K-12 Student Behavioral Health in Washington:

Opportunities to improve access to needed supports and services

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Office of the Washington State Auditor
Pat McCarthy

Key audit findings

1. Student access to behavioral health supports depends significantly on what schools are able to provide to them.
2. The state's approach to student behavioral health is fragmented and lacks sufficient resources.
3. Fundamental changes are needed to address issues in the current structure. State and local agencies can also make incremental changes to help improve student access to services.

Key audit recommendations

To the Legislature:

- Address fragmentation in the existing structure to provide greater state-level coordination and direction

To the Health Care Authority (HCA):

- Improve the existing state system's ability to connect students with behavioral health prevention and early intervention services

To the Office of Superintendent of Public Instruction (OSPI):

- Address shortcomings in its model plan for recognizing and responding to students in emotional distress

Audit questions

1. Are there opportunities for state agencies, educational service districts and school districts to better identify and connect Washington students to needed services?

2. Can state agencies, educational service districts and school districts reduce barriers to accessing these services and improve coordination of them?

Effect of not addressing behavioral health disorders early on

Behavioral health encompasses both:

- Mental health disorders
- Substance use disorders

Undetected and untreated behavioral health disorders can have negative effect on students:

- Poor academic performance
- Dropping out of school
- School violence
- Self-harm and suicide

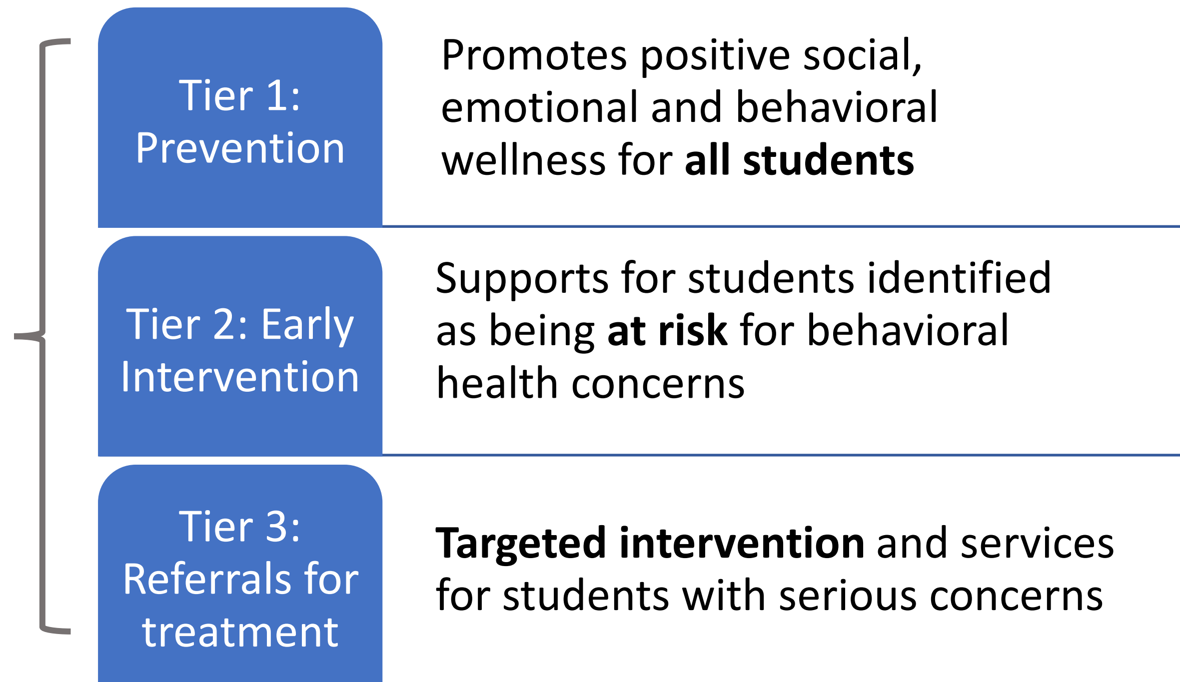
Prevalence of behavioral health disorders among school-age children and youth

In 2018, national surveys found:

Behavioral health disorders	Washington prevalence	National prevalence
Mental health *National Survey of Children's Health*	17.5%	15%
Substance use *National Survey on Drug Use & Health*	5.0%	4%

Most schools have not implemented a full continuum of supports

Only 42 percent of schools provide in-school supports that cover the full continuum of prevention and early intervention activities



Few schools screened students systematically

18%

Screen all students

14%

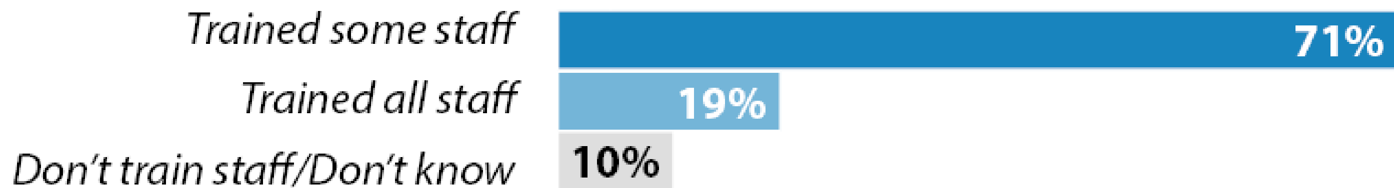
Screen some subset of students (for example, by grade or at-risk)

28%
Screen on individual basis

40%
No screening; Don't know; Other

Most schools have trained staff and dedicated person to respond to concerns

Well-trained staff who can support behavioral health needs



Almost 7 out of 10 reported having either a dedicated staff person or team to respond to concerns

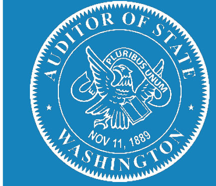
Tracked data on behavioral health outcomes and needs

The state's approach to K-12 student behavioral health is fragmented

Roles and responsibilities assigned across several local and state agencies, resulting in:

- No oversight for school districts to develop behavioral health plans
- Limited ability to provide support to school districts
- Lack of strategic and comprehensive direction, with no state level oversight or guidance

Current approach has relied on districts to develop plans on their own



School districts are required to develop district plans to recognize and respond to student emotional distress

District plans must:

1. Identify training opportunities
2. Address how to use trained staff
3. Detail how staff should respond to concerns
4. Develop partnerships with community organizations

RCW 28A.320.127

- Only 3 of 20 district plans reviewed fully met requirements

- OSPI's model plan to support school districts does not fully meet requirements
- OSPI will begin monitoring plans during 2021-22 school year

Educational Service Districts can provide only limited support

Educational Service Districts provide behavioral health supports through regional school safety centers.

Centers were intended to:

- Help districts develop and implement required plans
- Offer training opportunities for district staff
- Facilitate partnerships with community providers

But, ESDs have had limited capacity to fully meet requirements

- Legislative bill for regional safety centers was not fully funded
- In July 2020, the Legislature funded nine staff positions to support ESDs

Gaps in the current structure require improved state-level coordination

- State laws direct local and state agencies to implement a patchwork of behavioral health requirements. Currently, no state law designates a state agency to oversee behavioral health services in K-12 education.
- Neither HCA nor OSPI is able to provide state-level programs and resources sufficient to help districts implement comprehensive behavioral health systems.
- The state's current Children and Youth Behavioral Health Workgroup is limited to making recommendations to the Legislature.

These gaps result in a lack of strategic direction, with no state-level oversight or guidance for school districts.

Current approach lacks needed resources

Funding and restrictions hinder the state's main prevention program: Community Prevention and Wellness Initiative

Program funding was $32 million during the 2019-21 biennium

- Serves only 6% of public schools
- Focused only on substance use prevention

Leading practices suggest benefits to greater state-level direction, coordination

State-level leading practices

- Support schools, to help them establish a behavioral health system
- Coordination, to promote goal setting across education and health agencies
- Establish an advisory council:
  - Develop strategic direction
  - Provide guidance and funding to school districts
  - Monitor activities

Legislature can promote greater state-level direction

Designate a lead agency

- Coordinate strategic direction and local activities with key partners
- Provide technical support to school districts
- Facilitate the advisory council's meetings

HCA can help educational agencies better access Medicaid services

Medicaid allows ESDs and districts to become providers and deliver behavioral health services in schools

Educational agencies noted challenges with doing so:

1. Lack of expertise to navigate the medical field
2. Time and costs involved in billing multiple managed care organizations
3. Lack of resources to complete the process

Other states help educational agencies provide Medicaid services

Michigan

- Received federal approval to streamline billing process
- Developed program guide for school-based services
- Created advisory council to support program implementation – legislature allocated $17 million

South Carolina

- Facilitated collaboration before transition to managed care
- Standardized contract and forms with managed care organizations
- Prepared school districts to bill managed care organizations

HCA could seek a federal waiver to expand student eligibility for Medicaid

More than 40 percent of surveyed schools identified parental reluctance to access services for their students as a barrier

HCA's Family Planning Only Program, under a federal waiver, addresses this barrier in reproductive health services

- Covers all youth: privately insured, uninsured, Medicaid-enrolled

A similar waiver for behavioral health services could expand student eligibility

HCA should monitor providers to ensure screenings occur

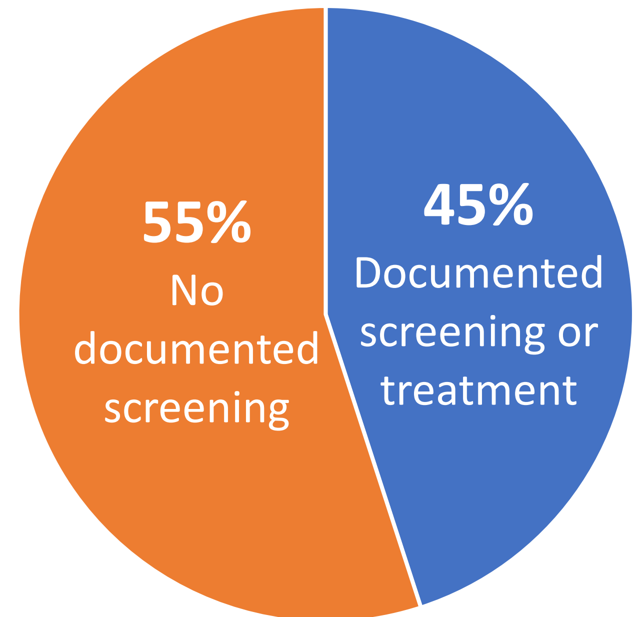
HCA lacks full assurance that Medicaid-eligible children receive the behavioral health screenings they are entitled to

Screenings can be conducted by:

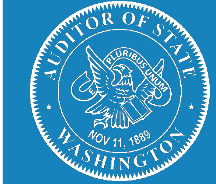
- Standardized screening tool (separate billing code)
- Interview screening (only recorded in patient's medical records)

HCA's contractor does not currently review the medical records to determine if screenings took place

Well-child checkups (2018-19)



Key audit recommendations



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Questions

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