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

**Date:** Friday, October 7th, 2022
**Time:** 9am-12pm

**Leads:** Representative My-Linh Thai, Lee Collyer

| Members | | | | | |
|---|---|---|---|---|---|
| ☒ | Representative My-Linh Thai, Co-Chair (41st Legislative District) | ☐ | Kristina Faltin (Parent/Family) | ☒ | Jill Patnode (Kaiser Permanente) |
| ☒ | Lee Collyer, Co-Chair (Office of the Superintendent of Public Instruction) | ☐ | Lydia Felix (Youth/Young Adult) | ☐ | Pearle Peterson (Youth/Young Adult) |
| ☒ | Elizabeth Allen (Tacoma Pierce County Health Department) | ☒ | Avreayl Jacobson (King County Behavioral Health and Recovery) | ☒ | Elise Petosa (WA Association of School Social Workers) |
| ☐ | Anna Ashe (Parent/Family) | ☒ | Jeannie Larberg (Whole Child Sumner-Bonny Lake School District) | ☐ | Kelcey Schmitz (UW SMART Center) [Alternate: Eric Bruns] |
| ☒ | Rachel Axtelle (South Kitsap School District) | ☒ | Sandy Lennon (WA School-based Health Alliance) | ☒ | Katherine Seibel (Committee for Children) |
| ☐ | Tawni Barlow (Medical Lake School District) | ☒ | Gwen Loosmore (Advocate) | ☐ | Michelle Sorensen (Richland School District/Washington Association of School Social Workers) |
| ☒ | Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry) | ☐ | Catherine MacCallum-Ceballos (Vancouver Public Schools) | ☐ | Courtney Sund (Highland School District) |
| ☒ | Donna Bottineau (Parent/Family) | ☒ | Ashley Mangum (Mary Bridge/Kids Mental Health Pierce County) | ☐ | Cibeles Tomaskin (Parent/Family) |
| ☐ | Harry Brown (Mercer Island Youth & Family Services (Forefront) [Alternate: Derek Franklin] | ☒ | Prudence Medina (Washington Association of Community Health) [Alternate: Alyssa Burgess] | ☐ | Megan Veith (Building Changes) |
| ☒ | Jerri Clark (Washington PAVE) | ☐ | Cassie Mulivrana (Washington State Association of School Psychologists) | ☐ | Erin Wick (AESD) [Alternate: Mick Miller] |
| ☐ | David Crump (Spokane Public Schools) | ☒ | Joe Neigel (Monroe School District) | ☒ | Andy Wissel (Washington School Counselors Association (WSCA)) |
| ☒ | Logan Endres (Washington State School Directors' Association (WSSDA)) | ☐ | Jeannie Nist (Communities in Schools of Washington State Network) | ☒ | Larry Wright (Forefront Suicide Prevention, UW-School of Social Work) |

## Meeting notes

## Youth Mobile Crisis Services

### Sherry Wylie, MCT Administrator, Children, Youth, & Families, WA State Health Care Authority

[see page 9 for accompanying slide deck]

988, new crisis lifeline, funded through E2SHB 1477

- Calls began being routed to state National Suicide Prevention Lines (NSPLs) on July 16, 2022
- There are 3 designated NSPLs in Washington
- E2SHB 1477 funds 988 in WA with a new line tax
- Includes all insurance types

Mobile Crisis Response

- Youth mobile response and stabilization services want to move upstream and improve prevention

- Goals to keep children at home not in a facility
- Promote safe behavior in home and schools and community
- Reduces need for law enforcement response to youth experiencing a behavioral health crisis
- Build a trusting relationship, crucial first step
- There is a separate stabilization phase – up to 8 weeks, in home, aimed to help the family to prevent a return to the precrisis phase
- Working on expansion of teams to each region, only 5 to start at the beginning of the year, working towards full coverage
- In home stabilization is preferred over youth facilities
- Youth teams are skilled at leveling up
- If a parent is calling 988 send out youth mobile crisis
- Quick response is 60 minutes as best practice
- Developmentally appropriate engagement, crisis de-escalation, assessment when schools call right away
- Schools are the primary referent for youth to crisis services
- Up to 70% of youth in the juvenile justice system have a behavioral health need

See supplementary HCA MRSS links on page 27

Discussion:

How did Thurston County accomplish offering the target # of days of covered crisis team service delivery (~78) for both Medicaid and non-Medicaid/commercial coverage? What lessons can we learn from the implementation there?

- Community provider negotiated managed care contract to continue providing services
- State plan allows for 14 days of crisis services for youth – HCA is working to expand this limitation
- Commercially-insured kids are usually the one's to get closer to that 14-day threshold – more difficult to connect them to services than it is for youth covered by Medicaid
- If a youth in crisis services is enrolled in Medicaid in an in-patient facility – Sherry's team would reach out to the facility to provide info on resources and care coordination on the back end

Member comment: I really appreciate the development of these services; however, I'm deeply concerned that services like this are never going to serve the most acute kids

- There is a bias in Washington – that all kids can be serviced in the home if we just do it right
- We're missing the most acute kids, those are the families we're hearing from – those with children in deep psychosis that in many cases have caused real physical harm in the house already

**Response:** For youth with significant behavioral health needs that need to be stabilized in residential care – this model is designed to clear out the emergency room for those kids that do need emergency care (those with very-high acute needs)

- Kids with lower-acuity concerns are often routed into crisis beds that would be best served for kids with higher-acuity concerns

Member comment: kids with very acute needs are going to break this crisis system, as they are already overwhelming the Wrap Around with Intensive Services (WISe) and Department of Children, Youth & Families (DCYF) systems

**Response**: we need more youth teams across the state – the teams that do exist now have served kids with Intellectual and Developmental Disabilities (IDD) and have prioritized youth about to enter the foster care system

- These teams are critical to the foster care system, to DCYF, and youth with IDD

## Behavioral Health and Social Emotional Learning

Tammy Bolen, Program Supervisor, Social Emotional Learning, OSPI

[see page 28 for accompanying slide deck]

What is Social Emotional Learning?:

- Process to build awareness and skills managing emotions, setting goals, establishing relationships and making responsible decisions

Benefits include:

- increasing interests learning
- Improving attitudes about self, others, and school
- Boost participation in school
- Decreases emotional distress
- Reduces bullying
- Improves self-Awareness, self-management, self-efficacy

SEL Standards for WA (via OSPI), incorporate the following competencies:

- Self-Awareness, self-management, self-efficacy
- Social awareness, social management, Social Engagement

Four Guiding Principles for WA SEL Framework:

- Equity, Culturally Responsiveness, trauma informed practices and universal design

Three essential elements:

- Create conditions to support SEL
- Work in collaboration (including families, students, educators, and youth services)
- Build adult capacity

SEL VS Behavioral Health:

SEL:

- Process of teaching SEL skills
- Tier 1 support
- Ideally provided by classroom teacher
- Does not address specific needs around a mental health diagnosis
- SEL Assessment must be strength-based and inform the adult practices (implementation)

Behavioral Health:

- Promotion of well-being
- Tier 2 & 3 support
- Typically provided by Special Education or mental health professional
- Specifically provides support to students with a mental health diagnosis
- Diagnostic screener may deficit-based to identify student need

Intersections between SEL and Behavioral Health:

- Use of MTSS framework even at different stages
- Use of well-being practices (mediation, breathing, mindfulness)
- Creating a safe and supportive climate

- Use of trauma informed practices
- Use of prevention programs

There is a need for developing safe guards around assessing SEL: They should be strengths-based not looking for a problem (watch out for bringing in your own biases)

- Assessing SEL implementation and what the adults are doing
- Formative SEL assessments for the whole class to inform the teacher's SEL instruction
- Assessment of individual student-level SEL skills should be strength-based, culturally relevant and include community oversight.

Some problems

- There are signs of assessors not understanding how to screen for SEL

SEL Advisory Committee mission to expand and promote SEL

- Please attend: Upcoming topics
  SEL Assessment, Mental and Behavioral Health, Equity and Culturally responsive SEL.

Discussion:

- When there is push back to the importance of teaching SEL skills, focus on employment skills, communication, team work, empathy, learning to understand and work with others, these are the skills that are taught through SEL.
- Employment skills **are** SEL skills – life skills to manage your relationships, your job, school
- Social engagement, understand our neighbors
- Life skills and primary prevention, how do you self-regulate?

Member Comment:

- In this work, how do we equip school districts to combat local arguments against evidence-based practices in the name of academic freedom
- Can the SEL Advisory Committee put out a specific piece of guidance for districts on this?

Member Comment:

- Have we identified how many of the 295 districts in WA have implemented SEL in curriculum? How many need further supports for SEL implementation?

**Response:**

- SEL Advisory is tasked with how to evaluate the fidelity of SEL, not quite there yet
- There is an SEL point of contact in every district
- We don't have clear data at the state level of the number of districts that are implementing SEL at fidelity
- Currently the state SEL team is typically a one-person team! We need a state infrastructure to support this work across OSPI and the state

## **Youth & Family Engagement Forum:** What we Learned

Participants:

- 4 youth/young adults
- ~10 family members

- ~10 professional participants plus three State representatives

## Youth/Youth Adults:

**Question:** What are the issues you notice when trying to access mental health support through your school?

- Lack of mental health staff/not enough support
- Lack of compassionate support from school staff
- Parents are not involved and do not know about resources

**Question:** Does your school have resources that you know of?

- Overall, the students said yes, they did feel their school had them

**Question:** Where do you think your school can improve regarding mental health supports?

- More mental health professionals in schools
- More check-in time with counselors
- Even when there are counselors, there aren't enough of them
- Need for more culturally responsive supports for students
- Mental health needs are referred to special education teachers, which is inappropriate and harmful to students whose needs are being met even when the special education teach tries to help
- Wait times are long, even when services are available
- We need to build community voices
- We need more students that are still in the k-12 system engaged in these conversations
- Overall, youth indicated that there is more work for schools to do to make sure students are informed about 988

## Parents/Family Members:

**Barriers:**

- Link between school culture and school-based harm
- Lack of education for students and families on resources/mental health wellness
- Staff is underwhelmed, secondary traumatic stress
- Gatekeeping of available resources within school system
- Language discrepancies and other accessibility concerns regarding resources

**Question:** What would the system look like if the sky was the limit?

- More resources in schools
- Early identification and support
- More linguistic and cultural sensitive mental health staff
- Shorter wait list for mental health services
- Offering a broad range of mental health supports
- Cognitive behavioral therapy
- Early detection – not waiting until the family pushes hard for help

## Other Professional Participants:

- Majority of this group were staff of mental health provider organizations
- Wanted to hear more directly from students and family participants

**Barriers:**

- Lack of school-based mental health service capacity
- Health insurance
- Misalignment between professional expertise and role requirements; misalignment goes both ways – school staff who aren't qualified and then staff who are asked to do things outside of what they are trained/qualified/hired to do (I.e. giving the SAT test when their time should be used in other ways to support student wellbeing)
- Stigma
- Wait time for services
- Chronic absenteeism
- Housing instability
- Lack of mental health staff in schools

## Policy Recommendations Discussion

[See page 51 for meeting slide deck for more information on voting results]

Statements of Support:

- Due to our parent group, the Children & Youth Behavioral Health Work Group (CYBHWG) by November 10th
- Instead of doing a separate SEL policy recommendation – planning to do a statement of support from the Subcommittee to the SEL Advisory Committee's policy recommendations
- Please contact Christian Stark at christian.stark@k12.wa.us with suggestions for other statements of support

Voting Results:

Lead Agency Recommendation:

- Can we shift focus from behavioral health to whole child health support?
- If we're thinking about whole child health & behavioral health around whole child health, does designating a lead agency for BH lead us back into silos?
- Can the language be student behavioral health and wellbeing?
- Foster families often have to talk to multiple agencies to receive the support their children need
- Leaders in districts share frustration that they have to touch several agencies to get their needs met, the idea of having a lead agency is part of improving integration
- Integration is necessary so that there is not a need to go to so many disjointed sources for support

Workforce Support Recommendation:

- The State Legislature may have a questions about how this request is necessary given the funding allocated to the prototypical school funding formula for education staff associate (ESA) staff

- Prototypical school funding formula doesn't allocate funding to schools equitably – many smaller districts still need additional funding;
- Along with elevating this recommendation, we need to provide data to support it
- Hear from rural alliance schools about lack of resources for mental health supports, there is a lack of equity in service capacity in rural schools across the state – how do we make sure these supports reach them and are usable to them; in many cases, these schools don't have the money to hire mental health staff and there are no providers in the community available to contract with
- Need to make sure that districts without robust grant writing staff can access these funds
- Can we add reference to contracting with community-based organizations in this recommendation?
- Important to organize resources and helping districts spend the funds effectively to support student mental health needs - important role for lead agency to play

**Public Comment**

1. Dr. Phyllis Cavens – dealing with tier 2 and tier 3 needs in the their clinic predominantly; 50% of appointments are dealing with tier 3 needs; working with schools now to provide student assessments on campus; have two clinics providing support; taking the funding for school nurses and having them employed by the public for students

## Attendees:

**Staff:**
Barb Jones, Office of Insurance Commissioner
Christian Stark, Office of Superintendent of Public Instruction
Cindi Wiek, Health Care Authority
Devin Noel-Harrison, Office of Superintendent of Public Instruction
Jason McGill, Health Care Authority
Kerry Bloomquist, Office of Superintendent of Public Instruction
Maria McKelvey-Hemphill, Office of Superintendent of Public Instruction
RJ Monton, Office of Superintendent of Public Instruction
Rachel Burke, Health Care Authority

**Public:**
Ashley Lucas, Kitsap Mental Health Services
Cassidy Christopher
Chelsea Stone, Community Health Plan of Washington
Clynita Grafenreed
Daniel Smith
Jeanne Dodd
Jolie' Knight
Julie Peterson, Healthy Generations
Kody Russell
Ky Parrott, HCA DBHR Fellow
Lika Smith
Liz Kenney
Maame Bassaw
Margaret Soukup
Marta Bordeaux, Child and Adolescent Clinic
Merissa

Michelle Mitchell
Misty Middleton
Monica Webster
Nate Lewis
Phyllis Cavens
Renee Tinder, DOH
Representative Tina Orwall
Sydney Doherty


# Crisis Systems Enhancement

The new 988 line and HB 1477 system

Washington State Health Care Authority

# Background on 988


- In July 2020, the federal government passed legislation to add 988 as an option to contact the National Suicide Prevention Lifeline hotline
  - This is to make it easier for people in crisis to access help rather than remember a 10 digit number.
- 988 calls began to be routed to state NSPLs on July 16
  - There are 3 designated NSPLs in Washington
  - All other hotlines and regional call centers continue to operate as normal
- SAMHSA created a best practices toolkit with tips to implement 988 and improve crisis systems

# Background on E2SHB 1477

- In the 2021 legislative session the legislature passed E2SHB 1477, "The Crisis Call Center Hub Act" to implement 988 in Washington and improve access to crisis services

- Key points of the legislation include:

  - Funds 988 and related activities with a line tax
  - Established the Crisis Response Improvement Strategy (CRIS) committee to bring input and consultation to the implementation of 1477
  - Creates crisis call center hubs to dispatch mobile crisis teams
  - Creates a technology platform to improve coordination in the crisis system
  - Creates next day appointments for all insurance plans
  - Includes distinct directives for equity in development, provision and access of crisis services

# CRIS Committee & Subcommittees

- HB 1477 established a 36 member CRIS Committee
- 5 CRIS Committee members comprise the Steering Committee
- Subcommittees
  - Credentialing and Training
  - Technology
  - Cross-System Crisis Response
  - Confidential Information Compliance and Coordination
  - Tribal 988
  - Rural and Agricultural
  - Lived Experience

# How do People Access the Crisis System?

- Call lines
  - Regional crisis lines (RCL) – primary entry point
  - 988 – will connect with RCLs
  - Specialty lines – connect back to RCLs
  - Provider lines
  - 911
- Emergency departments
- Walk in centers
- Walk into BHAs
- Referral from community
  - Law enforcement, schools, EMS, primary care, existing providers

# Mobile Crisis Response

- Someone to Respond
  - Offer community-based interventions wherever they are needed including homes, work or anywhere else in the community
  - Utilize two person teams to enhance safety and engagement while supporting emergency department and justice system diversion
- Essential functions:
  - Triage and screening
  - Assessment
  - De-escalation and crisis resolution
  - Peer support
  - Coordination with medical and behavioral health services
  - Crisis planning and follow-up

# Youth Mobile Response and Stabilization Services

Implementing national best practice MRSS model for youth, young adults and families in Washington

Washington State Health Care Authority

# Youth vs. Adult mobile crisis response

| Youth Crisis Model | Adult Crisis Model |
| --- | --- |
| Single point of access, not 911 | Care traffic control model |
| Crisis defined by parent/youth | Crisis defined by caller |
| Comprehensive youth assessment | Crisis assessment for danger to self & others |
| Respond without Law Enforcement | Law enforcement may respond with team |
| Teams trained to work with children and families | Crisis trained responders, not child specific |
| Designed to interrupt care pathway | Designed to address needs of the adult |
| Stabilization in-home - 8 weeks | Connection to community supports |
| Community Connections and warm-handoff core component | Team may provide transportation |

# Goals of Mobile Response and Stabilization

| Support and Maintain | Outreach and Engagement | Promote | Reduce | Assist |
|---|---|---|---|---|
| Support and maintain youth in current living environment | Engage youth and families by providing access to care | Promote safe behavior in home, school and community | Reduce use of ED's, Inpatient units and detention centers | Assist families **in linking** with community and clinical services |

# Youth Mobile Response & Stabilization

- Initial Response (up to 3 days of crisis intervention) *insurance blind
  - Family or youth define the crisis, in person response, at home, school, community
  - Developmentally appropriate engagement, crisis de-escalation, assessment
  - Keep youth in homes, safety planning, securing the home, increase supervision
- Stabilization in-home (*up to* 8 weeks of intensive, in-home services)
  - Intervention and stabilization phases are distinct but must be connected
  - In home, schools, community.  In person 24/7 access to treatment team
  - Link families with natural and community supports, arts, activities, parent groups
  - Care coordination and warm handoffs to existing systems of care and clinical supports when clinically appropriate

Primary care

Schools

Police

ED's

Inpatient Units, Providers

Juvenile Justice

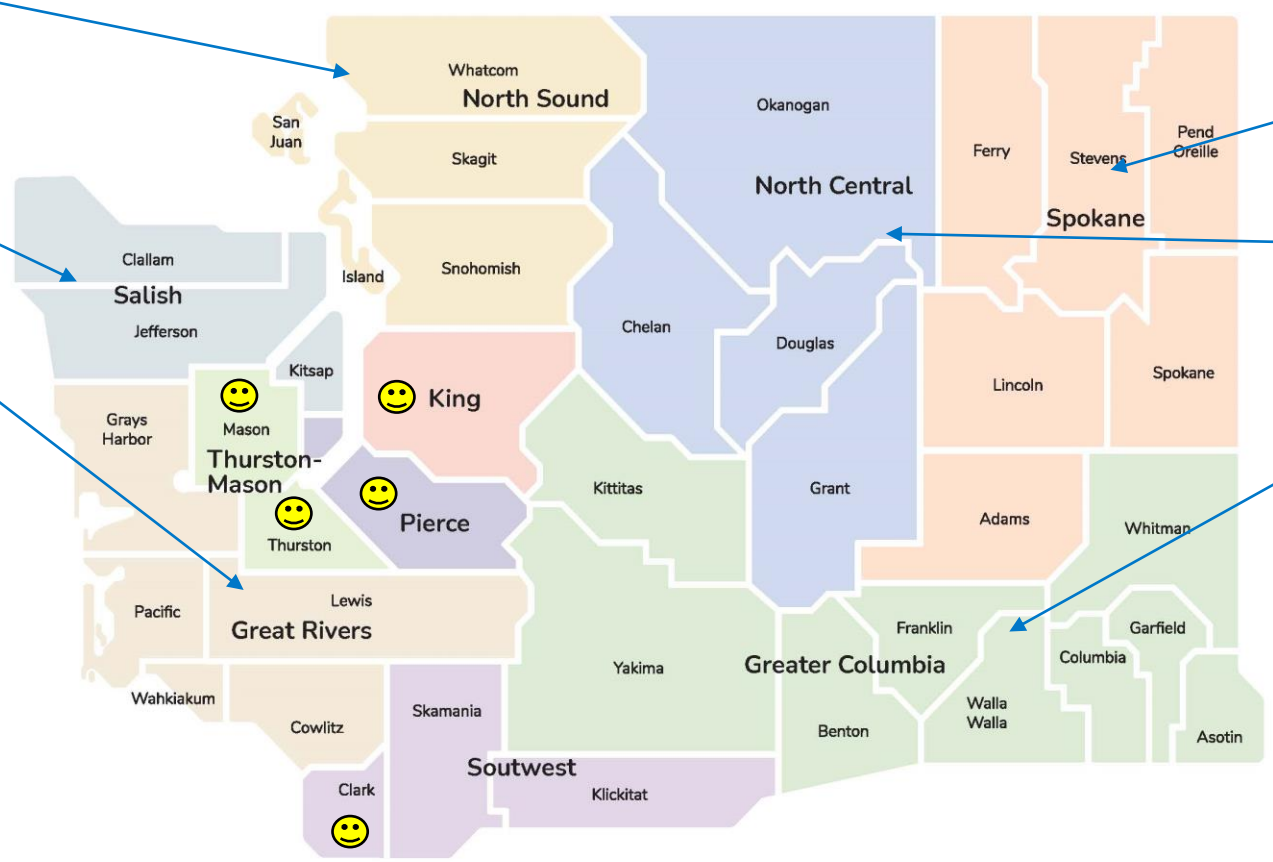
**Where are the youth in crisis?**

# Current Youth Teams and Expansion Teams

North Sound

Salish

Great Rivers




Spokane

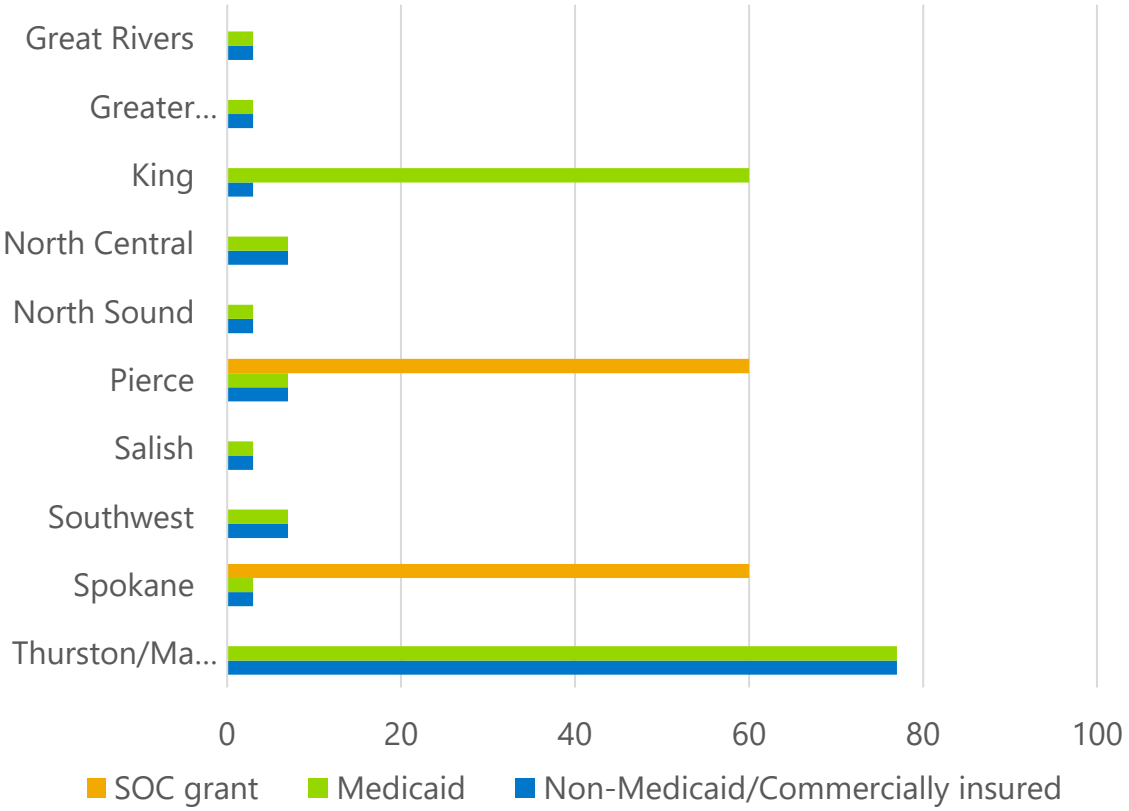
North Central

Greater Columbia

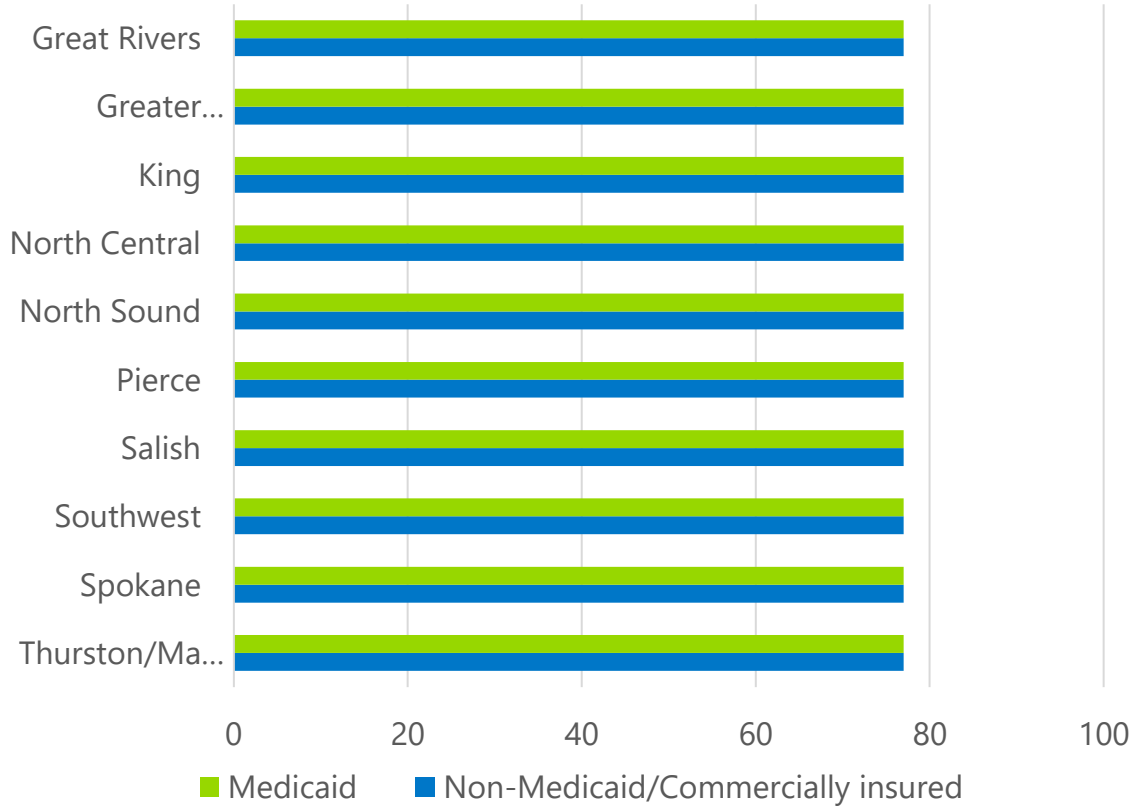
<u>Existing Youth Teams:</u>
King
Pierce
Thurston/Mason
Southwest - 0.5 enhancement

# Youth Mobile Crisis Team Service Delivery

## Current Service Delivery in Days per Region




## Future Service Delivery in Days per Region



# Triage and Stabilization facilities - Youth

- ED's remain the primary access point for youth and caregivers
- There are a handful of adolescent inpatient units in the state
- There are a limited number of Children's Long Term Inpatient Beds (CLIP facilities) with long waitlists
- WISe services face increasing demand and don't replace youth mobile response teams – separate program and both 24/7/365
- Dept. Of Commerce - NOFO for 2 youth up to 90-day facilities – one on each side of the cascades and a NOFO for 2 possible youth 23-hour units, low barrier, accept walk-ins and drop offs

# Barriers and Gaps in Youth Mobile Crisis

| Current barriers | Future State and Items for Consideration |
| --- | --- |
| Workforce - Procuring and training teams in the MRSS model, including developmentally appropriate crisis interventions | Expansion of youth teams statewide to increase access |
| Ensure 988 NSPL's understand that for families, in-person response is key to build trust | Ensure all youth get access to the 8-week in-home stabilization phase, regardless of payer |
| Schools, PCP's and BH providers shift to in-home model and refer to youth teams over ED's | Youth teams' robust outreach and engagement to build connections |
| ED's and LE refer to youth mobile response teams instead of DCR | Continue to expand and standardize MRSS training for youth mobile response teams so response is consistent statewide |

# Schools as Primary Stakeholders in MRSS

- Ways to get involved
  - Children and youth behavioral health workgroup (CYBHWG)
  - CRIS committees and subcommittees

  When to call MRSS Youth teams
    - Memorandum of Understanding (MOU) – Ensure Background or Vaccinations
    - Teams can respond to school, home or community – 2-hour response 24/7
    - Developmentally appropriate engagement, crisis de-escalation, assessment
    - Connect with parent at home, safety plans, safety sweeps, secure firearms etc.
    - Collaborate with school, parent, natural supports to stay safe in all environments
    - Link families with natural and community supports, care coordination and warm handoffs to existing systems of care and clinical supports as needed

# MRSS links to other states best practices

Connecticut MRSS model

https://www.youtube.com/watch?v=3hLaTdP2ijI&t=24s

New Jersey and Nevada MRSS Power point

https://www.ssw.umaryland.edu/media/ssw/institute/training-institutes-2018/presentation-notes/Institute-No.-7-Notes.pdf

University of Maryland, CT and NJ MRSS

https://www.marylandpublicschools.org/stateboard/Documents/2021/0824/MSDEPresentation.MRSS.08192021(Access).pdf

# Questions?

- Matt Gower – CST team lead
- Matthew.gower2@hca.wa.gov
- Wyatt Dernbach – Stabilization and Triage Administrator
- Wyatt.dernbach@hca.wa.gov
- Luke Waggoner – Adult MCT Program Administrator
- Luke.waggoner@hca.wa.gov
- Sherry Wylie – Youth MCT Program Administrator
- Sherry.wylie@hca.wa.gov

**Office of the Superintendent of Public Instruction – SBBHSP Subcommittee Meeting**

Presentation on Youth Mobile Response and Stabilization Services (MRSS), 988 and E2SHB 1477

Sherry Wylie, Healthcare Authority, Division of Behavior Health & Recovery, Crisis Systems Team, Youth and Young adult Mobile Crisis Team Administrator sherry.wylie@hca.wa.gov

Links below and slides attached:

CRIS committee

https://www.hca.wa.gov/about-hca/behavioral-health-recovery/crisis-response-improvement-strategy-cris-committees

Youth mobile response and stabilization services slides for CRIS committee

https://youtu.be/rR-D1PgO0hI

Connecticut MRSS model begin at 6:15 – Tim is our coach on everything MRSS here in Washington through the Quality Learning Collaborative MRSS program

https://www.youtube.com/watch?v=3hLaTdP2ijI&t=24s

New Jersey and Nevada MRSS Power point

https://www.ssw.umaryland.edu/media/ssw/institute/training-institutes-2018/presentation-notes/Institute-No.-7-Notes.pdf

University of Maryland, CT and NJ MRSS

https://www.marylandpublicschools.org/stateboard/Documents/2021/0824/MSDEPresentation.MRSS.08192021(Access).pdf

# SEL & Mental Health and Behavioral Health

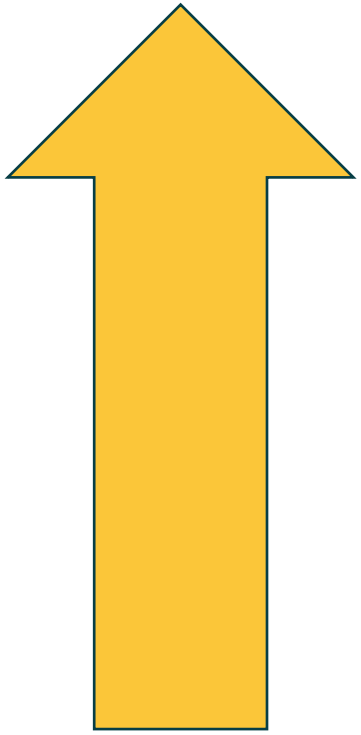
# Agenda

- What is SEL?
- SEL and Mental Health/Behavioral Health
- SEL Advisory  Committee
- Q & A

# Social Emotional Learning

- SEL is broadly understood as a **process** through which individuals build awareness and skills in managing emotions, setting goals, establishing relationships, and making responsible decisions that support success in school and in life.

# SEL Can Help: Improve Student Outcomes



Increases interest in learning

Improves attitudes about self, others, and school

Increases social emotional skills

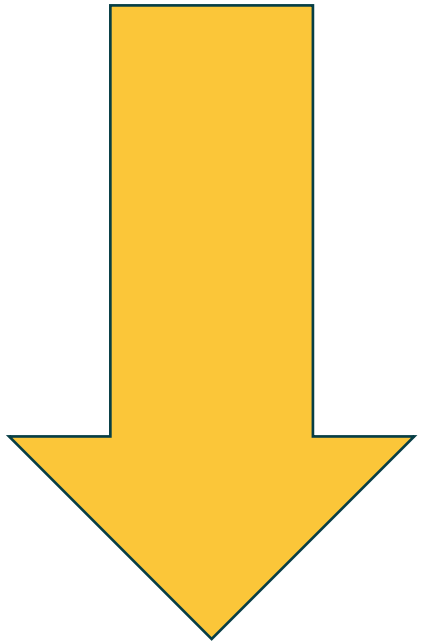
Improves positive classroom behavior

Boosts academic performance



**Source:** Durlak, J.A., Weissberg, R.P., Dymnicki, A.B., Taylor, R.D., & Schellinger, K. (in press). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. *Child Development*.

# SEL Can Help: Improve Student Outcomes



Decreases emotional distress

Lowers the number of conduct problems

Reduces bullying

# Social Emotional Learning is

- The explicit instruction of SEL skills to ALL students
- Ideally by classroom teachers intentionally embedding SEL into their instructional content
- Adults modeling SEL skills

# Washington SEL Standards

| | |
|---|---|
| Self-Awareness | Individual can identify their emotions, personal assets, areas for growth, and potential external resources and supports |
| Self-Management | Individual can regulate emotions thoughts and behaviors |
| Self-Efficacy | Individual can motivate themselves, persevere, and see themselves as capable |

# Washington SEL Standards

| | |
|---|---|
| Social Awareness | Individual can take the perspective of and Empathize with others from diverse backgrounds and cultures |
| Social Management | Individual can make safe and constructive choices about personal behavior and social interactions |
| Social Engagement | Individual can consider others and show a desire to contribute to the well-being of school and community |

# Washington SEL Framework

## 4 Guiding Principals

- Equity
- Culturally Responsiveness
- Trauma-informed Practices
- Universal Design

## 3 Essential Elements

- Creating conditions to support SEL
- Collaboration with families, students and community
- Building adult capacity

# Four Guiding Principles

| | |
|---|---|
| Equity | • Each child receives what he or she needs to develop to his or her full academic and social potential. |
| Cultural Responsiveness | • Draws upon students' unique strengths and experiences while orienting learning in relation to individuals' cultural context. |
| Universal Design | • Provides a framework to improve and optimize teaching and learning for all people by removing barriers in the curriculum. |
| Trauma-informed Practices | • Recognizes the unique strengths and challenges of children and youth in light of the adversities they face. |

# Three Essential Elements

**Create Conditions to Support SEL**

- Positive school climate and culture
- Infuse SEL into policies and practices

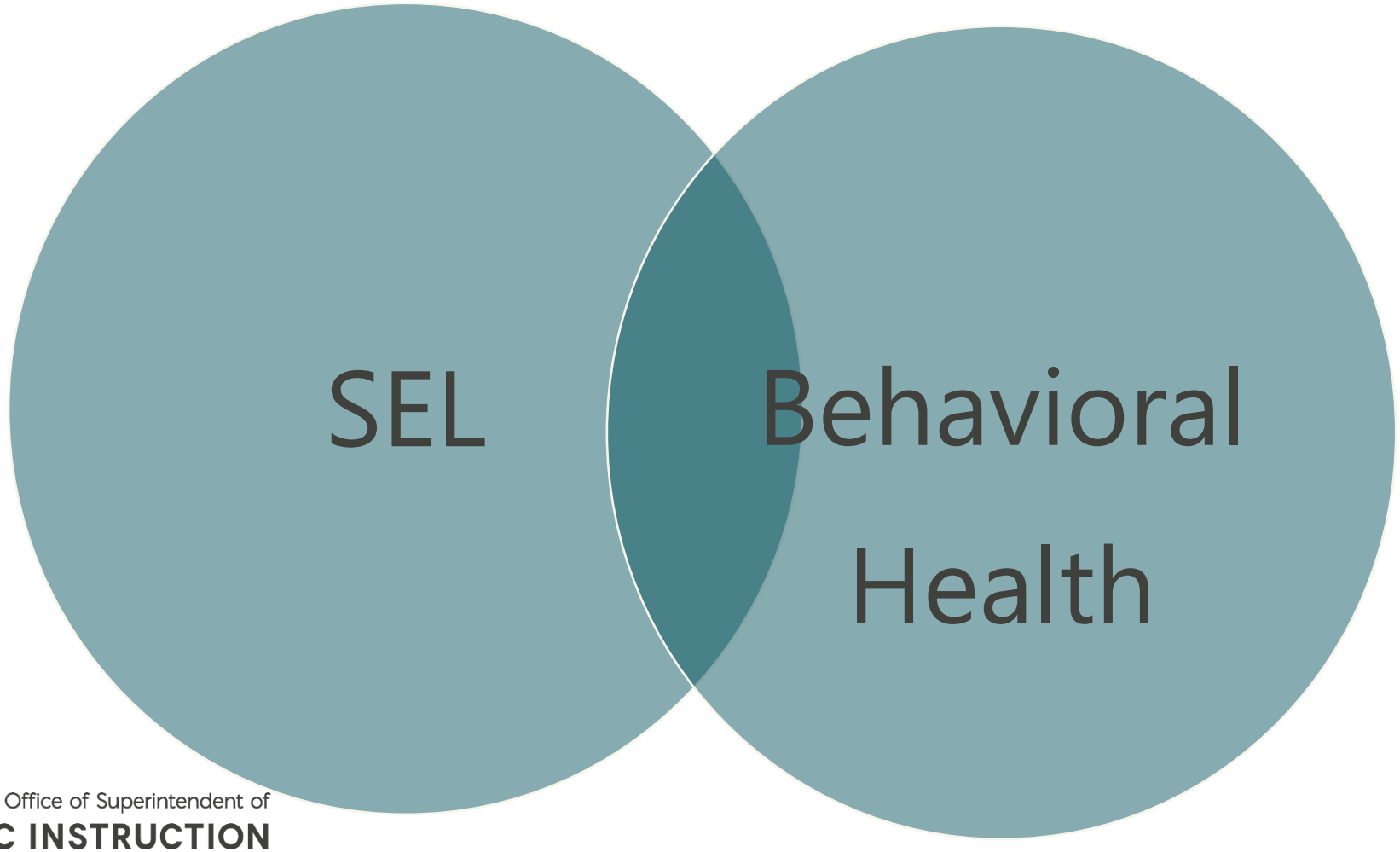
**Work in Collaboration**

- Collaborate from onset of planning to implementation
- Include families, students, educators, and youth serving organizations

**Build Adult Capacity**

- Providing PD to engage our own social emotional skills to support and relate to all students, to identify and counter bias, and create learning environments in which students feel safe enough to stretch their learning

# SEL and Behavioral Health



# Mental Health

"a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life" (APA, 2020)

# Behavioral Health

The promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities (US Substance Abuse Mental Health Services Administration).

# SEL & Behavioral Health

## SEL

- Process of teaching SEL skills
- Tier 1 support
- Ideally provided by classroom teacher
- SEL does not address specific needs around a mental health diagnosis.
- SEL Assessments must be strength-based and inform the adult practices (implementation)

## Behavioral Health

- Promotion of well-being
- Typically, Tier 2 & 3 support
- Typically provided by Special Ed or mental health professional
- May specifically provide support to students with a mental health diagnosis
- Diagnostic Screener may be deficit-based to identify student need.

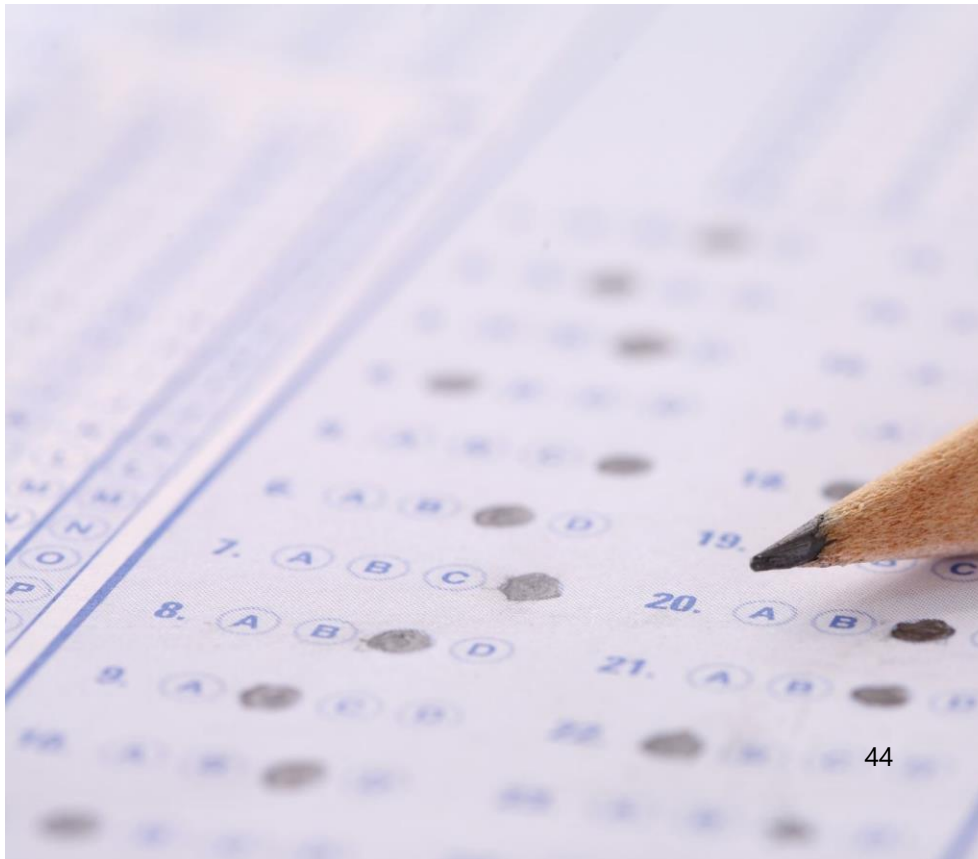
# Intersections of SEL and Behavioral Health

- Use of MTSS Framework
- Use of well-being practices (meditation, breathing, mindfulness, etc.)
- Creating a safe & supportive climate
- Use of Trauma-informed practices
- Use of some prevention programs
- Some diagnostics screeners also include some  SEL skill measurement

# There is a need for developing safe-guards around assessing SEL

- It is imperative that schools "ensure that SEL is delivered in ways that benefit all students; promote safe and inclusive learning environments

- Educators need support and opportunities to examine and challenge biases in their teaching practices and to work towards respect, equity, and justice in their implementation of SEL



# Purpose and description of Screeners and Assessments

- **Screener**
  - A tool that allows for early identification of mental health disorders
  - It is deficit-based, diagnostic, and may be used to provide immediate support for mental health.
- **SEL Assessment**
  - Assessing SEL Implementation and what the adults are doing
  - Formative SEL assessments for the whole class to inform the teacher's SEL instruction
  - Assessment of individual student-level SEL skills should be strengths-based, culturally relevant, and include community oversight.

# SEL Advisory Committee

Mission: To expand and promote SEL by:

- Providing guidance to the legislature via the legislative report
- Providing guidance to the field
  - through recommendations
  - sharing best practices or lessons learned
  - providing resources

# Upcoming SEL Advisory Topics/Projects

**SEL Assessment:**
-Create brief/guidance on SEL Assessment (implementation and student SEL) co-designed with communities.

**Mental and Behavioral Health**
-Develop recommendations for technical assistance work that is happening, gaps that need to be filled, and opportunities to align to SEL

**Equity & Culturally Responsive SEL:**
-Learn about ONE SEL work.
-Make recommendations on what is needed for culturally responsive SEL and/or update SEL indicators

# Q & A

# SEL Resources

## Washington SEL Resources

- SEL Standards, Benchmarks & Indicators
- SEL Implementation Guide
- SEL Briefs

- SEL Professional Learning Network

## SEL Modules

- SEL Online Training Module
- 1. Overview and benefits of SEL
- 2. Embedding SEL Schoolwide
- 3. Creating Professional Culture Based on SEL
- 4. Integrating SEL Into Culturally Responsive Classrooms
- 5. Trauma Informed SEL
- 6. Identifying and Selecting Evidence-Based Programs

## Websites

- OSPI SEL Website
- CASEL Website
- Center to Improve SEL and School Safety

# Contact Information

**Tammy Bolen**
Social Emotional Learning Program Supervisor
Student Engagement and Support
Office of Superintendent of Public Instruction (OSPI)
Tammy.Bolen@k12.wa.us
360-701-0575

# School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

**October Meeting – 10.7.22**

# 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

ONE Logo
by Roger Fernandes
(Lower Elwha Klallam Tribe

We start today with a land and water acknowledgement. OPSI is here in Olympia, on the traditional territories of the Coast Salish people, specifically the Squaxin Island peoples. Tribal peoples of the South Puget Sound region are signatories of the Treaty of Medicine Creek, signed under duress in 1854. The employees of the State of Washington participating here today are guided by the Centennial Accord and chapter 43.376 RCW — respecting and affirming tribal sovereignty and working with our tribal governments throughout the state in government-to-government partnership.

# Agenda: October 7th, 2022

| # | Agenda Items | Time | Lead |
|---|---|---|---|
| 1. | Introductions and Group Agreements | 9:00 a.m. | **Rep. My-Linh Thai & Lee Collyer** |
| 2. | Youth Mobile Crisis Services | 9:15 a.m. | **Sherry Wylie**, MCT Administrator, Children, Youth & Families, WA State Health Care Authority |
| 3. | Behavioral Health and Social Emotional Learning | 9:45 a.m. | **Tammy Bolen**, Program Supervisor, Social Emotional Learning, OSPI |
| | Break | 10:25 a.m. | |
| 4. | Youth & Family Engagement Forum: What we learned | 10:35 a.m. | **Christian Stark**, OSPI |
| 5. | Subcommittee Recommendations<br>• *Statements of Support*<br>• *Voting results*<br>• *Workshopping priority recommendations* | 10:55 a.m. | **Lee Collyer / Christian Stark**, OSPI |
| 6. | Public Comment | 11:45 a.m. | **Christian Stark**, OSPI |
| 8. | Closing reminders and August meeting | 11:55 a.m. | **Lee Collyer / Christian Stark** |
| 9. | Meeting Adjourned | 12:00 p.m. | |

# Welcome Members and Guests

# Members: Co-Chairs & School, District, & ESD Staff

**Co-Chairs:**

Representative My-Linh Thai

Lee Collyer

School, District, & ESD Staff:

Catherine MacCallum-Ceballos, Vancouver Public Schools

Courtney Sund, Highland School District

David Crump, Spokane Public Schools

Erin Wick, Association of Educational Service Districts

Jeannie Larberg, Sumner-Bonney Lake School District

# Members: School, District, & ESD Staff

- Joe Neigel, Monroe School District & Community Coalition
- Michelle Sorensen, Richland School District
- Rachel Axtelle, South Kitsap School District
- Tawni Barlow, Medical Lake School District

# Members: Behavioral Health Professionals

- Ashley Mangum, Mary Bridge/Kids Mental Health Pierce County
- Avreayl Jacobson, King County Behavioral Health and Recovery
- Elizabeth Allen, Tacoma Pierce County Health Department
- Harry Brown, Mercer Island Youth & Family Services

# Members: Advocacy & Other Professional Staff

- Addy Wissel, WA School Counselors Association
- Avanti Bergquist, WA State Council of Child and Adolescent Psychiatrists
- Cassie Mulivrana, WA State Association of School Psychologists
- Elise Petosa, WA Association of School Social Workers
- Gwen Loosmore, WA State PTA
- Jeannie Nist, Communities In Schools of WA
- Jerri Clark, Partnerships for Action, Voices for Empowerment [PAVE]
- Jill Patnode, Kaiser Permanente

# Members: Advocacy & Other Professional Staff

- Katherine Seibel, Committee for Children
- Kelcey Schmitz, UW SMART Center
- Larry Wright, Forefront Suicide Prevention, UW-School of Social Work
- Logan Endres, WA State School Directors Association
- Megan Veith, Building Changes
- Prudence Medina, WA Association for Community Health
- Sandy Lennon, WA School-Based Health Alliance

# Members: Voices of Families and Young People

- Anna Ashe
- Donna Bottineau
- Kristina Faltin
- Lydia Felix
- Pearle Peterson

# Staff Supporting the Subcommittee

**Office of Superintendent of Public Instruction**

Kerry Bloomquist

Maria Flores

Armando Isais-Garcia

Maria McKelvey-Hemphill

RJ Monton

Devin Noel-Harrison

Christian Stark

Alexandra Toney

**Health Care Authority:**

Rachel Burke

Diana Cockrell

Enos Mbajah

Jason McGill

Cynthia (Cindi) Wiek

**Office of the Insurance Commissioner:**

Barb Jones

# 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

# Youth Mobile Crisis Services

*Sherry Wylie, MCT Administrator, Children, Youth & Families, WA State Health Care Authority*

# Behavioral Health & Social Emotional Learning

*Tammy Bolen, Social Emotional Learning Program Supervisor, OSPI*

# Break

(mute/cameras off)

# Youth & Family Engagement Forum

## Tuesday, October 4th

- 6-7:30 pm via Zoom
- Sorted participants into peer breakout rooms (youth/family/other)

## Who was there?

- 4 youth/young adults
- ~10 family members
- ~10 professional participants (plus 3 state representatives!)

# Student Voice – Barriers to Access

What are the **issues** you notice when trying to **access** mental health supports through your school?

- Lack of school-based mental health staff
- Parents are not involved and don't know what resources they can access for their children
- Not enough mental health support resources to go around
  - In schools and in the community, especially in more rural communities
- Lack of compassionate support from school staff

# Student Voice – Available Resources

Does your school have resources that you know are available to you?

- Schools have done a good job-sharing available resources with students
- Need improvement in parent education

# Student Voice – Available Resources

**Does your school have resources that you know are available to you?**

- Schools have done a good job-sharing available resources with students
- Need improvement in parent education

# Student Voice – Needed Improvements

**Where do you think your school can improve on the mental health supports it offers?**

- More mental health professionals; more time with counselors checking in on students
- Curriculum for students to learn more about mental health resources
- Training to help students support themselves and their peers
- Allow more time with students to share ideas and resources

# Family Voice – Barriers to Access

**What barriers have you experienced in schools to mental health wellness?**

- Link between school culture and school-based harm to students and their mental health needs
- Lack of education for students and families on mental health
- Staff wellness (secondary traumatic stress)
- Lack of mental health resources
- Gatekeeping of available resources within school system
- Language discrepancies and other accessibility issues

# Family Voice – Imagining an Ideal State

If the sky was the limit, what would the ideal school-based mental health help look like?

- More resources **IN SCHOOL**
- Early identification and support
- More placement options for acute needs, including a residential school
- Spanish-speaking culturally sensitive mental health staff
- Shorter wait lists for mental health services
- Actually, offering the broad range of behavioral health related services that are possible through special education—follow what's already in the WAC/Related Services

# Family Voice – Imagining an Ideal State

**If the sky was the limit, what would the ideal school-based mental health help look like?**

- Cognitive Behavioral Therapy (CBT) as part of the curriculum
- Teachers are trained & prepared to identify and support students with behavioral health needs
- Universal Design for Learning is part of every classroom
- Working with parents, not just students
- "Ideally, the school would reach out proactively, arms wide open, offering help and guidance—not waiting until a family exerts their rights through strong advocacy and/or district's legal counsel says they must help."

# ‘Other Professional Participants

- What were they hoping to get out of the forum?
  - Hearing directly from & connecting with students and families
  - Understanding our goals for the forum
  - Understanding the experience of families right now regarding services
  - Understanding state efforts regarding behavioral health

# Other Professional Participants

Perceived **barriers** students and families face when accessing mental health supports through their school

- Health insurance (complexity and accessibility)
- Misalignment between professional expertise and role requirements
- Stigma
- Wait time for services
- Chronic absenteeism, housing instability/homelessness
- Lack of community providers
- Lack of mental health staff in schools

Overall, the number of students struggling is incredibly high – more students are struggling in general

# ‘Other Professional Participants

Steps to take as a state to better serve the behavioral health needs of K12 students

- Teach school staff behavioral health strategies that can be implemented at the Tier 1
- More trauma-informed practices required in schools
  - Could we have state requirements for training and implementation of trauma-informed practices?
- Changing the scope of school psychologists
- Better and more widespread suicide intervention training
- Funding needed for more school-based therapists
- Ensure access to confidential and safe spaces for mental health services in schools
- Foster opportunities for partnerships across different stakeholders

# Moving Forward on Policy Recommendations

You voted, now what?

# Subcommittee Timeline

| | |
|---|---|
| **September 14th-27th** | Recommendation preference survey open, members rank recommendation ideas in order of perceived importance |
| **September 15th** | Draft recommendations and preliminary voting results presented to CYBHWG |
| **Youth & Family Engagement Forum** – Tuesday, October 4th \| 6-7:30 pm | SBBHSP Subcommittee hosted opportunity for WA students and family/caregivers of WA students to share feedback on school-based BH supports |
| **October meeting** – Friday, October 7th \| 9am-12pm | Review recommendation survey results and refine priority recommendations |
| **October 11th** | *Recommendations* from each subgroup due to the CYBHWG |
| **November 10th** | *Statements of support* from each subgroup due to CYBHWG |

# Statements of Support

- Due to the CYBHWG on **Thursday, November 10th**
- Opportunity for the Subcommittee to lend support to policy proposals from other entities.
- 2021 Examples
  - Support the expansion of the School-Based Health Center (SBHC) program to increase access to behavioral health care in academic settings
  - Support the increase to staffing ratios for school nurses detailed in Initiative 1351 and endorsed by Washington state voters in 2014.
- Have a proposal you'd the Subcommittee to consider supporting?
  - **Email christian.stark@k12.wa.us by Friday, October 28th**

# Recommendation Ranking Results

**Goals for Today:**

Finalize 3-5 priority recommendations for the CYBHWG

Clarify our case for the importance of these recommendations (Why and why now?)

Recommendations due to the CYBHWG on **Tuesday (10/11)**

# Recommendation Ranking Results

| Recommendation | Category | Total Score | # of Top 6 Votes |
|---|---|---|---|
| 1. Designate a lead agency responsible for ensuring student access to school-based behavioral health services at the state level. | Lead Agency for School-based Behavioral Health | 89 | 16 |
| 2. Increase funding for school and school-based behavioral health support staff broadly, licensed and non-licensed. | Workforce Support | 79 | 20 |
| 3. Increase resources for school districts to support additional staffing of social workers in schools. | Workforce Support | 48 | 13 |
| 4. Increase funding for school-based health centers (SBHCs) through the SBHC Program at the Department of Health (DOH). The SBHC Program provides grant funding and partners to provide training and technical assistance to SBHCs providing integrated medical, behavioral health, and other healthcare services in schools. | School-based Health Centers (SBHCs) | 42 | 12 |
| 5. Allocate funding for lead agency including flexible funding to education service districts (ESDs) and school districts for development of comprehensive behavioral health services and/or to become licensed behavioral health providers. | Lead Agency for School-based Behavioral Health | 41 | 10 |
| 6. Require that all districts, as part of basic education, provide students with access to the opportunity to build social and emotional skills to increase their wellbeing within a full continuum of school supports, cultivating protective factors with them that can mitigate challenges from developing into crises. | Social Emotional Learning (SEL) | 41 | 10 |
| 7. Expand the Partnership Access Line (PAL) in Schools pilot program statewide. | District MTSS Support | 35 | 8 |

# Priority Recommendations

## A Starting Point

1. Combine two Lead Agency recommendations
   - Designate a lead agency
   - Allocate funding for the lead agency
2. Combine two workforce support recommendations
   - What specific functions of the school-based workforce do we want to target? All staff? Or specifically school social workers?
3. Adopt the School-based Health Center recommendation
4. Decide on appropriate context for SEL recommendation
5. Identify existing efforts to expand PALS program for a potential statement of support

# Priority Recommendations

**Supporting information**

- State recommendation 1-2 sentences
- *What is the issue?*
- Recommendation details
- *Given current circumstances, why is taking the recommended action a smart move now?*
- Describe any outreach that helped to develop this recommendation?

# We'd love your feedback!

**Link:** https://survey.alchemer.com/s3/7034997/October-SBBHSP-Subcommittee-Feedback-Survey

1. What worked well for you during this meeting?
2. What can we do to make future meetings more effective, inclusive, and/or accessible?
3. Is there anything else you'd like us to know?

# Next regular meeting

## Friday, December 2nd, 2022

## 9:00 am - Noon

Washington Office of Superintendent of

# PUBLIC INSTRUCTION

k12.wa.us

facebook.com/waospi

twitter.com/waospi

youtube.com/waospi

medium.com/waospi

linkedin.com/company/waospi