

COVID-19 Federal Relief Funding: Advancing Student and Staff Health and Wellness in California

September 2021



INTRODUCTION

COVID-19 has underscored the inextricable link between health and wellness and student learning. In addition, the disproportionate impact of the pandemic—more [cases, hospitalizations, and deaths](#) among non-White racial groups, as well as an inequitable distribution of health resources and insurance coverage—further spotlights systemic inequities by race, zip code, and class. For Local Education Agencies (LEAs), schools, families, and students across the nation, such disparities are compounded by the reality that students facing health and wellness barriers are often more likely to face learning challenges in school.

In response to the health crisis, [three federal COVID-19 relief packages](#) approved in the past year will send nearly \$26.4 billion to California¹ to cover [COVID-19-related learning and school reopening](#) expenses². These recovery funds are especially significant for high-poverty, Title I schools (determined by the number of students who qualify for free or reduced lunch), where students and families have also been most negatively impacted by the disease. Federal dollars are also supporting meal programs for families, integrated

support services for homeless students, and expanded COVID-19 testing. This unprecedented infusion of cash provides an opportunity for school leaders to create more resilient schools that recognize the critical importance of health and wellness.

The challenge for LEAs and states is to use one-time, flexible funding wisely so that students benefit; to use it sustainably so that they don't face a financial cliff when the added state and federal support runs out; and to use it within the spirit and bounds of the federal law.

This brief:

- **Summarizes the federal aid** that can support systemic and sustainable school health and wellness strategies, including allowable uses and restrictions.
- **Offers some foundational steps for decision makers** and advocates who are engaging in local planning processes and working with their communities to promote healthier schools.

1. This database shows how much money districts are expected to receive from 1) the March 27, 2020 CARES Act; 2) the Dec. 27, 2020 \$900 billion COVID-19 relief bill; and 3) the March 11, 2021 \$1.9 trillion American Rescue Plan Act. The CARES Act “state allocation” refers principally to funds from the \$4.4 billion that Governor Newsom chose to allocate to schools that could have been used for other purposes. The “federal allocation” refers to funds that went directly to school districts. Database: <https://edsources.org/2021/california-districts-and-charter-schools-get-covid-relief-funding-under-american-rescue-plan-act/650922>

2. For a summary description of California's allocation of federal COVID-19 relief packages, see Table, page 4.

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What does Health and Wellness Mean in the COVID-19 Era?

Historically, health and wellness in schools usually referred to traditional programs that were largely disconnected from teaching and learning, e.g., school nurses, nutrition, physical education, and sometimes counselors. Over the past several years, however, educators have been expanding their understanding of health and wellness as part of a [whole-child approach to education](#). With the growing consensus around the [science of learning and development](#), and the critical importance of relationships, [healthy school climate](#), and learning opportunities to promote children’s well-being, development, and learning, more schools are thinking about how they can nurture and strengthen both the [cognitive and “non-cognitive” aspects of student success](#).

As we continue to weather a volatile pandemic, schools and educators have an opportunity to build and refine what an equity-centered health and wellness strategy looks like and how to sustain effective implementation. Such a strategy must consider both the physical and public health logistics of safe and healthy teaching and learning environments, as well as addressing the complex health needs of students, including the increased attention to mental health concerns across all grade spans³. Instead of the more common approach of a narrowly defined and siloed approach to health and wellness services, schools and LEAs should

consider how recovery funding can help to support and strengthen a comprehensive, interdisciplinary, and integrated approach throughout the school day and calendar year.

The deep connection between health and learning is not new for many California schools. For decades prior to the COVID-19 pandemic, educators and health partners across the state have made meaningful investments in programs and partnerships, such as Healthy Start programs (1991-2007), [school-based health and wellness centers](#), and trauma-informed programs, to ensure that students — and sometimes their families — have access to high-quality care.

This expertise and commitment is especially valuable as students and staff return to the classroom. Some students will not be vaccinated against the coronavirus; others may have missed regular well-visits and vaccinations, making them more susceptible to other illnesses. Students and staff alike may be recovering from social disconnection, and may have experienced loss, violence, or other trauma. The need for wellness care is great and schools, LEAs, and their partners must be prepared to respond.

3. <https://www.latimes.com/california/story/2021-05-31/teachers-not-trained-for-student-covid-mental-health-trauma>; Data from Children’s Hospital of Oakland show a 66% increase in 10- to 17-year-olds screening positive for active or recent suicidal ideation in its emergency department between March and October 2020. (<https://hividgm.ucsf.edu/sites/hiv.ucsf.edu/files/2021-05/BCHO%20&%20UCSF%20MB%20-%20Mental%20health%20data.pdf>)

California's Allocation of Federal COVID-19 Relief Packages

	CARES Act, ESSER I March 2020	CARES Act, ESSER II Dec 2020	CARES Act, ESSER III March 2021
CA's allocation	\$1,647,306,127 total \$1,482,575,514 for LEAs	\$6,709,633,866 total \$6,038,670,479 for LEAs	\$15,068,884,546 total \$13,561,996,091 for LEAs \$98,709,231 for Homeless Children and Youth (HCY)
Governor's Emergency Education Relief Fund	\$355,227,235	\$341,442,086	N/A
Eligibility	Based on an LEA's share of funding received under Title I, Part A in fiscal year FY 19-20	Based on an LEA's share of funding received under Title I, Part A in FY 20-21	Based on an LEA's share of funding received under Title I, Part A in FY 20-21
Application and Spending Timeline	LEAs who applied by 7/15/20 received the first apportionment 9/20 LEAs had until 4/17/21 to apply for subsequent apportionments Any allowable expenditure incurred on or after 3/13/20	LEAs had until 4/20/21 to be included in the first apportionment Any allowable expenditure incurred on or after 3/13/20. These funds are available for obligation by the state and subrecipients through 9/30/23	LEAs had until 6/25/21 to be included in the first apportionment Any allowable expenditure incurred on or after 3/13/20. These funds are available for obligation by the state and subrecipients through 9/30/24
Examples of allowable uses for health/wellness	<ul style="list-style-type: none"> Any activities authorized by ESSA, IDEA, the Adult Education and Family Literacy Act, the Perkins Career and Technical Education (CTE) Act, or the McKinney-Vento Act Coordination with public health and other relevant agencies Programs, outreach, and services for low-income students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and foster care youth Mental health services and integrated student supports Summer learning and supplemental after-school programs Supplies/training to ensure sanitation and minimize the spread of infectious disease Discretionary funds to address needs of individual schools 	ESSER II Funds can be used in much the same way as the ESSER I Funds, plus: <ul style="list-style-type: none"> Planning/coordination during long-term closures, including meals, technology, IDEA requirements, and other educational services Improving distance learning and addressing learning loss among students, e.g., using assessments, evidence-based activities, supporting parents and families, tracking student attendance, and improving student engagement Facility repairs and improvements to reduce risk of virus transmission, including improving air quality 	ESSER III Funds can be used in the same way as the ESSER I and ESSER II Funds

Leverage Federal Relief Funds for School Health and Wellness

LEAs have a tremendous amount of flexibility in how they use COVID-19 relief funding to respond to immediate needs and longer-term expenditures (through 2024). The one-time nature of federal relief funds makes them an excellent fit for investments that both respond to immediate needs and build the capacity of LEAs to maximize sustainable sources of funding for student and staff health. For example, recovery funds might be used by LEAs to address:

- COVID-19 prevention, including facilities improvements
- Mental health and well-being
- Social drivers of health (including food insecurity)
- Physical activity and education
- Health education, including mental health education
- Staff and teacher well-being

Short-term student health and wellness expenditures might include purchasing supplies needed to prevent the spread of COVID, hiring new staff positions, contracting with outside agencies to provide additional student services and staff training related to COVID. However, LEAs should consider the one-time nature of federal funds; once COVID-19 funds are spent, it might be difficult to maintain programs and supports without a significant influx of sustainable funding.

Accordingly, LEAs should plan how longer-term expenditures can be partially supported by one-time relief funding. These investments might include initiatives to build school staff capacity and establish the partnership infrastructure needed to support student health or to strengthen the systems needed to secure sustainable funding streams once relief funding is spent (e.g., Medi-Cal billing partnerships or infrastructure). For example, if addressing staff mental

New State Investments Complement Federal Relief

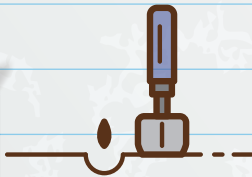
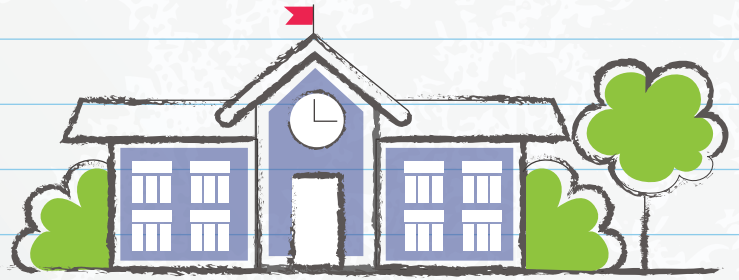
In addition to the federal relief dollars, the [2021-2022 state budget](#) allocates more than \$11 billion in funds to support community schools, afterschool programs, student behavioral and mental health programs, and efforts to improve school climate and conditions for learning. This includes:

- \$1 billion ongoing Proposition 98 and \$753 million one-time funds for expanded learning time;
- \$52 million for professional development on social-emotional learning and trauma-informed practice; \$10 million to support local education agencies (LEAs) in effectively using Medi-Cal;
- \$4.4 billion to create a new behavioral health system for youth ages 0 to 25, with an emphasis on school-based services;
- \$2.8 billion to expand Full Service Community Schools;
- \$7 million in ongoing federal funding to expand family empowerment centers;
- \$12 million to support school climate surveys;
- \$50 million in [one-time funds for MTSS](#);
- Breakfast and lunch for all students through the Universal School Meals Program by increasing state meal reimbursements by \$54 million in the 2021-22 fiscal year and \$650 million ongoing [Proposition 98 funding beginning in 2022-23](#).

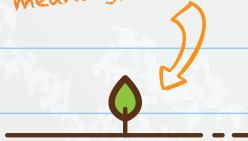
Federal relief dollars are available to LEAs sooner than state funds, and can be used as strategic initial investments in programs, staffing, and capacity building to support the effective and sustainable implementation of programs that could be funded through state dollars.

Planting the Seeds for Health and Wellness:

Using Relief Funds for Sustainable Impact



GOAL: Build off of & expand short-term work to support meaningful change



GOAL: Ensure sustainability through strong systems and practices



Student and Staff Wellness Priorities	Short-Term Project (0-12 months) Planning for school reopening, immediate response/restorative restart, initial planning	Mid-Term Project (0-24 months) Planning and executing sustainability strategies, including staffing, partnerships, capacity building	Long-Term Project (0-36 months) Health and wellness systems and infrastructure; continuous improvement systems and staffing; partnership and coalition building strategies	Forward Thinking... (36 months +) What funding sources can be leveraged to continue this work after COVID relief funds are spent?
COVID Prevention	Purchase personal protective equipment (PPE) for school staff Hire staff or contract with organizations to facilitate testing and/or COVID vaccinations for eligible students Purchase supplies to sanitize and clean facilities	Develop and implement procedures to prepare for future, extended school building closures Invest in staff and time needed to establish community partnerships to ensure that eligible children have access to vaccinations, both for COVID and other viruses	Repair and improve school facilities, especially ventilation systems, to reduce exposure to COVID and environmental health hazards Review policies, protocols, and lessons learned to inform crisis responses in the future	Title V Maternal and Child Health Services Block Grant Program (funding to local public health departments) Medicaid (reimbursement for contact tracing, testing and vaccine administration) Community benefit funding from local, nonprofit hospitals
Student Mental and Physical Health and Wellness	Engage students, families, school staff and community partners to understand needs and priorities Conduct home visits to engage families and understand student needs Universally screen students for unmet physical and mental health needs as they are returning, including trauma and stress Fund school based health providers (e.g., nurses, social workers, psychologists) and community based health and wellness staff (e.g., community clinics) to conduct screenings and deliver school-based or school-linked services Begin planning with community partners to develop or strengthen school-based wellness strategies, such as a school-based health center Provide training and support for teachers and school partners on SEL, trauma-informed practice, stress management	Scaffold implementation of trauma-informed school practices to reduce the stress many students and staff members are experiencing Implement and strengthen social and emotional learning programs Create a peer health leadership/ mentorship program Develop and implement mental health education curricula Invest in school health equipment (e.g., vision and hearing screening equipment, AED and CPR equipment, diagnostic equipment) Purchase an electronic health record system or other data platform to support tracking of student health issues and associate care Invest in technology, training, and partnerships to establish and support a telehealth program Assess facilities options for establishing or retrofitting designated school health spaces	Cultivate and strengthen staffing and sustainability strategies that include community partners, families, public agencies Provide seed grants for implementation of school-based health centers	ESSA Title I, II and IV funding Medi-Cal USDA meal reimbursement Federal grant funding (e.g. Project AWARE, School Climate Transformation Grants) Community benefit funding from local, nonprofit hospitals Funding from community partnerships and local philanthropy
Staff and Teacher Well-being*	Implement best practices for indoor air quality improvement (e.g., purchase new HVAC system, air purifiers)	Establish or renovate a designated staff wellness space Establish processes that support collaboration and shared decision making among staff, teachers and administrators about their well-being		ESSA Title I, II and IV funding Funding from community partnerships and local philanthropy

health is a top priority, relief funding could pay for costs associated with developing materials and resources, creating a staff wellness space on campus, revising professional development and training curricula to align with best practices for supporting staff mental health, and providing on-site mental health services and

supports. In addition, LEAs might consider how federal funds might support facility improvements, including new projects, renovations to ventilation systems, and purchasing temporary modular buildings. However, the guidance cautions against large capital projects because funds must be obligated by September 2024.

Foundational Steps for Decision Makers

Decision makers should consider the following practices as they develop responsive health and wellness plans for their students, staff, and community using COVID-19 relief funding.

EQUITABLE ENGAGEMENT

Engage caregivers, youth, and community members to identify concerns/priorities.

Federal law requires equitable, inclusive, accessible, and culturally relevant input in development of spending plans at both the state and local level. Engaging students and families is a must. School staff and community partners are valuable resources to understand health and wellness needs for adults and youth. Engagement strategies could include surveying the school community to understand their priorities for investment of relief funds, hosting town halls to solicit input, and leveraging existing communications channels, such as social media and newsletters, to gather feedback and communicate about how the funds are spent. Even after LEA expenditure plans and budgets are filed, it is important to sustain meaningful and reciprocal engagement opportunities, to keep track of priorities, refine strategies, and assess impact.



MUST DO

Prioritize outreach to underserved groups. Consider whose voices are traditionally absent from decision making and resource allocation discussions.

- What are barriers to access and engagement?
- What kind of strategies might we invest in to support their inclusion?



MUST DO

Model transparency in ongoing engagement efforts.

- How will stakeholders know how and when to make their voices heard, or where to direct their feedback?
- How will community and stakeholder feedback be reflected in final decisions?
- How will community and stakeholder feedback be reflected in assessing impact?

RESOURCES

- [Equity, Relationships, and Learning: Opportunities for Family, School, and Community Engagement within the American Rescue Plan](#)
- [Guide to Family, School, and Community Engagement in State ARP/ESSER Applications](#)
- [Action for Healthy Kids Resources on Family-School Partnerships](#)
- [Strategies for Equitable Family Engagement](#)
- [Creating Conditions for Meaningful Family Engagement from Pre-K to High School](#)

IDENTIFY PRIORITIES

Use accessible health data and community knowledge to inform priorities.

Ensuring that COVID-19 relief spending is guided by reliable and trusted data is critical to meeting student and staff health needs. Instead of thinking narrowly about health and wellness in terms of COVID-specific impact, consider the 10 dimensions of health as outlined in the Center for Disease Control's [Whole School, Whole Community, Whole Child model](#), which encompasses physical activity; nutrition; health education and services; social/emotional climate and services; physical environment; and family, employee, and community wellness. Data can help identify inequities in current programs to help LEAs target relief funding and identify areas where schools have had success.

- **Student-level:** chronic absenteeism, homeless and foster care student enrollment, student health information cards, student Individualized Education Programs (IEPs) and 504 plans
- **School-level data:** school climate surveys, discipline and suspension rates, meal participation rates, physical activity data
- **Community-level data:** local public health department data, including COVID-19 infection,



MUST DO

Start with data that you already have access to including student-level, school-level, and community-level data.

- What quantitative and qualitative data can be used to understand trends over time and to identify priorities?
- How does disaggregating data (e.g., by race, home language, free/reduced lunch, zipcode) help you understand similarities and differences in terms of challenges?
- What information from community partners can you access and use?



MUST DO

Have a comprehensive understanding of how students, families, and staff have experienced the pandemic, including how it has exacerbated existing inequities.

- Which students may need additional support upon return to in-person learning (e.g., students with disabilities; students who were previously chronically absent or who were not engaged in distance learning; students and staff with underlying chronic health issues; other vulnerable populations, such as students who experienced homelessness or the foster care system)?
- What health and wellness needs do you anticipate students and staff members will have in the coming school year?



MUST DO

Engage community members around the data to understand the lived experiences and realities, and to identify the leading health conditions and barriers to access impacting students and staff.

- Where are there existing opportunities and programs to engage students and families/caregivers in reviewing data and identifying priorities?
- Whose voices are most prominent? Whose voices are missing? Why? What are strategies to ensure their meaningful participation?

RESOURCES

- [Data-Driven Decision Making in Education: 11 Tips for Teachers & Administration](#)
- [The Education Trust-West: Data Equity Walk Toolkit](#)
- [RACE COUNTS - Tracking Racial Disparity in California](#)
- [Kidsdata: Data and Resources about the Health of Children](#)
- [Vaccination progress data - Coronavirus COVID-19 Response](#)

hospitalization, and vaccination data; rates of chronic diseases; emergency room treatment, admissions, and discharges among youth; [County Health Rankings & Roadmaps](#); [The Opportunity Index](#)

SPEND STRATEGICALLY

Choose interventions to meet identified needs.

Once an LEA has identified a health and wellness priority, the next step is to identify interventions that can be implemented using relief funds. LEAs should consider applying the following criteria:

- What evidence-based/evidence-informed interventions exist that respond to the needs identified through the data and asset mapping?
- What are allowable uses of funding that support student and staff health that are traditionally harder to fund (e.g., universal programs and supports, school construction, technology costs)?
- How might funds be used to partner with community-based organizations and wellness experts (e.g., to support universal screening, expand the number of caring adults as part of return to school, coordinate and provide health and wellness services and supports)?
- How can relief funding be leveraged to build the LEA's capacity to support student and staff health in the long run (e.g., strengthen programs that generate sustainable funding, such as school Medicaid; support an interagency, cross-sector task force that partners to support student health; provide start-up grants to community partners and service providers, fund staff training)?

The Department of Education launched the [Safe Schools and Campuses Best Practices Clearinghouse](#) that collects lessons learned from the field to return to in-person learning. Other evidence-based registries



MUST DO

Leverage the expertise and relationships of educators, students, caregivers, and community partners, as well as nurses, social workers, guidance counselors, psychologists, or other mental health practitioners.

Review your existing partnerships with community organizations and providers to understand how the COVID-19 pandemic has impacted their operations and providers. Consider ways that relief funding can be used to support community partners in returning to and expanding their school-based services and partnerships.

- What are the successes and challenges of existing programming and strategies?
- Who are community partners you can work with to advance this work?
- How will a new program or practice fit into existing work and context?

RESOURCES

- [Using Needs Assessments to Connect Learning + Health: Opportunities in the Every Student Succeeds Act \(ESSA\)](#)
- [Kaiser Permanente's Resilience in School Environments \(RISE\) assessment](#)
- [Partner, Build, Grow: An Action Guide for Sustaining Child Development and Prevention Approaches](#)
- [The Hexagon "Program Exploration" Tool and Implementation Inventory, University of North Carolina, National Implementation Research Network](#)

can provide a helpful starting point to identify programs that could be implemented with relief funding.

PLAN FOR SUSTAINABILITY

Identify mechanisms for sustainable funding and programming

COVID-19 relief aid is one-time funding and as such, LEAs should plan for sustainability from the outset. Relief dollars can be used to amplify existing streams of funding for student and staff health, as well as to initiate efforts that can then be sustained once relief funds are spent.

For example, an LEA could fortify its Medi-Cal program by using ESSER funds to upgrade technology, such as an electronic health record or telehealth platform. COVID-19 relief funds could initially pay for a community school coordinator or resource manager to establish partnerships with community-based organizations and providers and over time, leverage additional funding across partners or within the community. Federal money can also be used to implement best practices to boost participation in the free and reduced-price school meals program, which will generate increased reimbursement for the LEA.

Potential aligned funding streams include:

- **ESSA Title funding:** It is likely that [ESSA Title I, II, and IV](#) funding streams are already supporting student and staff health. For instance, Title I funding can be used to implement school health programs, including hiring school health providers, implementing curricula to support social and emotional learning and physical education, and implementing positive school climate programs. Title II funding can be used for professional development that addresses chronic absence and supports students' social and emotional well-being. Title IV funding can be used to implement school health programs, as well as advance work to create community schools. Consider how COVID-19 relief dollars can accelerate or deepen existing programs by addressing service gaps or barriers to access.
- **Medicaid/Medi-Cal:** Medicaid is the third largest funding source for K-12 education and pays for eligible school health services delivered to Medicaid-enrolled students. [New opportunities exist](#) to enhance the role that Medicaid plays in school, creating a sustainable source of revenue to support school-based health and behavioral health services. COVID-19 relief funds can be leveraged to strengthen



MUST DO

Follow the spirit and bounds of the law by paying attention to allowable uses, deploying evidence-based practices for learning recovery, and following maintenance of effort and equity requirements.

- What are the desired short-term and long-term changes or impacts that an intervention or support is intended to produce, i.e., theory of change?
- What are the resources, staffing, timing, partners, and systems that will be needed for interventions to be successful and sustainable?

RESOURCES

- [What Works Clearinghouse](#)
- [youth.gov](#)
- [Evidence-Based Practices Resource Center](#)
- [Blueprints for Healthy Development](#)
- [Model Programs Guide](#)
- [Collaborative for Academic, Social, and Emotional Learning \(CASEL\) Guide](#)

an LEA Medicaid program (e.g., hire a Medi-Cal coordinator to build and strengthen the billing system to track services and process reimbursements through Medi-Cal) and ultimately draw down additional, sustainable funding to support school health.⁴

- **Food and nutrition programs:** Federal support for K-12 education includes several programs designed to fight hunger and improve child nutrition: the National School Lunch and School Breakfast programs, the Child and Adult Care Food program, the Summer Food Service program, the Fresh Fruit and Vegetable program, and the Special Milk program. These programs, administered at the federal level by the U.S. Department of Agriculture/Food and Nutrition Service (USDA/FNS) and by state agencies, reimburse school systems, child-care centers, and after-school programs for the cost of providing healthy meals to children. In the state 21-22 budget, California launched the Universal School Meals Program, with an increase in state meal reimbursements by \$54 million in the 2021-22 fiscal year and \$650 million ongoing Proposition 98 funding beginning in 2022-23, to cover the costs of offering breakfast and lunch to all students.
- **Federal grant programs:** There are a number of federal grant programs dedicated to providing funding to support student health and wellness. These include, but are not limited to, [Project AWARE](#), [School Climate Transformation Grant](#), [Centers for Disease Control and Prevention's Healthy Schools Program](#), and [Project Prevent](#). These programs create important opportunities to bring in additional resources dedicated to addressing the health-related causes of chronic absence.

MUST DO

Research how funding streams can be braided and blended.

- How can COVID-19 funding be leveraged to access ongoing funding for student and staff health programming and supports (e.g., school Medicaid, community schools coordinator)?
- What additional sustainable sources of funding exist to support this work (e.g., Medi-Cal, ESSA Title funding, school meal program funding)

RESOURCES

- [California's Local Educational Agency Medi-Cal Billing Option Program Overview](#)
- [Practical Guide for Financing Social, Emotional, and Mental Health in Schools](#)
- [Blending, Braiding, Billing, and Believing: Sustainable Funding Strategies for School Behavioral Health](#)
- [Unlocking Federal and State Program Funds to Support Student Success](#)
- [Braiding and Blending Funds to Support Community Health Improvement: A Compendium of Resources and Examples](#)

4. NOTE: Medi-Cal is a federal/state match and federal dollars cannot be used as the state's share of direct service expenditures. For instance, an LEA could use federal COVID-19 relief funding to hire Medi-Cal eligible school health providers (e.g. school nurses), but would not be able to bill Medicaid for services delivered by those providers if the positions are 100% federally funded. Currently, many LEAs partially fund Medi-Cal eligible staffing positions with a combination of federal funding and local/state funding, and are able to bill for some of their time. Once federal COVID-19 relief funds are spent and staff positions are supported by non-federal dollars, LEAs would then be able to bill for their services/time.

About Us

Hayin Kimner, PhD is project director for the California Community Schools Learning Exchange (www.cslx.org), a capacity-building consortium working with local communities and municipalities to strengthen community school implementation. She is also a Senior Policy and Research Fellow for Policy Analysis for California Education. She served as a Senior Program Director for The Opportunity Institute and led the development of districtwide and citywide community school strategies for San Francisco Unified and Emery Unified School Districts.

Partnership for Children & Youth is an advocacy and capacity-building organization championing high-quality, equitable learning opportunities for underserved youth in California. We train school and community-based educators, facilitate relationships between schools and community-based organizations, and advocate for effective public policies and resources. www.partnerforchildren.org

California School-Based Health Alliance aims to improve the health and academic success of children and youth by advancing health services in schools. We work closely with schools and communities across the state to establish and support best practices in school-based health centers. www.schoolhealthcenters.org

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