

# Expand School-Based Behavioral Health Services

## Summary:

Schools must be prepared to address the increased need for behavioral health services as a result of the COVID-19 pandemic. The Biden Administration can support state and local education agencies in this effort by ensuring schools have access to Medicaid reimbursement via the implementation of the [Medicaid Free Care Rule Reversal](#), offering updated guidance on how schools can leverage Medicaid to expand behavioral health supports, and aligning relevant American Rescue Plan investments to support student social-emotional health, expand school-based trauma-informed practices, and increase access to community-based supports.

## The Problem:

COVID-19 is having immediate and long-term consequences on the health and well-being of youth and adolescents. Prior to the pandemic, youth were already struggling with mental illness and substance misuse. Over the last decade, youth overdose deaths and suicide – the second leading cause of death among people ages 10-24<sup>i</sup> – have been on the rise, increasing by 58 percent and 56 percent<sup>ii</sup>, respectively. Emerging data<sup>iii</sup> suggest that young people are experiencing elevated levels of anxiety and depression as a result of COVID-19. For many young people, COVID-19 has disrupted usual access to behavioral health services, reduced positive social connections, and eliminated many protective factors that alleviate the consequences of toxic stress and trauma<sup>iv</sup>. This places young people – and particularly young people of color<sup>v</sup>, low-income young people<sup>vi</sup>, and LGBTQ+ young people<sup>vii</sup> – at greater risk for substance misuse, addiction, and suicide.

## The Solution:

Prior to COVID-19, schools already played a critical role in the delivery of health services. In fact, over one in three young people rely on schools as their primary source of mental health care<sup>viii</sup>. The Biden Administration can support schools in meeting the increased need for behavioral health services as a result of the COVID-19 pandemic by helping schools pair expanded Medicaid reimbursement and health service coordination with existing Department of Education (ED) resources and funding from the American Rescue Plan Act (ARPA). This can include:

1. Issuing joint guidance from the US Department of Health and Human Services (HHS) and ED on how to align and strengthen the investments from ARPA with existing Medicaid and Every Student Succeeds Act (ESSA) funds to maximize school-based substance use and mental health services for young people. This guidance should include:
  - a. Details on the level of flexibility and discretion schools have in determining how best to use this funding;
  - b. Examples of how funds earmarked for social-emotional services can be used to support broader school-based behavioral health care, including mental health services and substance use prevention and early intervention;
  - c. Information on how to use ARPA funding to hire school-based Medicaid coordinators at the state level and/or through local education agencies, and how doing so can support states in aligning and strengthening school-based health investments from these disparate funding streams.
2. Having the Center for Medicare and Medicaid Services (CMS) collaborate with ED to update the Medicaid School Health Technical Assistance Guide and the Administrative Claiming Guide to better support states in designing, expanding, and implementing their

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school-based Medicaid programs to meet the increased need for behavioral health supports as a result of the COVID-19 pandemic. This updated guidance should include:

- a. More detailed information on how states can expand their school-based health programs by implementing the 2014 CMS free care rule change that expands reimbursement for school health services to all Medicaid-enrolled students. Currently, there is no detailed guidance to support states with the implementation of the free care rule change, and since 2014 only 10 states have submitted the necessary state plan amendments (SPA) to implement it. Updated guidance should outline best practices for covering all necessary school health providers and health services, including EPDST benefits, existing school health personnel, health services that are already delivered in schools without reimbursement, and any other providers and services needed to adequately respond to the behavioral health consequences of COVID-19.
- b. A template SPA for states to use to expand school Medicaid programs via the implementation of the 2014 CMS free care rule change. Providing a template SPA would reduce the administrative burden and accelerate the uptake of this change among states, allowing them to more quickly respond to youth behavioral health needs as schools reopen.
- c. Best practices for how Medicaid can be leveraged by schools to address the increased need for mental health and substance use services as a result of COVID-19, including strategies for collaboration between schools and community-based providers, increasing reimbursement for substance use prevention and early intervention services delivered in schools, and building trauma-informed environments.
- d. Options for how to design and operationalize school billing methodology, including strategies that reduce administrative burden and documentation challenges associated with school-based Medicaid.

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<sup>i</sup> Curtin, Sally; Heron, Melonie. Death Rates Due to Suicide and Homicide Among Persons Aged 10–24: United States, 2000–2017. (2019). National Center for Health Statistics, US National Department of Health and Human Services:

<https://www.cdc.gov/nchs/data/databriefs/db352-h.pdf>

<sup>ii</sup> Olson, G.; De Biasi, A.; Ilakkuvan, V.; Auerbach, J. (2019). *Addressing a Crisis: Cross-Sector Strategies to Prevent Adolescent Substance Use and Suicide*. Trust for America's Health.

<sup>iii</sup> Mental Health America. (2020). *Mental Health America Releases May 2020 Screening Data; 88,000 Have Anxiety Or Depression, And Results Point To Possible Epidemic Of Suicidal Ideation*. <https://mhanational.org/mental-health-america-releases-may-2020-screening-data-88000-have-anxiety-or-depression-and-results>

<sup>iv</sup> Miller, C. (N.D.). Mental Health Disorders and Teen Substance Use. Child Mind Institute. <https://childmind.org/article/mental-health-disorders-and-substance-use/>

<sup>v</sup> Mitchell, Faith. COVID-19's Disproportionate Effects on Children of Color Will Challenge the Next Generation. (2020). The Urban Institute: <https://www.urban.org/urban-wire/covid-19s-disproportionate-effects-children-color-will-challenge-next-generation>

<sup>vi</sup> Georgetown University. COVID-19 Has Harmful Effects on Children in Low-Income Families, Researchers Find. (2020). Georgetown: <https://www.georgetown.edu/news/covid-19-has-harmful-effects-on-children-in-low-income-families-researchers-find/>

<sup>vii</sup> Adelson, Stewart MD; Ahola, Joanne MD; Barber, Mary MD; Casoy, Flavio MD; Drescher, Jack MD; Erickson-Schroth, Laura MD. *Impact of COVID-19 Crisis on LGBTQ Youth*. (2021). *Psychiatric Times*: <https://www.psychiatrytimes.com/view/impact-of-covid-19-crisis-on-lgbtq-youth>

Trevor Project. *Implications of COVID-19 for LGBTQ Youth Mental Health and Suicide Prevention*. (2020). The Trevor Project: <https://www.thetrevorproject.org/wp-content/uploads/2020/04/Implications-of-COVID-19-for-LGBTQ-Youth-Mental-Health-and-Suicide-Prevention.pdf>

<sup>viii</sup> Golberstein, E.; Wen, H.; Miller, B. (2020). Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents. *JAMA Pediatrics*: doi:10.1001/jamapediatrics.2020.1456