

# School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

**October Meeting – 10.6.23**



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

# Facilitator Requests



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



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



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





**Vision**

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

**Mission**

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

**Values**

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



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

# Equity Statement

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

Ensuring educational equity:

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



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

# Tribal Land Acknowledgment



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: October 6<sup>th</sup>, 2023

#	Agenda Items	Time	Lead
1.	Welcome	9:00 a.m.	<b>Lee Collyer &amp; Rep. My-Linh Thai</b>
2.	Project AWARE Advisory Check-in	9:20 a.m.	<b>Bridget Underdahl</b> , Lead Mental Health Systems Program Supervisor, OSPI
	Break	10:05 a.m.	
3.	Priority Recommendations Discussion <ul style="list-style-type: none"><li>• Funding for school districts</li><li>• Staff mental health training</li><li>• Lead agency for SBBH</li><li>• Mental health instruction</li><li>• Supporting BH career pathways</li></ul>	10:15 a.m.	
4.	Public Comment	11:50 a.m.	<b>Christian Stark</b> , OSPI
5.	Closing reminders and October meeting	11:55 a.m.	<b>Lee Collyer / Christian Stark</b>
6.	Meeting Adjourned	12:00 p.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



# 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



# 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



11 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)



Next meeting planned for November





## **2024 Recommendations – Continued**

# Subcommittee Timeline

---

**July Policy Workshop** –  
Tuesday, July 18<sup>th</sup> | 9am-12pm

Policy idea presentations  
Recommendation grid workshop

---

**August meeting** – Friday, August  
5<sup>th</sup> | 9am-12pm

Continued recommendation idea workshopping

---

**September 11<sup>th</sup>-20<sup>th</sup>**

Recommendation preference survey open, members evaluate recommendations by established criteria

---

**September 22<sup>nd</sup>**

Draft recommendation list presented to CYBHWG

---

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

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

---

**October meeting** – Friday,  
October 6<sup>th</sup> | 9am-12pm

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

---

**October 11<sup>th</sup>**

Top 3-5 recommendations advanced to the CYBHWG

---

**November 10<sup>th</sup>**

Statements of Support due to the CYBHWG

---



# Recommendation “Buckets”

Statewide  
Leadership

System  
Funding

Workforce  
Support

Programming

Mental Health  
Education



# Statewide Leadership

*The state's role in providing oversight, guidance, support, standards, etc. to districts related to school-based behavioral health.*

## **Screening**

- Create specific guidelines and definitions for behavioral health screenings in schools.

## **Telehealth**

- Establish guidelines for telehealth in schools, including on how best to access telehealth services, incorporating telehealth services into district tiered support structures, and ensuring safe & effective use of telehealth services for students.

## **Statewide inventory of services**

- Complete a landscape analysis of the behavioral health resources available in the state for schools and/or families

## **Medicaid – Migrant education**

- Expand child Medicaid services throughout the age of 21, with no disparities in citizenship or residency status in the state, to equitably support all individuals seeking to continue access to free public education with minimal health needs that may prevent or hinder their ability to engage academically.

## **MH Curriculum Lead**

- Create a mental health curriculum champion at OSPI to promote awareness of available teaching resources to districts and ESDs for strengthening mental health literacy for students and staff

**Care Coordination** recommendation from the BH Integration subgroup



# Statewide Leadership

*The state's role in providing oversight, guidance, support, standards, etc. to districts related to school-based behavioral health.*

## **Lead Agency for School-based Behavioral Health**

Continue to request that the legislature 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 as well as interconnected community settings.

Allocation 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
2. Establish strategic direction and goals for programming around the full continuum of SBBH services funded under this legislation
3. Develop a comprehensive workforce development strategy
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
5. Establish an initial grant program to aid districts to develop comprehensive SBBH systems
6. Report results from the Washington State SBBH accountability system to the Legislature annually



# System Funding

*Funding streams available to districts for building comprehensive systems of SBBH supports*

## **Funding for School Districts**

- Provide funding directly to school districts to support behavioral health and suicide prevention and intervention in schools. This could include:
  - support for a public health approach to behavioral health prevention in schools
  - re-funding and expanding the 1990 grant program that formerly awarded grant funding to school districts to purchase and implement suicide prevention curriculum,
  - expanding the number of school- and community-based mental health practitioners available to serve students in the district

## **Funding for community providers**

- Provide funding for community behavioral health agencies to offer services requested by schools, staff and youth, without relying on Medicaid funding. Funding should support postvention and other crisis response efforts and provide more flexibility in how districts and providers can use funding based on community needs

## **Support Medicaid billing**

- Provide supports for ESDs and school districts seeking Medicaid reimbursement, including
  - providing guidance around the new CMS Medicaid guidance for school claiming,
  - opening Medicaid funding to minors without necessitating proof of insurance to seek behavioral health services
  - growing the definition of Medicaid providers in schools



# Workforce Support

*Efforts to increase the # of staff available to provide SBBH supports to students (in school & in community), including supports for staff who are providing supports to students (In collaboration with the Workforce and Rates Subgroup)*

## **Clinical Supervision**

- Build out the workforce of licensed clinicians working in schools who can provide supervision for new providers by:
  - increasing available funding for schools to cover the time and effort required to provide effective supervision
  - providing stipends to current clinical staff for the additional work of providing supervision.

## **Supporting Behavioral Health Career Pathways**

- Increase apprenticeships in schools for mental health professionals
- Expand funding for conditional scholarships & loan repayment
- Strengthen recruitment of people as young as high school to encourage interest in behavioral health career pathways.





# Programming

*Behavioral health programming in schools, or available to schools, that support SBBH needs of students*

## **Stepped Care Project Expansion**

- Increase access to care by using evidence-based triage, screening and trauma care in primary care and schools.
- The Stepped Care program focuses on identifying trauma-exposed youth, screening for and symptoms of depression/anxiety/ and PTSD, and then enrolling youth into Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in a stepped care model.

## **Fentanyl overdose prevention/intervention**

- Provide funding for districts to address risks of fentanyl use/overdose in students by providing funding to meet the requirements of RCW 28A.210.390
- Support smaller (<2,000 students) districts in obtaining opioid overdose reversal medication
- Coordinate regional access to opioid overdose rev med
- Provide education to schools on the dangers of fentanyl, and promote responsible use of opioid overdose reversal medication to students and staff.

## **Supporting students experiencing housing instability/homelessness**

- Provide better support for students experiencing housing instability, including prevention, staffing support, and sustainable funding streams.
- Provide increased flexibility for funding options for unlicensed staff (e.g.navigators, parent educators) and/or community organizations to provide support for students experiencing homelessness.



# Mental Health Education

*Resources available to districts to train & educate students on SBBH topics and standards to guide/govern districts requirements related to those resources*

## **Resources for parents/guardians**

- Expand opportunities for parents/guardians to receive training on mental health literacy
- Bridge education, training, and resources between parents/guardians, students, and staff

## **Staff mental health training**

- Strengthen MH training requirements for staff working with students in schools to better prepare all staff in suicide prevention and gatekeeper trainings.

## **Mental health instruction for students**

- Improve the adoption of mental health literacy curriculum in WA schools
  - Updating WA Health Class standards to include mental health literacy standards
  - Mandating mental health literacy education for students
  - Strengthening statewide capacity to provide resources and guidance to districts on selecting and implementing curriculum
  - Expanding access to peer mental health & suicide prevention programs in schools.

## **Trauma-informed practices & programs**

- Implement the recommendations detailed in the 2022 legislative report published by OSPI's Crisis Response Workgroup addressing the use of harmful behavior management practices in schools,



# Top Recommendations

*All members*

Funding for school districts (System Funding)

Establishing a Lead Agency (Statewide Leadership)

Staff MH training (MH Education)

Mental health instruction (MH Education)

Supporting BH career pathways (Workforce)

Inventory of services (Statewide Leadership)

Establishing telehealth guidelines (Statewide Leadership)



# Top Recommendations

## *Parents w/ Lived Experience*

Funding for school districts (System Funding)

Supporting BH career pathways (Workforce)

Mental health instruction (MH Education)

Staff MH training (MH Education)

MH Curriculum lead (Statewide Leadership)

Resources for parents/guardians (MH Education)

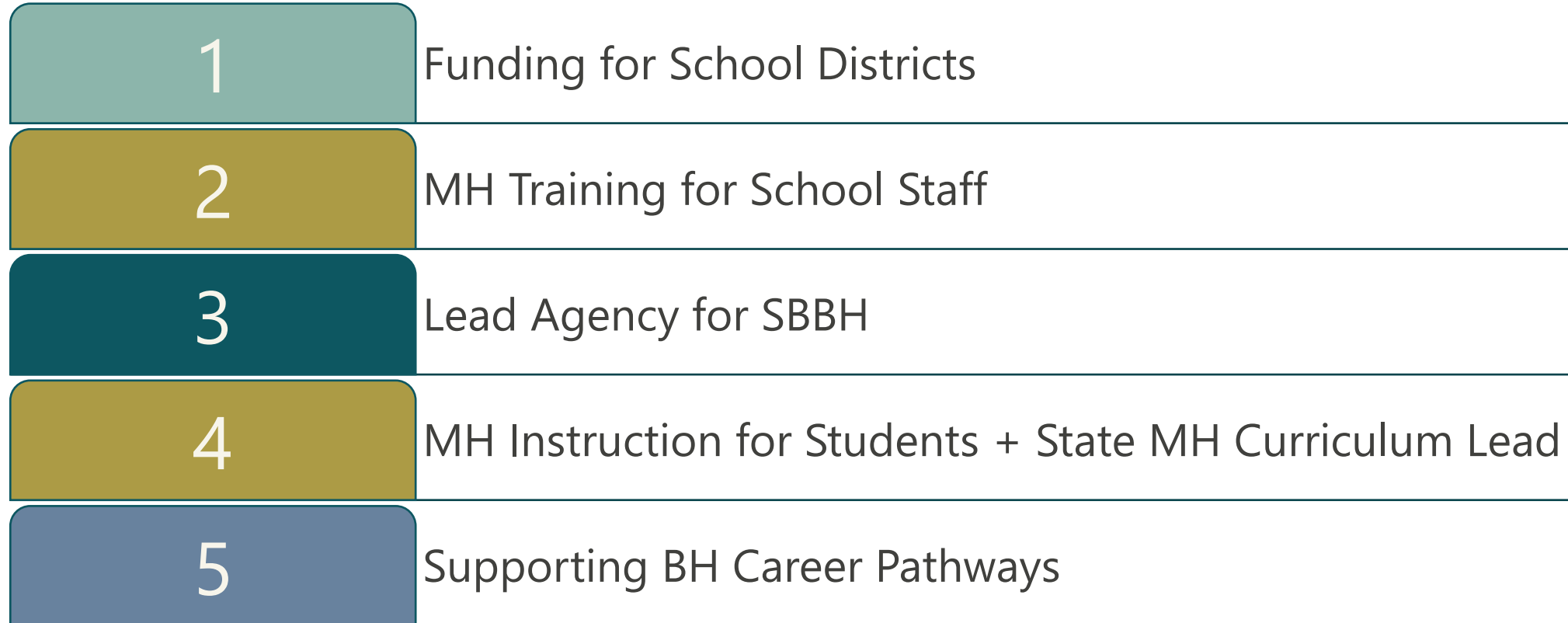
Establishing a Lead Agency (Statewide Leadership)

Inventory of services (Statewide Leadership)



# Top Recommendations

*Overall, weighed*



# By the end of this meeting

For each priority recommendation:

1. What's the issue?
2. What do you recommend?
3. Type of Recommendation *Budget ask, Legislative policy only, Agency policy change, Rule change, other?*
4. Why is taking the recommended action a smart move now?

**Goal:** Finalized list of priority recommendations for the CYBHWG



# Funding for School Districts

What we have so far

## What's the issue:

- Prevention programming is underfunded and often doesn't follow best practice
- School districts do not receive direct funding to develop and implement behavioral health and suicide prevention supports outside of state funding allocation for school nurses, social workers, counselors, and psychologists.
- There continues to be a critical need for treatment, especially connecting students to community-based organizations to meet behavioral health need.
- Students need pathways to accessing mental health supports that don't rely on insurance or Medicaid.
- Need to continue working toward funding educational system adequately (school nurses, counselors, social workers, psychologists) so that community-based partners aren't just trying to plug holes but enhancing foundational services that should be provided by schools (particularly at Tier 1).



# 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



# Funding Sources for Behavioral Health Services\*

- Medicaid billing
- **State basic education dollars**
- CBO partnership(s)
- District general fund
- County funds
- Private insurance billing
- **No district funding**
- State Learning Assistance Program (LAP) dollars
- Local levy dollars
- **Unspecified grant funding**
- Federal Title I funding
- No detail/not specified
- Federal Title IV funding
- **Federal ESSER dollars**
- Special education dollars
- Local govt 1/10<sup>th</sup> of 1% funding
- **ESD grant**
- Unspecified state funding
- HCA funding
- **CPWI grant**
- **CBO grant**
- **McKinney-Vento grant + funding**
- Unspecified local govt funding
- Unspecified ESD funding
- Tribe/tribal organization funding
- Migrant education funding
- ESD partnership
- Private donation dollars
- Federal Impact Aid dollars
- **Project AWARE grant**
- **OSSI School Improvement grant**
- State timber dollars
- Local health district funding
- Unspecified city funding
- County partnership
- **Community coalition funding**
- Kaiser
- School building budget
- District special services funding
- **STN grant**
- **GEAR UP grant**
- **Project Prevent grant**
- **COIIN grant**
- Unspecified Federal funding
- Career & Tech Education funding
- Marijuana tax fund dollars
- **OSPI Suicide Prevention grant**
- State Readiness to Learn funding

# Funding Formula Increases (HB 1664, 2022)

[2SHB 1664](#) (2022) provided additional funding to school districts by increasing minimum allocations for the following roles in the prototypical school funding model over three years starting in the 2022-23 school year:

- School nurses
- School social workers
- School psychologists
- School counselors

Requires districts to maintain a minimum staffing ratio across a list of physical, social, and emotional support staff (PSES) positions

- Includes more than just the four roles included above

Table 4: 2SHB 1664 Fiscal Impacts						
School Year	2021-22	2022-23	2023-24	2024-25	2025-2026	2026-27
District & Tribal School Allocation	\$0	\$113,047,000	\$231,302,000	\$353,783,000	\$360,858,660	\$368,075,833

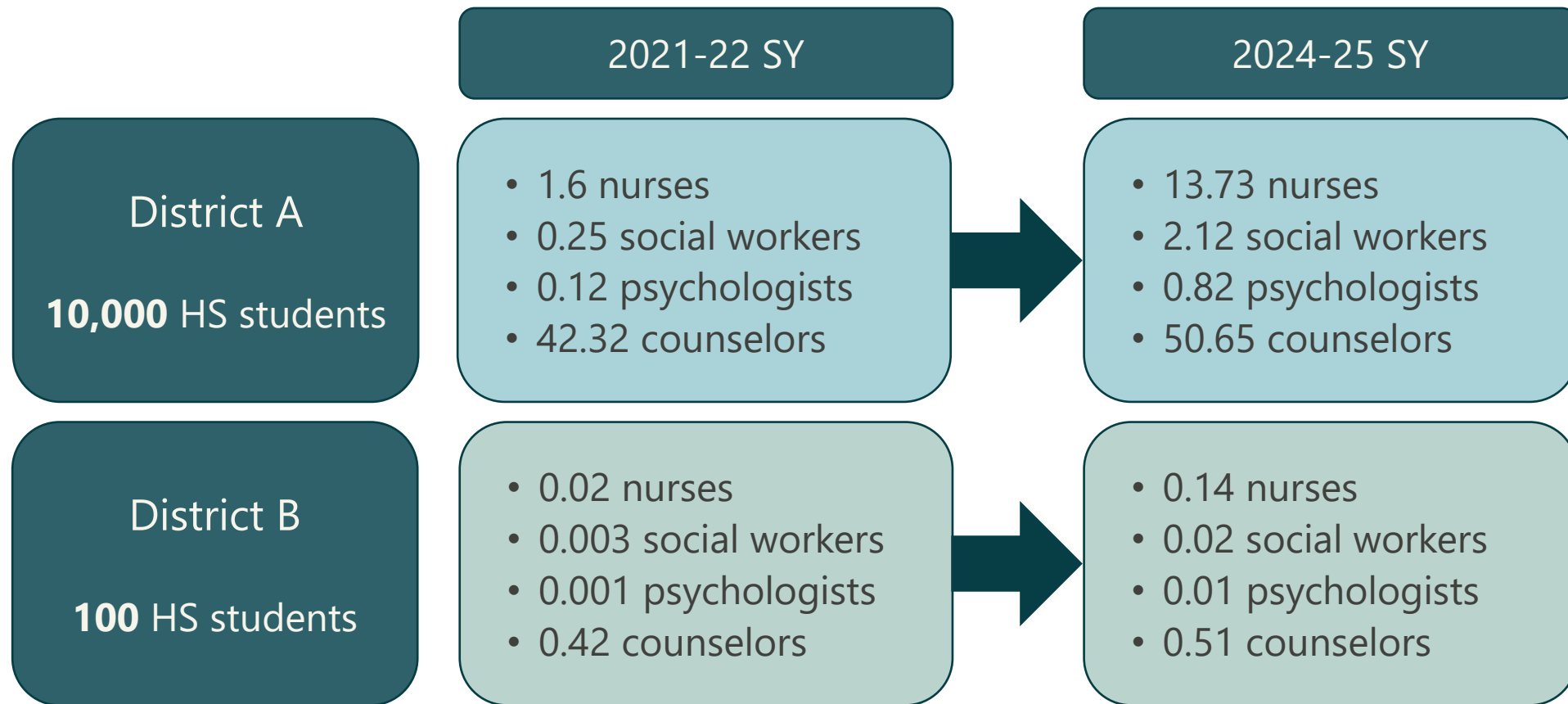
# Funding Formula Increases from HB 1664

<b>Elementary</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>
Staff Position	Per 400 students			
School Nurses	0.076	0.246	0.416	0.585
School Social Workers	0.042	0.132	0.222	0.311
School Psychologists	0.017	0.046	0.075	0.104
School Counselors	0.493	0.660	0.827	0.993

<b>Middle</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>
Staff Position	Per 432 students			
School Nurses	0.060	0.336	0.612	0.888
School Social Workers	0.006	0.033	0.060	0.088
School Psychologists	0.002	0.009	0.016	0.024
School Counselors	1.216	1.383	1.550	1.716

<b>High</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>
Staff Position	Per 600 students			
School Nurses	0.096	0.339	0.582	0.824
School Social Workers	0.015	0.052	0.089	0.127
School Psychologists	0.007	0.021	0.035	0.049
School Counselors	2.539	2.706	2.882	3.039

# Funding Increases - In Practice



# First Year Impact (2022-23)

<b>Year over Year Comparison - Actual Staff FTE as reported in personnel staffing</b>				
<b>Job Title / Position</b>	<b>SY 2022-23</b>	<b>SY 2021-22</b>	<b>Variance</b>	<b>% Change</b>
Orientation & Mobility Specialist	4.428	1.743	2.685	60.64%
<b>Counselor</b>	<b>2,410.290</b>	<b>2,294.060</b>	<b>116.230</b>	<b>4.82%</b>
Occupational Therapist	145.490	134.786	10.704	7.36%
<b>Social Worker</b>	<b>173.883</b>	<b>114.268</b>	<b>59.615</b>	<b>34.28%</b>
Speech, Language Pathway/Audio	373.653	360.695	12.958	3.47%
<b>Psychologist</b>	<b>285.740</b>	<b>252.659</b>	<b>33.081</b>	<b>11.58%</b>
<b>Nurse</b>	<b>582.952</b>	<b>537.207</b>	<b>45.745</b>	<b>7.85%</b>
Physical Therapist	51.985	47.264	4.721	9.08%
Behavior Analyst	23.462	8.771	14.691	62.62%
Contractor ESA	47.861	39.206	8.655	18.08%
<b>Total Certificated Staff</b>	<b>4,099.744</b>	<b>3,790.659</b>	<b>309.085</b>	<b>7.54%</b>
Family Engagement Coordinator	105.644	83.597	22.047	20.87%
Pupil Management & Safety	1,562.784	1,435.685	127.099	8.13%
Health/Related Services	828.014	775.618	52.396	6.33%
<b>Total Classified Staff</b>	<b>2,496.442</b>	<b>2,294.900</b>	<b>201.895</b>	<b>8.09%</b>
<b>ALL PSES Staff</b>	<b>6,596.186</b>	<b>6,085.559</b>	<b>510.980</b>	<b>7.75%</b>

# Behavioral Health Services at School

## School staff shortages

- Not enough mental health staff to meet need
- Lack of funding for staff

## School service capacity doesn't match nature of needs

- Needs are especially high
- Staff qualifications don't match nature of student BH need

## Lack of community provider capacity

- Community MH providers are at capacity
- Lack of community providers at all

# Funding for School Districts

## What we have so far

### **Recommendation:**

Provide dedicated funding directly to school districts to support tier 1 and 2 behavioral health services in schools and suicide prevention work. Funding could be used to:

- Re-fund and expand the 1990 grant program that used to award grant funding to school districts to purchase and implement suicide prevention curriculum.
- To expand the number of school- and community-based mental health practitioners available to serve students in the district

### Last year:

The legislature should establish a statewide grant targeted toward local education agencies (LEAs) with the least access to behavioral health services, with the goal of providing more equitable access to, and more equitable outcomes for, direct behavioral health services in schools, within an MTSS framework that is interconnected with child-serving organizations. Allowable expenditures should include: 1) Building level staffing of school and community-employed mental health providers, 2) Funding for agreements and non-billable activities (e.g., attending team meetings across the tiers) with local behavioral health providers, and 3) telehealth services.

### Two years ago:

Provide base-level funding grants for 100 school-based behavioral health positions in 2022 at \$65,000/FTE. To be eligible, school districts would need to designate matching funds from another source to fund full-time positions, including other district funds, grants, Medicaid billing, etc. Each clinician would serve one school. Each clinician should be a masters-level clinician and should be licensed behavioral health providers or be supervised by a licensed clinician and/or licensed agency.



# Funding for School Districts

## *Outstanding Questions*

1. What's the issue?
2. What do you recommend?
3. Type of Recommendation  
*Budget ask, Legislative policy only, Agency policy change, Rule change, other?*
4. Why is taking the recommended action a smart move now?

*For this recommendation specifically:*

- How do we characterize the need beyond the HB 1664 funding?
- Where should priority go for funding?
- What practices should be prioritized through funding?





# SBBH Training Requirements

## *Training for Education Staff Associates (ESAs)*

### ESA Suicide Prevention Requirements:

- Every five years, school nurses, school counselors, school psychologists, and school social workers are required to complete a minimum of three hours of suicide prevention training for certificate renewal. Training must be completed through a PESB-approved suicide prevention course or a [Department of Health \(DOH\) approved program](#).

# SBBH Training Requirements

## *Staff Professional Learning*

RCW [28A.150.415](#): The state must provide funding for a minimum of **three** professional learning (PL) days for certified instructional staff.

One of three PL days each school year must be dedicated to a state-directed topic:

- Even-Odd years (i.e. 2020-21): Social emotional learning
- Odd-Even years (i.e. 2021-22): Cultural competency, diversity, equity, or inclusion (CCDEI)

# SBBH Training Requirements

## *Staff Professional Learning*

### **Social Emotional Learning (SEL)**

topics can include:

- Social emotional learning
- Trauma-informed practices
- Using the model plan for recognition & response to emotional or behavioral district
- Consideration of adverse childhood experiences (ACEs)
- Mental health literacy
- Anti-bullying strategies
- Or, culturally sustaining practices

### **Cultural competency, diversity, equity, or inclusion (CCDEI) training:**

- must be aligned with CCDEI standards developed by the Professional Educator Standards Board (PESB) under RCW [28A.410.260](#)

One day of training on each topic **every-other year**



# SBBH Training Requirements

## *Educator Prep Programs*

[RCW 28A.410.035](#): To receive initial certification as a teacher in Washington after August 31, 2014, an applicant must complete a course on issues of abuse. This course must include information regarding recognition, initial screening, and response to emotional or behavioral distress in students, including youth suicide.

# SBBH Training

## *State-funded Opportunities*

OSPI is currently offering funding to support mental health training access, through:

- Title IVa funded Lifelines Prevention, Intervention, & Postvention training
- Contract with UW Forefront to provide various suicide prevention, intervention, & postvention training opportunities

Behavioral Health Navigators at each ESD conduct suicide prevention trainings for districts across their regions and connect districts to external training opportunities.

# SBBH Training Requirements

## *Other Staff Training*

There are **no** other state requirements for staff training in behavioral health & suicide prevention for ongoing teacher certification

153 (70%) districts said they provide mental health & substance use training to staff

Type of Training	# of Districts	% of Districts Surveyed
Youth Mental Health First Aid	42	19%
Adverse Childhood Experiences (ACEs)	36	16%
Safe Schools Mental Health	35	16%
Trauma Informed Practices	35	16%
Mental health training (unspecified)	21	10%
Suicide Prevention (unspecified)	20	9%
Other - Unspecified training	13	6%
Staff Wellness	11	5%
Substance Abuse Prevention	8	4%
QPR (suicide prevention)	8	4%
Pos. Bx Interventions & Supports (PBIS)	8	4%
Transition to Independence Process (TIP)	6	3%
Character Strong (SEL)	6	3%
Social Emotional Learning (SEL)	6	3%
Restorative Practices	6	3%

# Staff Mental Health Training

What we have so far

## 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.

# Staff Mental Health Training

What we have so far

## Recommendation:

Strengthen mental health training requirements for staff working with students in schools to better prepare all staff in suicide prevention, gatekeeper, and mental health literacy trainings. Activities to meet this priority could include:

- Require ongoing mental health & suicide prevention training for instructional staff.
- Strengthen mental health & suicide prevention training requirements for teacher prep programs.
- Require mental health & suicide prevention training as part of education staff associate (ESA) preparation programs.
- Provide funding to help connect more district and school building staff to training on behavioral health intervention and triage
- Support development of and provide funding for support positions that allow non-clinical staff to provide support when clinicians are not available/don't have capacity to meet behavioral health needs in schools.
  - A short training with a person without a clinical degree would increase the number of supports accessible more quickly.
  - Develop and promote access to training curriculum that allows all school staff to build better connections with students, with the goal of supporting kids with being seen and heard from supportive adults in the schools, giving staff the permission to build those connections.





# Staff Mental Health Training

## *Outstanding Questions*

1. What's the issue?
2. What do you recommend?
3. Type of Recommendation  
*Budget ask, Legislative policy only, Agency policy change, Rule change, other?*
4. Why is taking the recommended action a smart move now?

*For this recommendation specifically:*

- What aspect of staff training should be the focus? What type of training? For which staff?
- Do we want a policy change, funding, or both?



# Designating & Funding a Lead Agency

## What we have so far

### What's the issue:

A [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 you, 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

What we have so far

## Recommendation:

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

What we have so far

## Recommendation:

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

## *Outstanding Questions*

1. What's the issue?
2. What do you recommend?
3. Type of Recommendation  
*Budget ask, Legislative policy only, Agency policy change, Rule change, other?*
4. Why is taking the recommended action a smart move now?

*For this recommendation specifically:*

- Since this was our top recommendation last year, how do we make progress this year?
- What's a tangible ask to start this effort?



# Mental Health Instruction for Students

What we have so far

## What's the issue:

- WA Health Education standards are insufficient. While schools may include mental health literacy topics in health education classes, there is state requirement to do so. School districts have the authority to meet health and fitness requirements as they see fit, which may or may not include instruction on mental health literacy or suicide prevention.
- The “fire has been going for a long time” we need to go upstream, students need more information and skills sooner. Mental health education is more cost-effective than waiting for needs to arise to the level of treatment. Education on mental health literacy also helps us create newly informed peers who know how to understand and respond to concerns they notice in those around them.
- Few schools have established peer-peer youth suicide prevention groups for students.
- There are many evidence-based options for schools to refer to & use for mental health curriculum; however, many schools don't know about them or have an efficient way to sort through them for use.



# SBBH Training Requirements

## *Instruction for Students*

### [RCW 28A.230.095](#): **Essential academic learning requirements and assessments**

(1) By the end of the 2008-09 school year, school districts shall have in place in elementary schools, middle schools, and high schools assessments or other strategies chosen by the district to assure that students have an opportunity to learn the essential academic learning requirements in social studies, the arts, and health and fitness. Social studies includes history, geography, civics, economics, and social studies skills. **Health and fitness includes, but is not limited to, mental health and suicide prevention education.** Beginning with the 2008-09 school year, school districts shall annually submit an implementation verification report to the office of the superintendent of public instruction. The **OSPI may not require school districts to use a classroom-based assessment** in social studies, the arts, and health and fitness to meet the requirements of this section and shall **clearly communicate to districts their option to use other strategies chosen by the district.**



# SBBH Training Requirements

## *Instruction for Students*

Behavioral Health Navigator Survey, 2019-21

68% of districts surveyed said their students receive some sort of mental health and substance use instruction

What districts said there were using →

Category	# of Districts	% of Districts Surveyed
SEL Curriculum	79	36%
Health Class	76	35%
Mental Health Curriculum	33	15%
Suicide Prevention	28	13%
Substance Abuse	27	12%
Unspecified	11	5%
Health Curriculum <small>(not necessarily in health class)</small>	8	5%
Peer/Community Support Programs	6	4%



# Mental Health Instruction for Students

What we have so far

## Recommendation:

Improve the adoption of mental health literacy curriculum in WA schools.

- Update WA Health class standards to include mental health literacy standards.
- Mandate mental health literacy education for students.
- Strengthen capacity (state and/or regional) to provide resources and guidance to districts on selecting and implementing evidence-based mental health literacy curriculum for students.
- Expand access to peer mental health & suicide prevention programs in schools.

Create a mental health curriculum champion at OSPI (or other lead agency) to promote awareness of available teaching resources to districts and educational service districts (ESDs) for strengthening mental health literacy for students and staff.



# 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!
  - Maybe credit for health class?
  - Should this be in partnership with schools?
  - Co-creation or feedback during creation?
    - Definitely 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, not a brush-over – help students understand that MH concerns are serious and you can access help
  - The content needs to be good! And effective!
- 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



# Mental Health Instruction for Students

## *Outstanding Questions*

1. What's the issue?
2. What do you recommend?
3. Type of Recommendation  
*Budget ask, Legislative policy only, Agency policy change, Rule change, other?*
4. Why is taking the recommended action a smart move now?

*For this recommendation specifically:*

- What aspect(s) of MH instruction should we focus on? Where should it be required?
- How do we take into account current staff capacity to provide MH instruction?



# Behavioral Health Career Pathways

What we have so far

## What's the issue:

- There are deep workforce shortages across the behavioral health continuum.
- The current workforce does not reflect communities across the state.
  - Students need to be able to receive support and guidance from people who they can identify with.
  - Some students translate for their parents. They need someone who sounds like them, looks like them that they can trust to address behavioral health.



# Behavioral Health Career Pathways

What we have so far

## Recommendation:

- Increase **apprenticeships** in schools for school-based mental health professionals.
- Expand funding for **conditional scholarships & loan repayment**, including for bachelor-level programs; they are currently increasing the number of school social workers.
  - Rural districts are especially under-served.
- **Strengthen recruitment** of people as young as high school to think about filling these jobs and getting trained for them.



# Behavioral Health Career Pathways

## Youth Advisory Committee Feedback

- Improving access to higher education programs
  - **Cost is a huge factor**
- **Job shadowing** with providers
  - School offered training program with MultiCare to offer **internships**
    - **Compensation** for internships
  - Giving space for students to **explore career options without cost as an inhibitor**
  - **Mock counseling session** could be a good idea to provide students with information about mental health provider fields



# Behavioral Health Career Pathways

## *Outstanding Questions*

1. What's the issue?
2. What do you recommend?
3. Type of Recommendation  
*Budget ask, Legislative policy only, Agency policy change, Rule change, other?*
4. Why is taking the recommended action a smart move now?

*For this recommendation specifically:*

- How do we detail the issue more specifically? With regard to each focus area?
- Are their ongoing efforts we can link with?



# Potential Statement of Support Areas

- Supports for students experiencing homelessness
- Expansion of the Stepped-Care program in schools
- Mental health screening in schools
- Supporting Medicaid billing
- Clinical supervision
- Addressing restraint & isolation in schools
- Fentanyl overdose prevention/intervention





# Identifying Legislative Champions

We need to identify organizations, entities, people, agencies, etc. willing to, or already planning to, champion this idea during the legislative session

- Does anybody in your network come to mind?
- What are other states doing?
- What other programs in the state are already doing good work in this area?

If so, please reach out!



Next meeting

---

Friday, December 1<sup>st</sup>, 2023

---

9:00 am - Noon



# We'd love your feedback!

**Link:** <https://survey.alchemer.com/s3/7554846/October2023-SBBHSP-Feedback>

The survey is anonymous, and you are welcome to answer as many, or as few, questions as you'd like

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



Except where otherwise noted, this work by the [Office of Superintendent of Public Instruction](#) is licensed under a [Creative Commons 4.0 International License](#).



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**



[k12.wa.us](https://k12.wa.us)



[facebook.com/waospi](https://facebook.com/waospi)



[twitter.com/waospi](https://twitter.com/waospi)



[youtube.com/waospi](https://youtube.com/waospi)



[medium.com/waospi](https://medium.com/waospi)



[linkedin.com/company/waospi](https://linkedin.com/company/waospi)