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

Date: 5/28/2025
Time: 3-4:30pm

Leads: Representative My-Linh Thai
Christian Stark, OSPI

Professional Members					
☒	Brook Vejo Carelon Behavioral Health	☒	Gina Cabiddu Kids Mental Health WA	☒	Rafaela Steen UW Forefront Suicide Prevention
☐	Chetan Soni WA Youth Alliance	☐	Gwen Loosmore WA State PTA	☐	Rayann Silva UW SMART Center
☐	Daniel Smith Community Health Plan of WA	☒	Jill Patnode Kaiser Permanente	☒	Renee' Schoening Whitworth University
☒	David Crump Spokane Public Schools	☒	Jodie DesBiens NWESD 189	☒	Sinuon Hem Asia Pacific Cultural Center
☒	Delaney Knottnerus King County	☐	Joe Neigel Monroe School District	☒	Susan Peng-Cowan & Shelley Seslar Behavioral Health Navigators
☒	Devyna Aguon Renton School District	☐	Mabel Thackeray North Thurston Public Schools	☒	Tabby Stokes Vancouver Public Schools
☒	Erin Drury WA School-based Health Alliance	☒	Michelle Sorensen Richland School District	☐	
☐	Georgianna Akers WA Association of School Social Workers	☒	Nolita Reynolds Catholic Community Services	☐	

Youth Members					
☒	Cara Lynn	☐	Hanna Baker	☐	Kei Gregson (Lead)
☒	Pradyu Kandala	☐	Taanvi Arekapudi		

Parent/Guardian/Family Members					
☒	Byron Smith	☒	Marcella Taylor	☐	Megan Reibel
☒	Peggy Dolane	☒	Richelle Madigan	☐	Shawnda Hicks (Lead)

Agenda Items	Lead
Welcome	**Christian Stark**, OSPI
Review of Reoccurring Priorities & WA Thriving Focus Areas Presentation Notes: (see accompanying slides) WA Thriving overview: • The input we provide will be shared with the WA Thriving team in full and will be considered an input to the P-25 Strategic Plan • Our input is unlikely to be included in full, because of the breadth of the scope of the Strategic Plan. The Washington Thriving team will incorporate our inputs into the Strategic Plan and will consult with us about how • The full draft Strategic Plan will be shared with the CYBHWG in early August. Subgroups will have an opportunity in September to share feedback on how our work has been incorporated. • The Strategic Plan will be accompanied by a number of supporting "issue briefs." This is where the Washington Thriving team anticipates capturing the majority of the content and proposals provided by the subgroups. SBBHSP Past Priorities [Slide 16]: • Great slide Christian!!! Really helpful to see what we've recommended over the years and any legislation resulting from it. – Jill P. Links/Resources/Upcoming Opportunities: • Subgroups will have an opportunity to seek input/feedback from the WA Thriving Advisory Group on June 24th • WA Thriving now has a second community input survey open, through June 15th. o Survey series: This survey is part of a series. This is survey #2, which is 1 of 3 in-depth surveys focusing on gathering feedback on emerging recommendations within the goals of the Strategic Plan under development. The first survey, which closed on May 31, focused on the strategic plan's high-level goals and framing. o WA Thriving Survey #2 Link Discussion/Questions: WA Thriving Overview: • How many recommendations are we looking at? - Peggy D. Concern: If we generate too many recommendations, it may dilute focus and hinder progress.	**Christian Stark**, OSPI **Rep. Lisa Callan**, 5th Legislative District, WA Thriving & CYBHWG Co-Chair

- A: There will be concrete recommendations developed within each subgroup category. These will feed directly into the broader strategic plan. The goal is not to have an overwhelming number of recommendations, but rather, to focus on those that identify key gaps and align with the WA Thriving framework. – Rep. Callan
- Comment: I hear you David, and I also think that strategy in focus also can have unintended consequences. The most expensive and least served children and youth are not necessarily the majority, which has led to perpetuation of these groups with co-occurring/complex conditions being underserved for a really long time. At some point we have to get away from the low hanging fruit to make real change. – Richelle M.
- Comment: I don't think we should limit ourselves to state-based funding instead we could have a goal to connect private, family and community foundations to partner in accomplishing the priorities. – Peggy D.
- Comment: I love this idea. Rather than reducing scope, include exploration of alternative funding in the strategic plan; or maybe some combo of both… Distilling recommendations, while exploring alternative funding – Richelle M.
- Comment: Exactly … the state convenes the community to determine what we need for our children to thrive, but then the entire state needs to be engaged in supporting the plan. this can include personal work of one's own behavioral health, supporting families in the community who are struggling, collaborating in breaking out of the model of competitive based siloed grant seeking, or partnering in funding initiatives that are outside of state funding capacity. but are critical for our children's wellness.

SBBHSP WA Thriving Input Overview:

- Appreciate the how section. Expectations and standards can be stressful and burdensome so showing HOW we're supporting folks to make improvements is important. – Amanda L.

SBBHSP Core Components of School BH Document:

- School refusal/school attendance work fits into 'Early Identification'; school refusal is something that is top on everyone's concern when we meet with schools. – Brook V.
- Where does the school's responsibility end, and where does the community's support begin? - David
  - A: Schools play a key role in identifying student needs and connecting them to support services. While they aren't

expected to provide all services directly, they often have counselors or embedded providers on staff and act as referral points to telehealth and community-based resources. The responsibility is shared. Schools recognize and refer; the community delivers ongoing care. o The 'Core Components of School Behavioral Health' document we are refining is intended to detail what we think the school's role in behavioral health should be; we may need to further define what supports are squarely in the school's purview vs. those best directed through community referrals in the final version of the document • I think looking under "Access to Support Services" that trying to bring in access to Peer Support Specialists would be a good idea. As a youth member of SBBHSP team, I think a lot of us, and I have heard this from peers I have talked to, would feel more comfortable with a peer support specialist that is closer in age to us. – Cara L. • What can be done when school staff tend to attribute behavioral health issues primarily to problems at home? o A: As written right now, the document details the core components of school BH, it doesn't differentiate necessary supports by the source of student need. I see our goal as articulating what supports schools should provide regardless of the drivers of need, those will differ across a student population. With the right support, schools are well-positioned to play a meaningful role in promoting and supporting student behavioral health, including across the core components detailed in the document. • Concern was shared about using suspension as the main response to student behavior. "*We should be running toward them, not away from them,"*—meaning students need support, not to be pushed out. o What if we looked at a list of protective factors and identified where those items show up? In school, home, community and use that as a way to define some of those pieces by showing what it is (which in a way shows what we don't want like suspension). – Delaney K. o It isn't just a lack of training for staff, it is also how understaffed schools are. - Mash M. o It serves to recognize that district by district and school by school (sometimes classroom by classroom), there is no universal behavior management - and Positive Behavioral Interventions & Supports (PBIS) is recognized but may not be practiced consistently. – Aubrie N. o What I hear from Peggy is being explicit about stigma. – Mash M.	

- Teachers are contracted for subject matter expertise. They are required to teach students to meet state standards. Some students choose to be disruptive in class - whether at risk or not - and we have to try to balance the response/support to one student, against the subject matter teaching challenge and the other students in the classroom. – Byron S.
- Without a clear recommendation on what explicitly the district's responsibility is and when any referrals happen, districts will continue to wash their hands. – Mash M.
- I'll push back a little because children "choosing" to be disruptive" is their way to communicate that there are underlying issues/problems/situations that are happening, and they want help. Behaviors are a form of communication and a lot of these "disruptive" kids only know how to communicate through behaviors to get their needs met. – Marcella T.
- I appreciate the need to teach subjects and the drain on everyone in the class when one student is disruptive. I wonder what percent of children are choosing to misbehave versus having other issues that are sparking the misbehavior. Having a substitute is naturally dysregulating for many IDD children... perhaps providing better supports for substitutes is a recommendation we could make so that learning actually happens when there is a sub. – Peggy D.
- Trauma informed training or some type of training to build understanding of the brain - how trauma and adversities affect the brain when in survival mode can help offset some of the stigma, and biases…. Also, children should receive tools and skills on recognition of their body's stressors/triggers and ways to balance a better way to communicate struggles instead of using disruptive behaviors. Also building in peer mentors to help in tough situations. - Marcella T.
- De-escalation scale training, Adverse Childhood Experiences (ACEs)
- training, culturally sensitive training, SEL/coping - all of it serves behavioral health in students. – Aubrie N.

- Schools can play a role in creating trauma for students, especially when they don't get the support, they need for their special needs.
  - A: Early identification and screening, along with creating safe and supportive environments, help address these issues. Need to consider whether those sections of the document need to be further built out.
- Comment: If we are calling out what schools should do, the idea of calling out what we think the other systems should do could be useful; in creating our definition. – Delaney K.

Screening, Recognition, & Response to Emotional & Behavioral Distress in Schools: RCW Requirements and Statewide/Regional Supports
 	
Presentation Notes:
See accompanying slide deck
 	
Links/Resources/Upcoming Opportunities:
SBBHSP May 28, 2025, Meeting Padlet
 	
Discussion/Questions:
• Peggy Dolane raised a question about how the term "crisis" is being used:
  ○ *"How are you describing the school crisis and the substitute teacher shortage? Where do you see the threshold for calling something a crisis in the work you're doing?"*
• Mash Makhlyagina noted that some school administrators won't acknowledge certain issues as a crisis, saying: "*That's just a regular day.*"
• I would very much agree there's a lot of confusion around when to call a crisis team at the school level. Each school and district have a different definition of a crisis, so it makes it challenging to support them in when to call. – Brook V.
• There is a need to shift the language from "suicide prevention" to social emotional student behavioral health.
  ○ Rep. Callan noted that a proviso is in place to begin taking steps in this direction, supporting efforts to align school-based mental health with these updated priorities.
• We need to distill the information gathered and ensure its included in the recommendations to WA Thriving.
• Focus on identifying what additional system supports are needed to help districts support student behavioral health.
• The goal is to gather and solidify as much feedback as possible.
  ○ If you have more input, please add your thoughts to the Padlet - Christian
• Theres concerns about phones disrupting students, stigma, and how we describe crisis in schools – Peggy D.
• *Where would cultural work fit in—shifting from a punitive, factory-style model of education to a human-centered approach?*
  ○ A: This connects to training already being provided, as well as other subcategories of work aimed at.
• Through [the Health Care Authority's] School-based Services (SBS) Grant, we are working to expand SBS and transform billing. – Todd S.
• Medicaid:
  ○ Just a friendly correction to the comment that "Medicaid cannot pay for non-clinical services." In fact, Medicaid can, and it does! Peer services, including youth and parent peer services, are, by definition, non-clinical. There is also a billing code for peers as an outreach/pre-treatment modality,
	Susan Peng-Cowan, Behavioral Health Navigator, Educational Service District 112

which could be deemed as early intervention. There is huge opportunity for schools to partner with agencies that provide youth peer services and to bill for those services. – Rep. Davis ○ School barriers to participating in the Medicaid Administrative Claiming (MAC) program: Admin burden, fear of audits, all things we have addressed from the past MAC program. – Todd S. ○ School funding formula creates tremendous challenges in rural school districts, the amount allocated for many districts isn't enough to cover full-time staff. – Renee F. ○ Susan P.: I didn't mention that we also support districts in Medicaid Administrative Claiming, and School-based Health Services (SBHS) as well to leverage Medicaid funding to support needs. • We have an opportunity to use part of the August Professional Development (PD) days (3 days funded by the legislature) to have some consistent messages on revised discipline rules, behavior support, common definitions, etc.... OSPI can help in creating some of those documents. – Roz T. <u>Presenter Contact Information:</u> Susan Peng-Cowan - susan.peng-cowan@esd112.org	
Upcoming Meetings: • June 25th | 3-4:30pm, on Zoom • July 23rd | 3-4:30pm, on Zoom **Announcements:** **Meeting Feedback Survey:** https://survey.alchemer.com/s3/8281458/2025-SBBHSP-Subcommittee-Feedback-Survey	

Staff: Pricila Guerra, OSPI

Attendees:

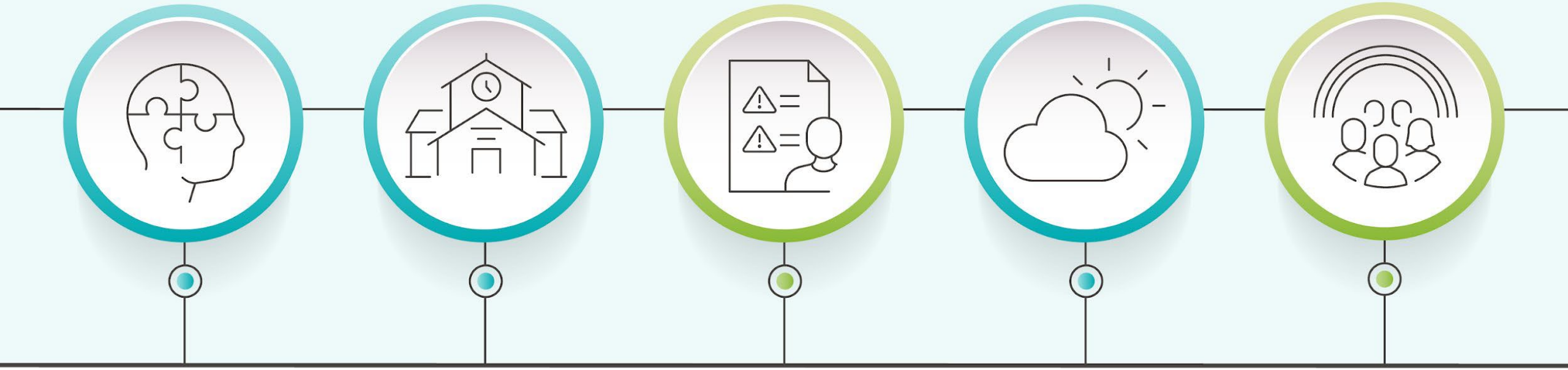
State Agency & CYBHWG Staff:
Amanda Lewis, HCA
Anna Marie Dufault, OSPI
Aubrie Nettle, HCA
Christine Mickelson, HCA
DeeSha Connor, DOH
Erika Rodriguez, OSPI
Joshua Kent, OSPI
Kerry Bloomquist, OSPI
Kristen Callison, HCA
Meghan Hopkins, DSHS DDA
Rabeeha Ghaffar, DOH

Renee Fullerton, Workforce Board
Rose Spidell, DDA Educational Liaison PM
Todd Slettvet, HCA-Medicaid

State Legislators & Staff:
Rep. Lauren Davis, 32nd Legislative District
Rep. Lisa Callan, 5th Legislative District

Public Attendees:
Chelsea Stone, CHPW/CHNW
Children's Alliance-Policy Team
CSD REACh/CLIP
Erin Wick
Esperanza Ocegueda | Seneca (she/hers)
Hands Across the Bridge
Mash Makhlyagina
Matt Crichton
Roz Thompson, AWSP
Yordanos Gebreamlak

ESD 112 REGIONAL SCHOOL SAFETY CENTER



FROM MANDATE TO PRACTICE: Strengthening School Behavioral Health Under RCW 28A.320.127

Susan Peng-Cowan ESD 112 & Rafaela Steen UW Forefront

OUR TIME TODAY

- Understanding the RCW
- OSPI's Model Template & Crosswalk tools
- The Role of Behavioral Health Navigator (BHN) and School Safety Centers
- Challenges from the field
- Recommendations: Policy and system improvements
- Q&A, Conclusion, Next Steps

WHAT DISTRICTS ARE REQUIRED TO DO

- Overview of the RCW 28A.320.127

Plan for recognition, screening, and response to emotional or behavioral distress in students, including possible sexual abuse.

(1) Beginning in the 2014-15 school year, each school district must adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, youth suicide, and sexual abuse. The school district must annually provide the plan to all district staff.

(2) At a minimum the plan must address:

(a) Identification of training opportunities in recognition, screening, and referral that may be available for staff;

(b) How to use the expertise of district staff who have been trained in recognition, screening, and referral;

(c) How staff should respond to suspicions, concerns, or warning signs of emotional or behavioral distress in students;

(d) Identification and development of partnerships with community organizations and agencies for referral of students to health, mental health, substance abuse, and social support services, including development of at least one memorandum of understanding between the district and such an entity in the community or region;

(e) Protocols and procedures for communication with parents and guardians, including the notification requirements under RCW **28A.320.160**;

(f) How staff should respond to a crisis situation where a student is in imminent danger to himself or herself or others;

(g) How the district will provide support to students and staff after an incident of violence, youth suicide, or allegations of sexual abuse;

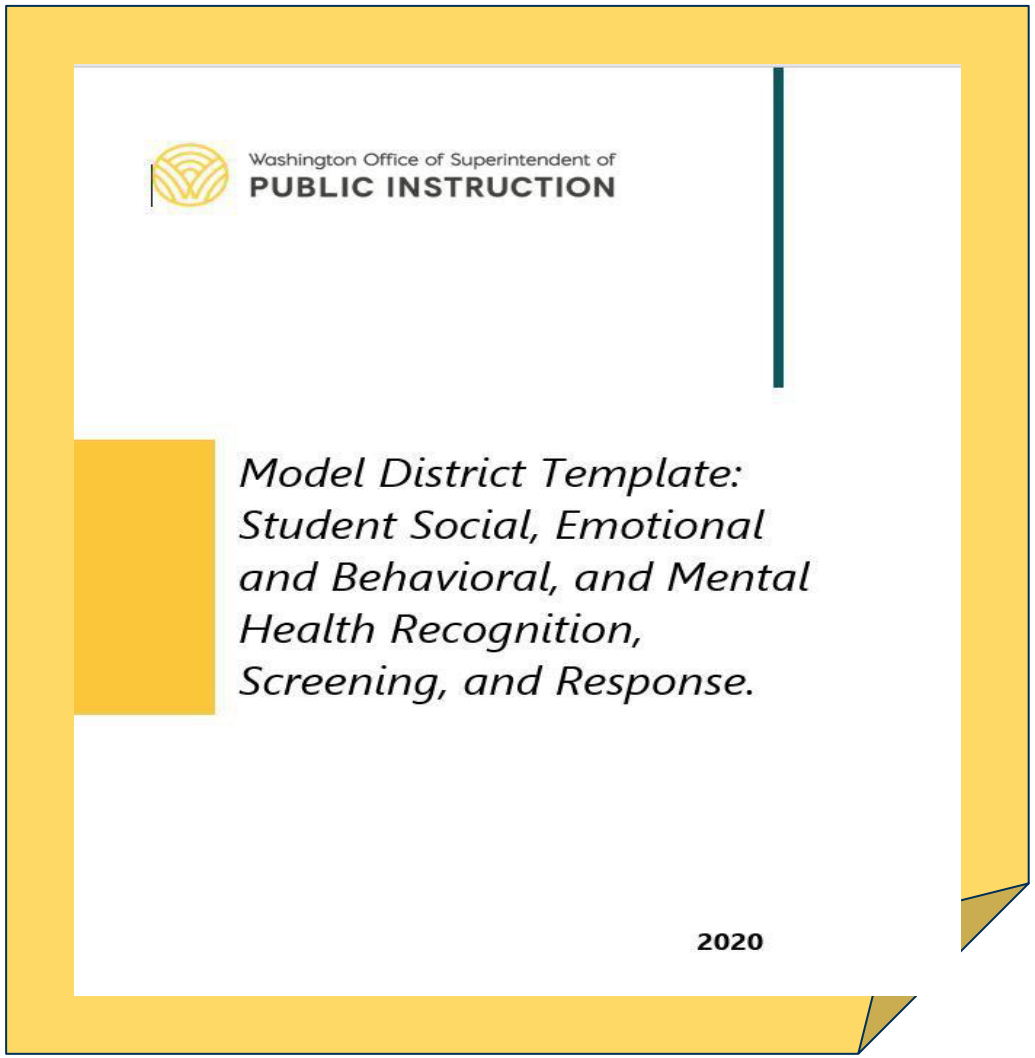
(h) How staff should respond when allegations of sexual contact or abuse are made against a staff member, a volunteer, or a parent, guardian, or family member of the student, including how staff should interact with parents, law enforcement, and child protective services; and

(i) How the district will provide to certificated and classified staff the training on the obligation to report physical abuse or sexual misconduct required under RCW **28A.400.317**.

(3) The plan under this section may be a separate plan or a component of another district plan or policy, such as the harassment, intimidation, and bullying prevention policy under RCW **28A.300.2851** or the comprehensive safe school plan required under RCW **28A.320.125**.

[**2016 c 48 § 1**; **2013 c 197 § 4**.]

SYSTEM SUPPORTS: OSPI'S MODEL TEMPLATE



1. Team Driven Shared Leadership
2. Community Engagement and Participation
3. Parent Notification
4. Data-Based Decision Making
5. Screening Implementation
6. Screening Tool Selection
7. Recognition, Referral, and Response Section

SYSTEM SUPPORTS: CROSSWALK TOOLS CREATED TO SUPPORT DISTRICTS

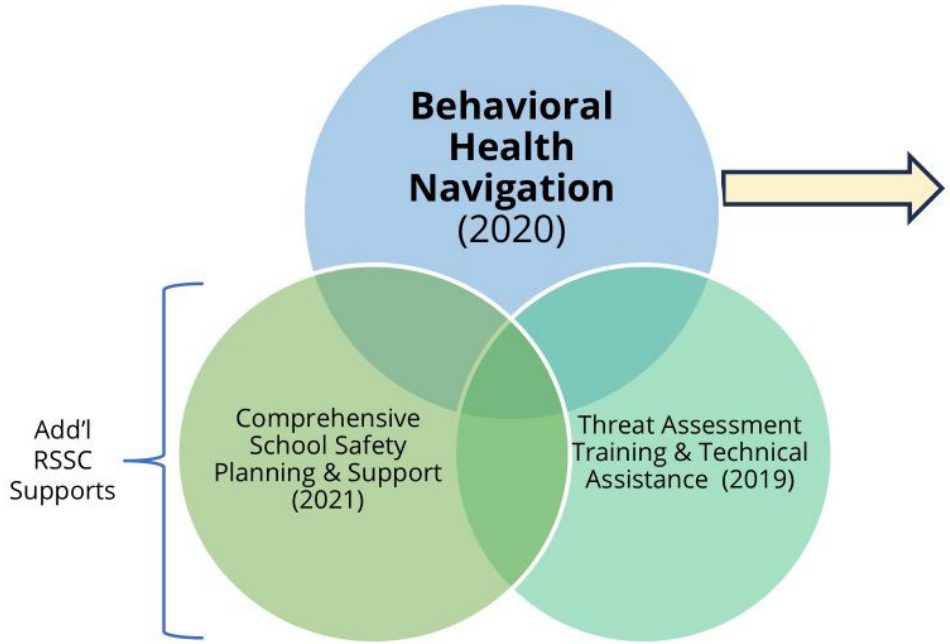
- BHN Roadmap
- Model District Template Checklist
- District Exemplars

Example BHN site:
https://www.esd112.org/safety-center/behavioral-health/

CURRENT SYSTEM SUPPORTS: BHNs

Regional Behavioral Health Navigators

per HB 1216 (2019 – Regional School Safety Centers), RCW 28A.310.515



Region-wide….Support for SD development & implementation of plans for recognition, initial screening, & response to students' emotional or behavioral distress

- Unpacking state Behavioral Health requirements

Suicide prevention training, including support for schools to respond and recover from suicide/attempted suicide

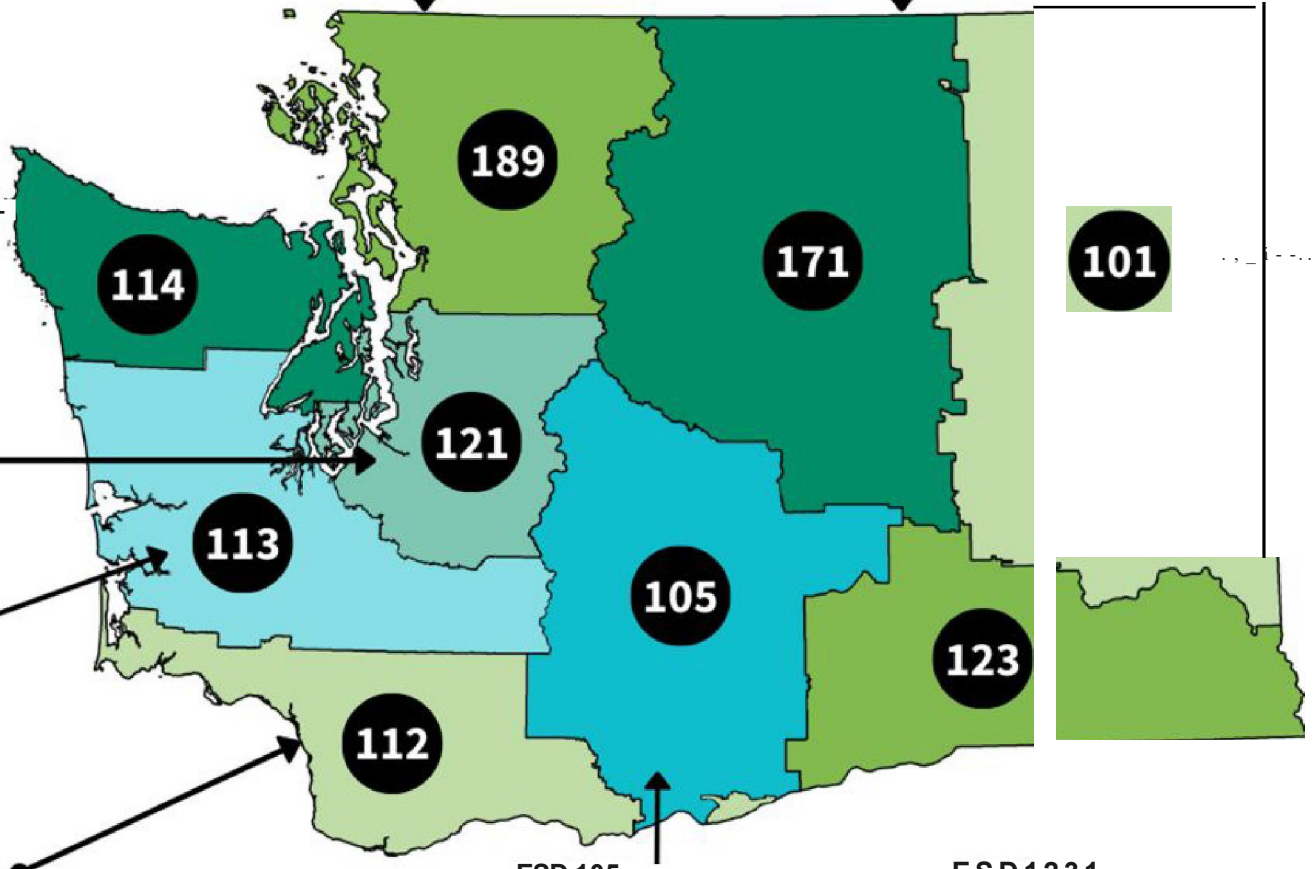
Facilitation/coordination of partnerships among K12 and regional/local community behavioral health services

Provide support with behavioral health care service delivery models, and training on / assistance with Medicaid billing

AESD Association of Educational Service Districts
Nine ESDs. One Network.
Supporting Washington's Schools and Communities.

Behavioral & Mental Health Contacts

@AESD



Northwe.st ESD 189
- **Behav. Health Director:** Jodie DesBiens
  jdesbi,ens@nwesd..o g
- **Naitlgator:** Natalie Gustafson
  ngusta fsm1@nwesd.org

North Central ESD 171
- **Behav. Health Diirector:** Shelley Ses'lar
  shelleys@ncesd..org
- **Na vlgato.r:** Shelley Seslar
  shelleys@ncesd.org

Olympic ESD 114
- **Behav. Health Director:** Kristen Schutte
  kschutte@oesdl.i4.org
- **Navigator:** Ceila Meyer
  cmeyer@oesd114.org

NorthEast Washington ESD 101
- **Beh,w. Health Director;** Brittany Roetcisoender
  lbc.ampbell@esdlOl.net
- **Navigator:** Keara,Pe,ltrem
  kpeltram@esdlOl.net

Puget Sound ESD 121
- **Behav. Health Director:** Jaime Fajardo
  jfajardo@psesd.org
- **Navigator:** Daony Chae
  dchae@psesd.org

Capital Region ESD 113
- **Behav. Health Director:** Eirin Wick
  ewick@esdl13.org
- **Navigator:** Hailey Shelton
  hshelton@esd113.org

AESD Network Executive Director
Jessica Vavrus
jvavn.1s@wa esd.org

ESD 112
- **Behav. Heal\th Director:** Denise Dishongh
  denise.dishongh@e5dll2.org
- **Navigat,or;** Susan Peng-Cowan
  susan.peng-cowan@esdll2.org

ESD 105
- **Behav. Health Director:** EmHy Nelson
  emily.nelson@esdlOS.org
- **Na,vigator:** EmHy Contreras
  emily.contreras@esdlOS.org

ESD 123
- **Behav. Health Director:** Dana Camarena
  dcamarena@esd123.org
- **Navigator:** Edona Tahiraj
  etahiraj@esdl23.org

The Role of Regional Behavioral Health Navigators (BHNs)

SYSTEM-LEVEL SUPPORT:

Increase the equitable access to behavioral health services and supports.

- Assist districts and schools in building capacity to identify and support students in need of behavioral health care
- Facilitate partnerships and coordination between districts and schools and existing regional and local systems of BH care services and supports

Provide training and technical support on suicide prevention and plans for recognition, initial screening, and response to emotional or behavioral distress in students..

Three Focus Areas of BHN Work,

1. Prevention

Increasing awareness and providing education and support on risk reduction and health promotion.

- Trainings for Districts and Schools
- Curriculum, Prevention Clubs
- Awareness Events for Students
- Parent Education/Training/Information Dissemination
- Staff Supports
- Consultation and Technical Support

2. Intervention

Knowing the signs and symptoms of students in distress/crisis, when to act and what to do; and providing or linking to services

- Trainings for Counselors, Social Workers, Psychologists, and nurses
- Linkage to Behavioral Health Services and Supports
  - In the school setting
  - In the community
- Resource Sharing
- Student Assistance Professionals
- ESD SU/MH Provider Licensure

3. Postvention

An organized response in the aftermath of a death of someone who dies by suicide.

- Post-vention Training
- Crisis Response Training
- Crisis Response Team: Guidance/Coordination/On the Ground

@AESD

SUCCESS STORIES

- A group of nine rural districts leveraged regional BHN coaching network to develop a coordinated SEBMH protocol and establish Tier 3 mental health services, supported by state funding

- A medium-sized district used a crosswalk tool to implement universal screening effectively with timely follow-up and integrated behavioral health into district planning

- A suburban district scaled behavioral health supports across multiple schools, improving consistency and staff capacity

Challenges from the field

1

Implementation and guidance barriers

Infrastructure 🔘 Unclear universal screening guidance

Recommendations

- Develop statewide screening guidance with vetted tools
- Strengthen the RCW Model Template
- Create regional implementation coaches to provide hands-on district support

Challenges from the field

2

Funding and sustainability barriers:

Inconsistent and inequitable BH funding

Recommendations:

- Establish ongoing, flexible BH funding for districts
- Expand Medicaid reimbursement pathways to cover early intervention, team meetings, consultation, staff support, and non-clinical services for clinicians

Challenges from the field

3

District Structural and capacity barriers:

Lack District BH lead 🔘Siloed efforts

Recommendations:

- Carve out district BH planning time - FTE allocations or release time for cross-departmental coordination and implementation of model template
- Develop crosswalk tools and integration guidance

Challenges from the field

4

Community partnerships

Misaligned / inflexible community partnerships

Recommendations:

- Develop a "school-readiness" training and onboarding program for community partners
- Support flexible service delivery models aligned with school calendars and schedules

Current Policy Alignment

2026 recommendations already support this work:

- **Statewide guidance & direction** – Define minimum expectations for behavioral health supports and set a statewide strategy.
- **Training & Technical Assistance Network** – Fund regional support to help districts implement BH systems effectively.
- **Funding for districts** – Provide sustainable resources for planning, staffing, and implementing school-based supports.

NEXT STEPS & CLOSING

- **Create a system** that works for all districts, not just the best resourced ones
- Make **changes** to policy, funding, and system supports that will allow the RCW to be better implemented
- **Continue to engage** in conversations about comprehensive prevention
- **Consult and advocate** around barriers

School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

May Meeting – 05.28.2025

Washington Office of Superintendent of
PUBLIC INSTRUCTION

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.

Written in partnership with RoseLynne McCarter

Agenda:
May 28th, 2025

#	Agenda Items	Time	Lead
1.	**Welcome**	3:00 PM	**Christian Stark**, OSPI
2.	Review of Reoccurring Priorities & WA Thriving Focus Areas	3:10 PM	**Christian Stark**, OSPI
3.	*Screening, Recognition, & Response to Emotional & Behavioral Distress in Schools:* RCW Requirements and Statewide/Regional Supports	3:35 PM	**Susan Peng-Cowan**, Behavioral Health Navigator, Educational Service District 112
4.	Public Comment, Other Updates. & Closing Reminders	4:15 PM	**Christian Stark**, OSPI
7.	Meeting Adjourned	4:30 PM	

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

SBBHSP Members

Co-Chairs

Representative My-Linh Thai
Christian Stark, OSPI

Members w/ Lived Experience

Bryon Smith Parent/Guardian/Family	**Hanna Baker** Youth/Young Adult
Keira Gregson Youth/Young Adult	**Marcella Taylor** Parent/Guardian/Family
Megan Reibel Parent/Guardian/Family	**Peggy Dolane** Parent/Guardian/Family
Pradyu Kandala Youth/Young Adult	**Richelle Madigan** Parent/Guardian/Family
Shawnda Hicks Parent/Guardian/Family	**Taanvi Arekapudi** Youth/Young Adult

Providers & Community-based Organizations

Brook Vejo Carelon Bx Health	**Nolita Reynolds** Catholic Community Services	**Sinuon Hem** Asia Pacific Cultural Center

Advocacy & Other Professional Staff

Chetan Soni WA Youth Alliance	**Jill Patnode** Kaiser Permanente
Erin Dury WA School-Based Health Alliance	**Rafaela Steen** UW Forefront Suicide Prev
Georgianna Akers WA Association of School Social Workers	**Rayann Silva** UW SMART Center
Gwen Loosmore WA State PTA	

School, District, & Educational Service District Staff

David Crump Spokane Public Schools	**Mabel Thackeray** North Thurston Public Schools
Devyna Aguon Renton School District	**Michelle Sorensen** Richland School District
Jodie DesBiens Northwest ESD 189	**Susan Peng-Cowan** Behavioral Health Navigator Rep
Joe Neigel Monroe School District	**Tabby Stokes** Vancouver Public Schools

Local Govt/Coalition, Managed Care, and Higher Ed

Daniel Smith Community Health Plan of WA	**Gina Cabiddu** Kids Mental Health Washington
Delaney Knottnerus King Co., Bx Health & Recovery	**Renee' Schoening** Whitworth University

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)
- Department of Children, Youth, & Families (DCYF)
- Department of Social & Health Services (DSHS)
- WA State School Directors' Association (WSSDA)

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 (SBBHSP) Subcommittee**
- Youth & Youth Adult Continuum of Care Subgroup
- Behavioral Health Integration Subgroup
- WA Thriving
  (P25 Behavioral Health Strategic Plan Advisory Group)

2025 SBBHSP Timeline

2025 Monthly Meeting Dates:

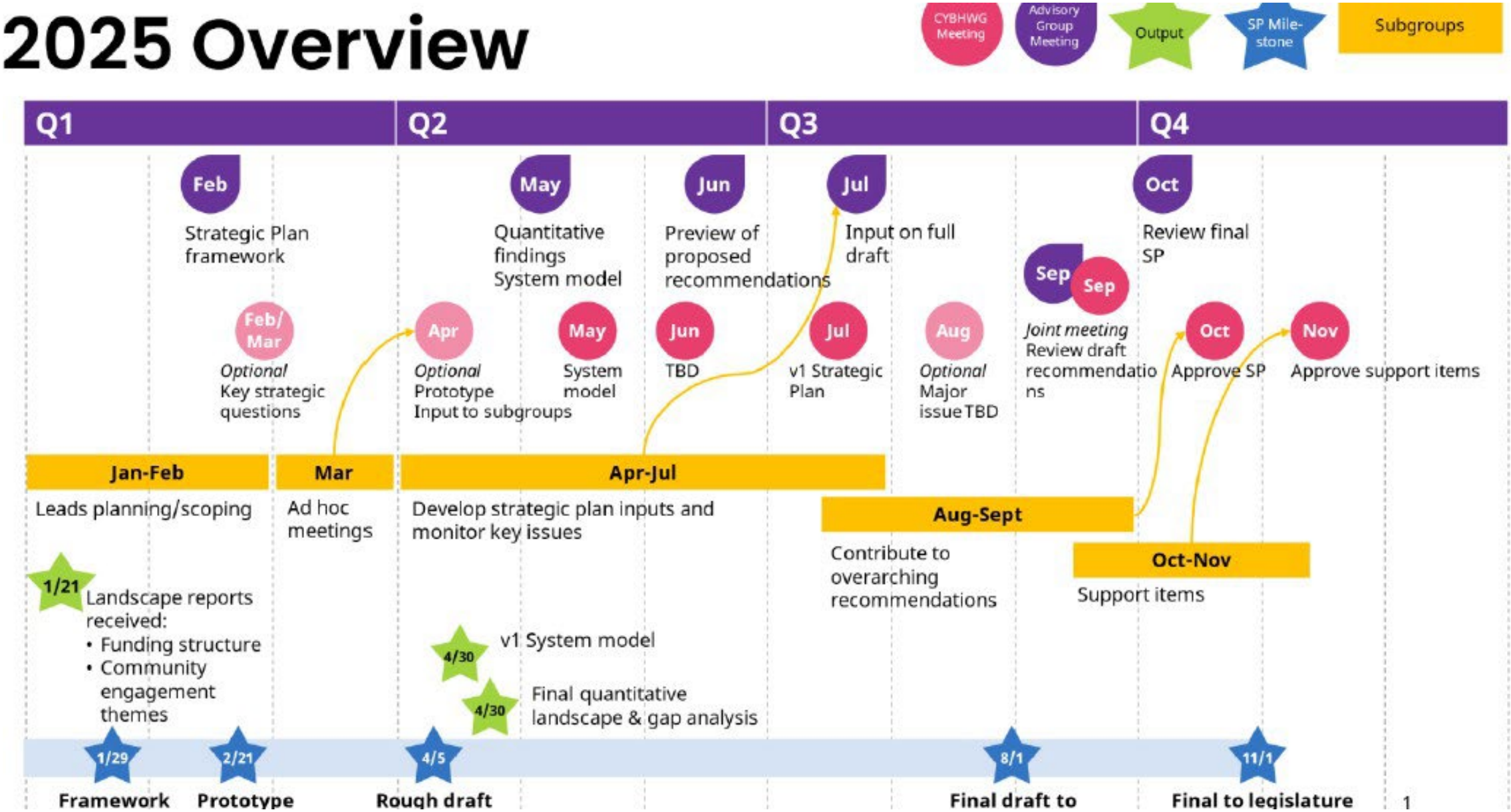
- Wednesday, April 23rd
- Wednesday, May 28th [**TODAY**]
- Wednesday, June 25th
- Wednesday, July 23rd
- Wednesday, August 27th
- Wednesday, September 24th
- October – No Meeting
- Wednesday, November 5th
- Wednesday, December 17th

WA Thriving Overview

Creating a Strategic Plan for Washington

- Washington Thriving is a strategic initiative to improve behavioral health for children and youth, from prenatal to age 25, in Washington State.
- WA Thriving aims to affect transformational change across the system by:
  - Providing an **actionable roadmap** to ensure equitable access at every stage of development to high-quality, developmentally-appropriate and culturally-attuned supports and services
  - **Outlining a vision** for how this array of supports and services can be accessed in or through a range of settings including clinics, schools, and community settings
- To be successful, WA Thriving must address the most significant and systemic gaps in our behavioral health system, as well as in the intersecting systems, and other social factors that impact behavioral health (e.g. education, justice, child welfare, housing, disability, employment, crisis response, etc.).

2025 Overview



WA Thriving Overview

How will SBBHSP's input be used?:

- The input we provide will be shared with the WA Thriving team in full and will be considered an input to the P-25 Strategic Plan
- Our input is unlikely to be included in full, because of the breadth of the scope of the Strategic Plan. The Washington Thriving team will incorporate our inputs into the Strategic Plan and will consult with us about how
- Subgroups will have an opportunity to seek input/feedback from the WA Thriving Advisory Group on June 24th
- The full draft Strategic Plan will be shared with the CYBHWG in early August. Subgroups will have an opportunity in September to share feedback on how our work has been incorporated.
- The Strategic Plan will be accompanied by a number of supporting "issue briefs." This is where the Washington Thriving team anticipates capturing the majority of the content and proposals provided by the subgroups.

Ongoing SBBHSP Priorities

Statewide Guidance & Direction

2021 K12 Student BH Audit – Designate a lead agency & establish strategic direction & goals for programming

'23 & '24 Recommendations – Designate a lead agency

'24 BloomWorks Discovery Sprint Report – Establish minimum expectations

'25 Recommendation - Define minimum expectations & establish strategic direction for statewide programming

Training, Technical Assistance (TA), & Navigation

Senate Bill 6168 (2020) – Funded a BH Navigator position at all nine regional ESDs

Senate Bill 5092, Sec. 501 (7) (2020) - 2.0 FTE to support MTSS data management and implementation activities

'21 Recommendation – Expand regional MTSS capacity

'24 Recommendation – MH training in school communities

'25 Recommendation – Establish a Technical Assistance & Training Network

School Funding for BH Supports

22' House Bill 1664 (2022) aligned w/ '21 Recommendation – Increased school funding formula for school nurses, counselors, social workers, & psychologists

'22 Recommendation – Grants to districts for BH clinicians

'23 Recommendations – Support school-based health centers & expand the # of school & community-based clinicians

ES Senate Bill 5187, Sec. 510 (13) (2023): Funds for Education Service Districts to provide access to tele-behavioral health services in rural districts.

'24 & '25 Recommendations – Grants to districts for social, emotional, behavioral, mental health planning

SBBHSP Input to WA Thriving

Document that includes information on:

1. Why schools are an important part of the continuum
2. Current RCW requirements for schools related to BH
3. **Goals for effective statewide guidance & direction on school-based behavioral health**
4. Benefits of establishing statewide guidance & direction on SBBH
5. **Core components of school behavioral health (i.e. what can schools be well-positioned to do?)**
6. Current state of implementation – how school's are fairing
7. What additional system supports are most needed enable effective implementation
8. Key considerations for supporting implementation in schools

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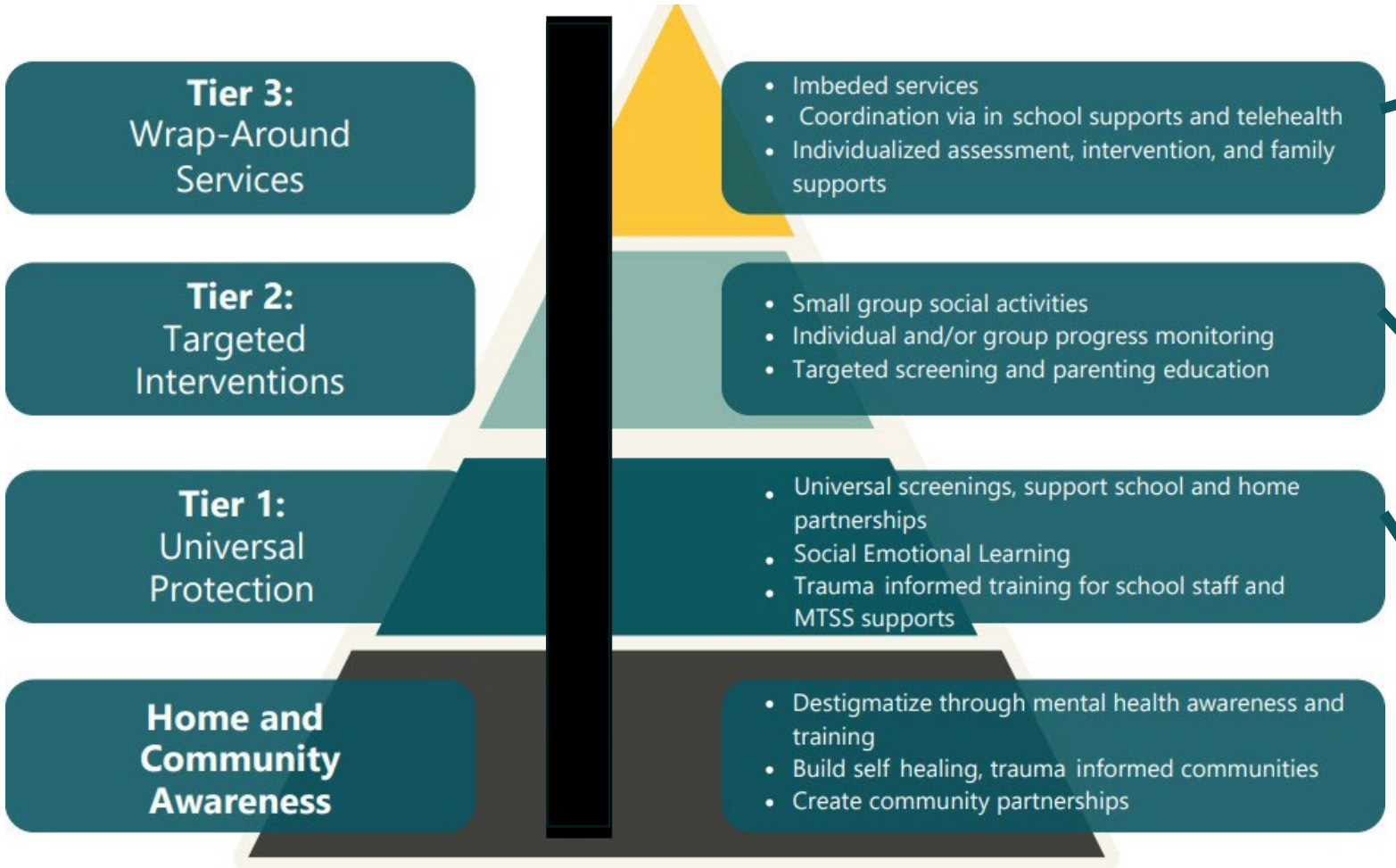
8. **Key considerations for supporting implementation in schools**

School Components of School Behavioral Health

Providing Supports in a Tiered Framework



Tier 3: Professional Experts
- Community-based providers
  - School-embedded, in-clinic, telehealth, crisis supports
- Licensed district staff (including ESA staff)

Tier 2: With training, all staff
- ESA staff
- Student Assistance Professionals (SAPs)
- Paraeducators
- Integrated CBO staff
- Interventionists
- Teachers

Tier 1: All staff
- ESA staff
- Student Assistance Professionals (SAPs)
- Paraeducators
- Integrated CBO staff
- Interventionists
- Teachers
- Family Liaisons

Drivers
- Diverse, well-trained, thriving workforce
- Sustainable funding

Enablers
- Guiding principles, defined leadership & structured coordination
- Supportive policy, shared resources, integrated data

3) Goals for Statewide Guidance & Direction

State-wide definition of school behavioral health

- Unified vision
- Guiding principles
- Standardized service framework that defines the core components of comprehensive school behavioral health and describes how they fit into a tiered support structure

Role clarity, governance, & accountability

- Define collaboration between state & regional entities on a per task basis
- Clarify and assign distinction between ownership and contribution across entities
- Pair key regulations with comprehensive ownership

Cross-system service models & integration standards

- Standard screening, referral, and intake processes
- Family consent and information sharing protocols
- Care coordination roles and responsibilities, including training for school staff on when, and what type of referrals, are appropriate and training for community providers on how best to operate within the education context
- Minimum expectations for joint case management or team-based care

3) Goals for Statewide Guidance & Direction

Data and accountability framework

- Common outcome measures specific the K12 context
- Use of interoperable data platforms
- Requirements for data sharing agreements
- Monitoring and continuous quality improvement processes for schools and providers

Implementation support structure

- Coordinated technical assistance, training, and navigation supports
- Professional learning communities for district and school teams
- Tools and templates and a comprehensive implementation playbook
- Capacity-building grants and Medicaid reimbursement supports

3) Goals for Statewide Guidance & Direction

Policy and funding alignment

- Braiding available funding streams
- Billing and reimbursement models
- Workforce development pipelines
- Alignment with state health, education, and children BH strategic plans

Equity and community engagement requirements

- Conducting needs assessments with families and youth
- Involving students, families, and historically marginalized communities in service design and evaluation
- Cultural competence training for staff

3) In-state Therapeutic Education Options

In 2024, 71 students received services in an out-of-state residential therapeutic educational facilities.

To inform the strategic plan, we will work to:

- Describe the gaps in the WA continuum of care to drive children to out of state residential facilities
- Explore how the state might begin to fill the gaps (especially in the context of districts having to look out-of-state for residential therapeutic school options)

Table 1: Students at NPAs by Individuals with Disabilities Education Act (IDEA) Disability Category

Disability Category	In-state	Out-of-state	Total	Change Over Prior Year
Autism	179	28	207	+3
Communication Disorders	1	1	2	+1
Deaf-Blindness	-	-	-	-1
Deafness	28	-	28	+1
Developmental Delays	11	-	11	+6
Emotional/Behavioral Disability	85	16	101	-22
Health Impairment	95	14	109	-7
Hearing Impairment	28	-	28	-5
Intellectual Disability	9	-	9	+2
Multiple Disabilities	36	9	45	-2
Specific Learning Disability	10	2	12	+4
Traumatic Brain Injury	-	-	-	-1
Visual Impairment	-	1	1	-
Total	482	71	553	-21

Source: November 2023 Federal Child Count.

We'd love your feedback!

Link: https://survey.alchemer.com/s3/8281458/2025-SBBHSP-Subcommittee-Feedback-Survey

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

- Responses welcome from members, state agency reps, and public participants!

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Next meeting

Wednesday, June 25th

3-4:30pm

Washington Office of Superintendent of

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