



Office of the
Washington
State Auditor
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PERFORMANCE AUDIT

Report Highlights

K-12 Student Behavioral Health in Washington

Opportunities to improve access to needed supports and services

National education and healthcare organizations now recommend schools address student behavioral health in addition to physical health, although historically these services have not been provided in schools. In Washington, the behavioral health and education systems operate separately: the state Health Care Authority (HCA) and Office of Superintendent of Public Instruction (OSPI) both play significant but distinct roles, as do local school districts and regional educational service districts. This audit therefore looked at both how public K-12 school districts are addressing student behavioral health prevention and early intervention, and the larger state system in place to coordinate and support these services.

Behavioral health supports and services available to students depend on what schools are able to provide at the local level

Effective school-based behavioral health systems include a full continuum of student supports and universal screening. However, our survey found few schools have adopted all core elements recommended as leading practices. While most schools have not implemented the full continuum, many provide at least some services. Few schools systematically screened students. Nearly all schools trained their employees, and had dedicated staff to respond to concerns. Most schools monitored student data. Schools said the lack of providers and transportation were barriers for students to access services.

The state's approach to student behavioral health is fragmented and lacks sufficient resources

The state's current approach is fragmented, with roles and responsibilities assigned across several local and state agencies. This decentralized approach has relied on school districts to develop behavioral health plans without oversight. Furthermore, educational service districts can only provide limited support to school districts as

they develop those plans. Gaps in the current oversight and guidance structure requires improved state-level coordination, as insufficient state-level direction and oversight have led to students having uneven access to behavioral health supports. Leading practices suggest greater state-level direction and coordination can help schools and districts better address students' needs, but Washington's current workgroup for student behavioral health services is limited to making recommendations to the Legislature. The Legislature can promote improvements by establishing a lead agency and an advisory council, but will also need to address resource issues.

In the meanwhile, state and local agencies can make incremental changes to improve student access to services

HCA can take steps to help education agencies better access Medicaid to help pay for services. Medicaid allows education agencies to become providers and deliver behavioral health services in schools. As the state's Medicaid agency, HCA is positioned to help education agencies with challenges they face when contracting with the state's managed care organizations. HCA could provide better guidance around reimbursable services as well as contracting and billing with managed care organizations. Other states help education agencies with coordination, guidance and financial support.

Though it might be controversial, HCA could also seek a federal waiver to expand student eligibility for Medicaid to cover confidential behavioral health services for students age 13 years and older, as it has done for reproductive health services. In addition, it should monitor providers to ensure Medicaid-enrolled school-age children receive required screenings. Despite their limited resources and expertise, some school districts have found creative ways to provide behavioral health services.

State Auditor's Conclusions

Nearly half of all people with mental health disorders begin exhibiting symptoms by the time they start high school. Left unaddressed, these disorders can lead to lifelong problems, including homelessness and incarceration, and in some cases can lead to death by suicide. Even before the start of the pandemic, Washington students experienced these issues at a higher rate than national averages. The disruption and social isolation of the pandemic have only made the problem more intense.

Addressing the broader issue of behavioral health disorders goes beyond what schools can reasonably solve. Nonetheless, because schools are a hub for the vast majority of children who might begin to exhibit symptoms, schools are a natural setting for prevention and early intervention efforts. However, as this audit shows, the system to both support and hold schools accountable for these efforts is highly fragmented, with the result being uneven and often inadequate availability of services.

Truly fixing the system for prevention and early intervention efforts will be no small undertaking. It will require both structural changes to place someone in charge of the system, as well as additional resources for schools. While this audit also highlights some steps the state and schools could take to make incremental improvements, a coherent system to give Washington's youth the supports they need to address behavioral health concerns early on should be the state's long-term goal.

Recommendations

We made recommendations to the Legislature to address the fragmentation in the existing structure to provide greater state-level coordination and direction. We also made a series of recommendations to the Health Care Authority to improve the existing state system's ability to connect students with behavioral health prevention and early intervention services. In addition, we made a recommendation to the Office of Superintendent of Public Instruction to address the shortcomings of its model plan.