

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

Date: 4/7/2023
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 checked="" type="checkbox"/>	Erin Wick (AESD) [Alternate: Mick Miller]	<input type="checkbox"/>	Mariana Marquez Sital (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 type="checkbox"/>	MazzyRainn Janis (Peer Counselor)
<input checked="" type="checkbox"/>	Alejandra Prado, Young Adult	<input checked="" type="checkbox"/>	Hanna Baker (K-12 Student)	<input checked="" type="checkbox"/>	Megan Veith (Building Changes)
<input type="checkbox"/>	Addy Wissel (Washington School Counselors Association (WSCA))	<input checked="" type="checkbox"/>	Harry Brown (Mercer Island Youth & Family Services, UW Forefront)	<input checked="" type="checkbox"/>	Michael Haughee (K-12 Student)
<input 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"/>	Michael Poe (K-12 Student)
<input checked="" type="checkbox"/>	Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)	<input type="checkbox"/>	Jeannie Nist (Communities in Schools of WA State Network)	<input type="checkbox"/>	Michelle Sorensen (Richland School District/WA Assoc. of School SWs)
<input checked="" type="checkbox"/>	Avreayl Jacobson (King County Behavioral Health and Recovery)	<input checked="" type="checkbox"/>	Jill Patnode (Kaiser Permanente)	<input checked="" type="checkbox"/>	Prudence Chilufya (Washington Association of Community Health) [Alternate: Connor Wolfe]
<input type="checkbox"/>	Candi Blackford (Parent, Kittitas County Public Health)	<input type="checkbox"/>	Joe Neigel (Monroe School District)	<input type="checkbox"/>	Rachel Axtelle (South Kitsap School District)
<input type="checkbox"/>	Cassie Mulivrana (Washington State Association of School Psychologists)	<input checked="" type="checkbox"/>	Katherine Seibel (Committee for Children)	<input type="checkbox"/>	RoseLynne P McCarter (Parent)
<input type="checkbox"/>	Catherine MacCallum-Ceballos (Vancouver 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"/>	Courtney Sund (Highland School District)	<input type="checkbox"/>	Kelly Duong (Young Adult)	<input checked="" type="checkbox"/>	Sandy Lennon (WA School-based Health Alliance)
<input checked="" type="checkbox"/>	David Crump (Spokane Public Schools)	<input checked="" type="checkbox"/>	Larry Wright (Forefront Suicide Prevention, UW-School of Social Work) [Alternate: Megan Reibel]	<input type="checkbox"/>	Tasha Bunnage (Parent)
<input checked="" type="checkbox"/>	Elise Petosa (WA Association of School Social Workers)	<input checked="" type="checkbox"/>	Liliana Uribe (Parent)	<input type="checkbox"/>	Tawni Barlow (Medical Lake School District)
<input type="checkbox"/>	Elizabeth Allen (Tacoma Pierce County Health Department)	<input type="checkbox"/>	Logan Endres (WA State School Directors' Association (WSSDA))	<input checked="" type="checkbox"/>	Todd Crooks (Chad's Legacy Project)
<input type="checkbox"/>	Elizabeth DiPrete (Parent)	<input checked="" type="checkbox"/>	Marcella Taylor (Parent)		

Meeting notes
<p>Goals + Group Grounding</p> <p>Children & Youth Behavioral Health Work Group (CYBHWG) webpage: https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/children-and-youth-behavioral-health-work-group-cybwg</p>
<p>Youth Advisory Committee Introduction & Share-out</p>

Group Intro:

- Though there were differing opinions every still respected each other.

Share-out from March Meeting + Discussion:

- Mental health supports aren't always available to middle school students.... Middle schools do not always have the resources to help them with their mental health through all the transition that comes with that time in early adolescence
- Eric Bruns: If young people ever doubt they can make a difference in state action on behalf of youth mental health, see this article -- legislation allowing students to have 3 excused mental health days per year was initiated by an Auburn High School Student, Sarnika Ali, working with Representative Lisa Callan. Article Link: <https://crosscut.com/news/2022/09/wa-students-can-now-take-excused-mental-health-days>
 - Liliana: Thank you for sharing that Eric! Youth have a lot of solutions and ideas to solve problems. They should be included in any decision making that affect them.

Conversation idea for the next meeting: Topics around school shootings and legislation around gun control.

Other Links:

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

Legislative Session Update

Discussion:

- (in chat): [regarding funding for school mental health staff]: Write a grant for mental health counselors: we did & do. We have had our mental health counselors for close to 10 years at Mill Creek in KSD.

Intro to the Office of Education Ombuds + Navigating Behavioral Health Supports

Yordanos Gebreamlak, *Office of Education Ombuds*

[see page 10 for slide deck]

- The Office of Education Ombuds was created to reduce opportunity gaps
- OEO can help plan for students that are out of school/in partial school; situations where the school has said they can only educate the student a few days a week.

What OEO does?:

- Free confidential and independent resources
 - Individual support with information and informal conflict resolution
 - Training on different subjects. ie.. bullying etc.
 - Policy work using real world data,

Working with OEO:

- OEO Online intake process includes approximately 23 translations
- Work looks different for each case.

- We can work with a family for up to about 120 days in a school year to try to help reach solution.
- Even with the case is closed out call anyway. OEO can advocate to try to help. **When in doubt call.**
- OEO is not an enforcement agency:
 - OEO can share information with families and students about their rights and options for formal complaint or dispute resolution
 - OEO does not advocate for or represent families in those processes

OEO Resources:

- Webpage: www.oeo.wa.gov
- Valuable resources on the websites; if you cannot find an answer to your questions on the website, call. (Available in different languages. Return calls with interpreter in preferred language.)

Gaps in School-based Behavioral Health Supports:

- There needs to be more of shared responsibility between agencies
- Limited resources cause all to be reactive (agencies)
- There is a need to expand our understanding around diagnosis so that we pay attention to it and provide services around it.
- Limited resources i.e. when a student is transitioning back into school, support coordination tends to be reactive instead of proactive.

Common Questions:

- Special Education is the top category for questions.
- Staff to student bullying. It should not just be the HIB office, there should be triage a collaboration and strategies for prevention.
- Limited opportunity for varied schedules i.e. partially online.

Discussion:

- Lee Collyer: Historically those sections that intersect with Harassment, Intimidation, & Bullying at OSPI did not authentically collaborate either. We are disrupting that right now with a robust partnership with our partners in Civil Rights/Title IX/Equity office.

Project AWARE Advisory Connection

Bridget Underdahl, OSPI

[see page 19 for slide deck]

SBBHSP & AWARE Advisory Vision:

- Share 4 times a year & take comments back to our (Project AWARE) annual reporting measures
- Share problems of practice & get advice, feedback, and resources to include in our regular planning cycles
- Be a voice in supporting the dollars that come into the state through Project AWARE to inform behavioral health work
- Share Project AWARE innovations, insights, and barriers to inform policy.

High Needs in Washington:

- Continued need in our schools for mental health support.
- For Project AWARE 2020-2025, Washington state has identified locations that have high vulnerability to barriers in accessing mental health supports.
 - Locations in the Yakima Valley include Sunnyside School District, Wahluke School District, and Yakima School District

AWARE Goals – We will ACT:

- **Aware:** increase awareness around mental health and decrease stigma
- **Connect:** connect school-aged youth who have behavioral health needs and their families to needed services
- **Train:** train appropriate school personnel to detect and respond to mental health issues

Project AWARE & Washington Interconnected Systems Framework [see pyramid diagram w/ more details on Slide 11]

- Home & Community Awareness
- Tier 1: Universal Protection
- Tier 2: Targeted Interventions
- Tier 3: Wrap-around services

Project AWARE 2.0 Progress:

- In the first 2 years of the project, thousands of people have received training and hundreds of students have received services
- See Slides 14-17 for additional progress data

AWARE 3.0 Framework:

- Problems of practice:
 - In need of behavioral health **workforce** across the state
 - Stigma
 - Organizational wellness, students knowing that the adults were also in need.
 - High need the need continues to grow.
- We learn from Each new grant cycle, and we share across the state.

Discussion:

- No, it is not realistic to continue on only grants. We are using this grant funding to create sustainable supports that can outlast the grant funding.
- Talked about what we learned around sustainability after the grant. ESD 105 became a licensed mental health agency due to the AWARE grant. They created a billing structure to keep from impacting the district highly.
- For Project AWARE 3.0, all of the districts that are involved in the project are Licensed mental health agencies.

Links + Contact Information:

- Bridget's email: bridget.underdahl@k12.wa.us
- OSPI Project AWARE webpage: <https://www.k12.wa.us/student-success/health-safety/mental-social-behavioral-health/project-aware>

UW SMART Center US Dept. of Ed Behavioral Health Workforce Grant Update

Eric Bruns, UW SMART Center & Nikki York, OSPI

[see page 41 for slide deck]

School-based Behavioral Health Workforce Barriers:

- Lack of mental health providers and specifically, not enough school-based mental health providers. The ratios are just too low - 1:50th of the recommend number of school social workers
- There are also cultural barriers to student access to behavioral health care; the majority of school-based providers are white. 78% are white while 49% of students are white.
- The school-based mental health workforce is also underpaid.
- There are not enough people to train in coming, which highly impacts the students in rural areas

Grant Program Overview:

- 5 year grant project - we want to see this bloom into a comprehensive MH wellness program
- \$6 million which will provide 100 conditional scholarships
- This will place well trained mental health providers (social workers)
- The grant will prioritize students of color that want to go back to their communities to work in schools.
- Grant duration: Jan 2023-Dec 2027
- 257 Local Education Agencies (LEAs), at last check, qualify for participation

Questions/Discussion:

- Megan Reibel: Will that list of high need LEAs be shared? I imagine it could be helpful for ESDs, OSPI, and lots of other partners as they support students and school communities.
 - Nikki York: We haven't talked about sharing it, but I can't imagine why we wouldn't be able to.
- Gwen Loosmore: Am I understanding correctly that a SSW plays more of a planning/assessment/training role, as opposed to working directly with students?
 - Nikki York: School social workers have a broad range of supports that can be offered from direct services to resources. The primary role is really being the connection between school/home/community so there's a lot that the work can encompass.
- Liliana Uribe: An idea is to start ESL and cognitive support to all students K-12. Especially, in middle and high school. Ask school districts to cover these topics to all students. How can be better embed prevention into the grant project.
- Avreayl Jacobsen: I appreciate you will be providing supports to these students. It will also be important to coordinate with current ESD supports for school Counselors, School Social Workers and School Nurses.
- Elise Petosa: Do any of universities you are partnering with for this grant offer online classes?
- Nikki York: UW offers some limited online options. Not sure about other universities.
- Brittany Campbell: Boise State is a popular online accelerated MSW program as well. I'm curious if there's any way to include those students who reside in WA and are doing their internships in WA schools.
- Avreayl Jacobsen: I appreciate your point about coordinating with those already involved in this.
- Liliana Uribe: Is there work being done focused on prevention in schools? Is there going to be closed for not only teacher but also the students? So they can learn about this?

- Eric Bruns: There needs to be a multi-tier system of support (MTSS) in place to help with this learning, so that the school and the new workers can come in to help not only teach but also support the overall mental health strategies
- Social Emotional Learning (SEL) supports and staff should also be involved in and around this work
- Avreayl Jacobsen: Puget Sound ESD has extensive staff. It might be useful for the folks be trained in these communities; you might need to talk about and around the stigma. Many parents do not want their kids talking about family stuff.
- Nikki York: That is why school social workers are uniquely qualified because they are taught to speak with parents around these topics.
- These systems have been built to be siloed. People are working with the same people in agencies. We are dedicated to breaking these siloed.
- Jenn: Suggestion to SMART - fir universal tier, incorporate more upstream curricula for students, such as DBT in School, curriculum that has empirical support for enhancing behavioral health among adolescents.

Links:

- Grant program one-pager: [WSW-FINAL 3-8-23 One-Pager.pdf \(uw.edu\)](#)
- OSPI Social Emotional Learning Advisory Committee: <https://www.k12.wa.us/about-ospi/workgroups-committees/currently-meeting-workgroups/social-emotional-learning-advisory-committee>
- OSPI Social Emotional Learning program webpage: <https://www.k12.wa.us/student-success/resources-subject-area/social-emotional-learning-sel>

Policy Recommendations: “Buckets” Discussion

Update on last year’s priorities [**See meeting slide deck, slide #31 for detailed update*]:

- State revenue forecast was weaker than anticipated, resulted in less funding available overall
- We will continue advocate for these priorities. The current budget funding details are likely to change as the legislature continues to deliberate the next couple weeks.

Proposed Budgets:

- Statewide Leadership
 - Top recommendation from the SBBHSP for the 2023 Legislative Session was to “ Establish a lead agency for school-based behavioral health at the state-level”; initial request was for \$200,000 to the Health Care Authority to convene a design team and create a project plan
 - Idea would be to put an agency in charge of school based behavioral health
 - The idea came from a state audit in 2021
 - Link to the recommendation in the audit results: https://sao.wa.gov/wp-content/uploads/Tabs/PerformanceAudit/PA_K-12_Student_Behavioral_Health_ar-1028626.pdf
 - Lee Collyer: Should include oversight authority to be sure evidence-based practices are being delivered, resource analysis to be sure all schools are able to access care, technical assistance to districts to provide services, partnering with agencies to develop contracts for delivery of services in schools
 - Megan Reibel: Hopefully would also include an expanded Partnership Access Line
 - Marcella Taylor: What is the difference between this and what is already available by the ESD’s?

- Lee Collyer: The ESDs do not provide oversight. They are providers of behavioral health in some districts.
- Marcella Taylor: Would school districts have to pay for these services?
- Lee Collyer: No, it would be the fully funded work of a state agency to support all public schools.
- System Funding
 - [HB 1664](#) (2022) – Prototypical school funding increases for physical, social, emotional support staff
 - The SBBHSP supported this bill in the 2022 session
- Workforce Support
 - UW SMART Center Department of Education grant (see above)
 - School Social Worker budget proviso funding for ESDs 101 + 121 (pending final budget)
 - Second ranked SBBHSP recommendation for the 2023 Legislative Session to “expand the number of community-based clinicians serving students; request for “\$10 mill grant program for LEAs with the goal of providing more equitable access to school-based BH services”
- Programming
 - SBBHSP recommendation to expand the Partnership Access Line (PAL) for Schools program statewide – program did not have staffing capacity for expanding during this session, hoping to revisit this recommendation next year
 - Third ranked SBBHSP recommendation for the 2023 legislative session to expand funding for School-based Health Centers (SBHCs); request language: “\$5.655 million per biennium for the SBHC Grant program at Department of Health”

Further Discussion – Overall thoughts on Buckets/What is missing?:

- Roy Johnson: A lot of the focus is on middle school and high school but not on elementary school. I think there is a large need for elementary school supports
- Lee Collyer: Echoes recent conversations about the lack of adequate suicide prevention supports in K-5
- Lee Collyer: There is a lot of smoke at the high school and middle school level. If we tackle them at elementary school there will be less problems later.
- Elise Petosa: There is lot more smoke at elementary level then there used to be. More self-harm, more suicidal ideation.
- Megan Reibel: I agree on the need for earlier intervention... and the opportunity to see behavior in our students as a signal of needs/challenges that need support.
- Megan Reibel: We screen for dyslexia now in schools. Thinking about systems funding, workforce, and programing -- now it is recommended that we screen all kids 8+ for anxiety. To do this well we need the full system to function better. (Here is the lay article, as the formal recommendation won't load for me today -- <https://www.nytimes.com/2022/10/11/well/family/anxiety-screening-recommendation-children.html>)
- Avreayl Jacobsen: I have heard from a lot of our community behavioral health providers that they are getting many more referrals to students in elementary school. I also recall before the pandemic being in several trainings and events with teachers, school counselors, school psychologists, and nurses and all of them made comments in the side conversations that happen between presentations of the more significant emotionally based issues they were seeing in their students at much younger ages and specifically mentioning middle school and elementary school students--where they only used to see issues among high school students.
- Avreayl Jacobsen: There needs to be more cross agency collaboration. In terms of behavioral health, there is not reimbursement available for providers for travel to and from schools.

- Elise Petosa: The ability to consult with a behavioral health therapist in schools would be helpful.
- Avreayl Jacobsen: Often, dropout rates are only tracked in high school, for many native students at risk for dropping out, we need interventions much earlier, in elementary and middle school; many students have already dropped out by high school
- Dr. Phyllis Cavens:
 - Promising Practice: recommended/required visit to primary care provider for all youth – pediatricians provide 75% of behavioral health care
 - Promising Practice: free exchange of information between school and primary care
- **Potential missing bucket** – Mental health curriculum & training in schools
 - Jeannie Larberg: We do need to teach more consistently across all grade levels for supporting mental health and wellness.
 - Lee Collyer: What are we looking for? Training? And for whom? Principals, leadership, teachers, etc.?
 - We need staff training we need mental health specialist especially. I think covid brought a lot more of those out.
 - Need for curriculum + training – so teachers are more aware of mental health topics
 - Want to see more behavioral health specialists in elementary schools in response to the increase in behavioral
 - Todd Crooks: The bottom of the pyramid is a solid foundation of mental health education. Can't underestimate the power of youth, **need sustainability!** Health care should be a right. Need to encourage schools to include mental health curriculum during the school day, it's a difficult ask but the consequences of not doing so are too large!

Jamboard for additional comments: [SBBHSP 4.7.23 Policy Buckets Activity - Google Jamboard](#)

Links:

- Health Care Authority's Substance Use Disorder Prevention & Mental Health Promotion webpage: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/substance-use-disorder-prevention-and-mental-health-promotion>
- Student/Youth Mental Health Literacy Library: www.mentalhealthinstruction.org

Meeting Feedback Survey: <https://survey.alchemer.com/s3/7289158/April-2023-Feedback>

- Open to members, staff, and public attendees

Attendees:

Staff/State System Partners:

Andrew Nelson, OSPI
Bridget Underdahl, OSPI
Christian Stark, OSPI
Enos Mbajah, HCA/DBHR
Francesca Matias, OSPI
Kerry Bloomquist, OSPI
Larry Kinread, OSPI
Lee Collyer, OSPI

Maria McKelvey-Hemphill, OSPI
Nikki York, OSPI
Shanna Muirhead, HCA
Tammy Bolen, OSPI
Todd Slettvet, HCA-Medicaid

Public Attendees:

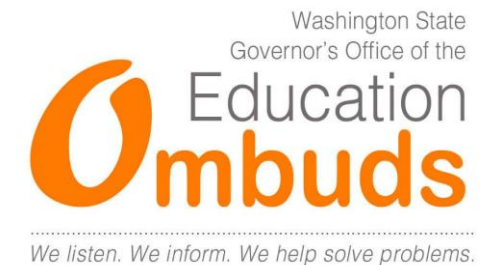
Amber Hanson
Brittany Campbell
Carolyn Solitaire
Catherine Crawford, WASBHA
Connie Mom-Chhing
Dr. Phyllis Cavens
Jenn
Jon Brogger, HCA
Keara Peltram
Ky Parrott, HCA
Lily Milewski
Lindsay Montgomery
Liz Perez
Lula Sloans
Michelle Mitchell, WA SBHA
Monica Webster
Raymond Gregson
Renee Tinder
Sally Mcdaniel, Greater Lakes Mental Healthcare
Stacey Lopez
Summer Hammons
Zoe Grieder
12534862953
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17857601904

Introduction to the Office of the Education Ombuds & Navigating Behavioral Health Supports

Yordanos Gebreamlak, Deputy Director

[OEO website: www.oeo.wa.gov](http://www.oeo.wa.gov)

1-866-297-2597



History of the OEO

Tackling the Opportunity Gap in k-12 Washington State Public Schools

Founded by the state legislature in 2006

OEO's Mission: We work with families, communities, and schools to address problems together so that every student can fully participate and thrive in Washington's K-12 public schools.



OEO's Strategic Plan 2020 - 2023

OEO's legislative mission is to reduce opportunity gaps. Our strategic plan priorities concentrate on education justice, especially for communities most affected by COVID-19.

The Washington State Governor's Office of the Education Ombuds: Strategic Plan

(August 2020-2023)



VISION: We envision a public education system that dismantles racism, ableism, and other marginalization to support every student's dreams for the future.

We value our independence, anti-racist values, and responsiveness to communities. We will learn as a team from families, students, and communities and promote this vision.

MISSION
We work with families, communities, and schools to address problems together so that every student can fully participate and thrive in Washington's K-12 public schools.

Strategic Priorities

Informal Conflict Resolution

OEO assists anyone with questions or concerns about Washington's K-12 public schools. We can provide you with information, referrals, toolkits, and other resources.

OEO's legislative mission is to reduce opportunity gaps. Our strategic plan priorities concentrate on education justice, especially for communities most affected by COVID-19. We are focusing our limited conflict resolution resources, such as informal mediation and coaching, on K-12 students who are:

- Out of school, including students with disabilities receiving partial school days
- People of color, Black, or indigenous
- Experiencing homelessness
- In kinship or foster care
- Involved with the juvenile justice or juvenile rehabilitation systems
- Immigrant, refugee, asylee, or migrant, or students or families whose primary language(s) is not English, or
- Receiving Wraparound with Intensive Services (WISe) or Children's Long Term Inpatient Programs (CLIP) supports

Strategies:

What OEO Does

Free, Confidential & Independent Resource

- Individual support with information and informal conflict resolution
- Training and Outreach
- Policy Work

Read more about how we work with families, educators and community professionals on OEO's website: www.oeo.wa.gov.

Working with the OEO

Starts by contacting us (by phone, email or online)

We'll take some basic information and listen to the question or concern

We'll try to provide quick information and resources

If it is within the strategic plan, we schedule a time with a Senior Education Ombuds to understand more about the situation and work collaboratively to try to resolve the concerns.

- We can work with a family for up to about 120 days in a school year to try to help reach resolution
- With written permission we can reach out to schools directly
- We can sometimes attend meetings (virtually) as part of efforts to reach resolution
- Resolution might involve clarifying concerns and options

OEO is not an enforcement agency. We can share information with families and students about their rights and options for formal complaint or dispute resolution, but we do not advocate for or represent families in those processes.

OEO Resources – www.oeo.wa.gov

On Education
Issues and About
Us tabs:

Find information
about a variety of
topics and links to
publications and
recorded webinars

Washington State
Governor's Office of the
**Education
Ombuds**

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We listen. We inform. We help solve problem

WELCOME GET OUR HELP **EDUCATION ISSUES** ABOUT US English

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 - Getting Back to School after

Discipline, Suspensions and Expulsions

Note: This information is from our manual, [Discipline in Public Schools \(Disciplina Estudiantil en español\)](#)

3 Key Things to Know about Student Discipline in Washington State

1. Students and their families have a *right to due process* when a student faces discipline – that means a *right to notice and an opportunity to be heard*;
2. Schools are encouraged to *limit out of school suspensions and expulsions*, and can only use long-term suspensions and expulsion for certain serious behaviors.
3. All students have the *right to continue receiving educational services during any suspension or expulsion*.

The Right to an Education

Every student living in Washington State has a right to access a free public education. The right to an education continues even if a student makes a mistake, breaks a rule, or is suspended or expelled. Students can learn from mistakes, and they can do their best learning when they are supported by trusted adults.

Ideally, school discipline will:

- **respond** to the needs and strengths of students;
- **support** students in meeting the school's behavior expectations; and
- **keep** students in classrooms as much as possible.

Gaps in School-based Behavioral Health Supports: Navigation Not Made Easy

- Fragmented system of care – the need for there to be a culture of care that recognizes the importance of being able to access in-between steps from ex. wraparound to CLIP.
- Need more understanding of shared responsibility between agencies - ex. out-of-home placements in private settings.
- Inconsistent acknowledgement of related services referenced in both state & federal regulations of special education – ex. mental health support, counseling or diagnosis so students can adequately access their right to an education or to design interventions.
- Limited resources & information – ex. geographical availability of options or only 1 or 2 staff members who've had opportunity to have access to learning on how to work cross-systems.

Some Common Questions

OEO frequently receives calls about the following topics:

- **Special Education** – from evaluation, to IEP development, to reviews of Behavior Plans and more
- **Student Discipline** – including rights to notice, limits on removals, rights to appeal, and access to educational services during removals
- **Harassment or Bullying** – including discriminatory harassment, applicable procedures, points of contact in schools and districts, safety plans and strategies for preventing and responding
- **Enrollment and transportation** – especially for students experiencing homelessness or students in foster care
- **Attendance** – rights to notice, strategies for supporting attendance and the Becca Bill process
- **Language access** – right to interpretation and translation of specific documents

Stay in Touch with OEO

Contact Us:

OEO's website: www.oeo.wa.gov

OEO Email: oeoinfo@gov.wa.gov

Toll free phone: 1-866-297-2597
(interpreter services available)

OEO on Facebook:

<https://www.facebook.com/WAEducationOmbuds/>

OEO on Facebook en Español (Spanish):

<https://www.facebook.com/OmbudsdeEducacion/>

Twitter: @EdOmbuds



Project AWARE
Advancing Wellness and Resilience in Education
funding through SAMHSA



Bridget Underdahl

- Early childhood educator for 10 years.
- Washington state public school educator for nearly 10 years.
- Current Mental Health Systems Program Lead overseeing Project AWARE, a federal mental health grant, building school based mental health systems.
- Constantly exploring how systems impact the well-being of youth and adults in our schools.
- Helping rebuild and grow systems of equity and care.

SBBHSP & AWARE Advisory



Share 4 times a year and take comments back to our annual reporting measures



Share problems of practice and get advice, feedback and resources to include in our regular planning cycles



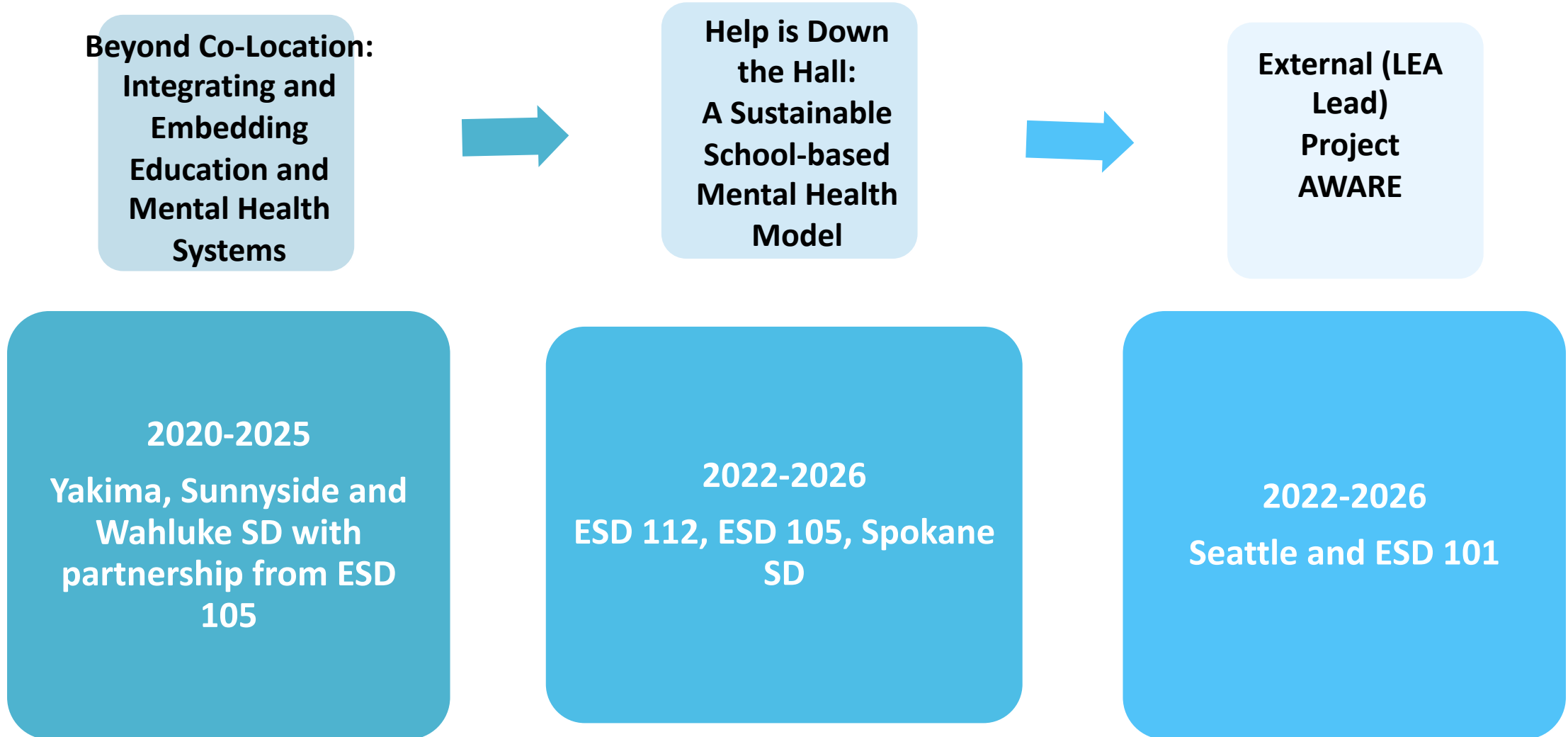
Be a voice in supporting the dollars that come into the state through Project AWARE to inform behavioral health work

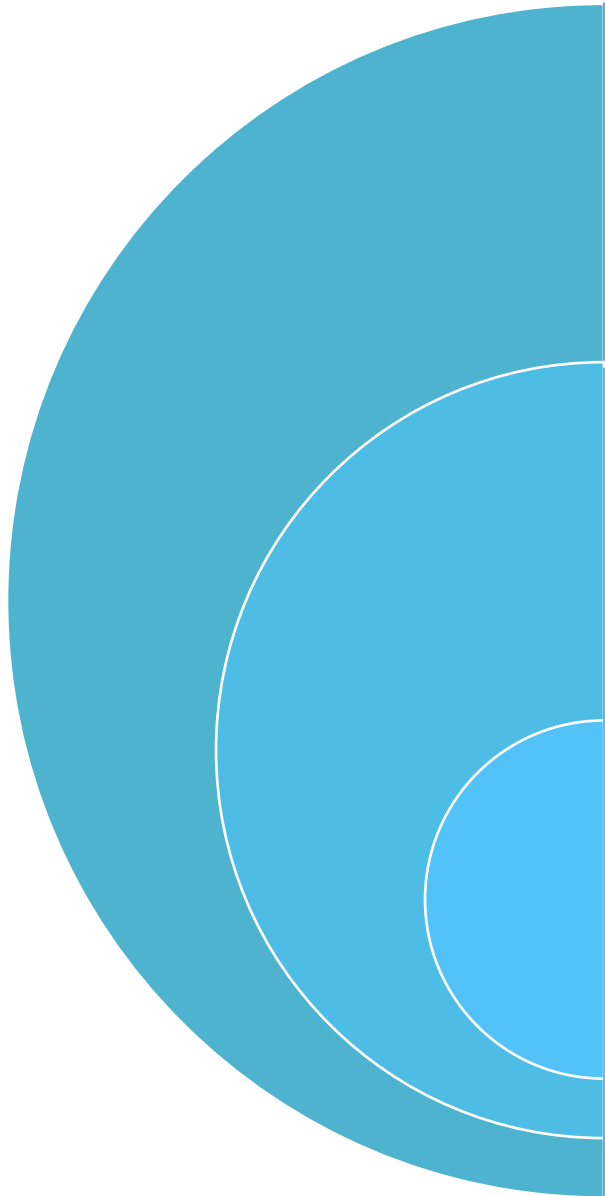


Share Project AWARE innovations, insights and barriers to inform policy.



Project AWARE Across Washington





High Need in State to be addressed

- In the 2021 Mental Health America report, Washington State ranks among the lowest states regarding access to care for youth mental health (<https://www.mhanational.org/issues/2021/mental-health-america-youth-data>)

Inequity in student population to be a central focus

- Washington state data shows that accessibility for mental health, and over all behavioral health services, are disproportionately limited among people of color in our state, people living in poverty, and people living in rural locations.

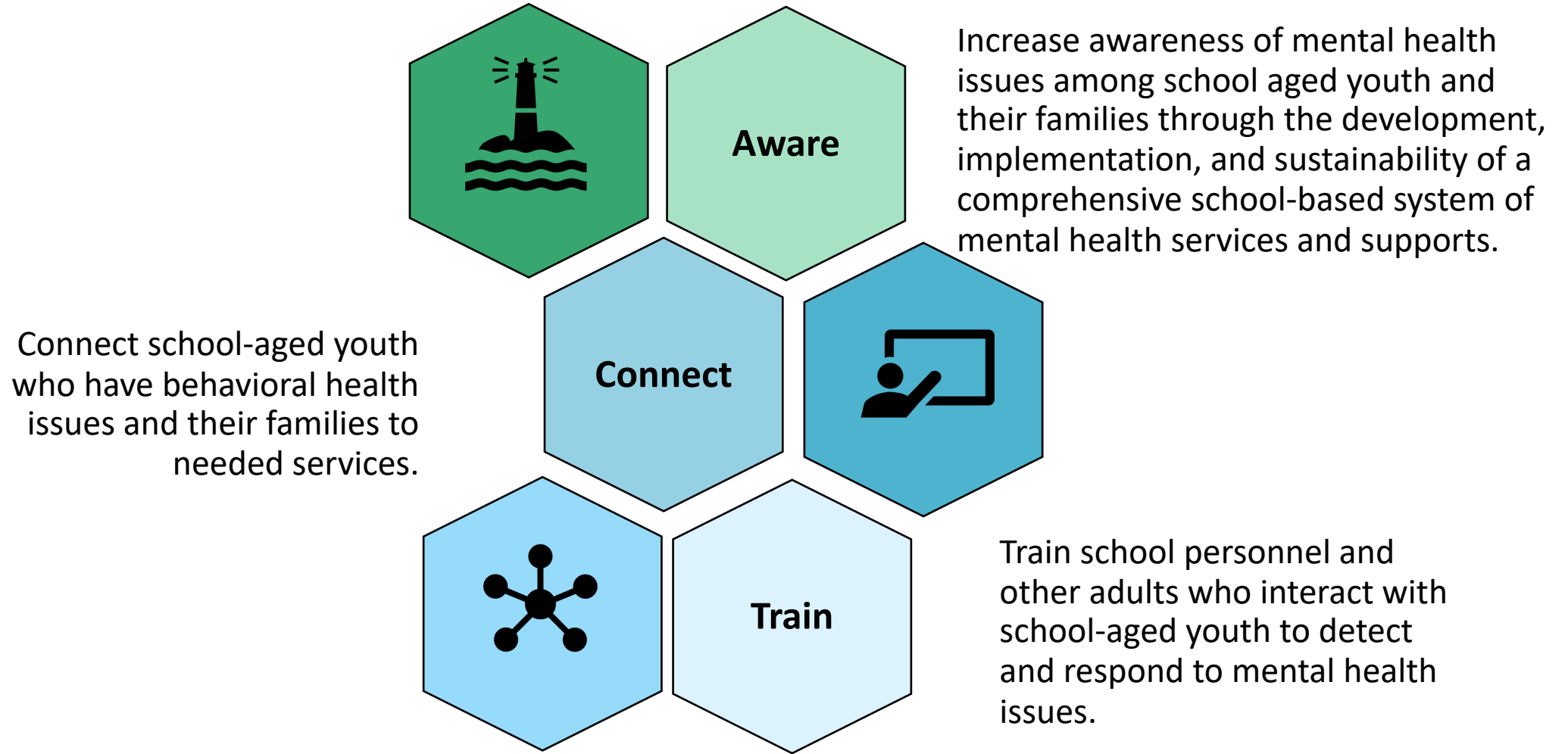
High vulnerability barriers of importance to stakeholders

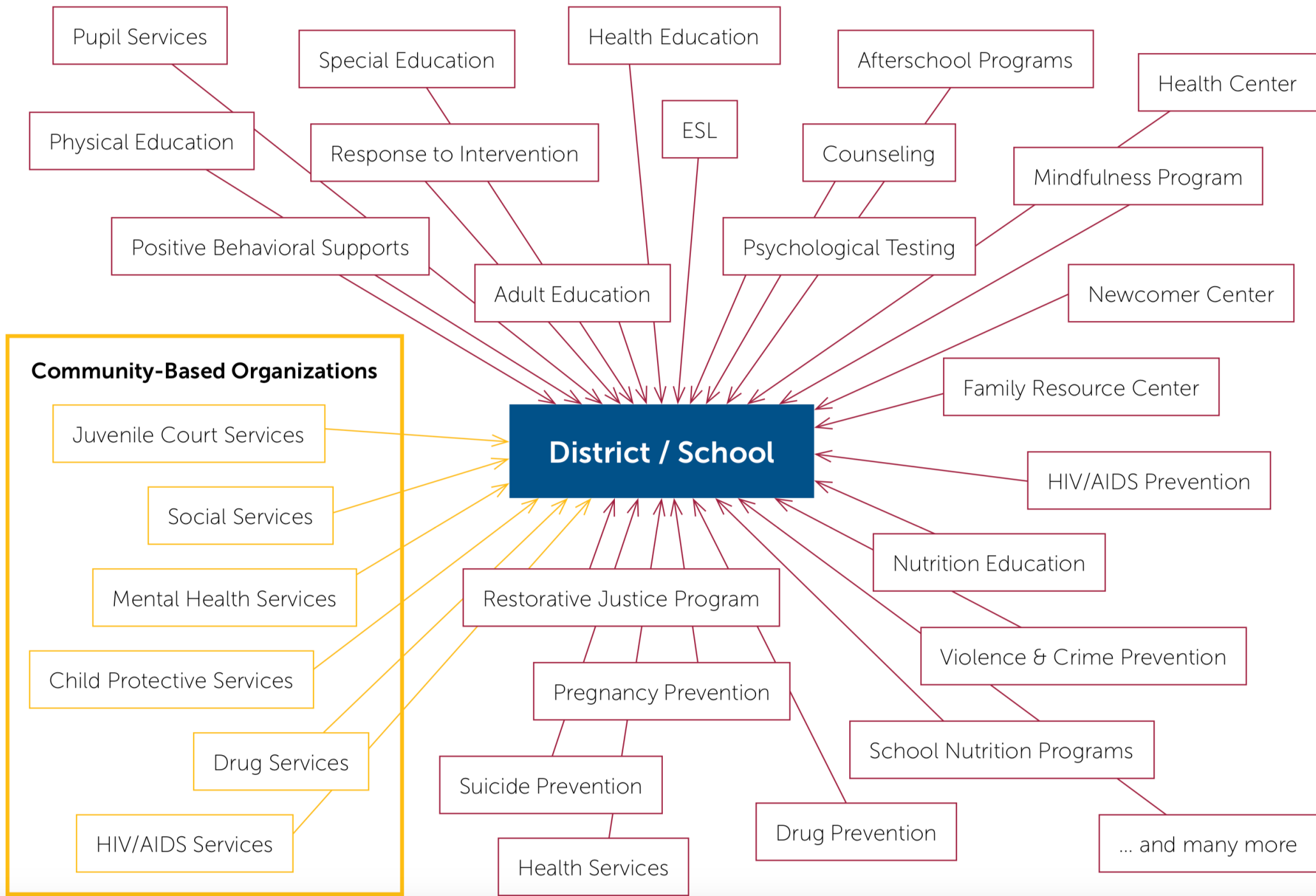
- For Project AWARE 2020-2025, Washington state has identified locations that have high vulnerability to barriers in accessing mental health supports. Our locations in the Yakima Valley include Sunnyside School District, Wahluke School District and Yakima School District.





AWARE Goals- We will ACT





School Resources

(facilities, stakeholders, programs, services)

Examples:

- General health education
- Social & emotional learning programs
- Recreation programs
- Enrichment programs
- Support for transitions
- Conflict resolution
- Home involvement
- Drug and alcohol education

Examples:

- Drug counseling
- Pregnancy prevention
- Violence prevention
- Gang intervention
- Dropout prevention
- Suicide prevention
- Learning & behavior accommodations; response to intervention
- Work programs

Examples:

- Special education for those with learning disabilities, emotional disturbances, health problems



Community Resources

(facilities, stakeholders, programs, services)

Examples:

- Recreation & enrichment
- Public health & safety programs
- Prenatal care
- Home visiting programs
- Immunizations
- Child abuse education
- Internships & community service programs
- Economic development

Examples:

- Early identification to treat health problems
- Monitoring of health problems
- Short-term counseling
- Foster or group home placement
- Family support
- Shelter, food, clothing
- Career programs

Examples:

- Emergency & crisis treatment
- Family preservation
- Long-term therapy
- Probation & incarceration
- Disabilities programs
- Hospitalization
- Drug treatment

Subsystem for promoting healthy development and preventing problems

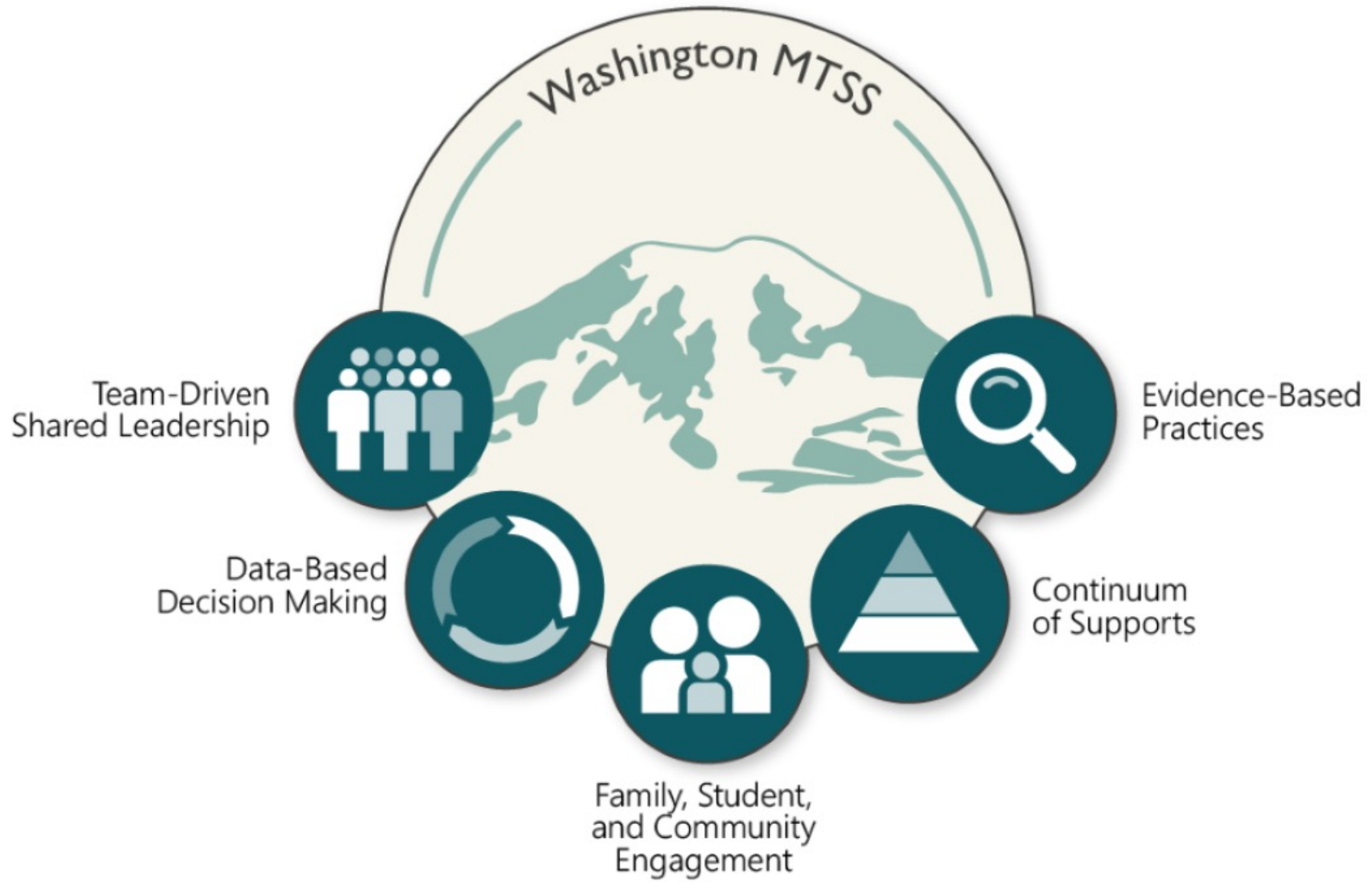
**primary prevention—
includes universal interventions
(low end need / low cost
per individual programs)**

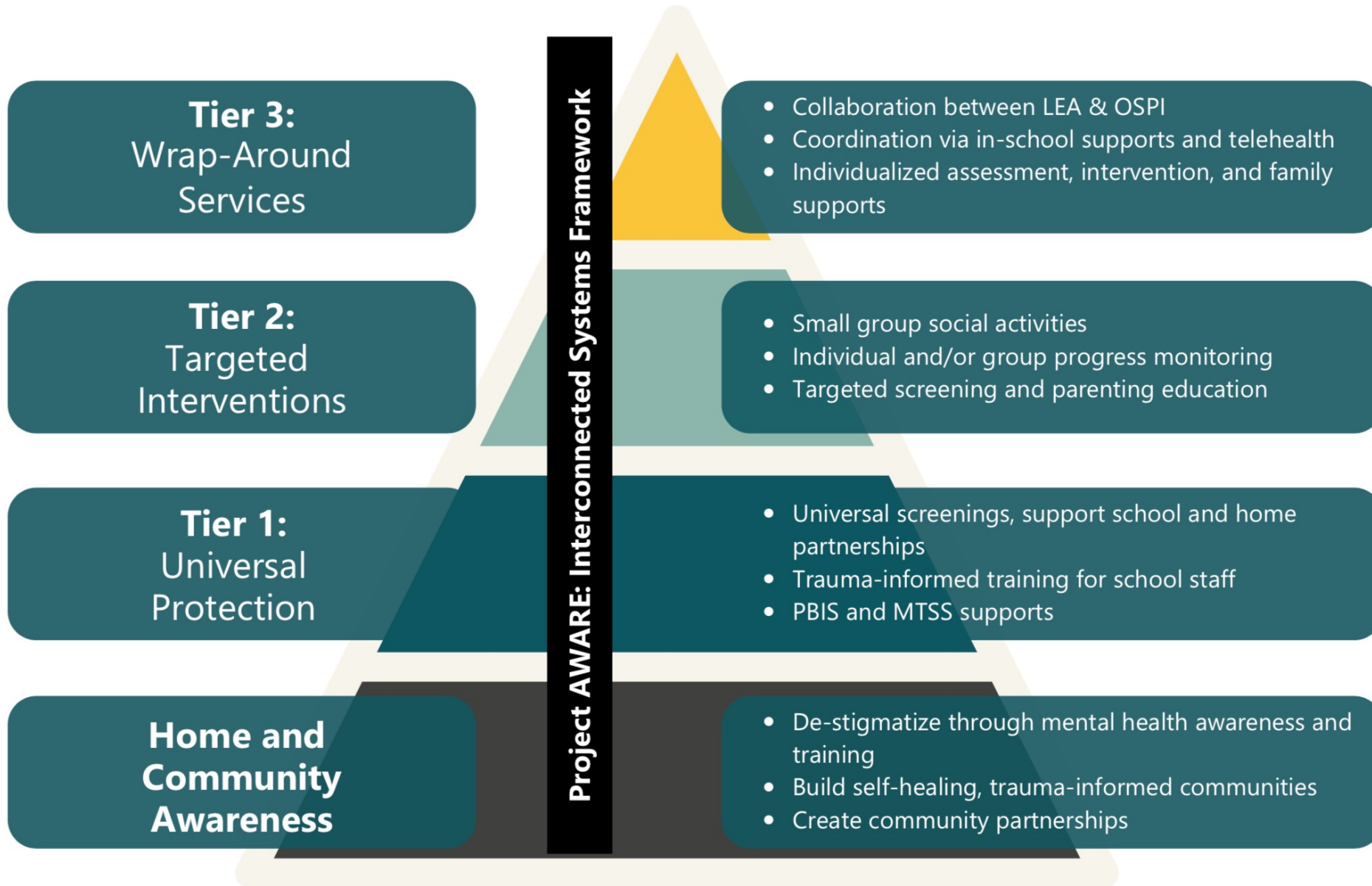
Subsystem for early intervention

**early after onset—
includes selective & indicated
interventions
(moderate need, moderate
cost per individual)**

Subsystem for treatment of severe and chronic problems

**includes indicated interventions
as part of a “system of care”
(high need / high cost
per individual programs)**





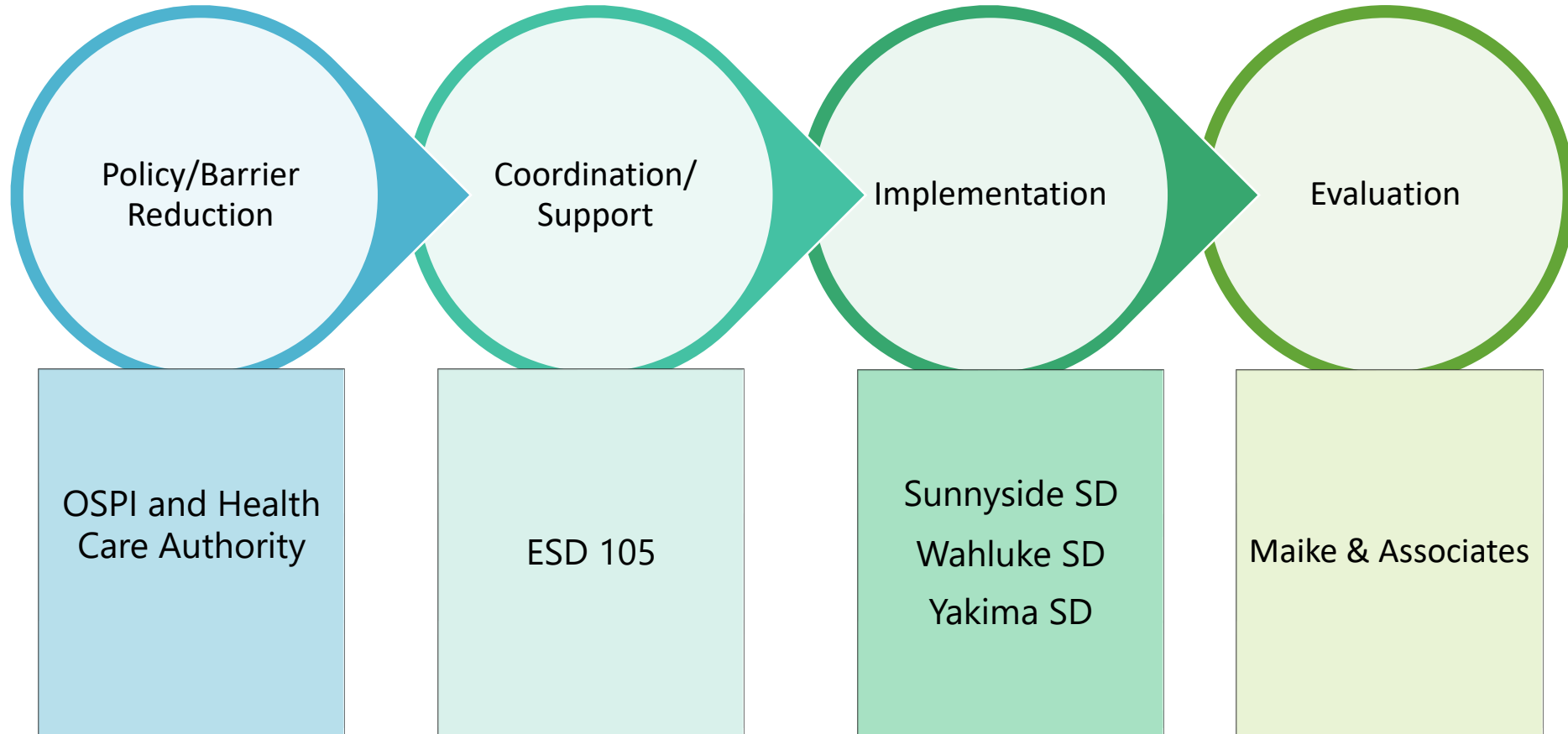
Project AWARE:

Advancing Wellness and Resilience in Education

*Beyond Co-Location:
Integrating and Embedding Education &
Mental Health Systems*



AWARE Players





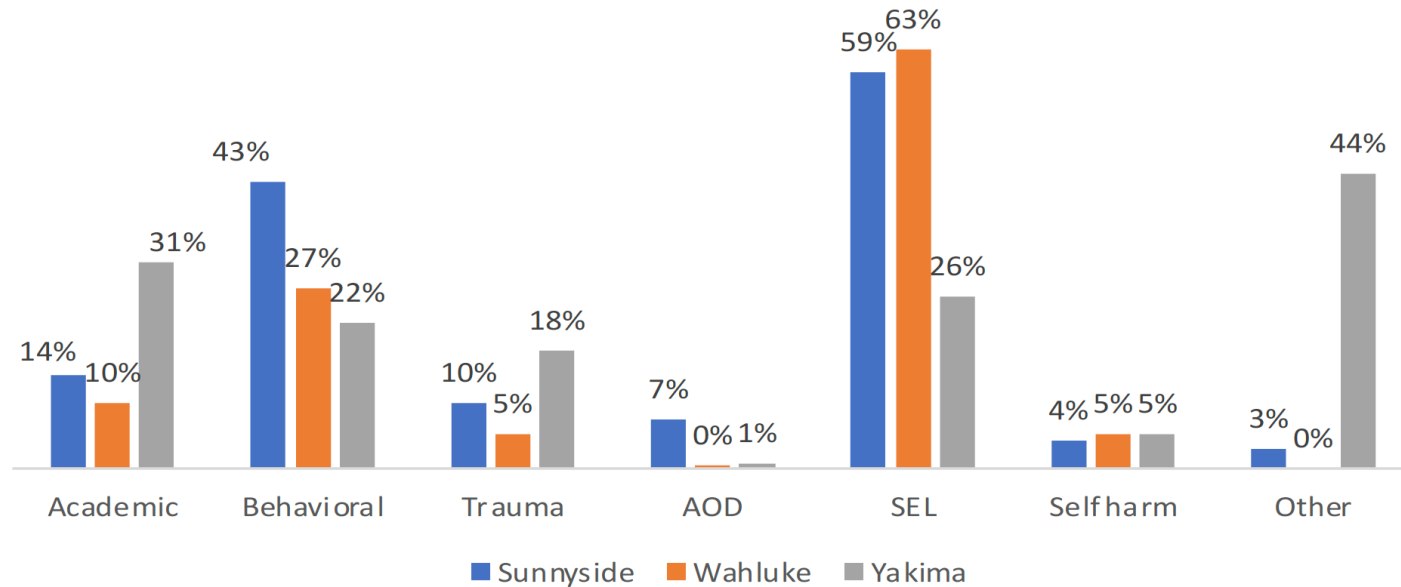
During the first two years of Project AWARE; Thousands received training, hundreds received services.

97% referred were engaged and continued in services

Mental Health Referral Data (2021-22 SY)

The reasons for referrals varied across the three districts.

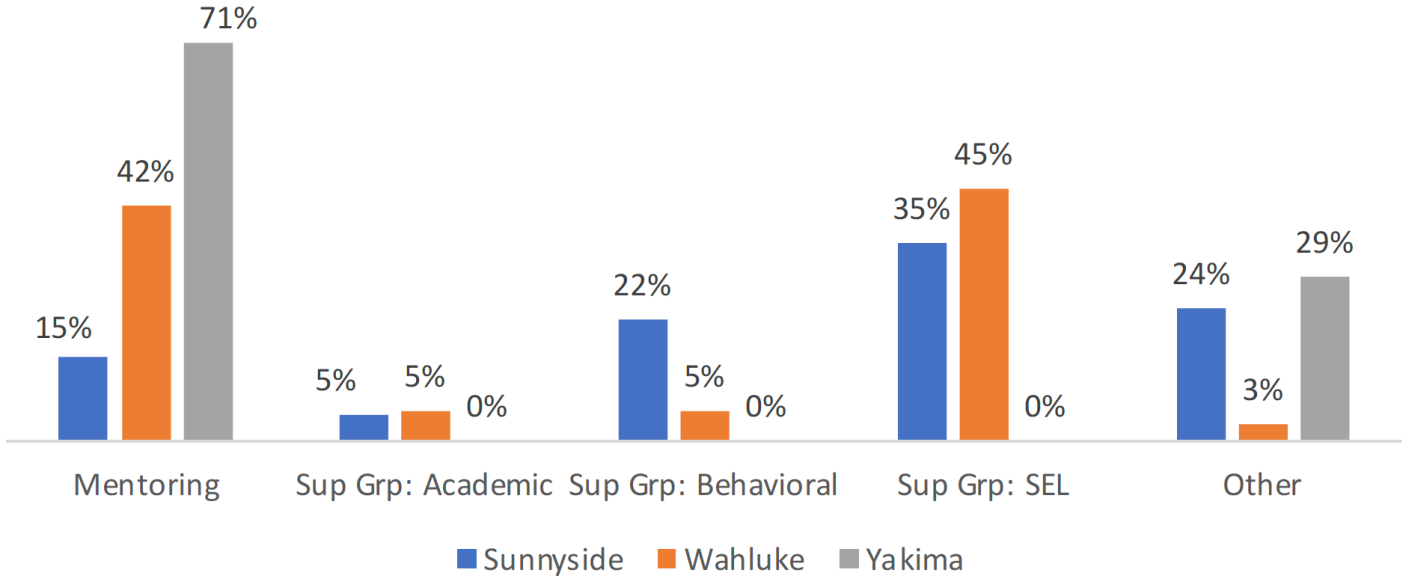
Reason(s) for MTSS Referral, by District



Mental Health Engagement Data (2021-22 SY)

Similar to the referral reasons, the types of supports offered varied across the three districts.

Primary Intervention Type, Tier 2 Services, by District



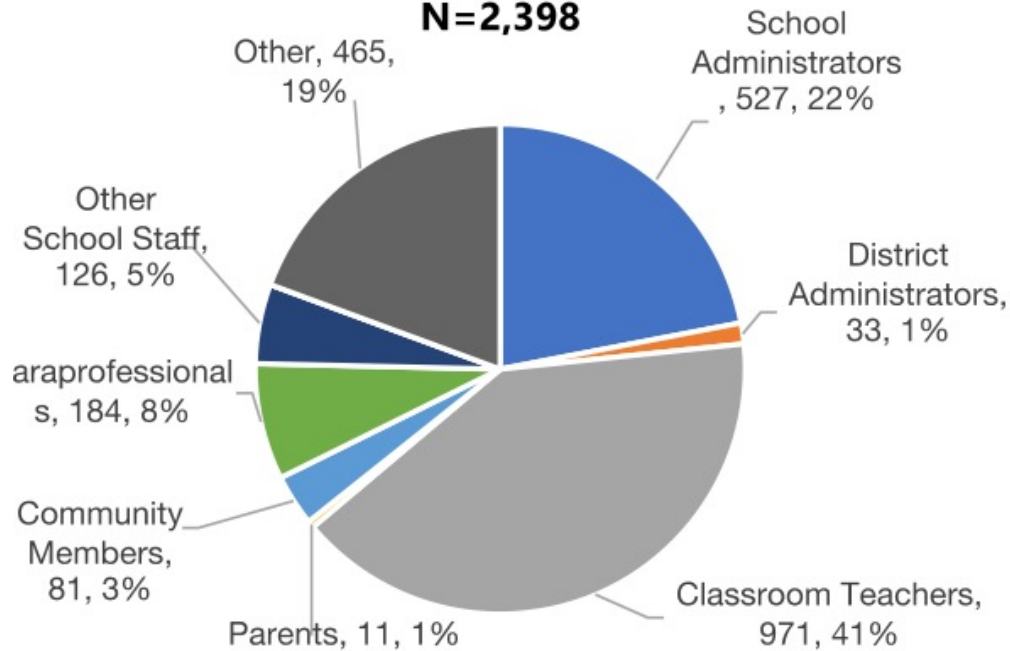
**TR1: # of Individuals Trained
Obj 2.2**



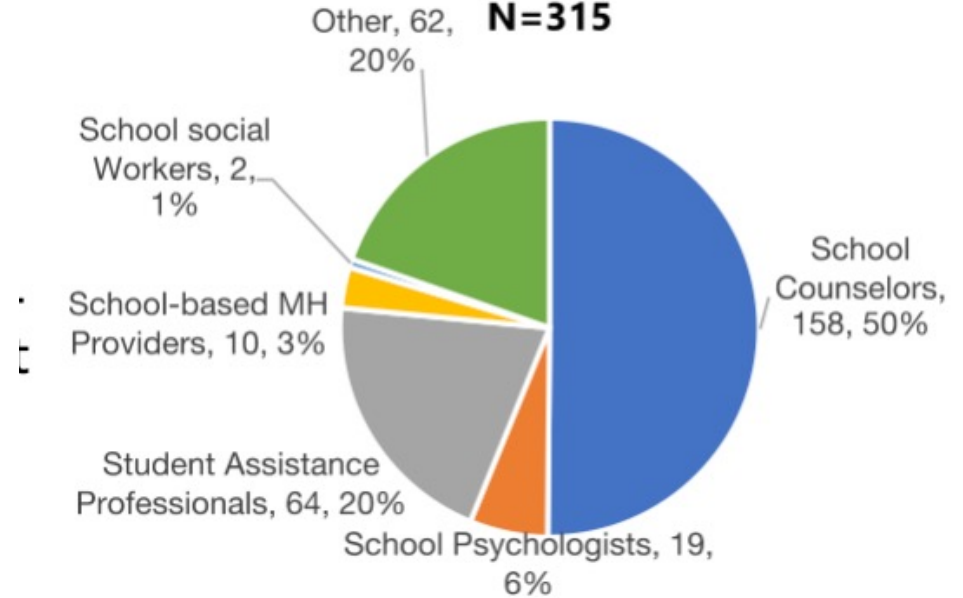
**WD2: # of MH-Workforce Trained
Obj 2.1**



**TR1 Participant Type
N=2,398**



**WD2 Participant Type
N=315**



Project AWARE



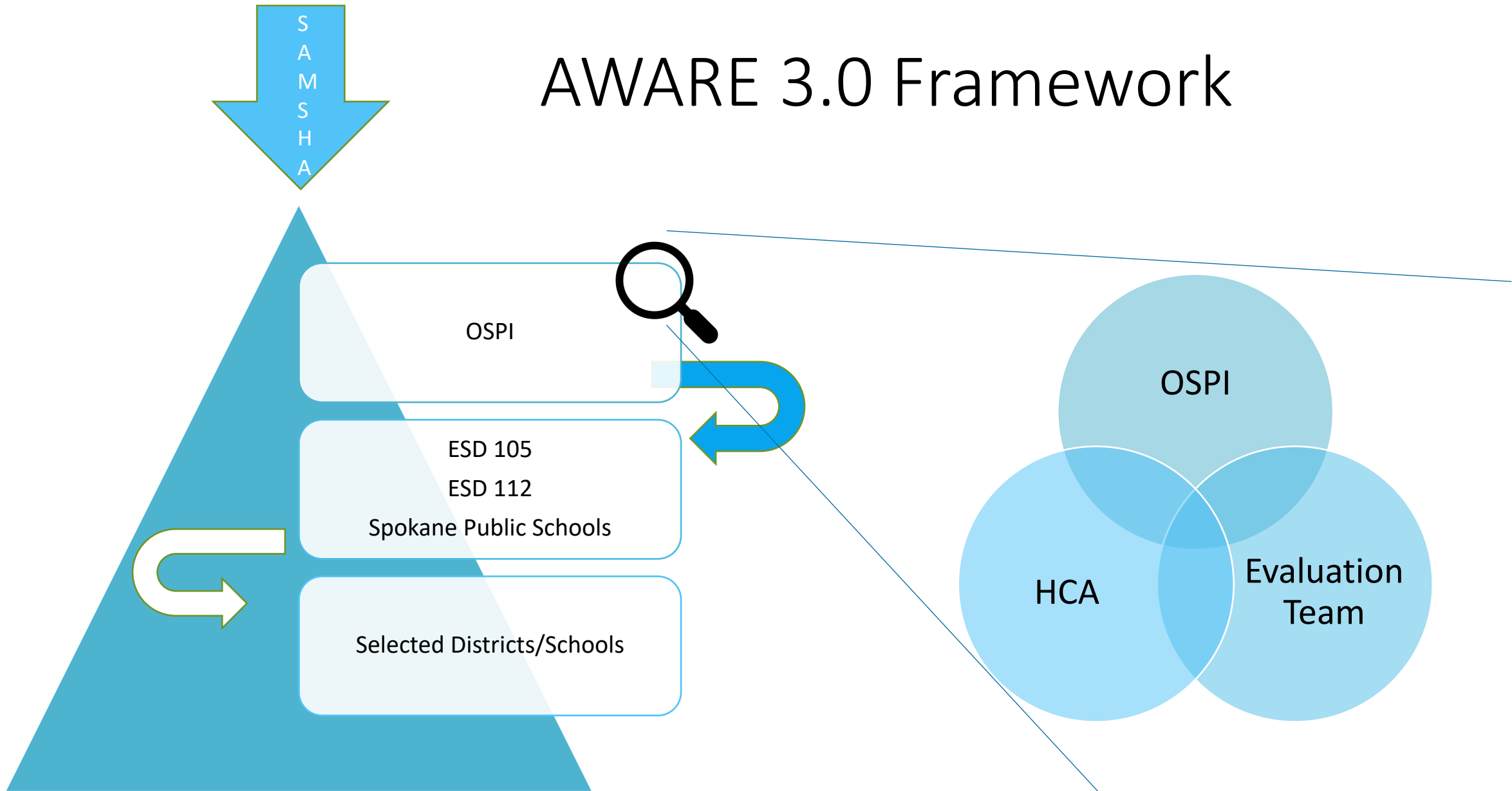
36

HELP IS DOWN THE HALL: *A SUSTAINABLE SCHOOL-BASED MENTAL HEALTH MODEL*



Washington Office of Superintendent of
PUBLIC INSTRUCTION

AWARE 3.0 Framework

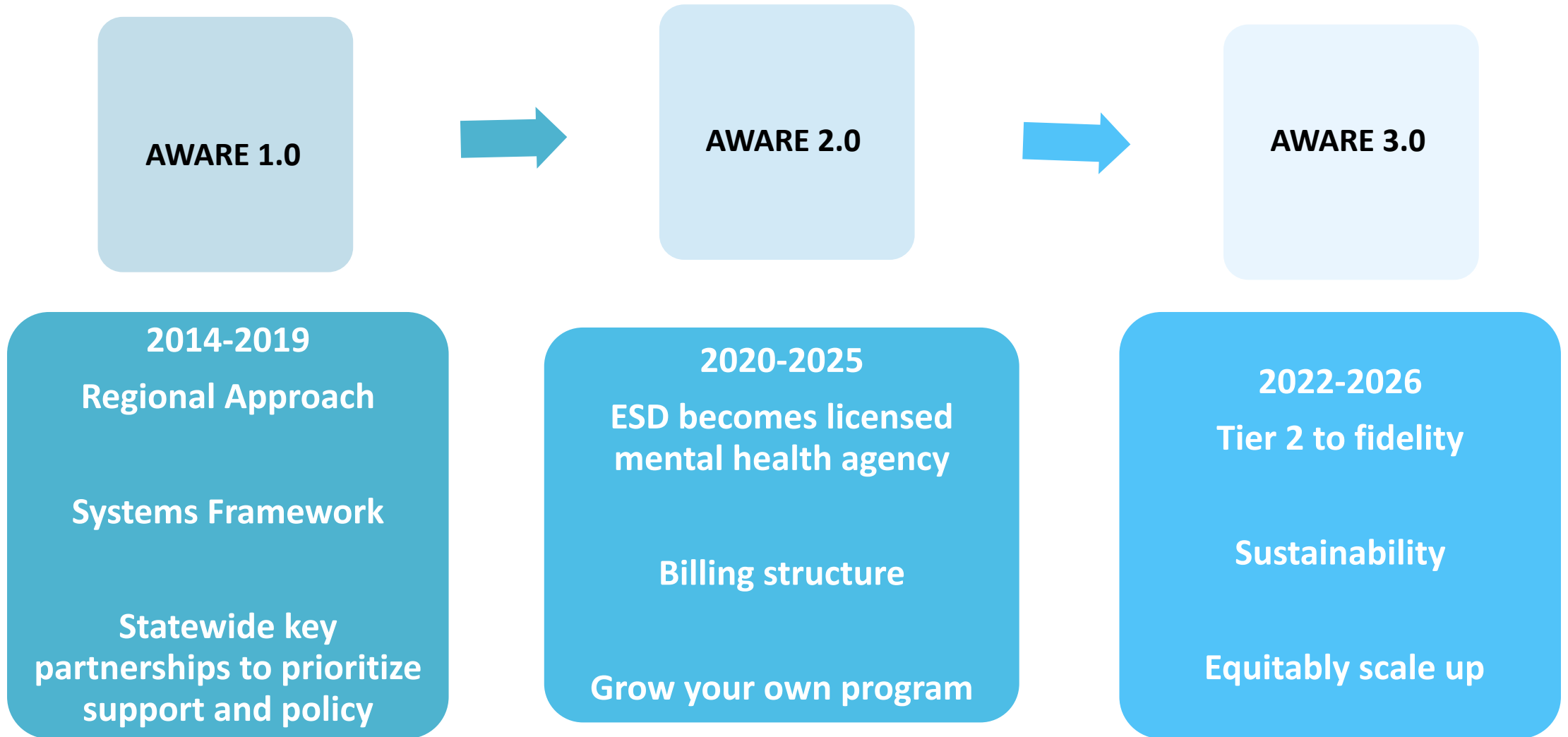


Problems of Practice

from our quantitative and qualitative
data collection and review



Innovation Grants



Contact



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BRIDGET.UNDERDAHL@K12.WA.US



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[HTTPS://WWW.K12.WA.US/STUDENT-SUCCESS/HEALTH-SAFETY/MENTAL-SOCIAL-BEHAVIORAL-HEALTH/PROJECT-AWARE](https://www.k12.wa.us/student-success/health-safety/mental-social-behavioral-health/project-aware)



SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON



Workforce for Student Well-Being In Washington State

School Mental Health Service Professionals (WA-SMHSP) Project
Funded by the U.S. Department of Education

School MH and Youth Suicide Prevention Subcommittee

Friday, April 7, 2023



WWW.
SMARTcenter.
uw.edu



SMART
School Mental Health Assessment
Research & Training Center



SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON

WASHINGTON STATE WORKFORCE FOR STUDENT WELL-BEING INITIATIVE

A statewide, collaborative strategy to increase the number, diversity, and skills of school social workers working in Washington schools.

THE DATA

Schools are the **most common** setting in which children and youth receive mental healthcare. – *Duong, Bruns, et al., 2021*

84% of schools across the nation say it will be somewhat or very difficult to fill mental health positions in schools. – *2022 Kaiser Family Foundation Survey.*

Nearly **80%** of the mental health workforce in Washington is white, compared to only **49%** of Washington's K-12 students. – *Washington Health Care Authority/Washington OSPI*

THE OPPORTUNITY

Thanks to a \$6 million grant from the U.S. Department of Education, we will award **100 scholarships of up to \$30,000 each for five years to MSW students at Eastern Washington University, Seattle University, University of Washington (UW) – Seattle, UW – Tacoma, and Walla Walla University.** These students will commit to:

- 1 Participating in specialized training and a community of practice focused on effective K-12 school mental health and [Multi-Tiered System of Supports \(MTSS\)](#);
- 2 Completing their 20-hour per week practicum placement in a school district or Educational Service District (ESD) that serves [high-need schools](#); and
- 3 Working in a high-need LEA for two years after graduation.

The Problem

- Washington ranks in the lowest tier among the states for youth mental health
 - WA has a “higher prevalence of mental illness... and
 - lower rates of access to care”.

-Mental Health America, 2022



Why Schools?

- Youth spend the majority of their awake hours in schools
- Schools are the most common place where mental health care for youth is delivered
- School staff can connect with young people, notice when they are struggling, and do something about it
 - They can also teach skills on positive relationships, coping with difficult emotions



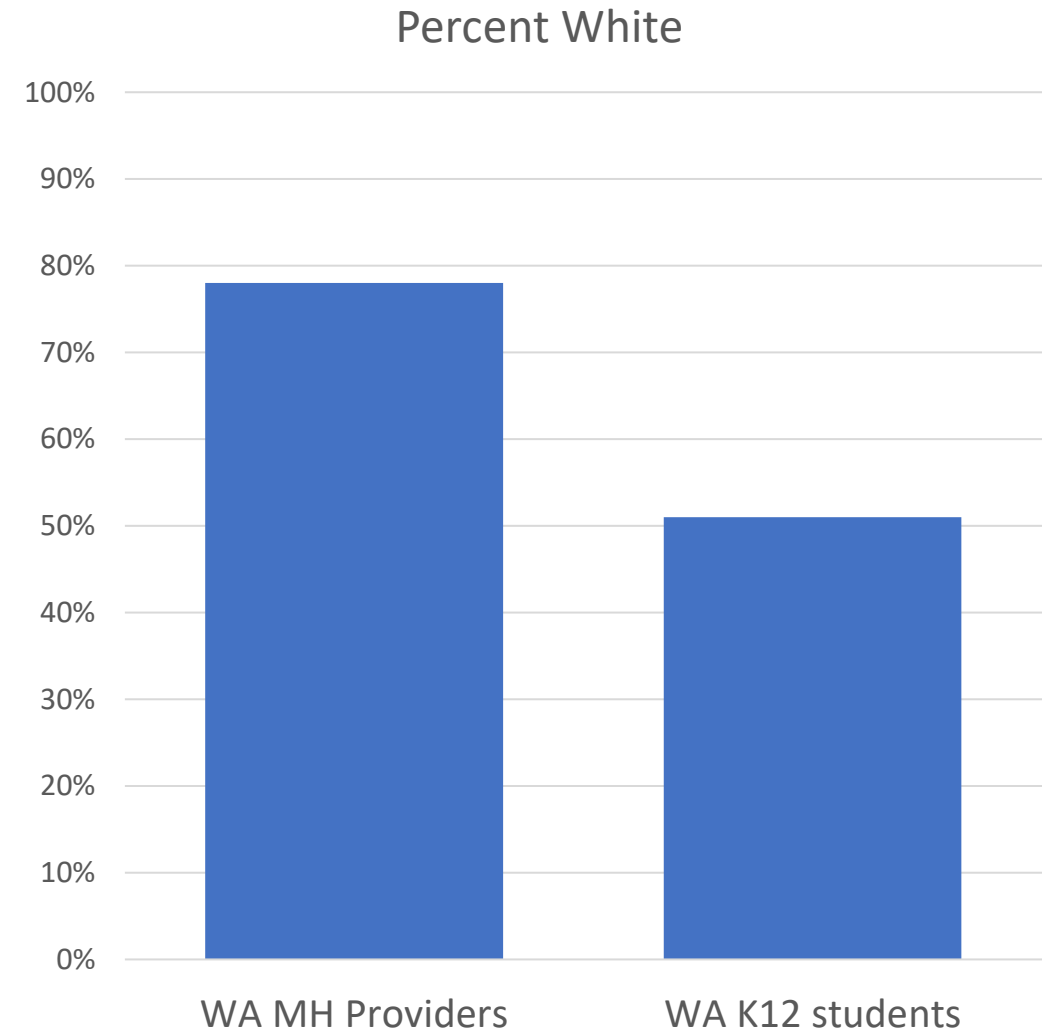
Barrier: Too Few SMH Providers

- Ratios of students to school mental health (SMH) personnel is far below recommended ratios
 - For example, School Social Worker ratio is 1/50th recommended ratio
- State legislation (e.g. HB1664) to increased allocations for school nurses, social workers, and psychologists increased resources to hire SMHSPs
- ESSER has provided some funds to districts to supplement school MH
 - however this and other initiatives are now ending, resulting in a funding cliff



Barrier: Language/Cultural Barriers to Behavioral Health Services

- Results of the state audit's survey of school representatives identified "language and cultural barriers to seeking or using behavioral health services"
- *78% of all Washington state mental health providers are white, compared to 51% of all Washington K-12 students*



The SMH Workforce Challenge is Part of a Bigger Problem

Washington State Behavioral Health Workforce Assessment Findings (2017):

Washington's behavioral health workforce is:

- Burdened by an unfavorable “student debt-to-salary” ratio that creates barriers to recruiting and retaining the best and brightest university/ college students
- Undersized against the need
- Underprepared with respect to education, experience, and mentorship to meet needs
- Difficult to recruit and retain where they are most needed
- Need for additional diversity and cultural competence

Need for Training in Effective School Mental Health and Multi-Tiered Systems of Support

- A comprehensive school MH plan:
 - Behavioral health supports that cover the **full continuum** of intensities and needs
 - From universal prevention through intensive interventions
- Screening students to identify those who need behavioral health supports
- Use of effective, efficient strategies & interventions
- Collaborative team approach that works across the school, family and community organizations
- Facilitating data-driven decision-making



The Essence of the WA-SMHSP is to Create a Pipeline for Skilled School Social Workers

The Problem	The WA-SMHSP Solution
Too few SMH providers	<ul style="list-style-type: none">• 100 conditional scholarships• 2 years minimum employment in a high-need school
Few schools adopt effective SMH practices	<ul style="list-style-type: none">• Specialized training and a Community of Practice on effective SMH that complements SSW curriculum• Specialized practicum in high-need school district
Too few SMH practitioners of color; language/cultural barriers to using BH services	<ul style="list-style-type: none">• Prioritize MSW students with financial need, first generation, and culturally diverse students for conditional scholarships

Institutes of Higher Education (IHE)



Conditional Scholarships

- \$30,000 per student for Year 2 MSW program
- Priority: students with financial need (based on FAFSA/WASFA), first-generation college attendees, from diverse backgrounds, and/or speak more than one language in the home
- Criteria:
 - In good standing at one of the five schools of social work in WA State
 - Participate in MTSS/School MH community of practice
 - 12-hour State Educational Staff Associate (ESA) certificate
 - Be part of an annual WSW convening
 - Specialized practicum placement in a high-need school district
 - Commitment to 2 years of employment in high-need school district

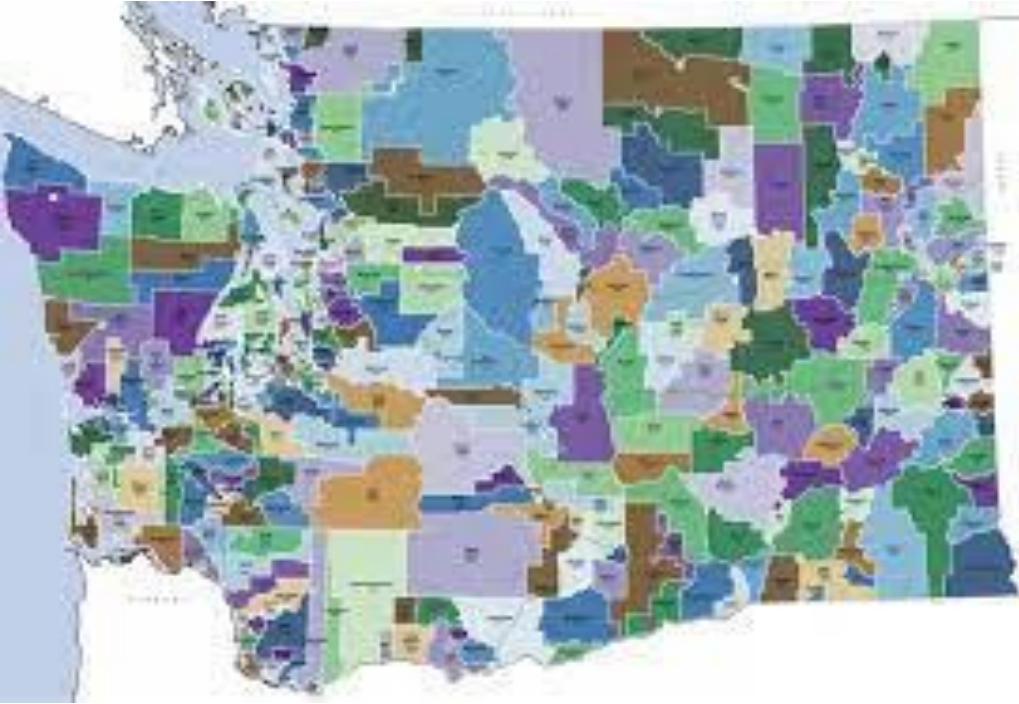


Potential Topics for SMH training and Community of Practice

- Creating a shared understanding of MH integration within MTSS
- Assessment of district capacity and fidelity and action planning
- Changing the role of community and school employed clinicians
- Selecting universal screening tools and overseeing implementation
- Reviewing and selecting effective practices
- Suicide prevention, assessment, safety planning
- Developing an evaluation plan and assessment schedule



High Need School District Criteria



- % of low-income students
- Data demonstrating need for mental health supports (e.g. climate, discipline, mental health screening, attendance)
- Lack of adequate mental health providers
- Districts and building-level Multi-Tiered Systems of Support (MTSS) plans that includes role(s) for MSW student and IHEs

What Are We Doing Now?

- **January 2023 – December 2027**
- Orient partners (Including YOU!) to goals and outcomes
- Create a statewide registry of LEAs and their status on:
 - Hosting practicum students
 - Hiring School Workers
- Establish agreements with MSW training programs
- Identify high-need local educational agencies that would provide good sites for MSW practicum students
- Recruit and select Cohort 1 scholarship recipients



What comes next?

- Recruit and select additional WSW community of practice participants
- Develop WSW curriculum on MTSS and SMH
- Train students and support participating LEAs
- Host annual retreat – students, faculty, collaborators, partners
- Assure students become ESA certified
- Conduct evaluation and ongoing continuous improvements
- **Integrate this project into a comprehensive School Mental Health workforce strategy**

Washington has Several DoE SMHSP grantees



Many other Strategies and Programs Relevant to the WA State SMH Workforce

- Legislation:
 - Joining the counseling compact – allows practitioners from other states to practice in WA
 - Changes to clinical licensing requirements to reduce barriers
- Funding provisos
 - OSPI – Social work and behavioral health program supervisor
 - Rural telehealth
 - Additional conditional scholarships in behavioral health
- Promoting a more diverse workforce:
 - WASSW BIPOC affinity group
- Higher education: New MSW training programs (WWU, Heritage)

How Can We Promote and Sustain a Well-Trained, Diverse School MH Workforce in WA?

- Bring together the multiple Dept of Ed. Grantees to participate in a community of practice, generate lessons learned, sustainability
- Medicaid state plan that provides more flexible funds, adequate rates and salaries
- Legislation to reduce workforce barriers, provide funding
- Engage philanthropy to provide sustained funding
- Partnerships with other pre-service training programs
- ***Consider how this committee's recommendations can promote SMH workforce goals***

A photograph of a classroom with several children sitting at desks. In the foreground, three children are smiling and raising their hands. The child on the left is a girl with dark hair wearing a pink shirt. The child in the middle is a girl with long blonde hair wearing a white shirt. The child on the right is a boy with brown hair wearing a blue shirt. In the background, other children are also raising their hands. The classroom has a green chalkboard, a world map, and large windows on the left side.

What are your ideas?

Questions, Answers & Discussion