



# Financing Project Amp Implementation in Schools and School-Based Health Centers

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**S**tates save money when they invest in mental health and substance use prevention and early intervention for young people. In fact, according to the Substance Abuse and Mental Health Services Administration, **every \$1 invested** in effective school-based prevention and early intervention programs **saves states and local government up to \$18** by reducing future medical, justice system, and other costs. In this brief, learn about funding streams that schools and states can use to invest in Project Amp, a young adult peer-based substance use prevention and early intervention model that can cut costs and save taxpayer dollars.

Project Amp is a school-based model that brings together several evidence-based practices, including screening and brief intervention, motivational interviewing, and peer support to help young people at low to moderate risk of substance use. Project Amp is a flexible, youth-centered curriculum that can be delivered in schools, school-based health centers, and other health settings by near-age or young adult peer specialists with lived experience of recovery from substance use and related challenges. Preliminary [research](#) suggests that Project Amp promotes engagement, reduces substance use risk, and improves positive coping mechanisms and self-efficacy.

## Funding Project Amp in Schools:

- **Every Student Succeeds Act (ESSA):** ESSA is the main federal education law governing K-12 public schools, and [allows schools to use federal funds](#) to improve student health and safety. State education agencies are required to set aside at least 7 percent of Title I funds (awarded under ESSA) to support schools needing comprehensive and targeted assistance. These funds as well as Title IV dollars can support schools in implementing models like Project Amp. Schools can indicate in their strategic plans and needs assessments that substance use is

an issue among students. Because substance use increases chronic absenteeism and hinders [academic outcomes](#), schools can use ESSA dollars and [other federal](#) grants for the implementation of Project Amp.

Schools can also use these funds to pay community-based behavioral health organizations to deliver Project Amp in schools. This is a good approach for schools that don't have the capacity to directly hire, supervise, and support young adult peers.

- State + Local Budgets and Resources:** Most schools conduct needs assessments to understand what services their students need to do well academically. If substance use and related risks gets in the way of student achievement, schools can include these services in school improvement plans and budgets. Having these services in school improvement or business plans allows schools to justify the use of various funding streams in response to concerns, including state education dollars, private foundation dollars, or small grants from local businesses. [This resource](#) provides more details on financing brief intervention services—like Project Amp—through state and local resources.
- Integrate Project Amp into existing initiatives like multi-tiered systems of support (MTSS) and whole child approaches:** Project Amp is an early intervention service designed to maximize the positive outcomes of [youth screening, brief intervention, and referral to treatment \(SBIRT\)](#). The SBIRT model is based on a multi-tiered system of support framework that many schools are implementing across the United States. Within the MTSS framework, Project Amp is a tier II intervention. Any funding that schools are receiving to implement MTSS or whole-child approaches to education, which often include MTSS, can be used to fund Project Amp. *Note:* Project Amp does not have to be implemented within the broader SBIRT framework.
- The Medicaid Free Care Rule Reversal:** [The Medicaid Free Care Rule Reversal](#) refers to

a change made by the Centers for Medicare and Medicaid Services (CMS) that allows schools to bill Medicaid for health services delivered to all Medicaid-enrolled children—even if these services are also provided to non-Medicaid eligible students for free. Since 2014, ten states have made this change—by amending state Medicaid plans—in varying political environments. These states anticipate significant increases in state revenue as schools receive payment for the services they often already provide. For example, Colorado is projecting a [30 percent increase](#) in Medicaid revenue (or \$12 million) for the billing of services already being delivered in schools. By implementing this change, schools can use increased revenue to expand school-based health services, including Project Amp. Schools can also be reimbursed for services provided by young adult peers, although rules differ state to state.

## Funding Project Amp in School-Based Health Centers:

School-based health centers are often well equipped to provide [substance use prevention and early intervention services](#) to young people. Most SBHCs are part of larger health networks and have the health-billing infrastructure to support Project Amp delivery, especially SBHCs and health networks that hire peer specialists. Here are some ways SBHCs can finance Project Amp:

- Medicaid Fee for Service:** In the fee-for-service model, Medicaid reimburses providers for each service (e.g., screening, brief intervention, etc.) they provide to Medicaid enrollees. This requires institutions to bill per service provided. There are several codes for screening and brief intervention services. These codes set reimbursement rates for services provided.
- Medicaid Administrative Claiming:** Administrative claiming or [recognized cost reimbursement](#) includes reimbursement for coordinating services, including interagency work, planning, referrals, and case management.



Administrative claiming processes often allow institutions to bill for a larger volume of work and require less documentation and paperwork than fee-for-service billing. Schools or medical settings would need a cost reporting system that aggregates the costs of providing services on a quarterly or annual basis. Costs need to be allocated between services provided to Medicaid-enrolled students and those provided to non-Medicaid students to demonstrate that Medicaid is not paying for the administrative costs of service delivery for non-Medicaid students.

- **Medicaid Managed Care Organizations (MCOs):** Incorporating peer services into MCO contracts is another avenue toward financing peer support in medical settings, including SBHCs and community-based behavioral health organizations providing services in schools.

MCOs finance prevention and early intervention services in medical settings, and [nearly 70 percent](#) of all Medicaid enrollees receive care through MCOs. SBHCs that are part of MCO networks can negotiate directly with MCOs to include Project Amp into their contracts. SBHCs can also apply for MCO-sponsored [community grants](#) to pilot Project Amp in a specific geographic area. Not all MCOs offer community grants. Look into which MCOs offer these grants in your state. [Some states](#) have passed legislation requiring Medicaid MCOs to reimburse SBHCs and other providers considered “out-of-network.” The issue of “out-of-network” billing could present a barrier in states that have not passed this legislation. Alternatively, state agencies that manage MCO contracts can integrate Project Amp into RFPs.

This brief was generated in collaboration with [Community Catalyst](#).



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