

School-based Behavioral Health and Suicide Prevention subgroup meeting September 25, 2020

Members					
<input checked="" type="checkbox"/>	Representative My-Linh Thai, Co-Chair (41 st Legislative District)	<input checked="" type="checkbox"/>	David Crump (Spokane Public Schools)	<input checked="" type="checkbox"/>	Jeannie Nist (Communities in Schools of Washington)
<input checked="" type="checkbox"/>	Lee Collyer for Camille Goldy, Co-Chair (Office of the Superintendent of Public Instruction)	<input checked="" type="checkbox"/>	Myra Hernandez (WA Commission on Hispanic Affairs)	<input checked="" type="checkbox"/>	Jill Patnode (Kaiser Permanente)
<input checked="" type="checkbox"/>	Tawni Barlow (Medical Lake School District)	<input checked="" type="checkbox"/>	Avreayl Jacobson (King County Behavioral Health and Recovery)	<input type="checkbox"/>	Elise Petosa (WA Association of School Social Workers)
<input checked="" type="checkbox"/>	Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)	<input checked="" type="checkbox"/>	Patti Jouper (Parent/Grandparent)	<input checked="" type="checkbox"/>	Kelcey Schmitz (UW SMART Center) [Alternate: Eric Bruns]
<input type="checkbox"/>	Antonette Blythe (Parent, Family Youth System Partner Roundtable)	<input checked="" type="checkbox"/>	Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)	<input type="checkbox"/>	Susan Solstig (Parent, Family Youth System Partner Roundtable)
<input checked="" type="checkbox"/>	Harry Brown (Mercer Island Youth & Family Services (Forefront) [Alternate: Jennifer Stuber]	<input checked="" type="checkbox"/>	Sandy Lennon (WA School-based Health Alliance)	<input type="checkbox"/>	Jason Steege (Parent)
<input checked="" type="checkbox"/>	Brooklyn Brunette (Youth)	<input checked="" type="checkbox"/>	Molly Merkle (Parent)	<input checked="" type="checkbox"/>	Katrice Thabet Chapin (Vancouver Public Schools)
<input checked="" type="checkbox"/>	William (Bill) Cheney (Mount Vernon School District)	<input checked="" type="checkbox"/>	Robert (RJ) Monton (Snohomish School District)	<input checked="" type="checkbox"/>	Erin Wick (ESD 113) [Alternate: Mick Miller]
<input checked="" type="checkbox"/>	Jerri Clark (Washington PAVE)	<input type="checkbox"/>	Joe Neigel (Monroe School District)	<input checked="" type="checkbox"/>	Kathryn Yates (Chief Leschi School District)

Staff: Mark McKechnie, Justyn Poulos, Maria Flores and Robin Howe (OSPI); Rachel Burke and Kimberly Harris (HCA)

Agenda Items	Summary Meeting Notes
CYBHWG Updates	<ul style="list-style-type: none"> Sixth meeting for developing recommendations Schools across Washington are moving towards younger students going back to school in person
Family and Youth Input Panel -Question and Answer	<p>Panel - Katrice Thabet Chapin, Myra Hernandez, and Jerri Clark</p> <p>Discussion</p> <ul style="list-style-type: none"> Q: How would you like to see schools, behavioral health providers, and other community-based organizations collaborate to serve families better? <ul style="list-style-type: none"> Myra – The language barrier keeps the community distant and from engaging with the school, especially for those that are migrating and don't understand the system as a whole and navigating it. <ul style="list-style-type: none"> Give CBOs information on how to engage through multiple language and how technology can assist in this. Jerri – The school staff, WISE staff, and parents should all be using the same approach to help the student build those social emotional learning (SEL) skills. This takes them much further in skill development. When there is anxiety about going to school, collaboration on a plan to help a student can work but

it is rather complicated and it is not a linear process. The IEP system is not set-up to accommodate this. If mental health providers are not engaged, it creates a gap in the student supports.

- **Q: How do we make behavioral health resources more transparent and accessible to students and families? What would you say is the biggest barrier to access in your district/community?**

- Katrice - Having information accessible in newsletters about school events and having a resource list that covers fees, up to date contact information, and how these resources relate to each other. Understanding what health insurance covers, knowing the responsibility of counselors, psychs, and deans. Is there a point person for the schools? Are they reliable, trustworthy, and to what level are they going to assist? Knowing what community resources are available.
- Myra – When you are on the outside of the school system (parents and families) it’s hard to navigate, having a navigator that can give you a quicker turnaround and help simplify the process.
- Jerri – ESD navigator is more for school staff than for parents and families. School staff don’t seem to even understand how to navigate the system so their response to families can be inconsistent or abrupt. There needs to be a shift in attitude that every child needs to be supported, not that it is an inconvenience because they don’t understand how to support. Often, school staff don’t think mental health is their responsibility.
- Erin Wick – ESD 113 had a navigator position for parents and families which is different than a medical/mental health navigator for staff. There is a concern though that not every ESD will have the capacity to give this support to the parents and families. If your insurance is not Medicaid it restricts the ability of getting service in the school and puts financial burden on the parent and limits what can be provided within the school.

- **Q: Why is it important for you/your family to have behavioral health staff understand your culture, background and perspective? Do you have an example of when you have experienced a particularly good match or a particularly poor match between a provider and your family or child?**

- Myra – Telling an individual they are strong and resilient does not help the person. There is always a running joke about listening to parents when you are past the age of 18 and then you start resenting your culture after hearing that question so many times. By having someone who understands your culture it supports your mental health and having this different lens helps navigate perspectives as their being formed.
- Katrice – Their identity can be damaged students do not see their cultures recognized or celebrated, and to identify with it in the way the student wants to takes a toll on their mental health. Instead of talking through situations resources like a pamphlet may just be handed out and that is the end of the conversation.
- Jerri – When working with children of color they are often more likely to be put in SPED classes, said to be disturbed rather than need help with mental health, and not being given the opportunity for inclusion. SPED is a service

	<p>not a location. This creates trauma and worsening the school cultural environment.</p> <ul style="list-style-type: none"> ○ Q: How do you know when your reaction or what you say is racist? How do you know when to intervene and who intervenes? <ul style="list-style-type: none"> ▪ Jerri – Asking pointed questions usually uncovers it by understanding what they have done to get the student inclusive education. If the answer doesn’t line up it becomes obvious. ▪ Rep. Thai – Trust the family’s story and really listen so that we can understand to really serve within the education system. There is concern for capacity within the system and move past pledges to end racism in the system and move to action and implementation. ● Final Comments from Panel: <ul style="list-style-type: none"> ○ Jerri – There is not enough understanding between the difference of supporting mental health and supporting someone who has a mental illness. ● David Crump comment: implicit bias tests are free, and it is something that everyone can take part and engage in. School counselors, psychologists, and therapists and the training that they are receiving in getting their degrees are different than what they need in schools and expectations of the job within schools. There is a huge diversity of behavioral health and mental health. We have to be clear with different professions so that those going into those roles understand and the parents/families understand their roles.
Public Testimony	<ul style="list-style-type: none"> ● Melanie Smith – NAMI WA <ul style="list-style-type: none"> ○ Appreciates the attention the committee shares on SEL and to be able to understand and regulate your emotions in a proactive way. ○ We pay more attention to things we track. Data we should collect is bullying data so we can understand the impact it has on school environment. ○ This is an SEL indicator, this will help policy makers because resources are scarce, and this will allow them to make changes in a data driven way. ○ This will give more real time data and updates for implementation. ● Rep. Tina Orwall – There are opportunities for internships for mental health workers so that they have the tools and skill set to be working within schools.
Priority Survey Results	<ul style="list-style-type: none"> ● Reviewed notes of previous breakouts from meetings ● 22 people filled the survey out of 25 committee members ● Top Results: <ol style="list-style-type: none"> 1. The state should provide support for districts to implement equity-based Multi-tiered Systems of Support (MTSS), including the Interconnected Systems Framework (ISF) for behavioral health, through training, consultation and technical assistance using a consistent, statewide framework (this includes support for OSPI MTSS Decision Package) 2. Increase funding for additional counselors, psychologists, nurses, social workers, and family involvement coordinators through the “Building Staffing Capacity to Support Student Well-Being” Decision Package

Children and Youth Behavioral Health Work Group School-based Behavioral Health and Suicide Prevention

	<p>3. Assess the current capacity of behavioral health services for K-12 students, as well as the current need among the K-12 student population, in order to identify gaps in funding and services.</p> <ul style="list-style-type: none"> • These results were emailed yesterday to all members for review.
Large Group Priorities	<ul style="list-style-type: none"> • Meetings will be happening every other month moving forward on the first Friday 9:00am-12:30pm • Additional priorities rated by many members in the survey: <ul style="list-style-type: none"> ○ Expand the number of school-based health centers in Washington that include behavioral health services ○ Develop and support behavioral health workforce in schools to better reflect racial, ethnic, and cultural diversity of K-12 student populations in Washington ○ Reallocate existing funding to align supports with Multi-tiered System of Supports (MTSS) and the Interconnected Systems Framework (ISF) ○ Expand telehealth to provide behavioral health svcs in schools
Breakouts - Report out	<p>Group 1 Lee Collyer:</p> <ul style="list-style-type: none"> • Breakout Notes <p>Group 2 Mark McKechnie:</p> <ul style="list-style-type: none"> • Breakout Notes <p>Group 3 Justyn Poulos:</p> <ul style="list-style-type: none"> • Breakout Notes
Wrap Up/Next Steps	<p>Form for recommendations to go out to the larger group – will be drafted by Mark McKechnie</p> <p>Next virtual meeting is Friday, December 4, 2020, from 9-12.</p>

Other Attendees

- Eric Bruns
- Rep. Tina Orwall
- Ann Gray
- Enos Mbajah
- Lucinda Young
- Ailey Kato

School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group
November 25, 2020



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:

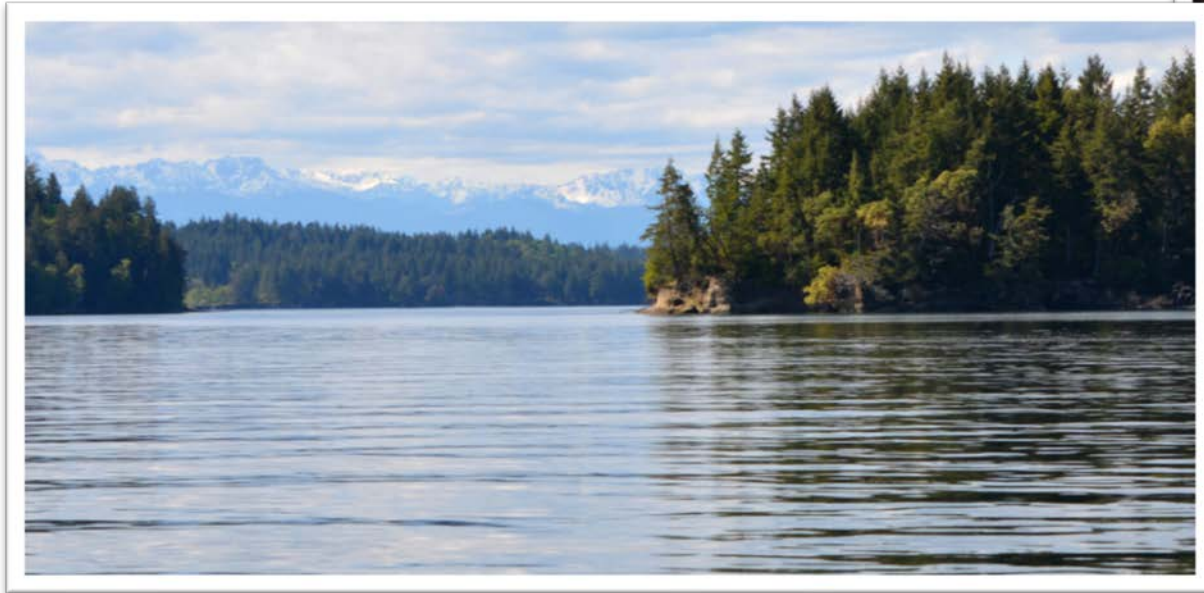
- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile 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.



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Tribal Land Acknowledgment

- Squaxin Island Tribe



Agenda: September 25, 2020

No.	Agenda Item	Leads	Time
1.	Land Acknowledgement	Mark McKechnie, OSPI	9:00 – 9:05
2.	Introductions, Group Norms, and Housekeeping	Rep. My-Linh Thai and Lee Collyer	9:05 – 9:20
3.	Family and Youth Input	Katrice Thabet Chapin, Myra Hernandez, and Jerri Clark	9:20 – 10:05
	Break		10:05 – 10:15
1.	Family and Youth Input, continued: Q and A		10:15 – 10:30
2.	Public Testimony	Mark McKechnie	10:30 – 10:40
3.	Survey results	Mark McKechnie	10:40 – 10:55
	Break		10:55 – 11:00
6.	Breakouts: members discuss survey results	Lee Collyer, Justyn Poulos, Mark McKechnie, breakout facilitators	11:00 – 11:25
7.	Large group priorities	Members	11:25– 11:50
8.	Next steps	Mark McKechnie	11:50 – Noon



Welcome Members and Guests

Members

Co-Chairs: Rep. My-Linh Thai and Lee Collyer (alternate for Camille Goldy)

Voices of Families and Young People:

Brooklyn Brunette

Jason Steege

Kathryn Yates

Katrice Thabet-Chapin

Molly Merkle

Patti Jouper

Susan Stolsig

Members: Education and Behavioral Health Professionals and Advocates

Antonette Blythe, Family Tri Leader, Family YOUTH System Partners Round Table

Avanti Bergquist, Washington State Council of Child and Adolescent Psychiatry; Washington State Psychiatric Association; Eating Recovery Center/Insight Behavioral Health

Avreayl Jacobson, Children's Mental Health Planner, King County Behavioral Health and Recovery

David Crump, Clinical Director, Spokane Public Schools

Elise Petosa, Member/past president, WASSW

Erin Wick, Director of Behavioral Health and Student Support, ESD 113
(AESD Representative) [Designated alternate: Mick Miller, ESD 101]

Harry Brown, MIYFS - School Based Mental Health Counselor, Forefront in
the Schools, consultant/trainer, Mercer Island Youth & Family Services,
Forefront Suicide Prevention [alternate: Jennifer Stuber, Center Director,
Forefront Suicide Prevention, UW School of Social Work]

Jeannie Larberg, Director: Whole Child, Sumner-Bonney Lake School District

Jeannie Nist, Associate Director, Communities In Schools of Washington

Jerri Clark, Parent Resource Coordinator, WA PAVE

Jill Patnode, Thriving Schools Program Manager, Kaiser Permanente

Joe Neigel, Prevention Services Manager, Monroe School District & Monroe Community Coalition

Kelcey Schmitz, MTSS/School Mental Health Training and TA Specialist
[Alternate: Eric Bruns, Director of Training and Technical Assistance], UW
SMART Ctr.

Myra Hernandez, Operations and Special Projects Manager, Commission on Hispanic Affairs

Robert Monton, Associate Director of Behavioral Health, Snoqualmie Valley School District

Sandy Lennon, Executive Director, Washington School-Based Health Alliance

Tawni Barlow, Director of Student Services, Medical Lake School District

William (Bill) Cheney, Director of Student Support and Prevention Systems, Mount Vernon School District

OSPI and HCA Staff Supporting the Subcommittee

OSPI Center for the Improvement of Student Learning:

Maria Flores

Justyn Poulos

Mark McKechnie

Robin Howe

OSPI Special Education:

Lee Collyer

Healthcare Authority:

Rachel Burke

Kimberly Harris

Endalkachew Abebaw





Housekeeping: We're all on the bus

Group Norms

- 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
- Develop a definition for BH for the purpose of this group
- 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



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.



Six Meetings to Develop Recommendations



1. Introductions, orientation, norms, identify potential priorities
2. Invited presentations; Decide about Deciding
3. Selected presentations; discuss remaining questions; discuss priorities
4. Develop preliminary recommendations – may need to designate subgroup to draft
5. District experiences; Short-term/Long-term recommendations
- 6. Finalize recommendations**



Family and Youth Perspectives

Family and Youth Panel

- Jerri Clark, Washington PAVE
- Katrice Thabet-Chapin, Vancouver
- Myra Hernandez, WA Commission on Hispanic Affairs



Questions

1. How would you like to see schools, behavioral health providers, and other community-based organizations collaborate to serve families better?
2. How do we make behavioral health resources more transparent and accessible to students and families? What would you say is the biggest barrier to access in your district/community?



Questions

3. Why is it important for you/your family to have behavioral health staff understand your culture, background and perspective? Do you have an example of when you have experienced a particularly good match or a particularly poor match between a provider and your family or child?
4. What support is available in your community, and do the schools and providers work together effectively to serve your child and your family?





Break (mute/cameras off)



Family and Youth Panel

Question and Answer/ Wrap-up



Public Comment

If you wish to provide public comment

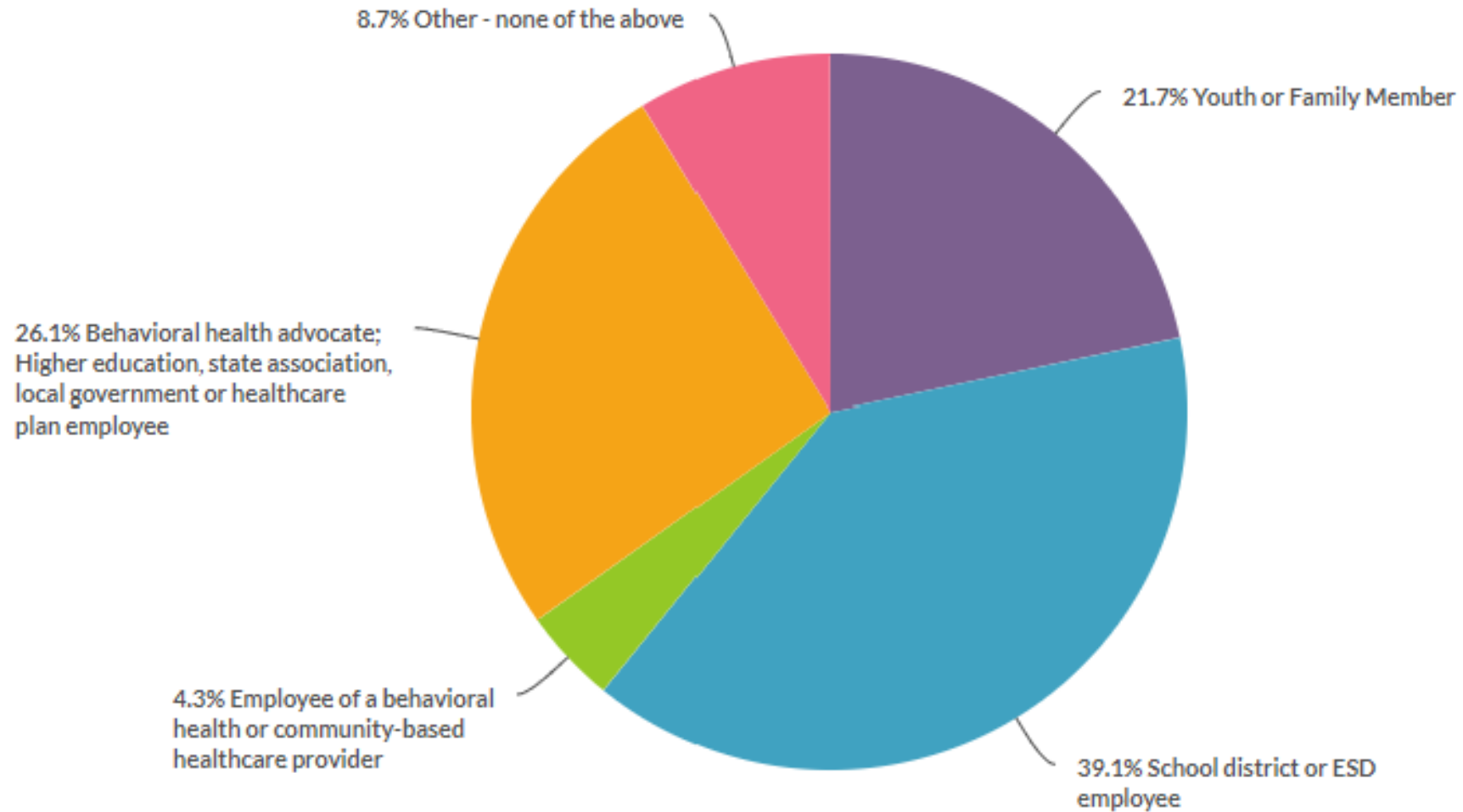
- Please notify the chairs and facilitators using the chat
- Please limit your comments to no more than three minutes





Priority Survey results

Responses: 22



3. Please rank the following recommendations listed in your order of personal or organizational priority. Number 1 will indicate your highest priority. You can add one priority that is not on the list and assign it any priority level you wish, but you are not required to add one. You should rank at least two items, and you are limited to five priorities (as in a dot exercise).

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
b. The state should provide support for districts to implement equity-based Multi-tiered Systems of Support (MTSS), including the Interconnected Systems Framework (ISF) for behavioral health, through training, consultation and technical assistance using a consistent, statewide framework (this includes support for the OSPI MTSS Decision Package).	1		71	16
e. Increase funding for additional counselors, psychologists, nurses, social workers, and family involvement coordinators through the "Building Staffing Capacity to Support Student Well-Being" Decision Package.	2		44	13
a. Assess the current capacity of behavioral health services for K-12 students, as well as the current need among the K-12 student population, in order to identify gaps in funding and services.	3		37	9
h. Expand the number of school-based health centers in Washington that include behavioral health services.	4		20	7
f. Develop and support behavioral health workforce in schools to better reflect racial, ethnic, and cultural diversity of K-12 student populations in Washington.	5		20	7
i. Reallocate existing funding to align supports with MTSS/ISF.	6		20	9

d. Expand Telehealth remote delivery of behavioral health services in school settings.	7		18	6
l. Align or develop accountability measures to support implementation of MTSS.	8		16	8
c. Identify and remove barriers to using existing funding sources (e.g., Medicaid and private insurance) to provide behavioral health services through Medicaid and private insurance.	9		15	4
g. Ensure instruction in Social and Emotional Learning in all K-12 schools in Washington.	10		15	6
j. Identify, implement and regularly use universal screening to identify students with behavioral health needs.	11		12	6
k. Collect and report data based upon identified accountability measures for behavioral supports at all three tiers.	12		8	4



Other: x. *Eliminate systemic barriers to increasing behavioral health workforce (i.e. unpaid internships or allowing MSW interns to get Medicaid reimbursement, tuition reimbursement and forgiveness, increase salaries) (short- and long-term strategy)*

y. *Increasing access for ALL students to receive quality behavioral health services when they need them. Service would be provided using an MTSS framework that includes Prevention, Intervention, Treatment and Recovery Supports that are fully funded and delivered in school settings. Begin with exploration of other States who are using medicaid to fund all student behavioral health services.*



Breakouts

1. Please discuss the top three recommendations from the survey results. What is your opinion about adopting these as the three subcommittee recommendations for 2021?
 - **Statewide support for MTSS implementation** in Washington schools (Support for MTSS Decision Package)
 - **Increase school staffing focused on student well-being**, including counselors, nurses, social workers, etc. (Support for Building Staffing Capacity to Support Student Well-Being Decision Package)
 - The subcommittee will spend the next 12 months **assessing the delivery of behavioral health supports in schools**, looking at funding streams, workforce, and other issues, with the support of OSPI, HCA and others

2. How do you want to address the next three priorities that had the highest support on the survey?

- Expand the number of **school-based health centers** in Washington that include behavioral health services
- Develop and support **behavioral health workforce in schools to better reflect racial, ethnic, and cultural diversity** of K-12 student populations in Washington
- Reallocate existing funding to align supports with Multi-tiered System of Supports (**MTSS**) and the Interconnected Systems Framework (**ISF**)
- Expand **telehealth** to provide behavioral health svcs in schools





Report back



Next Steps: Finalizing Recommendations
and Future Meetings



Thank you! See you again in Nov/Dec!