Agenda: School-based Behavioral Health and Suicide Prevention Subcommittee

October 1, 2021, 9:00 a.m. to Noon

Members					
☐	Representative My-Linh Thai, Co-Chair (41st Legislative District)	☒	David Crump (Spokane Public Schools)	☐	Carrie Glover, substitute for Jeannie Nist
☒	Lee Collyer, Co-Chair (Office of the Superintendent of Public Instruction)	☐	Myra Hernandez (WA Commission on Hispanic Affairs)	☒	Jill Patnode (Kaiser Permanente)
☐	Tawni Barlow (Medical Lake School District)	☒	Avreayl Jacobson (King County Behavioral Health and Recovery)	☒	Elise Petosa (WA Association of School Social Workers)
☒	Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)	☐	Vacant	☒	Eric Bruns, alternative for Kelcey Schmitz (UW SMART Center)
☐	Antonette Blythe (Parent, Family Youth System Partner Roundtable)	☒	Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)	☐	Susan Solstig (Parent, Family Youth System Partner Roundtable)
☒	Harry Brown (Mercer Island Youth & Family Services (Forefront)	☒	Sandy Lennon (WA School-based Health Alliance)	☐	Jason Steege (Parent)
☐	Brooklyn Brunette (Youth)	☐	Molly Merkle (Parent)	☒	Katrice Thabet Chapin (Vancouver Public Schools)
☒	William (Bill) Cheney (Mount Vernon School District)	☐	Vacant	☒	Erin Wick (AESD) [Alternate: Mick Miller]
☒	Jerri Clark (Washington PAVE)	☒	Joe Neigel (Monroe School District)	☐	Kathryn Yates (Chief Leschi School District)

Staff: Mark McKechnie, RJ Monton Justyn Poulos (OSPI); Rachel Burke and Cindi Wiek (HCA)

Agenda Item	Notes
Review of Priorities Survey	**Mark McKechnie**, Office of Superintendent of Public Instruction *See page 26 for top priorities.* • #3 and #5 related – ISF is what; and state funding for a portion is how to fund. Discussion: • Pandemic highlighted the already existent lack of resources and the ability to provide services with fidelity. • Jeannie Larberg: Got? tax? Can avoid insurance. Were up to 35 referrals yesterday after just 3 weeks – these are families with students K-12, students with acute, chronic mental health concerns (that can warrant hospitalization). ○ *Mark: Helpful to collect and share data like this if you can. Systems are set up to capture who gets served, not who doesn't get served. The challenge is that we need to be able to assess the unmet need.* • Jerri: SW WA FYSPRT – ESD 112 – new programming coming out. Big disconnect between families that are going to schools and being told they cannot provide help, and about all these wonderful things that are being developed at the ESD level. This is not coordinated – the

	system is fragmented. This depends entirely on who knows something, somebody who knows somebody.
	• School staffing enhancements – don't limit to these very defined role – also include BH specialists, like LMHCs. Monroe – cobbled together with grant funds – case managers, LMHCs, etc. Could go away.
	  o Marysville built robust system after their tragedy, went away entirely after Project AWARE funding ended. Benefit: There is immediate access because there is no need for insurance.
	  o BH staff in SD means do not charge ins. Through SD, about need and immediate access
	• We may need different models for different districts; there may be economies of scale for smaller districts; urban districts, those near universities may need multiple strategies.
	  o Options different for rural vs. urban; need to have options to meet the community needs.
	• New Behavioral Health Covid response project – AESDs – services and coordination at the state level. We can get pieces of services funded but doesn't include funding for coordination. Doing our best to launch this project with that lens.
	• Joe: Not all school districts have relationships with their ESDs. ESDs have wide latitude in how they approach things like the role of BH navigators. ESDs have the discretion to administer these programs in a way that works for them. Non-contracted SDs don't have the same level of services.
	  o *Erin: We are currently working with the ESDs. Each ESD getting a Covid response BH coordinator and a navigator (was a different word used? Advocate?)*
	  Mark: Work (what work?) needs to be funded through OSPI or districts.
	• Harry: King County - SBIRT Best Start for Kids – Universal screening – Margaret Soucoup. Future presentation?
	  o *Mark: OSPI DP is specifically focused on nursing positions.*
	• Funding for BH providers to be able to provide direct mental health. BH crisis won't be addressed by putting nurses in the schools.
	  o services would allow for insurance-blind coverage and coverage without a diagnosis.
	• Difference between having relationships with local community mental health agencies and having providers on-site:
	• MH agencies is inherently unstable because they are low paid, so they leave, and they also are the newest, least experienced clinicians.
	• Integration of SEL in the classroom teaches 5 specific skills
	  o that improve self-regulation and have lasting impacts – not teaching character.
	• ESD 113 – ESD and licensed BH provider. We are having to use an adult BH model in schools. Being able to fund Tier 1 and Tier 2 through an adolescent behavioral health model. Keeping them healthy and well is critical.
	• As a school Social Worker, I meet many of those gaps. (1,2, and 3 tier supports). While students wait on the wait list for a therapist.
	• Tension regarding guardrails for funding and local districts being able to meet their needs and work with what is possible regarding hiring in their region.
	• DOH projection of 60% of adults and children experiencing anxiety and depression; what I'm seeing, it seems higher.
	  o Concerned the well will run out before we address the need.
	  o Deepest MH crisis I have ever seen; we don't have the resources to contract; 1 BH staff person per school.
	• ESD's have the discretion to administer a program that works best for them (bh coordinator/advocate). This practice amplifies inequities in services and gaps or needs – advocate is to help navigate services. – WF shortage makes it hard to find staff. Erin will get a list of positions at ESD in the next couple weeks.
	  o Needs to be funded by OSPI or dist.

	○ Request to increase nurses in schools from OSPI • Additional priorities not listed in survey – ○ Funding for behavioral health providers, direct MH services ○ Integration of SEL in the classroom • BH crisis: finances need to go into direct services, and we need services now for our kids. To be systematic, critical to have funding at all levels of care Chat: • We are also putting ESSER funds for Mary Bridge similar program from Mary Bridge YES- Youth engagement services- 3 LMSW- this would be an interesting system to look at in the future- Tacoma YES was very successful last year. ○ Yes will not be charging insurance and both process and outcome data (impact of these services). • Consistency and EQUITY ○ It's not equity when someone needs to know someone for a family to get warmly handed into some kind of help. There needs to be no wrong doorway into support. ○ I have been telling families to encourage their school staff to reach out to the ESD for additional support, but they aren't always successful in making that connection and the ESDs don't want families reaching out directly. • I am also concerned about how services are provided from ESD usually done with additional cost to our district. ○ Especially concerning as enrollment declines and revenue declines with it. I love my ESD partners, but it is a Capitalist model that benefits Districts with resources. • Marriage and Family Therapists offering systemic interventions ○ Yes, that's what I'm able to do as a Community Based Partner • Tying services to school ALSO might help keep students in school to graduation. Children with BH disabilities are twice as likely to leave school before graduating than any other disability category. • So many of these concerns are exactly what I do as a school social worker ○ We need more of you! • Other states have School Mental Health Frameworks that systemize all Tiers and CBO's. Here is the website to show what is called YES Tacoma that we will be implementing in SBLSD: https://kidsmentalhealthpiercecounty.org/yes/ • We will save so much money as a state if we stop the flood of young people down the school-to-prison pipeline and into homelessness because of their poorly cared for BH disabilities. That's what lawmakers need to keep their eyes on. • I would prioritize social workers in schools over nursing staff. • The pandemic has also uncovered many deep gaps in our school nursing system and an inability for many schools to provide basic services. Especially in our rural and remote schools. • We are also struggling currently with both student and staff needing mental wellness support. • We don't have enough school nurses, who are now being overwhelmed with COVID management, which means they'll have less capacity to do other critical work such as triage and referral for both physical and mental health needs... • There is a deep need for school nursing services in this state right now. • Center serving the kids where and when they need it with embedded BH clinicians in the schools (whether employed by district, ESD, community-based provider), that are integrated and collaborating with the school community, and that serve all kids regardless of insurance status, ability to pay, or dx.

	• Parents should not have to know that term -- their kids should just be supported at all levels, which means each school should be fluent in the model, have people to do the work, and a plan on how they do it! • Are there other states without an income tax that have developed an equitable behavioral health system for 0-24? Dr. Avanti Bergquist – School mental health - https://www.schoolmentalhealth.org/ School mental health resources - https://www.schoolmentalhealth.org/Resources/

Recommendation for Funding Analysis	Idea from subgroup leads (cross-committee coordination):
	• Do a study quantifying the need for BH services and the gaps (see page x).
	• Rep. Callan: What is the work we need to do this year in order to be ready to propose something larger in the next biennium?
	  ○ Qualify and quantify the needs and then look at how to fund and build work force to meet the need
	  ○ Data to drive the need and showcase best way to use the money.
	  ○ Do the work now to be able to ask for recommendations that will meet the need.
	• Sub-groups bring forward recommendations using the above criteria.
	• Ask across subcommittees to compile recommendations that fit within the need (identifying – system work, lack of access, common theme).
	• For therapy there is a wait of several months. School social worker, meet 1,2,3 peer support, meet with students that cant' get into therapy. In schools, do have some staff trained to address.
	  ○ Need stable funding for these positions, not grants, etc., to build system fidelity.
	• OSPI DP rec – staffing mechanism / bigger picture around ed allocation.
	• Behavioral health training with nurses, connect to collaborate with bh needs/services.
	• $$ spent in BH and physical realm while provide local control, infrastructure, and MTSS.
	  ○ Provide the services when needed to meet the local need.
	  ○ School nurse is a foundation for services in schools.
	
	Rep. Thai and Mark McKechnie
	• Look at data and help quantify the need. Then distribute across the system to help provide resources
	• Ample funding to make sure getting all the behavioral health resources when and where needed
	
	Padlet: https://padlet.com/CISL/zklaojnjjustsgso
	MTSS Implementation – Support for implementation of MTSS at district and school levels
	• Revise this recommendation to focus on how it builds off of existing or time-limited funding and the foal of statewide impact.
	• Need a scaffolding
	  ○ MTSS can create structure in a system that lacks structure, so we can work smarter and maximize the resources that do exist already and build on those.
	School Staffing – School staffing enhancements: OSPI's request for 2022-23 is to increase the allocation for school nurses by approximately 828 additional full-time equivalent staff.
	• consideration of funding request for nurses to include school-based clinicians.
	• school social workers are mental health providers too
	• I know we need school nurses, but also need behavioral health/suicide prevention supports
	• Needs over available "programs"
	  ○ Family was told by school that the counselor listed in the IEP has to be removed from the IEP services because "we don't have staff to do that." therefore, the staffing supports need to be responsive to needs, not top-down and prebuilt as programs that some get, some don't regardless of needs.

	• Build out use of school social workers
	  ○ Students and families need care coordination and navigation provided by people who understand mental illness and SUD. The state needs to review how it uses school social workers and get more bang for its buck to utilize these valuable staff at all tiers of support.
	
	Behavioral health providers and Interconnected Systems Framework - Funding to support behavioral health providers to collaborate with and train school staff (Interconnected Systems Framework)
	• high fidelity training
	  ○ BH professionals need to provide training to school nurses, psychologists and counselors that is immediately relevant to the needs being presented and the gaps that are so huge. For example, few IEP teams have the expertise needed to properly assess a student with a severe BH disability (schizophrenia, complicated SUD...) in order to design a program that truly meets the need and provides the services for the student to access Free Appropriate Public Education (FAPE).
	
	Training on culturally-responsive BH supports and Suicide Prevention - Funding for training on culturally-responsive behavioral health supports and suicide prevention
	• Who is the audience? Who would do the training?
	  ○ school officials
	
	State funding for SB clinicians - State funding for a portion of clinician FTE in schools (similar to SC model)
	• support for DOH decision package. - school based health center funding. (young adult behavioral
	• Should this be combined with the ISF recommendation?
	  ○ I believe so
	  ○ Yes, it makes sense to combine this with the ISF recommendation.
	  ○ Helps to resolve the disconnect where providers can't bill for care coordination and other types of collaboration.
	• Center serving the kids where and when they need it with embedded BH clinicians in the schools (whether employed by district, ESD, community-based provider), that are integrated and collaborating with the school community, and that serve all kids regardless of insurance status, ability to pay, or dx.
	
	Funding Gap Analysis - Secure funding in 2022 to hire a consultant (e.g., healthcare economist) to quantify gaps in care and costs for addressing them, including school-based and other settings, such as primary care.
	• This is a big idea of addressing systemic barriers. What about moving all the prenatal through age 24/25 behavioral health services out of DBHR/HCA into DCYF and then focusing models of care, funding to prevention, early intervention and typically defined BH care services, etc.? Would be a way of implementing the unified funding South Carolina presented within an administrative structure in WA. Glad to talk more with anyone interested in fleshing out the details. One that comes to mind for me is would we have subsections of that part of the State's Medicaid State Plan that are 'run' by 2 different Depts?

Breakouts for recommendations:	**Funding for clinicians and Interconnected Systems Framework (ISF):** • Biggest challenge – how to prioritize when all are “yes”. • Goal: insurance-blind services – how to work backwards towards that goal. What’s the system to ensure those services? Also, DOH, SAO report has good recommendations. • Need nurses *and*…need BH clinicians. • Leverage services with full funding

	• Needed nurses and behavioral health professionals • No matter the situation, how do we ensure services are given • DP gives a robust launch point, so looking at nurses DP as important and the role played. o DP out of DOH specific to school based • SP, training for staff, multifaceted approach to provide supports for young adults **Training:** • PD for school psychologists and nurses to fill in the gap and create a framework of engagement. • Went back and forth between systems and skills. • Families are told incorrect info every day. Don't know what is available or how to access training or resources. • Give and take between systems and personnel at this point. • Needs to be an interconnected system that includes integration with spec ed system to increase bh supports within that system. • Systems need to be robust and sensitive enough to equip handle all needs **School staffing:** • School nurses play a pivotal/crucial role but need to pair school FTE with BH FTE to improved integration of services, making them more robust. • Removing big systemic barriers that we as administrators have put in place. • How do we move systems to be more inclusive for all? • What about moving all BH services for children and youth into DCYF to break down systemic barriers? **Support for MTSS implementation:** • We have one MTSS coach for each region/ESD. Funding will eventually end. Took 4 years. Looking at other states, WA needs 2-3X as many FTEs as we currently have.2023 – 2025: Get permanent funding to replace grant funding for everything that's currently in place; then add. No reason not to make it a priority now, to create groundwork for 2023-25. Long-term MTSS focus; need to address immediate crises. • As we build MTSS but also need to build BH network at the same time. So, people have an effective network to get into if they have critical needs. • Define implementation or support – 1 implementation coach per ESD, 4 funding streams to get coach for each ESD, 7 of 9 positions are grant funded, which will end. Look at capacity, need 2-3 more times the FTE's than we currently have. • Grant funding going away restored with state funding and to build capacity to increase needs in future. • No funding ask for 2022 – will need beyond; important to set the stage for 2023 – • MTSS goes forward, behavioral health network needs to be built at the same time. Must be built on a parallel track • Crisis in many places that is unmet/ need to address work force shortage.
Debrief	• Build MTSS capacity, AND • We need to have funding for BH professionals to meet immediate needs, AND • Funding needs to be flexible so coordination can happen between community BH providers and schools (part of the barriers).
Public Comment	Gwen Loosmore, WA State PTA • TY for this work. • Increasing access to nurses, bh professionals? – PTA platform. Liz Nelson, Pres. WA Assoc of School SWs • So exciting to see focus on BH in schools.

	• TY for your focus and your work. • School counselors are not clinicians; school psychologists in WA are primarily focused on Special Ed evaluations. • Our training is to provide clinical services, as well as BH navigators. Not connected to OSPI. Would love to work with you. Seattle – 38 SWs; 11 in my district. All licensed in the state. Glad you are talking about quantifying workforce and needs. Not formalized with OSPI. Megan Veith, Building Change, Senior Manager of Policy, Leg, and Research • Thank you and support all your work. • Plug for students and families experiencing homelessness. • We are focusing on SDs with high rates of homelessness. Focus limited resources and focus to those schools. • Before COVID, OSPI identified 40,000 families experiencing or at risk of homelessness. • Coordination between BH resources and community resources working with those families, McKenney-Vento. Carrie Syvertsen, VP of WA Association of School SWs, Seattle School SW • How to navigate BH services within and outside of the schools. • A lot of the time we are the conduit helping them navigate. • Helped connect with Seattle Children's provide info and will be part of the discharge planning. • Need a program manager working with school SWs.
Applications for membership and December meeting	Those of you who are members that applied in 2020, the idea was that there will be terms of membership (2 years – 2 cycles of recommendations). Your terms end this year, but you are welcome to apply again. We will send out an application in November. Opportunity for those who have been attending and have not been able to be a member have an opportunity to apply. Especially putting out the call to family members and youth with lived experience who want to apply. See page x.
Adjourn	• Continue to use the Padlet to share your thoughts, priorities. Additional input? • Companion staffing for school nurses? 1.0 + .25 (or more?) Must do something for our Tier 3 interventions. • *Missed what Eric Bruns said. Did Enos get it?* Mark: We need to buy the expertise to get a sense of that. Timing is a little bit out of sync, because we are making our recs after agencies are developing DPs (which they do in the summer). Ways to have input earlier in the process to help agencies develop DPs. Pathway to get into the Gov's budget. • This work is very top down. Would like to see some recommendations around a bottom-up information sharing strategy. So that if someone in a school sees a family or student in crisis, they know how to refer them. There are not any structures in place to help this makes sense. Every school must have a person who is supposed to know this information. Families are not being guided. We need a social worker in every school. • Families are not learning the term MTSS. • What I'm hearing from everyone is the need for a structure. MTSS should be a scaffold. We don't as a system know how to put this into practice. SMART Center – how a community/state can set up this structure. National Center for School Mental Health? Eric? • Eric: There are frameworks, and there are studies comparing districts that use the framework and those that don't. • Must support people and fund them to do it that way? Need the political will? • Appreciate the conversation. We need a robust infrastructure AND the resources to refer those students to (MH resources in the system). Next week: Draft of what will be forwarded to the full work group. And timeline for longer term recs. By next Tuesday. Comments due by end of week.

	• *Resource* – DOH Back to School toolkit

Next Meeting: December 3, 2021

Attendees

Rachel Burke, Health Care Authory, (HCA)
Harry Brown, Forefront in the Schools
Diana Cockrell, (HCA)
Jennifer Cohen
Derek Franklin, Mercer Island Youth and Family Services
Ann Gray, Office of Superindtendent of Public Instruciton (OSPI)
Michelle Karnath, Parent Advocate
Karen Kelly
Sandy Lennon, Washington School-Based Health Alliance
Laurie Lippold (Partners for Our Children)
Cameron, Long (HCA)
Gwen Loosmore, Washington State Parent Teachers Association
Alice MacLean, House Democratic Education Committee
Enos Mbajah, HCA
RJ Monton, OSPI
Liz Nelson, WA State School Social Worker Association
Rayann Silva
Jessica Vavrus, OSPI
Megan Veith , Building Changes

School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

October 1, 2021

Facilitator Requests

Audience/guests: please offer your comments during public testimony only.

Members: Please indicate that you want to speak by using the Chat to let us know. The chair or facilitator will recognize you to speak.

Everyone: please bear with us. Communication is more difficult via Zoom, but together we can use it productively.

Vision

All students prepared for post-secondary pathways, careers, and civic engagement.

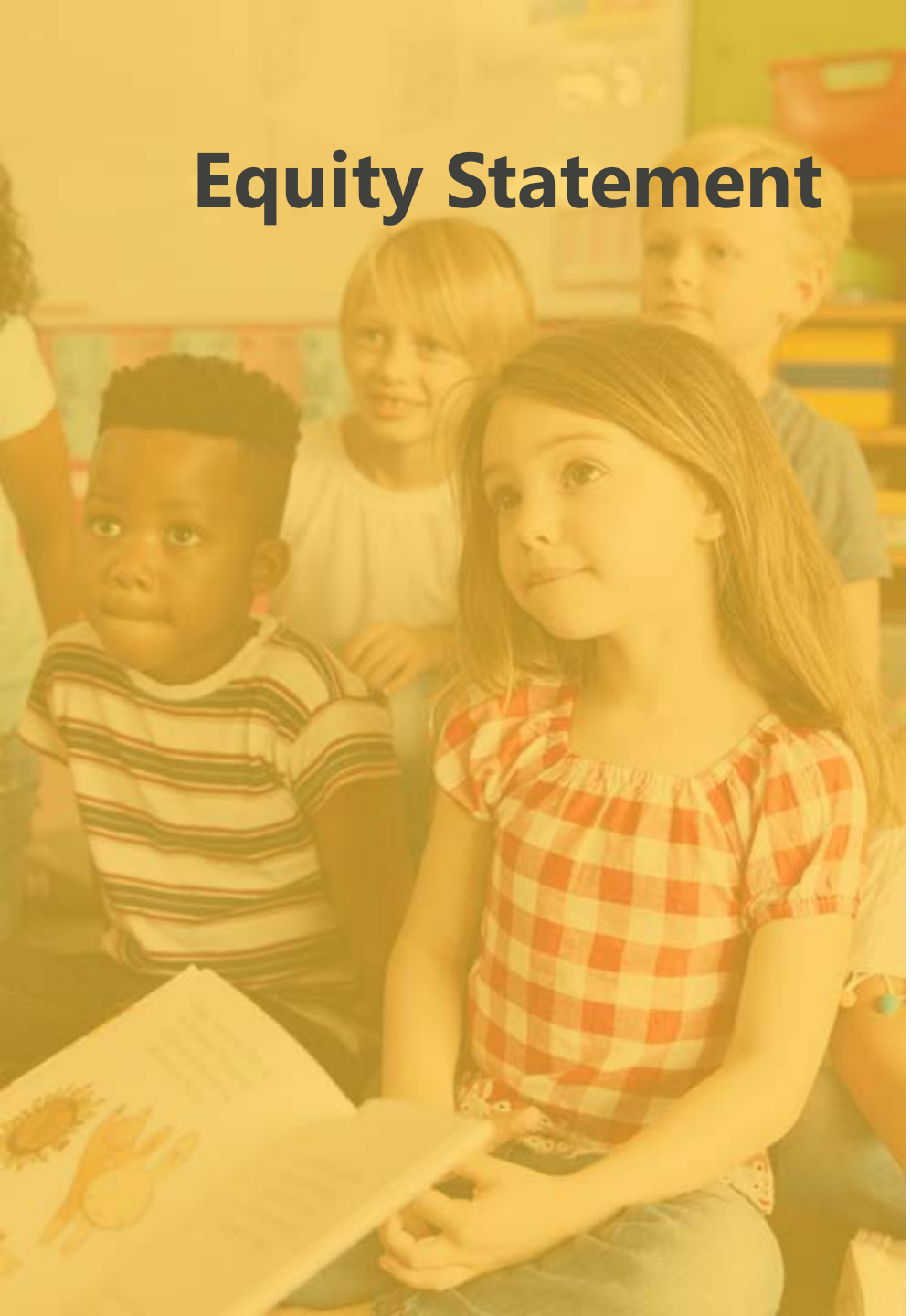
Mission

Transform K–12 education to a system that is centered on closing opportunity gaps and is characterized by high expectations for all students and educators. We achieve this by developing equity-based policies and supports that empower educators, families, and communities.

Values

- Ensuring Equity
- Collaboration and Service
- Achieving Excellence through Continuous Improvement
- Focus on the Whole Child

Washington Office of Superintendent of
PUBLIC INSTRUCTION



Equity Statement

Each student, family, and community possesses strengths and cultural knowledge that benefits their peers, educators, and schools.

Ensuring educational equity:

- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile student populations.
- Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Tribal Land Acknowledgment

For those of us in the Olympia area, we acknowledge that this meeting is being held on the traditional lands of the Squaxin Island Tribe, descendants of the maritime people who lived and prospered along the shores of the southern-most inlets of the Salish Sea for untold centuries.

We ask that the participants of this meeting honor the Tribal lands on which each of you are located today. On the lands of Tribes located on the coast, to the Tribes on the central plateau, to those along the Columbia, Spokane and other rivers, and to those living in the foothills of the Cascade Mountains.

We acknowledge the commitment of all Pacific Northwest Tribes to the resurgence of their traditional ways and their respect and protection of all people, not only those who are living, but also those who have gone before and who are yet to be born. We pay our respect to the elders both past and present and to a valued resource the Tribes have defined as their children. They are the Tribes' future.

Agenda: October 1, 2021

Agenda Item	Leads	Time
Introductions, Group Agreements, and Housekeeping	Rep. Thai and Lee Collyer	9:00 – 9:15
Review of Priorities Survey	Mark McKechnie	9:15 – 10:00
Break		10:00 – 10:10
Recommendation for Funding Analysis	Rep. Thai and Mark McKechnie	10:10-10:20
Breakouts for recommendations	Members	10:20-11:00
Break		11:00 – 11:10
Debrief	Lee Collyer	11:10 – 11:30
Public Comment	*Please notify Mark McKechnie in the chat if you wish to make a public comment (approx. 3 minutes per person)*	11:30 – 11:40
Finalize recommendation priorities for CYBHWG	Lee Collyer and Rep. Thai	11:40 – 11:55
Applications for membership and December meeting	Mark McKechnie	11:35 – 11:55
Adjourn		Noon

Welcome Members and Guests

Members

Co-Chairs: Rep. My-Linh Thai and Lee Collyer

Voices of Families and Young People:

Brooklyn Brunette

Jason Steege

Kathryn Yates

Katrice Thabet-Chapin

Molly Merkle

Susan Stolsig

Members: Education and Behavioral Health Professionals and Advocates

Antonette Blythe, Family Tri Leader, Family YOUTH System Partners Round Table

Avanti Bergquist, Washington State Council of Child and Adolescent Psychiatry; Washington State Psychiatric Association; Eating Recovery Center/Insight Behavioral Health

Avreayl Jacobson, Children's Mental Health Planner, King County Behavioral Health and Recovery

David Crump, Clinical Director, Spokane Public Schools

Elise Petosa, Member/past president, WASSW

Erin Wick, Director of Behavioral Health and Student Support, ESD 113 (AESD Representative) [Designated alternate: Mick Miller, ESD 101]

Harry Brown, MIYFS - School Based Mental Health Counselor, Forefront in the Schools, consultant/trainer, Mercer Island Youth & Family Services, Forefront Suicide Prevention [alternate: Jennifer Stuber, Center Director, Forefront Suicide Prevention, UW School of Social Work]

Jeannie Larberg, Director: Whole Child, Sumner-Bonney Lake School District

Jeannie Nist, Associate Director, Communities In Schools of Washington

Jerri Clark, Parent Resource Coordinator, WA PAVE

Jill Patnode, Thriving Schools Program Manager, Kaiser Permanente

Joe Neigel, Director of Prevention Services, Monroe School District & Monroe Community Coalition

Kelcey Schmitz, MTSS/School Mental Health Training and TA Specialist [Alternate: Eric Bruns, Director of Training and Technical Assistance], UW SMART Ctr.

Myra Hernandez, Operations and Special Projects Manager, Commission on Hispanic Affairs

Sandy Lennon, Executive Director, Washington School-Based Health Alliance

Tawni Barlow, Director of Student Services, Medical Lake School District

William (Bill) Cheney, Director of Student Support and Prevention Systems, Mount Vernon School District

OSPI and HCA Staff Supporting the Subcommittee

OSPI Center for the Improvement of Student Learning:

Mark McKechnie

Justyn Poulos

RJ Monton

Healthcare Authority:

Rachel Burke

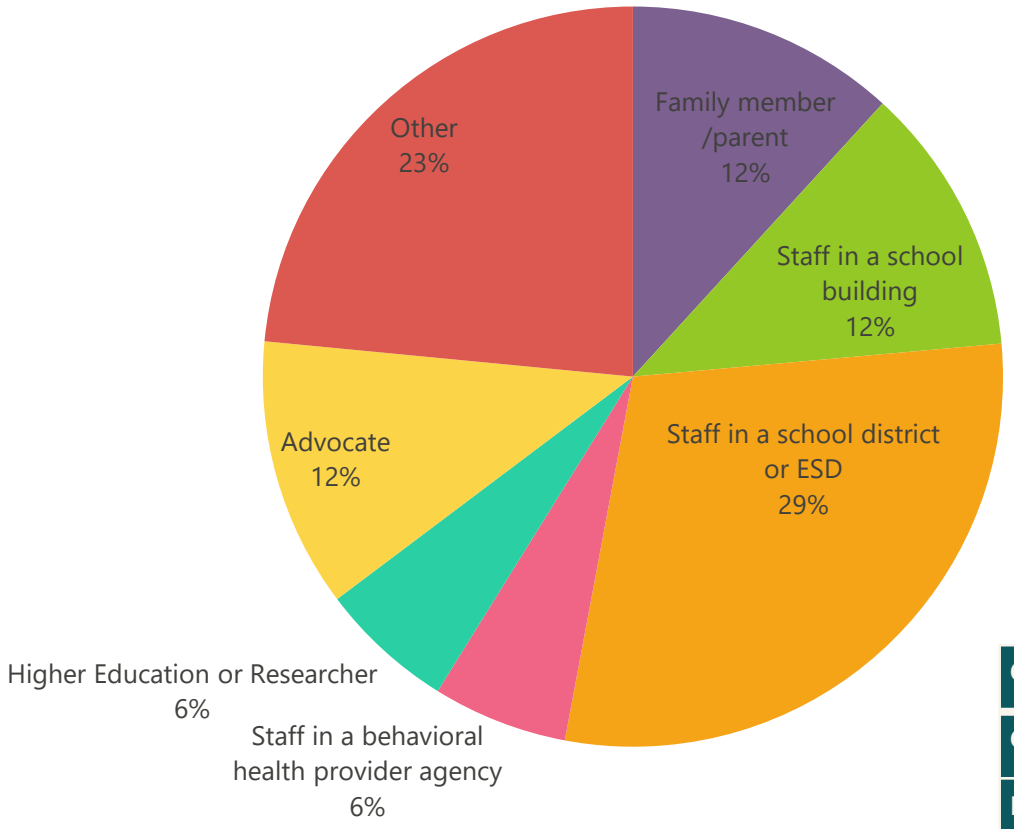
Cynthia (Cindi) Wiek

Group Agreements

- Share airtime; make sure all voices have the opportunity to be heard
- Stay engaged
- Speak your truth
- Expect and accept non-closure
- Listen with the intent to learn and understand
- Assume positive intentions
- Disagree respectfully
- Clarify and define acronyms
- Develop a definition for BH for the purpose of this group
- Take care of yourself and take care of others
- Ask for clarification
- Listen harder when you disagree
- Avoid using the phrase “committed suicide,” instead refer to it as a cause of death
- Person first language

Survey Results

17 Responses including:



Other
Child psychiatrist and school board director
Philanthropy
State Representative
several of above. County BH-ASO Staff leading our Youth BH Providers, Children's Crisis Response system, Clinician, Advocate.

Greatest barriers to support student behavioral health

	#1 Reason		#2 Reason		#3 Reason		Responses
	Count	Row %	Count	Row %	Count	Row %	Count
There are not enough behavioral health professionals in schools	7	53.8%	2	15.4%	4	30.8%	13
The system is fragmented or not a system	6	50.0%	2	16.7%	4	33.3%	12
There are not enough behavioral health professionals in the community	1	14.3%	3	42.9%	3	42.9%	7
Funding is inadequate	3	50.0%	2	33.3%	1	16.7%	6
Educators do not receive adequate training to support student behavioral health	2	33.3%	3	50.0%	1	16.7%	6

Top Priorities

Item	Overall Rank	Score	Total Respondents
Support for MTSS implementation in schools	1	103	15
School staffing enhancements (e.g., more counselors, social workers, nurses & psychologists)	2	99	14
Funding to support behavioral health providers to collaborate with and train school staff (Interconnected Systems Framework)	3	92	15
Funding for training on culturally-responsive behavioral health supports for students, including suicide prevention	4	86	14
State funding for portion of clinician FTE in schools (South Carolina model)	5	83	14
Coverage-blind services for student behavioral health	6	82	15
Universal health coverage for children/youth 0-25, including behavioral health	7	81	16

Additional information

Response
I believe *a Department of Mental Health would start to correct and address all of these* but put it 5th because it feels so unlikely to get traction any time soon.
For clarification, this, "more counselors, social workers, nurses & psychologists" is not adequate to address the behavioral heath issues in school because counselors are not clinicians, and psychologists are deployed as test administrators. *More social worker will help*!!! More LMHC's in schools will help more!
As an advocate for integrated medical-behavioral health care in school-based health centers, I'll add that student needs are complex, particularly among our most underserved students, and that their physical health and behavioral health need to be addressed in an integrated way. So I'd urge *more school district collaborations with healthcare agencies that can provide both primary medical and behavioral health care in schools to ALL students in a school regardless of their insurance status or ability to pay* (sustainably, with better coverage/funding for all services provided in the SBHC).

Additional priorities members would add to the list

Response
Funding for Behavioral health providers to be able to provide direct mental health services.
Integration of Social Emotional Learning within the classroom

Break

Building the roadmap

Identifying needs, gaps, and resources

- The subcommittee has identified gaps and goals
- We have access to data on Medicaid coverage and private insurance coverage and have heard about barriers related to billing and provider capacity
- We heard the research on where children/youth receive behavioral health services: The largest percentage of youth with mental health symptoms received services in schools (22.1%), followed by outpatient settings (20.6%) and primary care (9.9%). (Duong, Bruns, et. al., 2020)

What is needed

- Quantifying the annual need for behavioral health services for children and youth
- Quantifying the gaps between needs and current resources
- Determining the costs of filling these gaps
- Distributing resources equitably so that children and youth receive the appropriate services when they need them and where they can best access them

2022 Concept

- Legislative proviso to fund an analysis of:
  - Prevalence
  - Needs and Gaps
  - Costs
  - Distribution of resources

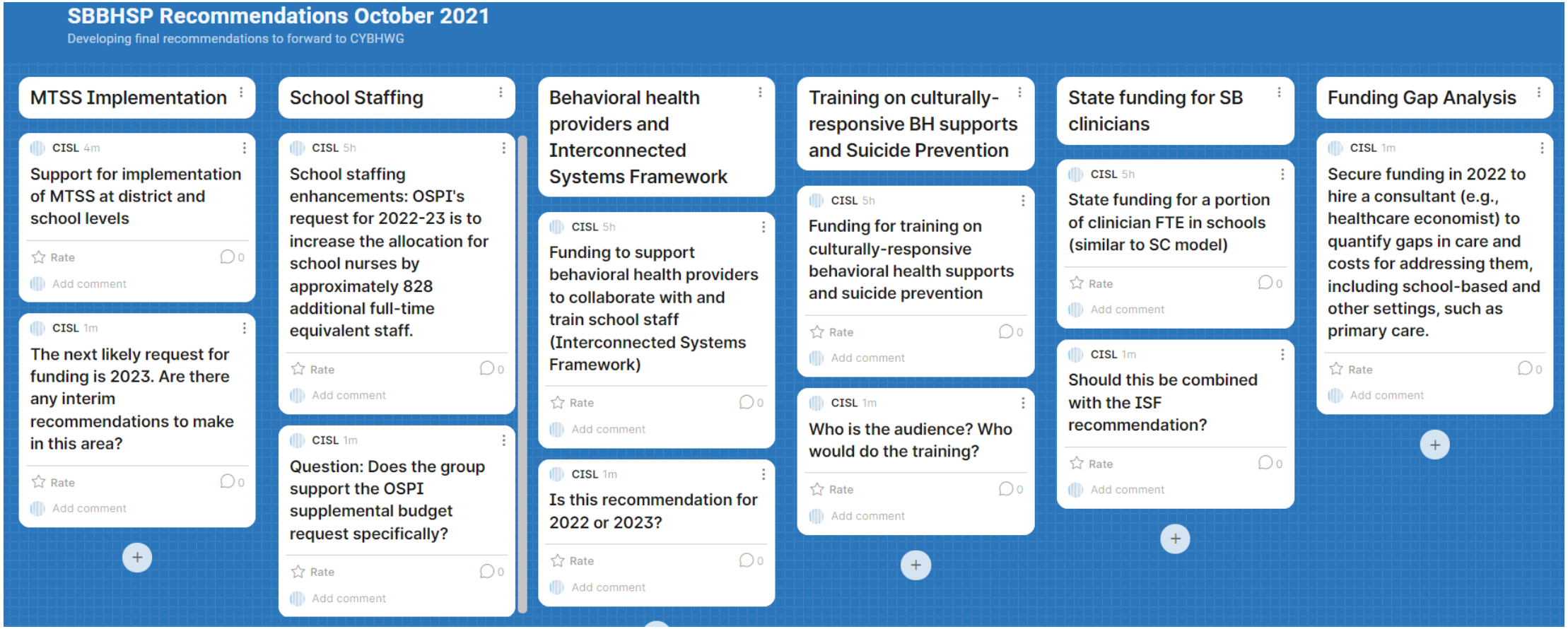
Breakouts

https://padlet.com/CISL/zklaojnjjustsgso

Using the Padlet

- Members can rate the recommendations by selecting 1-5 stars
- Members can respond to prompts or add questions or comments

Looking at the top 5 survey recommendations (plus one)



Break (mute/cameras off)

Report back

Public Comment

Please indicate in the Chat if you would like to make a public comment

Public Comment is open to members and non-members

Please limit your remarks to 3 minutes

A new term will start in January

- Member terms end 12/31/21
- Members are eligible to reapply
- Applications will be distributed in early November
- Please help us find interested students/youth and parents who are interested in joining the subcommittee.
- If you are not already on the mailing list for this subcommittee but want to apply, please let Mark know: mark.mckechnie@k12.wa.us

Next meeting

Friday, December 3, 2021

9:00 am - Noon