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Education Interim Committee

69th Montana Legislature

Public Comment for EDIC June 16, 2026

Name	City/State	Representing	Time & Date	Subject	Comment
Taylor Spieker	Bozeman, MT	Self	6:17 PM 6/15/2026	Funding for English Language Development	Please consider adding funding to educate multilingual students to the state budget. See Attachment 3
Rob Watson	Helena, MT	School Administrators of Montana	10:51 AM 6/15/2026	School-Based Behavioral Health and Medicaid Reimbursement	Hello Education Interim Committee, I will be testifying to your committee as part of a panel discussion at 1pm on Monday, June 15. As part of my testimony, I will be discussing the types of programs schools across the state are using to address school based behavioral health and challenges to implementing behavioral health in schools **Attachment #1**. If time permits, I may also discuss a funding model that is working well in other states, medicaid reimbursement and the free care reversal, **Attachment #2**.

Attachment 1

What programs do you have in place to address student behavioral health? Consider both crisis response and prevention programs. (Choose your top 2 or 3)

What programs do you have in place to address student behavioral health? Consider both crisis response and prevention programs.	Number of participants with program in place	Percent of participants with program in place	AA	A	B	C	Ind Elem
Classroom based programs (Ex: PAX, Second Step, Whole Class SEL Lessons, other)	89	71.20%	85.71%	78.95%	57.14%	68.09%	77.42%
MTSS or Intervention Team	81	64.80%	85.71%	73.68%	76.19%	59.57%	54.84%
School Safety Team or Crisis Response Team	72	57.60%	100.00%	78.95%	66.67%	48.94%	41.94%
Suicide Prevention (Ex: SOS, QRP, YAM, other)	52	41.60%	85.71%	63.16%	61.90%	31.91%	19.35%
External partner working with students and/or families (Ex: YDI, Aware, other)	45	36.00%	71.43%	68.42%	42.86%	29.79%	12.90%
CSCT	37	29.60%	100.00%	42.11%	33.33%	14.89%	25.81%
Community Intervention Team (Ex: Safety team that includes community partners and school staff.)	34	27.20%	57.14%	36.84%	38.10%	21.28%	16.13%
Student surveys (Ex: Panorama, PASS, other)	31	24.80%	85.71%	42.11%	19.05%	19.15%	12.90%
Rural Behavioral Health Institute (RBHI)	23	18.40%	42.86%	31.58%	33.33%	12.77%	3.23%
School Based Outpatient Therapy (SBOT)	22	17.60%	42.86%	31.58%	23.81%	8.51%	12.90%
Tele-Health	22	17.60%	14.29%	26.32%	23.81%	19.15%	6.45%
School Based Health Center, Clinic or Services	21	16.80%	85.71%	31.58%	38.10%	2.13%	0.00%
Peer-to-peer or mentoring program to address student issues (Ex: Hope Squad)	17	13.60%	0.00%	42.11%	23.81%	6.38%	3.23%
other	16	12.80%	28.57%	15.79%	14.29%	4.26%	19.35%
Tribal Health Clinics	12	9.60%	14.29%	21.05%	14.29%	6.38%	3.23%

What resources or funding is used to pay for your behavioral health programs?

What resource or funding is used to pay for your behavioral health programs?	Number of participants citing resource or funding	Percent of participants citing resource or funding	AA	A	B	C	Ind Elem
School funding (general fund or safety levy)	100	80.00%	85.71%	89.47%	76.19%	78.72%	77.42%
Grant funding	50	40.00%	57.14%	57.89%	42.86%	38.30%	25.81%
Federal funding (ex: title I, special education, impact aid, SAMHSA)	46	36.80%	57.14%	63.16%	47.62%	25.53%	25.81%
Medicaid Reimbursement	39	31.20%	57.14%	36.84%	38.10%	17.02%	38.71%
State funding (ex: DPHHS or OPI)	24	19.20%	57.14%	15.79%	19.05%	17.02%	16.13%
Partner Funding, outside organization is billing for services (SBOT, SBHC, or other)	21	16.80%	71.43%	36.84%	14.29%	8.51%	6.45%
Private Insurance	17	13.60%	28.57%	21.05%	14.29%	10.64%	9.68%
other	6	4.80%	14.29%	5.26%	4.76%	2.13%	6.45%

What are the biggest barriers or challenges to providing behavioral health to your school? (Choose top 2 or 3)

What are the biggest barriers or challenges to providing behavioral health to your school?	Number of participants citing barrier or challenge	Percent of participants citing barrier or challenge	AA	A	B	C	Ind Elem
Lack of funding	97	77.60%	100.00%	73.68%	76.19%	76.60%	77.42%
Lack of qualified staff	89	71.20%	85.71%	68.42%	76.19%	68.09%	70.97%
Limited counseling options in our community	58	46.40%	71.43%	73.68%	47.62%	42.55%	29.03%
Sustainability	48	38.40%	71.43%	42.11%	28.57%	34.04%	41.94%
Time to find resources and/or time to develop a partnership	37	29.60%	14.29%	31.58%	23.81%	36.17%	25.81%
Lack of partnership opportunities	33	26.40%	14.29%	21.05%	38.10%	29.79%	19.35%
Community perceptions	26	20.80%	42.86%	10.53%	19.05%	23.40%	19.35%
Staff perceptions	20	16.00%	14.29%	26.32%	4.76%	19.15%	12.90%
School Board perceptions	14	11.20%	0.00%	5.26%	0.00%	17.02%	16.13%
other	2	1.60%	0.00%	5.26%	0.00%	2.13%	0.00%

Attachment 2

Background on School-Based Medicaid

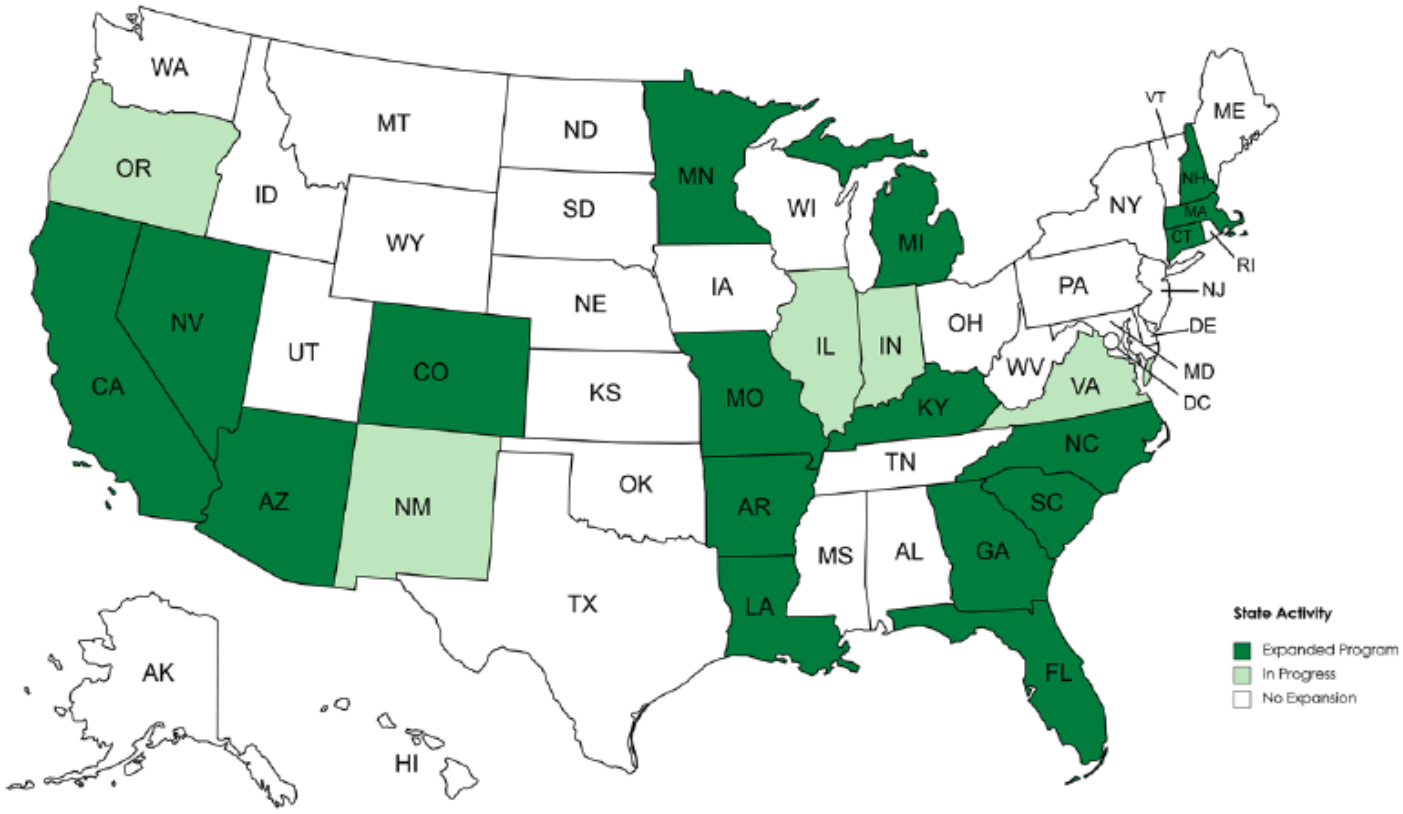
- For 30 years, Medicaid has paid for eligible school physical and behavioral health services included in students' Individualized Education Programs (IEP)
- While Medicaid spending on school-based health services represents less than 1 percent of total Medicaid spending, it's significant for schools
- There are several ways that schools are entitled to reimbursement from Medicaid:
  - Provide direct medical/health-related services to children who are eligible for Medicaid
  - Perform administrative activities in support of the state Medicaid plan
  - A combination of these both

The Opportunity

- Historically, Medicaid would only pay for health services included in the IEPs of students enrolled in Medicaid
- A 2014 change in federal policy is an opportunity to expand school-based services to ALL Medicaid-enrolled students
  - This is known as the free care policy reversal

Medicaid Free Care Policy Reversal

- Medicaid reimbursement no longer restricted to students with an IEP
- Medicaid will reimburse for services to all Medicaid-enrolled students
- States can choose to expand school-based Medicaid programs to all students
- Some states must submit state plan amendment (SPA) to expand their program to all students; others can take state administrative or legislative actions



Examples of Eligible School Health Providers

- Nurse practitioner
- Registered nurse
- Licensed practical nurse
- Health technician
- Certified school psychologist
- Credentialed school counselor
- Credentialed school social worker
- Licensed marriage and family therapist
- Speech language pathologist
- Occupational therapist

Financial Impact of Expanding School Medicaid Programs

- Colorado expanded their program in February 2020 and in the first year of expansion saw an increase $6 million or 12% increase in federal Medicaid revenue (note: this was during the first year of the pandemic).
- Louisana was the first state to expand their program, focusing solely on school nursing services, and saw a 35% increase in federal Medicaid revenue.
- North Carolina expanded in January 2019 and has seen a 35% increase year-over-year in federal Medicaid revenue.

Attachment 3

Dear School Funding Interim Commission,

My name is Taylor Spieker, and I am an English as a Second Language Teacher in Bozeman, Montana. For the last four years, I have had the opportunity to work with Multilingual learners in both Bozeman and Belgrade. I want to share with this committee some of the work that I have done over the last four years.

I want to start with my time in Belgrade. I had 28 elementary-aged students on my caseload, and because of the 1.0 FTE that Belgrade chose to staff at my school, I worked very closely with every student on this caseload. Each student grew at least .5 in their WIDA (language proficiency exam given to all multilingual students) level and each grew in their literacy skill immensely. I want to highlight one student, M. M moved here from Ukraine when he was a second grader. He came to me with very little English proficiency. My work with him and all my students involved explicit phonics instruction, including encoding, decoding, vocabulary and comprehension, all pillars of the Science of Reading. In addition to reading and writing intervention, we learned English. Given a safe setting, explicit vocabulary and grammar, and real opportunities to practice, he showed amazing growth. After six months, M was communicating with English-speaking peers in the classroom and on the playground. After 2 years, M scored a 3.8/6.0 (students are exited from services with a 4.7) on his WIDA exam and was accessing and engaging with grade-level content. This growth was all made possible by the FTE for English language development that M had access to. In addition to my work with students, I worked with classroom teachers on strategies to make content more accessible. Again, this was possible due to the FTE my school provided these students.

I want to fast forward to this year, working at Bozeman and Gallatin High School. Learning a new language, in a new place, on top of learning high school content is an incredible task for students to achieve. However, this year, with the support of the ELD (English Language Development) staff, many students achieved this. This year, I supported English 1, 2 and Newcomer English. Because we have ELD support in English 1 and 2, students accessed highly complex texts. They read the Odyssey, Romeo and Juliet, Of Mice and Men, To Kill a Mockingbird, Lord of the Flies, They Call us Enemy, Macbeth and other academic articles and texts. In addition to reading these complex texts, they learned to analyze and demonstrate understanding of text. These are highly complex skills to learn in your first language and these amazing students showed proficiency with accommodations. These accommodations changed the course of these students' academic careers and they were all made possible by the support of the ELD FTE that my district funds, from the general fund.

As amazing as this is, many students across Montana do not have access to this kind of support. This is because school districts cannot afford additional FTE out of their general funds. Students without additional support struggle to connect with their school communities and access grade-level context. General education teachers, without the support of designated ELD staff, cannot fully accommodate MLL (Multilingual Learners) students within contract hours appropriately. This is why designated, consistent, and predictable funding is essential for schools.

According to the Department of Education and OPI, during fiscal year 2026, the state of Montana received only $500,000 for Title III funding to serve about 4,000 students. Montana is the only state in the union that does not add additional funding for MLL students. In addition to no state state funding, federal appropriations for title III are on the chopping block. This puts an enormous burden and financial responsibility on local school districts, who are already stretched entirely too thin. Districts are having to make impossible decisions on which students to support and how much to support them due to funding

insufficiencies. The Montana state constitution states, “the goal of the people to establish a system of education which will develop the full educational potential of each person. Equality of educational opportunity is guaranteed to each person of the state”. In order to fulfill this, predictable and consistent funding must be provided to local school districts who serve MLL students to give LEAs greater flexibility with funds and provide high quality education to all.

I appreciate your time and consideration.

Taylor Spieker