

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

Date: 8/27/2025

Time: 3-4:30pm

Leads: Representative My-Linh Thai
Christian Stark, OSPI

Professional Members					
<input checked="" type="checkbox"/>	Brook Vejo Carelton Behavioral Health	<input type="checkbox"/>	Georgianna Akers WA Association of School Social Workers	<input checked="" type="checkbox"/>	Rafaela Steen UW Forefront Suicide Prevention
<input checked="" type="checkbox"/>	Chelsea Stone Community Health Plan of WA	<input checked="" type="checkbox"/>	Gina Cabiddu Kids Mental Health WA	<input checked="" type="checkbox"/>	Rayann Silva UW SMART Center [Alternate: Larissa Michelle Gaias]
<input type="checkbox"/>	Chetan Soni WA Youth Alliance	<input type="checkbox"/>	Jill Patnode Kaiser Permanente	<input checked="" type="checkbox"/>	Renee' Schoening Whitworth University
<input checked="" type="checkbox"/>	David Crump Spokane Public Schools	<input checked="" type="checkbox"/>	Jodie DesBiens NWESD 189	<input checked="" type="checkbox"/>	Sinuoan Hem Asia Pacific Cultural Center
<input checked="" type="checkbox"/>	Delaney Knottnerus King County	<input type="checkbox"/>	Joe Neigel Monroe School District	<input checked="" type="checkbox"/>	Susan Peng-Cowan Behavioral Health Navigator
<input checked="" type="checkbox"/>	Devyna Aguon Renton School District	<input checked="" type="checkbox"/>	Mabel Thackeray North Thurston Public Schools	<input checked="" type="checkbox"/>	Tabby Stokes Vancouver Public Schools
<input type="checkbox"/>	Elizabeth Pendzick WA State PTA	<input checked="" type="checkbox"/>	Michelle Sorensen Richland School District	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Erin Drury WA School-based Health Alliance	<input checked="" type="checkbox"/>	Nolita Reynolds Catholic Community Services	<input type="checkbox"/>	

Youth Members					
<input checked="" type="checkbox"/>	Cara Lynn	<input checked="" type="checkbox"/>	Hanna Baker	<input type="checkbox"/>	Kei Gregson (Lead)
<input checked="" type="checkbox"/>	Pradyu Kandala	<input type="checkbox"/>	Taanvi Arekapudi		

Parent/Guardian/Family Members					
<input checked="" type="checkbox"/>	Byron Smith	<input checked="" type="checkbox"/>	Megan Reibel	<input type="checkbox"/>	Richelle Madigan
<input checked="" type="checkbox"/>	Brandi Kingston	<input checked="" type="checkbox"/>	Peggy Dolane	<input checked="" type="checkbox"/>	Shawnda Hicks (Lead)
<input checked="" type="checkbox"/>	Marcella Taylor				

Staff: Ann Rhoades

Agenda Items	Lead
Welcome	Representative My-Linh Thai, 41st Legislative District Christian Stark, OSPI
<p>WA Thriving Prenatal-25 Behavioral Health Strategic Plan Update</p> <p><u>Links/Resources/Upcoming Opportunities:</u></p> <ul style="list-style-type: none"> Washington Thriving Survey: Seeking Feedback on the Summarized Strategic Plan Draft - Take Survey 5 — Washington Thriving (Survey close September 15th. All edits need to be made by October 1st) <p><u>Discussion/Questions:</u></p> <p>On the WA Thriving strategic plan broadly:</p> <ul style="list-style-type: none"> Christian S.: Do you (the group) feel like you understand where we are at with the Strategic plan? Peggy D.: The lack of how to communicate with schools was very crystal clear in what I read with how to improve that. Washington Thriving has done a great job with communication. Peggy D.: I don't see school to prison pipeline fully addressed. My son didn't get [effective] screening into Special Education services. Peggy D.: When is the plan going to be public so we can read the entire thing and really dig into it? Raili M.: The plan will be public once it's submitted to legislature, but until then it's just the summary that is available. Peggy D.: When does the survey close? A- the survey closes on the 15th of September, and we hope to have all the substantive edits done by Oct 1st so it can go to the legislature. Peggy D.: I believe we need to bring our Governor on board with the work we have been doing. I'd love to see our children's education and wellness prioritized in the same way that climate change has been championed by our past Governor. You can't have a strong economy without strong families. <p>On the SBBHSP report specifically:</p> <ul style="list-style-type: none"> David C.: Question on page 36, <i>[Targeted discussions and LEA survey data overwhelmingly indicate MCOs for school-based services simply do not work. At the time of forHealth Consulting's program assessment, only three (3) Educational School Districts (ESDs) and one (1) school district contracted with and billing any MCOs for school-based services.]</i> I don't like that three school districts are listed including mine and we have been doing this work and that this is a misrepresentation. I don't think it could work for all areas, but statement likes "simply does not work" is misleading and inaccurate but I do like the rest of it. Todd S, Health Care Authority: The feedback we received is that contracting with the management plans is hard. Contracting with 5 different plans without much history with those plans is hard. 	<p>Raili Marks, Behavioral Health Catalyst</p>

- Mabel T.: The document makes me so happy. The idea behind this document is that it serves every student. Services and resources for every student. Rapid care, resources, not just Medicaid, residential services, and not just high need students. A lot of my students are stressing about mental health, and they need someone like me and other ESAs in schools and to see this is exactly what we've been working towards for the last 2-3 years.

Presenter Contact Information:

- Raili Marks, Behavioral Health Catalyst - rmarks@bhcatlyst.org

SBBHSP 2026 Recommendations Discussion

Presentation Notes:

- We will have one more meeting in September and need to submit our recommendations by October 8th. Last year we advanced 5 recommendations.
- The state faced a deep budget deficit ahead of the 2025 legislative session. That fiscal context is projected to look similar this session, i.e. there is likely to be very little room for new budget allocations.
- Rep. Thai – Offering in person conversations if needed with the subgroup. None of our recommendations were successful last session. Resources is money and the state could not move us to a more progressive revenue structure last session. Now we are here trying to put guardrails around what we do have while making recommendations for new policy/funding items.
- This year, our subgroup can only advance 3 recommendations [See slide deck for the three categories these recommendations can fall into]
 - Advance **First initiatives** identified in the P-25 strategic plan
 - Protect and preserve **legacy programs and policies** advanced through past CYBHWG effort
 - Propose **policy changes aligned with the P-25 Strategic Plan** that do not require new budget allocations
- In idea for the SBBHSP recommendations could be:
 - Advancing First initiatives, **Statewide Guidance & Direction** – Develop the shared definition of school behavioral health and clarify the framework schools need to fulfill across the different tiers of the Multi-tiered System of Supports (MTSS) framework.
 - Advancing First initiatives, **Technical Assistance & Training Network** – Design a comprehensive technical assistance and training framework and assemble a statewide network to help schools chart their course.
 - Protect and preserve legacy programs and policies – choosing one currently funded program to recommend be protected and preserved
- The first two options align with the top two SBBHSP recommendations from last year

Representative My-Linh Thai, 41st
Legislative District
Christian Stark, OSPI

- In prep for the September meeting, Christian will share bill language proposals for each based on learning from last session so that we can review them as a group.

Links/Resources/Upcoming Opportunities:

Discussion/Questions:

- Rep Thai: The need for movement [on the priorities identified in the SBBHSP input to WA Thriving] is so clear, I'd really love to hear feedback from members about how specific aspects stressed here worked in individual communities. We really need to connect individual stories to these bigger items. What information and data do we need to get to a decision [on revamping our top two recommendations from last year]?
- Larissa G.: I think there was some language developed for last session around tech assistance that my colleagues and I were working on and we could revisit that and refine that language and use the leg work from last year.
- Devyna A.: I agree, I would like to see [the two top recommendations from last year] pushed forward again. How do we include our community providers, partners, cities, and counties in this? We could not do that without the technical assistance piece. We would not have been able to keep our jobs if it did not have that. Bringing outside funding resources and being creative with partnering with our community is essential for keeping our jobs and connecting our students with behavioral health services.
- Rep Thai: We will bring the language back in our next meeting. It is so important that our group have a formal meeting with the senate and the house to put this through as a top priority. We need more advocacy before the session.
- **TO-DO LIST:** Review these two recommendations from last year and what we want them to be for this year.
- What should our third be? Protect and preserve?
- Peggy D.: If we want more screening available but we when we have psychologists with 800 or so caseload, then maybe we need someone saying what a healthy caseload would be.
- Christian S.: To be blunt, how do we as a group decide if we need to advance one of these current policies/programs [see slide 31] as a recommendation? Is there one that is more in danger of not getting funded?
- Devyna A.: With the way districts have been having budget cuts the capacity of our counselors is low. We need to advocate for what that looks like and what the current leg is funding. Leg is not funding what the districts look like because the schools are finding outside funding. The school districts are the ones advocating the most for these programs. With more budget cuts we are going to lose more counselors etc. that are trained to do this work.
- Rep Thai: 2023/24 budget cycle the leg passed funding that spelled everything out for school districts because they failed to raise the money

for special education. So, they declared that some of the money must fund counselors, etc., for special education programs. The school district cannot cut those roles now, but budget cuts would mean they can't hire more to adapt to the needs of the school.

- Erin D.: Please don't be too descriptive so school districts can be flexible with hiring as needed.
- Cara E.: Will there be an advocacy day for SBBHSP at legislative session next year?
 - We have not had one in the past. Difficult with this being an OSPI hosted group.
 - Cara E.: It might be worth seeing if that would be something people are interested in. There are a lot of "themed" advocacy days at legislative session where people can rally around a common cause. For example, earlier this year there was a lot of advocacy days held by The Arc of Washington around housing, education, etc.
 - Peggy D.: Usually a non-profit like NAMI, or the ARC or City Rights WA hold the lobby days. The Washington State PTAs had behavioral health on their list for a number of years..... I wonder if we could engage them in prioritizing the strategic plan for 2026?
 - Byron S.: I was a PTA LegRep and PTA has a strong interest in student BH, but it's school by school, and has little general guidance.
 - Peggy D.: I keep coming back to needing our state's Governor to be on board with the importance of prioritizing investing in our system of care for children's behavioral health.
- Jodie DesBiens: [Regarding the AESD Behavioral Health Student Assistance Program referenced on Slide 31]: Program currently serves 18 districts - strong successful programing and exceptional data that demonstrates the success.
- Erin D.: [Regarding the School-based Health Center program at the Dept. of Health referenced on Slide 31]: The only difference is that this biennium did NOT include planning and start-up - ops only. But the amount was maintained.
- Byron S.: More P/T/A Communication with BH Navs for program guidance?
- Byron S.: Too many families do not access emails and school announcements to understand the BH systems.
- Byron S.: We're getting back to "No Child Left Behind." - unfunded mandates.

Upcoming Meetings:

- Wednesday, September 24th | 3-4:30pm
- Wednesday, October 29th | 3-4pm
- Wednesday, December 17th | 3-4pm

Announcements:

Meeting Feedback Survey:

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

Attendees:

State Agency & CYBHWG Staff:

Aubrie Nettle, HCA
Brisa Sanchez Cornejo, OSPI
Candis Coble, OSPI
Christine Mickelson, HCA
DeeSha Connor, WA State DOH
Ellen McGuire, HCA
Heather Rees, OSPI
Kerry Bloomquist, OSPI
Rose Spidell, Developmental Disabilities Commty Svcs
Todd Slettvet, HCA-Medicaid

State Legislators & Staff:

Public Attendees:

CSD REACH/CLIP
Esperanza Ocegueda, Seneca
Kristen Callison
Matt Crichton
Meredith P.
Renee Tinder, DOH
Roberta Ellis
Roz Thompson, AWSP
Yordanos Gebreamlak

School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

August Meeting – 08.27.25



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



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Equity Statement

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

Ensuring educational equity:

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



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Tribal Land Acknowledgment



ONE Logo
by Roger Fernandes
(Lower Elwha Klallam Tribe)

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



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



Agenda: August 27, 2025

#	Agenda Items	Time	Lead
1.	Welcome	3:00 PM	Christian Stark, OSPI
2.	WA Thriving Prenatal-25 Behavioral Health Strategic Plan Update	3:10 PM	Raili Marks, Behavioral Health Catalyst
3.	SBBHSP 2026 Recommendations Discussion	3:45 PM	Christian Stark, OSPI
4.	Public Comment	4:20 PM	
5.	Other Updates & Closing Reminders	4:25 PM	Christian Stark, OSPI
6.	Meeting Adjourned	4:30 PM	



Welcome Members and Guests

SBBHSP Members

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

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

Co-Chairs

Representative My-Linh Thai

Christian Stark, OSPI

Providers & Community-based Organizations

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

Local Govt/Coalition, Managed Care, and Higher Ed

Chelsea Stone 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)



Participating Today

For organization, attendance, and breakout sessions please change your name in Zoom:

Members: M – First & Last Name, Organization (if applicable)

State Agency Staff: S – First & Last Name, Organization/Role

Public Attendee: P – First & Last Name, Organization (if applicable)

Example: S – Christian Stark, OSPI



How to change your name in Zoom:

Click on the "Participants" button at the top of the Zoom window

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

Enter the name you'd like to appear in the Zoom meeting and click on "OK"



SBBHSP Input to WA Thriving

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SBBHSP Input to WA Thriving

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2026 Legislative Session Subgroup Guidance

Timeline

- ▶ **August 27** – SBBHSP meeting, discuss potential subgroup recommendation priorities
- ▶ **September 18** - CYBHWG meeting – in-person, joint with Washington Thriving Advisory Group
 - Subgroup Leads will share emerging legislative recommendations.
- ▶ **September 24** – SBBHSP meeting, finalize subgroup recommendation priorities
- ▶ **October 6** – Final subgroup **legislative recommendations due**
- ▶ **October 8** – Subgroup legislative recommendations and Washington Thriving recommendations shared with CYBHWG as pre-read.
- ▶ **October 14** – CYBHWG meeting
 - Subgroup Leads will present final legislative recommendations.
 - CYBHWG will hold a consensus vote to submit the Strategic Plan and will use a combination of voting and discussion to decide which legislative recommendations to put forward to the Legislature in what priority.
- ▶ **October 29** – SBBHSP meeting, finalize subgroup support items
- ▶ **November 3** – Proposed **support items due**
- ▶ **November 12** – CYBHWG meeting
 - CYBHWG votes to approve support items by consensus.

Keep in mind

- ▶ Due to the state's fiscal constraints, there is almost zero appetite for new spending.
- ▶ To maintain its credibility and demonstrate its awareness of the moment, the CYBHWG will not put forward numerous recommendations for new budget allocations.
- ▶ Subgroups are encouraged to submit no more than 3 legislative recommendations for 2026 action.
- ▶ The CYBHWG's **primary recommendation** will be for the Legislature to **adopt the P-25 Strategic Plan** as the guiding framework for P-25 behavioral health in Washington.

Guidelines

Policy Recommendations should do one of more of the following:

- ▶ Advance **First Initiatives** identified in the P-25 Strategic Plan
- ▶ Protect and preserve **legacy programs and policies** advanced through past CYBHWG effort
- ▶ Propose **policy changes aligned with the P-25 Strategic Plan** that do not require new budget allocations
- ▶ **8/20 Update:** Leads understanding from 8/6 CYBWHG subgroup/cochair meeting is that items with cost could use money from elsewhere in the budget, but not propose new spending

WA Thriving First Initiatives

Initiative #3 – K12 Student Behavioral Health

Over 12-18 months:

- Propose that a **statewide definition** of the role of schools in supporting students' behavioral health be written into statute
- Clarify the **key functions** school need to fulfill to fulfill that role
- Lay out a pathway toward all public schools across WA's 295 school districts being able to fulfill those key functions



WA Thriving First Initiatives

Initiative #3 – K12 Student Behavioral Health

Why start here:

- Nearly 70% of school-aged children attend public school in WA
- Few schools across WA currently have the guidance, resources, or know-how needed to support these students holistically
- Within schools, Special Education programs are not equipped to address the growing demand for behavioral health supports
- Meanwhile, school is a place where young people spend most of their waking hours, where trusted relationships with adults naturally develop, and where early identification and intervention can occur within a familiar environment



WA Thriving First Initiatives

Initiative #3 – K12 Student Behavioral Health

The approach:

Over 12-18 months, WA Thriving will work closely with OSPI, the ESDs, the UW SMART Center and the State and Regional School Safety Centers to:

1. Develop the **shared definition [of school behavioral health]** and **clarify the framework** schools need to fulfill across the different tiers of the Multi-tiered System of Supports (MTSS) framework
2. Design a **comprehensive technical assistance and training framework** and assemble a **statewide network** to help schools chart their course

The technical assistance framework would offer a menu of evidence-informed technical assistance options access to all districts and schools across the state.



2025 New Recommendations

Topic	Recommendation	Result
Strengthen Statewide Guidance & Direction	Require OSPI, in partnership with state, regional, and local entities, to define minimum expectations for behavioral health supports provided and/or coordinated by WA schools and establish strategic direction for state-wide programming to strengthen the capacity of schools to implement meet those supports and reduce system barriers.	Intent included in House Bill 1547 and Senate Bill 5126; neither bill based out of their house of origin.
Technical Assistance & Training Network	Establish and fund a Technical Assistance & Training Network (TATN) to provide schools with the support, resources, and training necessary to coordinate comprehensive supports across the behavioral health continuum for their students.	Recommendation written into House Bill 1634. Did not pass out of House fiscal committee before cutoff.



SBBHSP WA Thriving Input

State-wide Definition of School Behavioral Health

Statewide guidance and direction should include convening state, regional, and local entities in the school behavioral health continuum to establish a shared, state-wide definition of school behavioral health. The shared definition should articulate:

- A **unified vision** that defines the state's commitment to whole child health, equity, and school-provider partnerships
- **Guiding principles** that emphasize trauma-informed care, culturally-responsive practices, data-driven decision-making, cross-sector collaboration, and equity
- The **key functions** schools can be well-positioned to perform to support student behavioral health when they have adequate support and resources, and how those key functions fit into **tiered support structures** in school buildings and across districts



SBBHSP WA Thriving Input

Guidance & Strategic Planning

Statewide guidance and direction should include:

- Creating a comprehensive **implementation plan** to provide districts evidence-based, best-practice resources and an accessible roadmap to implement the key functions of school behavioral health
- Establishing a **strategic planning process** to guide state-wide coordination efforts to strengthen the capacity of school districts to actualize the implementation plan and reduce system-wide barriers
- Establishing a statewide **review process** that ensures continuous improvement of services and monitors the impact and alignment of statewide work related to school behavioral health, and school safety more broadly



SBBHSP WA Thriving Input

Technical Assistance & Training

The state should establish and invest in a technical assistance and training network to coordinate statewide efforts. The network should be:

- Comprised of statewide and regional partners with specific experience and capacity to provide behavioral health-related training and technical assistance to schools
- Lead and coordinated by the State and Regional School Safety Centers
- Resourced to provide direct assistance to school districts for establishing, implementing, and evaluating the key functions of school behavioral health



Group Discussion

Statewide Guidance & Training/Technical Assistance

- Do you support advancing these two priorities as recommendations again this year?
- How should we adapt these two priorities to the current budget context (i.e. minimize state budget impact)?



WA Thriving First Initiatives

Initiative #4 – Treatment services expansion

The approach:

- Over 12-18 months, this initiative will lay the groundwork for establishing critical behavioral health treatment capacity with three priority areas of focus: **expanding crisis and stabilization services**, **developing specialized capacity for high-need populations** including young children and those with complex conditions, and **expanding the missing middle**.
- Washington Thriving will work with partners (including health systems, children's hospitals, university medical centers, behavioral health agencies, and CCBHCs) to convert existing research into actionable roadmaps, identify and address critical uncertainties through feasibility studies that consider cost and identify policy barriers and necessary system alignments.

Why start here:

- It is well-documented that across our state, and echoed by the [HB1580 taskforce](#), young people and families can't get the behavioral health treatment they need. While investing in prevention and early intervention, a comprehensive system must also care for those struggling or in crisis today and those who will always need intensive support regardless of our upstream effort. Washington has a strong base of analysis, established working.



SBBHSP WA Thriving Input

Addressing Gaps in the Continuum of Care

- *Establish short-term treatment facilities as a bridge between inpatient stabilization and long-term care, providing immediate support while assessing and planning for the child's long-term needs*
- Explore pathways for funding/establishing day treatment & residential treatment facilities in state
- *Establish a clear, collaborative process statewide between cabinet agencies and [OSPI] to support children in crisis*
- *Foster connections between school districts, schools and community mental health, behavioral health, I/DD, and ASD service providers*
- *Develop a set framework outlining how agencies and schools can collaborate to support children in crisis*
- *Examine the current practice of explicitly notifying minors about their right to leave treatment at age 13, aligning with best practices from other states*
- *Develop protocols to address concerns where parents may force treatment inappropriately, children in crisis may object to medically necessary care, or where minors struggle to access treatment independently*
- Align regulatory framework between state agencies for 18-22 year-old to be able to gain access to educational programs and adult support services



Group Discussion

Addressing Gaps in the Continuum of Care

- Do you support advancing one of the items on the previous slide as a recommendation this year?
- If so, which option best addressing the following *WA Thriving First Initiatives* priorities?
 - **Expanding crisis and stabilization services**
 - **Developing specialized capacity for high-need populations** including young children and those with complex conditions, and
 - **expanding the missing middle.**



SBBH legacy programs and policies

- AESD Behavioral Health Student Assistance Program (BH-SAP)
 - Deploys behavioral health and substance abuse prevention and intervention services in small, rural and areas with low access to behavioral services; delivered by paraprofessional Student Assistance Professionals (SAP) staffed in schools
- Department of Health's School-based Health Center Program
 - Funds planning, start-up, and operations grants to expand and sustain SBHCs
- Behavioral Health Navigator Program in the State and Regional School Safety Centers
 - Funds 1.0 Full-Time Equivalent (FTE) staff at each of the nine regional Educational Service Districts (ESDs) to provide behavioral health navigation for K12 schools



Group Discussion

Legacy Programs & Policies

- How can we be strategic about emphasizing the need to protect these ongoing investments in our recommendations?



Other potential SBBH policy priorities

- **Screening & early intervention**

- Update RCW [28A.320.127](#) to include a clear definition of school behavioral health screening and clear requirements for districts that reflect the current context in WA schools and best practices for comprehensive screening.

- **Workforce & staffing**

- Support workforce programs for Associates, Bachelors, and Masters level roles in schools
- Expand opportunities for young adults to gain exposure to behavioral health career pathways, including peer support roles
- Commission landscape assessment of school behavioral health services to better understand staffing make up and specific gaps in services/types of care



Group Discussion

Other policy changes aligned with the strategic plan

- Given the constraints and our time, do we want to develop new items for 2026?
- If so, which item(s) under consideration should be a priority?



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, September 24th

3-4:30pm





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