

Funding Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Public Schools

School-based drug and alcohol prevention can significantly improve the academic performance and the physical and behavioral health of students. Schools are uniquely positioned to reach a broad population of young people, including those who are at risk for drug or alcohol misuse. Schools are also a vehicle for reaching students who may be disconnected from other services or supports. This resource includes strategies for leveraging [Medicaid reimbursement](#), [state and local budget resources](#), and [federal funding](#) to support prevention initiatives, including SBIRT, in K-12 school* settings.

MEDICAID REIMBURSEMENT

Medicaid is currently a key source of revenue for many school districts across the United States. Medicaid funds are commonly used for delivering special education services but public schools may also receive reimbursement for drug and alcohol screening and brief intervention provided to Medicaid-eligible students. Medicaid rules vary by state but there are generally three types of opportunities for schools:¹

1. Reimbursement for services provided (fee-for-service)
2. Funds for coordination of services (administrative claiming)
3. Funds gained by partnering with a provider or community organization (leveraged funds)

Depending on state Medicaid regulations, school districts can use the funding mechanisms above to support school-based SBIRT. This opportunity is available in states where [screening and brief intervention \(SBI\) codes](#) are included in the state's Medicaid plan, or when SBIRT is provided as part of the state's [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#) benefit.

Advocacy Strategies

- ✓ **Determine if screening and brief intervention is reimbursable by Medicaid in your state.**

The most reliable way to discover if your state has active SBI codes is by referencing your state's Medicaid fee schedules or provider billing manual, which should be available online on your state's Medicaid website. These resources outline the services that are reimbursable through Medicaid in your state. It will be useful to look for the following information:

- Are screening and brief intervention services included in the manual?
- Which providers can be reimbursed by Medicaid for these services (e.g., school nurses, counselors, other school personnel, etc.) and in which settings?
- Are there any limitations on the recipients of the screening and brief intervention services? For example, some states may limit reimbursement to services delivered to adolescents, adults, pregnant women, etc.

**This resource covers prevention activities delivered in school settings. School-based health centers will be addressed in a forthcoming "Medical Setting" companion resource.*

Similarly, each state has an EPSDT provider manual that should be posted on the state's Medicaid website. It will indicate if drug and alcohol screening and brief intervention are allowable services under EPSDT in your state.

The National Academy for State Health Policy developed the [State-by-State Guide to Behavioral Health Services for Children Covered by Medicaid and CHIP](#). This is a useful resource summarizing the screening, treatment and referrals covered by Medicaid in each state. It is a good idea to check your state's EPSDT manual to confirm the information provided here in case any policies have changed.

✓ **Meet with Medicaid officials to learn more about reimbursement opportunities.**

Armed with the preliminary information referenced above, advocates can meet with Medicaid officials – such as the state Medicaid director or staff at local/regional Medicaid offices – to explain the importance of school-based drug and alcohol prevention and uncover additional reimbursement information that may be useful for school administrators.

Below are a few issues advocates may want to address in these conversations:

- Are there any additional requirements or limitations on school Medicaid billing that may not be outlined in the provider manual?
- Can school districts bill Medicaid for administrative costs associated with coordinating a screening and/or brief intervention program?
- If screening and brief intervention is not reimbursable in your state, it might be helpful to ask about other allowable services under Medicaid that may support a universal school-based drug/alcohol screening program.

✓ **Inform school boards, school administrators, and other community members of opportunities to support drug and alcohol misuse prevention through Medicaid.**

Equipped with information on Medicaid billing options, advocates can work with school administrators to identify avenues to fee-for-service, administrative claiming or leveraged funding to support SBIRT.

School boards will be a key player in these conversations. School boards are usually responsible for approving any health screenings that are provided district-wide, and they make financial decisions regarding the school budget. It is also important to consult with other key stakeholders, such as school administrators (principals and superintendents), parents (through the PTA or other parent groups) and students.

Example from New York: New York City Public Schools partner with a community group, the [Children's Aid Society](#), to provide behavioral health services to children throughout the city. Medicaid fee-for-service funds support about half of the budget of the program, while other resources from the Children's Aid Society cover the remaining costs.²

- ✓ **Ensure school administrators and Medicaid officials in your state know about the “free care” rule change.**

Until recently, public schools could not bill Medicaid for care provided to Medicaid-eligible students if the care was available for free to other students. A [rule change](#) issued by the Centers for Medicare and Medicaid Services (CMS) in December 2014 lifted the “free care” restriction.

Decision makers at your state Medicaid office (i.e. the state Medicaid director or staff at local/regional offices) or school administrators may not know this barrier was removed. Advocates can pave the way for additional school-based Medicaid billing by informing these key decisions makers about the rule change.

- ✓ **Help school districts identify partnerships to leverage Medicaid funds.**

Advocates can facilitate partnerships between a school district and a Medicaid-certified provider, such as a community health center or drug and alcohol treatment provider – ideally a program that specializes in treating youth.

These providers can offer services on site at a school or school-based health center. Schools can also refer students to these providers when problematic substance use is detected. This partnership can leverage funding that neither entity could generate on its own.

Example from California: Los Angeles School District receives Medicaid funds through a partnership with the Los Angeles County Department of Mental Health to cover the costs of providing Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to students.³

RESOURCES

- [How to Obtain Medicaid Funding for School-Based Services](#): A guide for schools and providers that outlines how to access Medicaid funding for school-based health services.
- [Medicaid Offers New Strategies to Prevent Substance Misuse](#): A brief overview of the CMS rule change that lifted limitations on Medicaid billing by schools.
- [Medicaid Payment for Services Provided without Charge \(Free Care\)](#): Guidance issued by CMS regarding Medicaid billing in schools.
- [State-by-State Guide to Behavioral Health Services for Children Covered by Medicaid and CHIP](#): A reference developed by the National Academy for State Health Policy (NASHP) summarizing the screening, treatment and referrals covered by Medicaid in each state.

STATE AND LOCAL BUDGETS

There are several opportunities for advocates to secure funding for SBIRT by engaging in the school budgeting process. Funding is needed for the delivery of SBIRT and/or the backfilling of the regular duties of the school personnel who are conducting the screening or brief intervention. Training and ongoing technical assistance to support school personnel is also needed. Below are suggested strategies for navigating the school budgeting process to secure support for school-based SBIRT.

Advocacy Strategies

- ✓ **Work with your state’s school nursing association to advocate for increased funding to support school nurses’ involvement in SBIRT.**

School nurses are an ideal provider for SBIRT in school settings. However, as school budgets continue to be squeezed, allocations for school nurses are often cut back. Current funding levels may not enable nurses to take on these additional roles. It’s important to remember this and ensure that adequate fiscal resources accompany any additional workload demands placed on school nurses.

School nurse positions are typically funded as a line item in local school district budgets and included in special education budgets. Additional support often comes from departments of health/public health. Advocates can work with the [statewide nursing associations](#) and identify possible avenues for securing additional funding from these sources for drug and alcohol prevention.

Example from Massachusetts: Advocates secured a [\\$40,000 increase in the state budget](#) to expand the Department of Public Health’s capacity to train and support additional school nurses to administer SBIRT in middle and high schools across the state.

- ✓ **Engage with state agencies to support SBIRT training.**

Learn which agencies or organizations fund and deliver training to school personnel on mental health, substance use or other related topics. The lead education agency (usually called the Department of Education or Office of Public Instruction) is typically responsible for coordinating the training of school personnel.

School nurses will have specific training requirements related to their licensure. Each state has its own [Alcohol, Tobacco, and Drug Use Education standards](#). Advocates can explore the opportunity of pitching SBIRT to be included in these curriculums.

Alternatively, if your state currently or previously conducted a SAMHSA-funded SBIRT project, the lead entity on that grant may still be active and providing SBIRT training to other providers and may have the capacity to train school personnel.

Example from Wisconsin: Department of Public Instruction (through the [Safe & Healthy Schools Training & Technical Assistance Center](#)) provides teachers and other school personnel with training for alcohol and drug prevention programs, including school-based SBIRT.

✓ **Advocate for including SBIRT in the school budget.**

Advocates can elevate screening and early intervention as a priority for the school budget. In most states, school boards are ultimately responsible for approving the school budget. School administrators (principals and superintendents), parents (through the PTA or other parent groups), and students are also important players in the budgeting process.

School boards are generally required to hold public hearings on the budget, and some districts allow the public to comment or add to the hearing agenda. Advocates should find out when and how key funding decisions are made, which budget items are controlled by the school board, and where there might be opportunities to engage in the budget process.⁴

Specific budget asks may include increased support for school counselors or other school personnel to conduct screenings and/or brief interventions or funding for a universal drug and alcohol screening initiative.

Keep in mind that school boards are consistently struggling with limited resources and judging various priorities from teachers, administrators, parents, and other community members. It's important to recognize those challenges and make the case that implementing screening and brief intervention is an efficient and effective use of funds that can improve the academic and social development of the students.⁵

RESOURCES

- [Sample Budget Request to State to Support SBIRT Training to Schools](#): A budget ask developed by the Children's Mental Health Campaign in Massachusetts to expand on existing school-based SBIRT training.
- [Estimated Cost of School-Based SBIRT from Wisconsin](#): A resource developed by Wisconsin Citizen Action to estimate the cost of implementing SBIRT in school districts across the state.
- [Association of School Administrators: School Budgets 101](#): A guide from the American Association of School Administrators outlining the school budget process. This is a good introduction for advocates with limited knowledge of school budgets.

FEDERAL FUNDING SOURCES

There are several federal grants currently available to support drug and alcohol prevention initiatives in school settings.

One way federal funds are distributed to state and local government agencies is through block grants (also called formula grants). This type of funding is unique in that all states receive funds based on a set of criteria, usually using characteristics of the state's population and/or the resources already available in the state to support the services that would be provided through the grant.

Legislation or regulations set the parameters for the block grants but the lead state agency – which differs depending on the grant – has discretion in how the funds are allocated. Most block grants require states to conduct a needs assessment and submit an application annually to lay out the intended use of the funds.

It is important to note that block grant funding is typically fiercely protected by the programs that currently rely on these funds. However, with respectful and careful coordination, there may be room to collaborate or improve the use of these funds. The following list includes grants that are particularly suited to support school-based SBIRT and strategies for leveraging the funds.

Advocacy Strategies

✓ **Leverage the Substance Abuse Prevention and Treatment Block Grant for SBIRT.**

The [Substance Abuse Prevention and Treatment Block Grant \(SABG\)](#) provides funds to states through the [single state authority for substance abuse services](#) to plan, implement, and evaluate activities that prevent and treat substance misuse and promote public health.

States can use SABG block grant funds for SBIRT services.⁶ However, that funding may not come from the 20 percent of the state's SABG funds allocated to primary prevention strategies.

States are required to have a “stakeholder input process” in place to inform the annual application to the federal government for the block grant.⁷ Each state's SABG applications should be posted on the state government website. The applications outline the process through which stakeholder feedback was collected.

Most states have a Behavioral Health Planning/Advisory Council that provides feedback to the state administration, state legislature and/or governor on how the state should use the their SABG. The councils are comprised of advocates, consumers, family members of consumers and other stakeholders.

Advocates can leverage SABG funds for SBIRT or other school-based prevention by engaging in the block grant planning process by joining the advisory council and ensuring that school boards, parents, students and/or other key school officials are part of this planning process as well.

Example from New Hampshire: Advocates worked with the governor's planning council to leverage SABG funds to support a wide range of prevention activities. Following the state's expansion of Medicaid, block grant funds previously supporting treatment were shifted to prevention, including one large school-based prevention program. Currently, \$1.35 M in SABG funds are allocated to the [Student Assistance Program](#), which includes prevention education, early identification and referral to services for youth.

✓ **Identify avenues for schools to use Maternal and Child Services Block Grant (Title V) for school-based screening.**

The [Maternal and Child Services Block Grant \(Title V\)](#) is distributed by the Health Resources and Services Administration (HRSA) and is governed by the state's department of health/public health. The purpose of this funding is to improve the health of women, children and families.

Thirty percent of these funds are earmarked for preventive and primary care services for children. The grant [underwent a transformation](#) in 2015 which included the creation of an Adolescent and Young Adult Health National Resource Center (AYAH-NRC) and an additional focus on adolescents/young adults up to age 24.

Title V funds are commonly used for school health services, including health screenings (e.g., vision, hearing, obesity), general health promotion and to support the day-to-day operations of school-based health centers.⁸ Substance misuse prevention is an allowable activity under this grant, but it is not typically an area of focus for Title V. When states do use Title V funds for these activities, it's usually targeted to prevention for pregnant women.⁹

While school-based drug and alcohol screening and brief intervention is not commonly supported by Title V funds, it is permissible. Advocates can develop partnerships within the state public health agency to identify opportunities to use Title V to support school-based prevention. For example, states may be interested in expanding existing school health screenings to include drug and alcohol assessments and/or brief interventions.

There is an opportunity for advocates to weigh in about block grant spending during a public comment period required as part of the state's application process. Unlike the SAMHSA block grants, there is no requirement for a planning council with consumer representation. However, advocates can encourage and help parents, students and other stakeholders to voice their support of drug and alcohol screening during the comment period.

✓ **Leverage Department of Education Formula Grants for school-based SBIRT.**

The United States Department of Education (DOE) distributes formula grants to each state through the [State Educational Agencies \(SEAs\)](#) to support public schools. The SEAs coordinate the various DOE grants and allocate funds to local educational agencies (LEAs). An LEA is usually a school district or another entity that manages the public schools at the local level. Below are two DOE grants that may be suited for drug and alcohol prevention initiatives.

[Elementary and Secondary Education Act \(Title 1\)](#): The purpose of this grant is to enhance the educational attainment of young people living in low-income communities. This program mandates that the school districts with the highest percentage of children from low-income families receive the most funding. Title 1 funds can be used for health-related services in school-wide programs, such as screening and brief interventions.¹⁰

Example from Kentucky: A public school in Fayette County uses the Title I funds provided by their school district to implement a prevention curriculum called [Second Step](#) throughout the entire school.¹¹

[21st Century Community Learning Centers](#): This formula grant is allocated to each state, but a competitive application process is used to award funds to local educational agencies (LEAs). This grant is designed to bolster academic achievement for students in high-poverty and low-performing schools using after-school and summer programs. Substance use prevention and counseling is an allowable activity under this grant.¹²

In general, the allocation of DOE funds can be contentious, especially given increasingly tight education budgets. Districts may rely on these grants for existing programs – perhaps other drug and alcohol prevention programs – and may be reluctant to engage in conversations about diverting the grants elsewhere.

However, advocates can simply inform key stakeholders about the range of activities that could be supported with DOE funding. Advocates can also educate state officials and key decisions makers in school districts about the importance of promoting universal evidence-based prevention. Advocates can emphasize the importance of protecting DOE grants and ensuring those funds are used in the most efficient way possible to address the state’s needs for substance use prevention in elementary and secondary schools.

RESOURCES

- [Application for the SAMHSA Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grant](#): This issue brief summarizes SAMHSA’s block grant application process, highlighting recent changes to the program.
- [Substance Abuse Prevention and Treatment Block Grant \(SABG\) Summary](#): This is a brief overview of the SABG, which was developed by the National Association of State Alcohol and Drug Abuse Directors.
- [Best Practices for State Behavioral Health Planning Councils](#): This is an in-depth report that would be particularly useful for advocates who are interested in learning more about the history and function of planning councils. The first 15 pages are most useful. The remaining sections provide an analysis of several planning councils.
- [Environmental Scan: Addressing the Needs of Adolescents in State Title V Programs](#): This research report was developed by the Association of Maternal & Child Health Programs (AMCHP). It contains a useful summary of how Title V supports school health (page 7) and substance abuse programs (page 8).
- [A Guide to Federal Education Programs That Can Fund K-12 Universal Prevention and Social and Emotional Learning Activities](#): This is a lengthy resource but the introduction is particularly useful in providing an overview of federal funding sources for education programs.

References

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² Ibid

³ Ibid

⁴ Ellerson N. School budgets 101. (2011). American Association of School Administrators. Retrieved from http://www.aasa.org/uploadedFiles/Policy_and_Advocacy/files/SchoolBudgetBriefFINAL.pdf

⁵ American Civil Liberties Union of Washington Foundation (2007). Parents' guide to school board advocacy in Washington. Retrieved from https://aclu-wa.org/library_files/Advocacy_guide_parents_3_07.pdf

⁶ Substance Abuse and Mental Health Services Administration (SAMHSA). FY 2016-17 Draft Block Grant Application. Retrieved from http://www.samhsa.gov/sites/default/files/bg_application_fy16-17_12112014_final_draft_clean_rev_r122914d.pdf

⁷ Ibid

⁸ The Association of Maternal & Child Health Programs (2014). Environmental scan: Addressing the needs of adolescents in state Title V programs. Retrieved from: <http://www.amchp.org/programsandtopics/AdolescentHealth/Documents/Adolescent%20Health%20Environmental%20Scan%202015.pdf>

⁹ The Association of Maternal & Child Health Programs (2014). Environmental scan: Addressing the needs of adolescents in state Title V programs. Retrieved from: <http://www.amchp.org/programsandtopics/AdolescentHealth/Documents/Adolescent%20Health%20Environmental%20Scan%202015.pdf>

¹⁰ Rentner, D.S., Price, O.A. (2014). Guide to federal education programs that can fund K-12 universal prevention and social and emotional learning activities. The Center for Health and Health Care in Schools, Center on Education Policy. Retrieved from: <http://www.cep-dc.org/displayDocument.cfm?DocumentID=437>

¹¹ Ibid

¹² Ibid