Psychologists, School-Based Health Centers, and Medicaid

For the millions of American children with no or limited access to healthcare, public schools are a vital lifeline that provide services through school-based health centers (SBHCs). Overall, 43,570 psychologists are employed by elementary and secondary schools, many of whom receive Medicaid funding and utilize psychologists, remove barriers to important preventive care and allow for the diagnosis, assessment, treatment, and monitoring of physical and behavioral health conditions. SBHC services often reduce the need for costlier medical services, resulting in healthcare savings for families and for Medicaid. Moreover, psychologists in SBHCs play a crucial role in helping children improve academic achievement.

Medicaid and School-based health centers remove barriers to healthcare access

- Over 20 million children have limited or no access to comprehensive health care.
- 84% of children who need mental health services do not receive them.
- School districts use Medicaid funds to expand the availability health and mental health services available to students in living in poverty, who often lack consistent access to healthcare.
- While children comprise almost half of Medicaid beneficiaries, less than one in five dollars spent by Medicaid is consumed by children.
- In 2017, 69 percent of school superintendents reported that they used Medicaid funding to support health professionals on staff in addition to paying for students’ health services.
- Despite the heavy burden being placed on schools to provide mental health services, only 22 percent have a full-time psychologist.
- Current estimates indicate that schools receive less than one percent of the federal Medicaid allocation.

School-based health care provided through Medicaid

- Since 1988, Medicaid has permitted payment to schools for certain medically necessary services provided to children under the Individuals with Disabilities Education Act (IDEA) through an individualized education plan (IEP) or individualized family service plan (IFSP). In a 2017 survey of school districts, two-thirds of district officials reported using Medicaid funds to pay the salaries of health professionals and other specialized instructional support personnel (e.g., audiologists, school psychologists, and nurses) who provide comprehensive health and mental health services to students.
- School districts can receive Medicaid reimbursements for providing Early Periodic Screening Diagnostic and Treatment (EPSDT) benefits, which provide Medicaid-eligible children under age 21 with a broad array of diagnosis and treatment services. In 2015, Medicaid paid for over $3 billion in school-based health care services, including both special education and EPSDT services provided outside of special education.
- Some districts depend on Medicaid reimbursements to purchase and update specialized equipment (e.g., walkers, wheelchairs, exercise equipment, special playground equipment, and equipment to assist with hearing and vision) as well as assistive technology for students with disabilities to help them learn alongside their peers.

School-based health services lead to healthcare savings and better health outcomes

- Utilization of SBHCs leads to reductions in hospitalizations and non-urgent emergency department visits.
- The implementation of SBHCs can reduce race-based healthcare disparities.
- Students with access to SBHCs report better physical and psychosocial health. Students who use SBHCs engage in more physical activity and consume healthy foods more often.
- Analysis of an SBHC program in 4 school districts over 3 years estimated $1.35 million in net social benefits.
Psychologists help treat and manage children’s behavioral health needs

• Almost one in five children show signs or symptoms of a mental health disorderxiv.
• Six out of ten students who were treated for a mental health disorder first received mental health services at their schoolxv.
• Psychologists conduct assessments and provide services for children with social, behavioral, and/or emotional difficultiesxvi.
• Children at risk for depression show fewer and less severe depressive symptoms after participating in school-based psychological interventionsxvii.

Psychologists address barriers to academic achievement for all including students with disabilities

• Children with physical disabilities are more likely to experience verbal abuse, social exclusion, and physical aggression compared to children without disabilitiesxviii.
• Children with chronic illnesses tend to have lower academic achievementxix.
• Receiving school-based mental health services is associated with greater academic successxx.
• Psychologists inform the creation and implementation of interventions targeting absenteeismxxi.
  o In the 2013-2014 school year, over 6 million students missed 15 or more days of school; chronic absenteeism impedes learning and is associated with an increased risk of dropping out before graduating from high schoolxxii.
• Psychologists work with teachers to accommodate the needs of students with learning disabilities (e.g., developing a note-taking intervention that increases test performance for students with ADHDxxiv).
• Psychologists assist children with chronic conditions like diabetes and asthma by helping them manage their physical symptoms, cope with stress and anxiety, and comply with medicationxxiii.
• Psychologists facilitate the inclusion and integration of children with Autism Spectrum Disorder (ASD) xxv and other cognitive conditions into the classroom (in 2014, an estimated 1 in 45 children was diagnosed with an Autism Spectrum Disorder)xxvi.
• Peer interaction interventions formed by psychologists increase social acceptance of children with physical disabilitiesxxvii.

Legislative Recommendations

To promote the wellbeing and academic success of our nation’s children, the American Psychological Association makes following recommendations to federal policy makers:

• Support efforts to strengthen Medicaid coverage for children to improve access to mental and behavioral health services in school-based and community settings.
• Ensure Medicaid remains permitted to make payments to schools for certain medically necessary services provided to children through individualized education plans (IEP) or individualized family service plans (IFSP) under the Individuals with Disabilities Education Act (IDEA).
• Oppose efforts to implement per-capita caps or block grant funding approaches to Medicaid.
• Support the full funding of the Individuals with Disabilities Education Act (IDEA) in the appropriations process.
• Support the Mental Health in Schools Act (H.R. 2913) to amend and extend projects in the Public Health Service Act to provide access to school-based mental health services.
• Strengthen support for graduate study to broaden mental health workforce in schools by preserving and reauthorizing the Public Service Loan Forgiveness (PSLF) Program; Preserving the Grad PLUS Program; and Reinstating the Federal Direct Subsidized Loan Program.
• Fully fund Title IV, Part A of the Every Student Succeeds Act (ESSA) to provide students with comprehensive mental and behavioral services.
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