A Lesson in Learning
The Intersection of K-12 Education and Behavioral Health –
An Honest Discussion of System Barriers

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Introductions

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Learning Objectives

• Participants will be able to discuss the important role of relationship building – inter and intra agency -- (i.e. health care and education systems) in addressing cross-systems initiatives.

• Participants will be able to list three benefits that resulted from the work of the regional pilot projects.

• Participants will be able to explain at least three barriers that schools face when accessing Medicaid funding for behavioral health services and potential solutions to these barriers.
Definitions

**Behavioral Health or Behavioral Healthcare:** Mental health and substance use prevention, intervention, and treatment.

**Access to Care in the healthcare and education systems:**
- Accessibility to healthcare services
- Capacity to offer fully integrated systems
- Funding for systems of care

**Comprehensive School Mental Health:** A full array of tiered supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness and substance use.
State Level
History & Context

• WA State Children’s Behavioral Health Workgroup (CBHWG), legislatively established in 2016.
  • To identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for this population.

• Final report recommendations out in 2016
  • In 2017, House Bill 1713, created the Office of Superintendent of Public Instruction Children’s Mental Health Regional Pilot Project directing OSPI to provide leadership in supporting two Educational Service Districts (ESD) to hire a dedicated staff person as a Behavioral Health Systems Navigator (Navigator).
Guiding Assumptions

1) School-based behavioral health service delivery is effective;
2) ESD regional coordination will increase access and reduce barriers to behavioral healthcare for K-12 students and families;
3) Fostering school and community partnerships increases access to care;
4) K-12 schools effectively use Medicaid reimbursement to expand health services to students; and,
5) Medicaid billing is accessible for schools.
Funding Mechanism; Leveraging Match

- State General Fund
- Medicaid Match
A learning collaborative committed to increasing access to Medicaid services in schools and promoting safe and supportive school environments.
Leadership & Accountability

• State Leadership Role
• Project Evaluation Team
• Products to support replication
• Case Study & Legislative Recommendations
Children’s Behavioral Health Regional Pilot Project Timeline and Status

- **2015**
  - Healthy Students Promising Futures National Learning Collaborative

- **2016**
  - OSPI Establishes Formal Partnership with HCA

- **2017**
  - OSPI Project Planning and Leadership
  - Establish Formal Activity Reporting and Ongoing Data Collection
  - E2SHB 1713 passes, includes implementation of MH Workgroup Recommendations; Establishes Regional Behavioral Health Pilot Project

- **2018**
  - Establish Formal Activity Reporting and Ongoing Data Collection
  - Create Project Plans and Logic Models
  - Assess Progress, Prepare for 2019 Implementation
  - Develop and Strengthen Cross-Agency Partnerships
  - Legislation introduced to expand Navigator statewide

- **2019**
  - Interim Legislative Report
  - Legislation passes, includes unfunded Navigator position at each ESD
  - Ongoing state and regional implementation
  - Legislation funds pilot for additional year.

- **2020 & 2021**
  - Refine Data Collection Process for District Surveys
  - Case Study Due to Governor’s Office & Legislature
Project Level
Regional Partnership and Collaboration
Project Goal & Purpose

GOAL: “To increase equitable access to care in K-12 settings for students in need of behavioral health supports through cross-system regional and state collaboration between schools and communities.”

PURPOSE: “To investigate the benefits of having a dedicated full-time staff person for networking with regional healthcare partners and K-12 school districts to coordinate behavioral health service delivery to students and families eligible for Medicaid.”
Establishing the Behavioral Health System Navigator

**Coordination** of Medicaid billing for schools and school districts in the ESD region.

**Integration** of service models to ensure the adequacy of system level supports for students in need of behavioral health supports.

**Collaboration** among pilot sites, OSPI, districts, schools, community partners, and other stakeholders to increase access to care.

**Facilitation** of partnerships across systems (State-ESD-District-Regional Partners) to increase access to care.
Types Of District Level Engagement Activities
June 2018 - June 2019
N = 315

- SHAPE Assessment: 63%
- Needs Assessment: 4%
- Gap Analysis: 3%
- Resource Mapping: 3%
- Fund Mapping: 1%
- Education & Awareness: 4%
Types Regional Stakeholder Participants
June 2018 - June 2019
N = 226

- District: 11%
- School: 11%
- ESD: 11%
- OSPI: 11%
- FYSPRT: 11%
- ACH: 9%
- MCOs: 6%
- BHOs: 5%
- CB-SUD: 12%
- CB-MH: 8%
Revisiting Our Assumptions...Lessons Learned
1. The Medicaid system is complex (Assumption #4: K-12 schools effectively use Medicaid reimbursement to expand health services to students).

2. Medicaid Reimbursement Programs create multiple pathways to navigate (Assumption #5: Medicaid billing is accessible for schools).
<table>
<thead>
<tr>
<th>Service area</th>
<th>Student Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Based Health Care Services (SBHCS)</td>
<td>Medicaid Administrative Claiming (MAC)</td>
</tr>
<tr>
<td>Managed Care Organizations (MCO)</td>
<td>Behavioral Health Organizations (BHO)</td>
</tr>
<tr>
<td>Integrated Managed Care (IMC)</td>
<td>Fee-for-service Program (FFS)</td>
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</tbody>
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**What does/could the Medicaid program do?**
- Reimburses contracted ESOs, SDOs, provider, and school-based health care services.
- Provides partial reimbursement to contracted ESOs, SDOs, provider, and school-based health care services for start-stop medical care activities.
- Reimburses ESOs and SDOs for Medicaid-covered physical health services and low-level behavioral health services.
- Reimburses ESOs and SDOs for Medicaid-covered physical health services.
- Reimburses ESOs and SDOs for providing Medicaid-covered health services.
- Reimburses ESOs and SDOs for providing Medicaid-covered behavioral health services.
- Reimburses ESOs and SDOs for providing Medicaid-covered physical & behavioral health services.

**Which students are eligible?**
- Title 19 Medicaid eligible students (i.e. Title 19) with an individualized education program (IEP) or individualized family service plan (IFSP).
- Medicaid eligible students enrolled in an Apple Health MCO and who reside in non-integrated managed care regions, which includes: Aberdeen, Bellingham, Everett, Ferndale, Renton, and Seattle.
- Medicaid eligible students enrolled in an Apple Health MCO and who reside in non-integrated managed care regions, which includes: Honolulu, Hilo, and Kauai.
- Medicaid eligible students enrolled in an Apple Health MCO and who reside in integrated managed care regions.
- Medicaid eligible students not enrolled in an Apple Health MCO. Examples of students who may be eligible:
  - American Indian/Alaska Native
  - Dual eligible—Medicaid/Medicare
  - Individuals who meet certain criteria

**How is student eligibility determined?**
- Students must meet the definition of a child with a disability as defined in IDEA and must have an IEP or IFSP.
- Medicaid eligibility as determined by a physician or other qualified provider.
- Medicaid eligibility as determined by a physician or other qualified provider within the provider’s scope of practice.
- Medical necessity as determined by the provider’s scope of practice.
- Medical necessity as determined by a physician or other qualified provider within the provider’s scope of practice.
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“Many people believe working with Medicaid is not a good investment, so having the ability to have the [Navigator] walk [districts/schools] through this process...to make direct connections...makes the system more human, more doable, more complete.” –ESD Level Stakeholder

“[The pilot project] has increased visibility of current Medicaid funding for SBHS and MAC – one of the benefits is having someone on the ground, sharing this information, reengaging districts in this option...” –State Level Stakeholder
3. State-level coordination & leadership is important
(Assumption #2: ESD regional coordination will increase access and reduce barriers to care for K-12 students and families).

“What I like about the Navigator, is having someone know specifically what’s happening in the region – knows each district – it’s helpful to have someone local at the site.”

--State Level Stakeholder
4. The education and healthcare sectors are different cultures and thus experience conflicting values about levels of behavioral health service needed for all (Assumption #2: ESD regional coordination will increase access and reduce barriers to care for K-12 students and families).

This stakeholder commented on how the Navigator is able to...

“Merge the two worlds – healthcare and school – and continues the conversation [outside of meetings], bridging the work that is already happening – putting it together into one big picture.” In a nutshell, making sure that partners are “working from the same sheet of music.” –State Level Stakeholder
I tried to put myself in the shoes of a school counselor or school administrator in a building trying to connect a youth to services in this new system. Schools already find this task challenging, and it will only become more challenging with integration. Currently, referral sources only deal with ONE Medicaid system.

However, when transition occurs (in our region) they will be dealing with FOUR Medicaid systems (Amerigroup, Molina, United, and Coordinated Care for foster youth), all of which could end up having different access points and be contracted with a different provider network. Having someone at the ESD level who can help schools understand and navigate this system to connect youth to care is essential. --Navigator
The Largest barrier and challenge in this position is still time. The process of contacting, communicating, and scheduling require time. --Navigator
Next Steps
Current Context

• 3rd year of pilot funding
• Position expanding to all regions, established in legislation, but not funded
• Pursuing full funding for the positions
• Legislative report—using to inform future policy
• Legislative workgroup continues to seek solutions to systemic barriers
Products used for Replication

• Interactive spreadsheet for SBHS cost/reimbursement projection for each district
• Playbook for ESD Navigator Position
• Communications materials
• Legislative report
Review of Learning Objectives

• Discuss the important role of relationship building – inter and intra agency in addressing cross-systems initiatives.

• List three benefits that resulted from the work of the regional pilot projects.

• Explain at least three barriers that schools face when accessing Medicaid funding for behavioral health services and potential solutions to these barriers.
Q & A
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