

School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

December Meeting – 12.1.23



Washington Office of Superintendent of
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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



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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.



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Tribal Land Acknowledgment



ONE Logo
by Roger Fernandes
(Lower Elwha Klallam Tribe)

We start today with a land, water, and people acknowledgement. OSPI is here in Olympia, on the traditional territories of the Coast Salish people, specifically the Squaxin Island peoples. We say their name out loud because they are still here today despite the attempted erasure of their language, culture, and bodies. We, as OSPI and the SBBHSP Subcommittee, honor the past, present and future caretakers of these lands and dedicate our work to honor this place they call home. We strive to do so by respecting and affirming tribal sovereignty and culture, working with our tribal governments through the state in government-to-government partnership, and lifting tribal voice in the work of supporting student physical, social, and emotional well-being. We invite you to share the names of the first peoples on whose traditional lands you are joining us from today in the chat.

Agenda: December 1st, 2023

#	Agenda Items	Time	Lead
1.	Welcome	9:00 a.m.	Rep. My-Linh Thai & Christian Stark
2.	CYBHWG Recommendation Review	9:10 a.m.	Christian Stark, OSPI
3.	Advocating for Our Priorities During the Legislative Session <ul style="list-style-type: none"> • Breakout discussion – 15 min • Group share-out – 15 min 	9:45 a.m.	In breakout groups: <ul style="list-style-type: none"> • How can you advocate for SBBHSP priorities this session in your role? • What tools do you need as members to advocate for SBBHSP priorities effectively?
4.	Public Comment	10:15 a.m.	Christian Stark, OSPI
5.	Closing reminders	10:25 a.m.	Christian Stark, OSPI
6.	Meeting Adjourned	10:30 a.m.	

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

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

Respect, but don't expect, the sharing of lived experience





Welcome Members and Guests

Housekeeping

To support our breakout room prep, please adjust your name in Zoom:

Members: **Member – First and Last Name** (example: Member – Christian Stark)

Public attendees: **Public – First and Last Name** (example: Public – Christian Stark)

State agency rep: **Agency – First and Last Name** (example: Agency – Christian Stark)



How to change your name in Zoom:

Click on the “Participants” button at the top of the Zoom window

Hover your mouse over your name in the “Participants” list on the right side of the Zoom window. Click on “Rename”

Enter the name you’d like to appear in the Zoom meeting and click on “OK”

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



Co-Chairs:

Representative My-Linh Thai

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



Members: School, District, & ESD Staff



Jeannie Larberg, Sumner-Bonney Lake School District

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

Chris Harnish, Mercer Island Youth & Family Services

Elizabeth Allen, Tacoma Pierce County Health Department



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 [**Cherry Holmes**]

Jill Patnode, Kaiser Permanente



Members: Advocacy & Other Professional Staff



Kelcey Schmitz, UW SMART Center

Kelsey Winters, WA School Directors Association (WSSDA)

Logan Endres, Equity in Education Coalition

Megan Reibel, UW Forefront Suicide Prevention

Megan Veith, Building Changes

Prudence Chilufya, WA Association for Community Health

Sandy Lennon, WA School-Based Health Alliance

Todd Crooks, Chad's Legacy Project



Members: Parents, Caregivers, Family Members & Those with Lived Experience in School



Candi Blackford

Elizabeth DiPrete

Liliana Uribe

Marcella Taylor

Mariana Marquez Sital

MazzyRainn Janis

RoseLynne P McCarter

Roy Johnson

Tasha Bunnage

Members: Youth & Young Adults w/ Lived Experience

Hanna Baker



State Agency Staff Supporting the Subcommittee

Office of
Superintendent of
Public Instruction
(OSPI)

Health Care
Authority (HCA)

Office of the
Insurance
Commissioner
(OIC)

Department of
Health (DOH)



Youth Advisory Committee



12 members (current or recent K12 students, age 15-23)



Representing schools & communities in 6 of the 9 ESD regions



Planning to meet every odd-numbered month, opposite SBBHSP meetings (subject to change)



Held four meetings so far this year (March, May, July, & September)



Stay tuned for information about youth engagement opportunities next year!





2024 CYBHWG Recommendation Review

Note: The slides that follow detail the 2023 recommendation process of the School-based Behavioral Health & Suicide Prevention (SBBHSP) Subcommittee, a subgroup of WA's [Children & Youth Behavioral Health Work Group](#). While OSPI staff and facilitates the Subcommittee, the opinions expressed next are those of the group, **not OSPI as an agency.**

Subcommittee Timeline

July Policy Workshop –
Tuesday, July 18th | 9am-12pm

Policy idea presentations
Recommendation grid workshop

August meeting – Friday, August
5th | 9am-12pm

Continued recommendation idea workshopping

September 11th-20th

Recommendation preference survey open, members evaluate recommendations by established criteria

September 22nd

Draft recommendation list presented to CYBHWG

**Youth Advisory Committee
meeting** – Wednesday,
September 20th | 5-7pm

Opportunity for youth/young adult members to work through recommendation prioritization

October meeting – Friday,
October 6th | 9am-12pm

Results of recommendation ranking survey shared with members
Further workshopping top priorities in actionable recommendations (TODAY!)

October 11th

Top 3-5 recommendations advanced to the CYBHWG

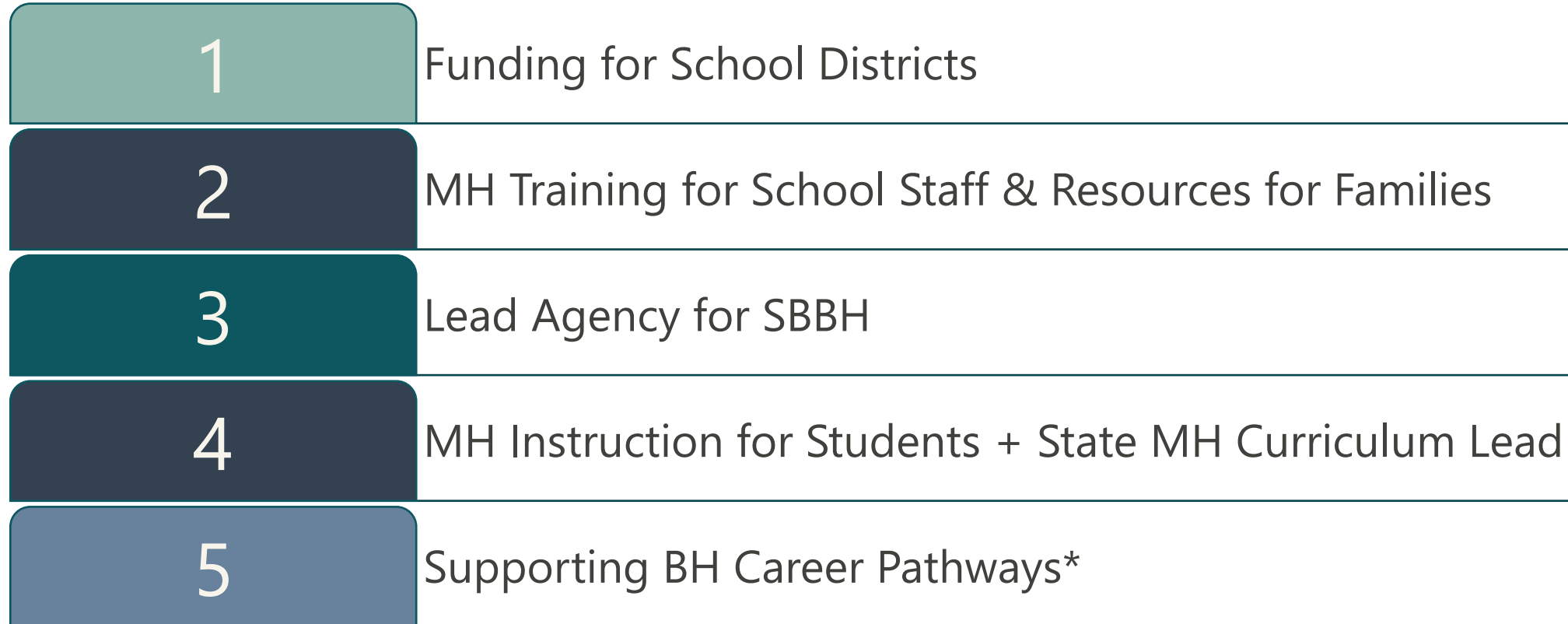
November 10th

Statements of Support due to the CYBHWG



Top Recommendations

Overall, weighed



Funding for School Districts

Our ask

\$5 million to establish a statewide grant targeted toward local education agencies (LEAs) who have **not** been able to develop a plan for recognition, initial screening, and response to emotional or behavioral distress as required by [RCW 28A.320.127](#).

Funding should prioritize the following activities:

- Technical assistance, training, resources and/or staff support to adequately meet the behavioral health needs of all students, including creating and/or strengthening a plan for recognition, screening, and response to emotional or behavioral distress in students
- Creating a tiered approach to suicide prevention inclusive of prevention, intervention, and postvention

The grant program should:

- Pair grantees with a state-level and regional support/accountability structure to guide LEA planning
- Connect LEA staff to effective training and technical assistance, and
- Ensure community-centered implementation

This recommendation seeks to further invest in local capacity to achieve the functions of high-quality school mental health supports that improve student well-being.



Recognition, Screening & Response

[RCW 28A.320.127](#) – Districts must adopt a plan for recognition, screening, and response to emotional or behavioral distress in students that includes:

- Identification of staff training opportunities
- Using the expertise of trained staff
- Staff response to signs of emotional/behavioral stress in students
- Partnerships with CBOs, including at least one MOU
- Protocols and procedures for communication with parents
- Staff crisis response
- Post-incident supports
- Response to allegations of sexual misconduct
- Mandatory reporter responsibilities

Important Notes:

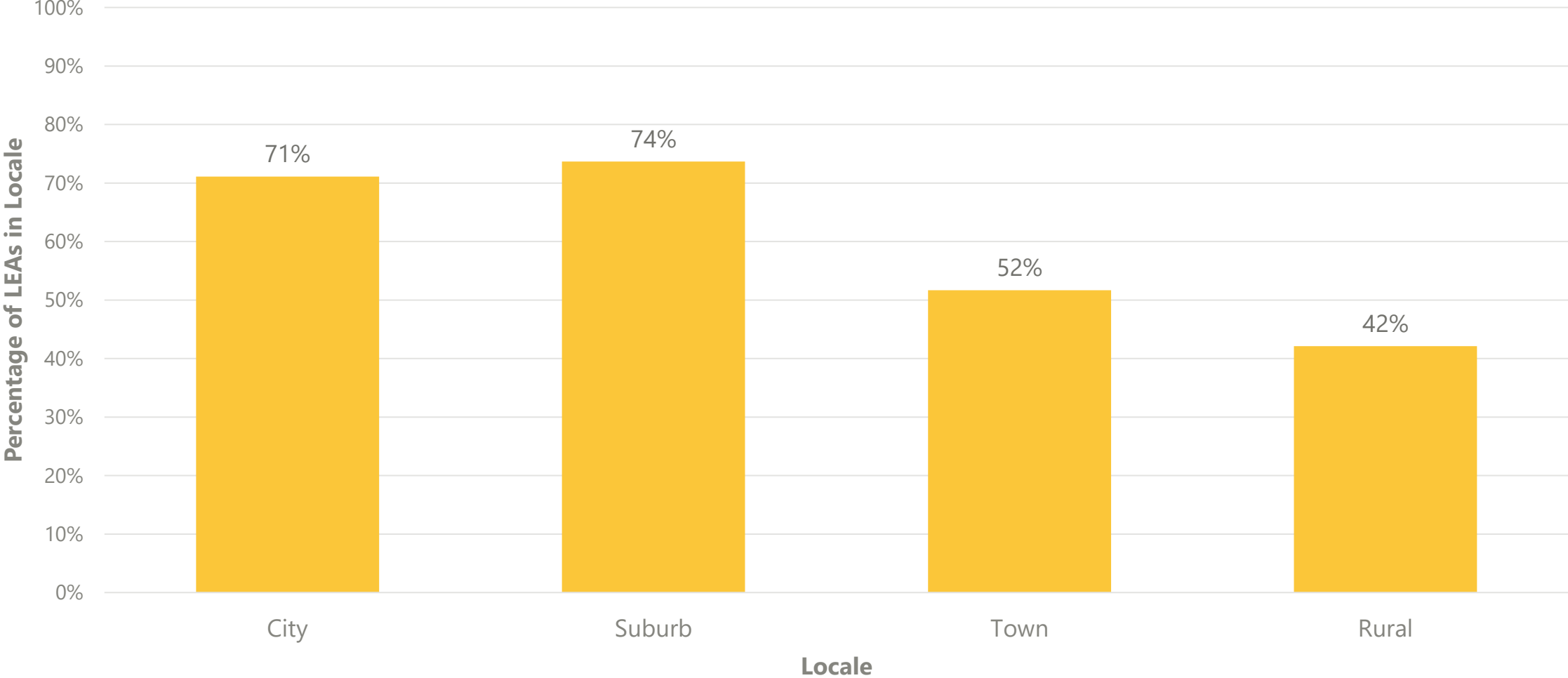
- The RCW **does not provide funding** for districts to meet this requirement
- Many districts report that they **do not have a local community-based organization** they can partner with to provide behavioral health services, especially in rural and remote districts

Recognition, Screening & Response

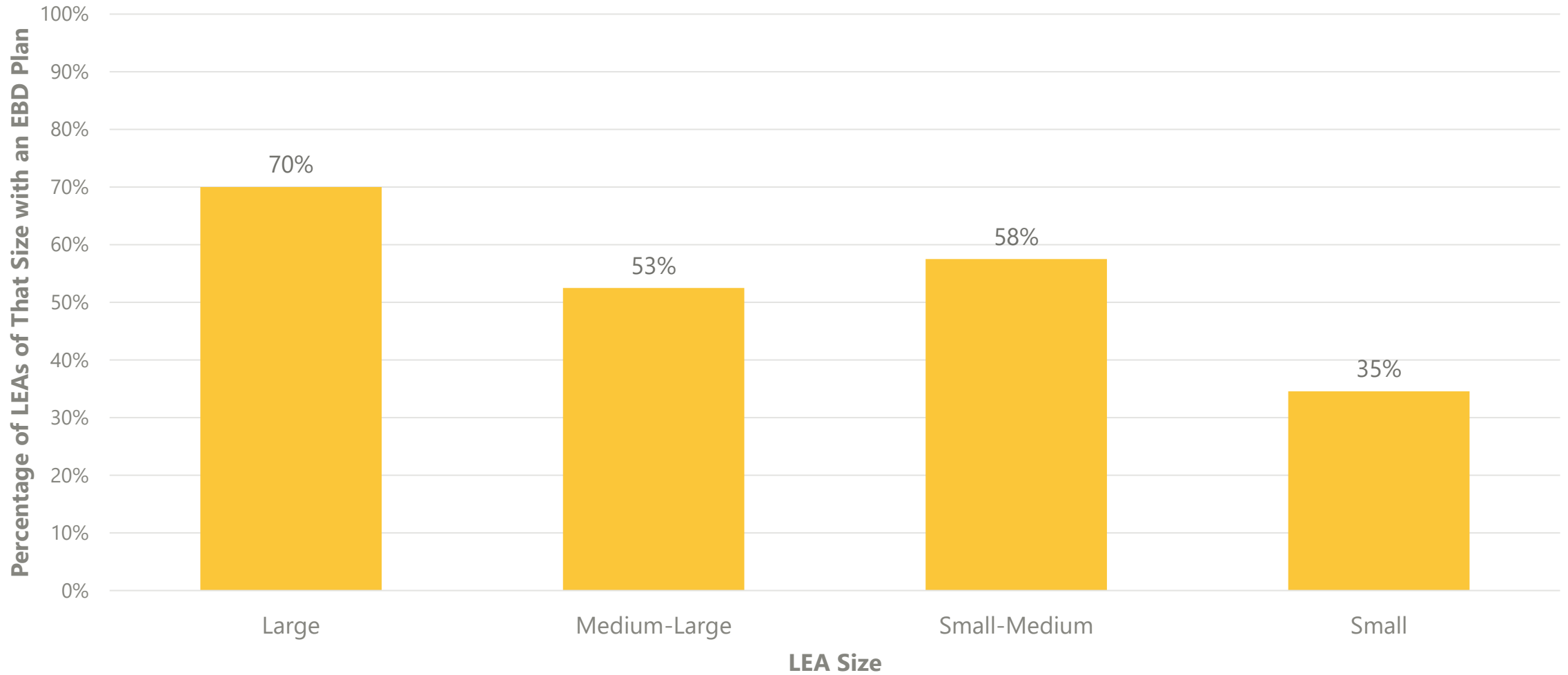
OSPI conducted a surveyed **all** 321 Local Education Agencies (LEAs) in the state between March 2022 and February 2023 to gauge compliance with the [RCW 28A.320.127](#)

149 LEAs reported that they did **not** have an EBD plan in place

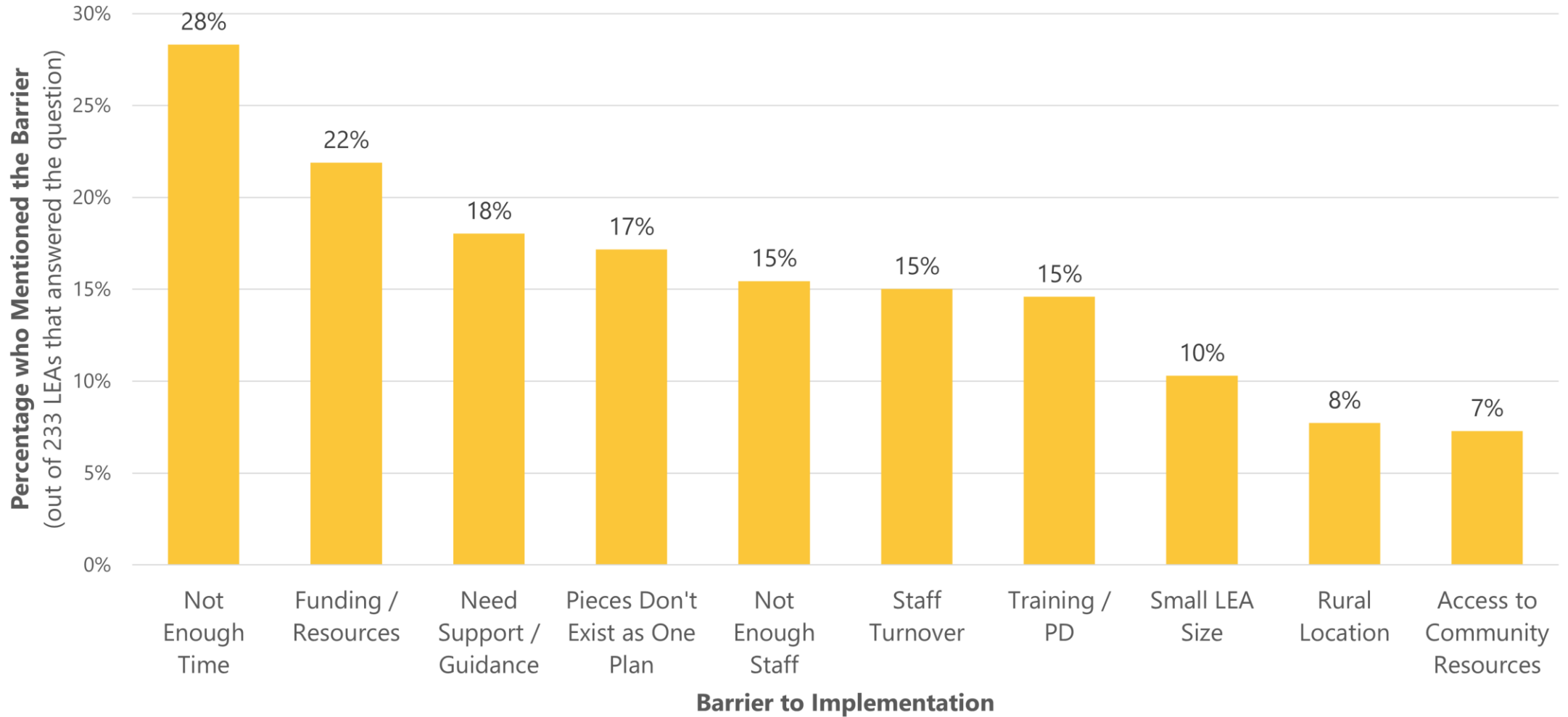
Percentage of LEAs in Each Locale with an Emotional or Behavioral Distress Plan



Percentage of LEAs that Have an EBD Plan, by LEA Size



Top 10 Barriers to Emotional or Behavioral Distress Plan Implementation



Recognition, Screening & Response

Other information about needs from LEAs:

- More funding to ensure **proper training and professional development**, both to create the plan and train their staff to support the plan once it was created
- More funding for an **additional staff member** to create the plan, since they felt their current staff didn't have the time or the proper expertise.
- Funding to **hire behavioral health staff** to support the plan once it was created

Other LEAs pointed to a **lack of behavioral health resources in their community** as a barrier to putting this plan in place and/or emphasized, in general, that the EBD RCW, as it stands, is "another **unfunded mandate**."

Mental Health Training & Resources

Our ask

\$1,000,000 to establish a statewide grant program targeted toward local education agencies (LEAs) to provide culturally-responsive, evidence-based and/or PESB approved mental health and suicide prevention training for certificated and classified staff.

The program should encourage LEAs to use the funding to provide trainings and resources on mental health literacy or suicide prevention that also engage parents, guardians, and other family members of students in their school community and/or to implement parent-driven training curricula.

Allowable grant-funded activities should include:

- Contracting with an organization to provide free training for staff and/or families
- Paying for staff time to attend existing mental health training opportunities or develop their own training opportunities for staff and parents, guardians, and families
- Purchasing curriculum for staff and family mental health & suicide prevention trainings
- Establishing and/or expanding access to peer mental health & suicide prevention programs in schools.



Staff Mental Health Training

What's the issue?

WA state's requirements for school staff mental health training includes the following:

- Staff with Education Staff Associate credentials (including school nurses, social workers, psychologists, and counselors) must complete a three-hour training on youth suicide screening and referral every five years.
- An application for a new teaching credential must complete a course on issues of abuse; the course must include information regarding recognition, initial screening, and response to emotional or behavioral distress in students, including youth suicide.

There are no other requirements in place that require training related to behavioral health for staff in schools. While the state does provide funding for school districts for three professional learning days for certified instructional staff every year, **only one of those three days every-other year must be focused on a social emotional learning topic** (i.e. one day every other school year). In addition, current staffing levels for behavioral health clinicians in schools are getting worse. There is a lack of clinical staff hours available to meet behavioral health needs in schools.



Resources for Parents & Families

What's the issue?

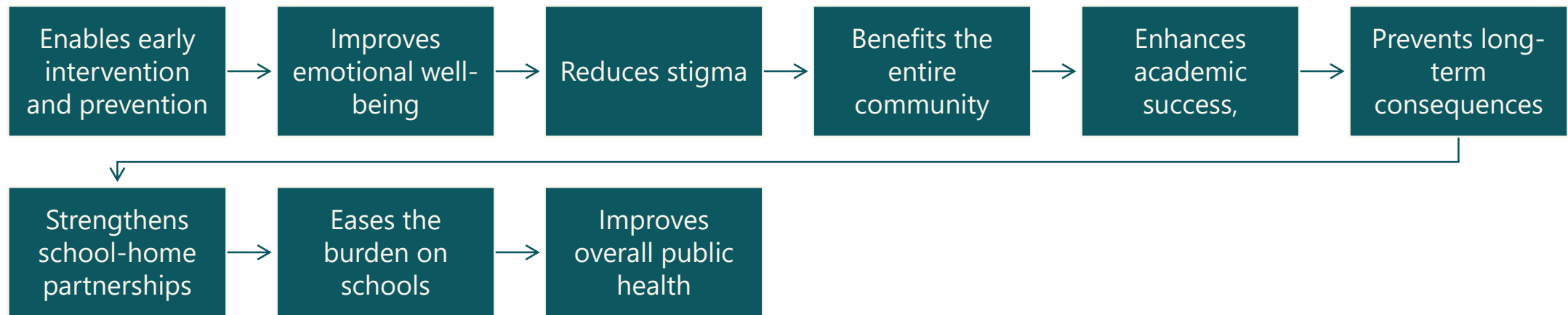
- Parent, guardian, and family education within school communities is also a significant part of the need around the state.
- Families need more support and resources for understanding and responding to the mental health needs of their students and for preventing and responding to the impacts of adverse childhood experiences (ACEs).
- As with staff training, there are many effective training opportunities that already exist across the state for families, but access to them needs to be expanded, especially for families that don't speak English at home or face other barriers to access.



Mental Health Training & Resources

We have an imperative to provide information to non-clinical staff in schools, including instructional staff, with actionable about mental health literacy, supporting protective factors in students, identifying behavioral health need in students and triaging concerns to those that can provide appropriate clinical interventions.

Education on mental health literacy ->



By expanding resources and support throughout our school communities, we can create a more informed and engaged society that prioritizes the mental health of its youth, ultimately leading to healthier and more resilient future generations.

Resources for Parents & Families

Youth Advisory Committee Feedback

Do you think resources like these impact stigma?

- Yes, they give parents a chance to get more formal training & help parents notice more than they normally would
- Need to think hard about how we approach these opportunities because of stigma
 - Provide resources that students can share with their parents
 - Create safe, welcoming spaces for families to join to engage around their child's mental health
 - Provide context, statistics, info about need – sources to demonstrate need (i.e. HYS and other local data)
 - Can be a very sensitive topic for many families

How do we make resources accessible?

- Language access (Spanish offerings and more)
- Free to families
- Providing video or other online resources for families that can't attend in person



Mental Health Training & Resources

Youth Advisory Committee Feedback

Peer support opportunities

- There is a line between peer resources and actual friends – it's difficult to take on the emotional burden of support intervening with peers in need
- Connections to group therapy opportunities can be helpful
- Effective approach could be utilizing peers that are close in age but outside of the school setting (could be through CBOs)
- Need to be deliberate about the expectations we set for/place on peers
- Should provide spaces for students to tell school staff what **they need** to support mental health at school

Need to make sure supports are gender inclusive + gender-informed

Should include training for our physical education teachers, coaches, and other extracurricular program staff that have strong relationships with students already and work with students in settings where insecurities come out.



Designating & Funding a Lead Agency

Our ask

Continue to request the legislature to designate a statewide leadership authority for school-based behavioral health, with a mandate to ensure student access to a continuum of effective behavioral health services in school and interconnected community settings.

Allocate funding to the state SBBH authority with requirements to:

1. Establish and maintain an advisory council with representatives from HCA, OSPI, educational service districts, school districts, and other key partners such as managed care organizations and community providers. The council's responsibilities should include:
 - Developing a Washington State framework for comprehensive, interconnected SBBH based on evidence for effective systems, programs, and data systems
 - Developing recommendations for a statewide SBBH training and TA entity that will aid districts to design, fund, and implement comprehensive, interconnected SBBH based on the Washington State SBBH framework and train relevant leaders and practitioners on effective SBBH systems, practices, and data systems.
 - Creating an accountability system for SBBH based on the Washington State SBBH framework that includes outcome and quality/fidelity measures at the state, district, and school levels
2. Establish strategic direction and goals for programming around the full continuum of SBBH services funded under this legislation



Designating & Funding a Lead Agency

Our ask (cont)

Continue to request the legislature to designate a statewide leadership authority for school-based behavioral health, with a mandate to ensure student access to a continuum of effective behavioral health services in school and interconnected community settings.

3. Develop a comprehensive workforce development strategy (i.e. **master plan for workforce**) addressing needs across the school-based behavioral health continuum, and/or align with the CYBHWG's Prenatal-25 Strategic Plan Advisory Committee's work in this area.
 - Create resource(s) to provide better definition ESA roles and guide use of education staff associate (ESA) staff to meet comprehensive SBBH needs in schools.
4. Create and make available and accessible comprehensive information on well-supported Tier 1 (including MH literacy), Tier 2, and Tier 3 programs/curricula that are relevant to districts as they develop their comprehensive SBBH strategy and for which training and implementation support can be readily provided by the Washington SBBH training and TA Center (WSTTAC).
5. Establish an initial grant program to aid districts to develop comprehensive SBBH systems based on assessment of their strengths and needs for development using the Washington State SBBH framework and TA from the statewide SBBH training and TA entity.
6. Report results from the Washington State SBBH accountability system to the Legislature annually



Designating & Funding a Lead Agency

What's the issue?

[2021 audit](#) from the State Auditor's Office on K-12 behavioral health in WA found that:

- The state's current approach is fragmented and lacks sufficient resources
- State law doesn't designate a state agency to oversee BH services in K12 education
- The state lacks a strategic, comprehensive direction on the min. level of support schools are expected to provide students and oversight to ensure it takes place.

From SBBHSP members, the last two years:

- No state agency is accountable or responsible for ensuring, facilitating, or supporting student access to school-based behavioral health services. As a result, our youth are being left underserved in a critical time of their development.
- Behavioral health prevention, intervention, and treatment services offered in the state are siloed.
- Students encounter barriers to access that need to be coordinated across billing and provision systems to increase access and sustain efforts (i.e. Medicaid, insurance, grants, and federal dollars).
- The state lacks a dedicated financial infrastructure to support school-based behavioral health. Grants and time-bound funding are not a viable solution. Effective and equitable statewide coordination for student behavioral health services requires a behavioral health lead agency with resources, knowledge, and capacity to connect state, regional, and local stakeholders related to school-based services.



Designating & Funding a Lead Agency

Why now?

2021 Performance Audit on K-12 Student Behavioral Health

Addressing the broader issue of behavioral health disorders goes beyond what schools can reasonably solve. Nonetheless, because schools are a hub for the vast majority of children who might begin to exhibit symptoms, schools are a natural setting for prevention and early intervention efforts.

National Assembly on School-Based Health Care - 10 Critical Factors to Advancing School Mental Health

“State leaders across child-serving public sectors must establish a cohesive and compelling vision and shared agenda for school mental health that can inspire localities to act.”



Mental Health Instruction for Students

Our Ask

\$150,000 to a state agency (Office of Superintendent of Public Instruction or Department of Health)

- To fund an FTE staff position to serve as a mental health curriculum lead responsible for reviewing, disseminating, and cataloging high-quality, mental health literacy instructional curriculum for the P-12 education system
- The staff member in this new state lead position should:
 - work to connect and support the ongoing the work of the [Mental Health Literacy Library](#), and
 - act as a proactive liaison providing implementation support to education service districts (ESDs) and school districts looking to provide effective curriculum for students.



What is Mental Health Literacy (MHL)?

From our state's [Mental Health Literacy Library](#):

- Mental Health Literacy (MHL) addresses the needs of adolescents from grades 8-12, when youth are at the developmental capacity to build upon skill-based programs such as Social Emotional Learning (SEL).
- MHL curricula and programs address a knowledge base that include the following:
 - Understanding how to foster and maintain positive mental health
 - Understanding mental health disorders and their treatments
 - Decreasing stigma
 - Understanding how to seek help effectively



Sense of Belonging – an intentional focus on strategies and structures that ensure each and every student feels a sense of belonging and connection with their classmates, teachers, and school

Social Emotional Learning – using the CASEL Framework, intentionally teaching students the key social emotional skills to be successful

Mental Health Literacy – through the use of Dr. Stan Kutcher's curriculum, improving mental health literacy for all grade 9 students district-wide and providing teachers a shared language in promoting positive mental health

Integrated Mental Health Supports – developing strategic partnerships with inter-ministerial partners to create seamless supports for children and youth with mental health needs

What is Mental Health Literacy (MHL)?



Mental Health Instruction for Students

Why this approach?

From our state's [Mental Health Literacy Library](#):

- Studies show including MHL in an education program leads to decreased stigma and a stronger mental health knowledge base.
- In turn, that leads to robust peer support amongst youth, decreased delays to care, improved student productivity and more effective interventions for students at risk of suicide (Kutcher et. al, 2016).
- Regardless of the availability of SEL programs, MHL is likely a key support for addressing today's youth mental health crisis and eliminating mental illness stigma for a generation.

This recommendation seeks to strengthen state capacity to provide resources and guidance to school districts on selecting and implementing research-informed MLC curriculum, with an eye toward building the necessary local, regional, and state capacity to provide the level of instruction that a state-wide mandate would require.



Mental Health Instruction for Students

Why this approach?

Mental health literacy instruction must be **trauma-informed and culturally-responsive** instruction that isn't can actively cause harm to students, especially those who have been subjected to historical, systemic trauma.

Efforts to increase the number of classrooms across the state where MHL instruction is taught must be paired with **increased opportunities for staff training** on how to teach and reinforce MHL concepts.



Mental Health Instruction for Students

Youth Advisory Committee Feedback

Listening to students and taking feedback from students across the state is crucial

- Provide compensation/incentive for participation and/or credit for health class?
- Development of options through co-creation - students know best what questions students may have about MH

How do we do this well?

- Bringing in local organizations to offer support and talk about MH topics from an informed and professional perspective
- Working with community non-profits to pull together resources
- Take the topic seriously – help students understand that MH concerns are serious and you can access help
- The content needs to be good! And effective!



CYBHWG Prioritized Recommendations

Overarching recommendation:

1. *Update House Bill 1890 (2022) to reflect current work plan for the P-25 Behavioral Health Strategic Plan.*

Prioritized recommendations:

2. *Finance behavioral health care coordination as performed by community health workers.*
- 3.1. *Ensure equitable access to and realize the intended outcomes of intensive programs serving youth and young adults with the most complex behavioral health needs.*
- 3.2. *Reduce administrative complexities in the Wrap-around with Intensive Services (WISe) program.*
4. *Expand Early ECEAP (birth to three ECEAP) program.*
5. ***Provide school-based behavioral health funding for school districts.***



CYBHWG Prioritized Recommendations

Prioritized recommendations (cont.):

6. Fund House Bill 1724 stipend program for recent graduates in the behavioral health field.
7. Deliver and sustain approved funding for BH360 (formerly Parent Portal). [tied]
7. Allow funding for the Washington Health Corps Behavioral Health Program to be used for conditional scholarships. [tied]
- 8. Improve student access to mental health literacy education.**
9. Provide bridge funding for Certified Community Behavioral Health Clinics (CCBHC). [tied]
9. Increase investment in Infant and Early Childhood Mental Health consultation (IECMH-C). [tied]
10. Enable public access to behavioral health data.



CYBHWG Additional Recommendations

- *Accelerate the adoption of technological innovations across the behavioral health continuum of care*
- *Evaluation of loan repayment programs*
- *“Well-being specialist” designation*
- ***Mental health training in school communities***
- ***Designating and funding a lead agency for school-based behavioral health***

SBBHSP Statements of Support

- Workforce for Student Well-Being extension
- Committee for Children Social Emotional Learning proposal
- Support the expansion of school-based health centers (SBHCs) to increase access to behavioral health care in academic settings
- Provide ongoing funding to the WA Homeless Student Stability Program
- Maintain and expand school-based prevention and intervention services for student behavioral and mental health through the AESD Network
- Addressing restraint and isolation in the school setting



Next Steps – Legislative Session

In breakout groups:

- How can you advocate for SBBHSP priorities this session in your role?
- What tools do you need as members to advocate for SBBHSP priorities effectively?



Year(s) in Review Feedback Survey

Link: <https://survey.alchemer.com/s3/7629612/e6a891423292>

The survey is anonymous, and you are welcome to answer as many, or as few, of the open-ended questions as you'd like

- Responses welcome from members, staff, and public participants!

The closing date for responses is next Friday, December 8th at 3:00 pm Pacific Standard Time (PST)



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Next meeting

Likely February...stay tuned

Look out for member application information early next year!





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