CYBHWG School-based Behavioral Health and Suicide Prevention (SBBHSP) subgroup

Date: 6/2/2023
Time: 9am-12pm

Leads: Representative My-Linh Thai, Lee Collyer

Members					
☒	Representative My-Linh Thai, Co-Chair (41st Legislative District)	☐	Elizabeth Allen (Tacoma Pierce County Health Department)	☐	Mariana Marquez Sital (Parent)
☒	Lee Collyer, Co-Chair (Office of the Superintendent of Public Instruction)	☐	Elizabeth DiPrete (Parent)	☐	MazzyRainn Janis (Peer Counselor)
☐	Andy Wissel (Washington School Counselors Association (WSCA))	☐	Erin Wick (AESD) [Alternate: Mick Miller]	☒	Megan Reibel (Forefront Suicide Prevention, UW-School of Social Work)
☒	Ashley Mangum (Mary Bridge/Kids Mental Health Pierce County)	☒	Gwen Loosmore (Washington State PTA)	☐	Megan Veith (Building Changes)
☒	Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)	☐	Harry Brown (Mercer Island Youth & Family Services, UW Forefront)	☒	Michelle Sorensen (Richland School District/WA Assoc. of School SWs
☒	Avreayl Jacobson (King County Behavioral Health and Recovery)	☒	Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)	☐	Prudence Chilufya (Washington Association of Community Health)
☐	Candi Blackford (Parent, Kittitas County Public Health)	☒	Jeannie Nist (Communities in Schools of WA State Network)	☐	Rachel Axtelle (South Kitsap School District)
☐	Cassie Mulivrana (Washington State Association of School Psychologists)	☒	Jill Patnode (Kaiser Permanente)	☐	RoseLynne P McCarter (Parent)
☐	Catherine MacCallum-Ceballos (Vancouver Public Schools)	☒	Joe Neigel (Monroe School District)	☐	Roy Johnson (Parent, Okanogan Alternative Schools)
☒	Courtney Sund (Highland School District)	☒	Kelcey Schmitz (UW SMART Center) [Alternate: Eric Bruns]	☒	Sandy Lennon (WA School-based Health Alliance)
☒	David Crump (Spokane Public Schools)	☒	Liliana Uribe (Parent)	☒	Tasha Bunnage (Parent)
☐	Donna Bottineau (Parent/Family)	☐	Logan Endres (Equity in Education Coalition)	☒	Tawni Barlow (Medical Lake School District)
☐	Elise Petosa (WA Association of School Social Workers)	☒	Marcella Taylor (Parent)	☒	Todd Crooks (Chad's Legacy Project)

Youth Advisory Committee Members					
☒	Hanna Baker (K-12 Student)	☐		☐	

Staff: Christian Stark

Meeting notes

Addressing the Mental Health Crisis in Schools

Dr. Tona McGuire, *Co-Lead, Behavioral Strike Team, WA Department of Health*

[see page 11 for slide deck]

Problem #1: Surge in mental health needs for youth leading to national crisis
Problem #2: Unidentified traumatic loss and grief

- Ongoing community impact of the loss of life from COVID

- 70% increase in # of students seeking mental health treatment since COVID-19 began

Problem #3: Even pre-COVID there were not enough mental health providers to address youth needs
Solution: Stepped-Care triage to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Youth in Schools

Continuum of Pediatric Trauma Risk, Resilience and Care:

- 50-90% -> Transitory Distress Response (symptoms)
    - Ex. Insomnia, fears of recurrence
- 20-40% -> New Incidence Disorder:
    - Ex. PTSD, Depression

WA Triage to Stepped Care – Mission & Purpose:

- Promoting Access
    - Promoting equitable access to care for racially, ethnically, and linguistically diverse children and families through a telehealth service delivery program targeting underserved populations, and remote locations
- Triaging
    - Providing triage, screening, and TF-CBT at no cost
- Increasing Workforce
    - Increasing the Mental Health workforce by utilizing graduate students to provide evidence-based care
- Enhancing Care
    - Enhancing the training and expertise of emerging mental health clinicians by providing rigorous training, oversight and supervisory support

Reducing Barriers to Accessing Behavioral Health Care and Increasing Equitable Access:

- Increasing workforce via trained graduate students
- Telehealth reduces barriers of time, transportation, childcare
- Treatment at no cost reduces financial burden

** Results data included in the slide deck

Other barriers: Contract delays - it could take over 6 months. Shortening ability to care time. Not all families liked virtual care. – To help with this would like to make this hybrid, school-based and virtual

Discussion/Questions:

- Joe Neigel: This is super exciting to me. I wonder what your plan is to make this program available (in more schools)? We are ready to go (in Monroe) is there a training we can send our people to? What did access look like?
    - Dr. McGuire: Would love to scale this up, barrier was limit to project funding, contract delays were a big barrier as well.
        - Want to see this as a multi-year project without stops and starts
        - For scaling, need to train school providers on this model
    -

- Joe Neigel: What did the identification and screening process actually look like?
    - Dr. McGuire: Triage takes about 2 minutes, don't have to interview child, and doesn't have to be done by an MH provider – question is "what happened to the child"
        - Triage is done electronically without identifying information, send to UW for triage
- Rep. Thai:
    - Who exactly is doing the triage in the schools you are working with in the pilot?
    - Would it be better to have in-person care?
    - How much do you need to sustain the program? What kind of data are you looking to present to the legislature?
    - Dr. McGuire responses:
        - It is Ideal if this is done as a school-based program, though it is not necessary. If you have Interns you could do hybrid. The people in the school that triage were interns and medical assistants. Person doing the initial triage just has to assess what has happened to the child (i.e. source of trauma)
- Dan Barth (Public): (He was very hard to hear) You mentioned the largest barrier was deal. Could you expand on the contracting side?
    - Dr. McGuire: It was refereeing entity to entity School the to the University of Washington (red tape) Large systems delaying.
    - Joe Neigel: With all due respect to my friends from the State, these delays are the primary challenge with implementing grant funded, time-limited services. Rep. Thai - this is why I'm so grateful to you! This workgroup gives me hope for systemic change if we can scale and operationalize any of the intervention models we've learned about here!
- Todd Slettvet (responding to Rep. Thai): I just wanted to let this whole group know we did release contracts to school district. At least 5 ESD did sign up for this.
- Todd Crooks: To further interest in scaling this program up, you might want to consider responding to the Request for Proposals for presentations at the WA Mental Health Summit in November. This could be a very good presentation for that event.
    - https://www.wamhsummit.org/
- Avreayl Jacobsen: Is possible to have this be trained to behavioral health coordinators?
    - Dr. McGuire: Yes I think that is great idea. I sit on two grants. We think this is going to continue.
- Avreayl Jacobsen: This is useful to changing peoples minds on how they view mental health help. This is great point we see that it is a huge positive after they receive help. Asking what happened seems to help with cultural barriers as well.
- Jeanne Dodd (Public): Skagit and Whatcom Counties have mental health professionals hired by the Health Department and ESD. I am a Licensed Mental Health Counselor (LMHC) in the schools and would love to be trained (along with county collegues) with this. We would be happy to be a training site.
- Gwen Loosmore: Do you automatically screen kids experiencing certain types of trauma—like losing a family member to gun violence?
    - Dr. McGuire: Yes, violence is one of the triage items.
- Moranne Aaron-Berel: Do you collaborate or consider collaborat[ing] with community mental health agencies?

  - Dr. McGuire: It would be helpful to expand a whole system of care for kids and that would include training community mental health providers in this model.
- Jill Patnode: Has there been any evaluation across race/culture /ethnicity?
- Diane Cockrell: Such a great program, grateful to see the group hearing the brilliance and working to support!!
- Joe Neigel: My questions were about lessons learned or unintended consequences, for example: Did school-based screening result in increased CPS referrals or cause parents to disengage from school services?

**Questions not answered live were relayed to Dr. McGuire after the presentation.*

Other Links:
Student/Youth Mental Health Literacy Library: www.mentalhealthinstruction.org

Transitioning from the Discrepancy Model to MTSS in Washington: The Role and Need for School Psychologists

Courtney Daikos & Chris Daikos, *Continua Consulting*
[see page 64 for slide deck]

Role of a School Psychologist:

- Have you ever worked with a school psychologist in your professional or personal life?
  - Yes! I have 3 kids with IEPs -- lots of school psychologists in our life.
  - I'm a Highschool students who has interacted with my school psychologist/counselors.
  - Our mental health staff and school safety staff work with school psychologists regularly, and we value them tremendously
  - Next week talking with a few school principals about Medicaid behavioral health related programs, including crisis, for example.
  - Parent advocate - my 4 kids have IEPs and have worked with school psychologist for the last 25 years.
- In your experience, what kinds of work do they do?
  - Help with Medicaid and health system
  - School Psychologists in practice are psychometricians
  - Often they do compliance testing, assessment for qualifying for Special Education services
  - Our family works with a trained school psych who works in private practice as a therapist/parent coach with all three of our kids. There is also both in and out of school assessment, testing and qualification for special education. We have been hugely supported as a family by psychologists in their work to suggest accommodations for learning and social emotional growth for our kids as individuals.
- For decades, school-based teams in Washington have utilized the severe discrepancy method to consider eligibility in special education services.

- The Specific Learning Disability (SLD) stakeholder cadre is recommending sunsetting the discrepancy model and phasing in, over a three-year period, a more equitable approach to evaluate students that incorporates the use of Response to Intervention (RTI) within a Multi-Tiered System of Supports (MTSS)
- Why phase out the Discrepancy Model?:
    - The use of the discrepancy model for SLD qualification contributes to the disproportionate identification of students with learning disabilities among certain socio-demographic subgroups, typically groups who are already disadvantaged
- The current approach is a wait to fail model
    - Chat comments:
        - The "wait to fail" has been so real and frustrating
        - It is so frustrating -- and often misses our internalizes
        - I'm excited to see that moving this work further upstream is the future.
        - We see it all the time. And when teachers sometimes feel at lost they suggest a referral without any interventions prior. Even with consistent MTSS system.
        - Understanding school-based roles in practices, rather than in theory, will be the key to creating meaningful change.

National Association of School Psychologists (NASP) Model:

- Traditionally they operate around Tier 3, to really make the system work we need them at Tier 1 and Tier 2, focusing on the whole school, not just individuals
- Chat comments:
    - We have a couple building psychologist dong the NASP model because they were trained outside Washington State.
- What could the work look like ideally? [group responses]
    - Leading parenting support and education classes
    - Parent Education, SEL, strong partnerships with community
    - SEL, especially for secondary schools, not just elementary schools
    - Teaching this in school in a way that students understand and can tell what they are going through.
    - Need for SEL in schools especially in secondary schools. There is such a tremendous need with teenagers.
- Barriers to staffing school psychologists
    - It is a wonderful model, but we do not have enough trained individuals. There is a dearth of school psychologists in the state.
    - Academic requirements you need to go through to become a school psychologist are a barrier. When you get to a graduate program, you do not hit all the domains covered by the NASP Model for School Psychologists. That is because we are not actually capable to do this.

We only 4 programs that meet the NASP requirements. TO get that at UW right now is $100000. Only 14 to 15 get a PHD each year.

- UW is only graduating 10 school psychologist per year. We are not producing enough school psychologists to meet the model. UW is offering some targeted scholarships for students of color but it is not enough.
- Scholarships and incentives should be offered so more people study school psychologists
- We are falling short for the workforce needs. UW is failing our region.
- Chat question: Gonzaga has a School Psychologist program. How is that program compared?
- Small schools do not even qualify for school psychologists (under the school funding model in WA), even though they need one.
- Many other smaller schools have open, unfilled school psychologists positions
    - Some contract with psychometricians on through Zoom, often out of state. This a massive strain. information disappears with some of these contractors.
    - Programs get adopted that are not evidence-based for these school communities.
    - Joe Neigel: Evidence-based practices is not a buzz word. DARE, as an example, had 8 different studies fund no impact around changing or educating, it caused more harm than good.
    - RJ Monton: The biggest challenge I have been seeing around evidence based practices, is that many districts lack a robust/formal process for selecting and implementing them.
        - Rep. Thai: We also have a few very small school districts – having 9-15 students.
    - Tasha Bunnage: As a parent, how would we know if our school district is using evidence-based curriculum?
        - If you're looking at SEL, look at CASEL, you can research different SEL curriculum's on their website. You can also show up to a school board meeting and ask.
- Lula (Public): I like hearing the resource data, but I am in a school that is high impact & have a MTSS group which include a Psychology, but it includes other highly educated individuals who are paying a lot for their degrees. I believe it takes a village to support our challenging students, which is happening throughout the USA. I like the data, but working in the environment assist in supporting MTSS.

- Policy recommendations:
    - Statewide leadership
        - We should audit state funded universities' ole and mission to match current public need; it should not cost $100,000 to become a school psychologist
    - System funding
        - Provide additional resources to school districts for increased school psychologist FTE
        - Provide incentives for school psychologists to work in Washington state, particularly in rural communities.

- Workforce support
  - Reconfigure state university programs for school psychologists to make them less cost prohibitive and to produce more school psychology candidates
  - Statewide assessment of current supply and demand for school psychologists; clarity of the need, current use, and capacity
    - How many school psychologist positions are currently unfilled or filled by a private contractor?
    - How many school psychologists graduate from state universities and are candidates for hire?
    - What is the average ratio of psychologists to students in each district? How does it compare to states where psychologists support MTSS?
    - (analysis of the current workforce gaps
- Mental health education
  - Provide training to school district officials on the potential for school psychologists to serve student mental health needs in an MTSS model if staffed at lower ratios

Other questions/comments:

- Rep. Thai: You talked about the current ration when was that data being created? I think that maybe 2 sessions ago we approved funding for social workers, school nurses, counselors, and school psychs
  - HB 1664
  - We are seeing the data coming in now from 1664. You cannot get blood from a rock, we have the money we do not have the people to fill the positions.
- Laurie Lippold: Could you talk about why psychologists need to do the type of work you are discussing as opposed to other behavioral health professionals or even well trained 'lay' people? Just curious given workforce shortages!
  - Because of workforce shortages, that is what's happening right now
  - Advocating for a school psych to fill these roles so that they can be embedded in the schools MTSS team

Other Links:

- Phasing out Severe Discrepancy for Identification of Specific Learning Disability: https://www.k12.wa.us/sites/default/files/public/specialed/pubdocs/Phasing-Out-Severe-Discrepancy-SLD.pdf
- OSPI's Multi-Tiered System of Supports (MTSS) webpage: https://www.k12.wa.us/student-success/support-programs/multi-tiered-system-supports-mtss

Legislative Session Wrap-up

Discussion:

- Ashley Mangum: Please check out www.kidsmentalhealthWA.org to learn more about the Youth Regional Navigator Program that was funded by the legislative session!
- SB 5599: Supporting youth and young adults seeking protected health care services

Youth Advisory Committee Introduction & Share-out

Share-out from May Meeting + Discussion:
[see page 83 for slide deck]

Policy Recommendations – Breakout Discussion:

- Breakout discussion (~25 minutes)
- Group share out (~10 minutes)
    - Coverage for un-insured students for behavioral health like with sexual health
    - Joe Neigel: offering Youth Mental Health First Aide (YMHFA) training statewide
    - Dr. Phyllis Cavens (public):
        - Pediatric primary care, HCA is working on integrated BH as a system approach
        - Want to see how OSPI is thinking about to integrate school-based BH at a systems level
    - David Crump: heavy weight that teachers have to carry in responding to need for mental health supports
        - Our system doesn't really reward, and even penalizes, teachers for putting their focus on behavioral health supports

Padlet: SBBHSP June Policy Bucket Discussion (padlet.com)

Meeting Feedback Survey: https://survey.alchemer.com/s3/7376359/June-2023-feedback

Other resources:

- Ashley Mangum: Please check out www.kidsmentalhealthWA.org to learn more about the Youth Regional Navigator Program that was funded by the legislative session!

Attendees:

State Agency Representatives:
Amber Wynn, OSPI
Bridget Underdahl, OSPI
Cindi Wiek, HCA
Diana Cockrell, HCA

Enos Mbajah, HCA
Francesca Matias, OSPI
Jason McGill, HCA
Jennifer Price, HCA
Julee Christianson, OSPI
Kristiana Bundy
Larry Kinread
Monica Webster, HCA
Morgan Nelson, DOH
Rabeeha Ghaffar, DOH
Rachel Burke, HCA
Renee Tinder, DOH
RJ Monton, OSPI
Stacey Bushaw, HCA
Todd Slettvet, HCA

State Legislators:
Representative Lisa Callan 05

Public Attendees:
Ashley Lucas
Brittany Campbell
Catherine Crawford
Clarissa Lacerda
Community Cafe Collaborative
Connie Mom-Chhing
Dan Barth
Erin Carosa
Jackie
Jeanne Dodd
Jenn
Jenn Beyers
Julian Cooper, Team Child
Kalen Via
Katherine Switz
Keara Peltram
Kody Russell
Laurie Lippold
Lula
Maame Bassaw
Margaret Soukup
Meredith Piehowski
Michelle Mitchell, LICSWA
Moranne Aaron-Berel

Phyllis Cavens, MD Medical Director - Child and Adolescent Clinic
Rachel Lobaugh
Ray Gregson, GRBHASO
Roz Thompson, AWSP
Ryan Chindavong, Newport Healthcare
Stacey Lopez
Thalia Cronin, CHPW
13605845280

Addressing the Mental Health Crisis in Schools

Envisioning the Future: Helping Identify and Treat Trauma-exposed kids through School-based Triage

Tona McGuire, Ph.D., Project Developer and Clinical Director

Corey Fagan, Ph.D. Director, UW Psychological Services and Training Center

June 2, 2023

Washington State Department of Health

UNIVERSITY of WASHINGTON

Problem (1): Surge in Mental Health Needs for Youth Leading to National Crisis

Pediatric Mental Health Crisis – Call to Action

- Critical Crossroads (2019)
- AAP, AACAP, CHA – Initial declaration (2021)
- 134 Organizations – Letter to Biden Administration (2022)
- US Preventive Services Task Force – Recommendation statements on screening for anxiety in children and adolescents and screening for depression and suicide risk in children and adolescents (2022)


AAP News

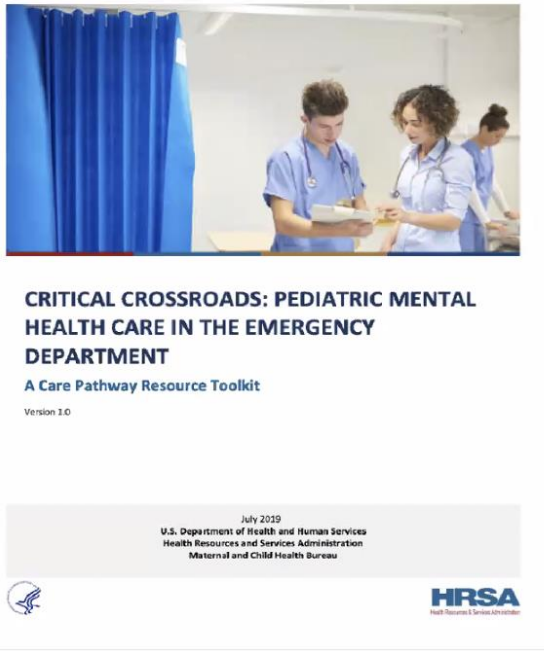
AAP, AACAP, CHA declare national emergency in children's mental health

October 19, 2021

The AAP, American Academy of Child and Adolescent Psychiatry (AACAP) and Children's Hospital Association have declared a national emergency in children's mental health, citing the serious toll of the COVID-19 pandemic on top of existing challenges.

They are urging policymakers to take action swiftly to address the crisis.

AAP News October 2021


CRITICAL CROSSROADS: PEDIATRIC MENTAL HEALTH CARE IN THE EMERGENCY DEPARTMENT

A Care Pathway Resource Toolkit

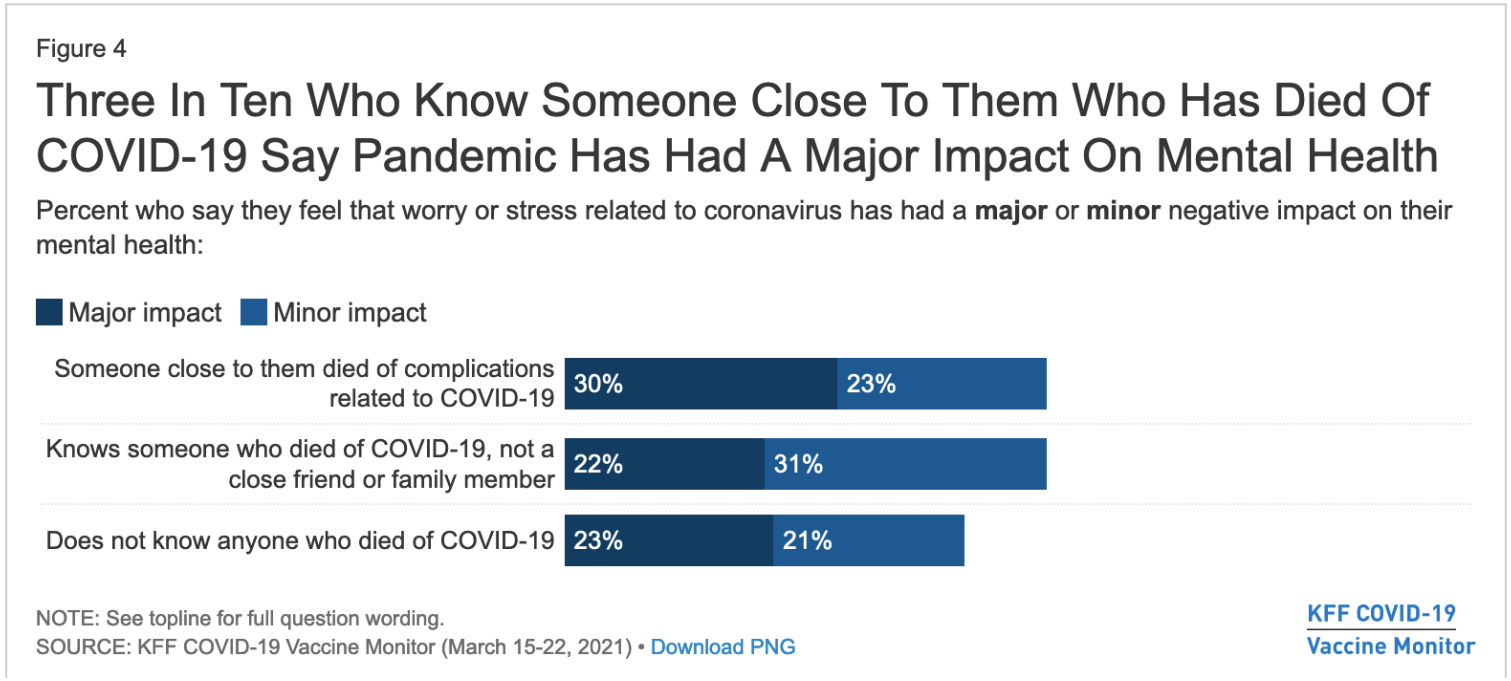
Version 1.0

July 2019
U.S. Department of Health and Human Services
Health Resources and Services Administration
Maternal and Child Health Bureau

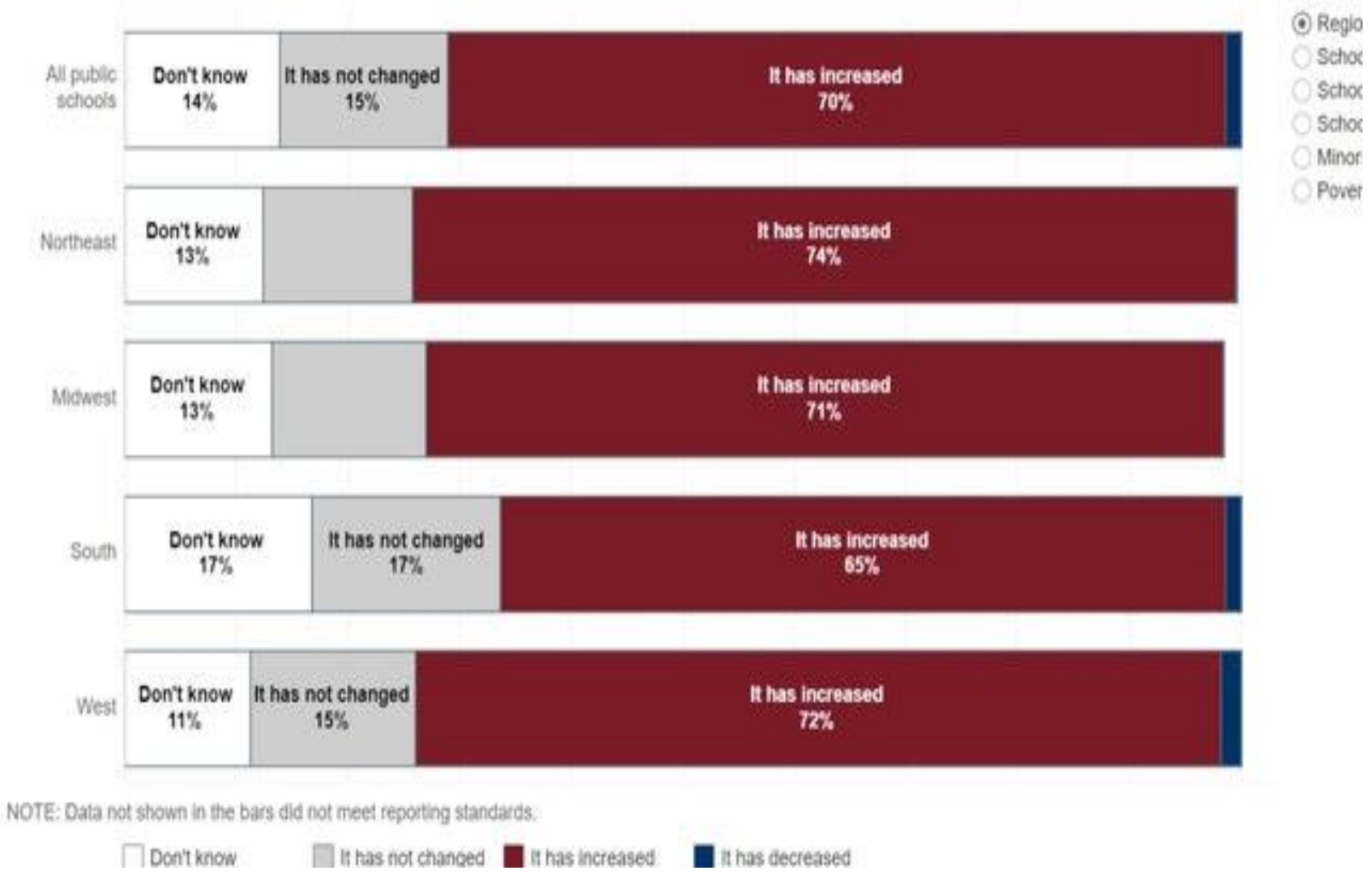
HRSA

https://www.hrsa.gov/critical-crossroads

Problem (2): Unidentified Traumatic Loss and Grief



School mental health crisis: 70% see rise in students seeking treatment since COVID-19 began

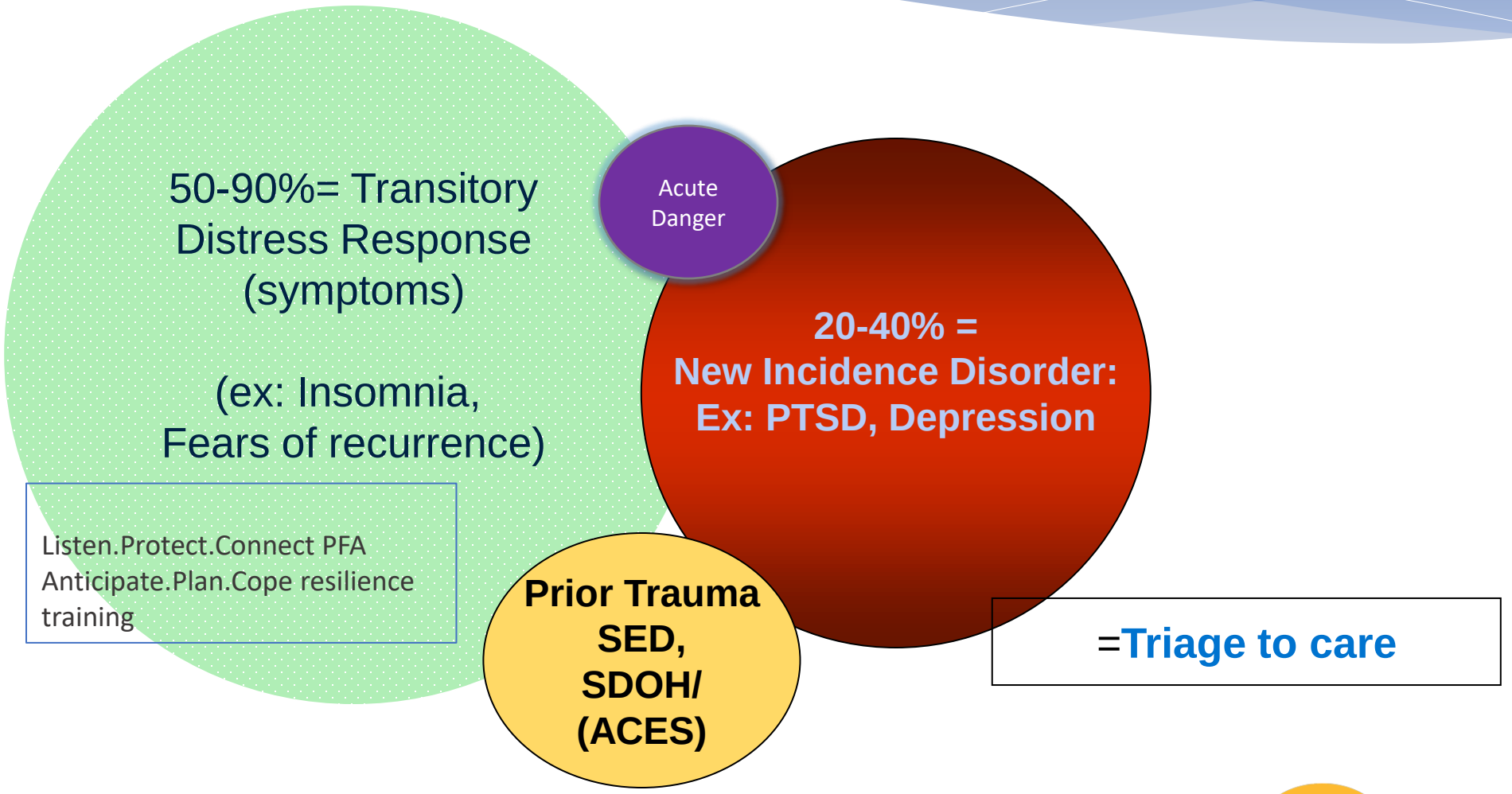


Problem (3): Even Pre-COVID There Were Not Enough Mental Health Providers to Address Youth Needs

- Disproportionate impact on children and youth of color and lower SES
- Lack of access due to location or time required to engage in in-person services
- Cost of care and limitation of care in both state and private insurance creates barriers

Continuum of Pediatric Trauma Risk, Resilience and Care

Targeted Triage to Care Model



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

HARBOR-UCLA PEDIATRICS

PsySTART is Rapid Triage of Experience vs. Distress Symptoms

Acute Stress Symptoms(<40 days are NOT predictive of clinical PTSD or depression)

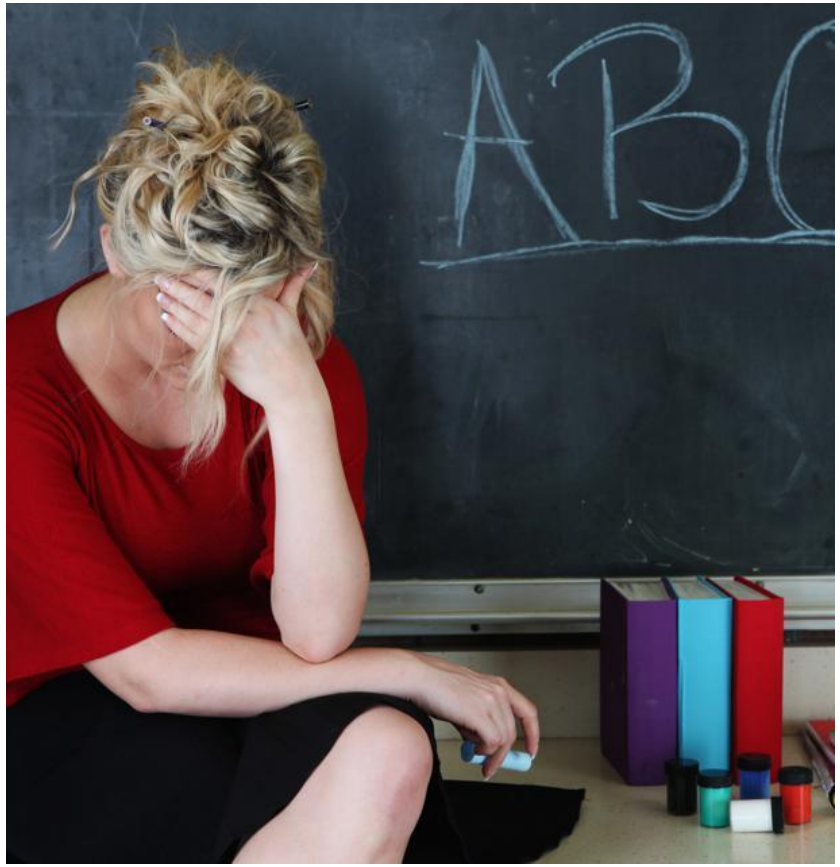
How do you practically predict PTSD at the time of disasters and everyday traumatic events in touchpoints?

Solution:

Stepped-Care Triage to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Youth in Schools

Youth Enter Mental Health Care Via "Touchpoints" and Systems of Care: Schools are Primary to This With Broader Capacity to Observe and Identify At Risk Youth

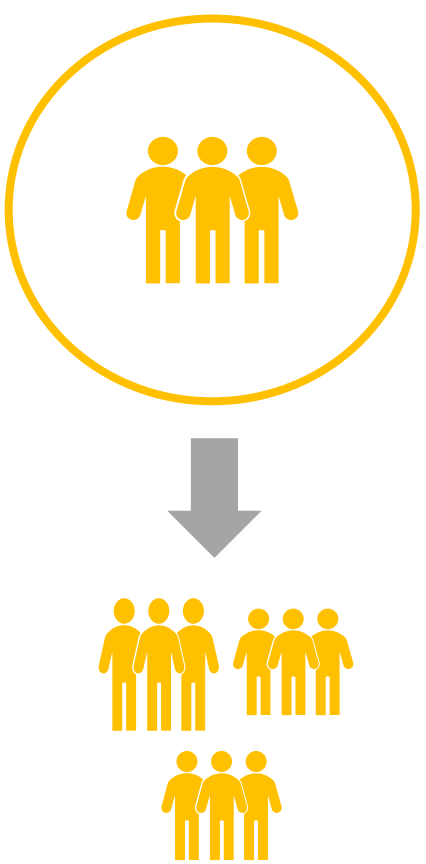
- Schools
- Primary Care
- Hospital Emergency Rooms due to Crisis



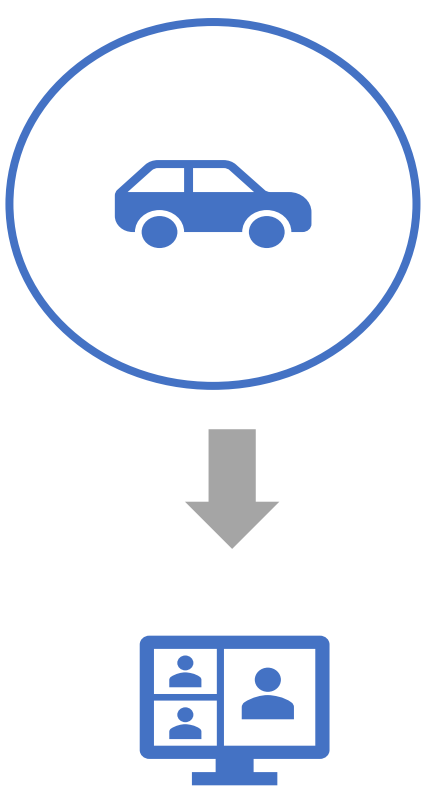
WA Triage to Stepped Care: Mission and Purpose

Promoting Access	Promoting equitable access to care for racially, ethnically, and linguistically diverse children and families through a telehealth service delivery program targeting underserved populations, and remote locations
Triaging	Providing triage, screening, and TF-CBT at no cost
Increasing Workforce	Increasing the Mental Health workforce by utilizing graduate students to provide evidence based care
Enhancing Care	Enhancing the training and expertise of emerging mental health clinicians by providing rigorous training, oversight and supervisory support

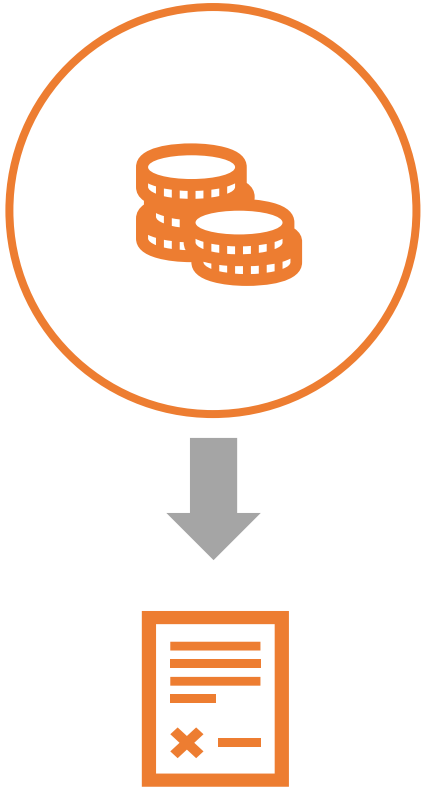
Reducing Barriers to Accessing Behavioral Health Care and Increasing Equitable Access



Increasing workforce via trained graduate students

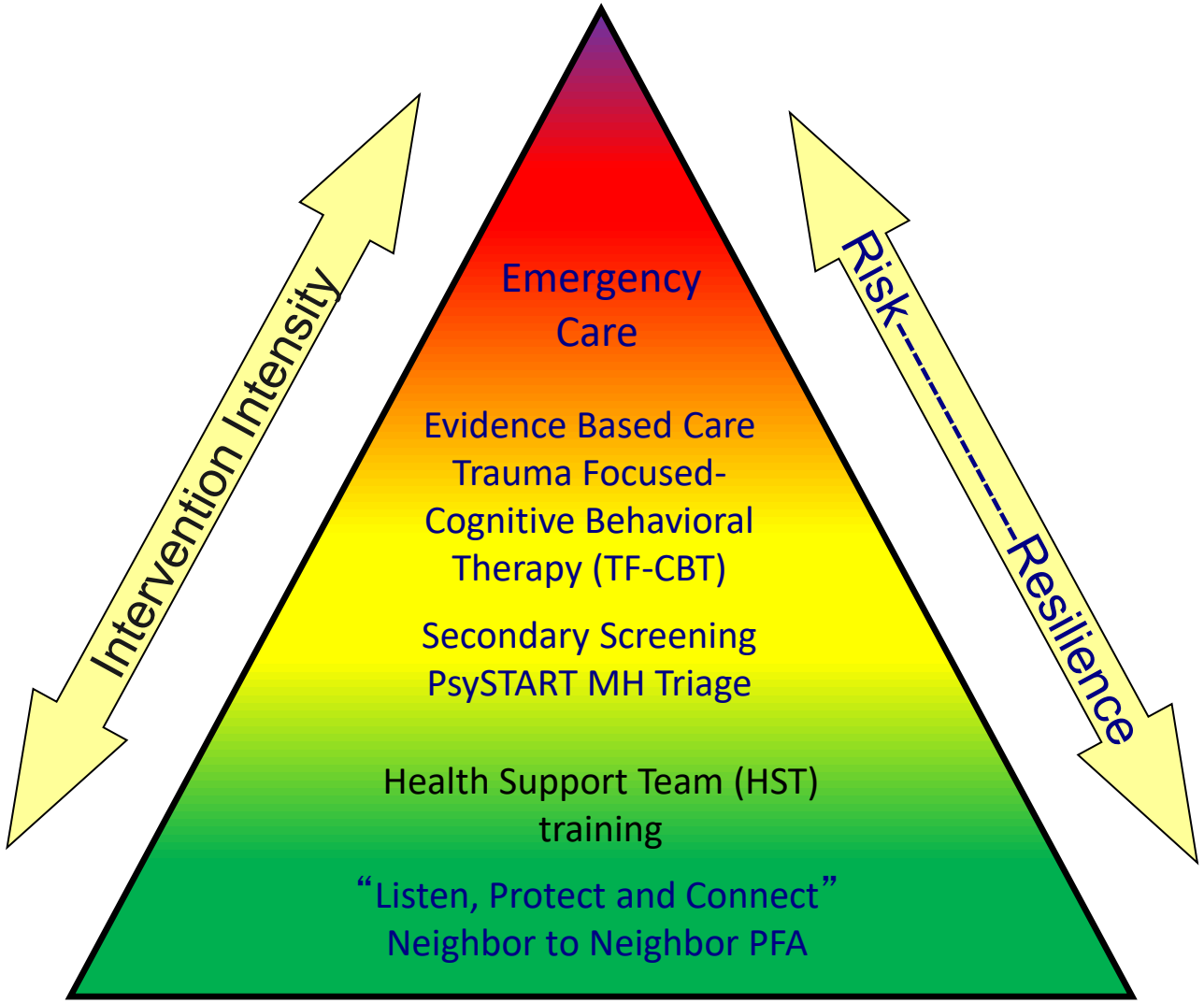


Telehealth reduces barriers of time, transportation, childcare

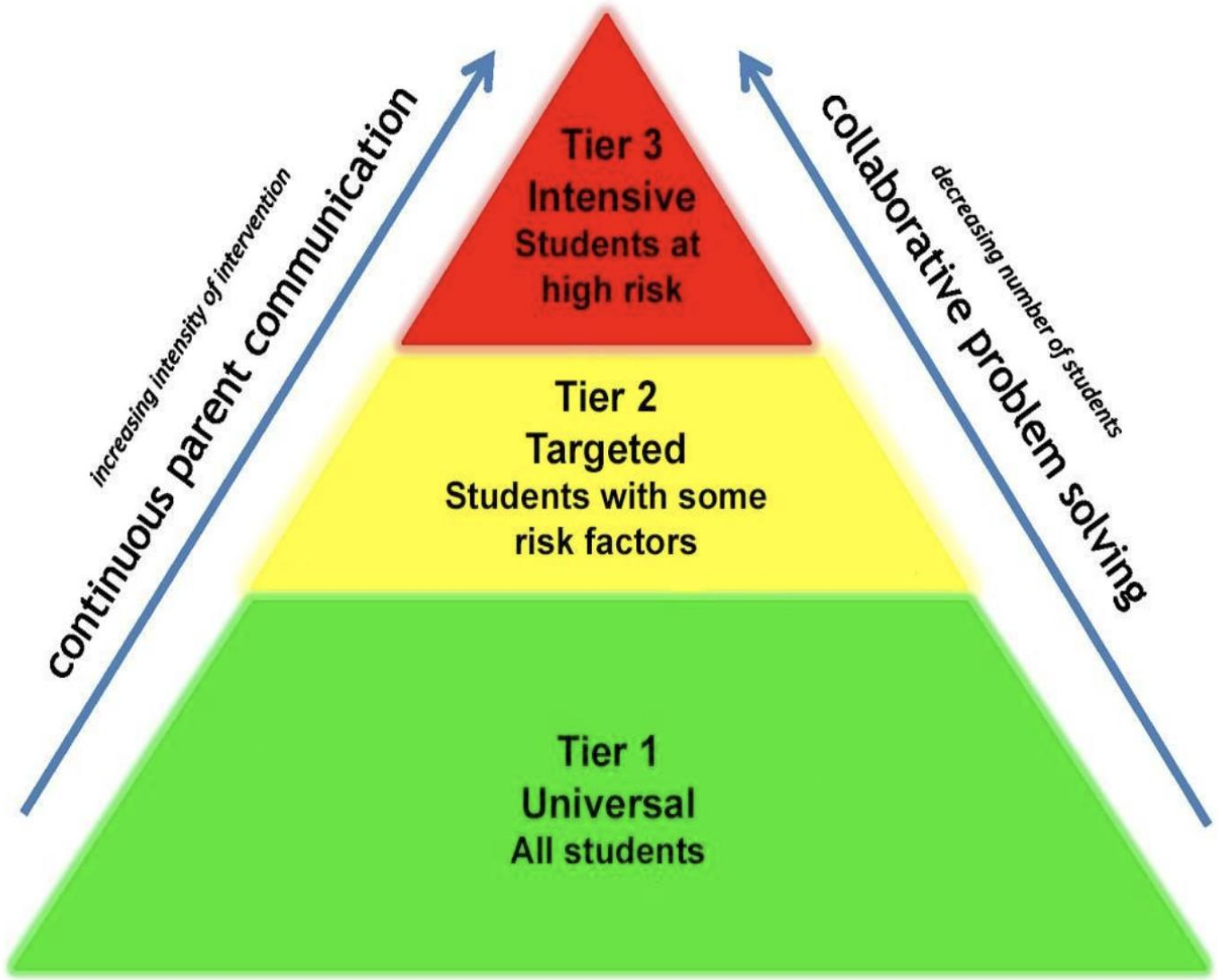


Treatment at no cost reduces financial burden

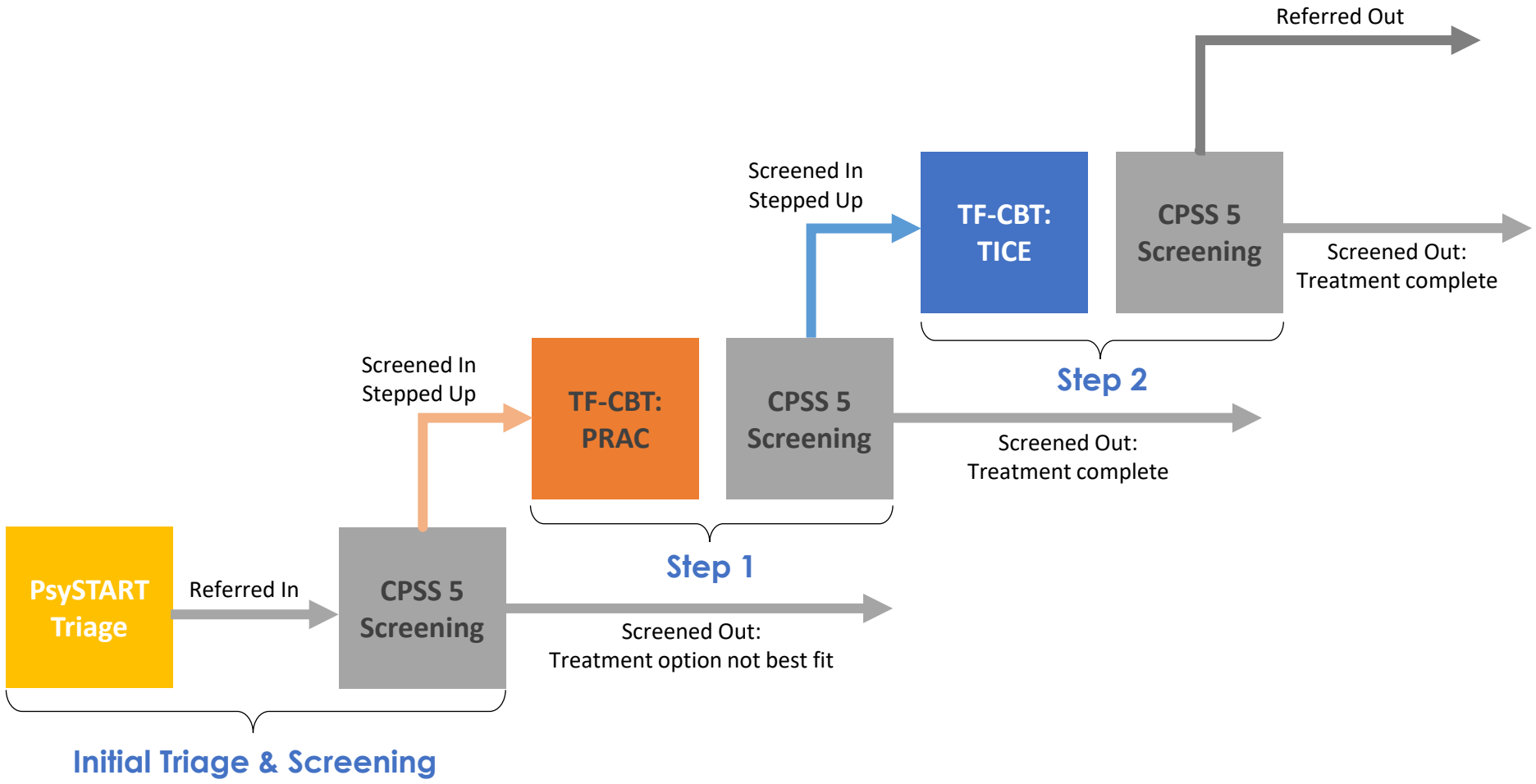
Getting children to timely continuum of care and appropriate level of care: "One size does not fit all”



Multi-Tiered System of Supports (MTSS)



WA DOH Stepped Care Project



Trauma Focused-Cognitive Behavioral Therapy Evidence Base

Evaluated in 23 randomized controlled trials (RCTs).

TF-CBT significantly superior for improving:

- PTSD diagnosis/symptoms
- Depressive, anxiety symptoms
- Externalizing behavioral problems
- Sexual behavior problems
- Negative cognitions (e.g., self-blame; "I am damaged.")
- Parental support, distress, positive parenting

TF-CBT is effective for youth with ICD-11 Complex PTSD.

Large scale telehealth effort in Southeast for underserved populations.

California school-based Stepped Care triage to TF-CBT with over 3,000 children triaged (funded by Dept. of Education).

Example: Sonoma County Office of Education

Initial SAMHSA funded project in Sonoma County schools impacted by wildfires, flooding, and COVID

- Over **1100** students were triaged using PsySTART, **181** were entered into care and **49% of those "graduated"** after PRAC, showing substantial remission of symptoms with only 4 modules of care
- The expansion and additional US Dept of Education funding allowed for this model to be available to another 7 school districts within Sonoma.
- The additional funding also allows students Third Grade and older to self-triage using PsySTART in the classroom setting, and parents/caregivers are also able to triage their students. In the project expansion**.**
- In the expansion **1300** students have been triaged and **150** students engaged in the PRAC modules of TF-CBT.

Sonoma County Office of Education
5340 Skylane Boulevard
Santa Rosa, CA 95403-8246
(707) 524-2600 ■ www.scoe.org

Triage to Stepped Care Project in WA State

2021 Proof of Concept: funded by small grant and expanded in Year One with funding from the WA State Legislature

Trained 39 graduate students in Psychology, Counseling, Social Work, and Marriage and Family Therapy in TF-CBT

In the timeframe of the pilot and current Year One expansion project **(25 weeks total to date):**

- **Triaged 92 children, of whom 62 were successfully screened into care**

Washington State Department of Health

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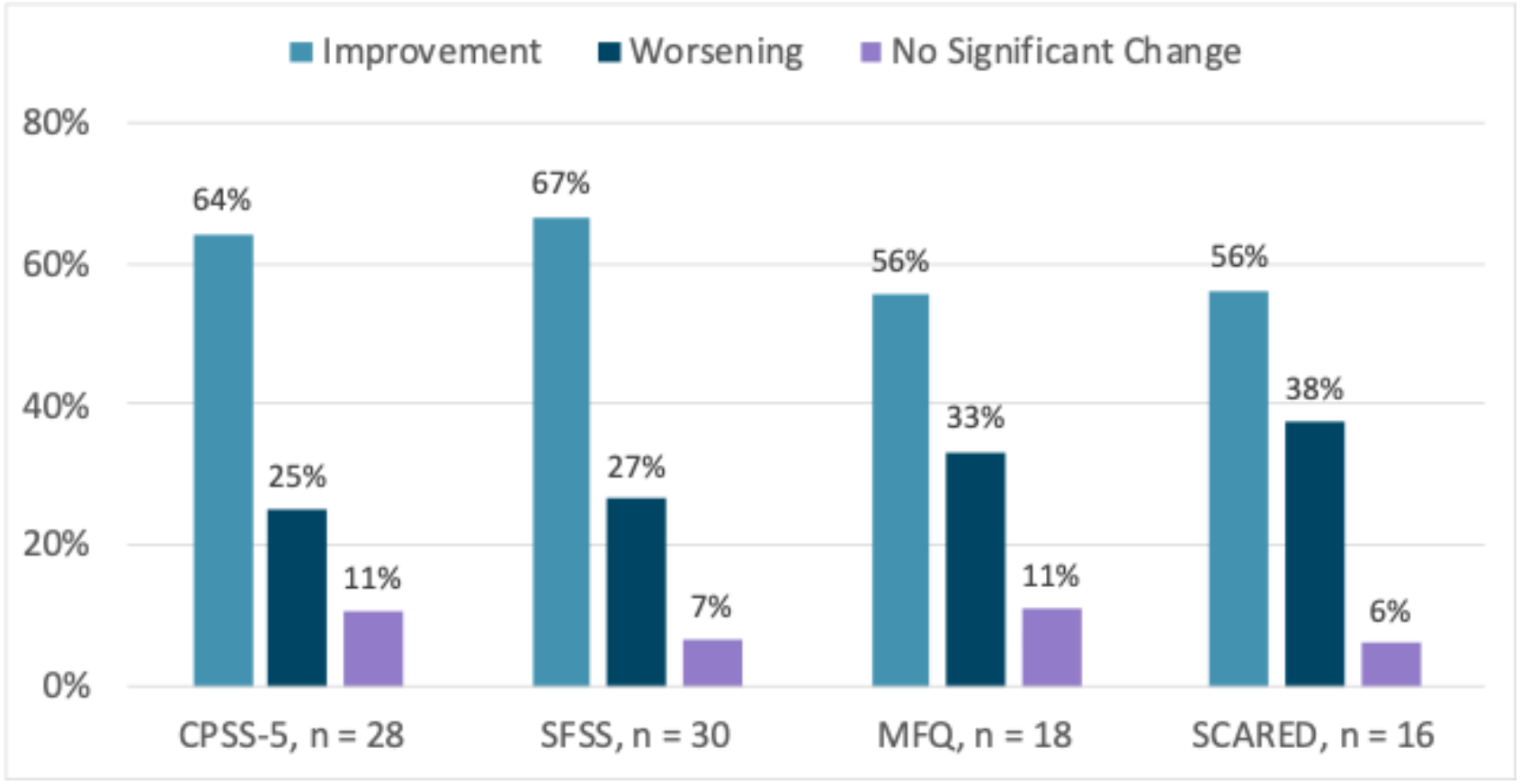
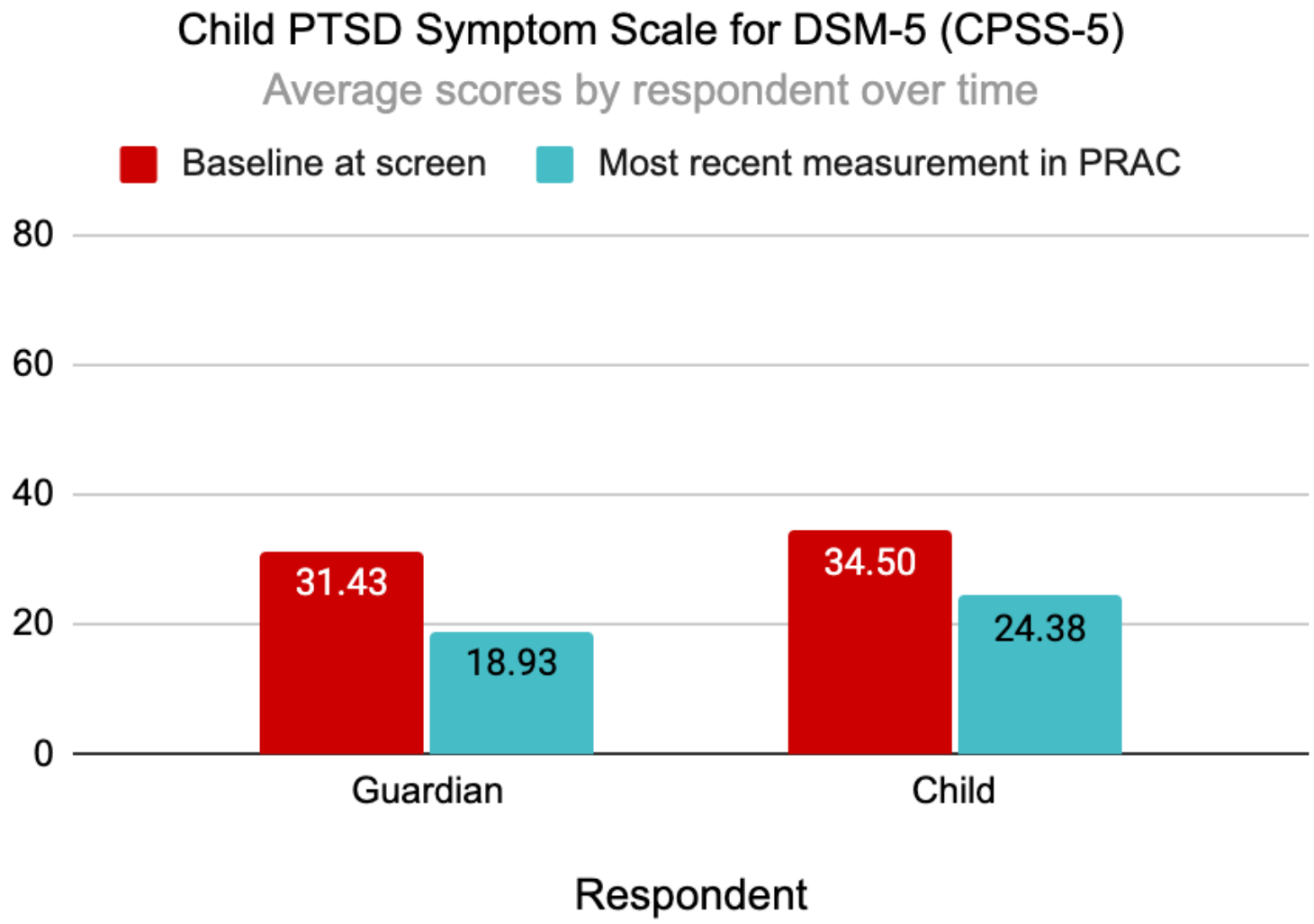
Preliminary Outcome Measures From 2022-2023



	Youth	Caregiver
Completion Rate	76.4%	81.9%
Feedback Viewing	83.6%	83.0%

Reliable Change Index (RCI) is a psychometric tool that assesses the statistical significance of change in scores over time.

Improvement in CPSS-5 (PTSD Symptoms) in First Phase of Year One Expansion



Lessons Learned:
Addressing Barriers to Efficiency

Barrier

Contract delays (6+ months) created significant issues in project start time particularly in light of the mandated **expansion and proposed start dates.**

Barrier

Contract delays led to school-based **referrals** beginning in mid-October, and then being **disrupted by nearly 3 weeks of holidays**.

Initial **interval of triage to treatment** was shortened from **4 months to 8 weeks in Year One expansion.**

Solution

School focused: Bringing **the project more fully into schools may help address** these **barriers**.

This would allow for **many more children to be** served.

As well as potentially **training more school staff to provide this type of** evidence-based **care within the school setting**. Allows for in-person and virtual

Envisioning the Future: Identify and Treat Trauma-exposed kids through School-based Triage System

Identify Youth	• Identify at-risk youth where they spend most of their time: in schools
Triage Cases	• Triage youth for trauma exposure and then into evidence-based screening and trauma treatment (TF-CBT)
Reduce Burden	• Reduce burden on schools and ease overload on school counselors by having Stepped Care TF-CBT therapists provide treatment
Increase Access	• Increase equitable access to high quality care through the use of teletherapy at no cost to families

Thank you!
Questions?

Appendix:
Additional Project Detail and References

Project Background

This project responded to the Emergency Proclamation of the Governor 21-05 outlining the children's mental health emergency. DOH, as lead for Emergency Support Function #8, developed a set of recommendations to respond to the emergency that included this project.

This project was an access and workforce development initiative to bring services where the need exceeds available resources using disaster behavioral health evidence-based practice e.g. PsySTART and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). All services delivered via telehealth and at no cost.

Youth Behavioral Health Response Team (YBHRT): Training

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), online prerequisite 12-hour training and three-day virtual training with Certified TF-CBT Trainer, along with 12 Consultation Calls
- Disaster Behavioral Health best clinical practices
- Ethics for counselors and psychologists
- Telehealth
- HIPAA
- Measurement Based Care
- Psychological Triage and Stepped Care Model of Care
- Clinical Documentation

Clinical Support

YBHRT clinicians

- Agency affiliated counselor credential
- Personal professional liability insurance
- Registered in WAserv for liability coverage and workers compensation (RCW 70.15)
- Weekly clinical supervision with Clinical Supervisors
- Twice-per-month case consultation with a TF-CBT Trainer

University of Washington Psychological Services and Training Center

Set up and maintained a virtual clinic. The Clinic staffed and implemented HIPAA-compliant technologies needed to maintain virtual clinic operations.

Case Management. The Clinic developed an intake process for referrals, completed intake for cases, communicated regularly with referral partners to identify operational efficiencies, and documented all policies and procedures.

Supported the YBHRT. The Clinic developed and continuously documented clinic policies, procedures, and workflow to support service delivery, and onboarded and assigned cases to YBHRT student clinicians and supervisors, providing quality assurance to the YBHRT.

UNIVERSITY of WASHINGTON

Trauma Focused-CBT Structure

PRAC Modules (typically 4 sessions but may require additional)

Psychoeducation/Parenting

Relaxation

Affective Modulation

Coping

TICE Modules (Usually an additional 8-10 sessions)

Trauma Narrative

In-vivo Trauma Exposure

Conjoint Parent Child Sessions

Enhancing Safety and Future Development

***All modules are recommended to help with trauma narration, but PRAC modules alone demonstrate equal treatment response to PRAC-TICE in terms of clinical improvement**

The Problem: Pediatric PTSD

Approximately 20-40% children in the United States suffer from clinical PTSD after acute trauma including disasters, terrorism and traumatic injuries

Once established, PTSD is frequently:

More complex

Interferes with school success and development

Takes longer to treat

Solution: *Timely triage of high risk to continuum of mental health resources*

Paper PDF options

PsySTART®

Incident Name: Default incident

Original-
Patient Chart

Date: 2022-03-10	Case ID: 1782
First Name: x	Last Name: x
Age: Child	Gender: Male

EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?	
FELT OR EXPRESSED EXTREME PANIC?	
FELT DIRECT THREAT TO LIFE OF SELF OR FAMILY MEMBER?	
SAW / HEARD DEATH OR SERIOUS INJURY OF OTHER?	
MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?	
DEATH OF IMMEDIATE FAMILY MEMBER?	
DEATH OF FRIEND OR PEER?	
DEATH OF PET?	
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?	
TRAPPED OR DELAYED EVACUATION?	
HOME NOT LIVABLE DUE TO DISASTER?	
I HAVE FAMILY MEMBER(S) WHO ARE CURRENTLY MISSING	
I AM A CHILD CURRENTLY SEPARATED FROM ALL CAREGIVERS	
FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCA...ON/STATUS DURING DISASTER?	
PRIOR HISTORY OF MENTAL HEALTH CARE?	
CONFIRMED EXPOSURE/ CONTAMINATION TO AGENT?	
DE-CONTAMINATED?	
RECEIVED MEDICAL TREATMENT FOR EXPOSURE/ CONTAMINATION?	
HEALTH CONCERNS TIED TO EXPOSURE?	
NO TRIAGE FACTORS IDENTIFIED?	

Confidential Patient Information

CPSS-5
Child PTSD Symptom Scale

- The Child PTSD Symptom Scale (CPSS-5) is a 27-item measure that evaluates posttraumatic symptom severity in children and adolescents based on DSM-5 diagnostic criteria for Posttraumatic Stress Disorder.
- The first part of the scale consists of 20 items that evaluate the frequency and severity of re-experiencing, avoidance, and hyperarousal symptoms individuals exposed to a traumatic or distressing event may have experienced over the past month on a 5-point Likert scale.
- The second part of the CPSS-5 contains 7 items and determines whether any of the posttraumatic symptoms have functionally impaired a certain domain of the individual's life (e.g. "Relationships with your friends") over the past month.
- When possible, screenings are completed by both parent/caregiver and child

BASELINE MEASURES

- **Screening: PsyStart** administered by Referring Agency: risk level communicated to UW Clinic

- **Baseline:** self-report and caregiver-report measures administered through Host Agency using HIPAA compliant measurement-based care software platform – MIRAH**
  - Child PTSD Symptom Scale for DSM-5 (CPSS-5- SR) – youth 8-17
  - Child PTSD Symptom Scale for DSM-5 Caregivers (CPSS-5-CG)
  - Symptoms and Functioning Severity Scale (SFFS- SF) youth 11-17 full version
  - Symptoms and Functioning Severity Scale (SFFS- CG) caregiver full version
  - Scale for Child Anxiety and Related Disorders (SCARED) - youth 8-17 Full version
  - Scale for Child Anxiety and Related Disorders (SCARED) - caregivers Full version
  - Short Mood and Feelings Questionnaire (SMFQ) – youth 8-17 depression measure
  - Short Mood and Feelings Questionnaire (SMFQ) – parent version

PROGRESS/OUTCOME MEASURES

- **CPSS-5**- Self-Report – youth 8-17 (administered monthly)
- **CPSS-5-CG** – (administered monthly)
- **SFFS**- Self Report- Short Form, administered every 2 weeks
- **SFFS**- Caregiver, Short Form, administered every 2 weeks on alternate weeks from youth
- **SCARED**- Self-Report administered every two weeks only if in clinically significant range on at least one subscale at baseline
- **SCARED** – Parent Report administered every two weeks only if child in clinically significant range on at least one subscale at baseline
- **SMFQ** – administered every two weeks
- **SMFQ**- Parent version, administered every two weeks

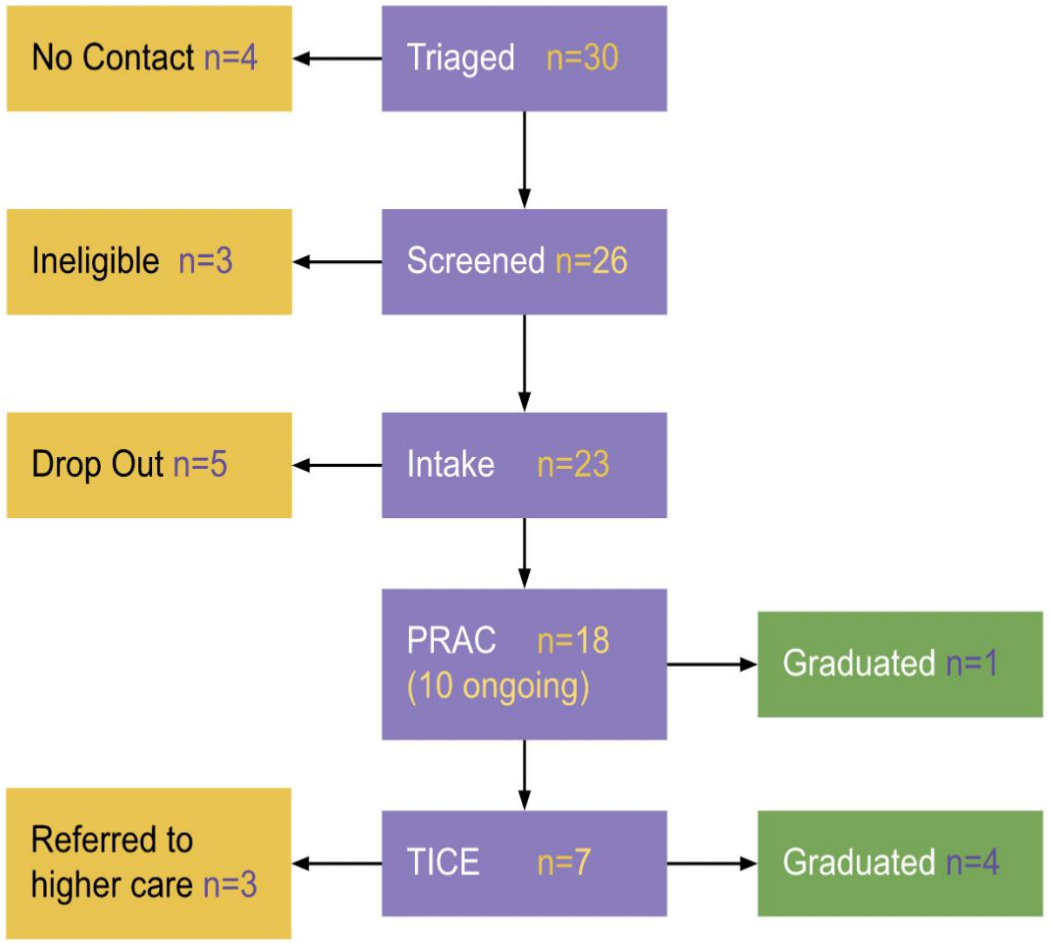
Phase 1 Proof of Concept Project: Feb 2021-April 2021 (11 weeks)

This proof-of-concept effort was funded by SAMHSA Block Grant COVID-19 Enhancement funds via an interagency agreement with the Washington State Health Care Authority (HCA). The total budget was $376,671.

Proof of Concept YBHRT Clinicians and Clinical Supervisors

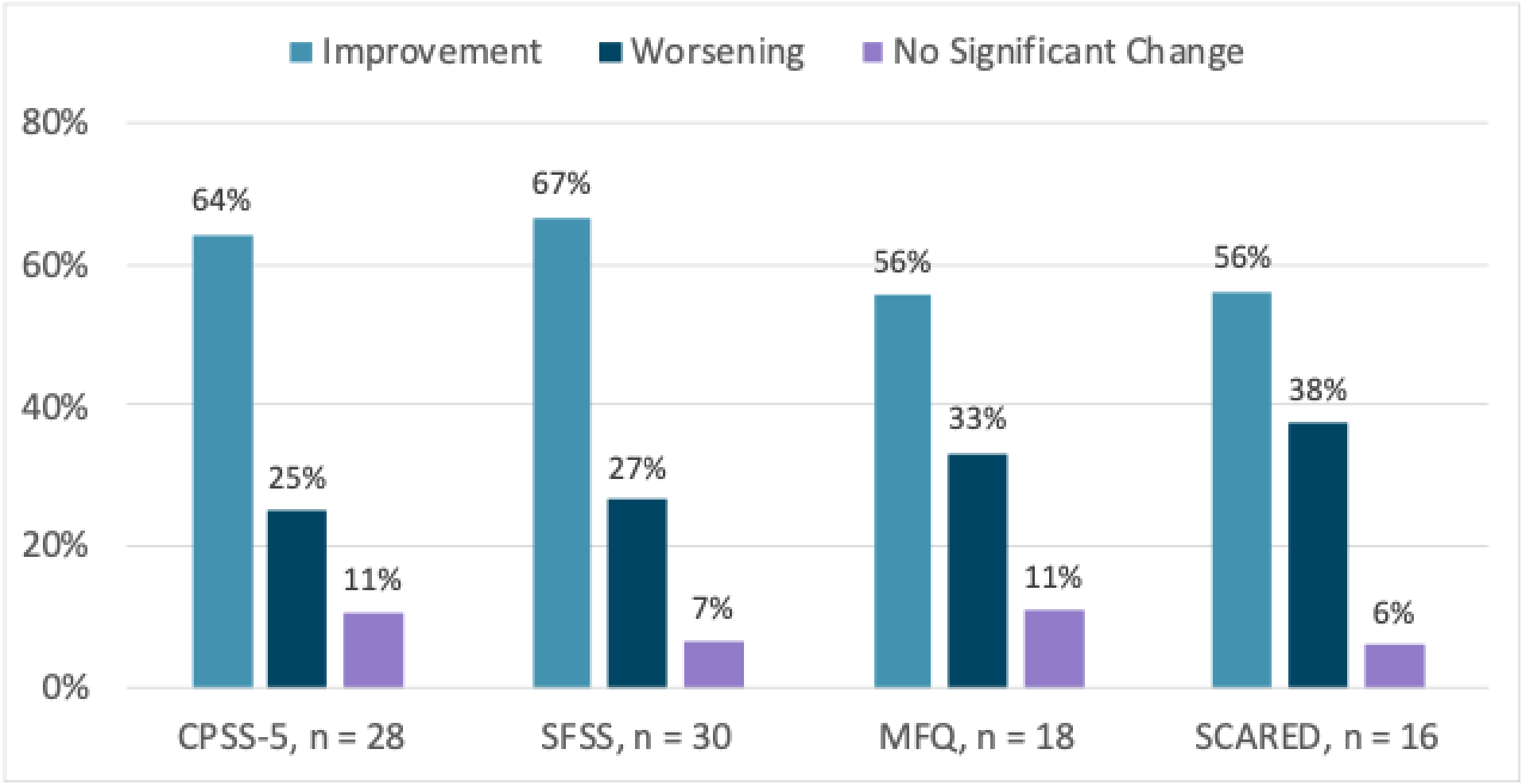
- 18 Youth Behavioral Health Response Team Clinicians (Masters and Doctoral level students in psychology, counseling, social work)
- 5 Clinical Supervisors (all Psychologists)
- Grad students from UW, Western WA, Antioch University, Seattle University, Seattle Pacific University

Youth Triaged and Entered into Pilot Project



Preliminary Outcome Measures From 2021 pilot

RCI is a psychometric tool that assesses the statistical significance of change in scores over time



YEAR ONE EXPANSION: OCT 2022-FEB 2023-8 WEEKS

LEGISLATIVE FUNDING RECEIVED MAY 2022 OF $1,449,000

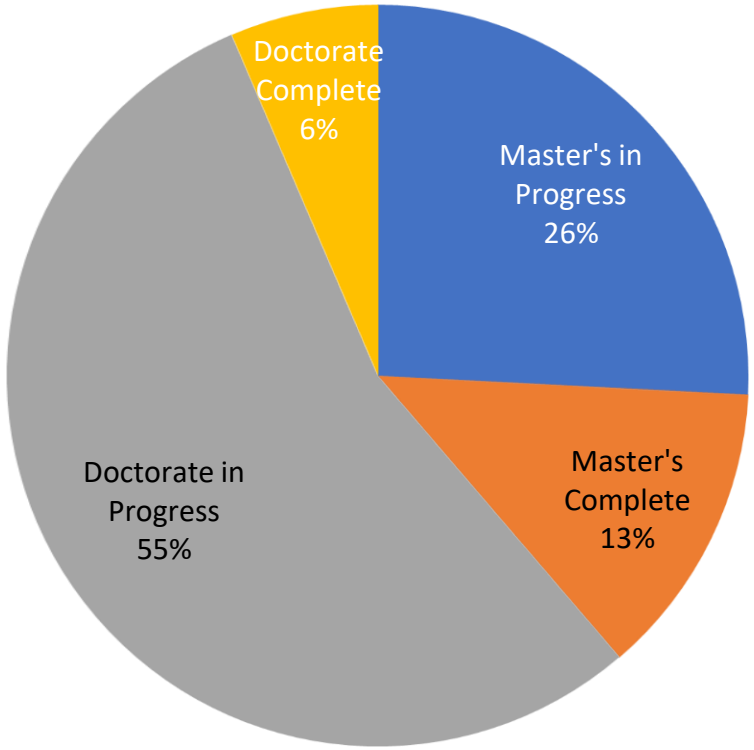
MANDATED TO EXPAND NUMBER OF PROVIDERS

MANDATED TO EXPAND TO “WHOLE OF STATE” REGION

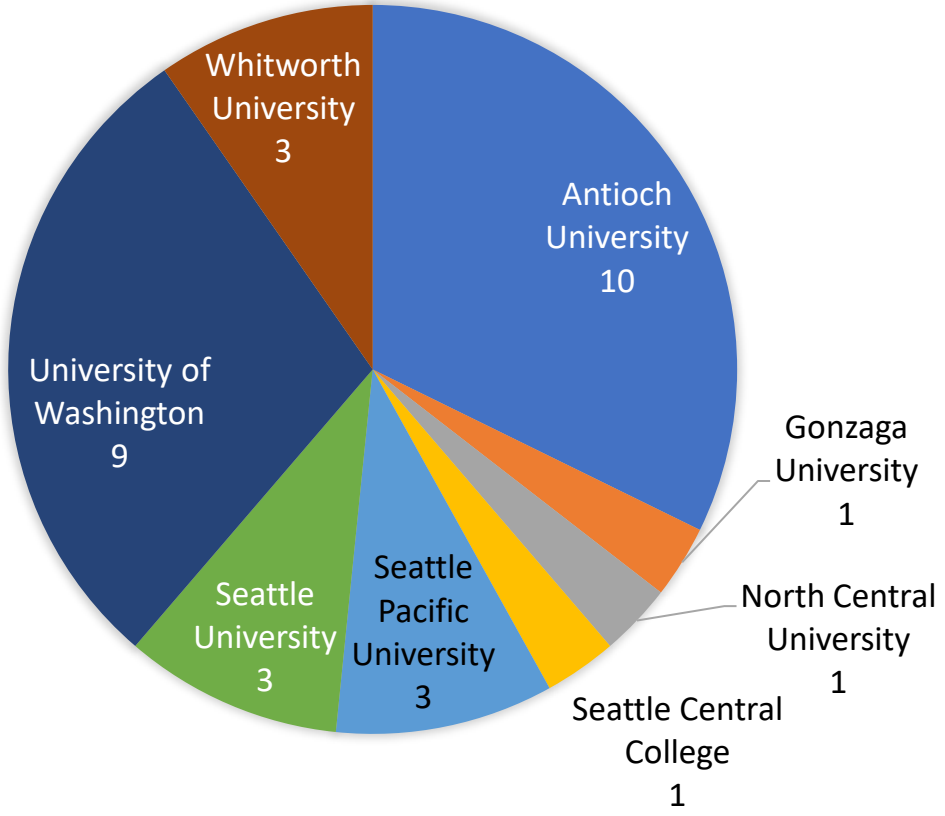
MANDATED TO SPEND FUNDING BY JUNE 30,2023

YBHRT Clinician Snapshot: 30 YBHRT including 9 returning from Proof of Concept Project

CLINICIAN DEGREE STATUS



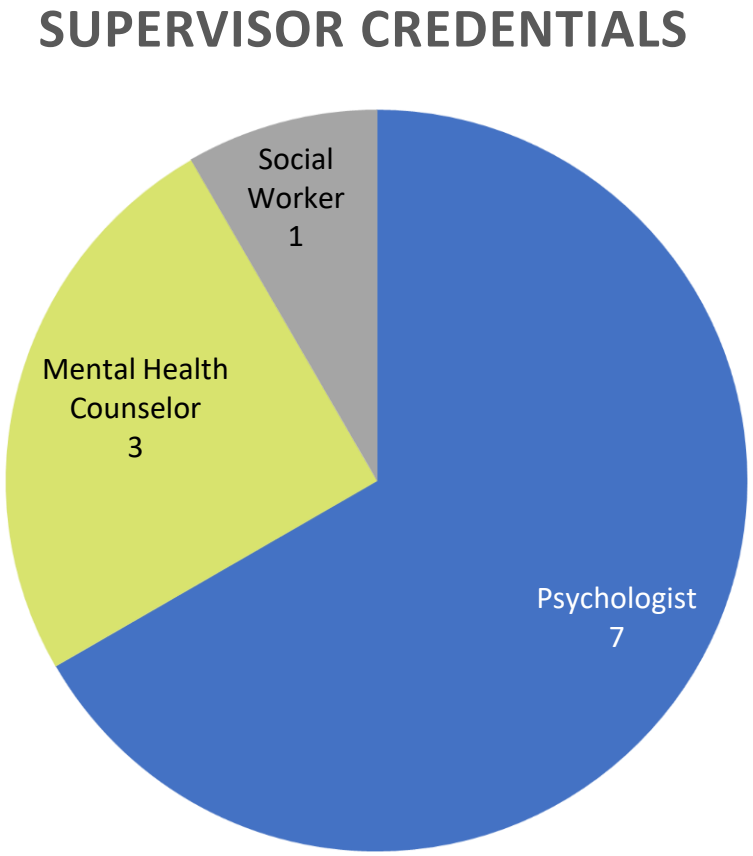
CLINICIAN SCHOOL



YBHRT Supervisor Snapshot

Roster of 11 Supervisors:

4 returning from last year's pilot, 7 new



Referral Partner Snapshot

Roster of 8 Referral Partners

3 returning from last year's pilot, 5 new

Allegro Pediatrics

Sumner-Bonney SD

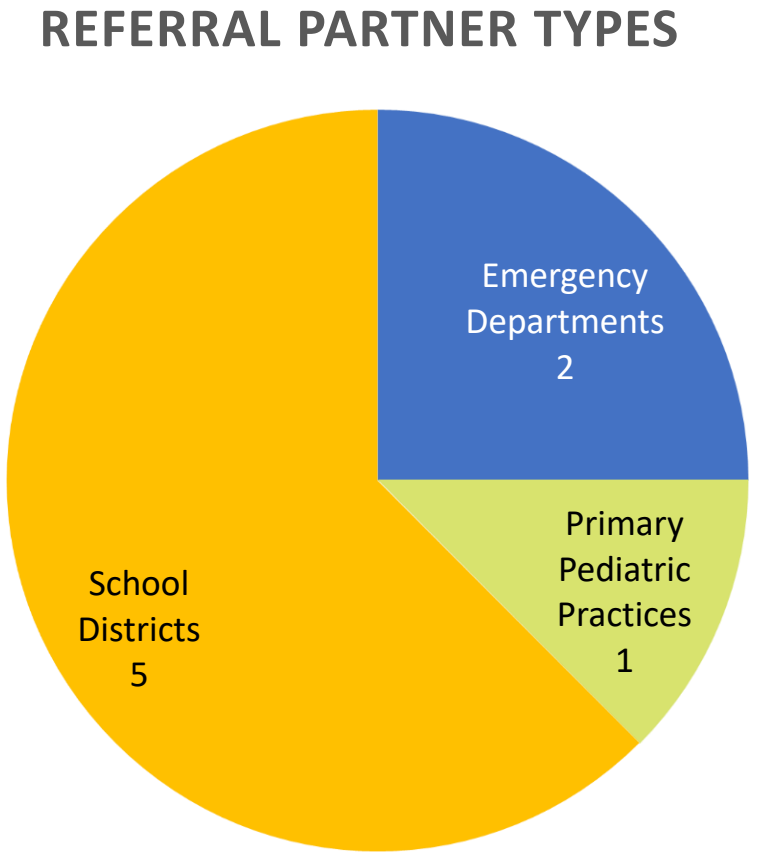
South Kitsap SD

Shelton SD

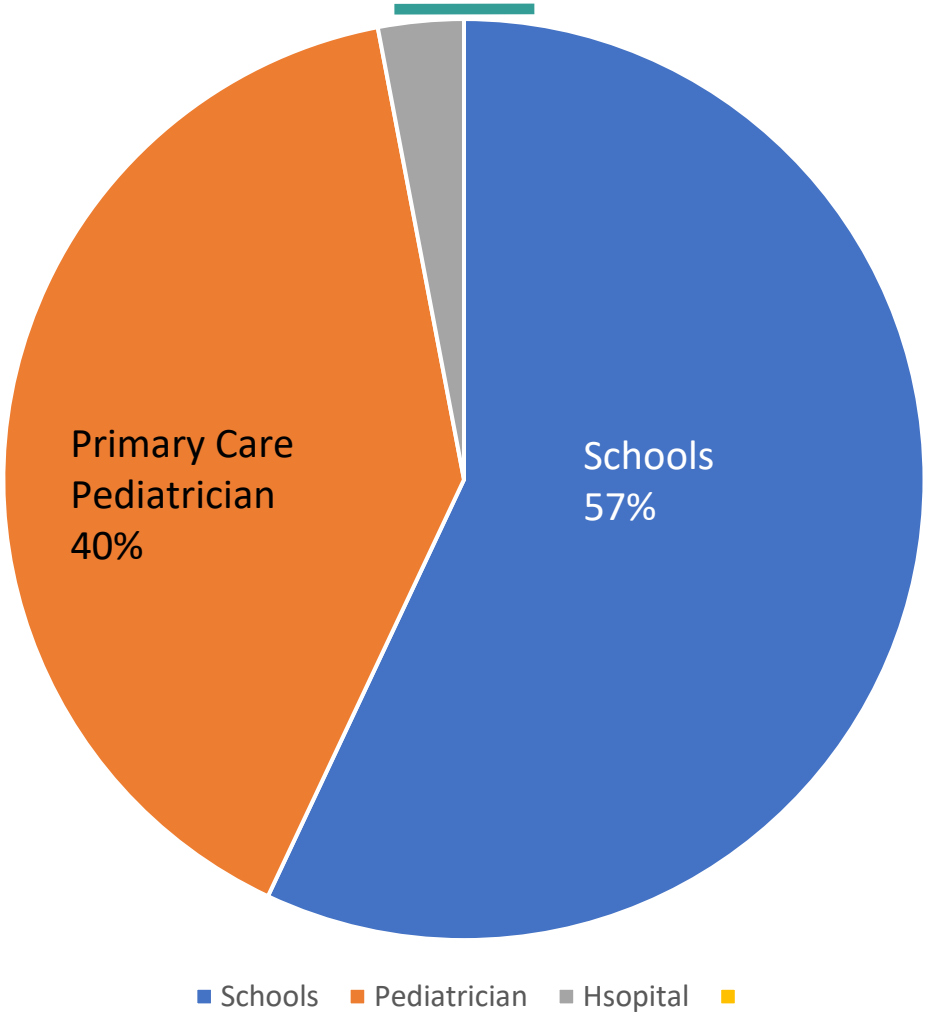
Quilayute SD

Seattle Children's Hospital

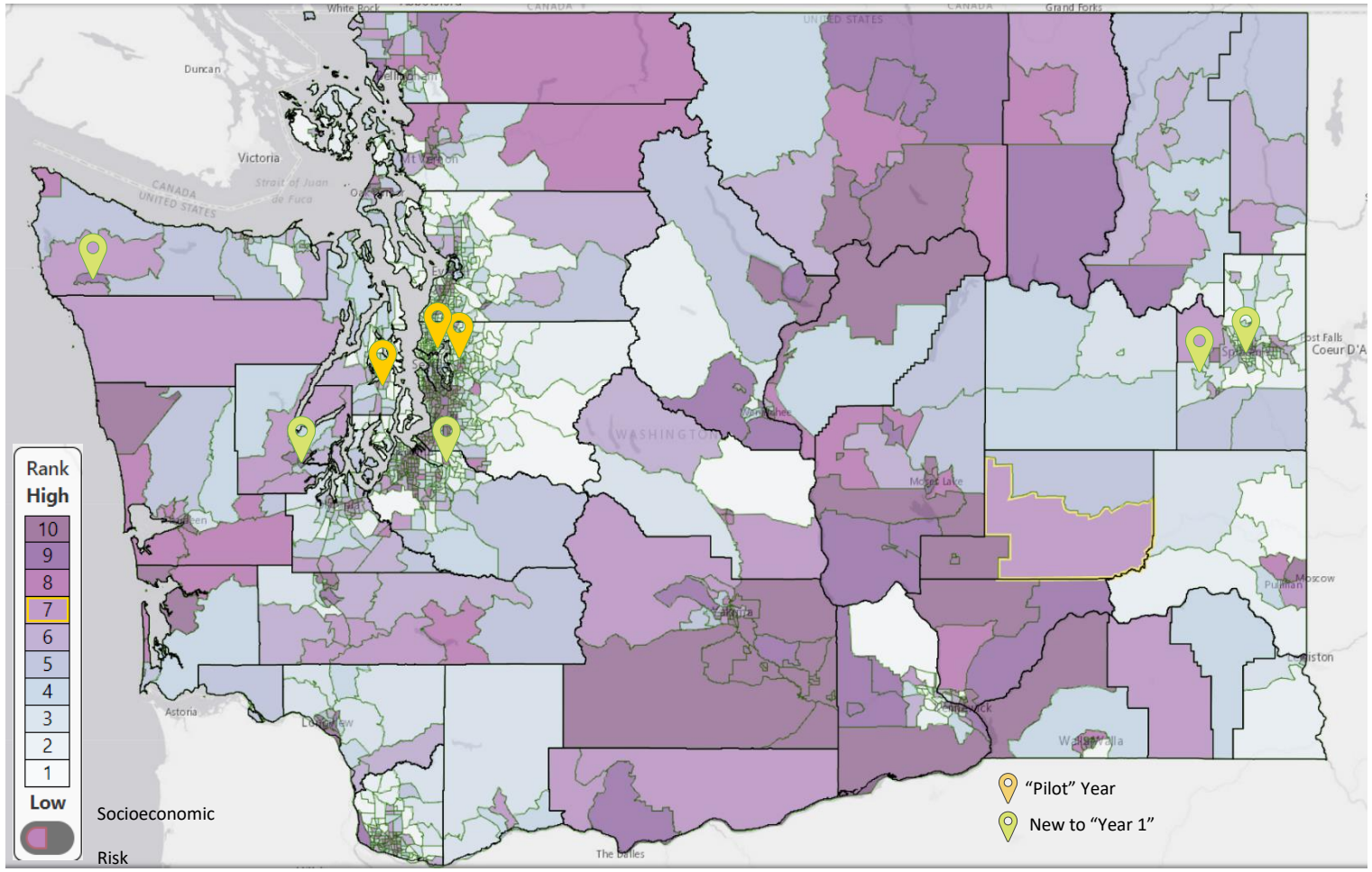
Sacred Heart Hospital



Referrals Made by Referral Organization Type

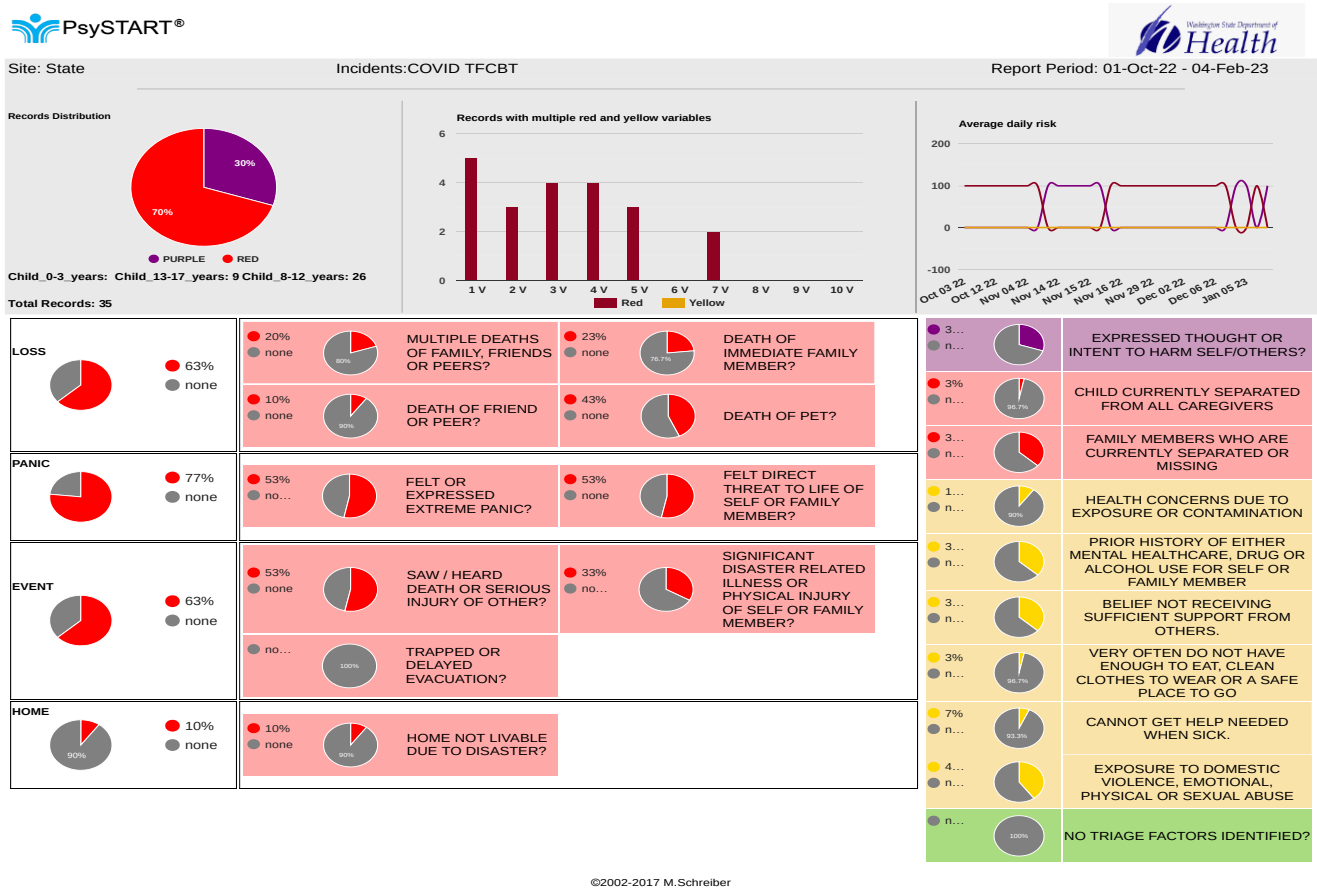


Referral Partner Location Snapshot

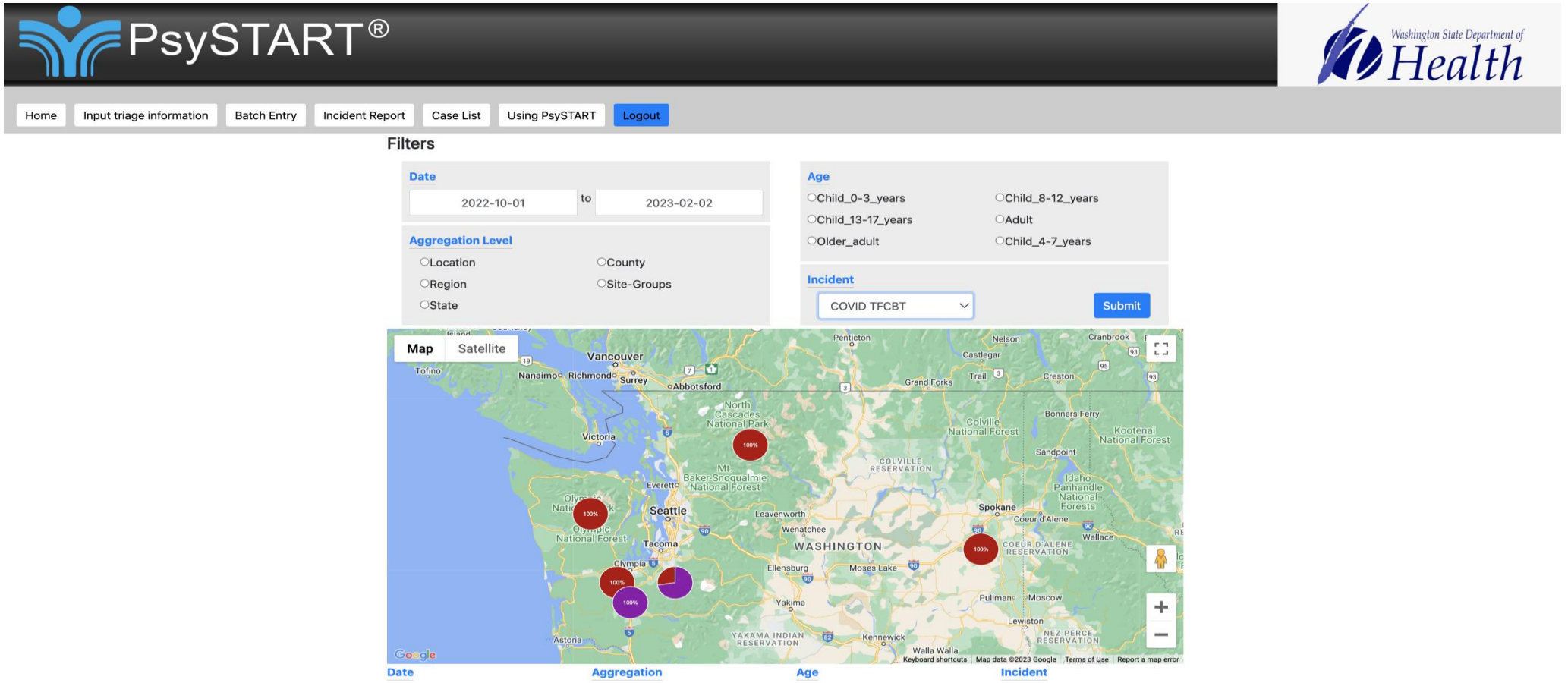


Washington State Department of Health

PsySTART Triage Summary Oct 2022-Jan 31, 2023

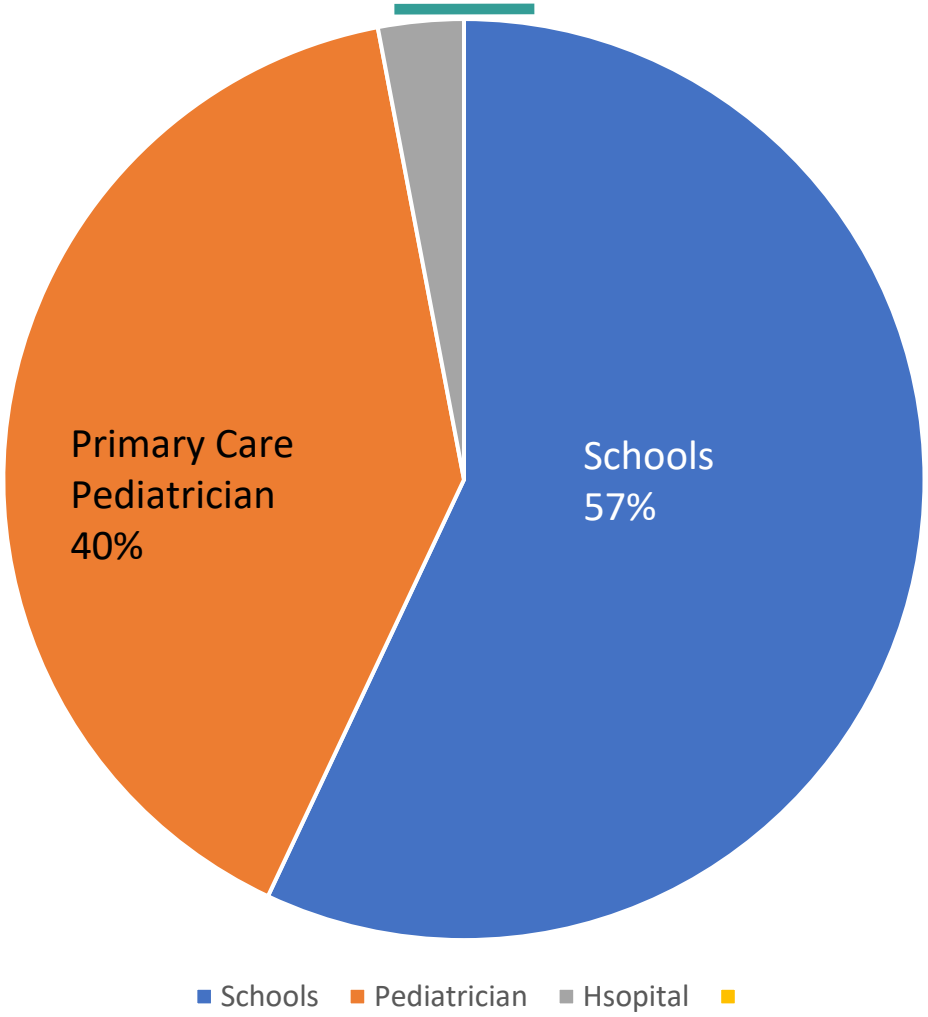


Referral Partners and Triage Trauma Endorsed

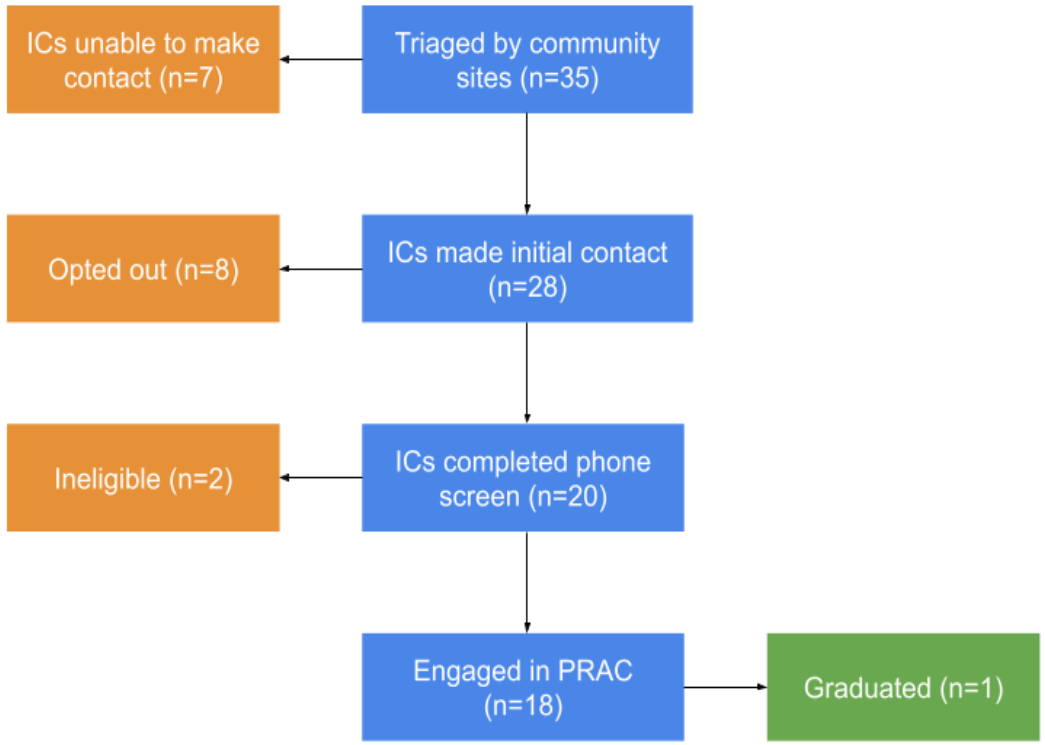


Washington State Department of Health

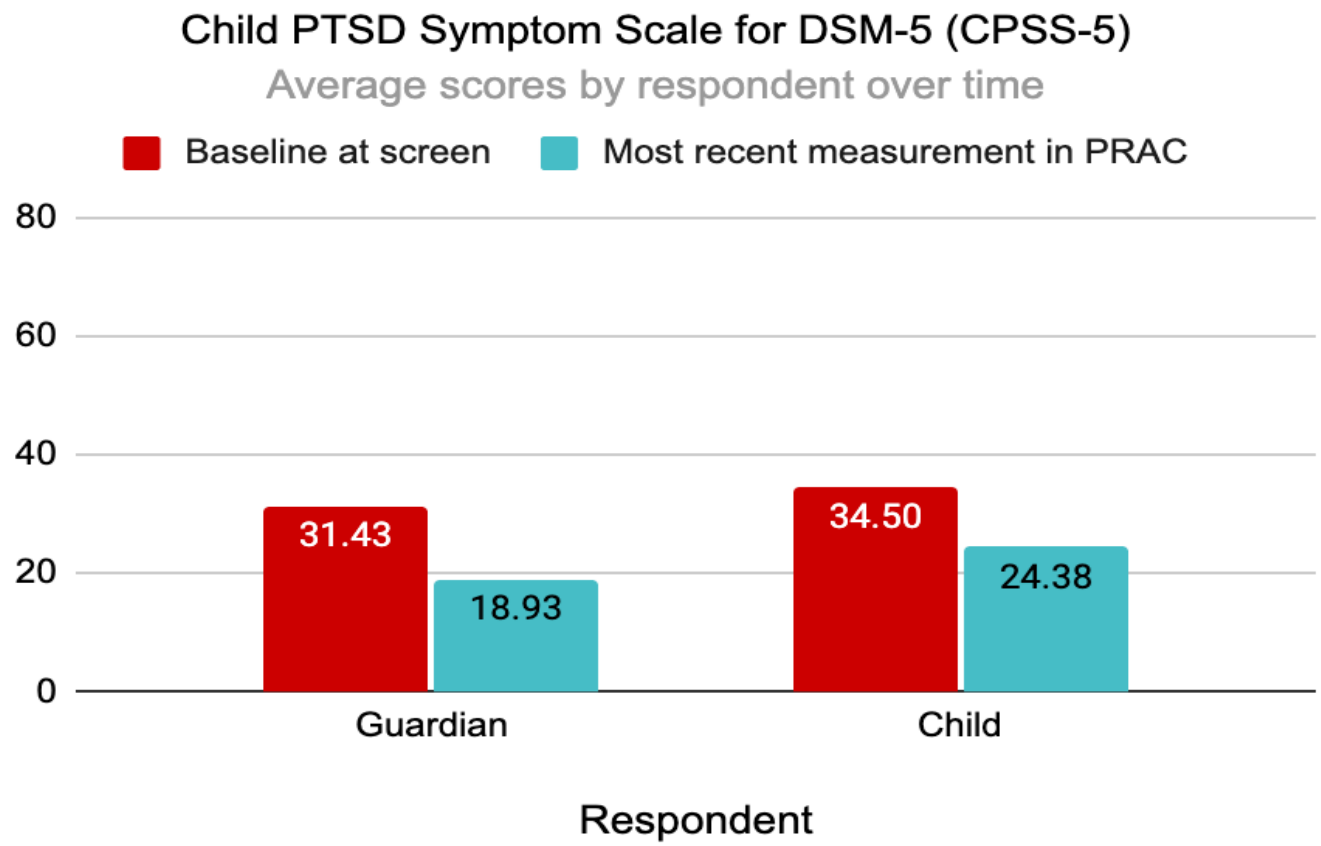
Referrals Made by Referral Organization Type



Year One Expansion Oct 2022-Feb 1, 2023: 8 Weeks of Triage



Improvement in CPSS-V (PTSD Symptoms)



CPSS-V (PTSD Symptoms) Guardian vs Child

Measure	Respondent	Baseline at screen	Most recent measurement in PRAC	n
CPSS - 5	Guardian	31.4	18.9	7
	Child	34.5	24.4	8

Mirah Completion and Feedback Rates

	Youth	Caregiver
Completion Rate	76.4%	81.9%
Feedback Viewing	83.6%	83.0%

Lessons Learned and Barriers to Efficiency

- Contract delays (ranging from 4-6 months) created significant issues in start time for the projects, particularly in light of mandated expansion and proposed start dates.
- Contract delays meant school-based referrals began mid-October and then were disrupted by 3 weeks of holidays, shortening the initial interval of triage to treatment from 4 months to 8 weeks
- Once triage was completed, initiating contact with some families was difficult. Intake Coordinators reached out by phone, voicemail, email and contact to Referring Partners. Of the youth triaged 11% were unable to be screened and admitted into care due to this.
- Adding training on Measurement Based Care and Clinical Documentation increased timely screening and accurate and completed clinical documentation based on chart audits.
- Some families had difficulty in engaging in care and missing appointments or dropping out after a few sessions due to family turmoil such as having to move and illnesses of child or parent.

Envisioning the Future: Helping Identify and Treat Trauma-exposed kids through School-based Triage

- Identifying children and youth in an environment providing stability and social connection, with opportunity for observation and assistance
- Strengthening the skills of school staff in identifying youth objectively most in need of mental health services due to trauma exposure and prioritizing them to care
- Offering training to school counselors and social workers, enhancing their skill set and allowing them to offer in-person TF-CBT for students and families unable to access telehealth.
- Provide opportunity for parents to triage their own children and older children to triage themselves, reducing stigma and increasing identification and access to care
- Increasing access to care for children and youth needing Tier 3 support
- **Use lessons learned from proof of concept and First Year Stepped Care project to implement in additional school districts across the state**
- **Two to Five year time -frame with evaluation of project success at the end of each year**
- **Metrics of success jointly determined (e.g., scores on CPSS-5 and teacher report)**

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•Deblinger, E. Cohen, J. Mannarino, A. (2011) Trauma-focused cognitive behavioral therapy for children: Impact of the trauma narrative and treatment length Depression and Anxiety 28(1):67-75 DOI:10.1002/da.20744

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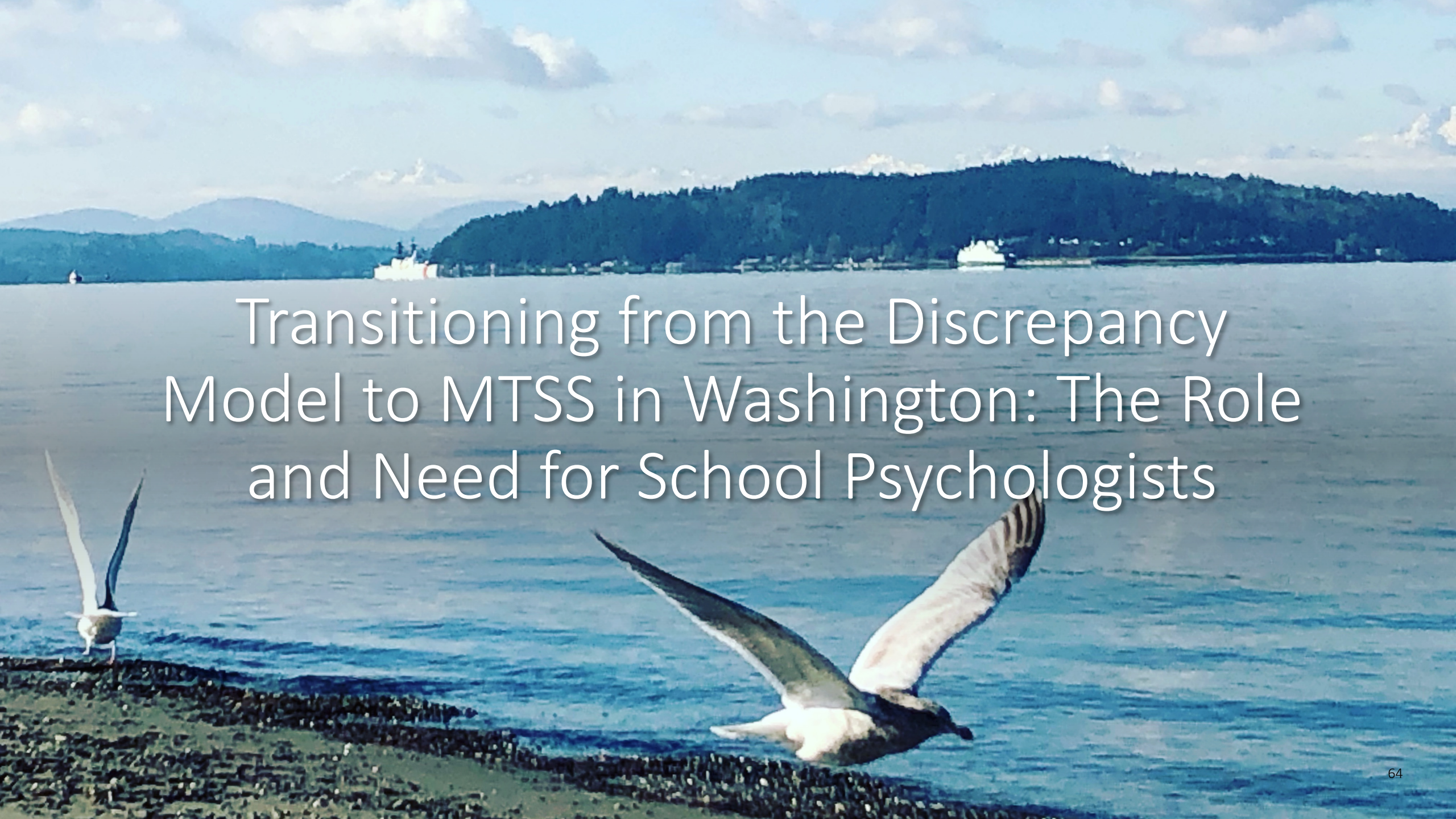
•Schreiber, M., Sheilds, S, Formanski, S. et al (2014). Code Triage: Integrating the National Children's Disaster Mental Health Concept of Operations Across Health Care Systems. Clinical Pediatric Emergency Medicine. Vol15 (4); 323-333. https://doi.org/10.1016/j.cpem.2014.09.002



Transitioning from the Discrepancy Model to MTSS in Washington: The Role and Need for School Psychologists

Christopher L Daikos

Courtney V Daikos

Who’s here?

- Please add your name and role to the chat

Welcoming Routine

Today’s conversation will be focused on the role of school psychologists in our schools and communities.

Have you ever worked with a school psychologist in your professional or personal life? In your experience, what kinds of work do they do?

Add to the chat:

Change is Coming

For decades, school-based teams have utilized the **severe discrepancy method** to consider eligibility in special education services. During the past 18 months, an **SLD** stakeholder cadre has reviewed national research and trends regarding the evaluation of students suspected of having an SLD and is recommending **sunsetting the discrepancy model** and phasing in, over a three-year period, a more equitable approach to evaluate students that incorporates the use of Response to Intervention (RTI) within a Multi-Tiered System of Supports (**MTSS**)

SLD= Specific Learning Disability

- OSPI: ***Specific Learning Disabilities: Recommendations for Evaluation Policy and Practice, 2021***

Why Phase out the Discrepancy Model?

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It has been widely attributed that the use of the discrepancy model for SLD qualification contributes to the **disproportionate identification of students with learning disabilities among certain socio-demographic subgroups, typically groups who are already disadvantaged, and is perceived as a persistent problem within the education system.**

Many researchers are concerned that **disproportionate identification of students of color** with learning disabilities is part of the long history of racism and stratification within education (Patton, 1998; Skiba et al., 2008).

Why Phase out the Discrepancy Model?

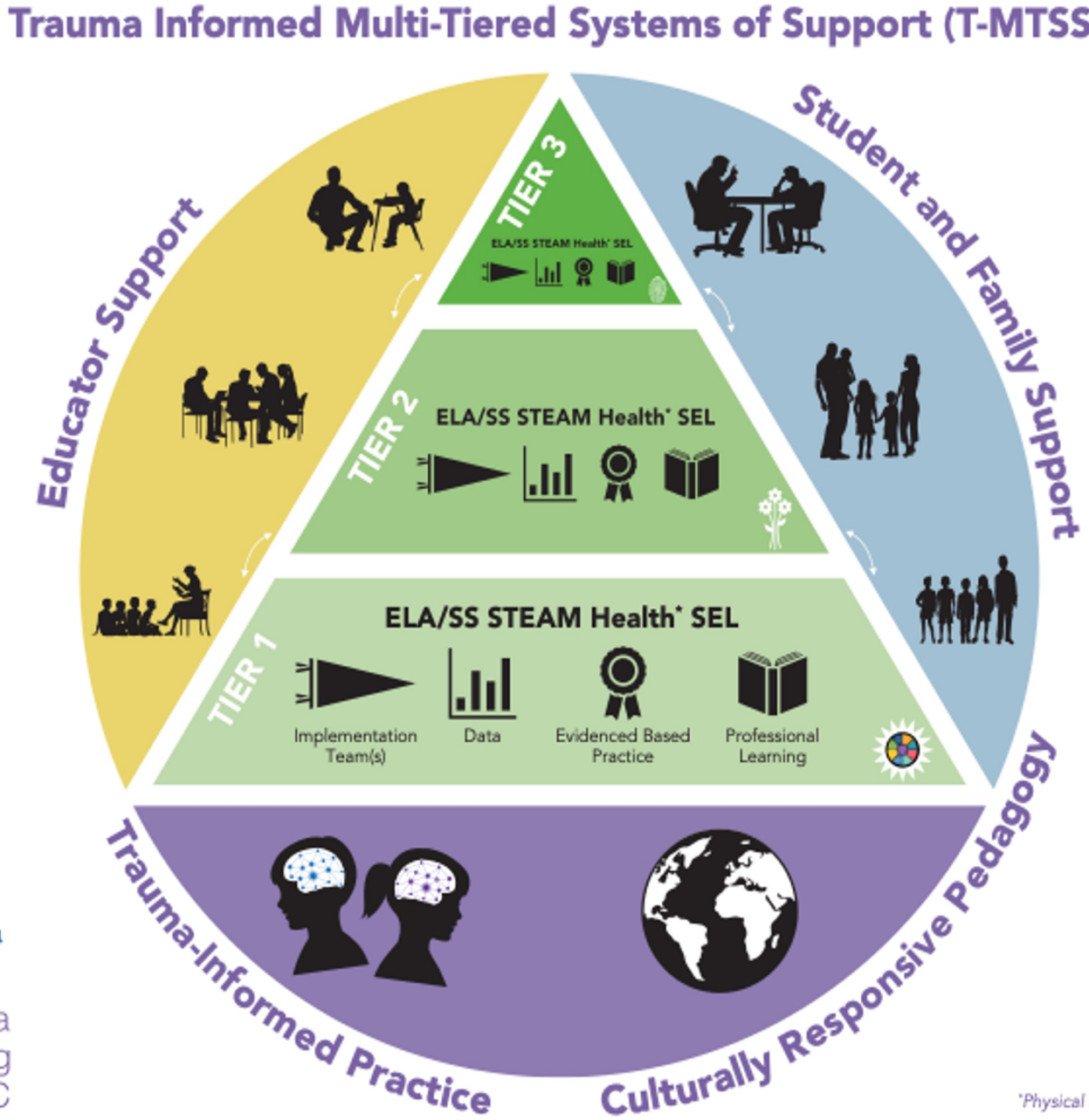
Continua Consulting Group LLC

The traditional model of severe discrepancy between ability and achievement has many weaknesses; **ability tests are highly biased and yield lower scores for many students of color and achievement tests do not accurately reflect the actual teaching practices in many PreK-21 classrooms**. Concerns with current evaluation procedures include:

- Over-identification of students identified as having an SLD;
- Overrepresentation of students of color and students who are English learners identified as having an SLD; and
- Discrepancy approach resulting in a "wait-to-fail" model. (Johnson, Mellard, Fuchs, & McKnight, 2006).

Quick check in: add to the chat

How does this knowledge about special education qualification connect to your experiences working with students and schools?



*Physical and Behavioral Health

MTSS Essential Components (OSPI)

- ❑ Team Driven Shared Leadership
- ❑ Data-Informed Decision-Making
- ❑ Student, Family, and Community Engagement
- ❑ Continuum of Supports
- ❑ Evidence-Based Practices
- ❑ Cascading District and School Systems

Which Role Sounds Most Familiar?

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Psychometrician (APA)

An individual with a theoretical knowledge of measurement techniques who is qualified to develop, evaluate, and improve psychological tests.

An individual who is trained to administer psychological tests and interpret their results, under the supervision of a licensed psychologist.

School Psychologist (NASP)

Help children and youth succeed academically, socially, behaviorally, and emotionally.

Provide direct educational and mental health services for children and youth, as well as work with parents, educators, and other professionals to create supportive learning and social environments for all children.

Apply their knowledge of both psychology and education during consultation and collaboration with others.

School Psychologist – OSPI & RCW

Continua Consulting Group LLC

OSPI Definition

School psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. They apply **expertise in mental health, learning, and behavior**, to help children and youth succeed academically, socially, behaviorally, and emotionally.

School psychologists partner with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community.

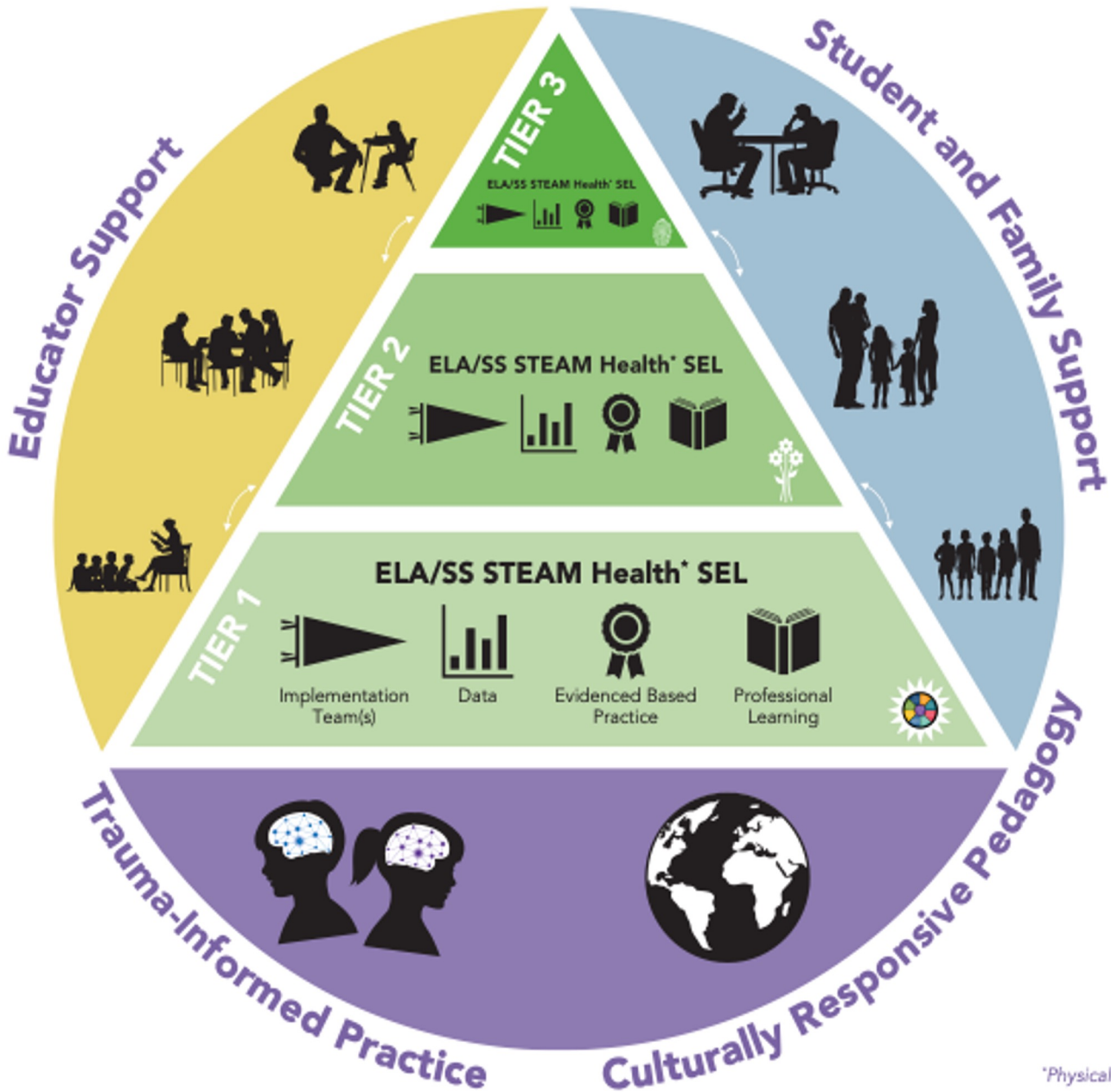
RCW 28A.410.044

School psychologists deliver services across ten domains of practice.

Two domains permeate all areas of service delivery: Data-based decision making; and consultation and collaboration.

Five domains encompass direct and indirect services to children and their families: Student-level services, interventions, and instructional supports to develop academic skills; student-level interventions and **mental health services** to develop social and life skills; **systems-level school-wide practices to promote learning**; **systems-level preventive and responsive services**; and **systems-level family school collaboration services**.

Trauma Informed Multi-Tiered Systems of Support (T-MTSS)



*Physical and Behavioral Health

Discussion:

In the ideal, how can school psychologists support MTSS at all 3 tiers?

In reality, how do most school psychologists currently function?

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Barriers to Staffing School Psychologists


ORGANIZATIONAL PRINCIPLE 1
Organization and Evaluation
ORGANIZATIONAL PRINCIPLE 2
Climate
ORGANIZATIONAL PRINCIPLE 3
Physical, Personnel, and Fiscal Support
ORGANIZATIONAL PRINCIPLE 4
Professional Communication
ORGANIZATIONAL PRINCIPLE 5
Supervision, Peer Consultation, and Mentoring
ORGANIZATIONAL PRINCIPLE 6
Professional Development and Recognition
DOMAIN 1
Data-Based Decision Making
DOMAIN 2
Consultation and Collaboration
DOMAIN 3
Academic Interventions and Supports
DOMAIN 4
Mental and Behavioral Health Services
DOMAIN 5
School-Wide Practices to Promote Learning
DOMAIN 6
Services to Promote Safe and Supportive Schools
DOMAIN 7
Family, School, and Community Collaboration
DOMAIN 8
Equitable Practices for Diverse Populations
DOMAIN 9
Research and Evidence-Based Practice
DOMAIN 10
Legal, Ethical, and Professional Practice
PRACTICES THAT PERMEATE ALL SERVICES
DIRECT SERVICES: STUDENT-LEVEL
INDIRECT SERVICES: SYSTEMS-LEVEL
FOUNDATIONS OF SERVICE DELIVERY
NASP
PRACTICE MODEL
COMPREHENSIVE & INTEGRATED SCHOOL PSYCHOLOGICAL SERVICES
WWW.NASPONLINE.ORG

University of Washington EdS – 3 Years (self-sustaining program) ~$90K cost in credits NASP certified	Seattle University EdS – 3 years (private program) ~$62K cost in credits NASP certified	Central Washington University EdS – 3 years (public program) ~$35 cost in credits NASP certified	Eastern Washington University EdS 2-3 years (public program / online) $48K cost in credits NASP certified
Mental health support through counseling & skill development / CBT (counseling supervision)	Introduction to counseling	Introduction to counseling	Introduction to counseling
Assessment & evaluation Data based decision making	Assessment & evaluation Data based decision making	Assessment & evaluation Data based decision making	Assessment & evaluation Data based decision making
Consultation w/ student, staff & families	Consultation w/ student, staff & families	Consultation w/ student, staff & families	Consultation w/ student, staff & families
Intervention development to support learning, behavioral & mental health needs	Intervention development to support learning, behavioral & mental health needs	Intervention development to support learning, behavioral & mental health needs	Intervention development to support learning, behavioral & mental health needs
Expand role beyond psychometrician	Expand role beyond psychometrician		Expand role beyond psychometrician

University of Washington's Board of Regents Governance – Role and Mission of the University

Continua Consulting Group LLC

The schools and colleges of built environments, business, education, engineering, environment, information, nursing, pharmacy, public policy, and social work have a long tradition of educating students for service to the region and the nation. These schools and colleges make indispensable contributions to the state and, with the rest of the University, share a long tradition of educating undergraduate and graduate students toward achieving an excellence that well serves the state, the region, and the nation.

Recommended School Psychologist Ratio per student

Continua Consulting Group LLC

- NASP recommends 1 : 500
- WA ratio 1 : 973
- WA School Psychologist hiring trend -6.1% from 2019-2021

- Ratio recommendation does not consider needs of districts which seek to serve student w/ emotional behavior disorders with evidence-based practice.

NASP Research Reports Volume 6, Number 2, July 2022

Recommended School Psychologist Ratio per IEP

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- NASP ratio x SLD model = ~65 IEPs
  - Limited time for intervention design and management
  - Limited time for counseling
- NASP ratio x RtI/MTSS = ~25 IEPs
  - More time for intervention design & management
  - More time for counseling
- WA ratio x SLD model = 131 IEPs
  - Primarily focused on IEP compliance & re-evaluations
- WA ratio x RtI/MTSS = ~49 IEPs
  - Limited time for intervention design and management
  - Limited time for counseling

Staffing Challenges

Many smaller school districts in Washington state have open, unfilled school psychologist positions

- For example, in the 2021-22 school year, Lakewood, Marysville, Sultan and others hired school psychologist consultants
- These consultants only work virtually on zoom and are often out of state
- Consistency, reliability and relational capacity of these online consultants are often questionable and provide for significant challenges in the psychometrician work of supporting students w disabilities

Policy Recommendations

Continua Consulting Group LLC

- Statewide Leadership
  - Audit of State Funded Universities' Role and Mission to match current public need
- System Funding
  - Provide additional resources to school districts for increased school psychologist FTE
  - Provide incentives for school psychologists to work in Washington state, particularly in rural communities
- Workforce Support
  - Reconfigure state university programs for school psychologists to make them less cost prohibitive and to produce more school psychology candidates
  - Statewide assessment of current supply and demand for school psychologists; clarity of the need, current use, and capacity
    - How many school psychologist positions are currently unfilled or filled by a private contractor?
    - How many school psychologists graduate from state universities and are candidates for hire?
    - What is the average ratio of psychologists to students in each district? How does it compare to states where psychologists support MTSS?
    - (analysis of the current workforce gaps)
- Mental Health Education
  - Provide training to school district officials on the potential for school psychologists to serve student mental health needs in an MTSS model if staffed at lower ratios

Youth Advisory Committee Spotlight!

- 11 members (current or recent K12 students, age 15-23)
- Representing schools & communities in 5 of the 9 ESD regions
- Planning to meet every odd-numbered month, opposite SBBHSP meetings (subject to change)
- Held second meeting from 5-7p on Monday, May 15th via Zoom
- Planning the next meeting for June or July

YAC May Meeting – Member Topics

Substance use intervention in schools

- Mental health supports in school tend to focus on negatives and don't provide enough supportive resources
- Negative responses encourage students to be more discrete about use rather than being connected to helping resources
- Students don't want to get peers in trouble when trying to help them/connect them to helping resources
- Fear of racial profiling associated with discipline responses and screening for drug use
- On the flip side, don't always see current positive responses working
- **Need more substance use counselors in school overall**

Fentanyl concerns & access to Narcan

- Fentanyl test strips need to be available where kids need them, several overdoses by students in school
- How do we continue to promote and expand availability? **Local help is really important**
- Seeing dire consequences of youth fentanyl youth in school communities

YAC May Meeting – Policy Buckets

System Funding

- School nurse is only at our school 1 day a week – difficult to access
- School doesn't have enough funding for school nurse office supplies

Workforce Support

- Group question: How do we influence getting more people in the behavioral health workforce pipeline?
  - Helping identify and support people who want to work in their community and represent their community
  - College is super expensive! How do we make it more affordable to go into some of these helping professions?
  - How can the state better fund BH careers, what will allow us to pay people better in those positions?

What else should be included in these buckets?

- Big need for more cultural competence in mental health services
  - Is there research on what supports can better teach MH in a cultural competent manner?
  - Cultural competence/knowledge should be considered in any recommendation we put forward

YAC May Meeting – Comprehensive SBBH System

Discussion Prompt: When you imagine an equitable, effective, accessible, and comprehensive system of school-based mental health supports, what does it include? What are its central components?

- Sharing clear information on MH supports
- Prioritization of space in schools to support MH needs
- Sufficient staff to provide comprehensive supports
- Expanding the availability of peer MH groups
- Support for queer students
- Clarity around mandatory report rules
- Involvement from families in MH supports

YAC May Meeting – Comprehensive SBBH System

Sharing clear information on MH supports

- Ex. Career fairs and pop-ups specifically focused on mental health and counseling
- Resources clearly accessible and in one spot
- School website should list all available supports, helping students understand know they can access them if needed
- Schools should engage student groups to help refine resources and share information about them
  - Ex. Youth Prevention squad hosts a fair that connects with different community groups that support MH and substance use with ways to stay connected over time

Prioritization of space in schools to support MH needs

- Schools should provide comfortable and accessible space for confidential mental health supports, both during school hours and after

YAC May Meeting – Comprehensive SBBH System

Sufficient staff to provide comprehensive supports

- Schools should be staffed to provide comprehensive mental health supports, including access to SUD counselors and mental health counselors during school hours in a confidential location
  - More supports on campus for tier 2 needs
- All staff need training on how to properly response to signs of mental distress
- Students want to know that staff are prepared if/when they share
- Supporting teachers in identifying early warning signs and responding effectively before issues escalate
- In some school settings, you only get so many free sessions before you have to find a provider and pay on own – then what?

YAC May Meeting – Comprehensive SBBH System

Expanding the availability of peer mental health groups in schools

- Programs where counselors train students to provide supports to other students
  - Identifying signs of depression and responding
  - Identifying peers who are struggling and being able to connect them with trusted adults
  - Examples: Empower Youth Network, Forefront peer program, How to Help a Friend program
- Need to be sure we're not asking students to help other students through a crisis - knowing when to connect a peer a trusted adults and knowing who/where those trusting adults are is crucial
- Need for clarity in peer programs about what next steps will look like when they do refer a peer for support

YAC May Meeting – Comprehensive SBBH System

Supporting high-risk populations (i.e. supporting queer students, intimate partner violence prevention)

- School providing information and connecting with community-based organizations that can offer supports (i.e. fliers in the bathroom)
- School need to be trans-informed – schools need to be able to support transgender students
  - Basic training on not outing a student before they are ready
  - Ability to connect students to counselor that are trained and adept at supporting queer students
- Bathrooms should have full doors/rooms, not stalls. This makes it safter for everyone. Not just marginalized youth!
- Example: Helen House, supportive space for queer students
  - Would like to see something similar for cultural/ethnic identities, especially in rural areas
- How do we approach trainings that push back against bias?

YAC May Meeting – Comprehensive SBBH System

Revisiting Mandatory Reporter rules

- Clarity and trust, specifically about how information will be shared and who it will be shared with
  - What happens after I tell you this? As a student approaching a staff member with a MH concern, I would want to know what they are going to say and do with that information
- Schools should give a rundown about what needs to be told and why
  - **the why** is really important; **transparency** is really important
- Need for adults to have better training in response and a need for schools to involve families in supporting their students when possible

Schools should involve families to support care for student MH needs

- Need better education for parents/families about behavioral health, suicide prevention, and substance use
  - Some students might thrive better in different environments, improving access to different types of support
- RE Mandatory Reporting: Need to clearly inform parents about these rules so they can help their kids understand how schools will use information they share