

Advancing Student and Staff Health with COVID-19 Relief Funding

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**HEALTHY SCHOOLS
CAMPAIGN**



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Introduction

America's schools and students are experiencing the biggest public health emergency in the past century. As students and teachers return to the classroom, health concerns must remain a central focus. With vaccination rates stalling and the availability of a vaccine for children under 12 uncertain, schools will still have a need for cleaning, ventilation, and distancing standards. Additionally, well-child visits decreased during the pandemic, making children more susceptible to childhood illnesses. Finally, and importantly, the collective trauma and isolation of the past year have left students and adults vulnerable to an increase in mental health concerns.

The most vulnerable students are often the hardest hit: They are more likely to have suffered hunger and trauma, less likely to have seen a doctor, and more likely to have remained in remote learning settings over the past year. Teachers and other staff members may have suffered trauma or delayed medical attention during the pandemic as well. Educators will also need to continue to increase skills related to fostering a positive classroom climate and navigating new technologies. Schools have a lot of work to do to provide healthy environments.

Fortunately, [three federal COVID-19 relief packages](#) — the CARES Act in March 2020, CCRSA in December 2020, and the American Rescue Plan (ARP) in March

2021 — provided nearly \$200 billion that eligible states and districts can use to reopen schools safely and address mental and physical health needs, especially for the most vulnerable students. Beyond the money specifically set aside for K-12 schools, federal dollars are also supporting meal programs for families, wraparound services for homeless students, and expanded COVID-19 testing. This unprecedented infusion of assistance provides an opportunity to create more resilient schools that place the whole child at the center, including their health.

The challenges for districts and states are to use the federal money strategically, so that students benefit; to use it sustainably, so that they don't face a financial cliff when the added federal support runs out; and to use it within the spirit and bounds of the federal law. This brief will detail the sources of federal aid that can support school health and document the allowable uses and restrictions, as in effect as of the publication date of the Content. It will provide a blueprint for advocates and educators who want to influence the planning process at the state and local levels, engage the community in putting this money to use for promoting healthy schools, and promote strategies for improving student attendance and achievement. (For a detailed description of federal COVID-19 relief packages, see Appendix I.)

Guiding Principles for School District Investments

Emerging from the pandemic, schools have two key health priorities. The first is ensuring that buildings provide a safe and healthy environment for students to learn and educators to teach. That will require extensive work to provide the protective equipment, physical space, ventilation and contact tracing, testing, and vaccinations needed to contain the spread of the coronavirus and prevent future outbreaks. (For details of safely reopening schools, see Appendix III.) The second priority is addressing the broader health needs of children and staff members, particularly mental health concerns, so that they can recover from both the

academic and social-emotional effects of the pandemic. Research and experience tell us that healthy students are better learners. They attend school more regularly, focus better in class and develop strong relationships with peers and teachers. Addressing these needs is particularly important for children from disadvantaged backgrounds, many of whom have experienced the worst of the pandemic.

As school districts determine how to use COVID-19 relief

aid to support student and staff wellness, it is critical that they focus on leveraging the funding strategically to advance equity in health and education. While there is a wide range of needs that districts can and should address, leaders must prioritize efforts that support

student and staff health.

The following guiding principles can be used by school districts to make student and staff health a priority in plans for using COVID-19 relief funding.

1. Make data-informed decisions.

Ensuring that COVID-19 relief spending is guided by data-informed decision-making is critical to meeting student and staff health needs. Data can identify inequities in the current programs and help districts direct the relief funding to address these inequities. Key questions include:

- Which students may need additional support upon return to in-person learning (e.g., students with disabilities; students who were chronically absent prior to school building closures; students who have not been engaged in virtual learning; students and staff with underlying chronic health issues that place them at risk for COVID; students and staff whose mental health needs are not being met; and other vulnerable populations, such as students who are homeless or in foster care)?
- What were the leading health conditions impacting students and staff prior to the pandemic? What disparities exist in these health conditions?
- What additional health and wellness needs do you anticipate students and staff members will have in the coming school year?

Fortunately, there are many sources of existing health data that can be leveraged to inform this decision-making, subject to applicable federal, state, and local privacy and confidentiality laws and rules. Examples of school health data sources including the following:

Data Type	Data Source
Student-level data	Chronic absence data Homeless and foster care student enrollment data Adverse Childhood Experience screenings COVID-19 screening and surveillance data Medicaid eligibility COVID-19 vaccination rates of eligible students
School-level data	School climate data Quantitative and qualitative data from school health providers Workload for school health service providers Availability of telehealth services for students Meal participation rates Documentation of student time spent on physical education and activity COVID-19 screening and surveillance data COVID-19 vaccination rates for staff
Community-level data	Local public health department data, including COVID-19 data Applicable data from local hospitals about rates of chronic diseases, emergency room treatment or admissions and discharges for these conditions among youth County Health Rankings & Roadmaps The Opportunity Index Rate of Uninsured Children by School District

2. Identify existing assets in your school and community that can be leveraged and amplified with COVID-19 relief funding.

Mapping school health assets in the school district is a key step in identifying both gaps in programming and opportunities for building on existing efforts. The Whole School, Whole Community, Whole Child model can be used to understand the supports in place in the school district and where there might be gaps. For example, does every school building have a nurse or behavioral health provider? Do the school facilities provide a healthy and safe physical environment that supports best practices for COVID-19 mitigation? Schools and districts should conduct this mapping through an equity lens to understand where there

are inequities in access to programs and supports necessary to support student and staff health.

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](#)

3. Engage caregivers, youth, school staff, and community members.

Engaging caregivers, youth, and the community in determining spending priorities in a way that is equitable, inclusive, accessible, and culturally competent is critical. The federal law is requiring such input in development of spending plans at both the state and local level. This could include surveying the school community to understand their priorities for investment of relief funds, hosting town hall meetings to solicit input and leveraging existing communications channels, such as social media and newsletters, to solicit input and communicate about how the funds are spent. Unions representing school staff can be excellent partners for developing joint, sustainable policy with district and school leaders. Federal law requires school districts and states to seek "meaningful consultation" with community stakeholders as they develop plans for

using COVID-19 relief aid. This provides opportunities for families, educators, and community-based organizations to advocate for their priorities.

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](#)

4. Identify interventions that meet the needs identified.

School districts have a tremendous amount of flexibility in how they use COVID-19 relief funding. They can leverage that flexibility to meet the student and staff health needs identified using the data and asset mapping described above and ensure equitable access to the supports.

Once a school district has identified the health issues it intends to focus on, the next step is to identify interventions that can be implemented using relief funds. Districts should consider applying the following criteria:

- What are allowable uses of COVID-19 relief funding that support student and staff health that are traditionally harder to fund (e.g., universal programs and supports, school construction, technology costs)?
- How can relief funding be leveraged to build the school district's capacity to support student and staff

health in the long run (e.g., strengthen programs, such as Medicaid, that generate sustainable sources of funding; support an interagency task force that builds lasting, cross-sector collaboration to support student health; fund staff training)?

- What evidence-based/evidence-informed interventions exist that align with the needs identified through the data and asset mapping?

There is also an important opportunity to convene community partners who can help in advancing this work. These might include local hospitals, community organizations dedicated to children's health, local public health agencies, local PTAs, local businesses, local advocacy organizations, and youth organizations.

In addition to the evidence-based registries highlighted in the callout box, the U.S. 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.

Evidence-Based Registries

Evidence-based registries can provide a helpful starting point to identify programs that could be implemented with COVID-19 relief funding. Potential registries include:

- The [What Works Clearinghouse](#) from the U.S. Department of Education
- [Youth.gov](#) from agencies across the federal government
- [Evidence-Based Practices Resource Center](#) from the U.S. Substance Abuse and Mental Health Services Administration
- [Blueprints for Healthy Development](#) from the University of Colorado-Boulder Center for the Study and Prevention of Violence
- The [Model Programs Guide](#) from the U.S. Office of Juvenile Justice and Delinquency Prevention
- The [Collaborative for Academic, Social, and Emotional Learning \(CASEL\) Guide](#) for elementary, middle, and high school social and emotional learning programs.
- The [COVID-19 Relief Playbook](#) created by FutureEd provides the research basis for 18 proven practices that can help students recover academically and socially.

Three Rounds of COVID-19 Relief Aid

CARES Act

Approved: March 2020
\$13 billion for K-12 schools, known as ESSER I
Obligated by September 2022

CRRSA

Approved: December 2020
\$54 billion for K-12 schools, known as ESSER II
Obligated by September 2023

American Rescue Plan

Approved: March 2021
\$123 billion for K-12 schools, known as ESSER III
Obligated by September 2024

5. Identify mechanisms for sustainable funding.

Understanding opportunities for sustainably funding efforts initiated with COVID-19 relief aid should inform initial investments. Students would clearly benefit from having more nurses and psychologists in schools, but districts must consider how to continue funding new positions when the relief funding expires in 2024. The federal dollars can be used to both amplify existing streams of funding for student and staff health, such as Medicaid reimbursement for school-based health services, and initiate efforts that can then be sustained once COVID-19 relief funds are spent. Potential funding streams include:

- [ESSA Title funding](#): ESSA Title I, II, and IV funding present opportunities for supporting student and staff health. 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 on addressing chronic absence and on supporting 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. The Biden administration's proposed budget for the next fiscal year more than doubles the money provided for disadvantaged schools through the Title I formula, as well as other increases designed to support underserved students.
- Medicaid: Medicaid is one of the largest funding sources for K-12 education and pays for eligible school health services delivered to Medicaid-enrolled students. [Funding exists](#) to enhance the role that Medicaid plays in school, creating a sustainable source of revenue to support school-based health and behavioral health services. During the pandemic and for more than a year after it ends, [Medicaid is required](#) to cover testing, vaccinations, and treatment at no-cost to enrollees. The ARP also provides federal matching funds to cover 100 percent of state Medicaid costs for vaccines and their administration. COVID-19 relief funds can be leveraged to strengthen a school district's efforts to partner with the state

Medicaid program, community health plans, and providers (e.g., hire a district Medicaid coordinator) and ultimately draw down additional, sustainable funding to support school health and improve access to care.

- 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 in the states by state agencies, reimburse school systems, childcare centers, and after-school programs for the cost of providing healthy meals to children.
- Federal grant programs: There are several 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 Program](#), and [Project Prevent](#). These programs create important opportunities to bring in additional resources dedicated to addressing the health-related causes of chronic absence.

These funding streams can also be braided and blended to both amplify the efforts implemented with COVID-19 relief funds and ensure the work is sustained. The three COVID-19 relief packages passed by Congress all include [Maintenance of Effort](#) (MOE) provisions with the intent of ensuring federal funds supplement rather than supplant state investment in students.

- The CARES Act MOE requires that states maintain their average funding for K-12 education from the three fiscal years (FYs) preceding enactment (2017, 2018, and 2019) for FYs 2020 and 2021.
- The CRRSA Act MOE requires that states dedicate the same proportion of funding to K-12 education for FY 2022 as they averaged over FYs 2017, 2018, and 2019.
- Finally, the American Rescue Plan Act MOE requires

that states maintain FY 2022 and 2023 spending on K-12 education, at least at the proportionate levels of the state's spending on education relative to the state's overall spending, averaged over FYs 2017, 2018, and 2019.

For example, if your school district identifies addressing staff mental health as a top priority, COVID-19 relief funding could be leveraged to pay for costs associated with developing materials and resources, creating a staff wellness space on campus, and 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. This work could be sustained after COVID-19 relief funding is spent by braiding ESSA Title II, ESSA Title IV, other federal grants, and local and state funds, along with leveraging existing MOEs outlined above.

State education agencies can offer support to school districts to understand the funding streams in your state available to support student health and wellness. At the local level, it is critical to bring together cross-sector agencies and organizations to strategize about opportunities for braiding and blending funding to meet shared goals and understand the available funding streams. This should include working with local public health and youth-serving agencies; organizations that serve historically underrepresented populations, families, and/or youth; local health care providers; and philanthropy.

There are many ways that school districts can deploy this funding to strengthen programs that generate sustainable funding. As referenced above, school districts can fortify their state's Medicaid program by using COVID-19 relief funds to hire a school district Medicaid coordinator or form partnerships with managed care plans and providers to build and enhance existing structures. In addition, COVID-19 relief funds could pay for a community schools coordinator to establish partnerships with community-based organizations and providers and leverage additional funding streams within the community. The 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. The one-time nature of the relief funds makes them an excellent fit for investments that build school district capacity to maximize sustainable sources of funding for student and staff health.

Resources

- [Blending, Braiding, Billing, and Believing: Sustainable Funding Strategies for School Behavioral Health](#) by the Center for School Mental Health
- [Unlocking Federal and State Program Funds to Support Student Success](#) by the Washington Office of the Superintendent of Public Instruction
- [Braiding and Blending Funds to Support Community Health Improvement: A Compendium of Resources and Examples](#) by Trust for America's Health

Examples of Allowable Uses of COVID-19 Relief Funding

The following chart outlines the types of programs and supports that school districts could implement with COVID-19 relief funding, subject to the terms and conditions of the applicable funding source. (For a full listing, see Appendix II) The list is not exhaustive and is meant to provide an overview of some of the key types of efforts that could be supported with this funding. Additional information is included to support school districts in prioritizing their investments. The chart builds on Kaiser Permanente’s playbook, [Planning for the Next Normal at School: Keeping students, staff, and families safe and healthy](#), which includes specific, evidence-informed guidance and operating procedures for keeping school communities mentally and physically safe as students return to in-person learning.

The allowable uses of COVID-19 relief funding are divided into the following categories:

- Short-term uses: These are eligible uses of COVID-19 relief funding that will support student health and wellness in the short term. These include one-time investments in supplies needed to prevent the spread of COVID, hiring new staff positions, contracting with outside agencies to provide additional school staff and training related to COVID. Once COVID-19 funds are spent, it might be difficult to sustain these programs and supports without a significant influx of funding.
- Long-term uses: These are eligible uses of COVID-19 relief funding that will support student health and wellness in the long term. These focus on investments that build capacity, leverage, and build upon existing infrastructure to support student health or for which there are opportunities for sustainable funding after relief funding is spent.

What are your school district's top concerns for student and staff health?	What data can we access to understand this issue in our community?	What are allowable uses of COVID-19 relief funding that address this issue in the short term?	What are allowable uses of COVID-19 relief funding that address this issue in the long term?	What funding sources can be used to continue this work after COVID-19 relief funds are spent?
<p>COVID-19 prevention</p>	<p>COVID-19 surveillance data from local public health agency</p> <p>County-level COVID-19 surveillance data and vaccination data</p> <p>State dashboards on COVID-19 in schools</p> <p>Local dashboards/surveillance data collected by school nurses and other school health providers</p>	<p>Purchase personal protective equipment (PPE) for school staff.</p> <p>Deploy high-quality COVID-19 testing processes and procedures.</p> <p>Hire school health providers, including school nurses and school behavioral health providers, to support COVID-19 testing, surveillance, and vaccination rollout. Consider using national service members for some roles.</p> <p>Hire school staff to serve as the designated lead on COVID-19 response.</p> <p>Purchase tools, equipment, and supplies to clean, sanitize and disinfect school facilities.</p> <p>Train school staff on COVID-19 prevention, sanitation, and minimizing the spread of infectious diseases.</p> <p>Provide staff time to coordinate with local public health agencies to ensure adherence to guidance from the Centers for Disease Control and Prevention (CDC).</p>	<p>Repair and improve school facilities, especially ventilation systems, to reduce exposure to infectious diseases and environmental health hazards.</p> <p>Purchase equipment that supports indoor air quality, such as vacuums and air purifiers.</p> <p>Develop and implement procedures to prepare for future, extended school building closures.</p> <p>Invest in staff time needed to establish community partnerships to ensure that eligible children have access to vaccinations, both for COVID-19 and other viruses.</p>	<p>Title V Maternal and Child Health Services Block Grant Program (funding to local public health departments)</p> <p>Medicaid (reimbursement for testing and vaccine administration)</p> <p>Community benefit funding from local, nonprofit hospitals</p>

<p>Mental health and well-being</p>	<p>Youth Risk Behavior Surveillance System</p> <p>School climate surveys</p> <p>Resilience in School Environments (RISE) assessment</p> <p>Social emotional learning assessments</p> <p>School behavioral health workload</p> <p>Behavioral referrals</p> <p>Chronic absence data</p> <p>Student health records</p>	<p>Conduct schoolwide mental health assessment for staff and students that includes trauma and stress.</p> <p>Hire school behavioral health providers to support student and staff mental health needs.</p> <p>Hire a school Medicaid coordinator to improve linkages between healthcare services provided in and out of school and coordination of care.</p> <p>Contract with community-based mental health providers to meet student and staff mental health needs.</p>	<p>Create a trauma-informed school to reduce the stress many students and staff members are experiencing.</p> <p>Implement social and emotional learning programs.</p> <p>Develop and implement mental health education curricula.</p> <p>Provide staff training to ensure they are equipped to provide supports through a trauma-informed and responsive lens, such as in partnership with the local union.</p> <p>Invest in technology and training to establish tele-mental health program.</p>	<p>ESSA Title I, II and IV funding</p> <p>Medicaid</p> <p>Federal grant funding (e.g., Project AWARE, School Climate Transformation Grants)</p> <p>Community benefit funding from local, nonprofit hospitals</p> <p>Funding from community partnerships and local philanthropy</p>
<p>Physical Health and Well-being (e.g., asthma, obesity, diabetes, oral health, vision, and hearing)</p>	<p>Student health records</p> <p>Individualized Education Programs/504 plans</p> <p>School nurse workload</p> <p>Chronic absence data</p> <p>Public health department records</p> <p>Local hospital community health needs assessments</p> <p>State level children’s health data systems (e.g., CA KidsData, Healthy Kids Colorado Survey)</p>	<p>Hire school nurses and other school health professionals.</p> <p>Contract with outside community-based providers to support delivery of school-based or school-linked services.</p> <p>Invest in school health equipment (e.g., vision and hearing screening equipment, Automated External Defibrillator (AED) and CPR equipment, diagnostic equipment, etc.)</p> <p>Implement best practices for indoor air quality improvement (e.g., purchase new HVAC system, air purifiers).</p> <p>Hire a school Medicaid coordinator to improve linkages between healthcare services provided in and out of school and coordination of care.</p>	<p>Purchase an electronic health record system or other data platform to support tracking of student health issues and associate care.</p> <p>Construct or retrofit a designated school health office.</p> <p>Start a school-based health center.</p> <p>Invest in technology and training to establish a telehealth program.</p> <p>Train custodial staff on best practices for creating healthy, sustainable, and environmentally focused cleaning programs.</p>	<p>ESSA Title I, II and IV funding</p> <p>Medicaid</p> <p>USDA meal reimbursement</p> <p>Community benefit funding from local, nonprofit hospitals</p> <p>Funding from community partnerships and local philanthropy</p>

<p>Social Drivers of Health (e.g., institutional racism, food security, homelessness)</p>	<p>School discipline data Suspension data School climate surveys % Students enrolled in free and reduced-cost meal programs % Eligible students participating in free and reduced-cost meal programs % Students identified as homeless or housing insecure</p>	<p>Hire a community school coordinator to connect students and their families to key supports and services. Provide universal, free school breakfast and lunch to all students. Conduct a back-to-school outreach and enrollment campaign to reach uninsured children who are eligible for Medicaid or Children’s Health Insurance Program (CHIP), but not enrolled. Collaborate with local agencies and community-based organizations to connect families with social services, including housing, food, and health care. Have quarterly reviews of discipline data and school climate data to ensure district programming is effectively addressing racial disproportionality.</p>	<p>Train teachers on the use of restorative practices, stop discriminatory discipline, and prevent school pushout. Seek out partners in equity, diversity, and inclusion to provide training for all school staff on cultural responsiveness and equity. Make school cafeteria improvements that support increased participation in the school meal program. Invest in out-of-school time programs by providing student scholarships, offering extra compensation for afterschool staff time, etc.</p>	<p>USDA meal reimbursement ESSA Title I, II and IV funding Medicaid Funding from community partnerships and local philanthropy</p>
<p>Physical Activity, Physical Education, and Health Education</p>	<p>Certified PE specialist/student ratio Certified health education teacher/student ratio Number of minutes of PE/physical activity during school day</p>	<p>Make necessary accommodations to ensure students are still able to engage in physical activity and physical education during the school day while adhering to public health protocols. Hire certified physical education and health education staff. Provide professional development to physical education and health education staff on COVID-19 protocols, equipment sanitation and virtual learning strategies.</p>	<p>Upgrade school facilities to support indoor and outdoor physical education and physical activity. Train staff members on best practices for recess that build a better school climate.</p>	<p>ESSA Title I, II and IV funding Funding from community partnerships and local philanthropy</p>

<p>Staff and Teacher Well-being</p>	<p>CDC's Worksite Health ScoreCard.</p> <p>Resilience in School Environments (RISE) assessment</p> <p>CDC's School Health Index</p> <p>County Health Rankings and Roadmaps (information about health behaviors broken down by County)</p> <p>Evaluate staff well-being and job satisfaction.</p>	<p>Provide professional development to school staff on COVID-19 protocols and virtual learning strategies.</p> <p>Provide professional development to staff on holistic well-being.</p> <p>Provide mental health supports and services on site.</p> <p>Hire additional school staff and classroom aides.</p> <p>Provide wellbeing activities for staff and teachers during the workday.</p>	<p>Lead a staff break room makeover.</p> <p>Establish designated staff wellness space.</p> <p>Establish processes that support collaboration and shared decision making among staff, teachers and administrators about their well-being.</p> <p>Embed sustainable wellness practices, such as gratitude.</p> <p>Become a trauma-informed school.</p>	<p>ESSA Title I, II and IV funding</p> <p>Funding from community partnerships and local philanthropy</p>
<p>Family Engagement and Community Involvement</p>	<p>Family surveys</p> <p>Attendance at school events</p> <p>Parent/caregiver volunteer data</p> <p>3-minute School Health Survey</p> <p>School climate surveys</p> <p>CDC's School Health Index</p>	<p>Designate school staff to facilitate focus groups with families and community members to inform investment of COVID-19 relief funding.</p> <p>Offer family and community workshops on health and wellness topics.</p> <p>Conduct (virtual or in-person) home visits to engage families and understand their needs.</p> <p>Offer families free meals and/or groceries at local school.</p> <p>Host and participate in meetings with community partners to align efforts to meet the immediate health and social needs of community members.</p>	<p>Build the capacity of families to support and advocate for efforts that advance student health and wellness.</p> <p>Build a school health team to implement and promote initiatives that help create a healthier school.</p> <p>Provide staff training on family and community engagement best practices.</p> <p>Establish community partnerships to ensure ongoing access to wraparound services and supports.</p>	<p>ESSA Title I and IV funding</p> <p>Funding from community partnerships and local philanthropy</p>

Appendix I: Federal COVID-19 Relief Aid for Schools

Early in the COVID-19 pandemic, Congress recognized that K-12 schools would need extra support to continue serving students. Districts were scrambling to provide electronic devices and Wi-Fi access to students stuck at home. Schools were purchasing masks, fiberglass barriers, and cleaning supplies needed for safely reopening. All this came as local and state tax revenues were plummeting, raising the specter that education would experience deep budget cuts. In response to expected need, Congress provided \$13 billion to stabilize K-12 schools via the CARES Act in March 2020. The money came through the Elementary and Secondary Schools Emergency Relief fund, known by the acronym ESSER, and was distributed based on the federal Title I formula for supporting schools with concentrated poverty. At least 90 percent of the money went to local school districts and charter schools, with state education agencies reserving as much as 10 percent for their priorities. As expected, much of the spending in the early months went toward providing devices and broadband access, as well as purchasing personal protective equipment (PPE) and cleaning supplies, [according to a survey](#) by the International Association of School Business Officers.

A second round of COVID-19 relief funding, the Coronavirus Response and Relief Supplemental Appropriation (CRRSA) Act, was approved in December 2020, with \$54 billion included for stabilizing K-12 schools, known as ESSER II. Just as that money began flowing to districts, Congress voted in March 2021 to approve the American Rescue Plan (ARP), a sweeping stimulus plan that included \$123 billion in ESSER III funds for K-12 schools. For a sense of scale, note that the federal government provided about \$16 billion to schools through the Title I formula in the 2019-20 school year. The three COVID-19 packages are delivering nearly \$190 billion in ESSER funds to be spent through 2024.

School health is a priority, especially in the ARP. Beyond the dollars specifically set aside for schools, the ARP also includes:

- \$10 billion from the CDC for COVID-19 screening

testing for K-12 teachers, staff, and students in schools

- \$3 billion in added funding for students with disabilities
- \$1 billion to expand national service programs, such as AmeriCorps, that can provide workers to support contact tracing or tutoring in schools. About \$400 million will go to setting up a Public Health AmeriCorps, which would deploy about 250,000 people interested in careers in public health.
- \$7.4 billion for state, local, and territorial public health departments to hire staff to respond to COVID-19 and future public health crises. This includes \$500 million to hire school nurses, who could support COVID-19 vaccinations, surveillance, and other school health needs
- \$800 million to support education and wraparound services for homeless children
- \$490 million to extend through September 2021 certain food benefits available through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- \$30 million for Project AWARE, which provides funding to states to increase awareness of mental health issues among school-aged youth.

What's more, the America Rescue Plan seeks to make health coverage more affordable by encouraging more states to expand Medicaid to low-income adults and adjusting costs for insurance plans purchased through the Affordable Care Act's Marketplace. Past experience shows that when parents gain health coverage, their children are more likely to be insured. If the children enroll in Medicaid, school districts can seek federal reimbursement for any school-based health services they receive. Other provisions of the plan seek to reduce the number of children living in poverty, which would have benefits for student health as well.

The federal laws provide a broad range of uses for the COVID-19 relief aid, while outlining some restrictions as well. Under the American Rescue Plan, states must use at least 5 percent of their total allocation on

“evidence-based” interventions to address learning loss, and local districts must spend 20 percent on the same priority. “Evidence-based” has a specific meaning under federal law, requiring some sort of research to back up the efficacy of a practice. In addition, states and districts cannot use the federal money to simply replace local and state dollars they would have spent on education, under what’s known as a maintenance of effort provision. And they can’t divert money away from high-needs schools or districts, what’s known as maintenance of equity.

With so much money at stake, the U.S. Department of Education asked states to submit plans by June 7, 2021, detailing how they have spent COVID-19 relief aid so far and how they plan to spend future dollars. Local school districts must submit similar plans to their state education agencies within 90 days of receiving the latest round of funding, although the Education

Department has signaled that states can push that deadline back further. These plans are not the last word on spending: States and districts will have the opportunity to review and revise their spending. But they establish clear priorities for spending. Both processes call for “meaningful consultation” with students, educators, family members, and the broader community. This provides an opportunity for school leaders and health advocates to stress the important priorities and influence the spending plans.

Resources:

- [What Congressional COVID-19 Funding Means for K-12 Schools](#)
- [Guidance on Allowable Uses](#)
- [Guidance on Maintenance of Effort Requirements](#)
- [Template for State Plans](#)

Appendix II: Allowable Uses for COVID-19 Relief Dollars

Here is the text of the American Rescue Plan related to ESSER dollars

Subgrants To Local Educational Agencies.

(1) IN GENERAL.—Each State shall allocate not less than 90 percent of the grant funds awarded to the State under this section as subgrants to local educational agencies (including charter schools that are local educational agencies) in the State in proportion to the amount of funds such local educational agencies and charter schools that are local educational agencies received under part A of title I of the Elementary and Secondary Education Act of 1965 in the most recent fiscal year.

(2) AVAILABILITY OF FUNDS. —Each State shall make allocations under paragraph (1) to local educational agencies in an expedited and timely manner and, to the extent practicable, not later than 60 days after the receipt of such funds.

(e) Uses Of Funds. —A local educational agency that receives funds under this section—

(1) shall reserve not less than 20 percent of such funds to address learning loss through the implementation of evidence-based interventions, such as summer learning or summer enrichment, extended day, comprehensive afterschool programs, or extended school year programs, and ensure that such interventions respond to students’ academic, social, and emotional needs and address the disproportionate impact of the coronavirus on the student subgroups described in section 1111(b

(2)(B)(xi) of the Elementary and Secondary Education Act of 1965 ([20 U.S.C. 6311\(b\)\(2\)\(B\)\(xi\)](#)), students experiencing homelessness, and children and youth in foster care; and

(2) shall use the remaining funds for any of the following:

(A) Any activity authorized by the Elementary and Secondary Education Act of 1965.

(B) Any activity authorized by the Individuals with Disabilities Education Act.

(C) Any activity authorized by the Adult Education and Family Literacy Act.

(D) Any activity authorized by the Carl D. Perkins Career and Technical Education Act of 2006.

(E) Coordination of preparedness and response efforts of local educational agencies with State, local, Tribal, and territorial public health departments, and other relevant agencies, to improve coordinated responses among such entities to prevent, prepare for, and respond to coronavirus.

(F) Activities to address the unique needs of low-income children or students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and foster care youth, including how outreach and service delivery will meet the needs of each population.

(G) Developing and implementing procedures and systems to improve the preparedness and response efforts of local educational agencies.

(H) Training and professional development for staff of the local educational agency on sanitation and minimizing the spread of infectious diseases.

(I) Purchasing supplies to sanitize and clean the facilities of a local educational agency, including buildings operated by such agency.

(J) Planning for, coordinating, and implementing activities during long-term closures, including providing meals to eligible students, providing technology for online learning to all students, providing guidance for carrying out requirements under the Individuals with Disabilities Education Act and ensuring other educational services can continue to be provided consistent with all Federal, State, and local requirements.

(K) Purchasing educational technology (including hardware, software, and connectivity) for students who are served by the local educational agency that aids in regular and substantive educational interaction between students and their classroom instructors, including low-income students and

children with disabilities, which may include assistive technology or adaptive equipment.

(L) Providing mental health services and supports, including through the implementation of evidence-based full-service community schools.

(M) Planning and implementing activities related to summer learning and supplemental afterschool programs, including providing classroom instruction or online learning during the summer months and addressing the needs of low-income students, children with disabilities, English learners, migrant students, students experiencing homelessness, and children in foster care.

(N) Addressing learning loss among students, including low-income students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and children and youth in foster care, of the local educational agency, including by—

(i) administering and using high-quality assessments that are valid and reliable, to accurately assess students' academic progress and assist educators in meeting students' academic needs, including through differentiating instruction;

(ii) implementing evidence-based activities to meet the comprehensive needs of students;

(iii) providing information and assistance to parents and families on how they can effectively support students, including in a distance learning environment; and

(iv) tracking student attendance and improving student engagement in distance education.

(O) School facility repairs and improvements to enable operation of schools to reduce risk of virus transmission and exposure to environmental health hazards, and to support student health needs.

(P) Inspection, testing, maintenance, repair, replacement, and upgrade projects to improve the indoor air quality in school facilities, including

mechanical and non-mechanical heating, ventilation, and air conditioning systems, filtering, purification and other air cleaning, fans, control systems, and window and door repair and replacement.

(Q) Developing strategies and implementing public health protocols including, to the greatest extent practicable, policies in line with guidance from the Centers for Disease Control and Prevention for the reopening and operation of school facilities to effectively maintain the health and safety of students, educators, and other staff.

(R) Other activities that are necessary to maintain the operation of and continuity of services in local educational agencies and continuing to employ existing staff of the local educational agency.

State Funding. —With funds not otherwise allocated under subsection (d), a State

(1) shall reserve not less than 5 percent of the total amount of grant funds awarded to the State under this section to carry out, directly or through grants or contracts, activities to address learning loss by supporting the implementation of evidence-based interventions, such as summer learning or summer enrichment, extended day, comprehensive afterschool programs, or extended school year programs, and ensure that such interventions respond to students' academic, social, and emotional needs and address the disproportionate impact of the coronavirus on the student subgroups described in section 1111(b)(2)(B)(xi) of the Elementary and Secondary Education Act of 1965 ([20 U.S.C. 6311\(b\)\(2\)\(B\)\(xi\)](#)), students experiencing homelessness, and children and youth in

foster care, including by providing additional support to local educational agencies to fully address such impacts;

(2) shall reserve not less than 1 percent of the total amount of grant funds awarded to the State under this section to carry out, directly or through grants or contracts, the implementation of evidence-based summer enrichment programs, and ensure such programs respond to students' academic, social, and emotional needs and address the disproportionate impact of the coronavirus on the student populations described in section 1111(b)(2)(B)(xi) of the Elementary and Secondary Education Act of 1965 ([20 U.S.C. 6311\(b\)\(2\)\(B\)\(xi\)](#)), students experiencing homelessness, and children and youth in foster care;

(3) shall reserve not less than 1 percent of the total amount of grant funds awarded to the State under this section to carry out, directly or through grants or contracts, the implementation of evidence-based comprehensive afterschool programs, and ensure such programs respond to students' academic, social, and emotional needs and address the disproportionate impact of the coronavirus on the student populations described in section 1111(b)(2)(B)(xi) of the Elementary and Secondary Education Act of 1965 ([20 U.S.C. 6311\(b\)\(2\)\(B\)\(xi\)](#)), students experiencing homelessness, and children and youth in foster care; and

(4) may reserve not more than one-half of 1 percent of the total amount of grant funds awarded to the State under this section for administrative costs and the remainder for emergency needs as determined by the State educational agency to address issues responding to coronavirus, which may be addressed through the use of grants or contracts.

Appendix III: Preventing the Spread of Coronavirus

The chief concern in reopening schools in the past year was preventing the spread of COVID-19. While the disease initially seemed to affect primarily the older generations, the numbers of children contracting COVID-19 has increased in recent months. [State-level data](#) compiled by the American Academy of Pediatrics as of late June 2021 found nearly 4 million

COVID-19 cases are among children, representing nearly 14 percent of all cases. Still, children accounted for no more than 3.3 percent of those hospitalized with COVID-19 and no more than 0.24 percent of deaths. The definition of children differs by state, ranging from birth to age 14 to birth to age 20. Until recently, the

vaccine was not available to anyone under age 16, meaning few students are inoculated against the virus. The FDA has now approved the Pfizer vaccine for children ages 12 to 15, and further testing could allow for use at younger ages by fall. Still, many students will return to school without a vaccination.

To prevent the spread at school, the Centers for Disease Control and Prevention (CDC) recommends five key mitigation strategies. This [graphic](#) summarizes the [CDC guidance](#) as of July 2021 and gives some examples of how districts are adapting to the recommendations:

- Universal and correct use of [masks](#). The CDC recommends wearing masks indoors at all times, regardless of vaccination status, with exceptions for students with certain disabilities and for some activities, such as eating meals.
- [Physical distancing](#), including keeping students in cohorts and pods when possible. Adjust classrooms to allow physical distancing of three feet when possible, with 6 feet preferred between students and staff who are not fully vaccinated.
- [Handwashing and respiratory etiquette](#) with additional emphasis on handwashing and increased availability of hand sanitizer.
- [Contact tracing](#) when a student or teacher tests positive, as well as strategies for isolating those who have come in contact with an infected individual.
- [Cleaning](#) and maintaining healthy facilities, including efforts to improve ventilation to prevent the spread of COVID-19 and other airborne viruses. As many as 36,000 schools nationwide needed to upgrade their HVAC systems pre-pandemic, according to a 2020 [U.S. General Accountability Office report](#). The pandemic makes those upgrades more urgent and—with the infusion of funds—more feasible.

Beyond the CDC guidance, a new report from [The COVID-19 Collaborative](#) lays out six elements that schools should consider for keeping schools safe and healthy. These center on creating a school-based team that coordinates with other government agencies and use data to adapt and improve the approach over the years. The collaborative's recommendations were developed with the Edmond J. Safra Center at Harvard University, the Brown School of Public Health, and New America.



Key Elements for Infection Prevention and Control

The [COVID-19 Collaborative](#) lays out six elements for a school-based infection and prevention control program:

1. Sustain safe in-person learning.
2. Ensure schools are prepared for other outbreaks of infectious diseases and future pandemics.
3. Create school-based teams supported by city/county/tribal teams.
4. Support COVID-19 testing and contact tracing.
5. Integrate promising practices and validated best practices from occupational safety and health models.
6. Collect and report data to ensure the programs evolve and improve over the school year.

Resources:

- [CDC Guidance for COVID-19 Prevention in K-12 Schools](#)
- [Children and COVID: State-Level Data Report](#)
- [Covid Relief Playbook: Smart Strategies for Investing Federal Funding](#)
- [RESTART & RECOVERY: Leveraging Federal COVID Relief Funding & Medicaid to Support Student & Staff Wellbeing & Connection](#)
- [Ed COVID-19 Handbook-Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools](#)
- [How We Go Back to School](#)
- [Roadmap to Healthy Schools: Building Organizational Capacity for Infection Prevention and Control](#)
- [Healthy Green Schools & Colleges' Guidelines for COVID-19 Cleaning and Disinfection](#)
- [Use of Funds Advisory Memo for COVID-19 Relief for K-12 Schools](#)
- [Ed COVID-19 Handbook-Volume 2: Strategies for Safely Reopening Elementary and Secondary Schools](#)
- [Restarting School With Equity at the Center](#) (PACE brief)
- [Attendance Playbook](#)
- [The Power to Protect vaccination website](#)
- [USDA Handout on Hunger Initiatives](#)

Supporting Organizations



Photos by Allison Shelley for American Education: Images of Teachers and Students in Action

About the Authors

ASSA

AASA, The School Superintendents Association represents, works alongside, supports, and is the voice of superintendents and education leaders across the United States. Thirteen thousand strong and 151 years old, AASA remains committed to excellence and equity for each and every child in public schools. To learn more, go to aasa.org.

FutureEd

FutureEd is an independent, solution-oriented think tank at Georgetown University's McCourt School of Public Policy. FutureEd is committed to bringing fresh energy to the causes of excellence, equity, and efficiency in K-12 and higher education on behalf of the nation's disadvantaged students. To learn more, go to future-ed.org.

Healthy Schools Campaign

Healthy Schools Campaign (HSC) engages stakeholders and advocates for policy changes at local, state, and national levels to ensure that all students have access to healthy school environments, including nutritious food, physical activity, and essential health services, so they can learn and thrive. To learn more, go to healthyschoolscampaign.org.

Kaiser Permanente

Providing high-quality, affordable health care services and improving the health of members and their communities over 70 years, Kaiser Permanente is deeply invested in building healthier communities by improving conditions of health and equity for all. To learn more, go to thrivingschools.kaiserpermanente.org.

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