

Agenda: School-based Behavioral Health and Suicide Prevention Subcommittee
December 3, 2021, 9:00 a.m. to Noon

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

Staff: Maria Flores, Christian Stark, Maria McKelvey Hemphill (OSPI); Rachel Burke and Cindi Wiek (HCA)

Agenda Item	Leads
Introductions, Group Agreements, and Housekeeping	<p>Rep. Thai and Lee Collyer</p> <p>Discussion:</p> <p>Jerri Clark:</p> <ul style="list-style-type: none"> we think that behavioral health is something shaped in the home, but it also is shaped by the culture of the school a student learns in <p>Jill Patnode:</p> <ul style="list-style-type: none"> have a couple studies that are about to be released; will send them to the group when they are published; exploring doing a landscape study for schools in WA
2020-21 Member Exit Survey	<p>Christian Stark</p> <ul style="list-style-type: none"> To close this two-year term, we would to give you an opportunity to give feedback. Survey will be emailed out after this meeting and you will have until December 10, 2021 to complete it. I will share the survey quickly now so you can get a sense of what it will be like. First question can be skipped if you would like to provide feedback without your name attached to it. Number four is important in order for us know who should be better represented in the group.

2022-23 Membership Application Process Overview

Lee Collyer

Discussion:

Lee Collyer:

- big proponent of geographic representation
- this group is statewide – need to think about our most urban districts, our most rural districts, etc.
- We were keeping membership at 20-25 last cycle, will be increasing to 30-35.
- Please let us know if regions are not represented. We would like to know how to connect with them.
- Request for members to think about what presentations you want to see in future meetings

Avreayl Jacobson:

- OSPI is pretty decentralized
- aware that solutions that work in one area, don't always work elsewhere
- challenge in King County: how do we help support school community relationships knowing that they are all unique?
- how do we really provide options for support for school districts around social/emotional health knowing that they still need to choose options based on what works for specific schools

Lee

- do we want to have a presentation from WASDA?

Rep. Thai

- We need to look at the local level. Does it mean we need to look at different subgroups at a more local level?
- How could we incorporate listening sessions to engage groups we aren't consistently hearing from?

Lee Collyer

- Talking with Sarah Butcher about doing authentic community engagement
- We know it's difficult for youth and families to attend meetings from 9-12 on Friday morning, particularly when we aren't providing compensation

Jeannie Nist (in chat):

- "A suggestion and an offer. Communities in Schools is part of the Youth Development Strategy Table, a statewide coalition of youth development providers, many of our programs work with students and provide services in the school setting in collaboration with school district partners. I would like to see more community based orgs represented in these conversations and I will share the application for this subcommittee with the distribution list for the YDST."

Jeannie Larberg:

- Have 151 referrals just for Consejo, 250 for community
- Part of Pierce county tax levy coverage
- Can't create robust school-based services without system supports for kids in an MTSS system
- Moving toward holistic view of how to support students within a framework that supports academic learning

Jeannie Nist:

- Having the voices of more CBOs in this group would be good
- Happy to send out app material within her network

Lee:

- Gap with youth participants – most likely because of meeting time
- Need to have a couple standing youth members – that voice is missing
- First membership cycle, had a really strong youth presentation from students in Issaquah
- Can we offer school credit?
- How do we get people outside of school district?

Jerri Clark:

- can outreach to the FYSPT network
- FYSPT and P2P are ways to outreach to families and youth.
- Bullying issues are definitely amplified among families that PAVE serves.
- School staff I'm interacting with feel frustrated that they are being asked to "respond to the children's mental health crisis" without being provided resources, time, or relief of pressure from performance outcomes. I heard one student services director say that children are consistently 2 years behind developmentally due to COVID interruptions in SEL.

Avreayl Jacobson:

- to add to Jeannie's comments on referrals. another aspect of the dynamic we are in the midst of is the significant workforce openings in the Public Community BH Agencies/Systems.
- Many teachers feel challenges in teaching academic classes in the face of critical BH needs among their students
- Managing classroom behavior becomes a completely unique and consuming challenge
- Had national leadership for a time that encouraged aggression as a solution for dealing with interpersonal challenges
- Beyond resources – what if we (at the school or as parents) are all we have?
- How do we respond with the resources we have?

Harry Brown:

- How do we implement SEL but ALSO how do we support our teachers?
- How can somebody take the info we have and easily implement it into their academic instruction to help kids learn how to be back at school – especially this year given the impact of COVID

(Unsure of speaker)

- The conversations with staff around their own mental health. How do you manage all the change?
- There needs to be a priority put on school districts to help put in the SEL. Districts need to be told that you have to put x amount of time to SEL or your academics are not going to work.

Jeannie Larberg:

- We are curriculum rich in our school district for SEL for last 5 years, but the challenge is how to make it fit when we have union decision making and OSPI mandates with Academics.
- I agree Elise that PBIS is effective and SEL but it is the other things on plates.

Lee Collyer:

- SEL committee is in our office, would be easy to engage those folks in this group
- We do a disservice to ourselves if we don't treat SEL as the bedrock of BH services

Jerri Clark:

- went to a Special Education Advisory Committee meeting
- Isn't SEL everything? What do we have if we aren't focused on SEL?
- It wasn't being talked about then and finally is becoming more of a part of it now

Lee:

- making that a more formalized partnership.

	<ul style="list-style-type: none"> • Comment: There is a statewide leadership group meeting to support the implementation of SHB 1363 secondary trauma in k12 workforce. Ella Deverse (OSPI) is leading it
<p>School-Based Health Center (SBHC) Presentation</p>	<p>Sandy Lennon, WA SBHA Sara Rigel, WA SBHA and Public Health – Seattle/King County</p> <p>Benefits of SBHCs:</p> <ul style="list-style-type: none"> • Avoiding taking students away from school for large periods of time • Use can increase attendance and engage parents and community <p>SBHC Model of Care:</p> <ul style="list-style-type: none"> • Expecting partners to dig deeper into students’ needs, whole-child • Providers encouraged to dig into root causes of school and academic struggles • What is a school-based health center Defined here? • 60 SBHCs in 25 school districts. • Key is that it is integrated with the school • All look different some are in the school, some are near by • School based service services to all school children regardless of insurance status or lack thereof. • Integrated physical mental and other healthcare services • Screening- provided by RN and other physicians • Helps cut out the travel and out school time. • Help increase attendance; increases school connectiveness. • Helps engage parents and community • It is inclusive and really understanding of all the information for the student. • Primary care provider PA or ARNP behavioral health • Substance abuse counseling and health education- come in a few times a week <p>School Mental Health Pyramid:</p> <ul style="list-style-type: none"> • All (tier 1) -> some (tier 2) -> few (tier 3) • Tier 2 focus allows us to do more early intervention and bridge proactively to tier 3 services. Tier 2 Targeted Interventions School based mental health moderate intensity shot term (we like to stay here. It supports an early intervention) • Tier 3: Intensive Interventions - higher intensity, longer durations • Tier 1 core interventions - all student <p>SBHC Data:</p> <ul style="list-style-type: none"> • Users and visits • Have clinics in largest high schools in Seattle • king county we are collecting data from 32 SBHC sites. 2019-2020 medical users, 7,024 mental health users, 2310 other users (this could be for drug use or other needs), 94 total users 8203 medical visits, 18356 mental health visits, 13529 this varies from building to building. • In smaller schools – up to 80% of students receiving services (through the SBHC) • In one of largest schools in Seattle – 20% of student qualify free and reduced lunch in school; 80% of students accessing SBHC qualify for free and reduced lunch <p>Sources of Funding:</p> <ul style="list-style-type: none"> • 5 SBHCs have received funding in the state capital budget over the last 3 years • In King County, have the luxury of property tax levy funding for services

Group Discussion:

Questions

- Lee: Noticed in your model you have licensed provider. do you ever have anyone that works in one that pre- licensed?

Sandy:

- Staffing is a challenge – especially with hiring MH providers
- Historically these people have always been licensed
- The model calls for a lot of independence among center staff
- Difficult to find clinical supervisor – need for more resources to fund these positions

Kelcey Schmitz:

- how do these services connect with school MTSS efforts?

Sara Rigel:

- Designed to work together but not take the place of the schools MTSS efforts
- Lack of specificity around what tier 1 services are needed and often SBHC staff get pulled by schools on both sides

Jerri Clark:

- I am curious about this here in Washington, why isn't every school district pushing for this
- From South Carolina – state effort to push SBHCs into every school – where's the push back?

Sandy Lennon:

- school awareness and resources
- not knowing where to start
- some districts and schools may just be too small to sustain a brick and mortar SBHC space
- Aware of some efforts to establish mobile services
- Concerns about health care in schools at all
- Concerns from parents about what confidential services are being offered to students in schools
- Working with the DOH to implement the new program office and grand funding
 - Aiming to have more resources to offer soon

Avreayl Jacobson:

- OSPI/state education structure in WA is much more diffuse than the one that South Carolina has to work with in their state
- Part of what makes these programs great is that they can respond with agility to student needs that arise

Sara Rigel:

- these clinics don't make any money and often barely break even
- They are also intentionally seeing small numbers of students each day
- Grants designed to pay for staffing

Jerri Clark:

- Behavioral healthcare will never be a money-making service, and that's why the state has to take the lead and cannot rely on goodwill to meet the needs.

Sara Rigel:

- Hear stories from CHCs that offering these services is the right thing to do even though they aren't likely to break even doing it

Break	
Statements of Support	<p>Lee Collyer</p> <p>Statement of Support</p> <ul style="list-style-type: none"> Feedback from this group about whether we want to offer a formal statement of support? <p>Discussion:</p> <p>Rep Thai:</p> <ul style="list-style-type: none"> Do we want to push out a statement from our subgroup that supports the OSPI decision package. Are there others that we would like to put out there? <p>Lee:</p> <ul style="list-style-type: none"> this is not replacing our other supports. This is separate. <p>David Crump:</p> <ul style="list-style-type: none"> I would like to ask a clarifying question, what I am hearing is that you would like to know if this committee feels comfortable providing a supporting statement for this? <p>Rep Thai:</p> <ul style="list-style-type: none"> This group is created by the legislature. So, we do have the weight to provide the support on what we are funding. Within the house Democratic caucus, we have more budget provisos then bills <ul style="list-style-type: none"> Much of the focus is around mental and behavioral health plus BH workforce We have weight as a subcommittee and full work group in offering our support <p>David Crump:</p> <ul style="list-style-type: none"> Do you have the wording for this support? If we had offer support, does that lessen our ability to support other priorities? School counselor funding came through last year – this funding is to meet need outlined in 1999 <ul style="list-style-type: none"> Has funding gap for school social workers been met yet? No <p>Elsie Petosa:</p> <ul style="list-style-type: none"> Have other ESA groups met their prototype. <p>Lee:</p> <ul style="list-style-type: none"> The school counselor came through last year. This is meeting a 20-year gap. From like the 90s. We are near emergency with school nurses. <p>Elise Petosa:</p> <ul style="list-style-type: none"> Did school counselors (levels?) get met? <p>Lee:</p> <ul style="list-style-type: none"> This is in response to our stretched thin school nurses. Due to the pandemic. <p>Rep Thai:</p> <ul style="list-style-type: none"> Back to David. I still believe the statement from this group would put certain wright behind which ever topic we choose to put our weight behind. <p>Lee:</p> <ul style="list-style-type: none"> School nursing staffing is at near emergency levels of need Believe decision was made at OSPI to support nurse staffing given the context of this global pandemic and how stretched thin our nursing core is Got recent data that one third of school nurses are considering leaving their jobs in the next year <p>Avreayl Jacobson:</p> <ul style="list-style-type: none"> We are still very much in a crisis place related to the people we serve To school staff: would you consider your school nurse to be the next most important member of your staff right now?

- This is in the context of scarcity – the question of whether these funds are in lieu of other funding priorities
- Long wait-list to get into tier 2 services
- Families are so much in need they aren't able to wait the time to wait for services – long waitlist
- Need is exponentially larger than its ever been
- How do we shore up our “school crisis” frameworks? We things do we need to assure that we can meet baseline needs

Lee

- Ultimately the truth is that we can allocate funding **for** school nursing, but local control still allows schools leeway in how they actually spend the money

David Crump

- Do we say, we don't want to support something like this DP but it doesn't directly support the focus of this work group
- Or do we say, we want to support this DP in the name of further integration of physical and mental health care?

Sandy Lennon:

- I do believe that the school nurses can be the first stop for triage. I am not sure how this relates to what our recommendations.

Rox Thompson (guest, in chat):

- The School Funding Coalition (which is comprised of Superintendents, School Boards, Principals, etc...) supports the OSPI budget request for fully funding updated nurse ratios, coupled with policy language to ensure that nurse funding can be used flexibly within the category of SEL and safety staff in the prototypical funding model. So, just like Lee said, districts are asking for flexibility just within the box of support staff of nurses, counselors, social workers, psychs, etc...

Sandy Lennon

- As someone advocating for school-based care, many school nursing staff have not been able to focus on doing their regular work because they are so busy triaging all the issues related to the ongoing pandemic
- Very much in support of this DP
- How does this decision on statement of support relate to the formal recommendations this group has already advanced to the full CYBHWG

Lee:

- This is just a separate activity separate from those recommendations. I must speak up for our school nurses. They are the first tier. They are often the first response to students on the suicidal front. It is not just physical.
- This action is not in place of those recommendations
- Nurses do play a role in BH response
- They are often the first line of support for students experiencing suicidality

Avreayl Jacobson

- These is less stigma about seeking physical health then MH
- Contributes to the idea of nurses as first line responders for students

Sandy Lennon

- `as a parent of 3 kids – 2 of whom has found schools to be anxiety inducing places who has found themselves in school nursing offices because of anxiety-driven concerns
- Would this group

Rep. Thai

- Please put a thumb from the members 8 reps yay. In support. Please look for the email coming to you.

Public Comment	<p>Please notify Christian Stark in the chat if you wish to make a public comment (approx. 3 minutes per person)</p> <p>Public Comment</p> <p>Dr. Phyllis Cavens:</p> <ul style="list-style-type: none"> • Medical director of 2 clinics (one in Cowlitz, one in Clark county) • We have rapidly co-located physical and MH services or integrated them • Supportive of any increased funding but wants... • In this current context – the only way out of this crisis is by aiming supports at caring for the whole child
Closing reminders and February meeting	<p>Christian Stark:</p> <ul style="list-style-type: none"> • You will get the exit survey after this meeting. It closes Dec 10. Then will move into our member applications Dec 13 to Dec 30, first meeting of next cycle will be Feb 4, 2022.
Adjourn	

Next Meeting: February 4, 2022 (start of new member term)

Attendees

Elizabeth Allen
 Rachel Burke, Health Care Authority (HCA)
 Lisa Callan, WA State Representative, 5th Legislative District
 Phyllis Cavens
 Erica Chang
 Thalia Cronin
 Maria Flores, Office of Superintendent of Public Instruction (OSPI)
 Carrie Glover

Kristen Hennessey, OSPI
 Gwen Loosmore, WSPTA
 Sally McDaniel, Greater Lakes Mental Health
 Mick Miller
 Sara Rigel, WA SBHA and Public Health – Seattle/King County
 Janice Schutz
 Daniel Smith
 Rox Thompson
 Jackie (foster parent)

School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

December 3, 2021



Washington Office of Superintendent of
PUBLIC INSTRUCTION



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 the valued resource the Tribes have defined as their children. They are the Tribes' future.



Agenda: December 3, 2021

Agenda Item	Leads	Time
Introductions, Group Agreements, and Housekeeping	Rep. Thai and Lee Collyer	9:00 – 9:15
2020-21 Member Exit Survey	Christian Stark	9:15-9:30
2022-23 Membership Application Process Overview	Lee Collyer	9:30-10:00
School-Based Health Center (SBHC) Presentation	Sandy Lennon, WA SBHA Sara Rigel, WA SBHA & Public Health Seattle/King County	10:00-10:30
Break		10:30-10:40
Statements of Support	Lee Collyer	10:40-11:10
Public Comment	<i>Please notify Christian Stark in the chat if you wish to make a public comment (approx. 3 minutes per person)</i>	11:10 – 11:20
Closing reminders and February meeting	Christian Stark	11:20-11:30
Adjourn		11:30



Welcome Members and Guests

Members

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

Voices of Families and Young People:

Brooklyn Brunette

Jason Steege

Molly Merkle

Patti Jouper

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

Eric Bruns, Director of Training and Technical Assistance, UW SMART Ctr.

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

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

Katrice Thabet-Chapin, School Psychologist, Vancouver Public Schools

Kathryn Yates, Elementary Co-Principal, Chief Leschi School District

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:

Maria Flores
RJ Monton
Justyn Poulos

Healthcare Authority:

Keri Waterland
Diana Cockrell
Rachel Burke
Cynthia (Cindi) Wiek

OSPI Behavioral Health & Suicide Prevention Program:

Christian Stark



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





2020-21 Member Exit Survey

2020-21 Member Exit Survey

After this meeting: See email with
survey link

6 multiple-choice questions

3 open-ended questions

~15-20 minutes total to complete

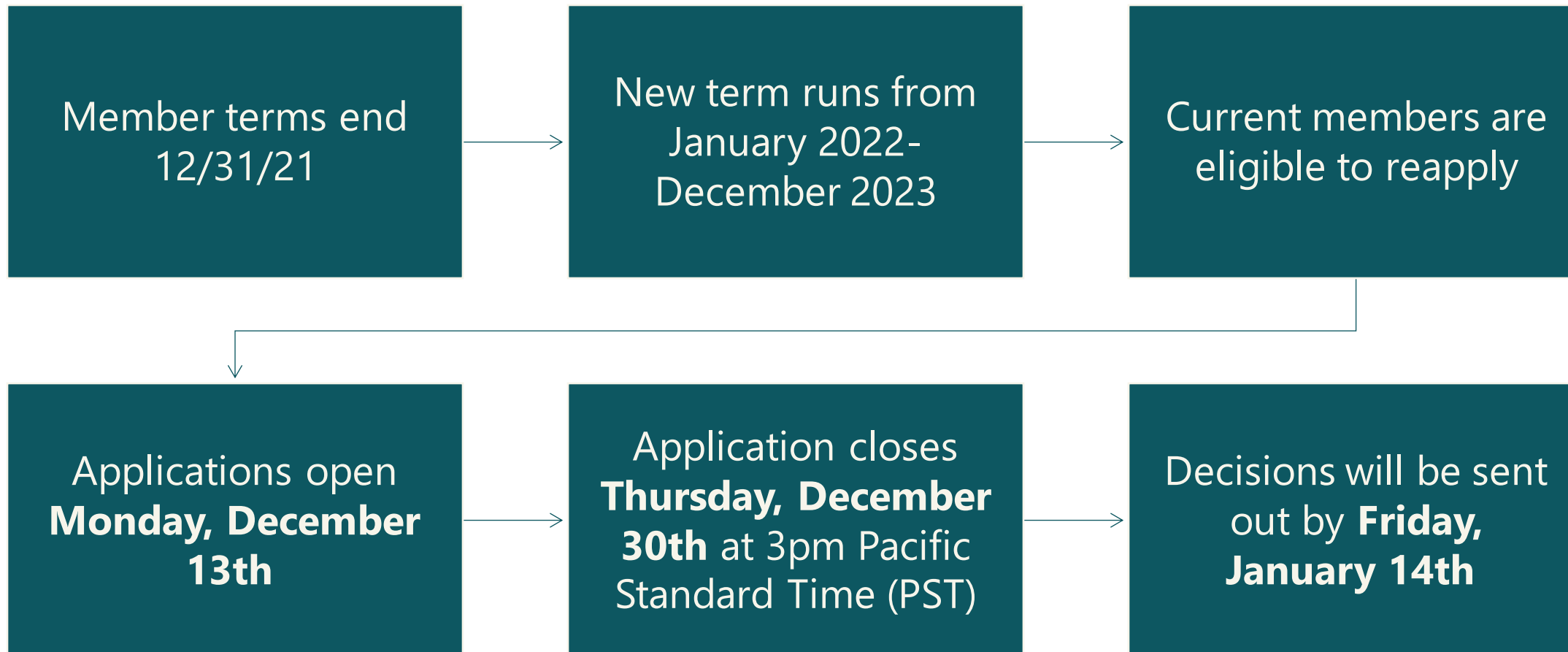
The closing date for responses is
next **Friday, December 10th** at 3:00 pm
Pacific Standard Time (PST)





2022-23 Membership Application

A new term will start in January



2022-23 Membership Application



Forward application materials to your networks

Who should we add to our contact list?

For more information, contact Christian at christian.stark@k12.wa.us



School-Based Health Centers in Washington State

School-Based Behavioral Health & Suicide
Prevention Subcommittee

December 3, 2021





Washington School-Based Health Alliance

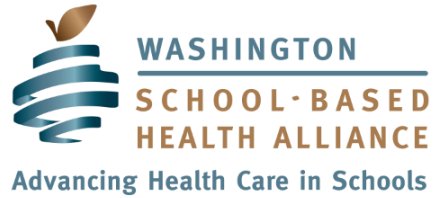
Our vision:

All children and youth are healthy, thriving and successful.

Our mission:

Advance and advocate for school-based health care to ensure the health and academic success of children and youth statewide

- Since 2010
- State affiliate of the National School-Based Health Alliance
- www.wasbha.org
- Contact: Sandy Lennon, Executive Director, slennon@wasbha.org



Who We Are

Sandy Lennon

Executive Director, WA SBHA

Sara Rigel

Board President, WA SBHA

*Program Manager, School-Based Partnerships Program, Public Health—
Seattle & King County*

Erin Dziejczak & Carrie Glover

Dziejczak Public Affairs (WA SBHA lobbyists)

School-Based Health Centers Defined

What is a school-based health center (SBHC)?

- A SBHC is a **student-focused health center** located in or adjacent to a school where students can receive **integrated medical, mental health, and other healthcare services**.
- A SBHC is a collaboration between the community, the school and a **healthcare sponsor**.
- The healthcare sponsor can be a community clinic or healthcare system, hospital, public health department, or tribal program. The **sponsor staffs and manages operations of the SBHC**.
- A SBHC **serves all students in a school regardless of insurance status or ability to pay**.



SBHC Services

Integrated Physical, Mental and Other Healthcare services

- Preventive well-child care & sports physicals
- Immunizations
- Screenings (depression, SBIRT for substance abuse)
- Chronic disease management
- Acute care
- Reproductive health care
- Mental & behavioral health counseling
- Preventive and primary dental care
- Health education
- Care coordination

Youth-Based Population Health and Preventive Services

- Student support and counseling groups
- Health education in classrooms

Community-Based Population Health & Preventive Services

- Attend family-oriented school events and resource fairs
- Facilitate/support parent groups
- Coordinate with other community resources

School Coordination and Engagement Services

- Coordinate with school staff and administration for student support
- Support teachers and school staff with health expertise and resources



Benefits of SBHCs

School-based health centers:

- Provide easy access to health care
- Identify problems earlier
- Improve student health
- Reduce barriers to learning
- Increase attendance
- Save parents and employers time and money
- Engage parents and community
- Increase school connectedness
- Support teachers and school staff

SBHC Model of Care

- A youth-centered, whole-child approach
- Integration with the school
- Coordination with families, school nurse, school counselors, teachers and other school staff
- Coordination of care with other providers in the community



Common SBHC Staffing Model (varies by site)

Core staffing:

- Primary care provider: PA or ARNP
- Behavioral health provider: LISW or LMHC
- Clinic coordinator

Other staffing for e.g.:

- Dental care
- Substance abuse counseling
- Health education

School Mental Health Pyramid

Tier 3: Intensive Interventions:
Community Mental Health Services

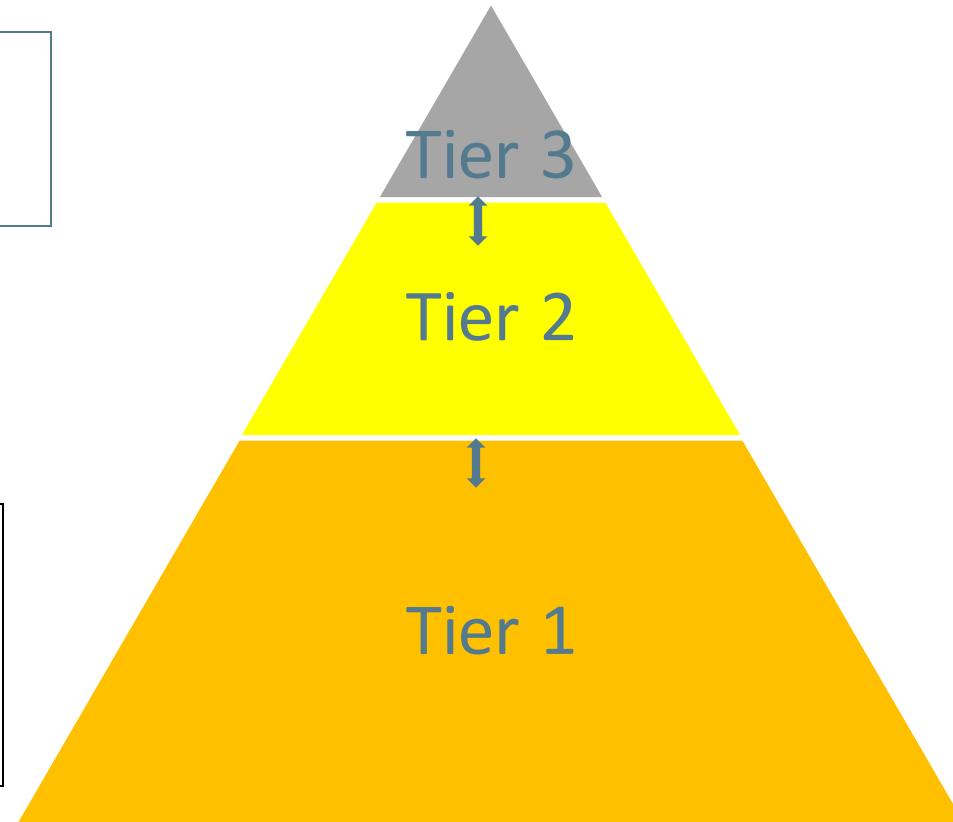
- Higher intensity
- Longer duration

Tier 2: Targeted Interventions:
School-Based Mental Health

- Moderate intensity
- Shorter term

Tier 1: Core Interventions (all students):
District/Building-Level Program & Policy

- Social/emotional learning curricula
- Bullying prevention programs
- Drug/alcohol education
- Trauma-informed discipline policy



Value of integrated care for behavioral health

Medical and behavioral health (BH) providers working side-by-side and coordinating care in a SBHC means ***more students' behavioral health needs are identified earlier and can be addressed sooner and more holistically.***

Behavioral health concerns are frequently identified in screenings, exams or conversation ***during a SBHC medical appointment*** (sports physical, well-child visit, visit for chronic or acute care) and can lead to a warm handoff to the BH provider next door for quick access to care.

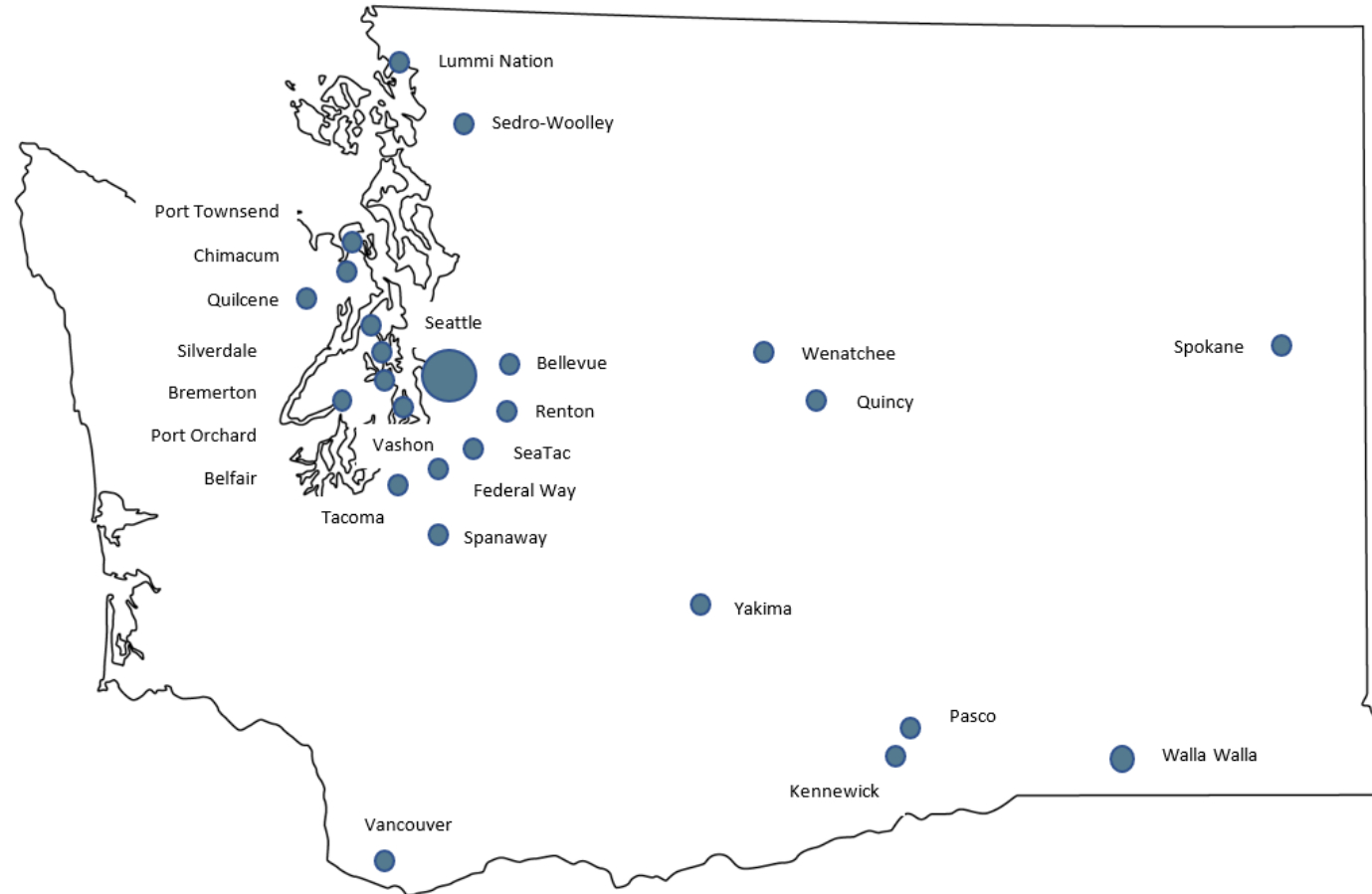
Conversely, ***behavioral health concerns can stem from physical health issues***, and a SBHC BH provider can do a warm handoff to the medical provider next door for assessment, treatment or referral.

An integrated school-based approach can be particularly important for our most underserved students and those with complex needs.

Utilization of services in SBHCs: example from King County

2019-2020 School Year <i>(with COVID impacts in spring 2020)</i>	Medical Users	Mental Health Users	Other Users	Total Users	Medical Visits	Mental Health Visits
All 32 SBHC sites in King County	7,024	2,310	94	8,203	18,356	13,529

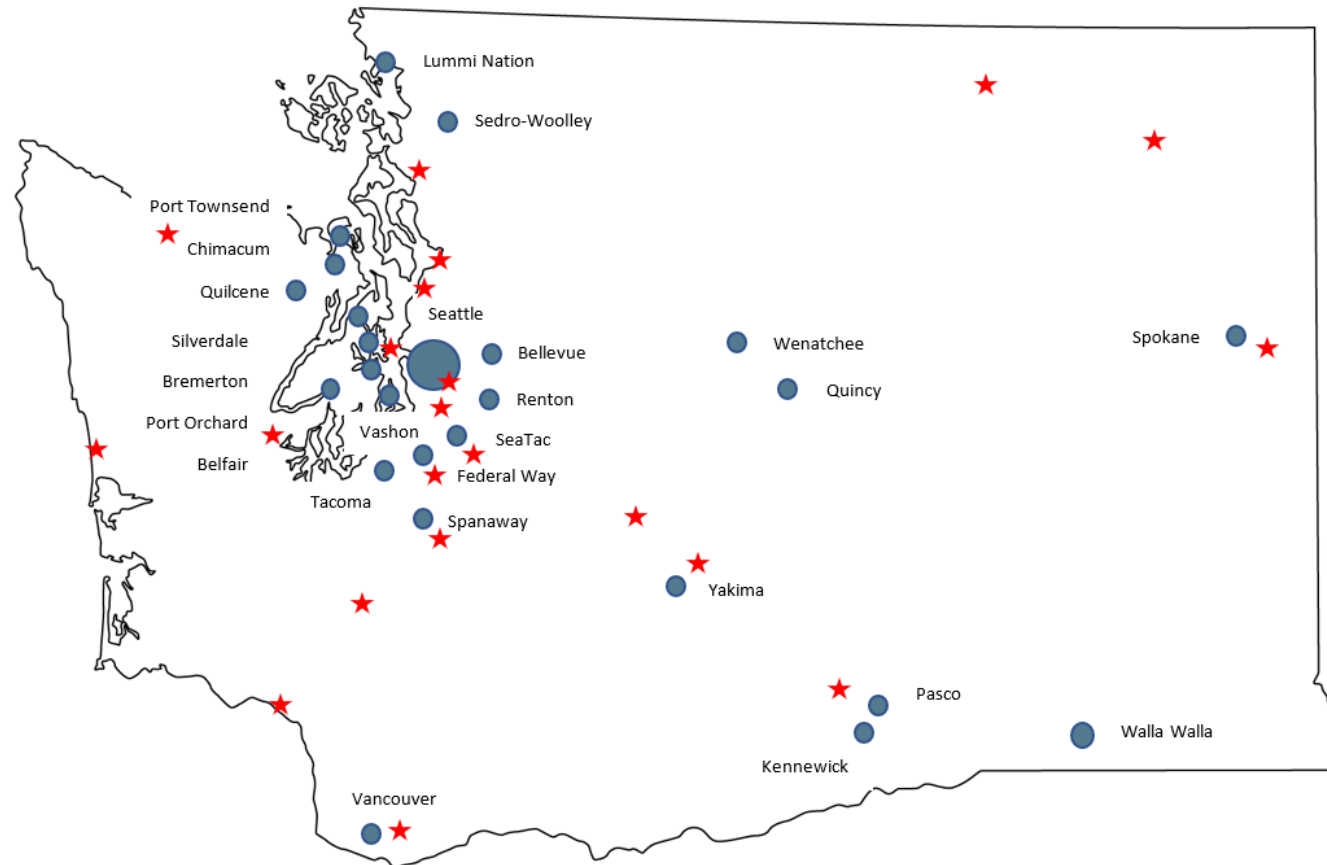
School-Based Health Centers in Washington



1988: first SBHC in WA opened as a pilot at Rainier Beach High School in Seattle
2021: 60 SBHCs providing integrated care

Growing demand for SBHCs

★ Where WA SBHA knows of school districts inquiring, planning or starting up new SBHCs



SBHC Agreements

Common practice for school districts in Washington to establish with SBHC healthcare sponsors:

- Lease agreement
- Memorandum of understanding (MOU)

Lease and MOU define and clarify, for example:

- Indemnification of school district from liability for SBHC operations
- Minimum insurance requirements of healthcare sponsor
- Purpose of collaboration
- District and healthcare sponsor roles and responsibilities
- Scope of SBHC services
- Consent for services & minor consent law
- Data-sharing in serving students: purpose, consent, and limits per HIPAA & FERPA

May also establish additional data-sharing agreements for program evaluation purposes

HIPAA & FERPA application in SBHC collaborations

Institutional level	Individual student level
Memoranda of Understanding (MOU)	FERPA consent
Data-sharing agreements	HIPAA Release of Information (ROI)
Operationalizing in practice	

SBHC Data

National level:

- SBHC Census every three 3 years by national School-Based Health Alliance
- National Quality Initiative (NQI) five standardized performance measures: well-care visits, risk assessment, body mass index, depression screening, chlamydia screening

State Level:

- WA SBHA tracking existing and emerging SBHCs
- Voluntary annual SBHC performance measure reporting to NQI
- *Project currently underway to establish common statewide SBHC data platform*

Local level:

- Data collection and reporting depends on individual SBHC healthcare sponsor, funders, etc.
- Public Health—Seattle & King County collects for their 34 SBHCs:
 - Annual service & utilization data
 - Annual standardized performance measures (NQI + SBIRT for SUD)
 - Academic data
- Public Health—Seattle & King County & UW SMART Center working on updated study of the “Impact of School-based Health Center Services on Education Outcomes” in Seattle Public Schools.

SBHC Sustainability Challenges

Some challenges for SBHC sustainability include:

- **Population-based services, student-centered care, and coordination with families and school community are not fully compensated** with insurance reimbursements.
- **Confidential mental health, substance abuse, and reproductive health services are not billed** to private insurance for fear of breach of confidentiality through EOBs or billing.
- **Resulting funding gaps may** limit the scope of services and value a SBHC can provide, or require subsidy.
- **Many communities in greatest need of services cannot support SBHCs** with local levies or other local funding. This **perpetuates inequities in healthcare access** among children and youth across the state.
- ***State SBHC funding is a start in addressing some of these challenges.***

Sources of SBHC funding in Washington

Capital funding provided by, for example:

- School districts, in consideration of the benefit to the district
- Local levies
- State capital budget
- Federal funding, e.g. HRSA
- Healthcare sponsor contributions to SBHC renovation
- Private donor and local business contributions

Operational funding provided by, for example:

- Medicaid and third-party insurance billing
- Local levies
- Federal funding, e.g. HRSA
- Community benefit contributions of larger hospital or healthcare systems
- Private grants and donations
- In-kind support of school districts, in consideration of the benefit to the district
- *In process:* State grant funding provided through the Washington State Department of Health following passage of House Bill 1225 in 2021

SBHC Work Group 2020

In fall 2020, Rep. Monica Stonier convened a SBHC work group in partnership with the Washington School-Based Health Alliance (WA SBHA).

The work group brought together over 30 state-level SBHC stakeholders including legislators from both parties, state agencies, and associations representing families, schools and health care. The work group identified challenges to the expansion and sustainability of the SBHC model statewide and opportunities to address these challenges.

House Bill 1225, passed during the 2021 session, was the first step in advancing the recommendations identified by the work group.



HB 1225 Concerning school-based health centers: PASSED in 2021

HB 1225 creates a state program office for SBHCs at the Department of Health that will provide SBHC planning, start-up and operating grants; monitor and evaluate grantees; partner with a statewide nonprofit organization to provide SBHC training and technical assistance; and help coordinate with other state agencies and entities in support of SBHCs in collaboration with local communities.

Priority for the 2022 Session

Our priority for the 2022 session is to advocate for the SBHC component of the Department of Health Decision Package related to Young Adult Behavioral Health:

Expand the school-based health center program to support access to behavioral healthcare in academic settings.

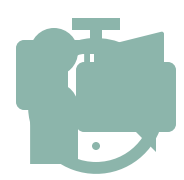
This request would increase grant funding for SBHCs by \$1.4m, for a total of \$2.7m, to become available in FY2022.



Break (mute/cameras off)



Statements of Support



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



Looking forward



Next meeting

Friday, February 4, 2022

9:00 am - Noon

