

Leveraging Medicaid to Enhance School Mental Health Services and Supports



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Schools are a vital access point to meet demand for mental health services and supports.

Nearly 60% of adolescents receiving mental health support receive it in school. Given that nearly all children attend school and schools are widely accessible and frequented locations in their communities, expanding mental health services and supports in schools holds much promise for reducing inequities in mental health. Notably, Black, Hispanic, and rural students report having a harder time getting mental health support in school, pointing to the need for policy, programmatic, workforce, and other shifts that address these inequities.

Medicaid is a key policy lever to expand mental health access and equity.

Medicaid covers low-income children and half of Black, Hispanic, and Native American children. Medicaid policy in recent years offers states many options for meeting the increasing demands for school mental health (e.g., Free Care Guidance, Guidance on Addressing Mental Health and Substance Use Issues in Schools, Joint Policy Letter from HHS and ED, Comprehensive Guide to Medicaid Services and Administrative Claiming, CMCS Informational Bulletin on School-Based Services in Medicaid, CMCS Informational Bulletin on Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth), in addition to ample new guidance in 2022/2023.

This analysis sought to identify specific policy changes to increase the delivery of school mental health.

While opportunities abound, there are many barriers and a need for policy changes to encourage and support states in expanding school-based Medicaid across all tiers. As outlined in Advancing Comprehensive School Mental Health Systems: Guidance from the Field, schools deliver a multi-tiered system of support (MTSS), spanning Tier 1 (mental health promotion services and supports), Tier 2 (early intervention services and supports), and Tier 3 (treatment services and supports). Prior research and policy analysis has focused mainly on the role of Medicaid in supporting Tier 3 treatment services delivered in schools by school-district employed providers. Without an understanding of how to finance and scale Tier 1 and 2 mental health promotion and prevention, including those services and supports provided in schools by health center or other community-based organization employees, schools are missing a vital opportunity to enhance the mental well-being of their students.

This analysis leveraged key informant interviews (with research and policy leaders in school mental health, Medicaid experts, and leaders of professional associations of school health providers) along with additional information gathering to develop recommendations for Medicaid policy changes to reduce barriers and leverage opportunities to improve mental health services and supports in schools.



Six topline conclusions illuminate ways to bolster comprehensive school mental health systems delivering a multi-tiered system of support.

1

Medicaid is a key funder of mental health services, primarily in **Tier 3**.

2

Braiding and blending funds is necessary to support a multi-tiered system of support in schools.

3

There is a great opportunity to improve student mental health and well-being by **expanding Tier 2** services and supports.

4

Lack of workforce and **limited workforce diversity** hinder efforts to expand access to high quality services and supports.



5

Teaming structures at all levels would improve current systems and results.

6

Technical assistance and training will speed up the adoption of new policies to expand access.

Recommendations within nine thematic areas provide concrete next steps to enhance school mental health access, quality, and equity.

 <p>Funding</p> <p>Adapt funding to support comprehensive and sustainable cross-sector work.</p>	 <p>Workforce</p> <p>Strengthen and diversify the workforce to increase access to mental health services and supports in schools.</p>	 <p>Training & TA</p> <p>Provide supports to help schools, districts, and states build and sustain comprehensive mental health systems.</p>
 <p>Systems Building</p> <p>Build comprehensive school mental health systems to promote positive school climate, social and emotional learning, and mental health and well-being, while reducing mental illness.</p>	 <p>Moving Upstream</p> <p>Promote mental health and well-being and prevent mental illness by increasing population health approaches and prevention strategies to address social determinants of health and education.</p>	 <p>Accountability</p> <p>Ensure meaningful accountability through oversight and incentives.</p>
 <p>Teaming</p> <p>Implement teaming structures to improve the quality, effectiveness and efficiency of mental health services and supports.</p>	 <p>Medicaid Levers</p> <p>Leverage all Medicaid levers to increase access to and sustainability of mental health services and supports in schools.</p>	 <p>Technology</p> <p>Leverage technology to increase access to mental health services.</p>

The following table outlines key recommendations that arose from the interviews conducted for this study. Asterisks denote recommendations that are addressed in current guidance from the federal government (as of April 2023) reviewed for this study. For a list of the current federal guidance reviewed, as well as examples of states and other entities that have implemented certain recommendations, please contact the report authors. The indicated actors are based on research and may not be comprehensive. The actors listed are:

- Communities
- CMS - U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services
- Districts – School Districts
- ED – U.S. Department of Education
- Governor’s Offices
- HHS – U.S. Department of Health and Human Services
- HHS/HRSA – U.S. Department of Health and Human Services Health Resources and Services Administration
- Schools
- School Districts
- State Ed – State Education Agencies
- State Health – State Health/Public Health/Health and Human Services Agencies
- State Medicaid – State Medicaid Agencies



Adapt funding to support comprehensive and sustainable cross-sector work.

Funding

Include requirements for coordination across sectors in federal grants.	HHS
Lengthen the time frames for federal grants to allow more time to have impact and develop sustainability plans.	HHS
Build a continuum of care without the confines of funding streams.	Communities
Consider broadening the priorities of the National Institute of Mental Health related to youth mental health to ensure funding for robust and comprehensive research.	HHS



Strengthen and diversify the workforce to increase access to mental health services and supports in schools.

Workforce

Consider adapting school funding formulas to include adequacy of mental health professional ratios in schools.	State Ed
Ensure that school-employed licensed providers can provide and bill for Medicaid mental health services, including by aligning licensure and billing requirements across state Medicaid, health, and education agencies.*	State Medicaid State Ed
Establish practice networks willing to accept referrals from schools for mental health services and create referral systems.*	State Health
Consider including school-employed mental health professionals in teacher contracts to improve their pay and benefits.	State Ed
Increase the mental health workforce by expanding relevant loan repayment and forgiveness and scholarship programs.*	State Health HHS/HRSA
Align mental health provider licensing across states to increase access to mental health professionals at state borders.	State Health
Increase the pipeline of mental health professionals by providing stipends for K-12 school-based student training experiences.	State Health
Create or leverage certificate programs (emergency or more permanent) to qualify mental health professionals to work in schools, assuring quality while expanding access.	State Health State Ed


Workforce	Increase pipeline of mental health professionals by building awareness of career opportunities with young people (e.g., high schoolers) and community members providing other types of social supports.	State Health
	Consider establishing GME-like system for school-based providers to support training and increase the pipeline.	HHS
	Expand the use of non-licensed professionals to provide mental health services when appropriate, thus reserving the limited licensed mental health workforce for services that only they are qualified to provide.*	State Medicaid State Health
	Expand use of peers to provide mental health services when appropriate, thus reserving the limited licensed mental health workforce for services that only they are qualified to provide.*	State Medicaid State Health
	Expand the mental health workforce that can provide services in schools by qualifying other licensed providers such as Marriage and Family Therapists to provide mental health services in schools.	State Medicaid State Health
	Ensure that medical necessity processes do not create barriers to accessing care or engaging providers in serving Medicaid enrollees.*	State Medicaid
	Consider a supervision management framework to expand the provision of school mental health services by licensed and non-licensed providers.	State Health
	Build referral relationships between schools and mental health providers in the community to refer students for services provided in community settings.*	Districts
	Encourage partnerships between higher education institutions and states or school districts to augment the pipeline of mental health providers trained to work in schools.	Governor’s Office



Provide supports to help schools, districts, and states build and sustain comprehensive mental health systems.




Training & Technical Assistance	Train all school personnel to support students’ social, emotional, and behavioral health.	Schools State Ed
	Provide clear guidance, templates, and tools to make it easier for states to bill for school health services and provide multiple options for school-based claiming in Medicaid.*	CMS
	Create universal, freely accessible data infrastructure to make it easier for schools and districts to collect student data.	State Ed

Training & Technical Assistance	Create templates for Medicaid state plan amendments and waivers to make it easier for states to request permission to leverage CMS guidance.	CMS
	Provide training for state, districts, and schools on how to identify and maximize all school mental health resources, from Medicaid to grants.	ED HHS
	Establish a technical assistance center to help states increase access to and fund school mental health, as directed by the Bipartisan Safer Communities Act.*	CMS ED
	Host continuous improvement collaboratives for school districts.	HHS ED
	Consider establishing a community of practice of all school mental health technical assistance providers.	HHS ED
	Engage relevant professional associations in technical assistance efforts so they can help disseminate information, best practices, etc.	CMS ED HHS
	Establish peer support training programs to train individuals with lived experience to fill peer positions.	ED HHS



Build comprehensive school mental health systems to promote positive school climate, social and emotional learning, and mental health and well-being, while reducing mental illness.

Systems Buiding	Utilize resourced teams to conduct school-wide needs assessments and align prevention resources, programming, and staff time, as well as school protocols and processes, with identified needs and gaps.	Schools
	Strengthen meaningful student and family engagement.	Schools
	Include mental health literacy in K-12 curriculum requirements.	State Ed
	Incorporate whole school approaches to social, emotional, and behavioral health, not just individual approaches.	Schools
	Establish screening and data systems to identify issues early.*	Schools
	Ensure that students are eligible to receive services across tiers, even if they are receiving Tier 3 services.	Schools
	Ensure a focus on the well-being of school staff.	Schools
	Update the research on youth mental health given the opportunities and challenges faced by the current generation of youth (e.g., social media, climate change), using mixed methods, education and health data, and considering lived experience and practice-based evidence.	HHS


Systems Buiding	Strengthen care coordination between school-based providers and community providers.*	Schools
 Promote mental health and well-being and prevent mental illness by increasing population health approaches and prevention strategies to address social determinants of health and education.		
Moving Upstream	Ensure the engagement of schools in accountable health communities, Integrated Care for Kids, or other holistic models that seek to improve the well-being of communities.	CMS State Medicaid State Health
	Consider a structure of graduated terms for federal grants, from planning to implementation to sustaining and scaling.	HHS
	Leverage ESSA Titles 1 and IV funding to provide universal mental health programming in schools.	State Ed Districts Schools
	Connect with other social systems, such Community Schools, to address social determinants of health and education.	Schools Districts
 Ensure meaningful accountability through oversight and incentives.		
Accountability	Implement the Bipartisan Safer Communities Act provisions related to EPSDT accountability.*	CMS
	Leverage the 2024 requirement for states to report every measure in the Medicaid Child Core set to improve accountability.	CMS
	Consider including cross-sector measures, including measures of student mental health, in state education accountability and reporting systems, and including academic measures in health.	State Ed State Health
 Implement teaming structures to improve the quality, effectiveness and efficiency of mental health services and supports.		
Teaming	Implement state-level children’s cabinets to maximize cross-sector partnerships.	Governor’s Office
	Institute student case management by teams in schools, ensuring an individual responsible for coordinating across tiers and providers.	Schools
	Institute student case management across child-serving systems.	State Health State Ed



Leverage all Medicaid levers to increase access to and sustainability of mental health services and supports in schools.

Medicaid Levers

Implement a temporary enhanced FMAP for school mental health services.*	CMS
Increase Medicaid reimbursement rates for behavioral health services.*	State Medicaid
Ensure that providers are able to bill Medicaid for prevention services based on all available billing codes.	State Medicaid
Conduct a demonstration through Center for Medicare and Medicaid Innovation to identify options for value-based payment arrangements for mental health services in schools.	CMS
Ensure that mental health services can be provided and reimbursed without a requirement for a diagnostic assessment or a diagnosis, including in Medicaid.*	CMS
Encourage states to expand school-based billing beyond IEP population per 2014 guidance.*	CMS
Ensure that federal Medicaid reimbursement for school-based services is reinvested in provider services.*	State Medicaid State Ed
Provide clear guidance to states on billing for school health services to prevent compliance issues the Inspector General might identify.*	CMS
Issue an updated school health administrative claiming guide (as required in the Bipartisan Safer Communities Act) clarifying what can be paid for, what providers can deliver services, and covering telehealth and managed care.*	CMS
Provide planning grants and technical assistance, including sharing best practices, to make it easier for schools to bill Medicaid for school health.*	CMS
Provide guidance on coordination of and billing for Medicaid-eligible school health services in states with Medicaid managed care structures.*	CMS
Encourage participation in the Healthy Students, Promising Futures learning collaborative to get technical assistance and support in expanding Medicaid school health services.	State Medicaid
Leverage 2015 Medicaid guidance to expand the use of non-licensed professionals (including peers) to provide mental health services when appropriate, thus reserving the limited licensed mental health workforce for services that only they are qualified to provide.*	State Medicaid

Medicaid Levers	Leverage Children’s Health Improvement Program Health Services Initiatives to increase resources for school mental health services.*	State Medicaid
	Align Medicaid and Families First Prevention Services Act to increase the provision of preventive mental health services.*	State Medicaid
	Ensure Medicaid reimbursement for screening and brief mental health interventions in schools (including grief, anger management, etc.), including brief interventions delivered by non-licensed providers.	State Medicaid
	Establish schools as eligible sites of service delivery for Medicaid services.	State Medicaid
	Implement quality measures and performance incentives to encourage more mental health services in schools.	State Medicaid
	Continue expanded Medicaid policies enacted during COVID to ensure access (e.g., approved provider types, telehealth, cross-state policies).*	CMS
 Leverage technology to increase access to mental health services.		
Technology	Leverage telehealth to maximize access to the currently available mental health workforce.*	Schools
	Continue Medicaid reimbursement for tele-behavioral health services.*	CMS State Medicaid
	Increase funding for gaming and other technologies that can engage youth in self-care.	HHS
	Consider reimbursement for mobile apps with evidence of improving youth mental health.	CMS

