

RESTART & RECOVERY: LEVERAGING FEDERAL COVID RELIEF FUNDING & MEDICAID TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

OPPORTUNITIES FOR STATE EDUCATION AGENCIES



**HEALTHY SCHOOLS
CAMPAIGN**



THE COUNCIL OF CHIEF STATE SCHOOL OFFICERS

The Council of Chief State School Officers (CCSSO) is a nonpartisan, nationwide, nonprofit organization of public officials who head departments of elementary and secondary education in the states, the District of Columbia, the Department of Defense Education Activity, Bureau of Indian Education, and five U.S. extra-state jurisdictions. CCSSO provides leadership, advocacy, and technical assistance on major educational issues. The Council seeks member consensus on major educational issues and expresses their views to civic and professional organizations, federal agencies, Congress, and the public.

COUNCIL OF CHIEF STATE SCHOOL OFFICERS

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INTRODUCTION

In 2020 and 2021, Congress passed three relief bills that provided over \$190 billion to the Elementary and Secondary Emergency Education Relief (ESSER) Fund. The funding to state education agencies (SEAs) and local education agencies (LEAs) represents a historic opportunity to support the conditions of learning and to address inequities in education.

It has long been clear that mental health issues present a major challenge for students and impact their ability to learn and thrive. In the past year, the COVID-19 pandemic has intensified the mental health and emotional needs of students and staff across the country. The good news is that schools can play a critical role in supporting student and staff wellbeing and connection. This work can include connecting students and staff to mental health services and supports, as well as implementing universal programs and supports that address the mental health of all students and staff, such as coordinating schoolwide programs promoting mental health awareness for families, students and staff; implementing tiered systems of support to provide universal and targeted supports to students; fostering relationships with support staff, mentors and community agencies; and implementing strategies to support educator wellbeing.

In the past year, Congress has allocated over \$190 billion in emergency funding to K-12 schools through the Coronavirus Aid, Relief, and Economic Security Act (CARES), Coronavirus Response and Relief Supplemental Appropriations (CRRSA) and America Rescue Plan Act of 2021 (ARP). Together, funds from these three sources comprise the [Elementary and Secondary School Emergency Relief Fund](#) (ESSER). Because ESSER funds are a one-time-only injection of funding into the system, one important way to leverage them is to use them to build the capacity of SEAs and LEAs to support wellbeing and connection so that they are well equipped to continue this work after ESSER funds are spent. This includes leveraging ESSER funds to strengthen programs that generate sustainable sources of funding, such as Medicaid, for school mental health programs and services.

Chief state school officers can play a critical role in ensuring ESSER funds are invested at the state and local levels in a strategic, sustainable way that advances student and staff wellbeing and connection.

The guide highlights how SEAs and LEAs can use ESSER funds to support wellbeing and connection and how ESSER funds can be leveraged to access additional funding streams to ensure the efforts initiated with federal funds are sustained.

THE NEED

The COVID-19 pandemic has impacted the mental health and emotional wellbeing of students and staff across the country. Mental Health America reported that in 2020, 14% of youth suffered from at least one major depressive episode in the past year.¹ Data from the Centers for Disease Control and Prevention (CDC) indicates that mental health-related emergency department visits are up 24% for children (age 5-11) and 31% for youth (age 12-17).² Twenty-two percent of parents report their child's mental health or emotional health is worse than before the pandemic.³ While schools serve as a key source of mental health programs and supports for children and youth, 68% of principals report having insufficient school-based mental health professionals to meet student needs.⁴

In addition, COVID-19 has significantly impacted staff mental health.⁵ In a survey conducted last summer by the National Board for Professional Teaching Standards, the vast majority of teachers reported working longer hours following school building closures, and only 28% said their school offered adequate support for mental health. This is particularly important when it comes to teacher retention. Last August, a national survey found that one in three teachers indicated the pandemic has made them more likely to leave teaching.⁶

While student and staff mental health issues are increasing as a result of the pandemic, this problem is not new. Mental health issues present a major challenge for students. Prior to the pandemic, it was estimated that as many as one in five children living in the United States experience a mental disorder in a given year, and approximately 40% of adolescents experience a mental health condition each year. Three quarters of all students receiving mental health services receive those services in schools.⁷

In terms of staff mental health, a national survey conducted by the American Federation of Teachers in 2017 found that nearly two-thirds of educators usually feel stressed—which is twice the level felt by workers in the general population. In addition, 58% of educators reported their mental health was not good for seven or more days in the last month.⁸

When the mental health needs of students and staff are met, both groups are less likely to be absent and more likely to be engaged in and feel connected to school. Prevention approaches, including relationship-based connections to school and social-emotional learning, can support teacher retention and improve academic outcomes. In addition, interventions for moderate to severe needs are effective in decreasing student dropout, suspension rates, truancy (some by 50% margins), and chronic absenteeism while increasing prosocial behavior, graduation rates and school engagement.⁹

While the connection between student and staff mental health and learning is clear, many policies and practices at the national, state and district levels historically have made it challenging for schools to integrate emerging best practices for advancing student and staff wellbeing and connection into the daily routine of school. For example, school systems that have decided to prioritize improved student mental health services often struggle with sustainable funding, because of what is known as the “wrong pocket problem,” where schools are forced to bear the expense of mental health-promoting policies, because systems are not in place to share the cost burden appropriately across sectors. In addition, there are often significant data-sharing barriers between education systems and health systems that make it challenging to provide school-based mental health services in a meaningful way.

¹ <https://www.mhanational.org/issues/2021/mental-health-america-youth-data>

² <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

³ https://www.cdc.gov/mmwr/volumes/70/wr/mm7011a1.htm?s_cid=mm7011a1_w

⁴ NAEPS Midyear National Principal Survey on Covid-19 In Schools

⁵ [Teaching Under COVID-19: Perspectives from National Board-Certified Teachers](#)

⁶ <https://www.nea.org/advocating-for-change/news-from-nea/safety-concerns-over-covid-19-driving-some-educators-out>

⁷ Duong, M. T., Bruns, E. J., Lee, K., Cox, S., Coifman, J., Mayworm, A., & Lyon, A. R. (2020). Rates of mental health service utilization by children and adolescents in schools and other common service settings: A systematic review and meta-analysis. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-20.

⁸ <https://www.aft.org/news/survey-shows-educators-are-feeling-stressed-out>

⁹ <https://www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf>

THE NEED

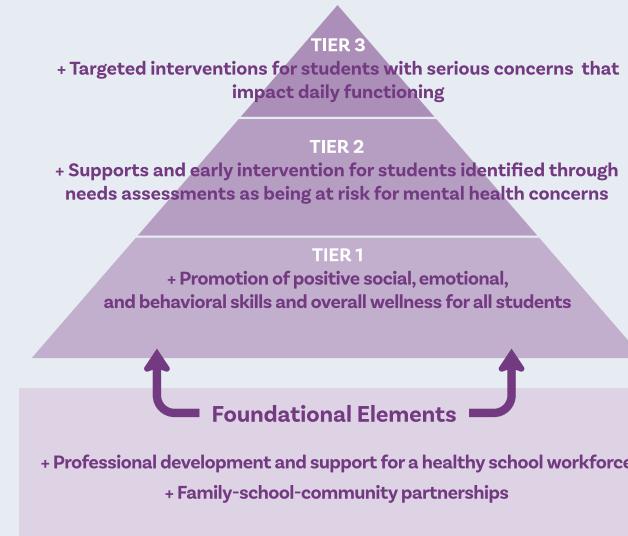
ESSER funds can help address some of these challenges, by (a) ensuring that states and school districts have the funding to implement best practices to support student and staff wellbeing and connection, and (b) building the capacity and infrastructure needed to sustain this work in the long run. This work in the long run.

COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEMS

Many states have implemented policies that have successfully expanded access to comprehensive school mental health systems using a multi-tiered system of support (MTSS), that promotes mental health and reduces the prevalence and severity of mental illness. Many SEAs have adopted statewide frameworks that promote the use of MTSS in LEAs to support student mental health. The MTSS approach ensures that all students can access mental health services, including students in both general and special education, and that all students have exposure to universal mental health supports.

For more information about comprehensive school mental health systems see the National Center for School Mental Health's (NCSMH) [Advancing Comprehensive School Mental Health Systems: Guidance from the Field](#).

FIGURE 1. MULTI-TIERED SYSTEM OF SUPPORT



[Advancing Comprehensive School Mental Health Systems: Guidance from the Field](#)

THE OPPORTUNITY

ESSER funding presents an historic opportunity for SEAs and LEAs to support student and staff wellbeing and connection, especially student mental health. SEAs and LEAs have a tremendous amount of flexibility in how they use ESSER funds. Because ESSER funds are a one-time-only injection of funding into the system, SEAs and LEAs can use them to build their capacity to support wellbeing and connection, so that the agencies are well equipped to continue this work after ESSER funds are spent. This includes leveraging ESSER funds to strengthen programs that generate sustainable sources of funding—such as Medicaid, ESEA Title II and Title IV funding at the SEA level and Title I and Title IV at the LEA level—for school mental health programs and services.

Many districts, attempting to connect students with essential mental health supports as soon as possible, will instinctively plan to use this funding to hire providers or contract with new programs. Chief state school officers can support LEAs in using ESSER for capacity-building, to ensure that students and staff have access to these programs and supports after ESSER funds are spent. In addition, chiefs state school officers have an opportunity to consider how they can use the funding reserved by the SEA to advance this work.

OVERVIEW OF ESSER

SEAs receive funds based on the same proportion that each state receives under the Elementary and Secondary Education Act (ESEA) Title I-A. SEAs must distribute at least 90% of funds to LEAs based on their proportional share of ESEA Title I-A funds. SEAs have the option to reserve 10% of the allocation for SEA level activities.

TABLE 1 OVERVIEW OF ESSER FUNDS

	CARES ACT (March 2020)	CRRSA (December 2020)	ARPA (March 2021)	TOTAL
K-12	\$13.2 billion	\$54.3 billion	\$122.8 billion	\$190.3 billion
SEAS & LEAS MUST OBLIGATE FUNDS BY:	September 30, 2022	September 30, 2023	September 30, 2024	

SEAs and LEAs have a tremendous amount of flexibility in how they use ESSER funds and supporting student and staff wellbeing and connection is an allowable and encouraged use of funds. The U.S. Department of Education (ED) published a [Frequently Asked Questions](#) document which includes additional details about how ESSER funds may be used in pre-K-12 education. ED also released a [reopening handbook](#) with guidance on mental health and student supports throughout.

LEVERAGING ESSER FUNDS TO ACCESS SUSTAINABLE FUNDING STREAMS

Identifying sustainable funding mechanisms for student and staff mental health supports and services implemented with ESSER funds is critical to ensuring the long-term success of efforts to support student mental health. ESSER funds can also be leveraged to strengthen programs that generate sustainable sources of funding for efforts that support student and staff wellbeing and connection. Chief state school officers are well positioned to make investments at the state level and guide investments at the local level to build the capacity and infrastructure needed to maximize these sustainable sources of funding for efforts that support student and staff wellbeing and connection. A key mechanism for sustainably funding school mental health programs and services is Medicaid. In addition, ESSER funds can be used to support the braiding and blending of funds at the state and local levels to advance this work.

STRENGTHENING & EXPANDING SCHOOL MEDICAID PROGRAMS

For more than 30 years, Medicaid has played a key role in paying for certain physical and behavioral health services delivered in schools, and it can be a significant and sustainable source of revenue to support school-based health services. Medicaid is the third-largest source of federal funds for K-12 schools, behind Title I and Individuals with Disabilities Education Act (IDEA) funding. Medicaid pays for health services delivered in schools to Medicaid-enrolled students, including a wide range of behavioral and mental health services. However, Medicaid operates differently than many traditional sources of funding for schools; it is important to understand how it works—including its opportunities and its limitations. In addition, by virtue of the population it serves, Medicaid can be a particularly powerful avenue for advancing health and education equity.

As ESSER decisions are made, it is important to invest in infrastructure, staffing and policy and programs that work in concert with the state's school-based Medicaid program. It is important for states and LEAs to make investments that put in place programs and staffing which, down the road, may be reimbursable by the state Medicaid program after ESSER funds are spent. The current influx of federal funds is a tremendous opportunity to invest in school mental health supports, including hiring additional staff and making other investments, while ensuring that over time Medicaid sustainably supports the services delivered. Doing so will require cooperation and coordination among state Medicaid, SEA and LEA staff. Chief state school officers can play a critical role in leading this collaboration; they also can ensure that the SEA is supporting LEAs in effectively leveraging Medicaid to support student mental health. Two useful resources are CCSSO's [Understanding School Medicaid: A Primer for Chief State School Officers](#) and the Healthy Schools Campaign's [Guide to Expanding Medicaid-Funded School Health Services](#).

Lessons learned from states that have strong school-based Medicaid programs today suggest some high-level guidelines, including:

- **Strong school-based Medicaid programs require coordination among state Medicaid, SEA and LEA staff, at a minimum.**
- **Dedicating staff to coordinate Medicaid programs at every level helps to clarify and facilitate the implementation of school-based Medicaid reimbursement.**
- **Investments in infrastructure are important to the long-term success of programs.**
- **A robust, transparent policy ecosystem--including research, guidance documents and policy manuals--helps promote understanding and compliance.**
- **Education, technical assistance and opportunities for continued learning are needed to facilitate school-based Medicaid programs.**
- **Family and staff education and engagement are critical components of a successful program.**

LEVERAGING ESSER FUNDS TO ACCESS SUSTAINABLE FUNDING STREAMS

USING MEDICAID REIMBURSEMENT TO SUPPORT WELLBEING & CONNECTION

As of 2021, all states have a school-based Medicaid program (Wyoming became the 50th state to establish a program, thanks to a new law passed in April 2021). A participating LEA can be reimbursed a percentage of every qualified service delivered by a qualified provider to a Medicaid-enrolled student. State Medicaid agencies, in partnership with the federal government, establish policies for exactly who is covered, which services are covered, and who the eligible providers are, based on their unique state Medicaid plan. As a result, each state's Medicaid program is very different—and every state's Medicaid school-health program is unique.

Medicaid can reimburse LEAs for a wide range of school-based services. Examples of the types of services Medicaid might pay for in a given state include but are not limited to: nursing services; mental and behavioral health services; occupational, physical, and speech therapy; physician services; optometry services; respiratory therapy; dental services; diagnostic, screening, preventive and rehabilitative services; and nutritional services. To be eligible for Medicaid reimbursement, the service must be delivered by an eligible provider. The types of providers commonly included in the state Medicaid plan include school nurses, counselors, school psychologists, speech-language pathologists, physical therapists and occupational therapists.

Medicaid's funding stream is guaranteed and sustainable. For the delivery of every covered service that meets state requirements, LEAs can submit a claim and be reimbursed. While Medicaid reimbursement is often not high enough to cover all the costs of delivering the service, it can represent a significant funding stream into the district.

LEAs often have flexibility in terms of how they invest the reimbursement generated by their program. As a best practice--and in some places, this is required--Medicaid can create a funding stream that can be used to support the direct delivery of health services and/or the implementation of activities that support student health. For example, Medicaid funding could be used to support mental health across all tiers of an MTSS framework. What is most critical is setting the precedent of reinvesting Medicaid reimbursements in school health programs and services.

It is important to reiterate that the school-based Medicaid program reimburses LEAs for services that are *delivered*. It is not upfront funding or a grant. Payment is directly tied to services delivered by a Medicare-approved provider to a Medicaid-enrolled student. Medicaid does not pay for program start-up expenses, the costs of hiring and onboarding new staff, or training and professional development. Instead, LEAs can utilize ESSER funds to establish new programs or hire staff; then, over time, the services themselves may be eligible for Medicaid reimbursement.

LEVERAGING ESSER FUNDS TO ACCESS SUSTAINABLE FUNDING STREAMS

MEDICAID-FUNDED PARTNERSHIPS TO SUPPORT WELLBEING & CONNECTION

Access to behavioral and mental health services is consistently identified as the area of greatest need among the students. Through school-based Medicaid, LEAs can leverage new revenue for services delivered by district-employed providers. Schools can also add capacity to serve student mental health through partnerships with school-based community providers, community mental health centers, hospitals and other external providers. These external providers may already be qualified Medicaid providers. When serving a Medicaid-enrolled student, the external partners can do their own billing for student health services.

Many LEAs already have strong relationships with school-based community providers who can expand the available workforce--and there are many different ways to structure these partnerships. It is important, however, to ensure for a formal partnership--such as a Memorandum of Understanding-- and to clarify the role of school-based community providers in delivering services in schools. For example, school-based community providers may be dedicated to augmenting an existing MTSS by providing primarily Tier 3 services to youth in general education with significant mental health needs, while school-employed professionals may allocate their efforts primarily to Tiers 1 and 2 and to youth in special education.

EXPANDING SCHOOL-BASED MEDICAID PROGRAMS

In 2014, the Centers for Medicare and Medicaid Services (CMS) [clarified](#) that Medicaid can pay for health and mental health services delivered in schools to Medicaid-enrolled students without an individualized education program (IEP). This change creates tremendous potential for LEAs to use Medicaid funds to support and enhance health and behavioral health services offered in schools. States can now permit LEAs to receive Medicaid reimbursement for Medicaid-eligible services provided to all Medicaid-enrolled students in school-based settings (not just services included in a student's IEP). However, to advance this opportunity, states need to make a series of updates to policy and practice, including potentially amending their state Medicaid plan. For an overview of state-level activity to implement this, see [State Efforts to Implement the Free Care Policy Reversal](#), a paper published in May 2021 by the Healthy Schools Campaign and Community Catalyst.

To take advantage of this opportunity, SEAs and LEAs can join forces to consider their options for expanding school Medicaid programs and work with their Medicaid agency to leverage it. The Medicaid agency holds primary responsibility for putting policies in place to expand the school Medicaid program, but SEAs and LEAs need to be ready to implement the program.

A key component of a successful expansion is training and written guidance on the state's school Medicaid program. This includes training for key stakeholder groups, such as district administrators and school health providers, and written guidance that outlines key components of the school Medicaid program, such as Medicaid eligible services and providers. While the state Medicaid agency plays a critical role in developing the necessary guidance and training, the SEA can also support the dissemination of this information and provide additional support. For example, the Ohio Department of Education worked with key agencies to create a [school-based health care toolkit](#) with key resources to support the delivery of school health services in the state.

ESSER funds can be used throughout this process. They can be used to develop a state interagency taskforce to make recommendations for how to expand the school Medicaid program. ESSER funds also can be used to support the SEA rollout, including for training and staffing and to support implementation of the change.

LEVERAGING ESSER FUNDS TO ACCESS SUSTAINABLE FUNDING STREAMS

EXPANDING SCHOOL-BASED MEDICAID IN MICHIGAN

In early 2019, Michigan Legislature passed Senate Bill 149, which allocated \$31 million to provide licensed school behavioral health providers for general education students. The bill also directed Michigan's state Medicaid agency to expand their school Medicaid program to allow LEAs to seek Medicaid reimbursement for services provided to all Medicaid-enrolled students (not just services included in a student's IEP/IFSP). Expanding the school Medicaid program was identified as a key mechanism for sustainably funding the licensed school behavioral health providers after the \$31 million was spent. Michigan received approval from CMS to expand their school Medicaid program in August 2019 and began implementation in October 2019.

The investment of funding, coupled with the promise of Medicaid as a sustainable funding mechanism, has allowed the state to significantly expand its school behavioral health workforce. Prior to the expansion, there were 1,738 school behavioral health providers across the state and 253 school nurses. By spring of the 2020-2021 school year, there were 2,975 school behavioral health providers and 307 school nurses. The state expects to more than cover the costs associated with the new providers through the state's significantly increased Medicaid revenue. Other states could consider following Michigan's lead by investing ESSER funds in expanding the school behavioral health provider workforce and strengthening their school Medicaid program to ensure sustainable funding of these positions.



LEVERAGING ESSER FUNDS TO ACCESS SUSTAINABLE FUNDING STREAMS

BRAIDING & BLENDING FUNDING

ESSER funds also can be used to build the capacity of SEAs and LEAs to effectively braid and blend different funding streams to ensure sustainability of school mental health programs. This can include issuing [state level guidance](#) that highlights the different funding streams available to support student mental health or establishing a [statewide, cross-sector partnership](#) that ensures funding streams are being utilized and aligned to support children's mental health across all sectors.

There are many funding streams for efforts that support student and staff wellbeing and connection that can be braided and blended to amplify the efforts implemented with ESSER funds and to ensure that the work is sustained. The Education Commission of the States' brief on [State Funding for Student Mental Health](#) highlights the different funding streams that can be leveraged to advance efforts to support student and staff mental health.

In addition, ARP includes funding streams for different sectors that present opportunities to support student and staff wellbeing and connection. Cross-agency coordination at the state and local levels is critical to ensuring that these funds are invested in a strategic way. Examples of additional ARP funding that can be braided to augment ESSER funding include:

\$1 billion for Head Start.

Head Start programs include key services and supports that address the mental health of children, families and staff. The increased funding for Head Start creates opportunities to expand Head Start programs and support early childhood social-emotional growth.

\$7.66 billion for the U.S. Department of Health and Human Services for the public health workforce.

This includes funding for state, local and territorial public health departments to hire a range of staff to respond to COVID, including public health nurses, community health workers and any other staff positions that may be required to prevent, prepare for and respond to COVID. This funding could be used to hire additional school health providers who could play a role in supporting student mental health.

\$30 million for Project AWARE.

Project AWARE provides funding to states to build and expand the capacity of SEAs to increase awareness of mental health issues among school-aged youth; provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues in children and young adults; and connect children, youth and families who may have behavioral health issues with appropriate services.

\$1.5 billion for Substance Abuse Prevention and Treatment Block Grant.

This includes funding to award grants or contracts to schools and state or local governments to provide mental health and substance use disorder training for healthcare professionals, paraprofessionals and public safety officers.

Chief state school officers can play a key role in collaborating with their cross-agency partners to support strategic investment of these funds; they also can support LEAs in local-level collaboration to access these funds.

EXAMPLES OF HOW STATES CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

The following are examples of allowable uses of COVID relief funds for SEAs that support student and staff wellbeing and connection. These examples focus on investments that support capacity-building and infrastructure while employing best practices and sustainable funding strategies. It is important to note that this list is not exhaustive but provides examples of opportunities to invest ESSER funds today to strengthen student mental health now and into the future. Many of these strategies may require the hiring of staff. Consider hiring contract labor, offering stipends for current staff or contracting with appropriate agencies or partners. If new full-time employees are needed, consider which funds will sustain that position and/or how the work will continue, as needed, beyond ESSER funding.

The following examples fall into categories that align with best practices for supporting sustainable and scalable efforts to support student and staff wellbeing and connection:

- **Understand the Policy Environment**
- **Foster Meaningful Collaboration**
- **Strengthen and Expand School Medicaid Programs**
- **Promote MTSS Implementation**
- **Enhance Data Systems and Collection**
- **Build LEA Capacity**

FOCUS	ESSER-FUNDED IMPLEMENTATION STRATEGIES	RESOURCES
Understand the Policy Environment	Convene a team and conduct a facilitated process to analyze policy needs at the state-level to promote student mental health and school climate.	Massachusetts' Safe and Supportive Schools Framework : Develops a safe and supportive schools framework that districts can choose via Board vote to implement; creates a self-assessment tool and a committee.
	Conduct a scan for state-level legislation and policies that are inclusive of mental health, equity, trauma-informed practices, and positive school climate and culture.	Recent state policies have been primarily focused around: <ul style="list-style-type: none"> • Incorporating behavioral health into health education curricula. • Encouraging or requiring school staff training and professional development. • Improving school-based supports and services. • Changing attendance policies. • School climate such as school-wide positive behavioral interventions and supports (PBIS) or integration of social-emotional learning (SEL) or character education. SHAPE System School Mental Health Policy Map : The map displays and links to key state-level policies and information related to school mental health. State/territory leaders can also enroll a state team into SHAPE to conduct a state-level analysis of school mental health policies, funding, and infrastructure.
	Convene a team of diverse stakeholders to take stock of current SEA programs and initiatives related to wellbeing and connection and identify opportunities for alignment and coherence	Integrating Social and Emotional Learning Within a Multi-Tiered System of Supports to Advance Equity: Toolkit from AIR, CASEL and CCSSO outlines key actions to intentionally integrate SEL into MTSS with a focus on equity, alongside state examples. Serving the Whole Person: An Alignment and Coherence Guide for State Education Agencies : Designed to help state leaders implement conditions for equitable learning and development for students, families, and educators, through their work to improve the alignment and coherence of their whole-person initiatives.

EXAMPLES OF HOW STATES CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

FOCUS	ESSER-FUNDED IMPLEMENTATION STRATEGIES	RESOURCES
Foster Meaningful Collaboration	Engage families, youth, and communities in planning and implementing school mental health services and programs.	<p>Authentic Youth Engagement in Pennsylvania: Information on Pennsylvania's efforts to instill youth engagement principles throughout both community and school district activities, and in state-level planning and policy direction.</p> <p>Creating Conditions for Meaningful Family Engagement for Pre-K through High School: Resource intended for educators and family leaders interested in strengthening their family engagement approaches and practices in schools and classrooms.</p> <p>Dual-Capacity Building Framework for Family-School Partnerships</p>
	Establish cross-sector collaborations with key partner agencies (e.g. Medicaid, public health, human services, healthcare, universities) through regular convenings.	<p>Illinois Children's Mental Health Partnership: Statewide public/private partnership to improve scope, quality and access for youth mental health services and supports.</p> <p>Virginia Partnership for School Mental Health: Statewide partnership that creates an interprofessional network of school mental health providers.</p>
	Create mental health promotion media campaigns and awareness building more broadly (posters, videos, Podcasts, etc. for LEAs).	<p>Maryland's Children's Mental Health Matters School Champion campaign: Includes digital resources to support local mental health awareness efforts.</p>
	Invest in statewide technology platforms that support student mental health and facilitate data collection on school mental health (e.g. telehealth, screening and assessment platforms).	<p>Building a School-Based Telehealth Program in South Carolina: Overview of school-based telehealth program which brings together multiple state agencies and partners.</p>
	Issue state-level guidance that highlights the different, cross-sector funding streams available for supporting student mental health and opportunities for braiding and blending these streams of funding.	<p>NOTE: State agencies such as public health and human services often have grant funding to support youth mental health efforts such as addressing substance misuse and suicide prevention.</p> <p>Washington's Office of the Superintendent of Public Instruction's Guide to Unlocking Federal and State Program Funds to Support Student Success: Guide on how federal and state funding streams can be used to meet specific student and staff needs.</p>

EXAMPLES OF HOW STATES CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

FOCUS	ESSER-FUNDED IMPLEMENTATION STRATEGIES	RESOURCES
Strengthen and Expand School Medicaid Programs	Prioritize investments in Medicaid eligible providers and services so that, in time, LEAs can seek Medicaid reimbursement.	Medicaid eligible school health providers by state : Lists the types of school health personnel qualified for Medicaid reimbursement for the delivery of school nursing services and behavioral health services by state.
	Fund a cohort of LEAs that do not currently participate in the state's school-based Medicaid program to explore opportunities for beginning a program.	A Guide to Expanding Medicaid-Funded School Health Services : Materials, best practices, and introductory content for LEAs and state policymakers on school-based Medicaid.
	<p>Develop and disseminate materials from the SEA for LEAs to support implementation of the school Medicaid program:</p> <ul style="list-style-type: none"> Work with the state Medicaid agency to provide guidance to LEAs on a wide range of topics including how Medicaid can pay for school-based behavioral health services, including early intervention and prevention services and Tier 1 MTSS services. Provide best practices and template materials to LEAs that they can use in their school-based Medicaid program, including parental consent forms, draft memorandum of understanding (MOU) with school-based community partners and plans of care. 	Ohio School-Based Health Care Toolkit : Suite of resources, including sample parental consent forms and draft MOUs, developed through a cross-agency partnership to support access to school-based health care.
	Develop and disseminate materials from the SEA to the LEAs about partnerships with local hospitals, community-based mental health providers, and other local medical practices in order to expand capacity.	Missouri: Expanding the Behavioral Health Workforce in Schools using Free Care : Overview of Missouri's dual approach to expanding school health services by partnering with community-based mental health providers and by expanding reimbursement for district-employed providers.
	Hire designated staff members within the SEA to oversee school-based Medicaid, build cross-agency collaboration, and provide technical assistance to LEAs.	Additional information about your state's existing school Medicaid program, including current staffing, is available on your state's school Medicaid website .
	<p>Invest in longstanding infrastructure projects:</p> <ul style="list-style-type: none"> Invest in the technical support, training and equipment needed for statewide platforms to support the school Medicaid program (e.g., electronic health records, documentation, billing). Invest in telehealth technology and training for school health providers, especially for those services that could be billable by Medicaid. Lower cost barriers to the establishment of school-based health centers by issuing grants to LEAs and school-based community providers to cover startup costs. 	<p>Building a School-Based Telehealth Program in South Carolina: Overview of school-based telehealth program which brings together multiple state agencies and partners.</p> <p>School-Based Health Care - State Policies and Funding: Additional information on state funding for school-based health centers.</p>

EXAMPLES OF HOW STATES CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

FOCUS	ESSER-FUNDED IMPLEMENTATION STRATEGIES	RESOURCES
Promote MTSS Implementation	Outline how the Multi-tiered Systems of Support (MTSS) Framework will be implemented or utilized to support mental health.	<p>Wisconsin Department of Public Instruction: Using PBIS to Help Schools Become More Trauma-Sensitive: Outlines how to use a framework for schools to become more trauma-sensitive.</p> <p>Colorado Framework for School Behavioral Health: Blends MTSS from the education realm with a System of Care (SOC) more commonly used in the public health arena.</p>
	Create a compendium of evidence-based strategies for addressing the mental health and wellness of students during and after distance learning or an inventory of existing initiatives across state agencies that support each tier of MTSS and identify opportunities for alignment and coherence.	<p>Arizona School and Behavioral Health Partnerships: A Resource Guide: Outlines tools for schools to meet mental health needs of students.</p> <p>New York's Evidence-Based Program Guidance for Substance Use Prevention Education in Schools: This guidance offers information about substance use prevention evidence-based programs.</p> <p>National Evidence-Based Program Registries:</p> <ul style="list-style-type: none"> • What Works Clearinghouse (ED) • Evidence-Based Practices Resource Center (SAMHSA) • Blueprints for Healthy Development (University of Colorado-Boulder Center for the Study and Prevention of Violence) • Model Programs Guide (Office of Juvenile Justice and Delinquency Prevention) • Collaborative for Academic, Social, and Emotional Learning (CASEL) Guide (CASEL)
	Issue guidance on strategies LEAs can use to support staff wellness across all tiers of MTSS.	<p>Kentucky's Guidance on Supporting Student and Staff Wellness: Kentucky Department of Education created guidance that includes strategies for addressing grief, loss and traumatic stress among students and staff.</p>
	Create or enhance state academic standards to include SEL and mental health content and skills (e.g., suicide prevention, substance misuse, healthy relationships, etc.). This could include providing stipends and convening experts/teachers to develop/review standards and compile high-quality mental health curricula for LEAs to consider implementing.	<p>Colorado Academic Standards: Comprehensive Health Education and Physical Education</p> <p>SEAs across the nation are including social, emotional learning (SEL) into academic standards. According to CASEL's 2018 State Scorecard Scan, all 50 states have preschool SEL competencies and/or standards and 18 states have K-12 SEL competencies and/or standards.</p> <p>New York State School Mental Health Education: New York requires schools to provide mental health instruction as part of K-12 Health curriculum.</p>

EXAMPLES OF HOW STATES CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

FOCUS	ESSER-FUNDED IMPLEMENTATION STRATEGIES	RESOURCES
Enhance Data Systems and Collection	Build structures to integrate mental health or school climate data into state reporting/accountability systems, (e.g., school performance frameworks or school improvement plans, ESSA-required state or school report cards).	<p>Illinois 5Essentials Survey: Gauges school climate and learning conditions in Illinois schools. Survey data is included in statewide school accountability and improvement systems.</p> <p>Nevada School Climate / Social Emotional Learning Survey: Administered to students across Nevada and is used by schools to measure and understand their students' perceptions of key school climate topic areas.</p> <p>Eight states include school climate data in their statewide school accountability and improvement systems and many other states encourage or require school climate surveys.</p> <p>Chronic absence data can be a useful tool in identifying students at greatest academic risk, many of whom have mental health challenges.</p>
	Provide guidance to LEAs on how to conduct universal screenings and wellbeing check-ins as a strategy for identifying the strengths and needs of students in the LEA.	<p>Universal Social, Emotional, and Behavioral Screening for Monitoring and Early Intervention: The California Department of Education provided guidance to LEAs about universal social, emotional, and behavioral screening for mentoring and early intervention, including examples of quality screeners, and a roadmap for implementation.</p> <p>School Mental Health Quality Guide on Screening: This guide contains background information on school mental health screening, best practices, possible action steps, examples from the field, and resources.</p>
	Enhance data systems by building data pipelines and either modifying student information systems (SIS) or supporting LEAs in modifying their SIS to capture mental health data.	<p>Linking state education, health and social services data can play a key role in supporting identification of students in need of support.</p> <p>Electronic Health Records: An Essential Tool for School Nurses to Keep Students Healthy</p>
	Conduct asset mapping to identify existing resources, programming, policies and grant funding as well as needs and gaps.	<p>School Health Assessment and Performance Evaluation (SHAPE) System: A public-access, web-based platform that offers schools, districts, and states/territories a workspace and targeted resources to support school mental health quality improvement.</p>

EXAMPLES OF HOW STATES CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

FOCUS	ESSER-FUNDED IMPLEMENTATION STRATEGIES	RESOURCES
Build LEA Capacity	<p>Identify or hire staff within the SEA to:</p> <ul style="list-style-type: none"> Provide technical assistance and direct support to LEAs on school mental health. Act as liaison and lead cross-sector collaboration. Develop and update guidance documents and resources. 	<p>Maine Department of Education created the Office of School and Student Supports (O3S), which created a resource guide and a pre-K through 12 SEL curriculum for school districts to choose to use.</p> <p>Minnesota's Safe and Supportive Schools Act: Creates a technical assistance committee at the department to provide resources and a school climate improvement model.</p> <p>Georgia (Ga. Code Ann. § 20-2-155): Establishes a state-wide school climate management program to provide on-site technical assistance to help local schools and systems that request assistance in developing school climate improvement efforts.</p> <p>School Mental Health Quality Guides: The School Mental Health Quality Guides is a series developed by NCSMH to guide school mental health system quality improvement. The guides contain background information on each domain, best practices, possible action steps, examples from the field, and resource guidance.</p>
	<p>Support LEA partnerships with community providers to meet student mental health needs by providing guidance such as sample MOUs, example data sharing agreements with community partners, sample referral policies, etc.</p>	<p>Missouri updated state guidance to support school-based community providers in delivering and billing Medicaid for services in schools.</p> <p>School Mental Health Quality Guide on Teaming: The School Mental Health Quality Guide on Teaming provides guidance and resources, including example MOUs, on how to establish and sustain effective partnerships with community mental health partners.</p>
	<p>Fund regional or LEA level school mental health navigators/mental health coordinators to ensure LEAs are coordinating delivery of mental health services across sectors and maximizing different funding streams.</p>	<p>Washington's Office of the Superintendent of Public Instruction's Educational Service District Behavioral Health System Navigator Playbook: Washington State provides funding to nine regional, education service districts to hire a dedicated staff person as a Behavioral Health Systems Navigator.</p>
	<p>Build a pipeline of school mental health providers for LEAs.</p>	<p>Virginia Partnership for School Mental Health: A statewide partnership between the Virginia Department of Education, the University of Virginia, school divisions, and university training programs that provides professional development and research support to school districts in Virginia. Seeks to increase school mental health services by building a pipeline of graduate student trainees to high-need LEAs.</p>

EXAMPLES OF HOW STATES CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

FOCUS	ESSER-FUNDED IMPLEMENTATION STRATEGIES	RESOURCES
Build LEA Capacity (Cont.)	Develop and implement statewide training programs for school staff, school health providers and other key stakeholders on key school mental health topics.	<p>Virginia Department of Education Training Program: Provides PD and on-site coaching to schools on mental health topics, among others.</p> <p>Nevada (Nev. Rev. Stat. Ann. § 391A.370): All school districts and charter schools must ensure that teachers and administrators have access to high-quality, ongoing professional development training in: "The cultural competency required to meet the social, emotional and academic needs of certain categories of pupils enrolled in the school, including pupils who are at risk, pupils who are English learners, pupils with disabilities and gifted and talented pupils."</p> <p>Create Supportive Learning Environments Tennessee (Tenn. Code Ann. § 49-1-230): Requires the department of education to develop or adopt and make available an evidence-based training program on ACEs for any school leader and teacher.</p> <p>Oklahoma State Department of Education Professional Learning Opportunities: The OSDE Crisis Team provides professional development and training to school districts covering a wide range of school safety, crisis management, behavior support, and mental health topics.</p> <p>California Youth Mental Health First Aid Training: CDE offers Youth Mental Health First Aid Trainings at no cost to schools, LEA and county staff.</p> <p>Blueprint for Maryland's Future: Requires all certificated school personnel who have direct contact with students on a regular basis to complete training to: "(1) understand and respond to youth suicide risk; (2) identify professional resources to help students in crisis; (3) recognize student behavioral health issues; (4) recognize students experiencing trauma or violence out of school and refer students to behavioral health services; and (5) if the school is a community school, support any students needing the services at a community school."</p> <p>National School Mental Health Implementation Guidance Modules: Training modules to promote screening for mental health issues in schools, adoption of evidence-based mental health practices, and capacity of schools to appropriately refer students to mental health services.</p> <p>Ready, Set, RISE! e-Learning Modules: This series covers core social and emotional learning concepts, as well as logistical and administrative concerns regarding planning, implementing, and sustaining trauma-informed practices in schools.</p>

EXAMPLES OF HOW LEAS CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

The following are examples of allowable uses of COVID relief funds for LEAs that support student and staff wellbeing and connection. Additional information about creating an environment that supports wellbeing and connection is available in CCSSO's [Restart & Recovery: Considerations for Teaching and Learning - Wellbeing and Connection](#).

The examples below focus on investments that support school district-level capacity and infrastructure while employing best practices and sustainable funding strategies. It is important to note that this list is not exhaustive but provides examples of opportunities to invest ESSER funds today to strengthen student mental health now and into the future.

In general, LEAs can convene a team of experts and stakeholders, capture and utilize data to drive decision making, identify student mental health needs and gaps in their state, and allocate resources accordingly, ensuring equity. Many of these strategies may require the hiring of staff. Consider hiring contract labor, offering stipends for current staff or contracting with appropriate agencies or partners. If new full-time employees are needed, consider which funds will sustain that position and/or how the work will continue, as needed, beyond ESSER funding.

As is described above, students and staff are likely to return to in-person learning with increased mental health needs. This will require schools to provide additional mental health supports, including services to help students with intensive mental health needs. LEAs should consider contracting with a local mental health provider or community-based mental health center to meet the vast number of shorter-term needs. In addition, if LEAs do decide to hire school mental health providers, it is important that they prioritize the state Medicaid-qualified providers so that, once ESSER funds are spent, the LEA can still secure funding through Medicaid reimbursements. Finally, ESSER funds can be used to hire designated staff members within the LEA, such as school Medicaid coordinators, who can oversee and work to strengthen the LEA's school Medicaid program. Designating staff to oversee the district's school Medicaid program can reduce program administration expenses and maximize reimbursement for health-related services for students. In addition to ensuring sustainable funding is in place to support student and staff wellbeing, the additional funds can be used to support the designated staff position after ESSER funds are spent.

BUILDING CAPACITY & INFRASTRUCTURE TO IMPLEMENT THE MTSS FRAMEWORK

TIER I: UNIVERSAL SUPPORTS FOR ALL

Universal services offered to all students to increase awareness, screen for strengths and needs, promote wellbeing, and implement prevention, trauma-informed and culturally responsive approaches.

FOCUS	IMPLEMENTATION STRATEGIES
Staff and Teams	<p>Identify or hire staff (such as a District Wellness Coordinator, Social-Emotional Learning (SEL) Coordinator, staff that work within student services or student engagement, etc.) within the LEA to:</p> <ul style="list-style-type: none">• Provide technical assistance and direct support to schools.• Act as liaison and lead cross-sector collaboration and committees that guide school mental health efforts.• Conduct asset mapping to develop and update guidance documents and resources.

EXAMPLES OF HOW LEAS CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

BUILDING CAPACITY & INFRASTRUCTURE TO IMPLEMENT THE MTSS FRAMEWORK

TIER I: UNIVERSAL SUPPORTS FOR ALL

Universal services offered to all students to increase awareness, screen for strengths and needs, promote wellbeing, and implement prevention, trauma-informed and culturally responsive approaches.

FOCUS	IMPLEMENTATION STRATEGIES
Data Systems	<p>Enhance data systems by building data pipelines and modifying student information systems (SIS) to capture mental health data as well as improve reporting mechanisms to receive timely reports.</p> <p>Implement data collection efforts to ensure strong systems to monitor for early student warning signs, such as:</p> <ul style="list-style-type: none">• School Climate surveys• Youth Risk Behavior Surveillance System (YRBSS)• Universal Screenings<ul style="list-style-type: none">– Social-Emotional Screenings (such as BIMAS-2, DESSA-mini, BESS, CoVitality SEHSP and SEHS-S, SRSS-IE, and SAEPRS, etc.)– Suicide Prevention Screening (Suicide Prevention Resource Center) <p>Implement data collection efforts to assess social influencers of health and education.</p> <ul style="list-style-type: none">• Understanding Social Influencers of Health and Education: A Role for School-Based Health Centers and Comprehensive School Mental Health Systems• Assessing Social Influencers of Health and Education <p>LEA Example:</p> <ul style="list-style-type: none">• A school district in Colorado expanded their SIS (i.e., PowerSchool) to track multiple forms of data to house behavioral health data alongside early warning system data, grades, attendance, and discipline data for each student, providing reports to school administration and staff and to support students as they move between schools and up in grade level.• Milwaukee Public Schools SIS Guidance: Changing functionality to include mental health data. <p>Establish a data-sharing agreement with key partners, such as the managed care organizations and local public health agencies, to target outreach and resources to schools and students with the greatest unmet needs.</p> <p>District of Columbia Public Schools (DCPS) has established a data-sharing agreement between the city's schools, the public health department and the Medicaid agency. The collaboration enables DCPS to more effectively collect student health information from families and ensure that students with the greatest needs have the services that meet those needs.</p>
Professional Development (PD)	<p>Identify or create in-house professional development and training opportunities on:</p> <ul style="list-style-type: none">• Creating norms and routines that promote mental health and wellbeing (e.g., Classroom Wise)• Emotional regulation, including co-regulation strategies• Non-cognitive factors• Trauma-informed practices and resiliency (e.g., DCPS Trauma-Responsive Schools Model, Turnaround for Children Toolbox)• Brain development (The Neurosequential Model in Education (NME))• Self-care• Being a trusted adult• Referrals to providers• Cultural Responsiveness and Equity• ASIST (Applied Suicide Intervention Skills Training)• Suicide risk assessment and preventions (e.g., QPR, Social-emotional learning, Whole-child approaches)

EXAMPLES OF HOW LEAS CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

BUILDING CAPACITY & INFRASTRUCTURE TO IMPLEMENT THE MTSS FRAMEWORK

TIER I: UNIVERSAL SUPPORTS FOR ALL	
Universal services offered to all students to increase awareness, screen for strengths and needs, promote wellbeing, and implement prevention, trauma-informed and culturally responsive approaches.	
FOCUS	IMPLEMENTATION STRATEGIES
Evidence based Programming and Supports	<p>Use a data driven process to identify evidence-based programming needs. Common evidence-based programming and supports include:</p> <ul style="list-style-type: none">· Signs of Suicide· Sources of Strength· Second Step· Capturing Kids' Hearts <p>Develop or identify classroom-based comprehensive health education that includes SEL, mental health, substance use prevention, suicide prevention, violence prevention and healthy relationships, stress management, etc.</p> <ul style="list-style-type: none">· SEL Programming/Curricula:<ul style="list-style-type: none">– Utilize Collaborative for Academic, Social, and Emotional Learning (CASEL) framework to promote intrapersonal, interpersonal and cognitive needs.– Become familiar with mental health literacy.– Create resources for schools to integrate SEL into health education classes and/or other content areas.– Example Curriculum: New York State School Mental Health Education <p>Develop supports for school staff, such as providing trainings on traumatic stress and self-care (e.g., Support for Teachers Affected by Trauma and NCSSLE Trauma-Sensitive Schools Training Package), creating positive mental health spaces, and providing routine communication (in-person or virtual) to staff members to encourage self-care.</p>
Policy Considerations	<p>Convene a team and conduct a facilitated process to analyze current policies at the district-level to promote student mental health and school climate.</p> <p>Conduct a scan of district policies to ensure they are inclusive of mental health, equity, trauma-informed practices, and positive school climate and culture.</p> <p>Conduct an analysis of your district's comprehensive school mental health system quality by completing the School Mental Health Quality Assessment from SHAPE.</p> <p>Use a data driven and collaborative process to identify needs, review and implement supports for student mental health such as:</p> <ul style="list-style-type: none">· School policies that promote school climate and student connectedness.· Proactive behavior management and alternatives to putative school discipline procedures. <p>Work with partners and schools to identify and outline policy and practice gaps related to supporting student mental health.</p> <p>Update policies and provide support for school-level implementation.</p>

EXAMPLES OF HOW LEAS CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

BUILDING CAPACITY & INFRASTRUCTURE TO IMPLEMENT THE MTSS FRAMEWORK

TIER II: TARGETED INTERVENTIONS FOR SOME

Schools offer evidence-based group and/or individual interventions to identified student groups with progress monitoring integrated into the school day.

FOCUS	IMPLEMENTATION STRATEGIES
Evidence based Programming	<p>Use a data driven and collaborative process to identify needs, review and implement supports for student mental health such as:</p> <ul style="list-style-type: none">• Mentoring programs for students (e.g., Check and Connect).• Motivational Interviewing, an evidence-based treatment that addresses ambivalence to change.• Classroom supports to help teachers differentiate instruction and behavior management such as brief interventions to address mild-to-moderate or transient mental health problems (e.g., Brief Intervention for School Clinicians).• Small group interventions to teach students emotional regulation, coping, stress management, and problem-solving strategies.• Parent/caregiver education.
Mental Health Service	<p>Utilize existing and hire additional school mental health professionals (i.e., school counselors, social workers, psychologists) and contract with local mental health providers to provide direct mental health services:</p> <ul style="list-style-type: none">• Small group counseling and therapy.• Progress monitoring integrated into the school day.

NOTE: Tier 2 and 3 approaches are most effective when individualized based on student need.

EXAMPLES OF HOW LEAS CAN USE ESSER FUNDING TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

BUILDING CAPACITY & INFRASTRUCTURE TO IMPLEMENT THE MTSS FRAMEWORK

TIER III: INTENSIVE INTERVENTIONS FOR FEW

Schools and partners offer evidence-based approaches for immediate and ongoing individual and group interventions during the school day, have re entry programs for students transitioning from hospitalization, and have a crisis response plan.

FOCUS	IMPLEMENTATION STRATEGIES
Evidence based Programming	<p>Use a data driven and collaborative process to identify needs, review, create processes for and implement supports for student mental health such as:</p> <ul style="list-style-type: none">• Individualized interventions to teach students emotional regulation, coping, stress management, and problem-solving strategies.• Teacher/environmental interventions that identify student distress and develop strategies to reduce distress and offer support.• Wrap-around services and intervention processes that involve multidisciplinary teams (i.e., school and mental health staff, family members and other systems (e.g., child welfare, juvenile justice), as needed).• Parent/caregiver training and support. <p>Build a referral system to coordinate with community-based treatment and providers.</p> <p>Create a re-entry program for students transitioning from hospitalization or treatment.</p> <p>Develop and execute a crisis response plan, which should include training staff and even students (e.g., Psychological First Aid) on strategies to prevent, prepare for, respond to, and recover to help and heal in a time of crisis at the individual, school, and/or community level.</p> <ul style="list-style-type: none">• Improve and strengthen school-wide approaches to safety and crisis management plans and emergency response with the NASP PREPaRE Training Curriculum.
Mental Health Service	<p>Utilize existing and hire additional school mental health professionals (i.e., school counselors, social workers, psychologists) and contract with local mental health providers to provide direct mental health services:</p> <ul style="list-style-type: none">• Individualized evidence-based counseling/therapy interventions such as cognitive behavior intervention and dialectical behavior intervention based on IEPs and 504 plans.• Behavioral Interventions (e.g., Functional Behavior Assessments, Behavior Intervention Plans).• Psychological and social work services including case management to monitor student progress, response to interventions and coordinate multidisciplinary teams.• Psychiatric consultation and medication management.• Family and/or group therapy.

NOTE: Tier 2 and 3 approaches are most effective when individualized based on student need.

CONCLUSION

ESSER funding presents an historic opportunity to support student and staff wellbeing and connection. Given the impact of the COVID-19 pandemic on the mental health and emotional wellbeing of students and adults, investing ESSER funds in sustainable ways to address these increased needs is more important than ever. This work includes leveraging ESSER funds to strengthen programs that can also generate ongoing sources of funding, such as Medicaid, to ensure that school mental health programs and services are sustainable over the long term.

Chief state school officers can play a critical role in ensuring ESSER funds are invested at the state and local levels in a strategic, sustainable way that advances student and staff wellbeing and connection.