FUTURES WITHOUT VIOLENCE®

HEALTHY SCHOOLS CAMPAIGN

Expansion of School-Based Health Services in California:

An Opportunity for More Trauma-Informed Care for Children

SEPTEMBER 2020

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ABOUT **FUTURES WITHOUT VIOLENCE**

Futures Without Violence (FUTURES) is a health and social justice nonprofit that advances policies, programs, and groundbreaking public education campaigns created to end violence against women and children around the world. Providing leadership from offices in San Francisco, Washington, DC, and Boston, FUTURES has trained thousands of professionals, advocates, and community influencers on improving responses to violence and abuse. The organization created the first public education campaign about domestic violence called "There's No Excuse," and was a driving force behind the passage of the Violence Against Women Act in 1994, a comprehensive federal response to the violence that affects families and communities.

ABOUT **HEALTHY SCHOOLS CAMPAIGN**

Healthy Schools Campaign (HSC), a national nonprofit organization, works to ensure that schools can provide students with healthy environments, nutritious food, health services and opportunities for physical activity. Our approach is strategic and comprehensive. We develop policy and program recommendations supporting healthy schools and advocate for these recommendations at the local, state and national level. We also help to strengthen the leadership skills of parents, students and school staff and administrators so they can advocate on their own behalf, and we work to build support for student health and wellness in the education sector and beyond.

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EXPANSION OF SCHOOL-BASED **HEALTH SERVICES IN CALIFORNIA**

In April 2020, the Centers for Medicare and Medicaid Services (CMS) approved California's Medicaid State Plan Amendment (SPA) that will allow school districts — known as local education agencies (LEAs) — to access more federal funding for school-based health services. **The SPA expands federal reimbursement to LEAs in three important ways: *all* Medicaid-eligible children are now covered, as are more *types of services* and more *types of providers*.**[1]

This opportunity is important because:

1. Schools are uniquely positioned to provide children and youth access to health and mental health services in a safe and convenient location. Schools can offer children support networks and protection from violence, abuse, and exploitation, which can be exacerbated by stressful circumstances such as the COVID-19 pandemic.
2. Expanding school-based Medicaid is a critical step towards increasing access to school-based behavior health services in general, which paves the way to providing more trauma-informed care to students. The COVID-19 pandemic has resulted in increased rates of violence and trauma in the United States and made even more clear the inequities and disparities that exist within our healthcare and other systems. Trauma-informed care is one strategy to help advance education and health equity and ensure that children and families recover from trauma caused by violence and pervasive bias.
3. School-based health services can facilitate better long-term outcomes for both children and society: school-based healthcare has been shown to improve academic outcomes for children and youth, and academic success can be a strong protective factor against violence. Early intervention can lead children to healthy, productive adult lives, cascading savings to society in reduced health care spending and increasing productivity.

This report describes leveraging this opportunity to increase access to services in schools that help students and their families heal from trauma — including exposure to domestic violence and crises such as COVID-19. By increasing federal reimbursement and expanding access to services in schools, schools can ensure that more students can receive services and improve their health and academic outcomes. With this report, we hope to prepare the advocacy community and school districts to make the most of this unique moment in time.

Medicaid Reimbursement of School-Based Health Services

Until 2014, the Centers for Medicare & Medicaid Services (CMS) limited federal Medicaid reimbursement for school-based health services. In general, only those Medicaid-enrolled students with special education plans were covered and only those services included in their plans were covered. As a result, virtually no schools in California bill Medicaid for health services provided to students outside of special education programs due to the administrative complexity. In Fiscal Year 2015-2016, 537 LEAs used the LEA Medi-Cal Billing Option Program, and California received almost $72 million in federal funds to reimburse school-based health services to students enrolled in Medicaid. This funding served approximately 350,000 students enrolled in the LEA Medi-Cal Billing Option Program.[2] One LEA, Los Angeles Unified School District, received $14.6 million in total government Medicaid funds during FY 2015-2016.[3]

In 2014, CMS released a letter — known as the free care policy reversal — that clarifies that federal Medicaid reimbursement is permitted for Medicaid-covered services provided to all Medicaid enrollees in school-based settings. This free care policy reversal opened the door for states to expand their school-based Medicaid programs. In order to implement this policy change, many states, including California, needed to amend their Medicaid state plan.[4, 5]

Multiple states are now seizing the opportunity to expand their school-based Medicaid program. As of April 2020, several states (CA, CO, CT, FL, KY, LA, MA, MI, NC, NV) have received approval from CMS for SPAs to expand their school-based Medicaid program; several states (MO, NH, SC) have begun to implement their expansion without a SPA because their state Medicaid plans had no restrictions related to the free care policy reversal.[6] Several other states have applied for a SPA or are considering expanding their school-based Medicaid program.

In April 2020, California received approval from CMS on a Medicaid State Plan Amendment that expands the Local Education Agency (LEA) Medi-Cal Billing Option Program. The federal government will now reimburse half the cost of delivering a wide-range of medically necessary services provided to ***all*** federally Medicaid-enrolled students. California is still waiting on CMS approval for another SPA (SPA 16-001), which would expand targeted case management services provided in schools to all Medicaid-enrolled students, not just those special education students with Individual Education Plans or Individualized Family Services Plans (IEPs or IFSPs).[7]

The approval of the SPA is significant as it will allow the state to draw down a significant amount of additional federal funding. With this expansion, the California Department of Health Care Services (DHCS), the state's Medicaid agency, passes the federal reimbursement back to local school districts for the services delivered. This is a critical and sustainable source of federal funding that allows the state and LEAs to maintain their school-based health care programs. This will be particularly important as the state grapples with expected budget challenges resulting from the COVID-19 pandemic.

DHCS already began and will continue to conduct training on the LEA Medi-Cal Option program and billing. It has developed a comprehensive slide deck that it uses in its training that includes an overview of the program and outlines key decision points and FAQs. More outreach on the billing option will continue.

Who will get services under this expansion?

By expanding the school-based Medicaid program, California LEAs will be able to submit claims for reimbursement for the services delivered to all Medicaid-enrolled students.[8] This policy change does not expand who is eligible for Medi-Cal. Instead, it expands the pool of students for whom the LEA (and Medi-Cal) can get reimbursement from the federal government. More than half of California's children (5.5 million) are enrolled in California's Medicaid program. This number will likely increase as a result of the job losses associated with the COVID-19 pandemic. Many of these children live in medically underserved communities with limited access to health care services; providing health services in schools has been shown to increase access to care and improve health outcomes.

It is important to note that while California covers immigrant children who are undocumented through Medi-Cal, the federal government will not reimburse the state for services delivered to these students. They would still be eligible to receive services in schools — but they would be funded through state-only financing.

What will be covered by the expanded SPA?

The CA SPA expands the list of the services and qualified providers that are reimbursable under school-based Medicaid. These services will be covered by Medi-Cal in schools and the LEAs can bill for reimbursement when these services are provided to any Medi-Cal enrolled student. A service will only be reimbursed if it is medically necessary for the student.

Importantly, the SPA also expands the types of qualified providers. These practitioners are licensed and credentialed to deliver health services in schools — and in fact, are currently delivering services in schools including to Medi-Cal enrolled students. These services provided by these practitioners were not previously eligible for reimbursement by Medi-Cal; the services were financed through other funding mechanisms (e.g., through local education funds). Now that the SPA has been approved, federal reimbursement for these services is possible for the first time.

Listed in the chart on the following page are the services that can be covered by the LEA Medi-Cal Billing Option program.

How can this opportunity be used to provide supports to students who have experienced domestic violence?

With the additional federal resources made possible by the approved SPA, LEAs can stretch their limited resources further to meet the needs of their student population.

One critical need facing students and their families is services that help prevent and heal from the impact of domestic violence and trauma. Many schools and LEAs across California have recognized this great need and *already* provide physical health and behavioral health care services, and some have implemented innovative violence prevention and healing programs.

As stakeholders look to expand school-based Medicaid for physical and mental health services through the expanded LEA Billing Option program, there is an opportunity to rethink the delivery of these services in schools — and the possibility to increase the availability of services designed to prevent and heal from domestic violence. Applying a trauma-informed frame to the expansion allows advocates and stakeholders to reimagine the possibilities.

Although the school-based health services and providers reimbursable by Medicaid do not have to be trauma-informed, there are many qualified providers who, with training and support, are able to deliver trauma-informed services. For example, clinical social workers, psychiatrists, psychologists, counselors and therapists are critical members of any trauma-informed care team. These providers are already working in schools — and now that the SPA is approved, their services can be reimbursable for *all* Medi-Cal-enrolled students.

TABLE 1: LEA MEDI-CAL BILLING OPTION PROGRAM QUALIFIED SERVICES AND PRACTITIONERS BEFORE AND AFTER SPA APPROVAL[9]

	Pre-SPA Qualified Services and Practitioners	Additional Services and Practitioners for All Medi-Cal Enrollees
Assessments	IEP/IFSP only • Psychological • Psychosocial Status • Health • Health/Nutrition • Audiological • Speech-Language • Physical Therapy • Occupational Therapy Non IEP/IFSP • Psychosocial Status • Health/Nutrition • Health Education and Anticipatory Guidance • Hearing • Vision • Developmental	• Respiratory Therapy • Orientation and Mobility Assessment
Treatments	IEP/IFSP only • Targeted Case Management Non IEP/IFSP • Physical Therapy • Occupational Therapy • Individual/Group Speech Therapy • Audiology • Individual/Group Psychology and Counseling • Nursing Services • School Health Care Aide Services • Medical transportation	• Personal Care Services • Orientation and Mobility Services • Respiratory Therapy
Qualifying Rendering Practitioners	• Licensed registered nurse • Certified nurse practitioner • Licensed vocational nurse • Trained health care aide • Licensed physician/psychiatrist • Licensed optometrist • Licensed clinical social worker • Credentialed school social worker • Licensed psychologist • Licensed educational psychologist • Credentialed school psychologist • Licensed marriage and family therapist • Credentialed school counselor • Licensed physical therapist • Registered occupational therapist • Licensed speech-language pathologist • Speech-language pathologist • Licensed audiologist • Audiologist • Registered school audiometrist • Program specialist • Licensed physician assistant • Registered dietitian	• Personal care assistant • Registered speech-language pathology assistant • Licensed physical therapy assistant • Licensed occupational therapy assistant • Orientation and mobility specialist • Licensed respiratory therapist • Registered marriage and family therapist intern • Registered associate clinical social worker

Similarly, Medi-Cal also covers psychological and psychosocial assessments in school-based settings, which are key for early identification and assessment, and treatment services, including therapy, psychological services, and counseling, which can treat and heal symptoms of trauma.

Under the expanded LEA Billing Option program, LEAs can seek reimbursement (or "claim") when the services are delivered to *all* Medi-Cal-enrolled students. This will mean additional federal resources for these services, which could, in turn, increase the number of available providers. LEAs will receive increased federal reimbursement because they are claiming for more services. In fact, LEAs are *required* to reinvest the reimbursement revenue into allowable LEA services for students. An analysis by the California School-Based Health Alliance and Harbage Consulting (now known as Aurrera Health Group) found that the types of services that LEAs reinvest their reimbursement into include, but are not limited to, a range of mental health services including primary prevention, crisis intervention, training for teachers, counseling, including family counseling, and services for children who experience violence in their communities.[10]

Some key areas for reinvestment that could improve access to trauma-informed care for students include:

- Mental health services such as primary prevention and crisis intervention, assessments, and training for teachers to recognize mental health problems;
- Substance use prevention and treatment;
- Education and support programs for families;
- Counseling services such as family counseling, suicide prevention, or targeted services for children experiencing community violence; and
- Case management services.

It should also be possible to reinvest the funding into trauma-informed trainings for health services staff and teachers to build safe and supportive school environments for all students, including those experiencing domestic violence.

Is trauma-informed care reimbursable by Medicaid?

The Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicaid, in partnership with Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA), have issued guidance that recognizes the role that exposure to trauma plays in children's health and development — and strongly support trauma-informed services for children. A July 2013 guidance makes clear that Medicaid covers health and behavioral health services ***including trauma-informed services:***

> *"Many of these children will demonstrate complex symptoms and/or behaviors that may not map directly to the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). For example, there is currently no DSM diagnosis that adequately captures the range of child trauma effects… Yet, trauma-related symptoms are identifiable, can be clinically significant and can be addressed with appropriate interventions. For these children, appropriate screening, assessment and referral to evidenced-based practices are clearly indicated."* [11]

The guidance goes on to clarify that: Medicaid covers trauma-informed services for children; that states can seek Medicaid reimbursement for trauma-informed services and, where appropriate in the state plan, these services can be administered in schools.

It also makes clear that there is an opportunity for states to increase Medicaid reimbursement for trauma-informed services in schools. States should look at the types of services and the appropriate health care work force they need to expand trauma-informed health care services in school, and encourage new thinking around how Medicaid can be used to provide funding. As California considers how to move forward with enhancing school-based Medi-Cal, this guidance provides an important bridge for schools (and Medi-Cal) to think about how to enhance trauma-informed care.

This is an opportunity to bring all the pieces together to support student behavioral health — and bring additional sustainable Medicaid funding into schools that can improve access to services for all students, including those experiencing the symptoms of trauma.

There are a wide range of trauma-informed services that would greatly benefit students and that could be reimbursable by Medicaid. Examples of possible services include:

- **Attachment, Self-Regulation, and Competency (ARC)** is a framework for intervention with youth and families who have experienced multiple and/or prolonged traumatic stress. ARC identifies three core domains that are frequently impacted among traumatized youth and which are relevant to future resiliency. Designed to be applied flexibly across child- and family-serving systems, ARC provides a theoretical framework, core principles of intervention, and a guiding structure for providers. ARC, designed to be delivered by para-professionals and clinicians, target youth from early childhood to adolescence and their caregivers or caregiving systems.
- **Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)** is a skills-based, child group intervention that is aimed at relieving symptoms of post-traumatic stress disorder, depression, and general anxiety among children exposed to multiple forms of trauma. CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. It uses cognitive-behavioral techniques.
- **Support for Students Exposed to Trauma (SSET)** is a school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of post-traumatic stress disorder. It is designed to be implemented by teachers or school counselors with groups of 8-10 students. It was developed as an adaptation of the Cognitive-Behavioral Intervention for Trauma in Schools program. SSET is designed for children in late elementary school through early high school (ages 10-16) who have experienced events such as witnessing or being a victim of family, school, or community violence, being in a natural or man-made disaster, being in an accident or fire, or being physically abused or injured, and who are experiencing moderate to severe levels of post-traumatic stress symptoms.
- **Integrative Treatment of Complex Trauma for Children (ITCT-C)** is an assessment-driven, multimodal, evidence-based treatment for children ages 5-12, with interview and/or standardized trauma-specific measures administered at 2-3 month intervals to identify particular symptoms and issues requiring focused clinical attention. ITCT-C is based on developmentally appropriate, culturally adapted approaches that can be applied in multiple settings (outpatient clinic, school, hospital, inpatient, forensic, and residential), and involves collaboration with multiple community agencies. ITCT-C has been particularly adapted for economically disadvantaged and culturally diverse children and families.

What can advocates do to take advantage of this opportunity?

California advocates can play a key role in advocating for increased trauma-informed health and behavioral health services in schools and lifting up the role of Medi-Cal as an important source of financing for these services. Domestic violence services advocates, children's advocates, and education and health care advocates can all be at the table to give support for both the need for increasing access to services in schools — and for the opportunity to leverage the *free care reversal* SPA.

Specifically, advocates can:

- **Make the case.** Advocates should articulate the case for why trauma-informed health and behavioral health services are important to provide for students. Education is needed about what trauma-informed care is, why these services are critical supports for children, and why schools are an appropriate location for the services.

  For LEAs that already provide some trauma-informed services, advocates could work with the LEAs to review these services and conduct an analysis of its students' needs and provider capacity. It will be important to identify specific

ways to integrate trauma-informed care into additional services, and analyze the staffing and funding needed in order to do so.

Data on education and health care outcomes and return on investment will be important pieces of this argument. This case-making should also include highlighting the role that California's expanded school Medi-Cal program can play in supporting trauma-informed health and mental health services.

- **Recommend that schools—including providers—are trained on trauma-informed care and supporting students and families experiencing domestic violence.** Advocates should seek all opportunities to make schools safe and supportive environments for students and their families. As part of this, advocates could make a strong recommendation to reinvest additional revenue into training school staff—including health staff—on trauma-informed practices. By focusing a significant amount of training and support on the health staff, billable services would then be trauma-informed.
- **Identify other state, local and grant funding opportunities to support initial investment in trauma-informed care.** Advocates could identify additional state resources or grants that LEAs could use to support an initial investment in enhancing school-based Medicaid to support trauma informed care. The types of resources could include training and materials for LEAs and providers, ongoing staff training and development (on trauma informed care and on the school-based Medicaid program), and other related costs. The actual costs of standing up an intervention will vary, but these start-up costs will likely not be covered by Medicaid. Therefore, highlighting funding opportunities could help LEAs start the process of integrating trauma-informed care into services, which could be later supplemented by the reinvestment of federal Medicaid reimbursement.
- **Advocate that DHCS promote opportunities to integrate trauma-informed care in schools through a webinar for LEAs and stakeholders.** Advocates and stakeholders could work with and encourage DHCS to hold a webinar specifically on ways to integrate trauma-informed care into services provided in schools, and the opportunity the free care policy reversal presents for funding some of these services. Stakeholders could offer to provide webinar content and/or present, if appropriate, to provide a cross-governmental representation of child-facing agencies. This could be included in the implementation plans for the free care policy SPA.
- **Propose and provide incentives for a pilot program to develop best practices for using Medi-Cal funding to enhance trauma-informed services.** A coordinated state policy advocacy team could work in partnership with DHCS to develop a pilot program to test reimbursement for a specific set of trauma-informed services in a limited number of schools. The learnings and best practices from these schools could be leveraged to expand trauma-informed services statewide.

  Advocates and stakeholders should also seek to work directly with individual LEAs to help them understand the opportunities for expanding reimbursement for trauma-informed care in schools. The following steps could be taken to partner with LEAs:

- **Identify LEAs with which to partner.** In order to determine which LEAs could be appropriate partners, advocates could identify LEAs that have already invested in trauma-informed care and are paying for these services with state and local funds. These LEAs will likely be the most motivated to identify alternative funding sources, such as Medi-Cal. Advocates could also target LEAs based on an analysis of the number of Medi-Cal students in each school district and the level of services these students may need.
- **Encourage LEAs to reinvest federal Medicaid reimbursement into trauma-informed care.** Since LEAs are required to reinvest the federal Medicaid reimbursement they receive into support services for students that supplement existing school services, advocates could advocate to individual LEAs or a group of LEAs to direct some of this money toward integrating trauma-informed care into services. This could include reinvesting in mental health services, education and support programs for families, and counseling services for children experiencing violence. In order for advocacy efforts to be most effective, it will be important to estimate the cost of integrating trauma-informed care into services.[12]

The COVID-19 pandemic did not create the need for enhanced health and behavioral health services in schools, but it has made those services even more necessary while at the same time diminishing state resources. Fortunately, this policy change will now allow California to dramatically increase the amount of federal dollars it draws down. But the next phase will be critical. We must all work together to raise awareness about this new opportunity and build the urgency around the need to address trauma.

Now... and into the future.

ENDNOTES

1 For more information about school-based services in Medi-Cal, see: Erynne Jones and Tanya Schwartz. (January 2016). Policy Considerations for California Following the 2014 Reversal of the Medicaid "Free Care Rule". https://www.aurrerahealth.com/publications/policy-considerations-for-california-following-the-2014-reversal-of-the-medicaid-free-care-rule-2/.

2 California Department of Health Care Services (July 26, 2018). LEA Medi-Cal Billing Option Program Enrollment Trend Analysis Fiscal Years 1999-00 to 2015-16. https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA%20BOP/Paid%20Claims%20Data/15-16_Enroll_Trends_Sum.pdf.

3 California Department of Health Care Services (July 26, 2018). FY 2015-2016 LEA Enrollment Trends. https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA%20BOP/Paid%20Claims%20Data/FY_15-16_Reimb_by_LEA.pdf.

4 For more information on state regulatory requirements to implement the free care policy reversal, see Medicaid's Free Care Policy, Results from Review of SMPs. (October 2016) National Health Law Program. https://healthyschoolscampaign.org/wp-content/uploads/2017/07/MedicaidFreePolicyCare.revd_.10.20.pdf.

5 A state-by-state look at a key barrier to Medicaid School Health Services. (October 2016.) Healthy Schools Campaign. https://healthyschoolscampaign.org/policy/state-state-look-key-barrier-medicaid-school-health-services/.

6 For more information on state activity on free care, including a list of all states who have or who are considering expansion, see the following brief by Community Catalyst and Healthy Schools Campaign: https://docs.google.com/document/d/1u0j1so-se8ohhyl7AcHaaXIGX5l3s0PN2cuIDejXZQw/edit.

7 California is also waiting on CMS approval on SPA 19-0016 which expands vision care services provided in schools to all Medicaid-enrolled students.

8 Department of Health Care Services (June 2019). LEA Medi-Cal Billing Option Program: Implementation Training. https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA%20BOP/Training%20and%20Webinars/SPA15-021_Implementation_Training_5.9.19.pdf.

9 Erynne Jones and Tanya Schwartz. (January 2016). Policy Considerations for California Following the 2014 Reversal of the Medicaid "Free Care Rule". https://www.aurrerahealth.com/wp-content/uploads/2020/05/Policy-Considerations-for-California-Following-the-2014-Reversal-of-the-Medicaid-%E2%80%9CFree-Care-Rule%E2%80%9D.pdf.

10 Harbage Consulting & California School-Based Health Alliance. (May 2017). Enhancing Services for Students: California Local Education Agency Medi-Cal Reinvestments. Available at: https://cshca-wpengine.netdna-ssl.com/wp-content/uploads/2017/06/2017-Enhancing-Services-for-Students-California-LEAs.pdf.

11 The July 2013 HHS tri-agency guidance on trauma informed care can be found at: https://www.medicaid.gov/federal-policy-guidance/downloads/smd-13-07-11.pdf.

12 These recommendations are adapted from Opportunities to Increase Access to Trauma-informed Services for Medi-Cal Enrollees in California Schools (September 2016). Written by Harbage Consulting and O'Rourke Health Policy Strategies for Future Without Violence and the Defending Childhood Initiative.

ADDITIONAL **RESOURCES**

1. For more information on state activity on free care, including a list of all states who have or who are considering expansion, see the following brief by Community Catalyst and Healthy Schools Campaign: https://docs.google.com/document/d/1u0j1so-se8ohhyl7AcHaaXlGX5l3s0PN2cuIDejXZQw/edit.

2. Healthy Schools Campaign's **Guide to Expanding Medicaid-Funded School Health Services** provides detailed guidance and best practice for expanding school—based Medicaid programs. https://healthyschoolscampaign.org/wp-content/uploads/2019/12/A-Guide-to-Expanding-Medicaid-Funded-School-Health-Services-12-19-19.pdf.

3. Community Catalyst's Advocates' **Guide to the Change In The Medicaid Free Care Rule** offers five steps for advocates on the implementation of the free care rule clarification: https://www.communitycatalyst.org/resources/toolkits/Full-Free-Care-Toolkit-4-27-16.pdf?1461870735.

   - Make the case to community and state stakeholders, including an analysis of data on student need.
   - Fact Finding! Understanding your state Medicaid plan and what services are offered and may be eligible for reimbursement.
   - Reach out to Key Health AND Education Decision Makers.
   - Identify Advocacy partners.
   - Nurture Consumer Engagement and develop a shared Strategy.

4. In their advocacy, the American Federation of Teachers (AFT) encourages community engagement and, in particular, uplifting the voices of frontline practitioners in program design, planning, assessment and improvement. https://aftvoices.org/lets-take-medicaid-back-to-school-8775c6903932#.o5oy32tge.

5. Healthy Schools Campaign's new brief, **Schools Are Key to Improving Children's Health: How States Can Leverage Medicaid Funds to Expand School-Based Health Services**, looks at the connection between health and education and how states are leveraging this new opportunity. https://healthyschoolscampaign.org/wp-content/uploads/2020/01/Policy-Brief-1-28-20.pdf.

6. Futures Without Violence, the Healthy Schools Campaign and Trust for America's Health presented a webinar, the Trauma, Health & Learning Connection in Schools, on the crucial role schools play in responding to the impacts of violence, poverty and other types of trauma that students frequently encounter by providing appropriate supports and services. The webinar provides an analysis of the free care policy reversal opportunity. https://healthyschoolscampaign.org/events/trauma-health-learning-connection-schools/.

7. California School-Based Health Alliance. (January 2016). Policy Consideration for California Following the 2014 Reversal of the Medicaid "Free Care Rule". https://cshca-wpengine.netdna-ssl.com/wp-content/uploads/2016/01/Policy-Considerations-for-CA-Following-2014-Reversal-of-the-Medicaid-Free-Care-Rule.pdf.

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