical assistance center \(TAC\)](#) to assist state and local stakeholders focused on expanding access to Medicaid-funded physical and behavioral health services.

Informed by these efforts, this brief provides an overview of SBBH services and funding sources, information on challenges and gaps, and recommendations for the TAC, states and philanthropy. A companion brief, [“Fostering School-Based Health Services: Innovative & Promising Models, Policies and Practices from Across the Nation,”](#) describes effective models of Medicaid billing and best practices for effective programs.



Background

This section of the brief provides high-level background information on the landscape of child and youth behavioral health, comprehensive school mental health systems, how schools fund SBBH services and the federal policy landscape.

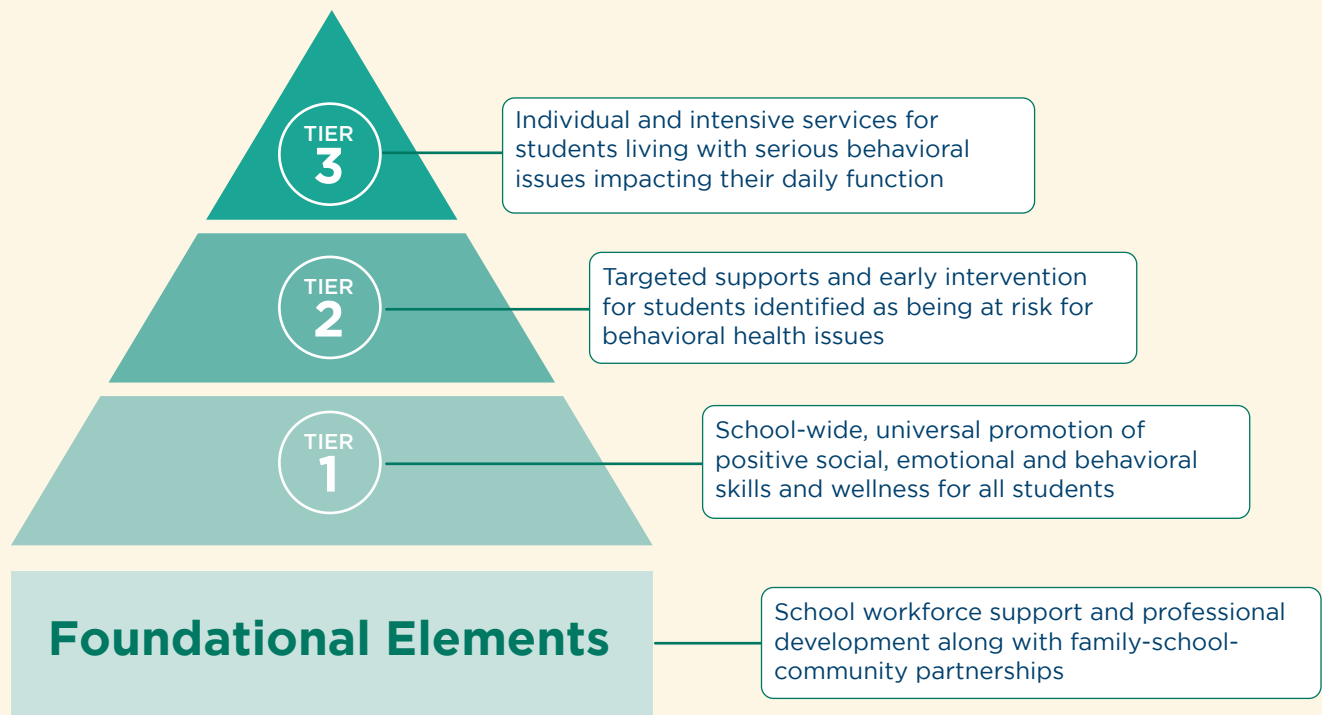
Child and Youth Behavioral Health

In 2021, U.S. Surgeon General Vivek Murthy issued [an advisory](#) calling for urgent attention to address a growing youth mental health crisis. In the same year, the Children's Hospital Association partnered with the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry to declare a [national state of emergency](#) in child mental health. According to [the recent data](#) from the Centers for Disease Control and Prevention, young people are at high risk for suicide, depression, substance use disorder, poor academic performance and other severe consequences due to a combination of complex factors. Nearly 60% of female high school students and about 30% of male students surveyed reported experiencing persistent feelings of sadness or hopelessness for two weeks or more in the past year; 22% of all students reported that they seriously considered attempting suicide; and 10% attempted suicide during the past year. While [substance use among young people](#) has decreased over recent years, the spread of fentanyl is also leading to a significant rise in overdose deaths. Moreover in 2023, the U.S. Surgeon General issued [an advisory](#) to highlight issues of loneliness, isolation and lack of connection in the country and a separate advisory on the [impact of social media](#) on youth mental health.

Comprehensive School Mental Health Systems

Comprehensive SBBH health systems promote a positive school environment and overall well-being, while reducing the prevalence and severity of mental health challenges in school-age children from kindergarten to grade 12. The National Center for School Mental Health brief, "[Advancing Comprehensive School Mental Health Systems: Guidance From the Field](#)," identifies the core features of a comprehensive school mental health system below.

- Well-trained educators and specialized instructional support personnel
- Family-school-community collaboration and teaming
- Needs assessment and resource mapping
- Multi-Tiered system of support (MTSS) (see diagram below)
- Mental health screening
- Evidence-based and emerging best practices
- Data
- Funding



Adapted from the MTSS diagram in [Advancing Comprehensive School Mental Health Systems: Guidance From the Field](#)

School-Based Behavioral Health Landscape

Strengthening SBBH services can promote early detection and intervention of behavioral health issues and educational success. According to data from the [2022 School Pulse Panel](#), and as described in a [September 2022 Kaiser Family Foundation article](#), 96% of public schools offered some mental health services to students during the 2021–2022 school year. The most common services provided to at least some students in schools included individual-based interventions such as one-on-one counseling or therapy (84% of public schools), case management (70%) and referrals for external care (66%). Approximately two thirds (68%) of public schools have a licensed mental health professional on staff and half (51%) employ an external provider.

However, only a third (34%) of schools provide universal services such as mental health screenings for all students and less than a fifth (17%) offer services through telehealth. Many schools do not meet the recommended ratios of counselors and/or psychologists to students. In addition, only about half of schools (56%) agreed they could effectively provide mental health services to all students in need.

While many schools are attempting to provide behavioral health services, they face challenges in doing so, as detailed in subsequent sections of the brief.

School Services Funding

A variety of federal, state and local government funding sources have a role in how schools fund physical and behavioral services. According to the [Kaiser Family Foundation article](#), 57% of schools receive support from district or school budgets, 52% from federal grants or programs, 37% from partnerships with other organizations and 32% from state programs. Many states utilize Medicaid as a sustainable financing source as it provides consistent, federally backed funding that can enable the enhancement and expansion of behavioral health service.

Importance of Medicaid

As of [March 2023](#), more than 42 million children received health insurance coverage through Medicaid or the Children’s Health Insurance Program (CHIP). In addition, these programs cover [almost half of children](#) in the United States with disabilities and special health care needs. In the context of school-based services, children enrolled in Medicaid and CHIP either can receive covered services because they have a disability or because of general coverage policies.

Since 1988, Medicaid has funded school-based health services for children with disabilities, as required by the Individuals with Disabilities Education Act. Public schools must offer free and suitable education, which includes related services like speech or physical therapy, to qualified children so they can meet their educational goals as outlined in their Individualized Education Program or Individualized Family Service Plan (for those under 3 years of age).

In addition, many children enrolled in Medicaid and CHIP have general eligibility for services. As detailed in the [recently released guidance](#), some reimbursable activities in this category include but are not limited to the following:

- Helping eligible students enroll in the Medicaid and CHIP programs
- Connecting students’ Medicaid and CHIP-eligible family members with health coverage
- Providing Medicaid and CHIP-covered health services in schools (including physical therapy (PT), occupational therapy (OT), nursing, mental health and SUD services, etc.) and seeking payment for services furnished to make those services financially sustainable
- Offering Medicaid and CHIP-covered services that support at-risk Medicaid or CHIP eligible students
- Providing Medicaid and CHIP-covered services and performing state program administrative activities to improve student wellness
- Providing Medicaid and CHIP-covered services that reduce emergency room visits
- Providing Medicaid and CHIP services and performing state program administrative activities that promote a healthy environment and promote learning

School-based health centers offer an additional way to deliver and fund school services through Medicaid. In addition, they often offer a more comprehensive range of health services, such as preventive, oral and behavioral health care, and diagnostic services, and may also provide more acute services such as asthma treatment. Schools can employ providers to work in the centers directly or they can partner with community-based organizations, community health centers, health departments, hospitals or integrated health systems. State Medicaid Agencies (SMAs) with fee-for-service systems provide payment to centers directly. In states with managed care delivery systems, centers often contract with managed care organizations.

A [Kaiser Family Foundation article](#) and a [Healthy Schools Campaign webpage](#) provide examples of how various states have leveraged Medicaid to provide physical and behavioral health services. In addition, the Healthy Schools Campaign recently released the updated, [A Guide to Expanding Medicaid-Funded School Health Services](#).

Changes to Federal Policy Landscape

The BSCA included three major provisions related to Medicaid financing of school-based services, including behavioral health services. First, it directed the U.S. Department of Health and Human Services (HHS), in consultation with the Secretary of the U.S. Department of Education (ED), to issue updated guidance on delivering Medicaid-covered services to children in school-based settings. As previously mentioned, CMS recently published [the guidance](#). Second, it directed HHS, in consultation with the ED secretary, to establish a TAC to expand capacity of local educational agencies (LEAs) and school-based entities to provide school-based services under Medicaid. CMS also [recently launched](#) the TAC. Third, it provided the HHS secretary with \$50 million for state grants to improve and expand assistance for school-based entities under Medicaid and CHIP.

Several Substance Abuse and Mental Health Services Administration (SAMHSA) programs support school-based programs. To date, HHS has awarded nearly [\\$245 million in BSCA funding](#), including \$185.7 million from SAMHSA. This funding includes \$73.6 million in grants for [Project AWARE](#) (Advancing Wellness and Resilience in Education) to increase awareness of mental health issues among school-age youth, promote early intervention and connect young people to appropriate services. SAMHSA also awarded [\\$20 million](#) in Resiliency in Communities After Stress and Trauma ([ReCAST](#)) grants. ReCAST — which is part of Project AWARE — assists communities, including schools, to build resilience and promote well-being by reducing the impact of trauma and stress on youth and families. ReCAST grants promote resilience and equity and prevent violence in communities that have recently faced civil unrest, community violence, and/or collective trauma.

The BSCA reauthorized the Health Resources and Services Administration's [Pediatric Mental Health Care Access](#) (PMHCA) grant program for five years and provided an additional \$80 million dollars for the program. PMHCA promotes the integration of behavioral health into pediatric primary care through teleconsultation, training and other support. Importantly, the BSCA allowed the program to expand to schools and hospital emergency departments.

ED also received significant funding. The [Stronger Connections Grant Program](#) received \$1 billion available through FY2025 by BSCA. Through grants to state education agencies (SEAs) that will competitively award subgrants to high-need LEAs, the [program](#) will support a safer and healthier learning environment that prevents and responds to bullying, violence and hate.

The [School-Based Mental Health Services Grant Program](#), which received \$500 million allocated evenly from FY22-26 by the BSCA, offers competitive grants to SEAs, LEAs and consortia of LEAs to increase the number of credentialed mental health services providers offering school-based mental health services to students in LEAs demonstrating need. In addition, the [Mental Health Services Professional Demonstration Grant Program](#), also funded with \$500 million divided equally over FY22-26 by the BSCA, supports innovative partnerships to train school-based mental health service providers for employment in schools and LEAs. Taken together, these two grant programs are expected to increase the number of school-based mental health professionals by some 14,000.

Free Care Rule Reversal

In 2014, CMS removed a major barrier to funding school-based services by reversing the free care policy, also known as the free care rule. This rule prohibited Medicaid from covering services freely available to all students if payment was not sought from other sources. For example, if schools offered free health screenings to all students, they could not request payment from Medicaid. There was an exception for services delivered to children as part of their Individualized Education Program or Individualized Family Service Plan. Since the free care rule reversal, many states have [updated their state plans](#) to take advantage of this change.

Challenges and Gaps in Core Areas

In the over 40 interviews leading up to the May 9 convening and during the convening itself, stakeholders identified the following areas as key topics the TAC should consider exploring: financial sustainability, care integration, workforce shortages, equity and prevention, and leveraging technology. Building on key insights from the interviews and convening, this section describes key challenges and gaps schools face when building SBBH programs.

Financial Sustainability

Financial sustainability refers to the ability of SBBH programs to maintain a secure and sustainable financial foundation to keep programs operational in the long term. Medicaid can help fund individual services but does not provide the comprehensive financial support needed for SBBH programs.

Challenges and Gaps

Numerous challenges and gaps exist when schools seek to develop financial sustainability for SBBH programs.

- **Complex Medicaid Policies.** Medicaid billing for SBBH services has historically been complex and challenging. School-based health programs must follow strict Medicaid policies and procedures to receive reimbursement for services. These include assessing students, developing individualized treatment plans, maintaining detailed progress notes and coding services accurately. The [recently released guidance](#) seeks to address some of these issues by providing more streamlined billing methodologies.
- **Low Medicaid Rates.** Medicaid [reimbursement rates](#) are often lower than the actual costs to provide services, causing financial burden on schools and exacerbating workforce shortages. Schools must then find ways to cover any funding gaps to sustain programs.
- **Navigating Managed Care.** Many states “carve-out” school health services from managed care contracts so LEAs work directly with the SMA. In states without this practice, LEAs may need to contract with multiple managed care organizations. Each may have varying policies, practices and requirements, which can increase the complexity of utilizing Medicaid as a funding source. This underscores the important coordination role SMAs should play to manage and address complexity across the various partners involved.
- **Inadequate Funding for Services.** Beyond Medicaid, schools often struggle to find other reliable and continuous sources of funding to sustain their SBBH programs, especially given that Medicaid reimbursement rates often do not fully cover the costs of services provided.
- **Clarifying Medical Necessity.** A lack of clarity exists on the application of medical necessity within school settings. This ambiguity can lead to inconsistent application of policies and potential denial of claims, causing challenges in obtaining Medicaid reimbursements. Medical necessity refers to the process of determining whether treatment is appropriate and necessary for the symptoms, diagnosis or treatment of a medical condition.
- **Parental Consent and Privacy.** It is critical to adhere to all laws and requirements regarding patient privacy and parental consent. Navigating the complexities of parental consent requirements for billing, coupled with protecting student privacy under federal laws including the Health Insurance Portability and Accountability Act of 1996 ([HIPAA](#)) and Family Educational Rights and Privacy Act of 1974 ([FERPA](#)), can make the delivery of SBBH services and the process of billing Medicaid administratively burdensome and challenging.
- **Administrative Overhead Costs.** The administrative costs of billing, such as managing claims, dealing with denials, and maintaining compliance with Medicaid policies, can be a barrier to entry. These overhead costs can erode the limited funds available for direct service provision, impacting the financial sustainability of SBBH programs.

Care Integration

Care integration within the context of SBBH refers to schools collaborating with health care professionals to create a more comprehensive care system. Care integration may occur by hiring or contracting with health care providers, or through collaborations with external providers. When effective, care integration facilitates early identification and intervention for behavioral health needs. It also can enhance the quality of care and support provided to students in the school setting.

Challenges and Gaps

Various unique challenges and gaps can occur when schools seek to partner with health care entities.

- **Professional Cultures.** Establishing cohesive collaboration between educational and health care personnel can be difficult due to differences in professional cultures, goals and terminologies.
- **Resource Limitations.** Schools frequently lack necessary time and resources to facilitate communication with health care providers, making it challenging to implement and sustain these efforts.
- **Payment.** Payment can also create a barrier to integration. For example, pediatricians are often not paid for the time they spend coordinating care with a school behavioral health provider or other school personnel. In addition, for some families with private insurance coverage, co-insurance or deductibles can serve as barriers for children accessing services in schools.
- **Privacy Concerns.** Uncertainty around legal regulations and privacy concerns can limit the sharing of student health information between schools and health care providers, thereby hindering comprehensive care.
- **Universal Service Provision.** Schools that seek to provide universal services, which aim to serve all students regardless of their needs and promote prevention, often lack sustainable funding strategies, thus posing a financial sustainability challenge.

Workforce Shortages

A well-trained and diverse workforce, including behavioral health professionals, counselors, social workers, nurses, community health workers, peers, and others can identify and address the varying behavioral health needs of students. These individuals, along with teachers and other school personnel, play a vital role in promoting a safe and supportive learning environment, fostering resilience and mitigating the impact of adverse experiences on students' academic and social-emotional development. Investing in the development, recruitment and retention of a diverse, skilled workforce in SBBH programs is essential for ensuring the well-being and success of students and the broader community.

Challenges and Gaps

Addressing workforce shortages in SBBH programs is a multifaceted challenge.

- **Attracting Qualified Professionals.** Challenges recruiting in SBBH occurs for a variety of reasons, including lower salaries compared to clinical settings, low reimbursement rates, a lack of understanding or interest in the school context, and the perception of a heavier workload given the population size.
- **Retention.** Qualified professionals often leave due to factors such as high caseloads, inadequate administrative support and burnout. Furthermore, the lack of competitive salaries and opportunities for career advancement can make it difficult to retain skilled practitioners.
- **Workforce Diversity.** A diverse team can better understand and address the unique needs of students from various cultural and socio-economic backgrounds. However, systemic barriers often inhibit the entry and advancement of professionals from underrepresented groups.
- **Professional Development.** Keeping SBBH professionals up-to-date with the latest research and best practices is crucial, but can be challenging due to time constraints and budget limitations.
- **Licensure.** Each state has complex regulatory standards for licensure. In addition, those seeking licensure to serve as mental health therapists often face difficulties obtaining enough qualified service time under supervision. While the types of services delivered in schools generally qualify, the lack of available supervisors in the school environment can make it challenging for providers to accrue enough hours that count toward

licensure.

- **High Cost of Education.** Potential practitioners may not enter the field due to the financial burden of obtaining the necessary degrees and certifications. In addition, the substantial student debt incurred can result in being unable to accept lower-paying positions in schools.
- **Lack of Reimbursement for the Community-Based Workforce.** Despite interest in, and effectiveness of, new workforce models like peer support, as well as more established models that include community health workers and other nontraditional providers, Medicaid and private insurance may not reimburse services for these types of providers, making it difficult to secure consistent and sustainable financing.
- **Unique Needs of Rural Communities.** Schools in rural areas may have limited access to training and educational resources. In addition, rural areas often struggle with recruitment and retention, as they may



offer fewer opportunities for career advancement and less access to professional development.

Equity and Prevention

Equity and prevention approaches in SBBH services increase access to comprehensive health care and preventive measures, promoting the well-being of all students. Implementation of universal supports, such as behavioral health screenings and education initiatives can help to address the diverse needs and challenges faced by students. Supportive models are necessary to help build resilience and train school professionals in recognizing trauma and to promote prevention.

Challenges and Gaps

Various challenges and gaps can occur when seeking to promote equity and prevention-based approaches in schools.

- **Resource Allocation.** Implementing universal supports can be resource intensive, requiring a variety of funding sources to sustain them since they are often not reimbursed by insurance.
- **Staff Training.** Schools need to provide comprehensive training to teachers and other staff to implement prevention strategies effectively and recognize trauma. However, there may be a lack of time, resources or adequate training programs.
- **Stigma and Cultural Barriers.** There may be stigma associated with behavioral health services and cultural barriers that can deter students and families from utilizing available preventive services.
- **Integration of Services.** The integration of behavioral health prevention services into the daily curriculum and routines can be challenging due to existing academic pressures and scheduling constraints.

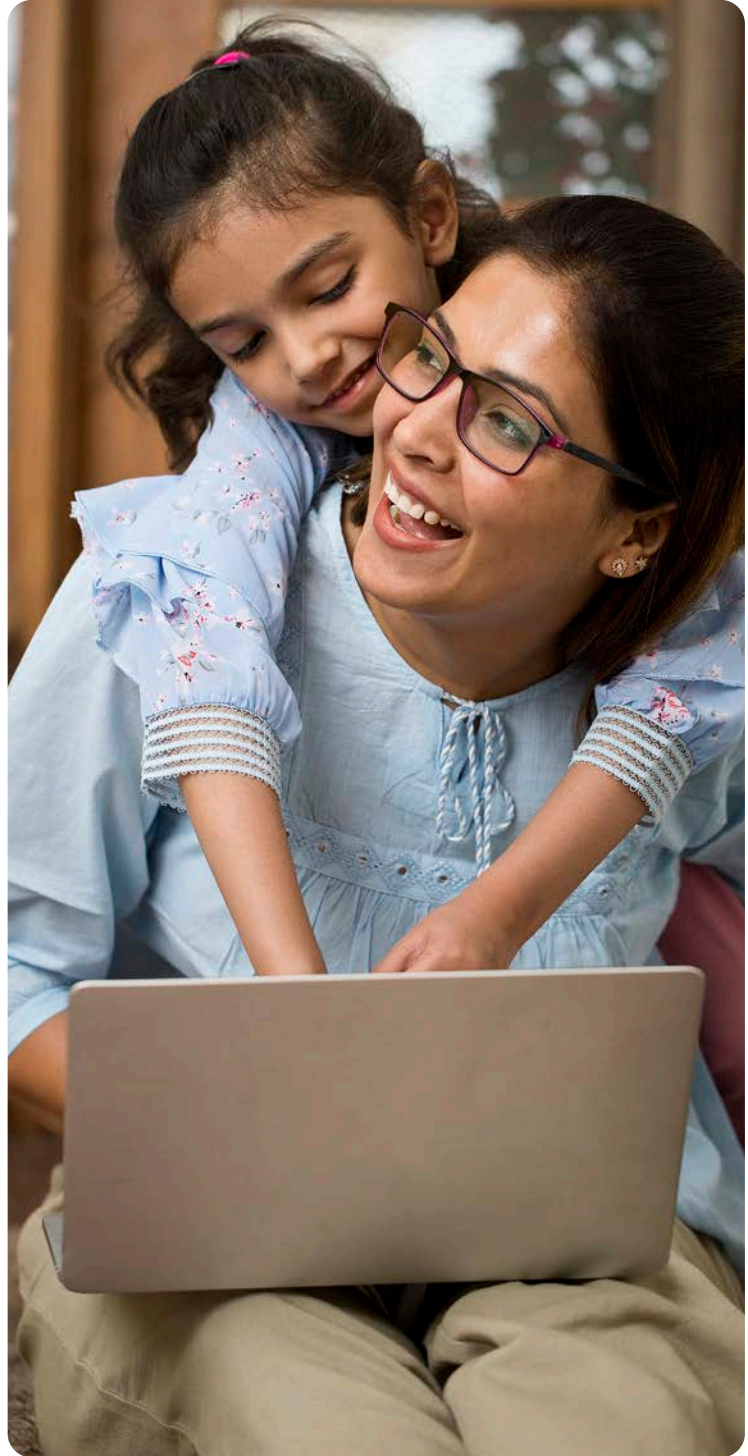
- **Measuring Impact.** It can be difficult to measure and demonstrate the impact of preventive strategies given their preventive nature.

Leveraging Technology

Leveraging technology involves using the power of technology, such as digital platforms and telemedicine, to optimize care within school settings so students can gain access to care, regardless of their geographic location or physical limitations. Digital approaches hold great potential to enable health care professionals to remotely diagnose, treat and monitor students' health conditions, promoting timely intervention and reducing barriers to health care. Leveraging technology also facilitates efficient data management, which enables comprehensive health records and personalized interventions. Innovative technological approaches in SBBH can improve health care delivery, making it more accessible, convenient and effective.

Challenges and Gaps

- **Digital Divide.** Access to reliable internet and appropriate technology varies significantly among students and their families, creating a digital divide that may limit the reach of digital approaches to SBBH.
- **Data Privacy and Security.** Protecting student health information in digital platforms can be challenging. Additionally, understanding how to navigate HIPAA and FERPA can be complex.
- **Technical Skills.** There may be a lack of technical skills among staff, students and families, inhibiting the effective use of digital health tools.
- **Funding for Technology.** Investment in necessary technology infrastructure and platforms can be substantial and difficult to secure on a sustainable basis.
- **Adaptation to Remote Care.** Some health care professionals may find it challenging to adapt their services to digital platforms and remote delivery.
- **Engagement.** Ensuring sustained engagement and usage of digital health tools by students and their families can be a significant challenge, impacting the effectiveness of digital approaches to SBBH.



Recommendations

To address some of these challenges and gaps, this section describes a variety of recommendations for the TAC, the federal grant sources identified in this paper, states and private philanthropy to consider in their efforts to support sustainable SBBH programs. The *companion* to this brief also identifies models and promising programs, policies, and tools that can also assist in mitigating these challenges. These recommendations would be best supported through a continued focus on interagency collaboration among ED, CMS and other HHS agencies.

Comprehensive Recommendations

The table on the following page contains a consolidated set of recommendations for key stakeholders, sorted into the categories from the prior section.



RECOMMENDATION	TAC	GRANTS	STATES	PHILANTHROPY
Financial Sustainability				
Assist school districts with identifying (for TAC) and supporting startup costs (for grants, states, philanthropy) and general readiness for the Medicaid billing process, prioritizing the needs of schools serving low-income populations	✓	✓	✓	✓
Assist states with expanding their school-based Medicaid programs post Free Care Rule reversal	✓	✓		
Distribute information about the most effective models of Medicaid billing for school-based behavioral health	✓		✓	
Highlight examples and best practices regarding blending and braiding of federal and state funds	✓		✓	✓
Fund and establish state-level technical assistance centers with consultants and expertise to facilitate implementation of SBBH programs at scale		✓	✓	✓
Provide funding to support SBBH for those who are underinsured			✓	✓
Care Integration				
Encourage and facilitate partnerships between schools, SMAs, SEAs, LEAs, health care providers, community-based organizations and other stakeholders to leverage resources, share expertise and create a coordinated system of care for students and families	✓	✓	✓	✓
Encourage the use of evidence-based and informed SBBH programs and interventions, and identify and/or offer training to implement these approaches	✓	✓	✓	✓
Provide template forms, technical assistance and examples of how states and communities have navigated privacy issues in HIPAA/FERPA to share data across education and health	✓			✓
Workforce Shortages				
Encourage expansion of provider types eligible for reimbursement under Medicaid by distributing best practices and examples	✓		✓	
Share resources on effective workforce recruitment, training and retention strategies	✓			✓
Support and/or highlight examples of Medicaid policies and reimbursement that promote the hiring, training, licensing and certification of providers, including nontraditional provider types and peer support models	✓	✓	✓	
Enhance grant and loan repayment programs for pediatric behavioral health professionals			✓	✓
Identify and highlight policies that promote retention of highly qualified professionals	✓		✓	✓

RECOMMENDATION	TAC	GRANTS	STATES	PHILANTHROPY
Equity and Prevention				
Identify (for the TAC) and/or develop strategies and resources to address disparities in access to school-based behavioral health services, particularly for students from marginalized or under-represented communities, non-English speaking families, and students with disabilities	✓	✓	✓	✓
Incorporate the voices of youth and caregivers in program planning and implementation regarding the services, programs and approaches that are most impactful to them		✓	✓	✓
Encourage and assist schools in providing trauma-informed and culturally competent services with a goal of identifying sustainable reimbursement sources		✓	✓	✓
Expand training and support for parents, teachers and school staff focused on improving general mental health literacy, early identification and intervention skills		✓	✓	✓
Provide startup funding for SBBH prevention/universal programs			✓	✓
Identify and disseminate (for the TAC) or develop new toolkits with practical strategies and examples of effective programs (for philanthropy) that engage families and youth	✓			✓
Leveraging Technology				
Share information and support the implementation of telehealth and digital behavioral health services, particularly for rural or underserved communities	✓	✓	✓	✓
Provide guidance and/or technical assistance to schools and districts in collecting, analyzing and using data to inform decision-making, monitor program effectiveness and drive continuous quality improvement around school-based Medicaid programs	✓	✓	✓	✓
Facilitate the use of the new school-based authority for the Pediatric Mental Health Care Access program			✓	

Legend

Recommendations related to:

- **TAC** = Actions the Technical Assistance Center, created by the BSCA (P.L. 117-159), can take to expand the capacity of SMAs, LEAs and school-based entities to provide assistance under Medicaid.
- **GRANTS** = Where the grants (\$50 million for Fiscal Year 2022) from the BSCA (P.L. 117-159) can help implement, enhance or expand the provision of assistance through school-based entities under Medicaid or CHIP.
- **STATES** = Actions states can take to foster SBBH services.
- **PHILANTHROPY** = Actions philanthropy can take to foster SBBH services.

Recommendations for the TAC

The TAC, along with federal agency partners, could fulfill some additional roles to identify, spread and scale innovative, promising and best practices among states.

- **Support Expanding and Optimizing Medicaid in School-Based Settings.** The TAC could support states in enabling the expansion of behavioral health services into schools. See the [companion](#) to this brief for a compilation of models and promising practices that emerged in the process of developing the convening and this brief.
- **Serve as a Clearinghouse.** The TAC could establish itself as a national clearinghouse for Medicaid waivers, State Plan Amendments, memorandums of understanding, data-sharing templates, and toolkits related to SBBH. It could curate the wide variety of federal grant opportunities available to support school-based health. These resources will allow stakeholders to navigate the complex landscape of Medicaid billing more efficiently and effectively.
- **Build and Leverage Learning Networks.** The TAC could establish learning collaboratives, bringing together SEAs, SMAs and LEAs from across the country. These collaboratives would focus on exchange of ideas and innovative practices to address Medicaid billing complexities, data-sharing and privacy practices, leveraging free care rule changes, and addressing workforce shortages. Through online webinars, workshops or conferences, the TAC could also facilitate knowledge sharing, dialogue, and capacity building among stakeholders. Follow-up resources like toolkits and guidance would promote sustained application of the knowledge gained. In addition, the TAC could collaborate with ongoing networks and support structures such as the [Healthy Students, Promising Futures Learning Collaborative](#), the [National Alliance for Medicaid in Education](#) and others. By fostering a strong network of stakeholders, these learning networks would drive self-reinforcing improvements in Medicaid billing for SBBH nationwide.
- **Provide Tiered Support With Technical Assistance Specialists.** Different geographies, from urban to rural areas, and different stages of Medicaid billing implementation, such as states that have or have not leveraged the free care rule reversal, require different types of technical assistance. To meet this need, the TAC could assign technical assistance specialists to work with a small number of states, focusing on their specific types or maturity of school-based Medicaid programs. Technical assistance specialists could also help identify relevant grant opportunities that states might be interested in applying to pursue.
- **Collaborate With Philanthropy.** The philanthropic sector has a unique role to play in risk reduction for new and innovative programs across the continuum of services. Especially for universal and prevention-based approaches, the TAC could collaborate with CMS and the philanthropic sector to identify approaches to evaluate programs that could in time be reimbursed by Medicaid or supported through blended or braided funding streams.
- **Promote Interagency Collaboration:** In 2022, HHS unveiled the [HHS Roadmap for Behavioral Health Integration](#) to prioritize policy actions to improve access to behavioral health care. To continue to advance the goals of the roadmap, federal agencies could collaborate with the TAC to establish a network of federal interagency contacts with representation from SAMHSA, HRSA and CDC in addition to CMS and ED. This would provide TAC clients with valuable support navigating the federal landscape by offering general guidance, support for blending and braiding of funds, and sharing best practices. Continued collaboration among these agencies would enhance the TAC's ability to provide comprehensive and tailored assistance to SEAs, SMAs and LEAs by promoting a collaborative and multidisciplinary approach to SBBH.

Conclusion

Supporting the physical and behavioral health of our nation's children and youth will necessitate collaboration and sustained commitment from providers, schools, payers, community-based partners, policymakers, the private sector, philanthropy, and youth and families themselves. The recommendations identified in this brief, along with the promising models and practices identified in the [companion brief](#), can catalyze important changes that support resilience and well-being. Federal and state policymakers, along with philanthropy, should consider ways to make progress in advancing the recommendations presented to support the optimal health and well-being of our nation's young people.