

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

Date: 10/6/23
Time: 9am-12pm

Leads: Representative My-Linh Thai, Lee Collyer

Members					
<input type="checkbox"/>	Representative My-Linh Thai, Co-Chair (41 st Legislative District)	<input checked="" type="checkbox"/>	Elise Petosa (WA Association of School Social Workers)	<input type="checkbox"/>	Mariana Marquez Sital (Parent)
<input checked="" type="checkbox"/>	Lee Collyer, Co-Chair (Office of the Superintendent of Public Instruction)	<input checked="" type="checkbox"/>	Elizabeth Allen (Tacoma Pierce County Health Department)	<input type="checkbox"/>	MazzyRainn Janis (Peer Counselor)
<input checked="" type="checkbox"/>	Addy Wissel (Washington School Counselors Association (WSCA))	<input type="checkbox"/>	Elizabeth DiPrete (Parent)	<input checked="" type="checkbox"/>	Megan Reibel (Forefront Suicide Prevention, UW-School of Social Work)
<input type="checkbox"/>	Ashley Mangum (Mary Bridge/Kids Mental Health Pierce County)	<input type="checkbox"/>	Erin Wick (AESD) [Alternate: Mick Miller]	<input checked="" type="checkbox"/>	Megan Veith (Building Changes)
<input checked="" type="checkbox"/>	Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)	<input checked="" type="checkbox"/>	Gwen Loosmore (Washington State PTA)	<input checked="" type="checkbox"/>	Michelle Sorensen (Richland School District/WA Assoc. of School SWs)
<input checked="" type="checkbox"/>	Avreayl Jacobson (King County Behavioral Health and Recovery)	<input checked="" type="checkbox"/>	Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)	<input type="checkbox"/>	Prudence Chilufya (Washington Association of Community Health)
<input type="checkbox"/>	Candi Blackford (Parent, Kittitas County Public Health)	<input type="checkbox"/>	Jill Patnode (Kaiser Permanente)	<input checked="" type="checkbox"/>	Rachel Axtelle (South Kitsap School District)
<input type="checkbox"/>	Cassie Mulivrana (Washington State Association of School Psychologists)	<input type="checkbox"/>	Joe Neigel (Monroe School District)	<input type="checkbox"/>	RoseLynne P McCarter (Parent)
<input type="checkbox"/>	Catherine MacCallum-Ceballos (Vancouver Public Schools)	<input checked="" type="checkbox"/>	Kelcey Schmitz (UW SMART Center) [Alternate: Eric Bruns]	<input type="checkbox"/>	Roy Johnson (Parent, Okanogan Alternative Schools)
<input checked="" type="checkbox"/>	Chris Harnish, Mercer Island Youth & Family Services	<input checked="" type="checkbox"/>	Kelsey Winters (WSSDA)	<input checked="" type="checkbox"/>	Sandy Lennon (WA School-based Health Alliance)
<input type="checkbox"/>	Courtney Sund (Highland School District)	<input type="checkbox"/>	Liliana Uribe (Parent)	<input type="checkbox"/>	Tasha Bunnage (Parent)
<input checked="" type="checkbox"/>	David Crump (Spokane Public Schools)	<input type="checkbox"/>	Logan Endres (Equity in Education Coalition)	<input type="checkbox"/>	Tawni Barlow (Medical Lake School District)
<input type="checkbox"/>	Donna Bottineau (Parent/Family)	<input type="checkbox"/>	Marcella Taylor (Parent)	<input checked="" type="checkbox"/>	Todd Crooks (Chad's Legacy Project)

Youth Advisory Committee Members					
<input checked="" type="checkbox"/>	Hanna Baker (K-12 Student)	<input type="checkbox"/>		<input type="checkbox"/>	

Staff: Christian Stark, Maria McKelvey-Hemphill | OSPI

Meeting notes
<p>Project AWARE Advisory Check-in Bridget Underdahl, Lead Mental Health Systems Program Supervisor, OSPI <i>See page 12 and accompanying slide deck for more info</i></p> <p>AWARE Goals:</p>

- **Aware:** Increase awareness of mental health issues among school-aged youth and their families through the development, implementation, and sustainability of a comprehensive school-based system of mental health services and supports
- **Connect:** Connect school-aged youth who have behavioral health issues and their families to needed services
- **Train:** Train school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues

Other presentation notes:

- The MTSS Supports that we are offering students
- Innovations grants to help inform policy with state and local government
- Growth in the MTSS system with in the schools
- We are seeing growth within the generations for the workforce to help with local community mental health
- Annual voices from the community opportunities: great connections with councilors with SEL. Have more mental health then some have had in the past.
- HB 1834 on excused absences for mental health
- Need for sustainable funding:
 - 1183 students received tiers 1 and 2 supports that, more than likely, would not have received supports otherwise
 - Without the funding and state level support from Project AWARE these services and benefits would not have happened imbedded in school

Where are you finding hope?

- Practice gratitude daily.
- Seeing the data come back sharing impact.
- Young people give me hope
- Plan it forward for a day and time that we will not see. To help others. Find the good
- Seeing kids get better gives me hope!
- Spending time in schools AS much as possible.
- Focus on a positive thing I'm looking forwards to!
- 1: increased focus on behavioral health for youth
- What gives me hope? Efforts to go upstream, to prevention work.
- Watching the young people in our local band program which is diverse, inclusive, uplifting
- What gives me hope: Gen Z and their openness to identify and ask for assistance
- Ways to practice hope: be intentional to practice self-care (run-down me has a harder time hoping, than well-cared for me), and always scan my immediate environment for things to be grateful for
- The changes I have seen in my career for how schools support students with behavioral health needs.
- Hearing all of your commitment and what gives you hope, gives me hope. Our futures are in good hands.

Breakout Room Notes:

**No attendees selected the workforce breakout room*

- Funding Sustainability:
 - Todd Slettvet, HCA:
 - Reviewed current Medicaid billing options – see *billing toolkit linked below*
 - School-based Health Services (SBHS) program
 - Medicaid Administrative Claiming (MAC) program
 - Becoming a licensed provider, School district or Education Service District (ESD)
 - HCA recently started Medicaid work group to explore new CMS (federal) Medicaid guidance
 - We have about 75 members already. We will be developing workgroups over the next few months. We are trying to keep this work focused on schools and school staff. To reduce school burden in accessing Medicaid dollars.
 - OSPI is an engaged partner in this work
 - Question: how do School-based Health Centers (SBHCs) factor into this work?
 - We are not focusing specifically on SBHCs, but there opportunities for schools and their staff to bill Medicaid or receive Medicaid funding in the SBHC setting
- Stigma:
 - Island Space – program at Mercer Island School District
 - Empower Youth Network, much of stigma comes from adults, if you don't feel like you can go to a parent or other adult in your life, a peer is the next best thing and has the potential to make a lot of impact
 - <http://empoweryouthnetwork.org/>
 - RJ Monton, OSPI: The Empower Youth Network is an excellent example of local entities partnering proactively with local school districts to work towards whole community supports for students and families.
 - No Shame on Your Brain Toolkit
 - <https://www.hca.wa.gov/assets/program/no-shame-in-your-brain-toolkit-2023.pdf>
 - Seize the Awkward
 - <https://seizetheawkward.org/>
- Organizational Wellness:
 - Staff wellbeing is such a crucial foundational piece for being able to do the MTSS and other structuring work we need to do in schools to support students
 - If staff are not well, SEL and other student supports suffer
 - Sustainable funding is a foundational piece as well
 - Could we improve wellness benefits and wellness incentives
 - Monthly themes around wellness
 - Onward (book recommendation)
 - Balanced extended school year, four-day work weeks
 - Healthier Generations
 - (in chat): being mindful that family/parent wellness is a critical factor to child wellness is important too. networking with community based and family orgs can help. Washington State Community Connectors offers parents training, technical assistance, and workgroups where their voices may be used to improve systems and outcomes. <http://www.wscsupport.org>
 - Overall, how do we create a system that supports our educators as well as our youth
- High Need (bloated Tier 3):

- Potential to better focus on Tier 2 supports to stop the flow of tier 3 needs
- Harnessing relationships with community-based organizations who have strong relationships with many families already; can especially reinforce tier 1 and tier 2 supports

Links:

- [HCA Medicaid School-based Behavioral Health Services & Billing Toolkit](#)
- OSPI Project AWARE webpage: <https://www.k12.wa.us/student-success/health-safety/mental-social-behavioral-health/project-aware>
- OSPI Mental Health Excused Absences webpage: <https://www.k12.wa.us/student-success/support-programs/attendance-chronic-absenteeism-and-truancy/mental-health-related-absences>
- OSPI Workforce Secondary Traumatic Stress webpage: <https://ospi.k12.wa.us/student-success/health-safety/workforce-secondary-traumatic-stress>
- OSPI Youth Suicide Prevention, Intervention, Postvention webpage: <https://ospi.k12.wa.us/student-success/health-safety/mental-social-behavioral-health/youth-suicide-prevention-intervention-postvention>
-

Policy Recommendations – Funding for School District (top ranked idea):

See accompanying slide deck for more context information

- Would this first recommendation be bringing back the i90 grant for suicide prevention, intervention, and postvention activities in schools?
 - Megan Reibel: I would love the i990 to support collaboration time, staffing, etc -- not just curriculum. we need \$\$ to work on the other systems level change; and for the funding cycle to last longer than 1 year (which is really 6 months, if awards are granted in December and go thru June)
- [House Bill 1664](#) made a massive investment in funding for staffing in 2022
- Gwen Loosmore: Can you clarify when we look at these numbers do we think this is best practice? This does not seem to make sense to me. 1 school councilor per 400 students does not seem to be enough as we are in a crises. From my perspective it does not add up, we are not there yet.
- Addy Wissel: Good point. The American School Counselor Association recommends 250:1.
- Lee Collyer: my understanding is these are to get us up to get us where we were 10 years ago. They are getting us up to pre-covid. Bringing an expert in December to talk more about school finance in the context of school-based behavioral health supports
- David Crump: I do not see that this is going to help our mental health. All of these jobs are going to say they were underfunded and that they are not going to help with BH. Can we broaden those out beyond those categories
- Eric Bruns: I think the point is this was an investment in staff, we now want to invest in those folks and others achieving functions of high-quality school mental health and student well-being outcomes
- Jeanne Larberg: I am wondering if the problem we are trying to solve is the crisis's or long-term system problem? Thinking of some of the people that are working in the school on BH, I believe in

the long term it could decrease in the long term. If it is about our crisis with the youth, how do we effectively fund and decreases this effectively?

- What we need specifically is Mental Health Clinicians
- Jeanne Dodd: I am both a school counselor and LMHC. School Social workers and Counselors have limited training in Children/Youth Mental Health. All State HYS behavioral health data indicate a Mental Health Crisis.
 - Lee Collyer: There are a few social workers on the call with extensive mental health training and clinical practice experience.
- Michelle Sorensen: I agree that we need Mental Health Clinicians although School Social Workers are trained mental health professionals.
- Megan Reibel: I would love to see funding that will help with system change get us up stream and to help support those without system. To prove our school the tie and space to be fully functioning.
- Eric Bruns: It is wonderful the leg funded the staffing issue, we do not have a state wide network to concentrate training and technical assistant. There is no framework out there that districts can invest in.
- Gwen Loosmore: I like Jeannie's point on the language, fitting with what Christian and Lee said -- we can acknowledge that the 1664 investment moves us towards a longer-term "righting" of the staff we need for prevention/education, but we also need an infusion of (something) right now to address the crisis.
- Addy Wissel: How do we support that increase that will allow the collineation and social workers to actually do the work they are trained to do. The professionals are being pulled away from their jobs in supporting the students. How do we take care of that?
- Lee Collyer: on the first one: curious about the perspective from the navigators. We are in the middle of the biennium something like this would fit in this biennium right now.
- 149 local education agencies (LEA) self-reported that they did not have a plan to meet the RCW requiring a plan for recognition, screening and response of emotional behavioral distress in students
- Megan Reibel: (regarding emotional and behavioral distress planning): There are 290 plus school districts. There are 9 Behavioral Health Navigators whose jobs are to meet this need. And the schools that are not meeting this. The Model Plan Template is a really thoughtful document, it requires the school they have the staff and to meet the requirements. it is pushing school towards meeting the MTSS and technical and lot of schools are not there yet and they need help getting there.
- Gwen Loosmore: Can we change the language of the first bullet to say "and to address emergent mental health crises in their student population" so that districts with suicide prevention could still obtain funds if needed
- Jeannie Larberg: I have this model plan, districts do not see this as a requirement due to accountability follow up with OSPI audits- or funding to roll out all these best practices- We try in SBLSD, but it is a lift.

[Model District Template](#)

Policy Recommendations – Staff Mental Health Training (second ranked idea):

See accompanying slide deck for more context information

- Thoughts on where the focus could be here?
- Training needs to be comprehensive, multi-tiered school MH strategies. They have to be reflective of Rachel's comments.(in chat) I get concerned about the training being mechanized as opposed to something comprehensive.
- Gwen Loosmore: How do you require training? Are there other mechanisms on this other than pulling instructional staff out of classrooms to attend training opportunities?
- Lee Collyer: We can provide clock hours, there are multiple ways that we can do this.
- Megan Reibel: These are the current calendared events. If there are schools/agencies/others who are supporting youth and want to participate under OSPI's funding (we have a discount code + to make this FREE of charge). We can also coordinate directly.
- I mean this with the utmost respect for all of you and for this incredible work. But I would be remiss if I didn't say that as a long-time statewide children's BH advocate, I have seen over and over again where Parents and Caregivers feeling unheard/tokenized was a primary reason for their disengagement with workgroups/advocacy efforts. As an outside person, looking in through a parent lens, the fact that zero parent lived experience members are here today is very telling. I urge you to consider re-adding the recommendation around resources for parents/guardians, and do some robust investigation as to what barriers are keeping those folks from being here. Thank you for listening.
 - I appreciate this. I would say that some of us probably have a lot of intersectionality with being parents and lived experience.
 - I am a human with professional + lived experience + also hold the lived experience of my children and their journey's with mental health.
 - *The 'resources for parents/guardians' recommendation was ultimately incorporated into our MH training for school staff recommendation (recommendation #2)*
- Any thoughts on increasing training around how behavioral interventions/classroom management might look different for youth with intellectual or developmental disabilities?
- I do think a comprehensive training needs to include staff, students and parents/caregivers.

OSPI/UW Forefront Suicide Prevention Training Opportunities for school staff and families:

- [https://waospi-my.sharepoint.com/personal/christian_stark_k12_wa_us/Documents/BHSP%20Program%20Work/Suicide%20Prevention/Forefront/FINAL%20Event%20Calendar%20-%20FIS%20\(NoDC\).pdf](https://waospi-my.sharepoint.com/personal/christian_stark_k12_wa_us/Documents/BHSP%20Program%20Work/Suicide%20Prevention/Forefront/FINAL%20Event%20Calendar%20-%20FIS%20(NoDC).pdf)

Policy Recommendations – Lead Agency for School-based BH (third ranked idea):

See accompanying slide deck for more context information

- This was the top ranked SBBHSP recommendation last year
 - [Senate Bill 5121](#) widened the scope of the Joint Committee on Health Care to include behavioral health, we heard they were planning to convene a subgroup to address SBBH
- Gwen Loosmore: I think there is value in asking for the same thing again ... it makes clear that we think this is still important

- Eric Burns: Very clear that we need some sort of leadership entity. One of the things I do not get. What would be the best entity? Is it an existing entity or some sort of new entity? We lean towards one that exists things around it may not get done.
- Lee Collyer: you are right. This are two big questions we need to keep pushing towards this recommendation. I would I love to hear any thoughts from those that do not work in a state agency.
- Avreayl Jacobson: one of the unintended consequences of the way state law works is that our state agencies can be sued. I think this is part of the caution for some of the leadership idea.
- Lee Collyer: workforce shortages are a concern in the context of this conversation as well
- Avreayl Jacobson: Could we put in some kind of language here where lead agency requires trigger when certain workforce markers are met?
- Dr. Phyllis Cavens: We partnered with the ESD and school we funded the ... our primary goal was to identify the top 20 percent that had high BH needs. It took co lead organizations at the grassroots level. Recommendation to have pediatric partners that would get the info from school for high need students. Do you want lead agency or do you want funding for collaboration.
- Jeanie Larberg: under the realm of mental health when in our MTSS system one of things I have found most helpful is the support around consulting with the PALS program (through Seattle Children's).
- Eric Bruns: the best examples I have seen at a state level...it is best if it some kind of interstate agency that can blend this together; may be more challenging if you have to pick one lead agency with others supporting.
- David Crump: My concern is that is you go with an education agency they know about education. If you go with a BH agency, they know about healthcare. You are going to have an education perspective and a mental health provider perspective equally engaged.
- Eric Bruns: Agree with David. Can we resource an effective version of an interagency lead?
- Brittany Campbell: Exactly, David! I really agree with the sentiments that Eric Bruns shared around this being cross disciplinary work that requires representatives from each sector to be at the table.
- Megan Reibel: I really want to uplift Eric Bruns' comments about the functions of this agency are perhaps MORE important than WHO the agency is (or becomes)
- Sandy Lennon: Whatever the lead agency / structure it is, needs to look at student health holistically / in integrated way. BH should not be silo'd from other student health needs.
- Richelle Madigan: Lee, can you give a brief overview of what would be required of the lead agency to better inform who might be a good fit?
 - Lee Collyer: I can speak to what other states have done:
 - Developed a program guide for school-based services.
 - Standardized contracting and forms with managed care organizations.
 - Prepared school districts to bill managed care organizations.
 - Developed a program guide for school-based services.
 - Supported program implementation and provided funding oversight.
 - Develop a state funded Technical Assistance and Training Center

- The audit recommendations on this topic are here: https://sao.wa.gov/wp-content/uploads/Tabs/PerformanceAudit/PA_K-12_Student_Behavioral_Health_ar-1028626.pdf
- Eric Bruns: See recommendation no.2:
<http://ww2.nasbhc.org/RoadMap/Advocacy/10%20Critical%20Factors%20To%20Advancing%20School%20Mental%20Health.pdf>
 - "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"

Policy Recommendations – Mental Health Literacy Instruction (fourth ranked idea):

See accompanying slide deck for more context information

- David Crump: teachers are so busy doing what they have been asked to do. Even so, we have to do this. We need to make it a job expectation that its covered multiple times throughout K12 curriculum
- Jeannie Larberg: Thanks David- right now it is health unless the counselors provide it. Health in 7th and Health in 9th grade.
- Lee Collyer: We do not want less quality products being used in schools. We want to help school deliver the best evidence-based, culturally-responsive curriculum available
- Megan Reibel: this is a k12 issue, I worry that we are building out our academic requirements and not building it out skills students need to go through life.
- Jeannie Larberg: I do agree with Megan- core subjects are the crux of Districts.
- Addy Wissel: Yes, Megan. We are seeing the impact of this at the University.
- Megan Reibel: I would love to see everyone learn DBT skills
- Dr. Avanti Bergquist: Truth. DBT skills are useful for all humans.
- Lee Collyer: One of my early clinical experiences was running DBT skills groups with incarcerated youth, it was a game changer for quite a few of them
- Megan Reibel: I would love to see DBT Steps A as a class that could earn credit in our schools
- Sandy Lennon: I know of a school in Portland that offered a DBT skills class for credit, as well as mindfulness class
- Eric Bruns: The department of education is funding students to go to work as social workers at schools. It would be more economical for the state to fund something like this.
- Megan Reibel: I get so many asks for curriculum recommendations -- often on a weekly basis. We need cyclical ongoing learning across the k-12 development span, and it needs to be skills based
- Eric Bruns: Chads Legacy Foundation has been investing incredible effort in developing an inventory of school based MHL programs with details on how to access, what components are addressed, training required, etc. CLF's inventory also links to WA behavioral and emotional learning standards.
- Addy Wissel: Again, if we were able to release our current mental health provides (including school counselors) or ancillary duties, there would be more time to do this work in the classrooms. I often hear from teachers that they don't feel skilled to do this work and so asking them to do this feels like a lot.

- Jeannie Larberg: Addy, I do think you are right. High school counselors have heavy lift with all the requirements to graduate on time. They need more time to support and deliver lessons for Tier 1 and Tier 2 instruction.
- Brittany Campbell: A menu of options for elementary has been the biggest ask we've received in this area.
- Richelle Madigan: At the highest level of children's psychiatric care in our state (CLIP), a key component of their training is DBT (Dialectical Behavior Therapy) skills training, both for the youth and their family. If these skills were made widely available in our education systems, many of these kids would never need to go to CLIP

Policy Recommendations – BH Career Pathways (fifth ranked idea):

See accompanying slide deck for more context information

- Eric Bruns: the US Department of Education is funding students to go to work as social workers at schools. It would be more economical for the state to fund something like this.
- Laurie Lippold: The Workforce/Rates subcommittee does have a recommendation dealing with conditional scholarships. Just FYI!
- Renee Fullerton: Public Service Loan Forgiveness will also be a key policy tool for this workforce in schools and OFM has efforts underway to increase participation. The debt levels are so high they cannot be fully addressed by loan repayment or scholarship efforts.

**Did not have enough information to advance a recommendation on this topic at this time; will be looking for existing efforts from others that we may be able to lend our group's support to*

Other General Comments on the Recommendation Process & Discussion:

Questions:

- how were these 5 decided upon? sad to see resources for parents was not prioritized, since it was identified by parents with lived experience, and none of these priorities addresses them directly
 - Decided on through membership evaluation survey
 - *We ultimately incorporated the 'resources for parents/guardians recommendation into our MH training for school staff recommendation (recommendation #2)*
- were measures taken to ensure that voting members included the folks that made the 8 initial recommendations? I'm asking this because today, I appear to be the only non-agency/provider person in the room, and your lived experience membership is not present today, but the issues brought forth by them are still relevant.
 - Christian Stark: 5 of our 9 family members with lived experienced voted in our recommendations survey, representing one-fifth of our 25 total votes; in addition, we weighted votes from our family members with lived experience double; we also will be braiding comments from parents in past recommendation workshops and in the survey into our finalized recommendations. That said, with certainly have room to improve in our parent,

family and youth engagement work, including by doing a better job at following up with each of our members with lived experience before meetings to ensure they have what they need to feel comfortable participating and collect consistent feedback on how we can design our process to be accessible

Identifying Champions for SBBHSP Priorities:

- Richelle Madigan: I can help with parent/caregiver champions. Please reach out to me at richellemadigan@wscsupport.org
- Gwen Loosmore: WSPTA legislative advocates will be there

Meeting Feedback Survey: <https://survey.alchemer.com/s3/7554846/October2023-SBBHSP-Feedback>

Big shoutout and an enormous amount of gratitude to Avreayl Jacobson, who announced during the meeting that she would be retiring at the end of the calendar year! Avreayl, thank you for all your passion and dedication to support youth mental health in WA. You will be so missed in this group!

Attendees:

State Agency + CYBHWG Staff:

Amber Wynn, OSPI
Briana Kelly, OSPI
Bridget Underdahl, OSPI
Cindi Wiek, HCA
Dana Boggess, Behavioral Health Catalyst
Diana Cockrell, HCA
Enos Mbajah, HCA
Jaimee Kidder, OSPI
Jennifer Price
Julee Christianson, OSPI
Julia Kemner, Behavioral Health Catalyst
Kerry Bloomquist, OSPI
Larry Kinread

State Legislators & Staff:

Representative Carolyn Eslick

Public Attendees:

Brittany Campbell
Carolyn Solitaire
Carrie Glover
Catherine Crawford, WA SBHA
Clarissa Lacerda, AGO
Daniel Smith

Delaney Knottnerus
Jeanne Dodd
Julie Peterson, Healthy Generations
Karen Pillar, TeamChild
Keara Peltram
Laurie Lippold
Maddie Freeman
Meredith Piehowski
Michelle Mitchell, WA SBHA Program Manager
Patrick Woo-Ching
Phyllis Cavens, MD Medical Director, Child and Adolescent Clinic
Renee Fullerton, Workforce Board
Renee Tinder
Richelle Madigan
Rose Spidell, DDA Educational Liaison Program Manager
Roz Thompson
Ryan Chindavong, Newport Healthcare
Wargacki, Megan
Brittany Campbell
Carolyn Solitaire
Carrie Glover
Catherine Crawford, WA SBHA
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Project AWARE

Advancing Wellness and Resilience in Education

funding through SAMHSA

SBBHSP & AWARE Advisory



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



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



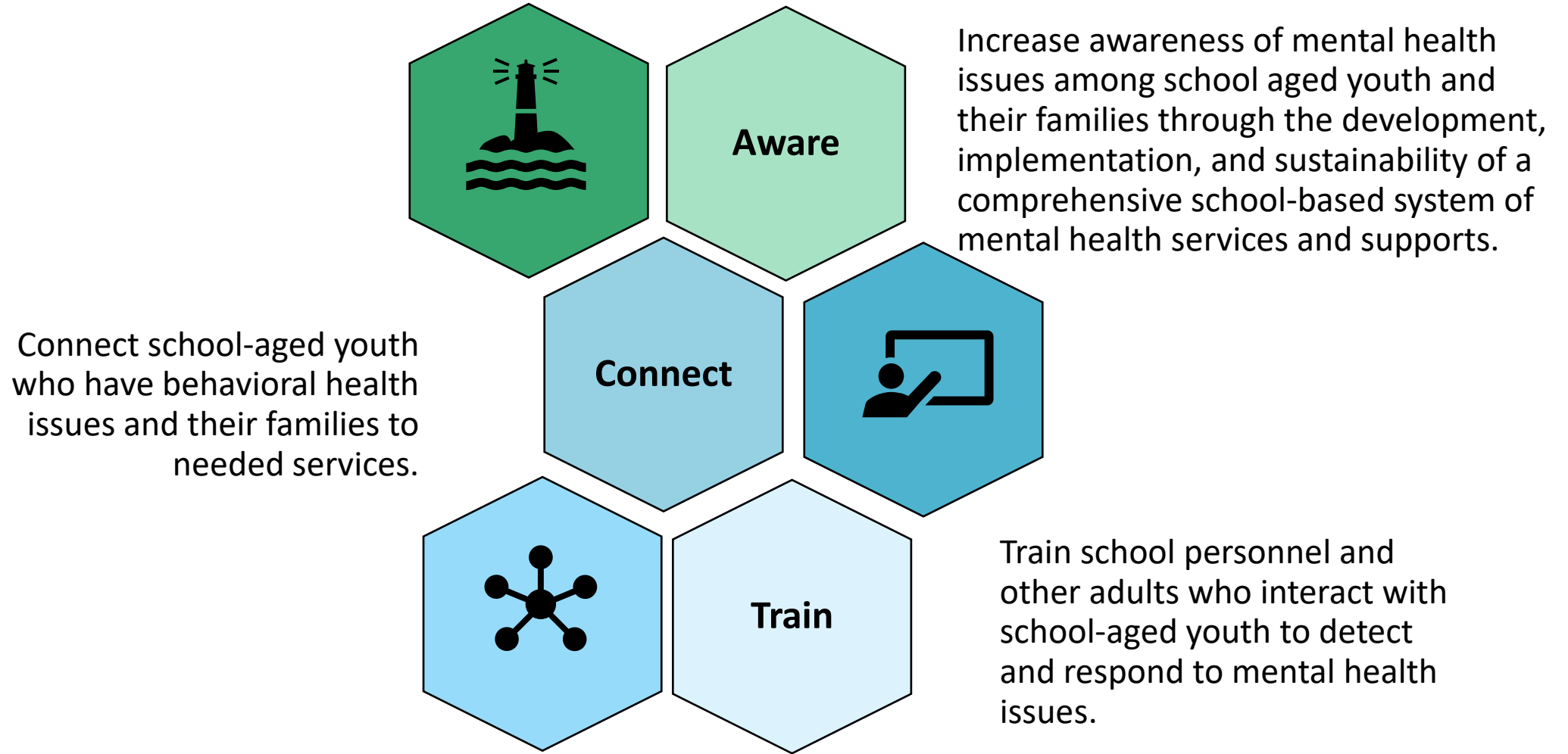
Be a voice in supporting the dollars that come into the state through Project AWARE to inform behavioral health work

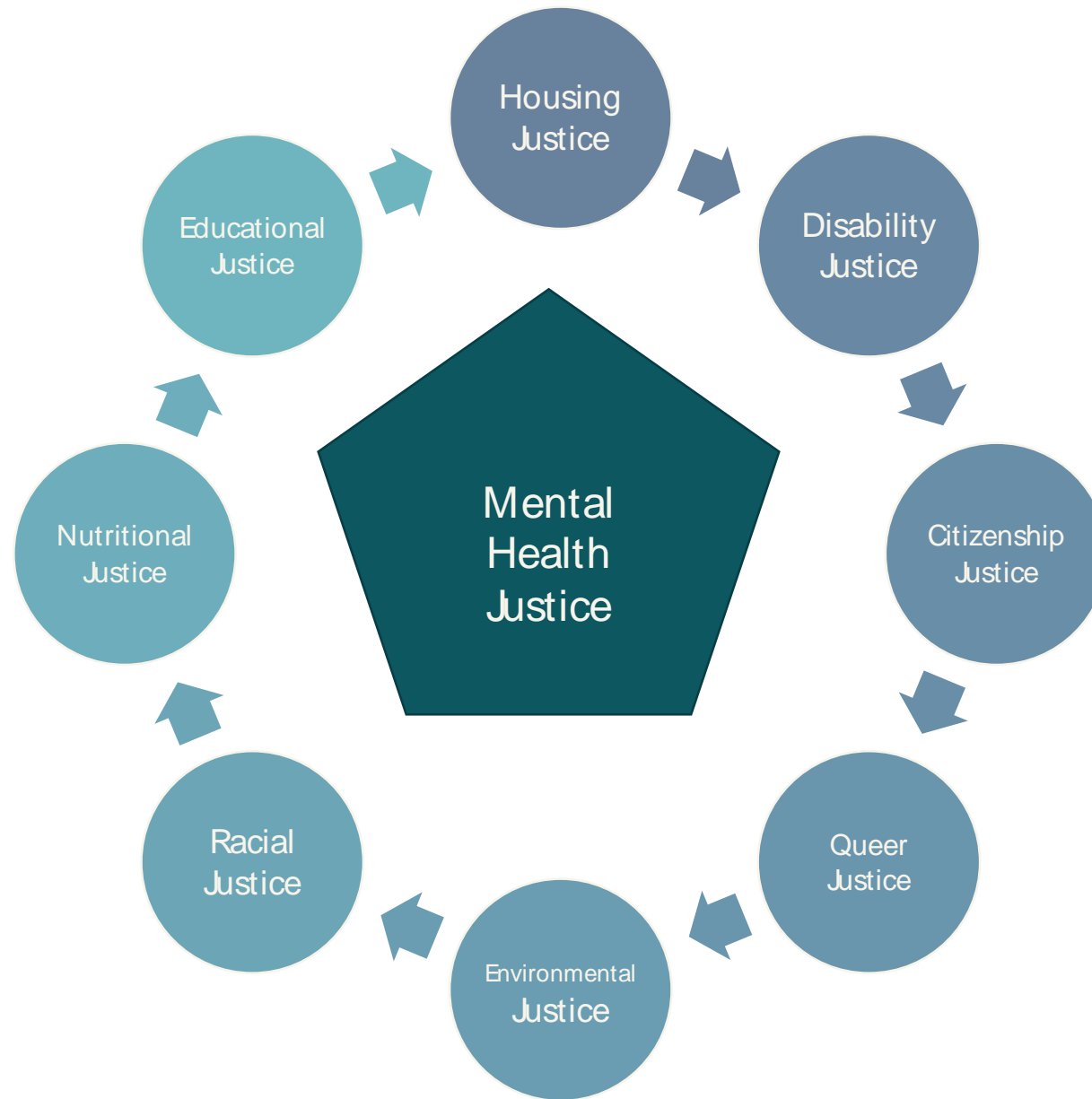


Share Project AWARE innovations, insights and barriers to inform policy.



AWARE Goals- We will ACT





Project AWARE across WA

AWARE FY20 OSPI Subgrantees

- Sunnyside SD
- Wahluke SD
- Yakima SD
- ESD 105 (capacity building focus)

AWARE FY22 OSPI Subgrantees

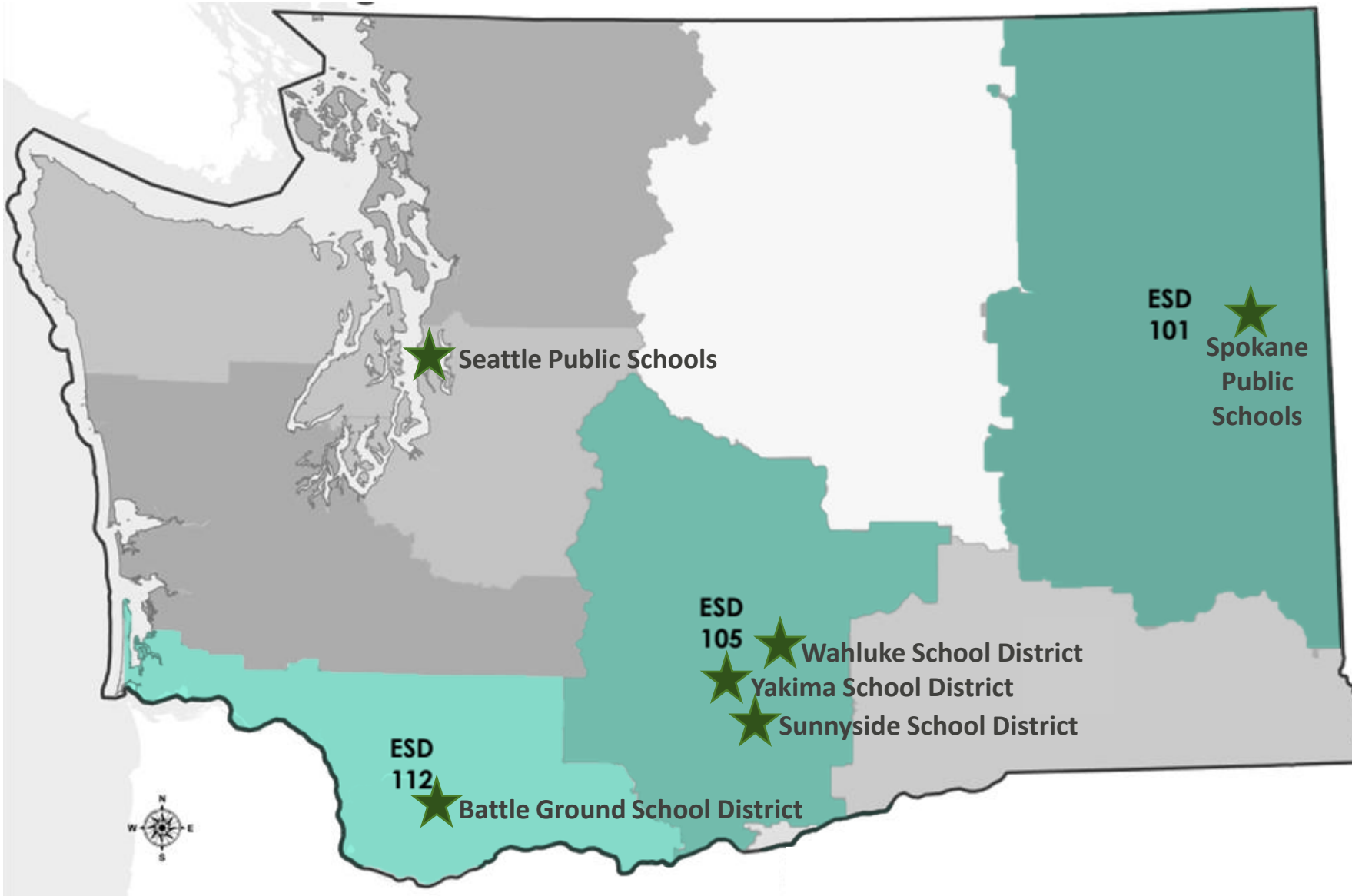
- ESD 105
 - Granger SD, Grandview SD, Selah SD
- ESD 112
 - Kelso SD, Kalama SD
- Spokane PS

AWARE FY22 Grantees

- ESD 101
- Seattle PS

AWARE FY23 Grantees

- ESD 105
- Battle Ground SD



Building Something New Takes Hope

- Hope is the ability to envision something you have never seen before, imagine something you haven't felt before and courageously move towards a pathway of equity for all.
- Hope is a discipline. - *Mariame Kaba*



"I want you to find a bold and innovative way to do everything exactly the same way we've done it for 25 years..."

Polling question: Pick one and answer in the chat

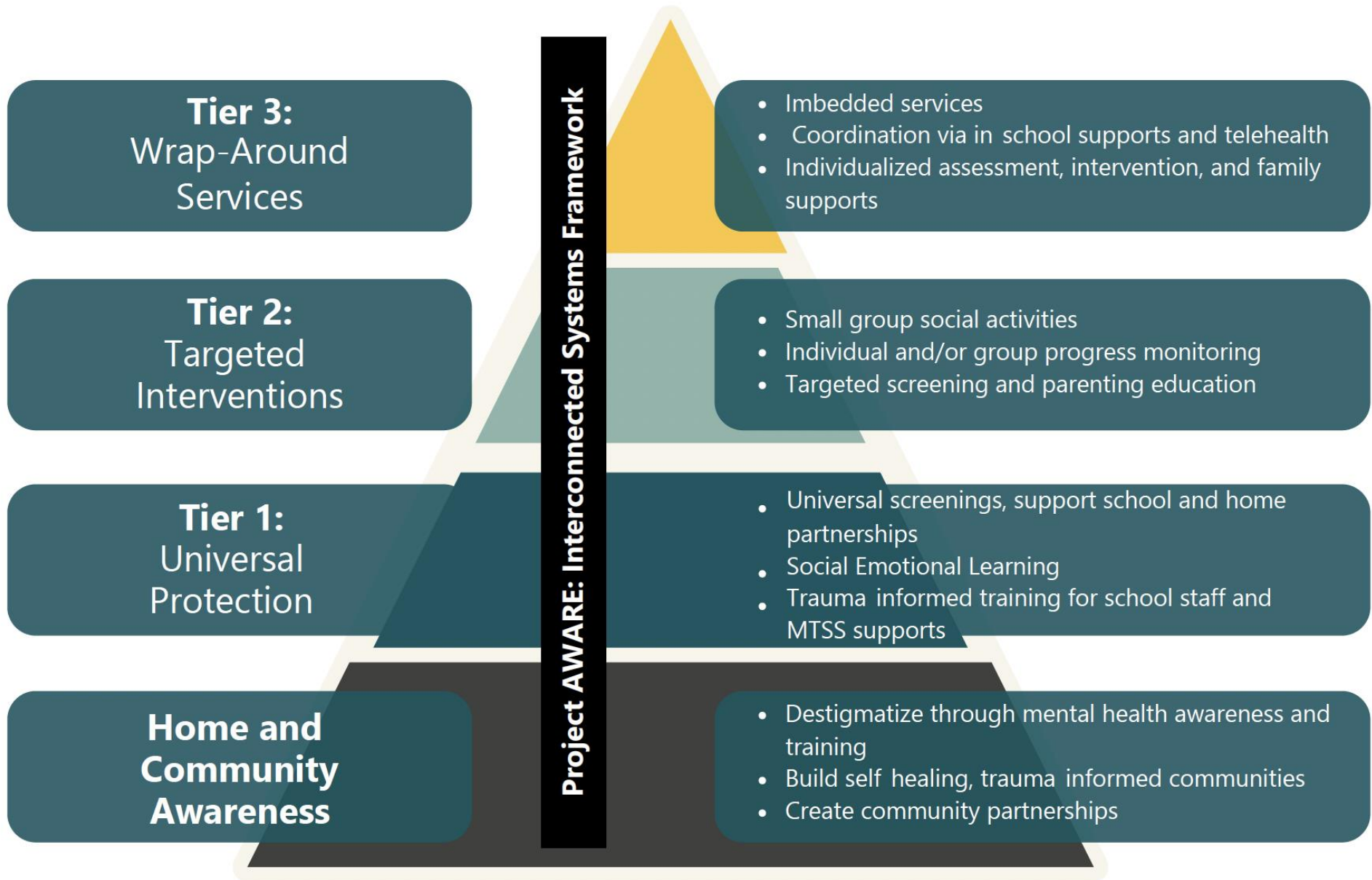
1

What gives you hope?

2

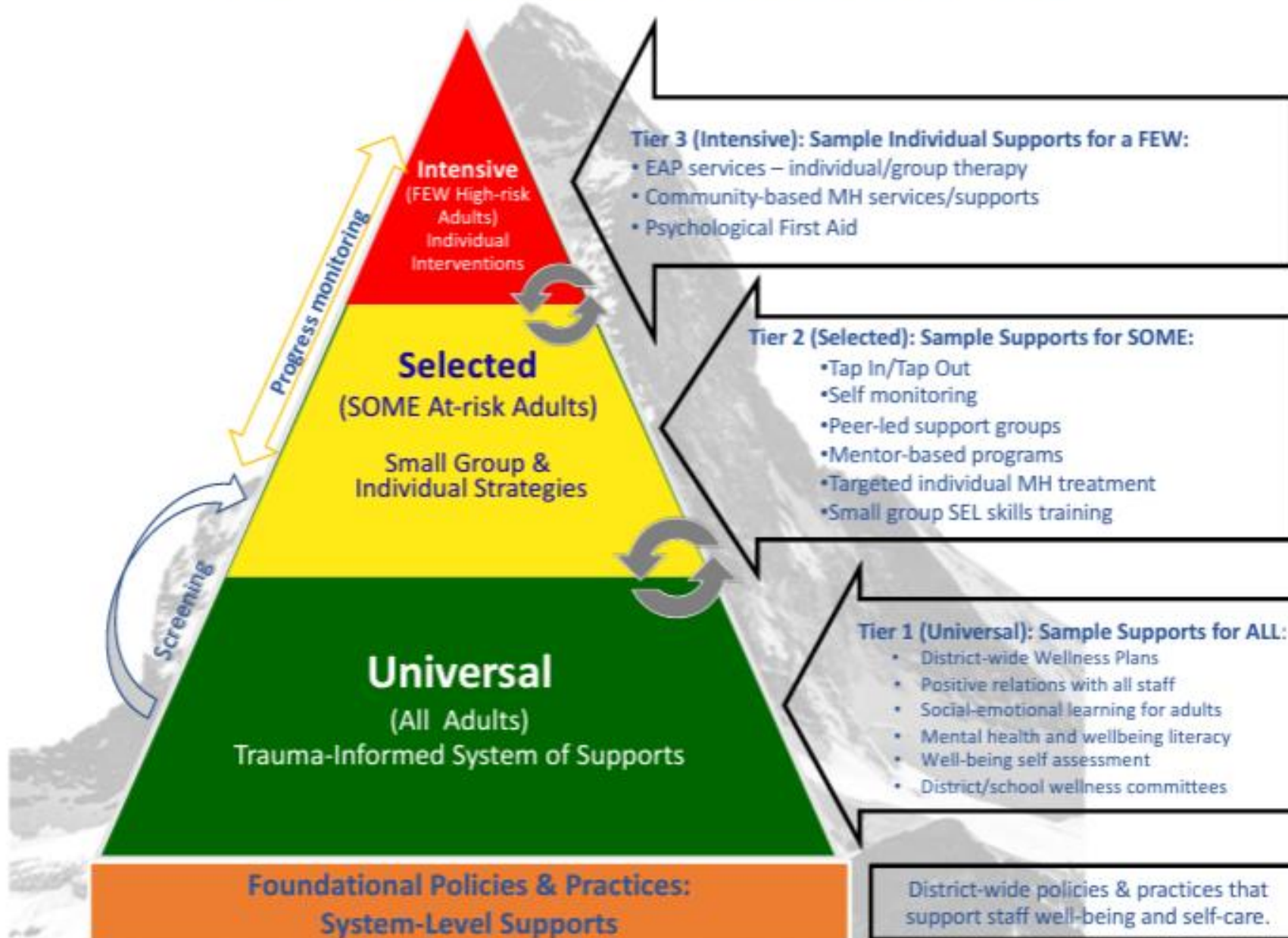
How do you practice hope like a discipline even when it isn't easy?





Multi-Tiered System of Supports for Staff Wellbeing

A continuum of evidence-informed supports for mental health and wellbeing.



Tiered Staff Wellbeing Supports



Project AWARE

Innovation Grants

**AWARE 1.0
(Framework)**



**AWARE 2.0
(Sustainability)**



**AWARE 3.0
(Growth and
access)**

2014-2019
Regional Approach
Systems Framework
**Statewide key
partnerships to prioritize
support and policy**

2020-2025
**ESD becomes licensed
mental health agency**
Billing structure
Grow your own program

2022-2026
Tier 2 to fidelity
Build workforce capacity
Equitably scale up

In our annual Voices from the Community opportunity, we already heard great strides in the project.

Even though we are a small district, it's [amount of mental health professionals] more than we had in the past. I think they're trying to do a better job of making people aware of it. [Mental health supports]

-School Staff

After being in lockdown so long, it feels good to be back and also do something for the school and communities.

-Student

I think the schools are doing a good job of being responsive and supportive of students and their families with regards to mental health.

—Community partner

Our counselors have toys so that we can relax. They give us time and listen to us. Teachers trust you to go talk with the counselor.

—Junior High Student


PBIS director is really good with the kids. Firm hand but the kids love him to pieces.


—School staff


Principal is wonderful with the kids. He's SEL [social emotional learning] all the way.


—School staff

Resources

 Communications planning resources

 ISF modules series

 Funding guidance

 Coming soon: Mental Health Excused Absences Youth Designed Media Toolkit

 SHB 1363 assessment and resources

 OSPI Model District Template

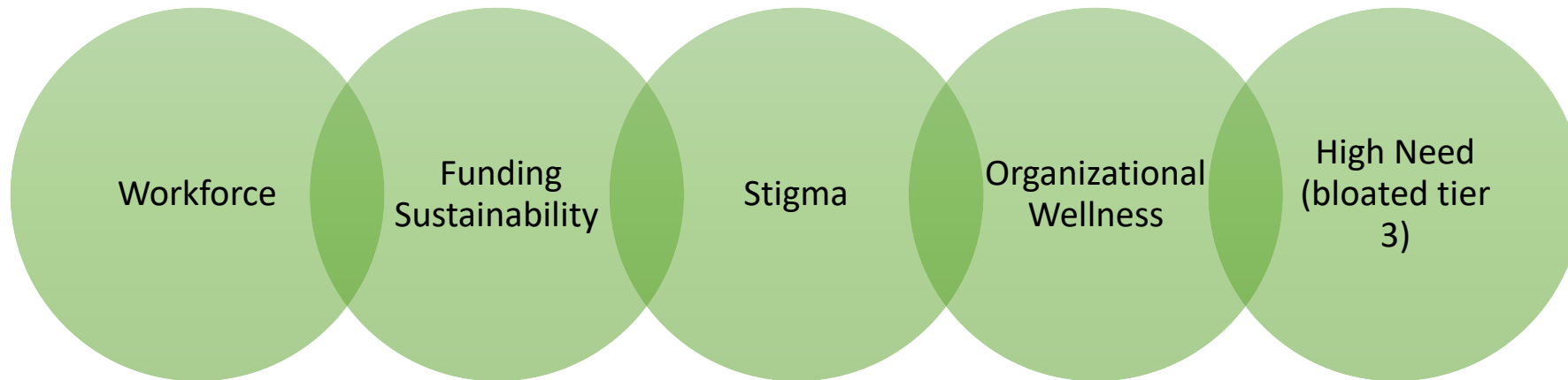


A need for sustainable funding...

1,183 students received supports that, more than likely, would not have received supports otherwise. Without the funding and State level support from Project AWARE these services and benefits would not have happened imbedded in schools. It becomes obvious that hundreds of students needed those services with or without Project AWARE being received. This data only became apparent and was able to be acted upon with Project AWARE funding. This level of need is also across our State and needs to be acknowledged with action. Many schools continue to reach out to OSPI for capacity building, funding, coaching, guidance and more.

Problems of Practice

from our quantitative and qualitative data collection and review



Please pick the breakout room you would like to discuss/share ideas in for 12 minutes.

We will come back as a group to share at the end.



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