

School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

April Meeting – 4.7.23



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



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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. OPSI 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: April 7th, 2023

#	Agenda Items	Time	Lead
1.	Welcome <ul style="list-style-type: none"> Goals + Group Grounding YAC Intro + Share out Legislative Session update 	9:00 a.m.	Lee Collyer / Christian Stark , OSPI
2.	Intro to the Office of Education Ombuds & Navigating Behavioral Health Supports	9:45 a.m.	Yordanos Gebreamlak , Deputy Director, Office of Education Ombuds (OEO)
	Break	10:20 a.m.	
3.	Project AWARE Advisory Connection	10:30 a.m.	Bridget Underdahl , School Based Mental Health Systems Program Supervisor Lead, OSPI
4.	UW SMART Center US Dept. of Education Behavioral Health Workforce Grant Update	10:50 a.m.	Eric Bruns , Associate Director, UW SMART Center
5.	Policy Recommendations: "Buckets" Discussion <ul style="list-style-type: none"> Breakout discussion (~25 minutes) Group share out 	11:10 a.m.	Lee Collyer / Christian Stark , OSPI
7.	Public Comment	11:45 a.m.	Christian Stark , OSPI
8.	Closing reminders and June meeting	11:55 a.m.	Lee Collyer / Christian Stark
8.	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

Jeannie Larberg, Sumner-Bonney Lake School District



Members: School, District, & ESD Staff



Joe Neigel, Monroe School District & Community Coalition

Michelle Sorensen, Richland School District

Rachel Axtelle, South Kitsap School District

Tawni Barlow, Medical Lake School District



Members: Behavioral Health Professionals



Ashley Mangum, Mary Bridge/Kids Mental Health Pierce County

Avreayl Jacobson, King County Behavioral Health and Recovery

Elizabeth Allen, Tacoma Pierce County Health Department

Harry Brown, Mercer Island Youth & Family Services



Members: Advocacy & Other Professional Staff



Addy Wissel, WA School Counselors Association

Avanti Bergquist, WA State Council of Child and Adolescent Psychiatrists

Cassie Mulivrana, WA State Association of School Psychologists

Elise Petosa, WA Association of School Social Workers

Gwen Loosmore, WA State PTA

Jeannie Nist, Communities In Schools of WA
Jill Patnode, Kaiser Permanente

Katherine Seibel, Committee for Children



Members: Advocacy & Other Professional Staff



Kelcey Schmitz, UW SMART Center

Larry Wright, Forefront Suicide Prevention, UW-School of Social Work

Logan Endres, WA State School Directors Association

Megan Veith, Building Changes

Prudence 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

Alejandra Prado

Hanna Baker

Michael Haughee

Michael Poe



Staff Supporting the Subcommittee

Office of Superintendent of Public Instruction

Kerry Bloomquist

Maria Flores

Armando Isais-Garcia

Jaimee Kidder

Maria McKelvey-Hemphill

RJ Monton

Andrew Nelson

Christian Stark

Bridget Underdahl

Health Care Authority:

Rachel Burke

Stacey Bushaw

Diana Cockrell

Enos Mbajah

Jason McGill

Shanna Muirhead

Todd Slettvet

Cindi Wiek

Office of the Insurance Commissioner:

Jane Beyer



Children & Youth Behavioral Health Work Group

The CYBHWG recommends legislation and other changes to ensure that behavioral health services for all of Washington's children, youth and young adults, and their families, are:

- Accessible, affordable, effective, timely, and engaging;
- Culturally, linguistically, and developmentally relevant;
- Supportive and affirming of gender orientation;
- Supported by evidence;
- Incorporate tailored innovations, as needed;
- Coordinated across sectors, and tailored and aligned with communities' strengths and needs;
- Integrated whole-person care;
- Normalized as part of everyone's health care;
- Sustainable, with robust capacity and funding;
- Hold the promise of measurably improving health and outcomes; and
- Amply resourced for all children, youth, and young adults.



The CYBHWG is informed by six advisory groups:

Prenatal to Age Five Relational Health Subgroup

Workforce and Rates Subgroup

**School-based Behavioral Health & Suicide Prevention
Subcommittee**

Youth & Youth Adult Continuum of Care Subgroup

Behavioral Health Integration Subgroup

P25 Behavioral Health Strategic Plan Advisory Committee
(new this fall, from HB 1890)



Purpose of the Subcommittee

To advise the CYBHWG on creating and maintaining an integrated system of care through a tiered support framework for preschool through twelfth grade school systems defined by the office of the superintendent of public instruction and behavioral health care systems that can:

- Rapidly **identify** students in need of care and effectively link these students to appropriate services
- Provide age-appropriate **education** on behavioral health and other universal supports for social-emotional wellness for all students, and
- **Improve** both education and behavioral health **outcomes** for students.



How do we accomplish those goals?

Convene stakeholders

- Youth & family members, school and community behavioral health staff, advocacy, technical support, & other professional staff

Share information

- Highlight promising practices, share relevant data and information on system supports, and identify ongoing gaps in the system

Recommendation policy changes

- Annual policy recommendations to the larger work group (CYBHWG)



Youth Advisory Committee Spotlight!



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



Representing schools & communities in 5 of the 9 ESD regions



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



Held first meeting from 5-7p on Tuesday, March 14th via Zoom



Planning the next meeting for May



YAC March Meeting – Key Takeaways

Staff capacity around behavioral health supports

- Counselors generally don't have MH expertise and stay focused on academic supports
 - Need more teacher and staff training on mental health & sexual assault, **trauma-informed is super important**
 - A lot of teachers grew up with different expectations of school – don't have the language needed to support student mental health needs
- School doesn't have a counselor; few supports for mental health and victims of sexual assault
 - "when you're at school you're only at school" – lack of focus on the whole student

Mental & sexual health topics in school health curriculum

- Mental health topics are brought up quickly in health class but not in depth
- Frustration with current health class curriculum
- Teacher wasn't insensitive but made it seem like cases of mental health struggles, sexual assault, etc. are rare when they really aren't
- Added to stigma and feeling of isolation when experiencing those concerns in yourself or so seeing peers go through them



YAC March Meeting – Key Takeaways

Mandatory reporter rules in schools

- There is a sense that mandatory reporter rules can make getting support more difficult
 - Ex. Wanted help for self-harm but felt like rules made it hard to talk without being institutionalized
- Mandatory reporter rules can seem to overshadow helpful dialogue with staff
 - Student experience where it felt like the school counselor was more focused on duties of mandatory reporting than engaging in supportive conversation in the moment
 - Conversation felt disorienting, wanted to talk more about MH concerns but didn't feel encouraged

Punitive approaches to substance use in schools

- Difficult to see peers struggle with addiction – there's a sense that if you tell a teacher, you or your peers will get in trouble for using
- Shutting down the bathroom is common in response to substance use on campus, often imposes difficulties on students with disabilities
- Supports from staff focused on mental health aren't brought up
- Schools tell students "Don't do drugs", "don't date" but why? No resources to teach us about mental health, substance abuse, other topics to provide realistic context



YAC March Meeting – Key Takeaways

School-based mental health supports for middle schoolers

- Middle school is a transitional point in life, need to be given tools to make that transition successfully
- Schools don't provide age-appropriate information on social/emotional health
- Middle schoolers don't have the opportunity to seek community resources on their own – especially when not able to talk to parents about certain topics
- Middle schoolers need extra support as they mature – not everybody is in the same place developmentally – staff need to be attentive to these things, and know there are ups and downs
- Important for staff to treat MS students like young adults with interactive and open conversations, not just steps to do
- Need a balance of both, taking into account difference in maturity-level



YAC March Meeting – Key Takeaways

Teacher training + More qualified staff

- Teachers are not meant to administer to mental health needs; more mental health services & mental health support staff in school would be better
- More professionals in mental health/behavioral health field in schools would be amazing – **is that realistic because of funding realities?**
- Beneficial to have staff in schools to support teachers in becoming more trauma-informed and better at supporting student MH needs
- Want schools to provide more awareness for students about what community supports are available to them – many students don't know what's available in the community
- Contracting with a behavioral health resource/organization to do teacher training



Legislative Session Update – Active Bills

HB 1069 – Mental Health Counselor Compact

HB 1134 – 988 System

HB 1207 – HIB and Emergency Removal

HB 1394 – Sexual Offenses by Youth

HB 1479 – Restraint and Isolation

HB 1580 – Children in Crisis

HB 1724 – BH Licensing Requirements

SB 5019 - Classified staff providing student and staff safety





Introduction to the Office of Education Ombuds & Navigating Behavioral Health Supports

Yordanos Gebreamlak, Deputy Director, Office of Education Ombuds

Break

(mute/cameras off)





Project AWARE Advisory Connection

*Bridget Underdahl, School-based Mental Health Systems Program
Supervisor Lead, OSPI*



UW SMART Center DOE Grant Update

Eric Bruns, Associate Director, UW SMART Center

Legislative Session Update – SBBHSP Priorities

Proviso Topic	Request Summary	House Budget	Senate Budget
Establishing a lead agency for school-based behavioral health at the state-level	\$200,000 to HCA to convene a design team & project plan	SB 5121 widens the scope of the Joint Committee on Health Care to include behavioral health, will convene subgroup to address SBBH	SB 5121 widens the scope of the Joint Committee on Health Care to include behavioral health, will convene subgroup to address SBBH
Expand # of school & community-based clinicians services students	\$10 mill grant program for LEAs with the goal of providing more equitable access to school-based BH services	Not included \$5 mill for ESDs to continue BH regional services grants to support districts *Re-appropriated ESSER funds	Not included \$500,000 for ESDs to provide access to tele-behavioral health services in rural districts
Expand funding for School-based Health Centers (SBHCs)	\$5.655 million per biennium for the SBHC Grant program at DOH	\$1.8 mill increase in funding for SBHC grants at DOH	Not included

Policy “Buckets” Discussion

Statewide Leadership

System Funding

Workforce Support

Programming

In ~25 minute
breakout groups:

Are we missing a
bucket? What’s missing
in these buckets?

Where should the focus
be within each bucket
to move SBBH forward
this year?

What **data** illustrates
need for each bucket?

What **promising
practices** can we
highlight or support
that positively impact
these buckets?



Statewide Leadership

Recent/Ongoing Efforts:

State Auditor's report recommendation + SBBHSP Recommendation to designate lead agency

Where should the focus be within this bucket to move SBBH forward this year?

What data illustrates need for this bucket?

What promising practices can we highlight or support that positively impact these buckets?

System Funding

Recent/Ongoing Efforts:

1664 (2022) Prototypical School Funding Increases for Physical, Social, Emotional Support Staff

Where should the focus be within this bucket to move SBBH forward this year?

What data illustrates need for this bucket?

What promising practices can we highlight or support that positively impact these buckets?

Workforce Support

Recent/Ongoing Efforts:

- > 2023 SBBHSP recommendation to expand # of school & community-based clinicians services students
- > UW SMART Center Department of Education grant
- > School Social Worker budget proviso funding for ESDs 101 + 121

Where should the focus be within this bucket to move SBBH forward this year?

What data illustrates need for this bucket?

What promising practices can we highlight or support that positively impact these buckets?

Programming

Recent/Ongoing Efforts:

- > SBBHSP Recommendation to expand Partnership Access Line (PAL) in Schools Program
- > Funding for SEL curriculum + implementation efforts
- > ESD Behavioral Health Navigator program

Where should the focus be within this bucket to move SBBH forward this year?

What data illustrates need for this bucket?

What promising practices can we highlight or support that positively impact these buckets?

What buckets are missing?

Policy “Buckets” Discussion

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Workforce Support

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In ~25 minute
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We'd love your feedback!

Link: <https://survey.alchemer.com/s3/7289158/April-2023-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!



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Next meeting

Friday, June 2nd, 2023

9:00 am - Noon





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