

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

Date: February 3rd, 2023
Time: 9am-12pm

Leads: Representative My-Linh Thai, Lee Collyer

Members					
<input type="checkbox"/>	Representative My-Linh Thai, Co-Chair (41 st Legislative District)	<input type="checkbox"/>	Grey Olson (K-12 Student)	<input checked="" type="checkbox"/>	Liz DiPrete (Parent)
<input checked="" type="checkbox"/>	Lee Collyer, Co-Chair (Office of the Superintendent of Public Instruction)	<input checked="" type="checkbox"/>	Gwen Loosmore (Washington State PTA)	<input checked="" type="checkbox"/>	Logan Endres (WA State School Directors' Association (WSSDA))
<input type="checkbox"/>	Andy Wissel (Washington School Counselors Association (WSCA))	<input checked="" type="checkbox"/>	Hanna Baker (K-12 Student)	<input checked="" type="checkbox"/>	Marcella Taylor (Parent)
<input checked="" type="checkbox"/>	Annika Young (K-12 Student)	<input checked="" type="checkbox"/>	Harry Brown (Mercer Island Youth & Family Services, UW Forefront)	<input checked="" type="checkbox"/>	Mariana Marquez Sital (Parent)
<input checked="" type="checkbox"/>	Ashley Mangum (Mary Bridge/Kids Mental Health Pierce County)	<input checked="" type="checkbox"/>	Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)	<input checked="" type="checkbox"/>	MazzyRainn Janis (Peer Counselor)
<input type="checkbox"/>	Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)	<input checked="" type="checkbox"/>	Jeannie Nist (Communities in Schools of WA State Network)	<input checked="" type="checkbox"/>	Megan Veith (Building Changes)
<input checked="" type="checkbox"/>	Avreayl Jacobson (King County Behavioral Health and Recovery)	<input checked="" type="checkbox"/>	Jerri Clark (Washington PAVE)	<input checked="" type="checkbox"/>	Michael Haughee (K-12 Student)
<input checked="" type="checkbox"/>	Candi Blackford (Parent, Kittitas County Public Health)	<input type="checkbox"/>	Jill Patnode (Kaiser Permanente)	<input checked="" type="checkbox"/>	Michelle Sorensen (Richland School District/WA Assoc. of School SWs)
<input type="checkbox"/>	Cassie Mulivrana (Washington State Association of School Psychologists)	<input checked="" type="checkbox"/>	Joe Neigel (Monroe School District)	<input checked="" type="checkbox"/>	Prudence Chilufya (Washington Association of Community Health)
<input type="checkbox"/>	Catherine MacCallum-Ceballos (Vancouver Public Schools)	<input type="checkbox"/>	Kassandra Bell (Young Adult)	<input checked="" type="checkbox"/>	Rachel Axtelle (South Kitsap School District)
<input type="checkbox"/>	Courtney Sund (Highland School District)	<input type="checkbox"/>	Katherine Seibel (Committee for Children)	<input checked="" type="checkbox"/>	Rosie McCarter (Parent)
<input checked="" type="checkbox"/>	David Crump (Spokane Public Schools)	<input checked="" type="checkbox"/>	Kelcey Schmitz (UW SMART Center) [Alternate: Eric Bruns]	<input checked="" type="checkbox"/>	Roy Johnson (Parent, Okanogan Alternative Schools)
<input type="checkbox"/>	Donna Bottineau (Parent/Family)	<input type="checkbox"/>	Kelly Duong (Young Adult)	<input checked="" type="checkbox"/>	Sandy Lennon (WA School-based Health Alliance)
<input type="checkbox"/>	Elise Petosa (WA Association of School Social Workers)	<input checked="" type="checkbox"/>	Larry Wright (Forefront Suicide Prevention, UW-School of Social Work)	<input type="checkbox"/>	Shiyah Grant (Young Adult)
<input checked="" type="checkbox"/>	Elizabeth Allen (Tacoma Pierce County Health Department) [Alternate: Zoe Grieder]	<input type="checkbox"/>	Lexxie Nierman (Young Adult)	<input checked="" type="checkbox"/>	Tasha Bunnage (Parent)
<input checked="" type="checkbox"/>	Erin Wick (AESD) [Alternate: Mick Miller]	<input checked="" type="checkbox"/>	Liliana Uribe (Parent)	<input type="checkbox"/>	Tawni Barlow (Medical Lake School District)

Meeting notes
<p>Legislative Session Update</p> <p>HB 1069</p> <ul style="list-style-type: none"> • Would make Washington a member state in the interstate Counseling Compact

- Allows licensed mental health counselors to practice in other member states with a separate license under a privilege of practice
- Chat question: Is the idea that this would increase resources in WA by allowing folks from other states to help out by providing services here?
 - Yes. This has the potential to increase the pool of providers able to practice in WA.

HB 1071

- Funds a School Resource Officer in every school building in the state

HB1134

- 988 system update
- Would require schools to post 988 information to students/families

HB 1207

- Requires OSPI to create model language for student handbooks, recognizes the existing role of the Civil Rights Coordinator in statute, and creates a change discipline language changing “emergency expulsion” to “emergency removal.”

HB 1394

- Attempts to change sex offender registration requirements for youth under the age of 18 to decrease mental health issues, depression, anxiety, and other issues
- Aims to create an easier process for relief from registration and youth offenses by acknowledging that rehabilitation is the best way to reduce recidivism

HB 1479 + SB 5559

- Prohibits the use of isolation and chemical and mechanical restraint within K-12 schools and nonpublic agencies
- These are OSPI request bills

HB 1724

- Makes several changes to licensing requirements for several behavioral health professions to decrease administrative, cost, and time burden in the process

SB 5019

- Removes “classified staff providing student and staff safety” from the definition of physical, social, emotional support staff and the specific funding considerations for that group

SB 5422

- Requires managed care organizations (MCOs) to provide reimbursement for medically necessary behavioral health services provided within a school by licensed or certified behavioral health agency to a student enrolled in Medicaid, regardless of whether the provider is in the MCO’s network
- HCA has indicated that there is already contract language in place to do this

Discussion

Lead agency for school-based behavioral health recommendation

- This was submitted as a budget proviso request
- Would provide funding for a state work group to study the idea this year

Chat

- Rachel Burke:

BH 360: A Parent Portal for Personalized Support

Stefanie Robinson, Jean Ross, Priya McLennan, & Jackie St. Louis, *R Prime*

[see page 9 for slide deck]

- Jean's story: Talking about child's BH issues as they grow and how the doctors and teachers aren't concerned. Parents sought diagnoses misdiagnosed 5-6 times which caused repercussions. Meltdowns, diagnosed ADD, pervasive mental health disorder, Doctor tell parents they are label seeking and the child is not autistic. Causes trauma, confusion, and grief for child and family.
- Not getting the appropriate education for a child with autism/ family were not able to get support that they could have.
- BH360 Approach: A parent led initiative. Access to provider is incredibly limited for people that are marginalized. Limited access exacerbates inequities. BH wait times can be an average of 144 days for care. Our systems rely on strong communities. Without these social relationships in communities can lead to negative outcomes for youth.
- Designed to help families during any stage in their path of BH. Help narrow down the paths for families.
- They will have materials to help with the path their child will be on. Help with resources and other families with lived experiences. Make materials to help navigations easier. Help family organize information they use. BH Journey is multi-tier experience.
- Ecosystem of BH360 help finding help navigating the systems easier for students and families. Help parents with information such as the signs and the potential diagnoses. Evidence based treatments. Educational materials to help advocating for themselves and their students with the schools and providers.
- Next Steps and Opportunities to Engage: Helpful next steps seeking diagnostics, talk with pediatricians and talk with schools. Partner with community organizations to help with marginalized diverse communities so that we can build a culturally responsive tool to help families across the state. We want to work together not compete with resources. Working with cutting edge tech. This will be HIPA safe site. Taylor the most effective information through research and analytics. Caregiver to relationships to community organizations to policies and programs to help with legislations behind BH at the state level.
- Next Steps and Opportunities to Engage: seeking funding to support full development and pilot
- Early development pilot approach in interim to evaluate Kent and Yakima

Chat

- Peggy (presenter): when you have this many in the room it is very important to say that we have people in the room that we got parents involved. We want to have this resource to cover 0-25 years old. We need \$360,000 to do so. We need funding...This will be a homebase for all those systems that we do not know about. All students will get this before the children go into crisis.
- Dontae Brown (guest): Our systems aren't failing, they are working how they are supposed to.
- Jackie (presenter): we need to be more engaged in the solutions. We need to be more engaged in being more upstream.
- Jerri (member): The last thing we want to do is open more portals into empty buildings. We need to start more upstream. This portal is not going to create a BH system. The idea is to create a cohesive map for what we have. No one in this state knows what we don't have. We heard from South Carolina (in a 2021 subcommittee recommendation) that have a robust organizational map of their system. This portal is to show what we do not have.
- Peggy (presenter): This going on with a strategic planning process. Rebuild the system by mapping it.
- Megan (guest): How will BH360 integrate with other services that already provide navigation like this -- MH Referral line for Children and Teens, Unite Washington (that works with BH and social service providers), how do we make sure that these resources are not siloed, but are interconnected and working together?
 - Jerri (member): This AI system will integrate with resources already online.
 - Peggy (presenter): That's key to this... to send people out to resources but have a home base to come back to ... almost like a google for WA system.
- Rosie (member): I am so tired of navigating the system alone. It's ridiculous.

- Liliana (member): Learning about this is great. I am really looking forward to talking about PREVENTIVE measures that can be made in schools so youth do not get to an urgent or serious case of mental health. Hopefully that is included on these meetings.
- Rosie (member): How is this any different from what doctors and counselors can already suggest?
 - Peggy (presenter): Doctors don't know the behavioral health system, counselors don't know the disability system. The core group leading this has been discovering new resources every month...and we've been doing this work or 2 years.
- Rosie (member): Were these resources verified?
 - Peggy (presenter): They will be verified when we build the pilot.
- Megan (member): Are you partnering with organizations that serve youth and families experiencing homelessness?
 - Peggy (presenter): We will partner with EVERYONE.... it's being built from the regions up.
- Eric (member): This seems like the kind of work our public behavioral health MCOs should be using and actively promoting, including then filling gaps in the assessment and treatment continuum when those gaps are identified via data from the process.
 - Priya (presenter): Yes, that would be really incredible Eric. Love that idea.
 - Eric (member): Doing this kind of work should be their charge.
- Jackie (presenter): We are not trying to be competitive and focusing on services that Are the Best Fit, based on: Culture, Proximity (within community hopefully) and competence. We aim to support youth and their families connect with the resources that best meet their need with as little strain on them as possible.
- Megan (member): How will you being doing outreach to organizations and shelters serving youth and families experiencing homelessness?
- Peggy (presenter): The site will be given to parents by pediatrician 0-5 and then via schools in KDG. But you are right, there are children that don't fall into either of these groups.
- Marcella (member): Are modes of transportation going to be a piece in the resources section?
 - Peggy (presenter): Marcella, we will be holding focus groups during the development of the pilot and these kinds of questions will be raised and tracked there (I hope).
- Meredith (guest): Are the resources going to be constantly updated and how will that be done, especially for smaller agencies? Eventually will this be able to be linked to all ASO's and MCO's websites?
- Rachel (guest): This collaborative effort is so cool to see! The interconnectedness of organizations is key.
 - Peggy (presenter): Rachel, what's really cool is it started with two parents, got initial funding from a foundation who had a child die from suicide, and now RPrime is supporting with staff. It's been endorsed by the WA State Mental Health Summit, and the Children and Youth Behavioral Health Workgroup is also tracking this.
- Jerri (member): Keep in mind that this is a platform that uses Artificial Intelligence (AI) technology to "learn" and expand in real time, through use. Those of you concerned about how the content is vetted and kept up to date need to understand the platform's interactive structure.
- Priya (presenter): We also plan to have a team of specialized behavioral health folks also help to vet organizations.
- Jerri (member): I hear some parallels with Ross Greene, who talks about the need for a total pivot toward upstream work to address lagging skills and unsolved problems instead of living in downstream crisis mode.
- Jean Ross (presenter): Behavioral Health 360 provides access to existing resources, and will help families support their youth with challenges!!
- Rachel (guest): A centralized location for resources, info, and community is absolutely what we need - it's overwhelming and difficult to navigate numerous organizations that don't communicate. I'm always surprised by how little is known about all the great programs in this state so I think this hits the nail on the head.
- Todd (staff): Medicaid's Non emergency Medical Transportation program is a resource for Medicaid enrolled kids/families to assist as needed in transportation to covered Medicaid services.

- Michael (member): Will this map will ever become a map of places where children can go to live and work on themselves. To work with their themselves and families. Like Montana that has residential facilities.
 - Yes that is a key area that will help.
 - Jerri (member): Excellent question Michael. That is a huge gap in our state's services.
 - Peggy (presenter): we are advocating to have one residential bed per school district. Right now we only 100 for 295 school districts
 - Jerri (member): Michael, I encourage you to keep telling professionals what you need and want to support your own needs. Your voice is very important. The thinking in WA State has been that residential services are "bad." It's so important for state leaders to know that this is something that many youth want and need.
 - Michael (member): my dad had looked into this. Access is limited and there are not a lot of beds and not for long enough time.
 - Karen (guest): It is my understanding that there would need to be some law changes in order for WA State to have residential facilities, at this point, we only have residential TREATMENT facilities, which as Michael stated, are time limited. They are focused on a treatment plan and when that plan is accomplished, discharge happens even when the youth, family, and system partners recognize the behaviors that led them to treatment will most likely re-occur because the structure within the community cannot be matched to what a residential facility provides. So for the legislative advocates, this may be something someone wants to follow. I may be incorrect as it is hard to keep up with all the law changes, so thank you for the grace as I share my limited knowledge.
- Peggy (presenter): Anyone on this call is welcome and encouraged to join Healthy Minds Healthy Futures if you use facebook: <https://www.facebook.com/groups/353084468424745>
- Liliana (member): Is this the website of Healthy Minds, Healthy futures? <https://www.healthymindhealthyfuture.com/>

Association of Education Service Districts (AESD) Network – Behavioral Health COVID Response Update & Request

Erin Wick & Jessica Vavrus, AESD

[see page 30 for slide deck]

- AESD Network the 9 ESD work together as a network team to talk about the work and align the work across the state. Over the last 5 years we have expended into the following:
 - School safety centers: These are about student health and wellness. Threat assessment, BH Prevention, and comprehensive supports. Our hope is to increase the support capacity of our safety centers.
 - BH covid response: 60 positions statewide (9 regional, 51 student assistance school-based), Focus is on behavioral health and mental health; funded by state-level ESSER III funds from OSPI
 - CPWI Community prevention and wellness initiative: 90 student assistance school-based positions statewide supporting over 100 schools; focus is on substance use prevention; funded by federal funding through Health Care Authority
 - MTSS – Multi-Tiered Systems of Support: Regional Implementation Coordinator in each ESD region, working with 24 specific districts identified by OSPI; Focus: professional development and technical assistance focused on WA State MTSS Framework; Funding: State and federal funding from OSPI
- Regional Behavioral Health Coordination and support for all 9 regions having a tiered support
- Student assistance professional in Tier 1 and Tier 2. Classroom presentation. Working with student to make sure they understand how to access care. The goal if this is prevention and early intervention.
- Fund 51 sites statewide. Launched in sept 21. 51 professional hired across the state. Year one awesome results Year two pretest students when they start and a post test. We are seeing positive trends in treatment.

2023 Requests:

- Expand regional school safety center (RSSC) capacity to allow ESDs to enhance existing RSSC services, specifically in the areas of threat assessment and comprehensive safety support. Funding would also support statewide RSSC data collection and report.
- Expanding RSSC capacity will:
 - Allow for increased proactive support services for students and schools when more significant problems arise
 - Increase engagement with community partners to provide wrap-around supports

Next Steps:

- Continue training support and alignment across Student Assistance Professionals (SAPs) and regional leads
- Solidify data collection cadence and commitments among sites
- Look ahead to a 2023/24 modified program model (scaled-back of expanded?)

Chat:

- WA Association of Education Service Districts website: <https://www.waesd.org/about-us/>
- Liz (member): How is the support info getting out to parents and children and schools?
 - Jerri (member): this is an excellent question/point. I rarely talk with a parent who even knows what an ESD is, let alone how it might support the school in supporting their student. The system is an enigma to most parents.
- Joe (member): What are the financial realities behind expansion? Will Districts only be able to access these supports on a fee-for-service basis?
 - Marcella (member): Thank you Joe for asking. You beat me to it. I am very curious around who is financially responsible for paying for this service and if it is up to the school district, what happens for those districts that don't have the funds.
- Jerri (member): In case you missed this important article: <https://crosscut.com/news/2022/09/wa-schools-ask-more-time-spend-26b-covid-relief>
 - Lee (co-chair): Related to Jerri's article: <https://www.axios.com/2023/02/02/funding-cliff-student-mental-health>
- Lee (co-chair): Elementary and Secondary School Emergency Relief (ESSER) are federal dollars that provide funding to schools to support sustained safe building reopenings and operations while meeting the academic, social, emotional, and mental health needs of students resulting from the COVID-19 pandemic.
- Joe (member): Erin - SAPs are funded by the Health Care Authority using federal Substance Abuse Block Grant funds. How are they able to get around the block grants prohibition on mental health services? Are you using alternative funding sources? Maybe Mental Health Block Grant funds?
- Rachel (guest): Providing non-judgmental, persistent support like that is so crucial

Port Angeles School District Family Navigation: A Trauma-Informed Approach to Support Students and Families

Rebecca Larsen, Julie Maron, & Summer Cooper, *Port Angeles School District*

[see page 48 for slide deck]

- Program started 2019. By 2020, focus on connect families with resources to meet their basic needs; Hired 2nd family navigator in 2021, then in April 2022 hired 3rd.
- Survey results have been positive, request for home visits from schools is a popular request. Transportation cannot always make sure that students can get to school. Navigators' will go out of their way sometimes to pick up students when needed.

- Relationships are important with families. Building trust and relationships with families and schools. Help build on family strengths. Able to intervene and build additional supports. Connectiveness. Example. Summer was able to help a parent that was in jail, helping to keep parent connected to student and school.
- Very interactive with schools' teams. Talk about students that are high risk. Come up with action items. Make sure the right people connect with the families, in the best way possible. Relationship-building with community groups that also help with the families. I.e.. Food banks, Serenity house for families that are displaced. Tribes and how they would like to interact with the members in each school because they each respond differently for their tribal members.
- NOHN Mobile Health Clinic
 - In 2019, the School-based Health Center could see 8 students a week; in 2021, they were able to see 20 students. 2023 now they can see 100. Due to a grant for NOHN mobile health clinic. 39 ft Winnebago. Mental health care, Dental, physical health. Breaks down barriers for families with disparities.
- What does a PASD Family Navigator do?
 - Examples: provide clothing for families, glasses, help with McKinney-Vento paperwork. We assist in transportation. Attend meetings with DCYF, CARES Team and Truancy Court. Home visits. Help family's complete paperwork for resources.
- Need to start program data collection for program evaluations for future funding. 1 Year of funding left. How do we show we are improving graduation rates?
- Goals for the future: Make Family Navigator Program sustainable outside of grants. Team of 6 would be ideal. One for each school. If a family is stable students can focus on school. They are not focusing on issues in the home.

Chat:

- Lee (co-chair): This program is such a model of what we can do. This is what we should do.
- Lee (co-chair): Models exist for parents to be parent partners, we just have to find the funding. Parent partner models exist in wrap too.
- Jerri (member): Families have lost trust in systems, including schools. Every district could use family navigators and educational Ombuds that have authority to support parents without threat of district retaliation.
- Lee (co-chair): I have worked in similar models to this one and really want to see it expanded in WA. The Port Angeles team is really meeting families where they are and engaging using relationships as their tool rather than fear and compliance.
- Joe (member): Snohomish County Government has funded a very similar model called the Student Support Advocate Program since 2010. Our SSA's in Monroe are critical difference makers. So proud to hear about your work, Becca!
- Joe (member): I hear you about keeping your hours as your hours. How do accommodate working poor families who can't take time off of work to meet with you?
- Tasha (member): are you employed by the school district?
 - Julie (presenter): Yes, we are, however we are working under a three year grant.
- Rachel (guest): This is fantastic - bringing it directly to the schools and students is what I've heard from people is most needed.
- Jerri (member): LOVE the focus on outcomes – well done
- Peggy (presenter):
 - We need LONG TERM investment to prove the work... that's one of the issues, children take 25 years to develop! And children have no financial value until they are ready to enter the workforce and we only notice we've missed what they needed earlier when they are homeless, addicted, suicidal etc.
 - How do we get ourselves to INVEST IN CHILDREN and the people who are serving them (teachers, counselors, etc.)
 - Pandemic recovery for our children will last a lifetime... just ask my depression era mother

Attendees:

Staff:

Athena Ruggiero, OSPI
Christian Stark, OSPI
Cindi Wiek, HCA
Jaimee Kidder, OSPI
Jason McGill, WA HCA
Kerry Bloomquist, OSPI
Lee Collyer, OSPI
Maria McKelvey-Hemphill, OSPI
Nikki York, OSPI
Rachel Burke, HCA
RJ Monton, OSPI
Shanna Muirhead, HCA
Tammy Bolen, OSPI
Todd Slettvet, HCA

Public Attendees:

13605845280
Alanna Petrich
Andrew Eyres
Ashley Lucas
Brittany Campbell
Carolyn Solitaire
Cassidy, Children's Alliance
Cathy Lackey, WACH
Chelsea Stone - Community Health Plan of Washington
Clarissa Lacerda
Coleen Adams
Daniel Smith
Danna Summers
Dontae Brown
Dr. Phyllis Cavens
Emma B
Karen Kelly - WSCC Project Director
Laine
Maame Bassaw
Mary Mendenhall
Meredith Piehowski
Michelle Mitchell, WA SBHA
Monica Sanchez
Moranne Aaron-Berel
Pam Wright
Patrick Woo-Ching
Peggy Dolane
Rachel Lobaugh (Robison)
Renee Tinder
Sally Mcdaniel, Greater Lakes Mental Healthcare
Vera Abariy

BH360 (the Parent Portal)

Agenda:

1. Introductions
2. Jean's Story
3. BH360 Approach
4. Next Steps + Opportunities to Engage



THE BH360 TEAM



**Jonathan
Roberts**

Founder, Rprime Foundation



**Stefanie
Robinson**

COO, RPrime Foundation



**Priya
McLennan, PhD**

Licensed Clinical Psychologist
Clinical Innovation Consultant



**Jackie St Louis, DPA,
MSC, LMHC, MHP**

Licensed therapist
Equity and social justice leader



Taylor Odegard

CEO, NavigatorCRE
Technical Lead



Peggy Dolane

Parent Advocate
Policy Liasion



Janice Schutz

CEO, WSCC
Government Coordination



Jerri Clark

Founder, MOMI
Content Editor



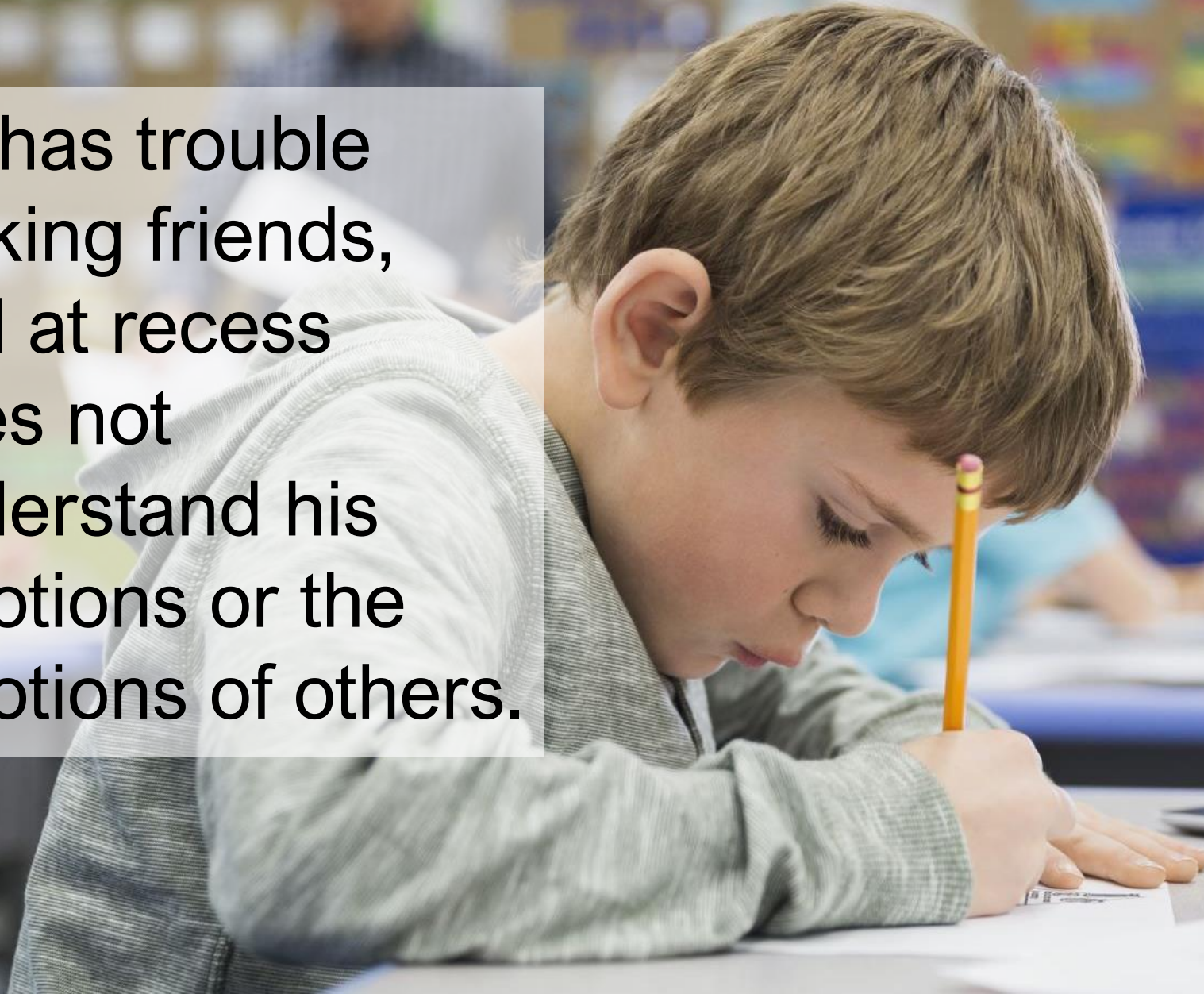
Jean Ross

Founder, MOMI
Content Editor



Doctors and teachers aren't concerned,
so parents watch and wait.

He has trouble making friends, and at recess does not understand his emotions or the emotions of others.



A doctor accuses parents of “label seeking” and says their boy is not autistic.



A close-up photograph of a baby's hand being held by an adult's hand, symbolizing care and support. The baby's hand is small and curled, while the adult's hand is larger and open, with fingers gently supporting the baby's hand. The background is softly blurred, showing what appears to be a white hospital gown.

Their son's self-image is poor, and he is on track for a poor educational outcome and a poor medical outcome. The family experiences complex trauma, confusion, and grief.

Earlier help would have meant less stigma,
less relationship damage, less trauma



ACCESS TO PROVIDERS IS INCREDIBLY LIMITED

- 41% of counties in Washington state do not have one single licensed professional for behavioral health services¹
- In Washington it is estimated that 15.3 – 17.7% of youth ages 0 – 17 are in need of behavioral health services and roughly only half of them receive the care they need²



THE PROBLEM

LIMITED ACCESS EXACERBATES INEQUITIES

- Children are disproportionately affected by poverty (accounting for 33% of all people living in poverty)³
- Living in poor or low- income household has been linked to increased risk for mental health problems in children³
- Factors such as shortage of providers, stigma, language barriers, lack of transportation, and lack of insurance impact underserved populations access to help³



FAMILIES SHOULDN'T HAVE TO WAIT FOR HELP

- For extreme behavioral health cases needing urgent care, children ages 6–13 wait an average of 144 days for a bed in a psychiatric care unit and ages 14 – 18 wait an average of 96 days⁶
- Mental health disorders can have long term impact on individual and socioeconomic factors

and can “impede healthful transitioning into adulthood” – early intervention is critical⁷



OUR SYSTEMS ARE NOT SERVING FAMILIES

- In Washington, our systems are disconnected and disparate, meaning navigating the systems one needs “can mean sorting through a tangled web of confusing diagnoses, frustrating conversations with insurers, and varying levels of care at private and public health care agencies”⁵
- If one googles “Behavioral health resources Washington”, 2.38 billion results appear



OUR SYSTEMS RELY ON STRONG COMMUNITIES

How do we help communities help one another?

- Social relationships can impact overall health, well-being, and brain development
- In youth, **lack of social relationships can lead to negative outcomes** such as lower educational attainment, increased likelihood of psychological distress, and poor socio-economic outcomes
- Studies have proven that with **social assistance** and **community**, children gain **coping skills** for managing stress and an **increased quality of life**
- Our **systems rely on community-building to support overall health and wellbeing**; the visual to the right underscores the necessity of community in not only helping with early identification and intervention of need, but also in the long-term sustainment of support



THE SOLUTION: BEHAVIORAL HEALTH 360



Crisis & Suicide Line: Text HOME to 741741 or call 1(800) 273-8255




SUPPORTING CHILDREN AND FAMILIES

THROUGH YOUR BEHAVIORAL HEALTH JOURNEY

Let's Chat!



DEPRESSION TOOLKIT FOR PARENTS



BUILD YOUR PROFILE

Store personal documents that create a comprehensive view of your family's behavioral health related information.

GET STARTED



STEP 1

DISCOVER YOUR PATH

Use our screener to help you discover what behavioral health challenges your child may be facing.

TAKE THE SCREENER

STEP 2

UNDERSTAND THE TERRAIN

Visit our resources hub to learn more about particular behavioral health disorders.

BROWSE RESOURCES

STEP 3

DRAW YOUR MAP

Let us help you navigate your path. Find tools and resources to help you find the best behavioral health support for you and your family.

LEARN ABOUT ASSESSMENTS FIND THE RIGHT PROVIDER

STEP 4

LEARN FROM EXPERIENCED TRAVELERS

Engage in the community forums to learn from others with similar lived experience(s) that can help.

GET CONNECTED

BEHAVIORAL HEALTH JOURNEY: KEY MILESTONES

BH360 is intended to support caregivers at all intersections of the behavioral health journey.

1: YOUR BEHAVIORAL HEALTH JOURNEY IS JUST BEGINNING

E.g. A caregiver notices challenging patterns or concerning behaviors in their child and is seeking validated and trusted guidance

- Information about behavioral health challenge areas: common signs and symptoms, evidence-based treatments
- Support in finding a provider that accepts your insurance and matches your child's areas of need
- Connection to local, community-based, culturally competent resources that can help me and my family begin our behavioral health wellness journey

2: YOUR BEHAVIORAL HEALTH JOURNEY IS OFFICIALLY UNDERWAY

E.g. A caregiver and their child have received a behavioral health diagnosis and are seeking ongoing community and access to validated local resources to support them on their journey

- Connection to personalized, local resources that can support our behavioral health families' needs
- Ability to connect with other caregivers with lived experience via the community forums
- An easily accessible, central location to store and appropriately share critical documents (IEPs, etc.) in a HIPAA compliant manner

3: YOU ARE WELL ON YOUR JOURNEY AND IT FORGES AHEAD (and/or critical support is needed)

E.g. A caregiver encounters complex challenges and is navigating at the systems level which requires additional knowledge on their rights

- Ability to navigate legal rights and understand additional treatment supports for their journey
- Connect to others with lived experience
- Ability to identify local resources that can support our family's needs

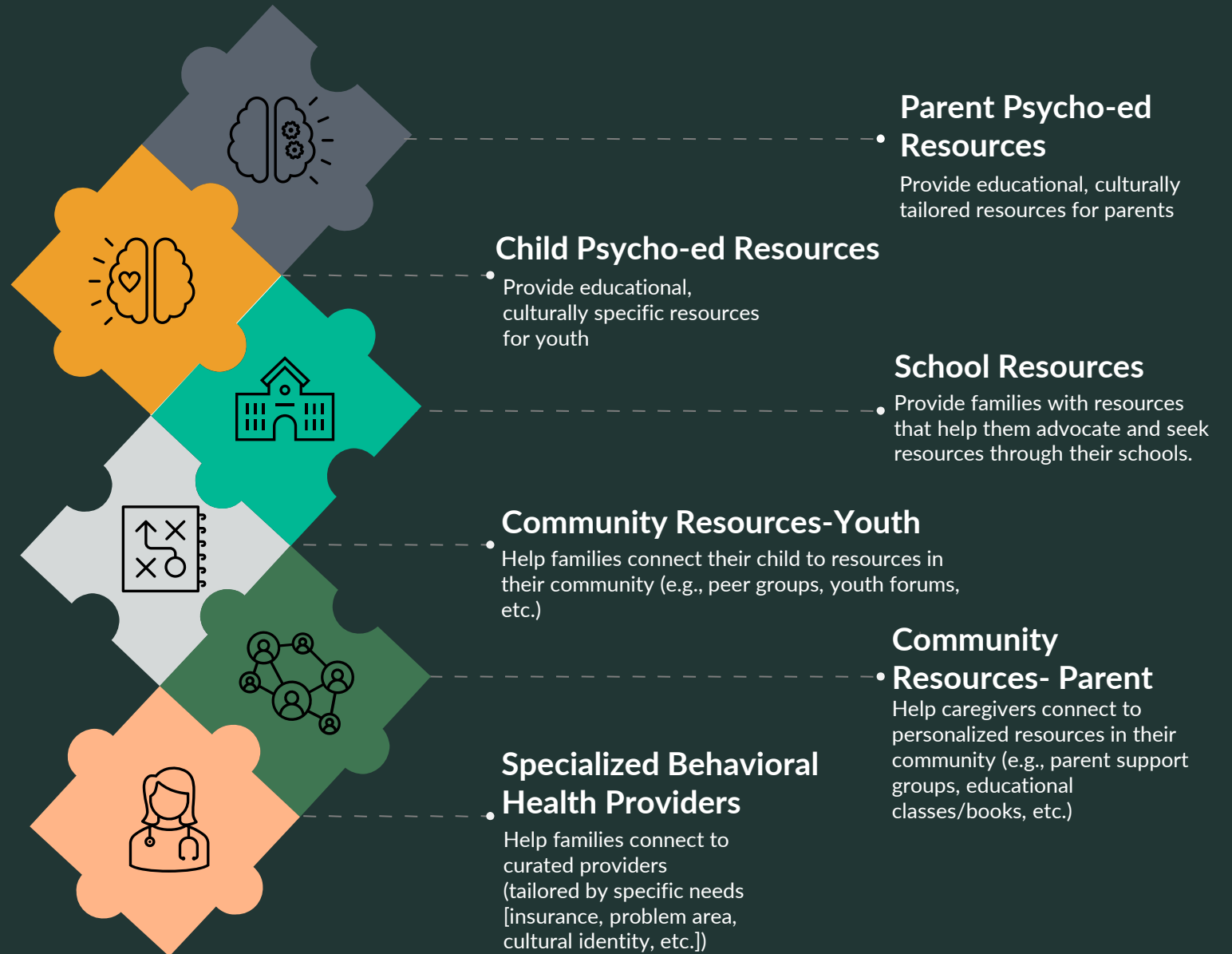
BH360 ECOSYSTEM

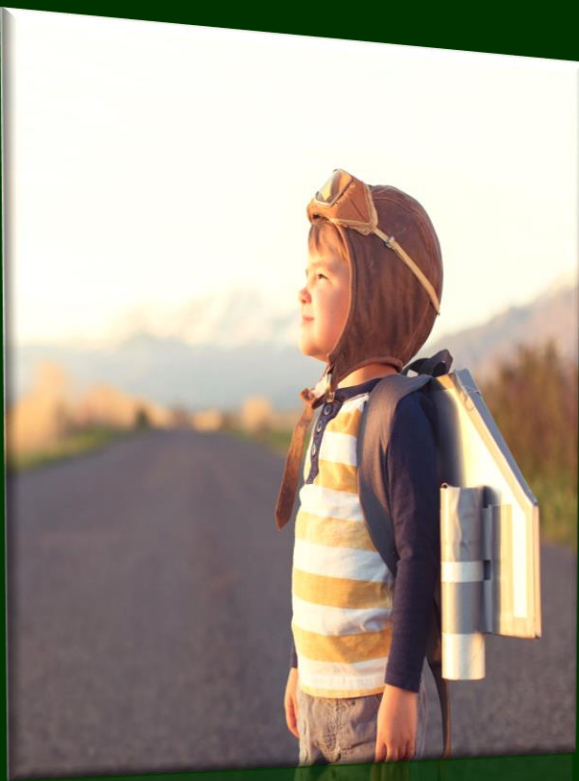


BH360 connects communities across the state, enabling immediate support for those in need.

BH360:

Connecting the Pieces

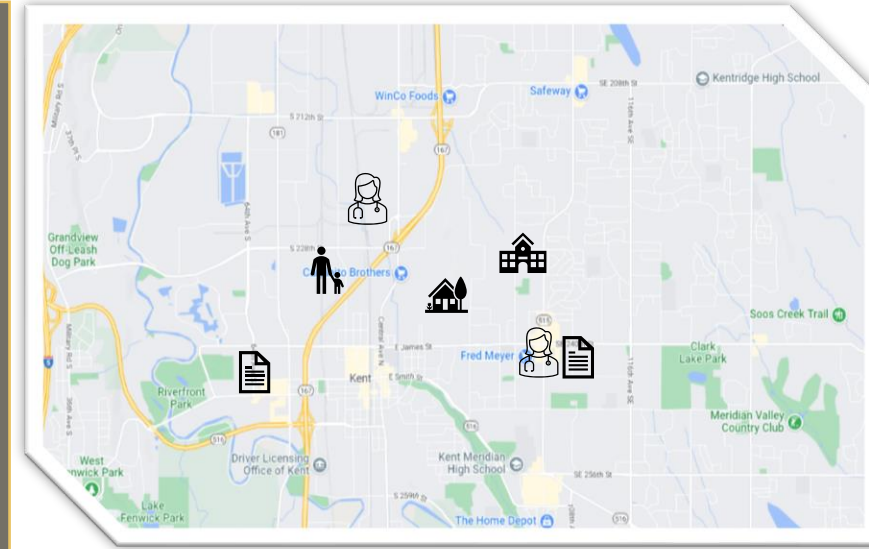




BH360 Profile

Helpful Next Steps

1. Seek an additional diagnostic evaluation with someone who specializes in ASD
2. Talk with your pediatrician about any developmental milestones screenings they have completed (and/or take our Life Stage Screener)
3. Talk with your child's school



Screener Identified Needs

Difficulties in School



Family Support



Autism Spectrum (ASD) Behaviors



Assessment Providers

- University of Washington Autism Center Seattle
1701 NE Columbia Rd, Seattle, WA 98195
Phone: 206-221-6806
Hours: Monday – Friday 8am-5pm
- Caravel Autism Health
8811 S Tacoma Way, Suite 204 & 206, Lakewood, WA 98499
Phone: 253-559-0323
Hours: Monday – Friday 8am-6:30pm

Caregiver Resources

- A Parent's Guide to Autism Spectrum Disorder-
 - Psychoeducation material developed by the National Institute of Mental Health
- Seattle Children's Conversations about Autism
 - Join other caregivers like yourself who wish to better understand the autism spectrum.

School Resources

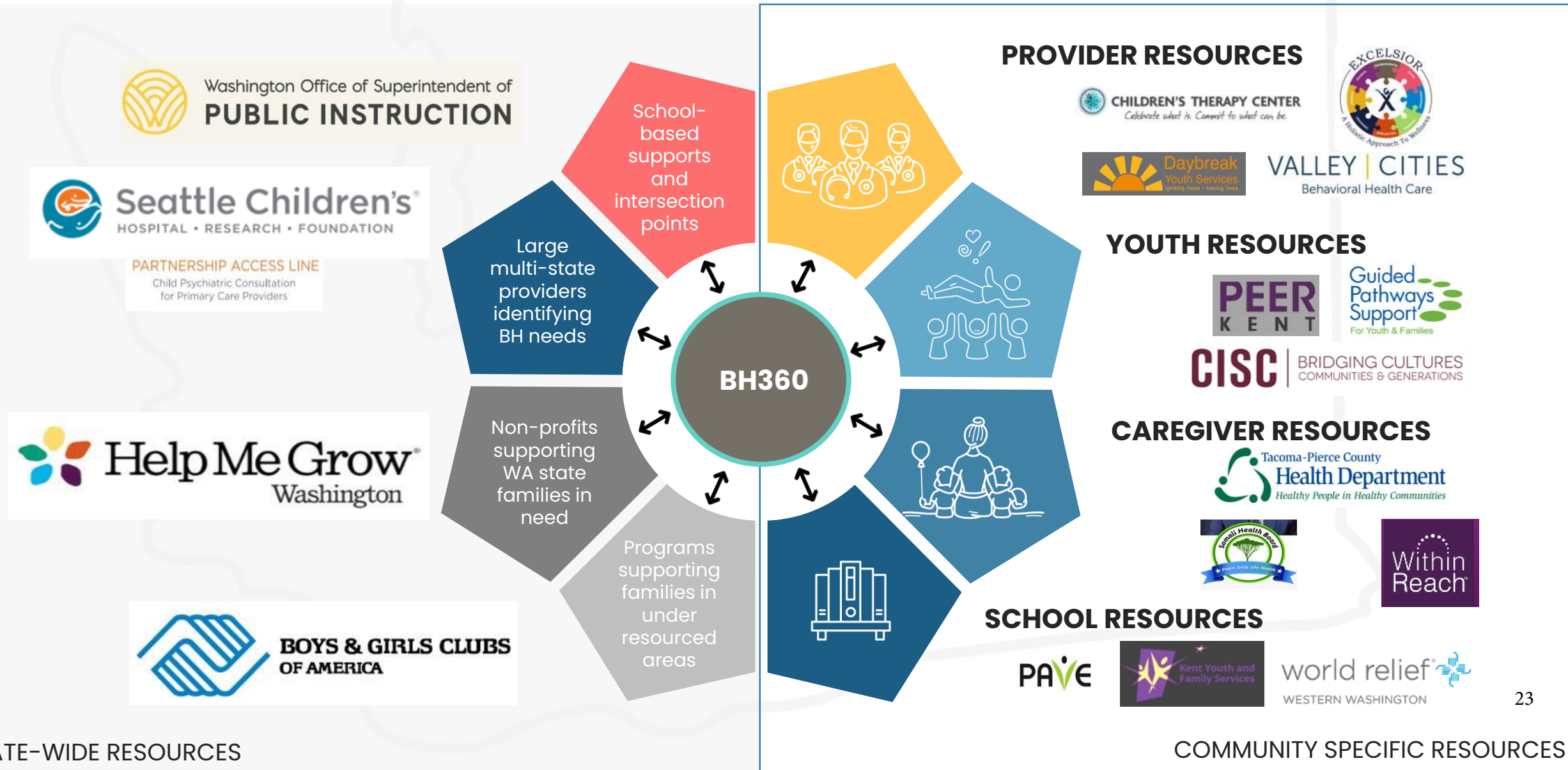
- WA's Office of the Superintendent of Public Instruction (OSPI)
 - Parents Guide to Developing Your Child's IEP
- The ARC
 - Support for people with intellectual and developmental disabilities

Treatment Providers

- Center for Autism & Related Disorders (CARD)
3315 South 23rd Street, Suite 102, Tacoma, WA, 98405
Phone: 253-345-5720
Hours: Monday – Friday 8am-8pm
- University of Washington Autism Center Seattle
1701 NE Columbia Rd, Seattle, WA 98195
Phone: 206-221-6806
Hours: Monday – Friday 8am-5pm

PARTNERSHIPS CONNECTIONS

ENABLING RELATIONSHIPS STATE-WIDE TO BRIDGE EXISTING GAPS FOR YOUTH BEHAVIORAL HEALTH



THE 360 PLATFORM

The 360 platform is a cloud-based software program that leverages best-in-class technologies for a comprehensive support system across a variety of challenges.

We intend to leverage this framework to enable **connection and access to curated resources** to serve individuals and strengthen communities.

Cloud Based

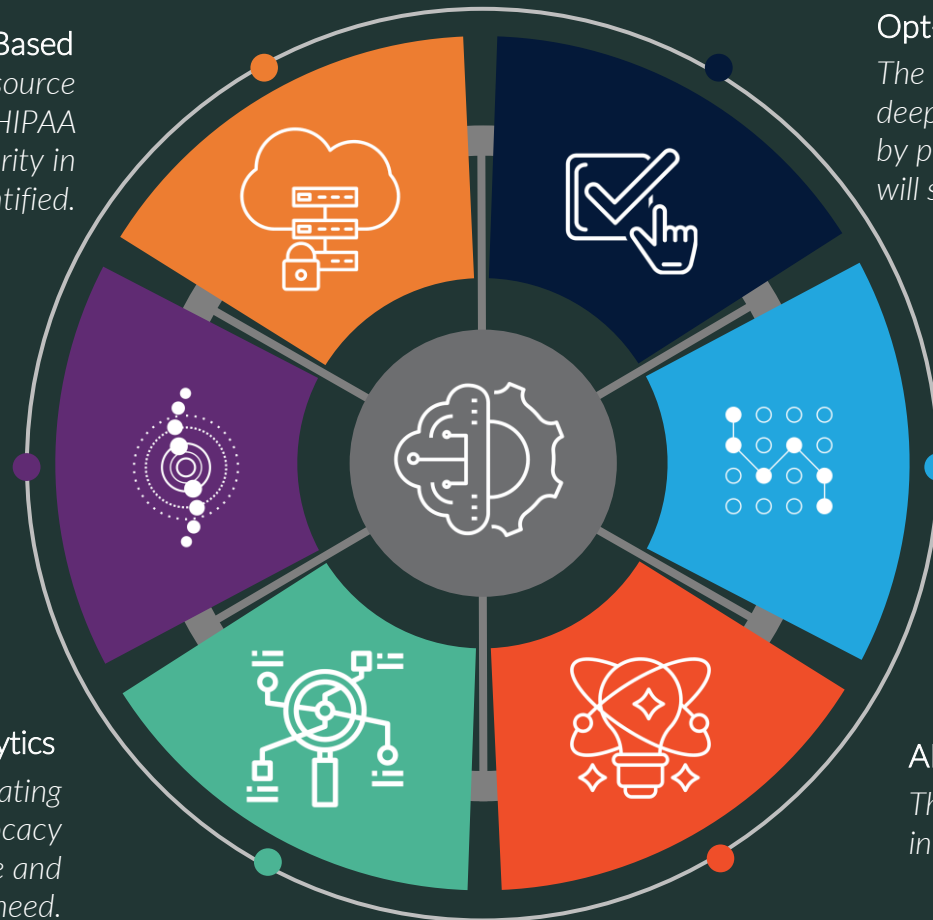
The system is cloud based to minimize technology resource oversight and ensure longevity in the product. All HIPAA regulations are applied as appropriate to ensure security in patient data – both identifiable and de-identified.

CRM Backbone

The platform includes a CRM profile for all users the opt-in to participation. Feedback will follow up with participants to encourage long-term engagement and inform efficacy of resources. A CRM based approach enables a transition from reactive to a proactive future state.

Research + Analytics

De-identified data is collected across participants, creating opportunities for data collection and analytics for advocacy and research use. Over time, data collection can reinforce and strengthen community systems to best serve those in need.



Opt-in Participation

The platform allows for patients and families to opt-in to a deeper engagement. Participation enhances the experience by providing curated resources. Declination to participate will still enable access to all information and resources.

Curated Information + Resources

The system curates resources that best align with outputs of the assessment tools. This enables individuals and families to find and access the right information to support their needs.

AI + Machine Learning

The system leverages AI to pull in and maintain current information about resources, programs, and providers.

BH360 ECOSYSTEM: IMPACT REACH



BH360 WILL:

1. Enable caregivers to connect to relationships that can help inform their unique care pathway
2. Provide caregivers navigational tools to support their child's needs within the broader community
3. Shed light on policy and program changes required to support more equitable access to behavioral health care and resources across the state

BUILDING A BRIDGE FOR LONG TERM SUPPORT



- The **proof-of-concept** site has been built and garnered great enthusiasm and interest from families as a must-have tool for families navigating behavioral health needs for their child.
- A mix of public and private funding will bring the tool to the pilot stage at which time we aim to engage in diverse communities across the state to test the efficacy of the site as an impactful resource.

The pilot stage will measure family engagement **and** a demonstrated ROI for Washington state with BH360 as a necessary resource

- Demonstrated ROI for Washington State will reinforce the need for BH360 to be a state funded program that helps families across Washington in need
- We have begun discussions with WA state legislators and will continue to do so as we move the product through the development pipeline



Next Steps

1. *In process:* seeking funding to support full development + pilot
2. *Early development:* Pilot approach in interim to evaluate Kent + Yakima
3. *Ongoing:* Continued partnership with WSCC, PAVE, HCA, Parent Portal team, and community members to help us make sure BH360 will meet families where and when they need it



APPENDIX

References

1. Through public and private investment, we can transform behavioral health care in Washington [Through public and private investment, we can transform behavioral health care in Washington | Office of the President](#)
2. Behavioral Health Services in Washington [Behavioral health services in Washington | CDC](#)
3. Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting [Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting - PubMed \(nih.gov\)](#)
4. Mapping mental health care in Washington: A look at how the system works, and its gaps [Mapping mental health care in Washington: A look at how the system works, and its gaps | The Seattle Times](#)
5. How to fix Washington's mental and behavioral health care system? 4 experts weigh in [How to fix Washington's mental and behavioral health care system? 4 experts weigh in | The Seattle Times](#)
6. Kids are waiting months for psychiatric beds. Why it's such a struggle to expand care in WA [Kids are waiting months for psychiatric beds. Why it's such a struggle to expand care in WA | The Seattle Times](#)
7. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children [US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children | Pediatrics | JAMA Pediatrics | JAMA Network](#)
8. Consensus approach & recommendations for the creation of a comprehensive crisis response system [988-Crisis-Response-Report-November-FINAL.pdf \(wellbeingtrust.org\)](#)

AESD Network- Behavioral Health COVID Response Update and Request

February 3, 2023
CYBHW C School-based Behavioral Health and Suicide Prevention
Subcommittee

Our time today

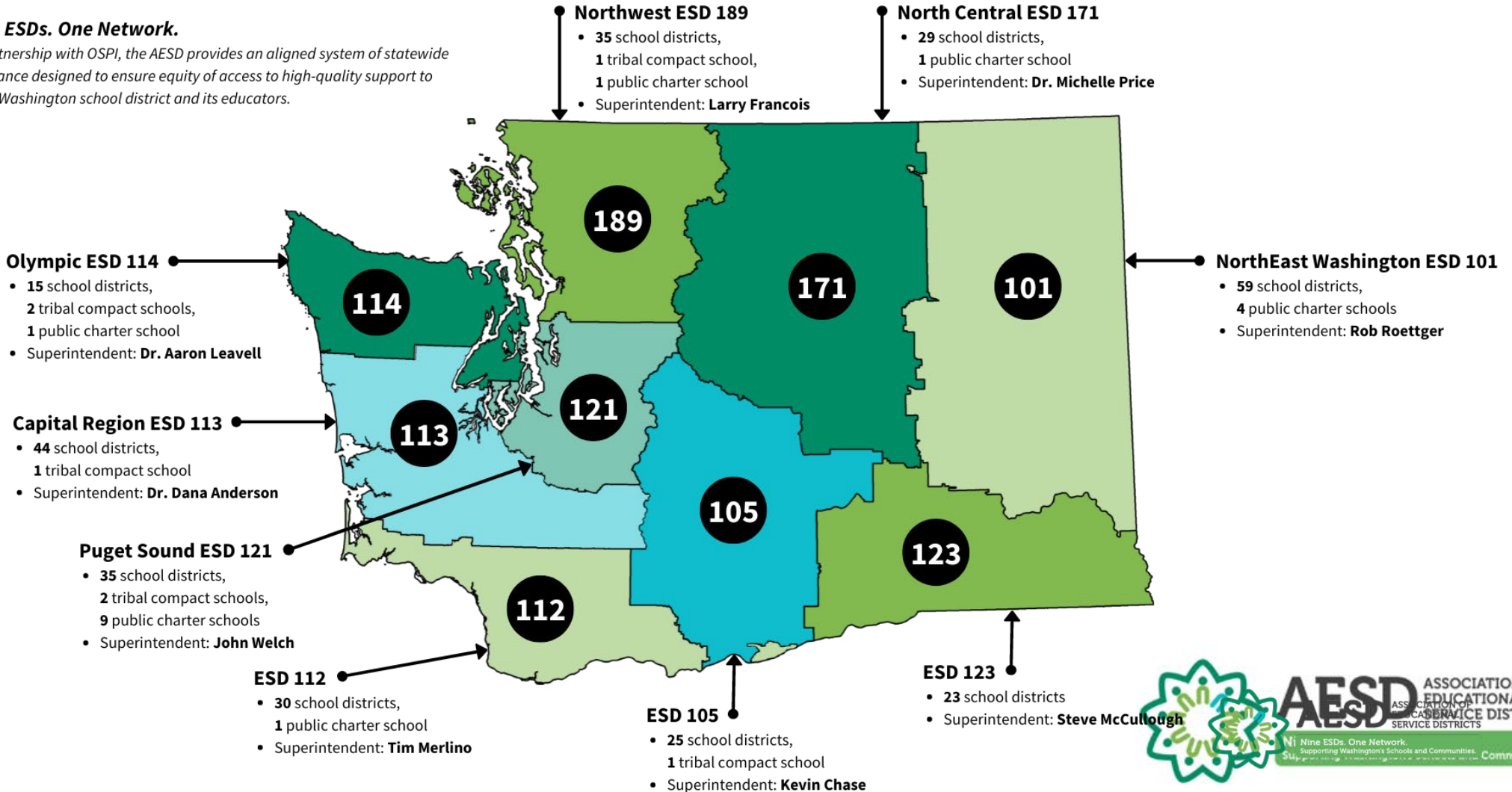
- AESD Network Refresher
 - Regional foundations - Student Well-Being (behavioral health) and Safety Supports
 - 2023 Requests
- Update on Statewide COVID Behavioral Health Project



What is the AESD Network?

Nine ESDs. One Network.

In partnership with OSPI, the AESD provides an aligned system of statewide assistance designed to ensure equity of access to high-quality support to every Washington school district and its educators.



School Safety Centers

Behavioral Health Navigation & Student Threat Assessment

- BH Navigators and Threat Assessment Coordinators placed in each ESD region
- **Focus:** Training, technical assistance, region-wide community resource connections
- **Funding:** State funding through HB 1216



Student Well-Being & Support Initiatives

CPWI

Community Prevention & Wellness Initiative

- 90 student assistance school-based positions statewide supporting over 100 schools
- **Focus:** Substance use prevention
- **Funding:** Federal funding through Health Care Authority

BH COVID Response

- 60 positions statewide (9 regional, 51 student assistance school-based)
- **Focus:** Behavioral & Mental Health
- **Funding:** State-level ESSER III Funds from OSPI

MTSS

Multi-Tiered Systems of Support

- Regional Implementation Coordinator in each ESD region. Working with 24 specific districts identified by OSPI
- **Focus:** Professional development and technical assistance focused on WA State MTSS Framework
- **Funding:** State and federal funding from OSPI

Regional School Safety Center Pillars

per HB 1216 (2019)

Threat Assessment Support (2019)	Behavioral Health & Suicide Prevention (2020)	Comprehensive School Safety (2021)
<p>Organize resources and strategies to manage situations involving students that pose threats to other students and/or staff.</p> <p>Crisis response supports</p> <p>School-Community coordination & relationships</p>	<p>Regional networking among school district leaders and community based organizations</p> <p>Conduct needs assessments/district interviews to assess regional behavioral health needs</p> <p>Deliver mental health, awareness, suicide prevention, and crisis response training to school district staff and students</p> <p>Gather/share regional school & community behavioral health service resources</p> <p>Consultation supports for school district staff on how to address specific behavioral health needs of students</p>	<p>Comprehensive district/school emergency operations planning supports (including drill requirements and all-hazards emergency preparedness, response and recovery planning)</p> <p>Harassment, intimidation, and bullying (HIB) supports</p> <p>Training and verification of school safety and security staff</p> <p>Support compliance with all other district/school safety related RCWs including site safety assessments and staff training</p>

2023 Requests

Student and staff support **needs are increasing** pandemic, and as federal funding sunsets.

The Request

Expand and maintain **student behavioral and mental health services**, prioritizing small and rural districts. Includes:

- Direct student services
- Statewide data collection system
- Statewide/regional coordination for training & alignment
- Continued work with 3rd party evaluation partner (UW SMART Center)

, not decreasing, as we move out of the

The Opportunity

Continuing and expanding the investment in regional and school-based services will:

- Allow **expansion** into at least 30 more schools
- **Strengthen supports** within existing 60+ sites
- **Serve more** students and families
- **Provide access** to more individualized school and student supports



2023 Requests

Student and staff support **needs are increasing** , not decreasing, as we move out of the pandemic, and as federal funding sunsets.

The Request

Expand regional school safety center capacity to allow ESDs to enhance existing RSSC services, specifically in the areas of threat assessment and comprehensive safety support. Funding would also support statewide RSSC data collection and reporting.

The Opportunity

Expanding RSSC capacity will:

- Allow for **increased proactive support services** for students and schools when more significant problems arise
- **Increase engagement with community** partners to provide wrap-around supports





“Prevention often serves as the front door to behavioral health services.”

- Screening, identification, and referral
- Warm hand-offs (e.g., mental health promotion, suicide prevention)
- Parent training
- School-based prevention
- Student assistance
- Community awareness
- Community-based education (e.g., naloxone)
- Community linkages (e.g., harm reduction, recovery support)

COVID Behavioral Health Project

Background & Context Summer 2021 inception

- Student behavioral and mental health at center of school reopening efforts
 - ESSER III (COVID recovery) funds coming to states
 - OSPI outreach to AESD Network to explore statewide expansion of student behavioral and mental health services (as part of 10% state set-aside)
- Intentional Project Foundations/Design
 - Direct Service Expansion through Student Assistance Model
 - Regional and statewide leadership coordination
 - Program design
 - Training and curriculum
 - Evaluation, data collection system, outcomes reporting (UW SMART Center, LGAN system)

Regional Behavioral Health Coordination & Support

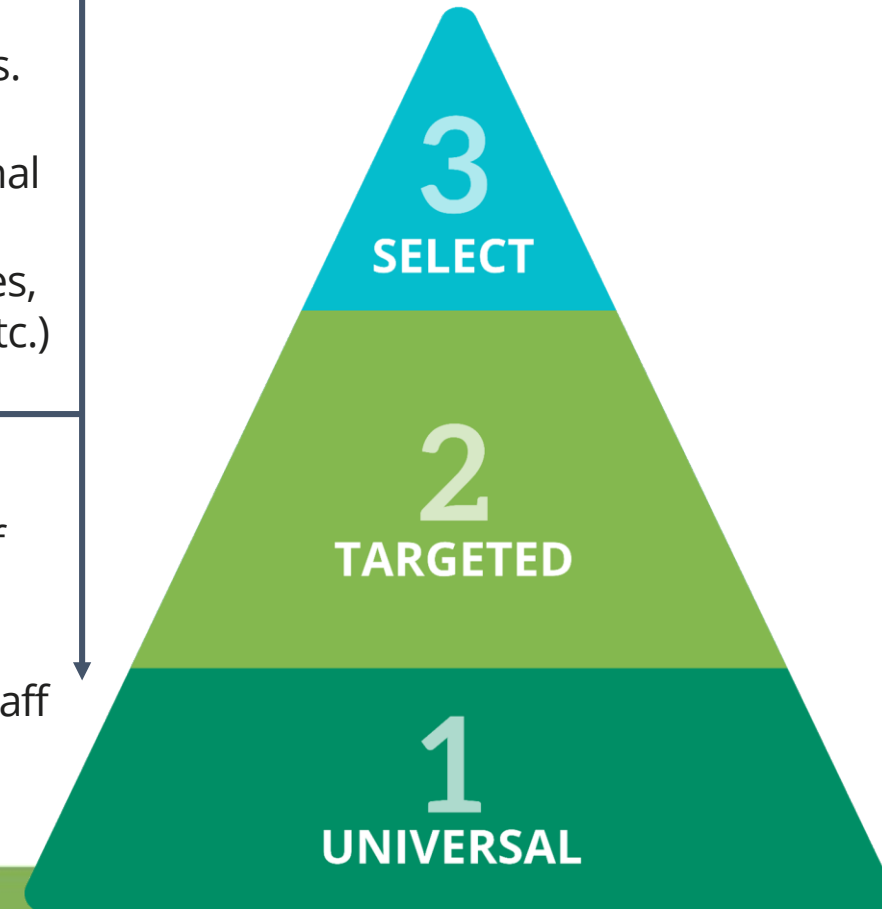
BH consultation, resources, training, technical assistance, office hours for LEAs & schools, students, as necessary

Regional Services

- Increased ability to respond to and support LEA requests for BH supports.
- Increased availability of – and access to – school & district BH services, technical assistance, training, and coaching for all districts through regional “office hours”
- Increased LEA access to training and related materials for schools, families, communities (e.g. newsletters, prevention, posters, in-service activities, etc.)

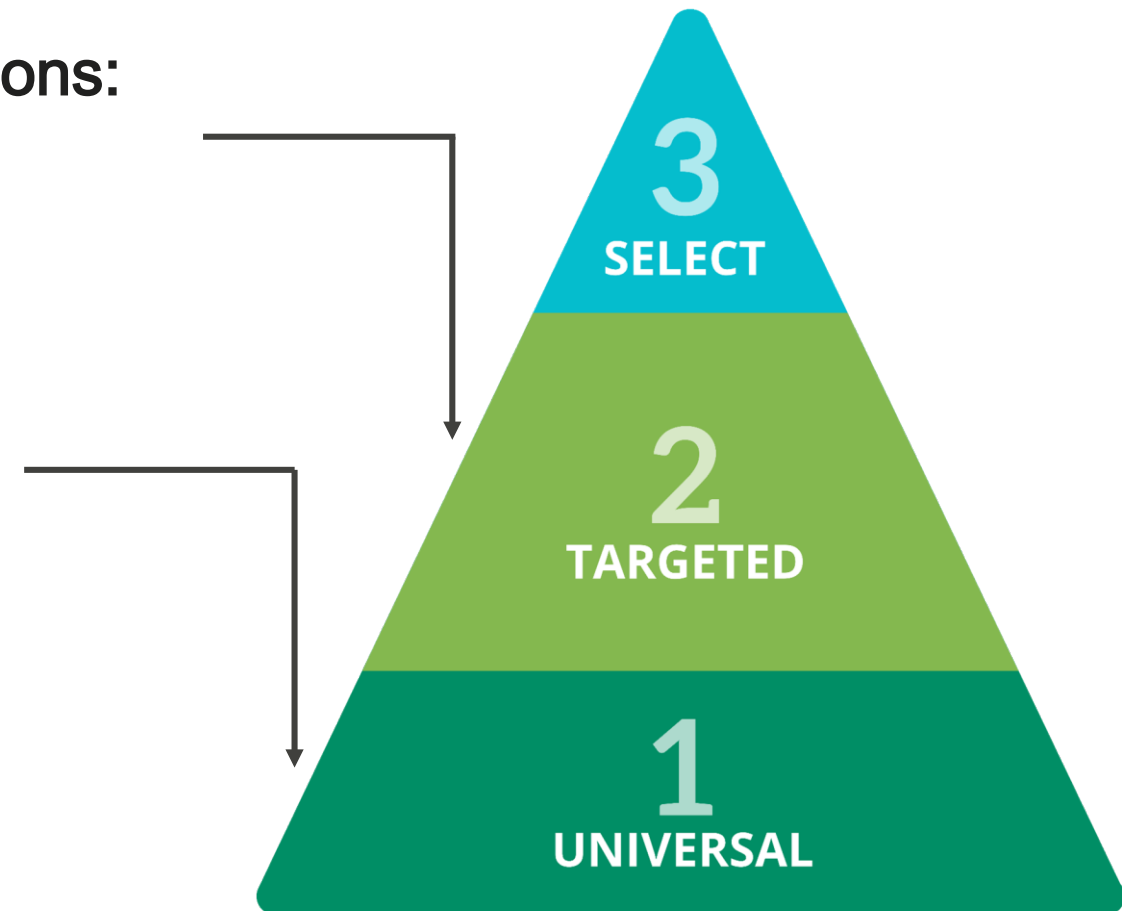
School Level

- Increased regularity of BH promotional awareness, (including facilitation of classroom presentations and providing districts with BH promotional awareness materials)
- Increased school-wide capacity for BH and prevention support including staff training and family education



Student Assistance Professionals Tiers 1 & 2 Supports

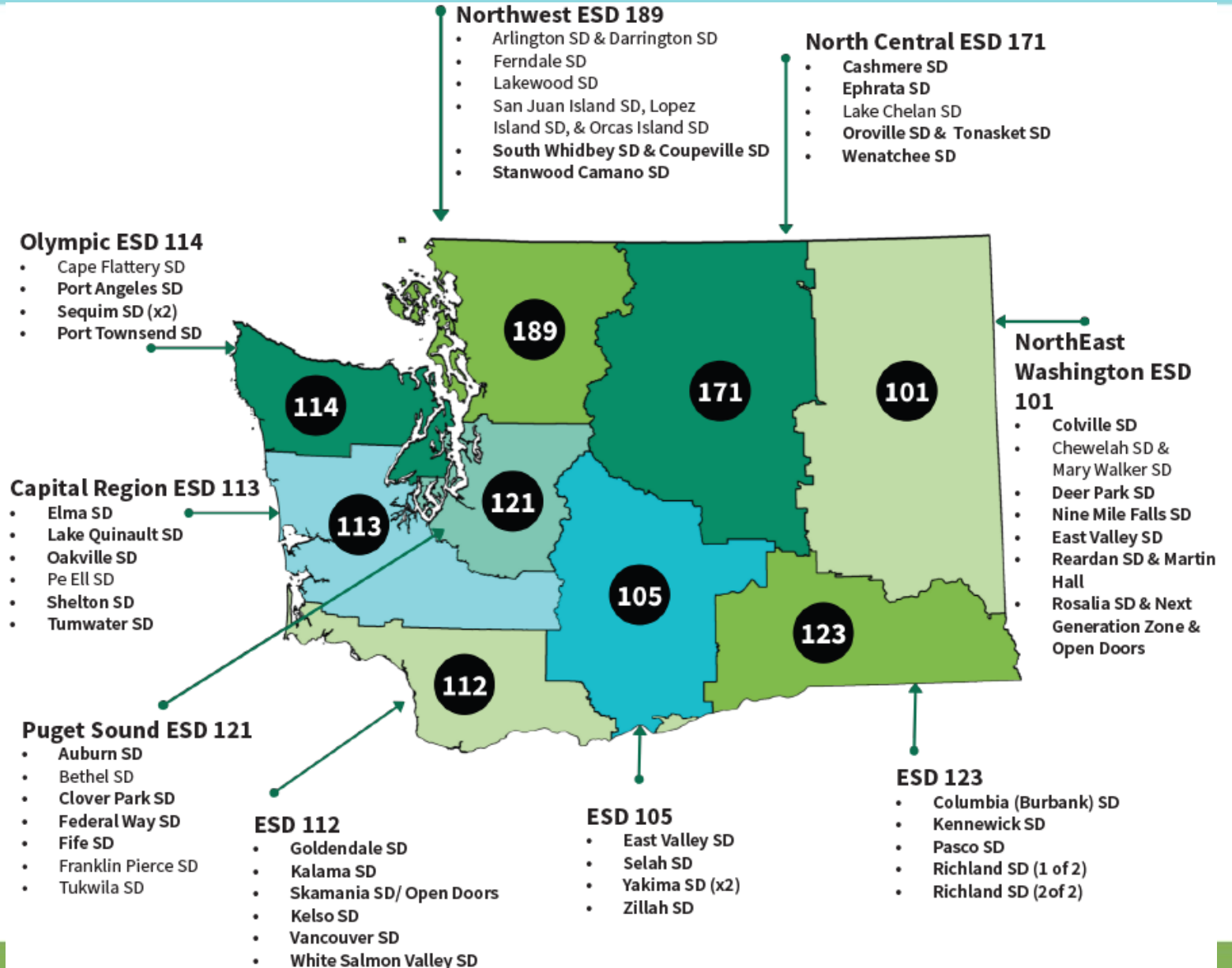
- **Targeted behavioral health interventions:**
 - Behavioral health screening & referral
 - Individual/group intervention
 - Skill development and practice
 - Staff consultation for identified students
- **School -wide prevention/awareness services and training:**
 - Substance use/abuse prevention
 - Mental health promotion & suicide prevention
 - Trauma-informed practices
 - Family/community education & engagement
- **Student support team coordination**



51 Participating Sites Statewide

Site Selection Considerations

- ✓ School / district demographics
- ✓ School / district need (data-based)
- ✓ School / district readiness



Year 1 (2021/22): Services Provided

Tier 1: Prevention

- 182** BH awareness events and presentations for students
- 568** Other student-facing prevention / awareness activities
- 51** BH awareness presentations for staff
- 217** Screening and referral planning sessions with school staff

Tier 2: Intervention

- 1143** Students referred for or engaged in intervention sessions
- 74** Intervention groups conducted for a total of **431** group intervention sessions

Tier 3: Referral Out

- 497** Students received 920 referrals for external resources and supports

Year 1 (2021/22): Student and School Partner Feedback

Student Feedback

95% of students reported the program was somewhat or very important

96% reported being happy they participated

Student Outcomes

39% Increase in number of students reporting they are doing “pretty well”

School Partner Feedback

98% reported that having a Student Assistance Professional (SAP) in their school was very important or of the highest importance

90% believe that the services provided increased students’ self-regulation and social skills

“[The SAP] has been **central to the success of so many of our students this year.**”

Year 2 Preview (fall 2022/23 data):

New Mental Health Measures for Student Level Outcomes

Positive trends so far that indicate...

Increased coping skills and resilience



143% Students reporting they have **healthy coping strategies** to calm themselves when they experience negative emotions

150% Students reporting that even when others want to quit, **they know they can find a way** to solve the problem

Decreased symptoms of depression and anxiety



- 40% Students reporting they feel **unhappy, sad or depressed**

- 50% Students reporting they **can't stop or control their worrying**

Next Steps

- Continue training support and alignment across SAPs and regional leads
- Solidify data collection cadence and commitments among sites
- Look ahead to a 2023/24 modified program model (scaled-back or expanded?)



For more information

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Thank you!



AESD ASSOCIATION OF
EDUCATIONAL
SERVICE DISTRICTS

Nine ESDs. One Network.
Supporting Washington's Schools and Communities.



FAMILY NAVIGATOR PROGRAM

January 2023

Evolution of the Family Navigator Program

- **October 2019:** Becca hired. Focus on learning school systems and processes. Building relationships with staff, connecting with families, figuring out where I fit within each system. Coordination of NOHN SBHC at the High School.
- **March 2020-June 2020:** Schools closed, children switch to remote learning, focus on basic needs, connecting families with resources and delivering meals. Partnered with high school staff to complete home visits.
- **September 2020-June 2021:** 2nd Navigator officially hired. Focus on internet connectivity and technological resources. Continue to address truancy issues, complete home visits and connect families to resources. Delivered weekly meals to families experiencing homelessness and those who lack transportation. Connect students to NOHN and other providers for counseling. Piloted Student Support Team Meetings with Stevens Middle and Dry Creek Elementary. NOHN grant and MOU announced in April 2021.

Evolution Continued...

- **Summer 2021:** Delivered weekly meals to at risk families.
- **September 2021:** Continued as a team of 2. Scheduled weekly Student Support Team Meetings at each school to discuss needs of students and families. Worked with NOHN to discuss details and processes related to the NOHN Mobile Health Clinic. Continue to connect families to resources. Schools built Family Navigators into their CSIPs.
- **November 2021:** Hired Summer Cooper as Native American Family Navigator! NOHN Mobile Health Clinic begins serving students at school buildings.
- **April 2022:** Hired Julie Maron as 3rd Family Navigator!

Survey Results:

- Feedback Survey administered to Principals, School Counselors, Nurses, and site secretaries in March 2022, 16 total respondents
- **“What are the successes of the Family Navigator program?”**
 - “Too many to count, we speak daily. They go out of their way to help my schools and help each student thrive.”
 - “Getting families more involved with schools and their student’s learning. Families are getting support they need to be successful in our schools.”
- **“How do you utilize the Family Navigators?”**
 - Home visits are a popular request from our schools. The wealth of knowledge from each Navigator is incredible.”
 - Weekly meetings as we identify and follow-up on the needs of our families in the communities. They contact families, assist in getting students to school, locate resources available for our students and families. We rely HEAVILY on their support.”
- **“How often to you utilize the Family Navigators?”**
 - 18.8% Daily, 75% Weekly, 6.2% Monthly
- **“How could the Navigator program be improved?”**
 - “It might be helpful to assign a Navigator to certain schools—lets narrow in on services, while building community with families. One person for all schools is too much to handle. You could split into primary/secondary support staff.”
 - “If we had more navigators to share the load, we could meet needs faster and go deeper with our support. I think our NOHN on-site resources is still being refined and the navigators have been great and working out the kinks.”
 - “More of them would be awesome.”

Relationships Are Vital

- **Relationships with Families:**

- Meet families where they are at. Communicate via phone, email, text or home visit
- Strengths based, trust building
- We are a bridge from family to school
- Foster School Connectedness
- Connect to Community Resources

- **Relationships with Building-Level and District-Level Teams:**

- Weekly conversations with Principals, School Counselors, Nurses, Teachers and Secretaries.
- Student Support Team Meetings (foundation of our work)
- Safe Schools Committee, Equity Team, Transitional Kindergarten Leadership Team, Wellness Committee

- **Relationships with Community Partners:**

- Participate in regular community meetings
- Know agency contacts by name

NOHN Mobile Health Clinic

- When I started in 2019, the School-Based Health Center (managed and staffed by our local Federally Qualified Health Center—NOHN). Clinic was once a week for a half-day, one beh health provider. Expanded to 2 providers.
- NOHN received grant in April 2021 to refurbish and operate a 39 foot RV that travels from school to school providing medical and behavioral health care services.
- MHC is at one of our schools-5 days a week on a rotating schedule based on student need.
- <https://www.youtube.com/watch?app=desktop&v=ii74B4IP1dc>

Families We Work With

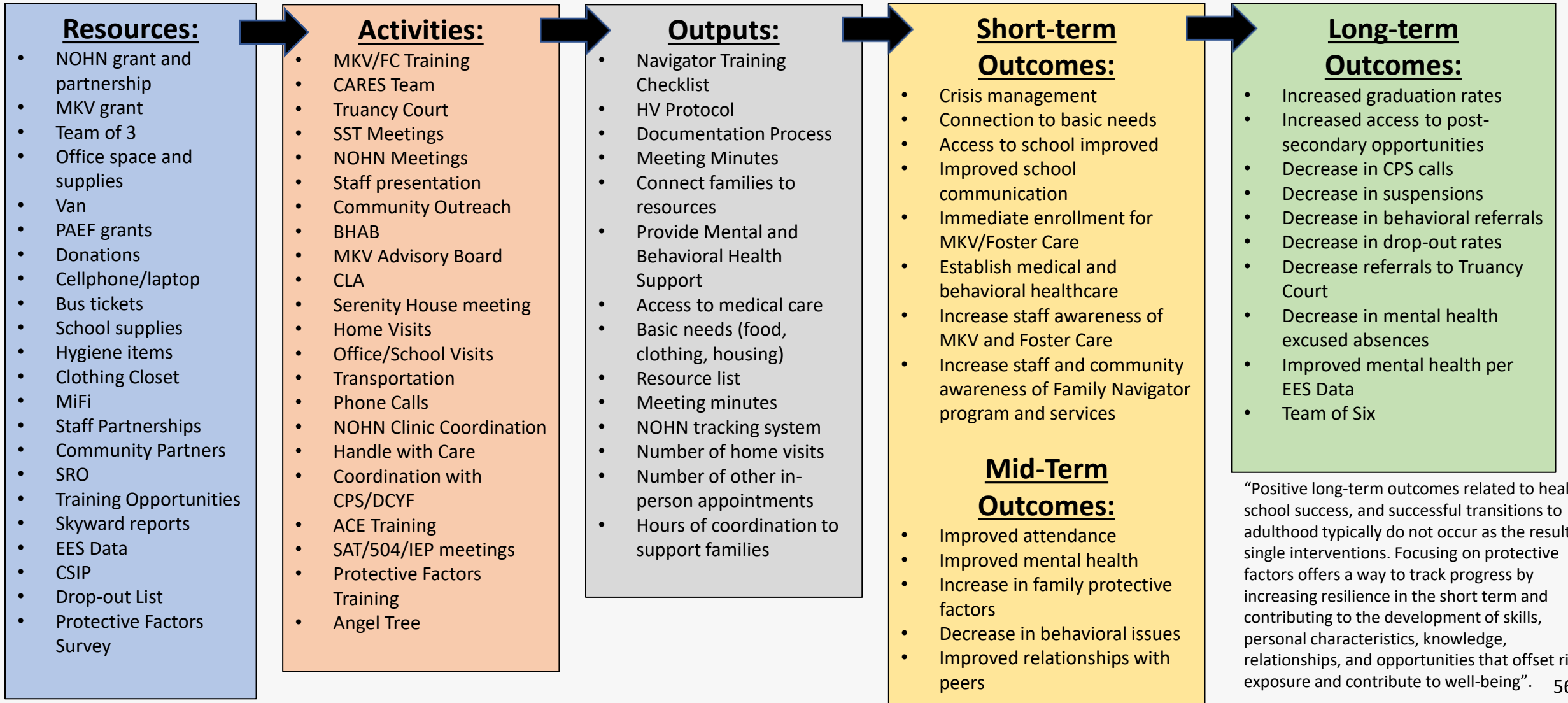
- **Attendance Issues**: Supports Students, Families, and School Admin Staff when students have excessively tardiness and excused and unexcused absences to overcome barriers to school attendance so student can succeed in school.
- If attendance issues persist: Care Meetings are set with School Principal, family, student, Navigators:
- **Behavioral Issues**: Empower families by providing emotional support, information, and a family driven decision-making process. Make referrals to NOHN Mobile Health Clinic.
- **Mental Health or Substance Abuse Concerns**: Navigators provide confidential support to families and students by active listening, problem-solving strategies, and providing referral services to NOHN, PBH, or medical.
- **Food, transportation and other basic needs**: Collaborate with community partners to help families access needed resources therefore stabilizing the families and allowing student success in school.
- **McKinney-Vento**: Work with schools (Building Points of Contact) and community partners to identify students for MKV, assist with arranging transportation, school of origin, and free school meals. Connect families to outside resources.

What Does a PASD Family Navigator Do?

- Open up Clothing Closet for families/students
- Complete and distribute PAEF vouchers
- Assist families to access internet
- Complete McKinney-Vento paperwork and refer to outside services
- Assist in arranging bussing for students under McKinney-Vento
- Provide transportation to school meetings or to medical/behavioral health care appointments
- Attend meetings with DCYF for students in foster care on behalf of school
- Attend CARES Team and Truancy Court
- Complete home visits to discuss truancy or to connect families to resources
- Assist families in completing applications (ie Section 8 Housing, the YMCA, NOHN)
- Deliver bus passes and food
- Emails, texts, phone calls
- SST meetings
- Community Meetings
- Coordinate Mobile Health Clinic with NOHN team, manage referrals, 3 scheduled calls per week with NOHN Navigator to discuss scheduling and referrals
- Complete Releases of Information with families to communicate interagency

Logic Model: PASD Family Navigator Program

Problem statement: According to a study completed in _____% of children in Clallam County have experienced three or more ACE. Research suggests that as “ACE exposure increases, students are more likely to have poor school attendance, behavioral issues and failure to meet grade-level standards.” The Port Angeles School District serves ___% of children in Clallam County and it can be assumed that a high number of these children have been exposed to trauma, potentially impacting their academic and social success. The Family Navigator Program seeks to mitigate the impact of risk exposure by increasing individual and family protective factors.



Goals for the Future

- Make the Family Navigator Program sustainable beyond the NOHN grant
 - Local, state or federal grants?
- Team of 6 would be ideal