

School-based Behavioral Health and Suicide Prevention subgroup meeting
August 14, 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"/>	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"/>	Avreyal Jacobson (King County Behavioral Health and Recovery)	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Jason Steege (Parent)
<input checked="" type="checkbox"/>	Brooklyn Brunette (Youth)	<input 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 checked="" type="checkbox"/>	Joe Neigel (Monroe School District)	<input type="checkbox"/>	Kathryn Yates (Chief Leschi School District)

Agenda Items	Summary Meeting Notes
<p>Presentation: LEARN® Saves Lives: Suicide Prevention Training Overview</p>	<p>Jennifer Stuber, Ph.D., Center Director, Forefront Suicide Prevention, Univ. of Washington <i>See page 22.</i></p> <ul style="list-style-type: none"> • Founded in 2013, based in the School of Social Work. • WA is the only state in the country that requires suicide prevention training for every healthcare provider. • Recognizing Sen. Tina Orwall for her advocacy in the Legislature (HB 1336, 2013). • It takes a community to prevent suicide; it is everyone's responsibility • There are immediate actions <i>everyone</i> can take, e.g. shifting language from "committing suicide" (language implies criminality) to other framing – "cause of death". • Assist people to use suicide training in their own communities in ways that make sense for their community – their language, their signs - peer-led. • Universal, tiered training for students, staff and teachers, counselors, and parents • Peer-led approach for students, teachers and parents <p>Discussion:</p> <ul style="list-style-type: none"> • Q: When to call 911 and what is the point at which that is the step to take vs other steps before that? • A: The answer is not to call the police or to go to an emergency room unless someone is in immediate danger and/or you cannot keep the person safe. We need to work to make sure

	<p>there is a safety plan in place and that we can go ahead connect then with continued care. 911 is a last resort, but police departments are getting suicide prevention training.</p> <ul style="list-style-type: none"> • Important to note that not all WA police departments receive the same suicide prevention training. • Q: Are the stats broken out for LGBTQ+ and/or BIPOC communities? A: Yes. The data is taken from the Healthy Youth Survey (HYS). I did not include them, but they are available and I would be happy to send additional statistics • Healthy Youth Survey data can be accessed at http://askhys.net • Q: We've heard from youth the support is peer to peer and not adults, how can we address this? A: That's huge, it is a challenge we are wrestling with. There is a lot of concern delivering suicide prevention training directly to youth in a virtual environment. We actually train up a group of youth who provide peer support, training, etc., in the building. We believe youth voice is vitally important to identify kids who are struggling. We are landing on an approach this fall where we are focusing on recommending suicide prevention training directly to youth and do programming to youth with different scenarios (social media, virtual learning environment) to show youth what it might look like to see someone is struggling in a virtual environment. Peer to peer training and integrating youth voice into training is the way to go. • First person language: referring to the person first, before any kind of disability or need.
<p>Presentation: Multi-Tiered Systems of Support (MTSS)</p>	<p>Justyn Poulos, Director of MTSS, OSPI <i>See page 41.</i></p> <ul style="list-style-type: none"> • This is not a program or a curriculum. • Prevention based method of organizing adults to: <ul style="list-style-type: none"> ○ Create a more nurturing environment and effective instruction to ○ Increase Effectiveness and Efficiency ○ For all students • Tier-1: High quality instruction and nurturing environment for all students (teaching academic and behavioral expectations, career and technical competencies and social skills). • Tier-2: Some students need additional supports (reading or math intervention or behavioral check in), • Tier-3: A small number of students that need more intensive supports (e.g., 1:1), • Formula for success: Effective interventions x effective implementation methods x enabling messages = socially significant outcomes. • Schools at fidelity/full implementation when they are accurately and consistently delivering innovation as designed. • The last 2-3 years have been focused on closing race-based success rate gaps- BIPOC students were not flourishing like Caucasian/non-Hispanic students were • Total number of suspensions decreasing <p>Discussion:</p> <ul style="list-style-type: none"> • Q: What state was the data for? A: Wisconsin. We do not have this data for WA

	<ul style="list-style-type: none"> • Q: What is the source of opposition to MTSS? A: We hear opposition around specific things tied to the practice like “We should not reward kids” But what is often missing and should be the broader conversation is if we have teams engaging in data and EBP, where do we disagree in that continuum and begin the conversation there. I think this is where disagreements or lack of buy in come into play. • Some people may be skeptical about MTSS because it was not as focused on equity and practice, and students of color were not receiving as much a good outcome as white students. Resistance is based on how this was implemented 10-15 years ago. • Q: What districts are using MTSS? A: We have some data, what we have seen in the last couple of years. For PBIS, about 20 percent of the schools in the state assess their implementation. Fidelity of implementation in about half of those schools. What I am cautious about: I don’t know how confident we are in the extent to the self-assessments truly reflective of best practices. You don’t know what you don’t know. When you go to training and your perception changes. We have access to this national database, we have access to Washington schools so we can see the self-report data. I cannot tell you how accurate that data is.
<p>Presentation: Interconnected Systems Framework (ISF): Installing School Mental Health within MTSS</p>	<p>Kelcey Schmitz, MTSS/ School Mental Health Training & TA Specialist, Univ. of Washington SMART Center, kelcey1@uw.edu <i>See page 61.</i></p> <p>Discussion:</p> <ul style="list-style-type: none"> • Q: If we need to explore what kinds of funding can allow our community providers/school districts really to get on board with this? We have done some work with grants and get the bones in place and not a great way to sustain it, how can we look at that and make it feasible because this is critical. All of our partners and school districts want to collaborate for the good of the schools districts. A: Funding is a barrier. We have providers say they can only direct bill and cannot come to meetings, etc. • There needs to be a fiscal structure to make this long-term.
<p>Public Testimony</p>	<p>Joline Messina</p> <ul style="list-style-type: none"> • Autistic community is being ignored. • There is a lack of intersectionality in this committee. • The terms that work for some, like person-first language, do not work for the autistic community who prefer to be referred to differently. • This is not a special education issue; it’s a human issue.
<p>Breakout Rooms</p>	<ul style="list-style-type: none"> • What do we still need to learn? • Recommendation generation
<p>Report-Out:</p>	<p><i>See page 82 for breakout group notes.</i></p> <p>What we need to know</p> <ul style="list-style-type: none"> • More about people’s roles in schools and how systems can be integrated. • Hearing directly from districts on what this looks like. • What areas have what supports? Who has access to these supports? Who doesn’t? • How do we connect and follow the guidelines for students who need access to care through Medicaid, private, etc. • Hear from districts on the leading edge of this work – what was their process to get there? What were their reasons for using the approach they used? • MOUs – How were the really robust ones constructed?

	<ul style="list-style-type: none"> • Tracking – where we’re at. How many kids are lost in the shuffle when referred to community-based providers. (A referral is not an intervention.) • Sharing FTEs – where is this working? Why is not working? • Being able to triangulate the data. • Rates of followthrough – how many kids are left out? <p>Recommendations</p> <ul style="list-style-type: none"> • Pre-certification programs for leaders, counselors, social workers, possibly teachers – in MTSS, mental health, suicide prevention – can be effective in addressing students’ needs. • How do we have long-term funding to build our school-based systems? • Support around screening. Training in screening. • Needs for staff wellness, taking care of staff, especially during this time. • How do we make PBIS/MTSS a paramount statewide practice? Require school districts to do it? (If you screen, you have to intervene!) • Being able to triangulate the data, like in special ed and get deeper understanding of behavior and ways to support the student. • Early childhood/elementary, too; not just middle school/high school. • Gather data. • See what other districts are doing. • Barriers to collaboration/ other things working. • The barriers and risks of not intervening. <p>Discussion</p> <ul style="list-style-type: none"> • Stay focused on big structural pieces, not quick fixes. • It is a misnomer that this is not an elementary school issue.
Wrap Up/Next Steps	<ul style="list-style-type: none"> • Those from districts can contact Mark McKechnie so they may speak next time. • Don’t hesitate to recommend things, even if it takes years to accomplish.

Other Attendees

Molly Adrian
 Marci Bloomquist
 Grace Burkhart (ESD 113)
 Representative Lisa Callan
 Diana Cockrell (Health Care Authority [HCA])
 Katie Cutshaw
 Sylvia Gil (Community Health Plan of Washington
 Ann Gray (Office of the Superintendent of Public
 Instruction [OSPI])
 Kristin Hennessey (OSPI)
 Laurie Lippold (Partners for our Children)
 Enos Mbajah (HCA)
 Liz Perez
 Jennifer Stuber (Forefront Suicide Prevention)
 Joline Messina (check)

Melanie Smith (NAMI)
 Megan Veith (Building Changes)
 Megan Wargacki
 Courtney Zualuf-McCurdy
 Lucinda

Staff

Rachel Burke (HCA)
 Lee Collyer (OSPI)
 Maria Flores (OSPI)
 Kimberly Harris (HCA)
 Mark McKechnie (OSPI)
 Justyn Poulous (OSPI)
 Ashley Taylor (HCA)

School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Healthcare Authority's
Child and Youth Behavioral Health Work Group
August 14, 2020





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:

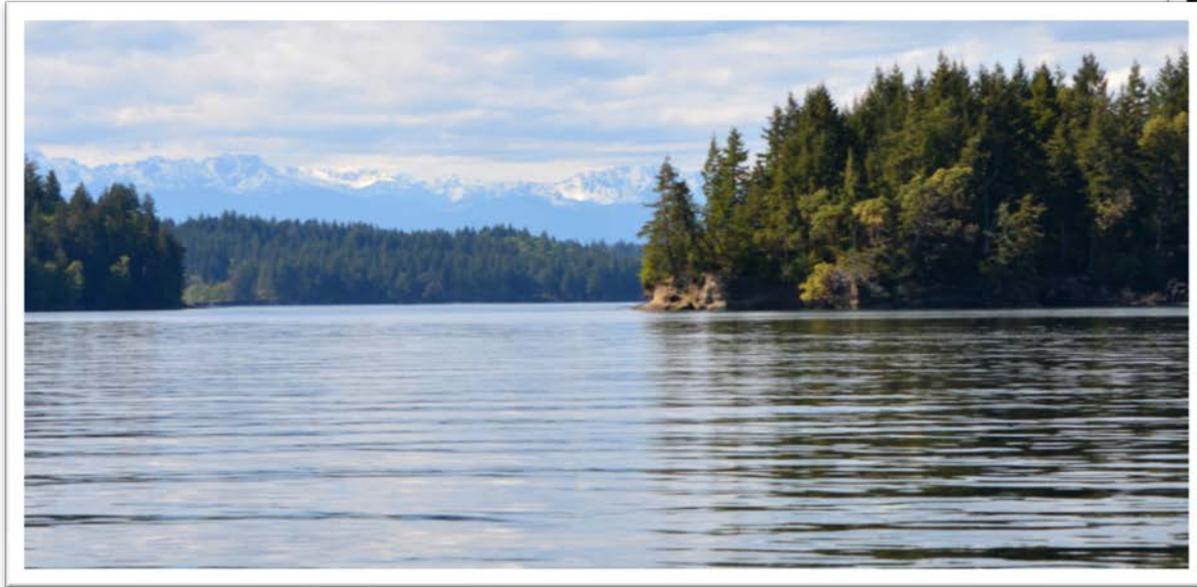
- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile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

- Squaxin Island Tribe



Agenda: August 14, 2020

No.	Agenda Item	Leads	Time
1.	Land Acknowledgement	Mark McKechnie, OSPI	9:00 – 9:05
2.	Introductions, Group Norms, and Housekeeping	Co-chairs	9:05 – 9:30
3.	Presentation on “LEARN Saves Lives” suicide prevention training	Jennifer Stuber, PhD , Center Director, Forefront Suicide Prevention, UW	9:30 – 9:45
	Question and Answer	Members	9:45 – 9:55
	Break		9:55 – 10:10
1.	Presentation on Multi-Tiered System of Supports (MTSS)	Justyn Poulos , Director of MTSS , OSPI	10:10 – 10:25
	Question and Answer	Members	10:25 – 10:35
5.	Presentation on the Interconnected Systems Framework (ISF)	Kelcey Schmitz , MTSS/School Mental Health Training and TA Specialist, University of Washington SMART Center	10:35 – 10:50
	Question and Answer	Members	10:50 – 11:00
	Transition time/Stretch break		11:00 – 11:05
6.	Public Testimony	Mark McKechnie	11:05 – 11:15
7.	Brainstorm Session: What do we still need to learn? Recommendation generation	Members	11:15 – 11:50
8.	Report out	Members	11:50 – Noon



Welcome Members and Guests

Members

Co-Chairs: Rep. My-Linh Thai and 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

Ashley Taylor

Endalkachew Abebaw



Housekeeping: We're all on the bus

New Norm: Language around Suicide

- Avoid using the phrase “committed suicide,” as it implies criminal behavior
- Instead refer to suicide as a cause of death, similar to other diseases or health conditions.

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

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. Refine recommendations
6. Finalize recommendations



LEARN[®] Saves Lives: Suicide Prevention Training Overview

August 14, 2020
Jennifer Stuber, PhD
Associate Professor, UW
Co-Founder & Director

Forefront Suicide Prevention is a Center of Excellence at the University of Washington based in the School of Social Work that engages subject matter experts as well as individuals with lived experience in shaping its programs, evaluation and research activities.

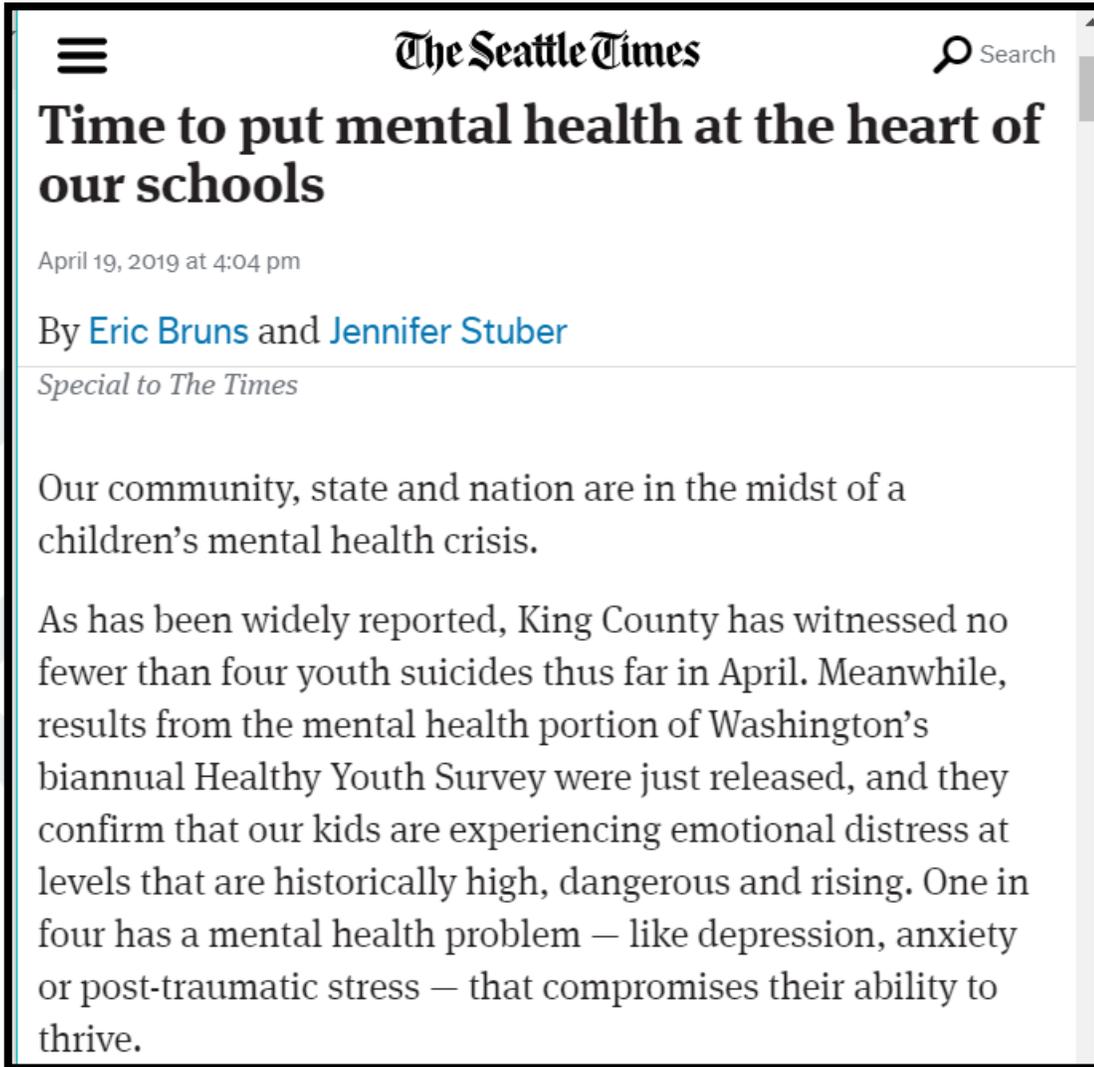
intheforefront.org

OUR MISSION

Reduce suicide by empowering individuals and communities to take sustainable action, championing systemic change, and restoring hope through the difference we make in people's lives.



TIME TO PUT BEHAVIORAL HEALTH AND SUICIDE PREVENTION AT THE HEART OF SCHOOLS



The screenshot shows the top portion of a news article from The Seattle Times. At the top left is a hamburger menu icon. The newspaper's name, 'The Seattle Times', is centered at the top. To the right is a search icon and the word 'Search'. The main headline is 'Time to put mental health at the heart of our schools'. Below the headline is the date and time: 'April 19, 2019 at 4:04 pm'. The byline reads 'By Eric Bruns and Jennifer Stuber'. Below the byline is a sub-headline: 'Special to The Times'. The main text begins with a paragraph: 'Our community, state and nation are in the midst of a children's mental health crisis.' This is followed by a longer paragraph: 'As has been widely reported, King County has witnessed no fewer than four youth suicides thus far in April. Meanwhile, results from the mental health portion of Washington's biannual Healthy Youth Survey were just released, and they confirm that our kids are experiencing emotional distress at levels that are historically high, dangerous and rising. One in four has a mental health problem — like depression, anxiety or post-traumatic stress — that compromises their ability to thrive.'

3 Critical Reasons

- ✓ Students are experiencing significant behavioral health issues and increasing risk for suicide
- ✓ Impacts academic performance and graduation rates
- ✓ Improves access to mental health care when services can be provided in schools

Suicide Awareness Trainings



- Suicide prevention is everyone's responsibility
- All individuals can take action that will help reduce population level suicide rates
- Depth of action, specific roles will vary

LEARN[®] Saves Lives

Forefront's Suicide Prevention
Training Model

Look for signs

Empathize and listen

Ask about suicide

Reduce the danger

Next steps



L: Look

Changes in Behavior or Adverse Life Events

Emotions, Feelings

- Depression
- Anxiety
- Anger, irritation
- Emptiness
- Loneliness
- Hopelessness, helplessness
- Shame, humiliation
- Pain

Actions, Behaviors

- Withdrawing, isolating
- Increasing drug/alcohol use
- Trouble sleeping or sleeping too much
- Researching ways to die
- Giving away possessions and/or pets
- Reckless behavior
- Joking, threatening, or statements about death
- Threats against self (or others)

Experiences

- Recent loss to suicide
- Loss of employment
- Break up, divorce
- Reckless behavior
- Transitions (i.e. after military service)
- Discrimination linked to sexual orientation and/or gender identity
- Personal or historical trauma
- Involvement in justice system, incarceration

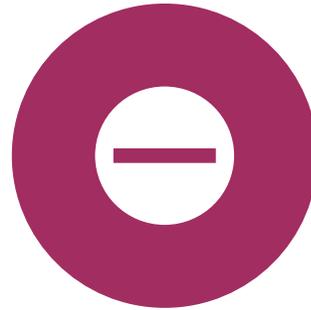
E: Empathize & Listen

Helpful tips:

*Reflect back what they shared
Avoid judgement & stay neutral
Acknowledge & validate emotions*



Try to see the world
as others see it



Be non-judgmental



Validate another's
feelings



Communicate that
understanding

A: ASK How do I ask about suicide?



Sometimes when people are...

_____,
_____,
_____.

they're thinking about suicide.

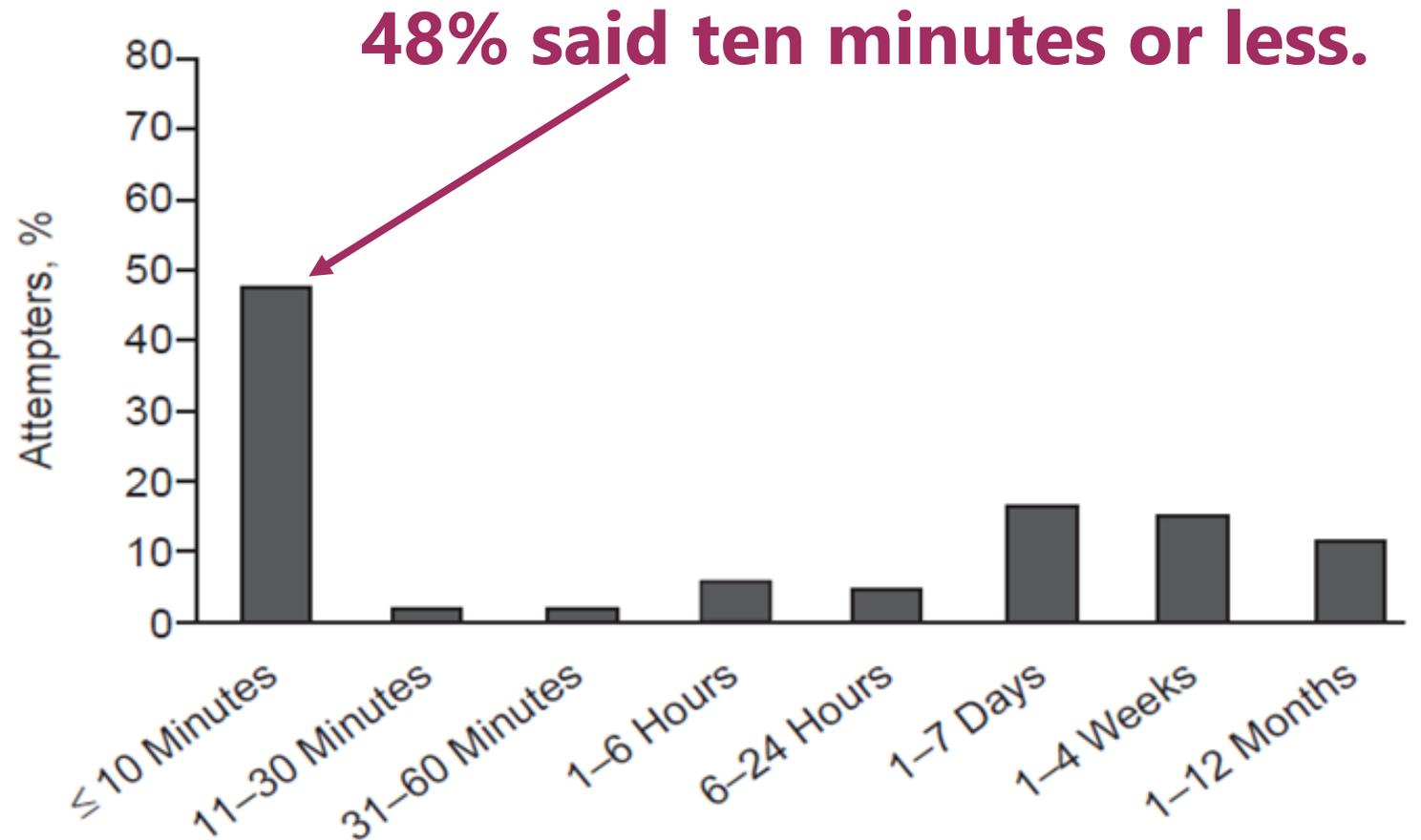
**Are you thinking about suicide (or
killing yourself)?**

- Isolating from friends
- Feeling alone / pushed away
- Upset after a breakup
- Feeling numb / detached
- Hopeless about their future
- Feeling self-hatred
- Tired of pleasing everyone
- Feeling like giving up

Remove Dangers: Suicidal crises are time limited

People admitted to a hospital after an attempt were asked:

How long had you been thinking about suicide before the attempt?



Lock & limit access to firearms



LOCK UP:

- All firearms, including those used for home defense

LIMIT ACCESS:

- Youth should not have unsupervised access to firearms
- Give a trusted individual keys and combinations

TRANSFER:

- Ask a friend or relative to hold firearms in an emergency temporary transfer

If these strategies don't work, families can also activate an extreme risk protection order (ERPO) by contacting local law enforcement



N: Next steps depend on your role



Provide support in connecting to...

- Suicide prevention lifeline or crisis text line
- Family members, friends, peers, or other people that can offer support
- School counselor, employer specific employee assistance program
- Primary health provider, mental health provider

Enlist trusted others (e.g. family members) with removing danger and ensuring continued support

Continue to check in

What makes LEARN[®] different?



- Emphasis on lethal means safety
- High levels of interactivity focused on immediate action steps
- Tailored for audience experience, including cultural and professional role
- Opportunities for peer-led experience

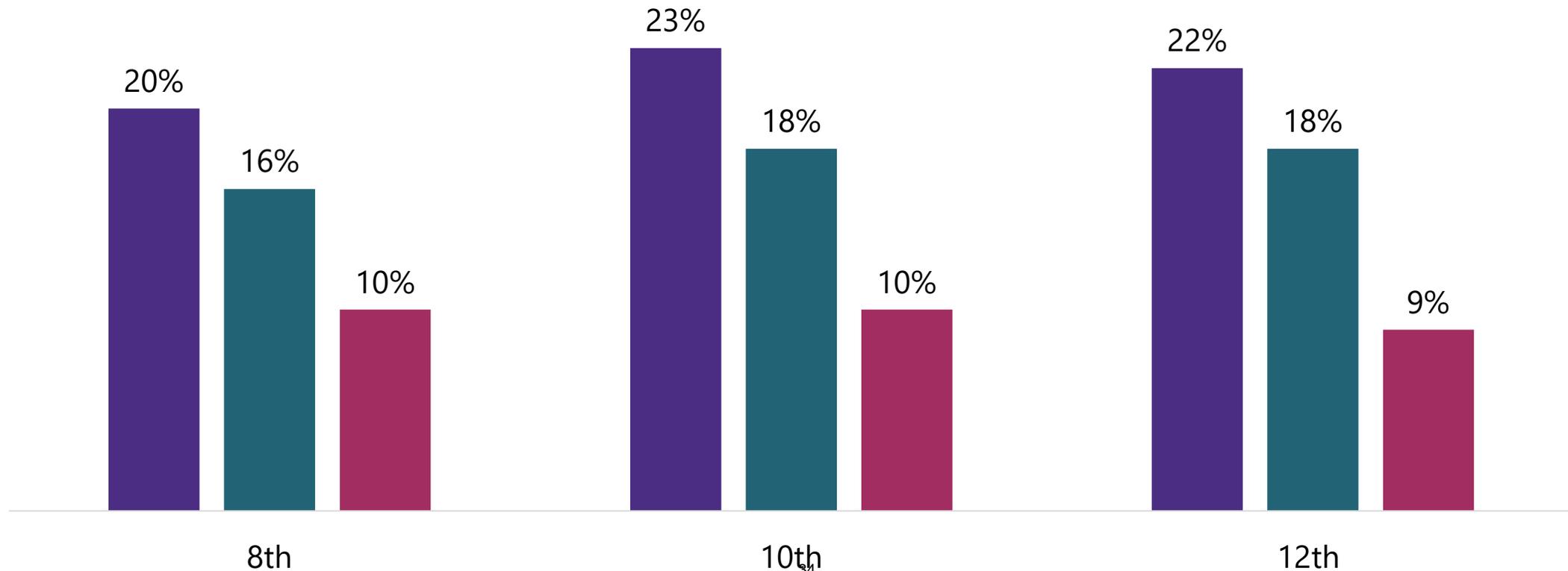


What Washington Youth are Saying



Suicidal Feelings & Actions - HYS 2018

■ Considered suicide ■ Made a plan ■ Attempted

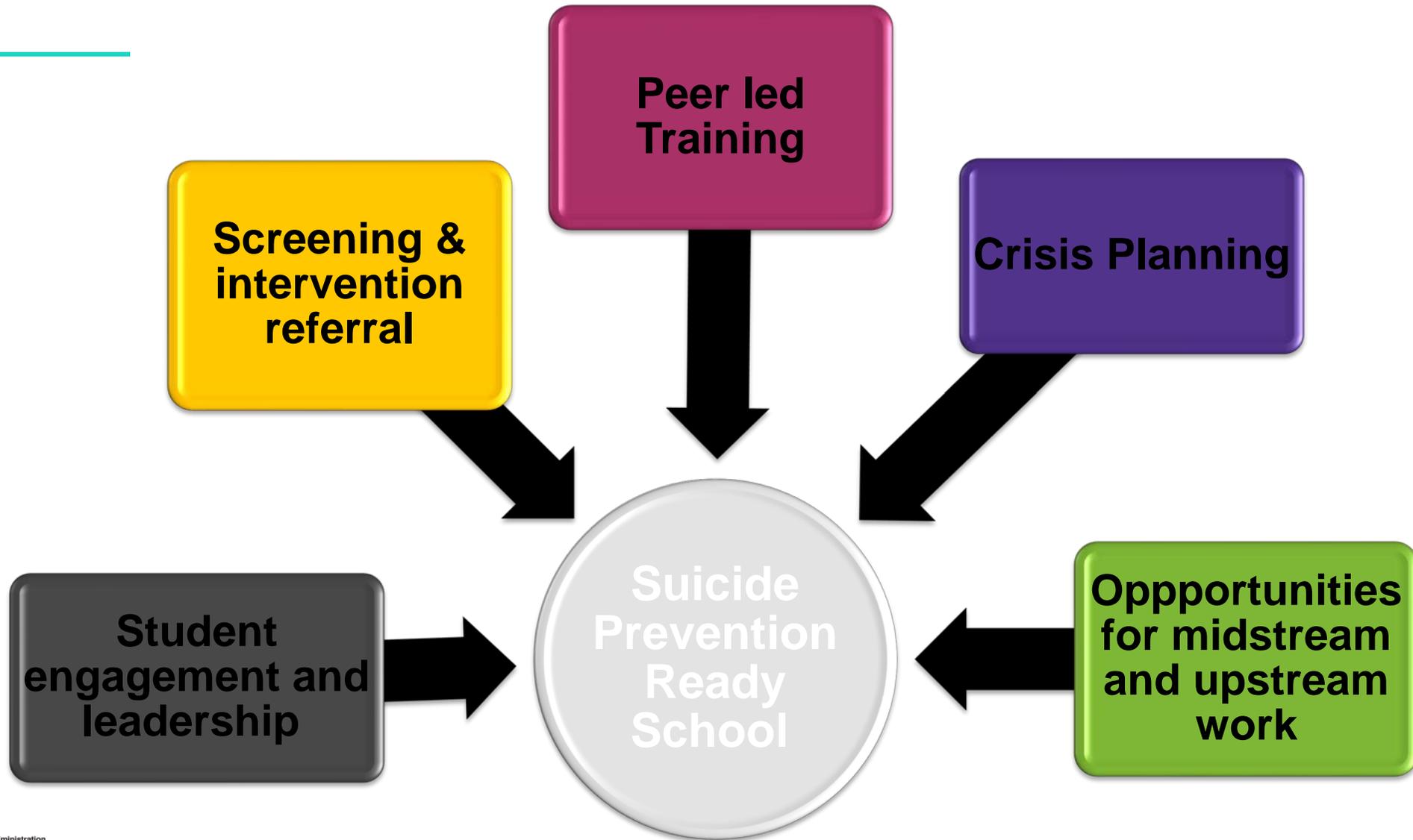


LEARN[®] in 38 WA High Schools



- Universal, tiered training for students, staff and teachers, counselors, and parents
- Peer-led approach for students, teachers and parents

COMPREHENSIVE PROGRAM ELEMENTS



ACROSS 38 WASHINGTON HIGH SCHOOLS

1. More than 3000 students have been assessed for suicide risk. Approximately 50 percent of these students also received safety plans since the program began in their high schools. This is a dramatic increase in the level of assistance being provided to students by educational staff associates.
2. Nearly 23,000 students, parents and teachers have received peer training in how to recognize and respond to students who may be at-risk for suicide. All education staff associates have received training in intervention and safety planning.
3. Four out of five schools have made improvements to their crisis response and prevention plans to address the five elements of crisis planning: infrastructure, prevention, intervention and postvention (in the aftermath of suicidal behavior).
4. Half of all schools have integrated new upstream offerings into their curriculum for students including mindfulness, distress tolerance and mental health literacy. Most schools have identified student leaders to lead mental health promotion efforts.

What our participants are saying:



Thank you for a really informative training today. As a 2nd year counselor, this was my first formal suicide prevention training, and I really appreciate being given tangible resources to use with students and families because in the past I've felt like I wasn't sure what tools I could use, and what limitations I had in my role as a school counselor.

Best training I've taken in a while. You provided learning tools to provide helpful techniques with great examples. Your mannerism and tone were also teachable examples of empathy and compassion. The videos were really good. Thank you!

Questions?

Jennifer Stuber, Director
jstuber@uw.edu

Forefront Suicide Prevention

UW School of Social Work

4101 15th Avenue NE, Box 354900

Seattle, WA 98195-4900

Connect with us!

- intheforefront.org
- facebook.com/intheforefront/
- twitter.com/intheforefront



Break (mute/cameras off)



Multi-Tiered Systems of Support (MTSS)

Justyn Poulos, Director
of MTSS, OSPI

What is MTSS?

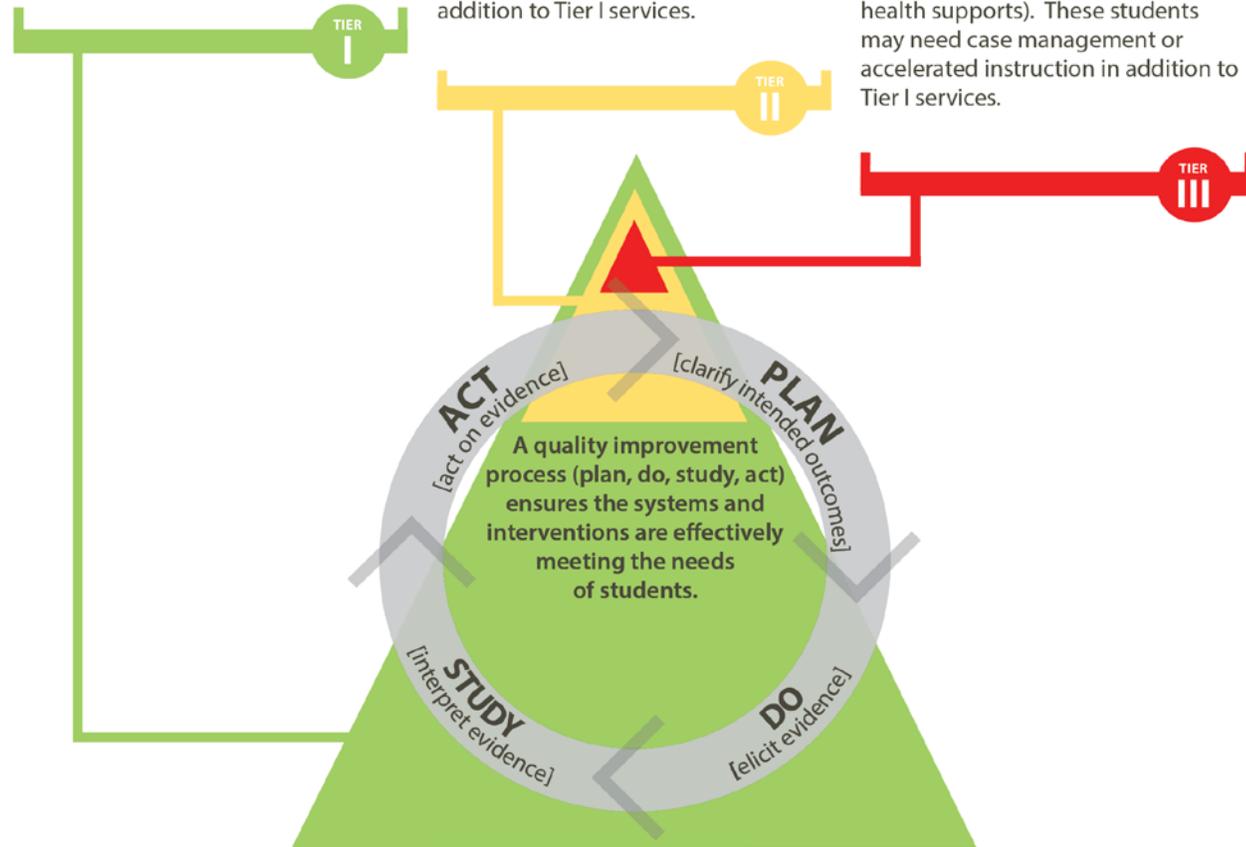
A framework for enhancing the adoption and implementation of evidence-based instruction delivered along a continuum of intensity to achieve important outcomes for all students

- **Prevention Based** Method of
- **Organizing Adults** to
- Create more **nurturing environment** and **effective instruction** to
- Increase **Effectiveness** and **Efficiency**
- For **all** students

ALL students benefit from school-wide Tier I instruction and supports (such as teaching academic and behavioral expectations, career and technical competencies, and social emotional skills) to be prepared for career, college, and life.

SOME students can benefit from supplemental Tier II instruction and supports (such as a reading or math intervention or behavioral check-in). These students are identified as needing more intensive or accelerated academic, career, behavioral, and/or mental health interventions in addition to Tier I services.

A SMALL NUMBER of students can benefit from intensive Tier III instruction and supports (such as those provided through community partnerships and specialized programs to provide more intensive or accelerated academic, career, behavioral, and/or mental health supports). These students may need case management or accelerated instruction in addition to Tier I services.



Implementation components



Team-Driven shared Leadership



Data-Based Decision Making

Universal Screening
Progress Monitoring
Problem Solving/Continuous Improvement Cycles



Continuum of Supports matched to student need

Universal Instruction
Layered tiers of support

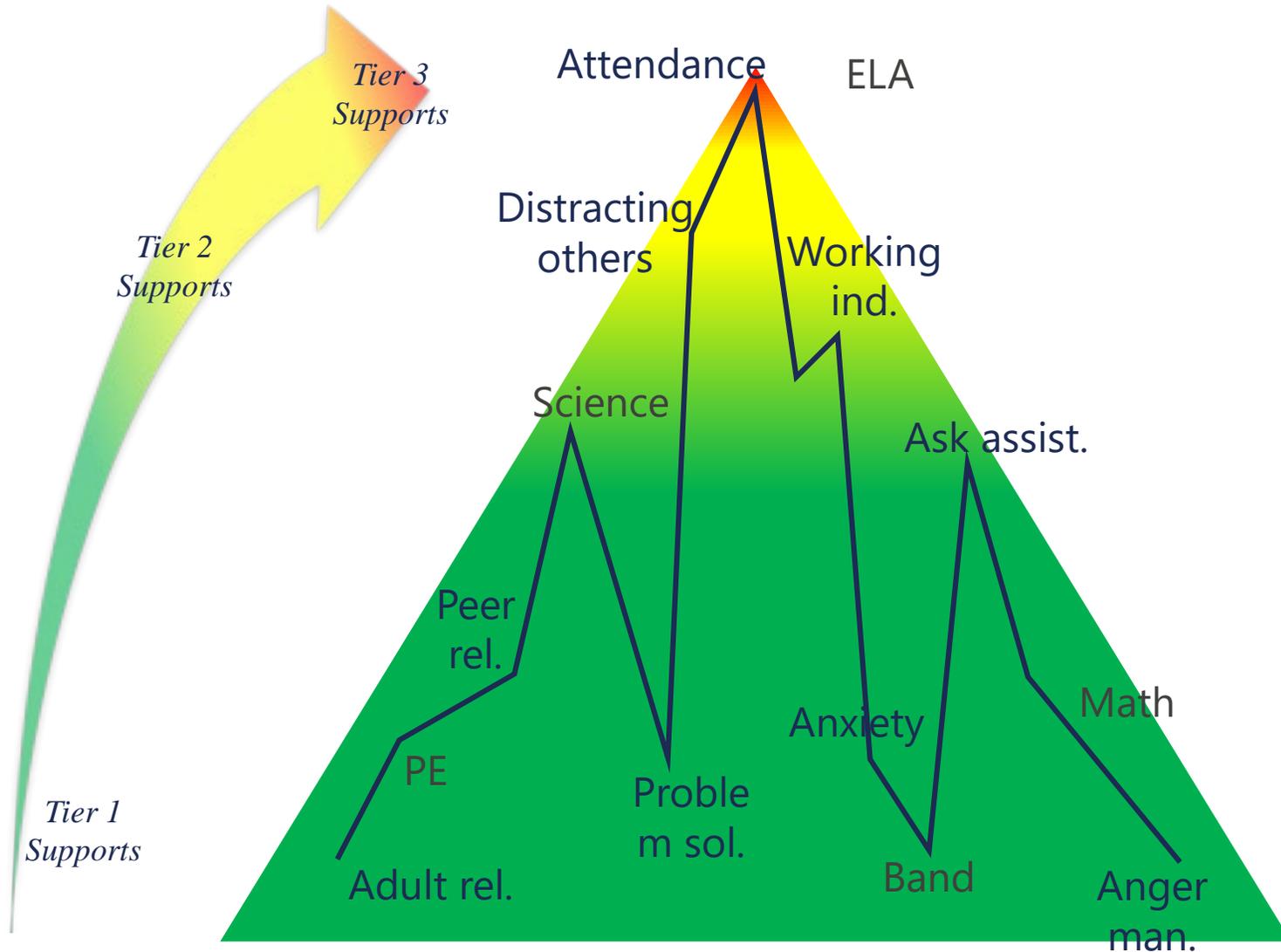


Family, Student, Community Engagement

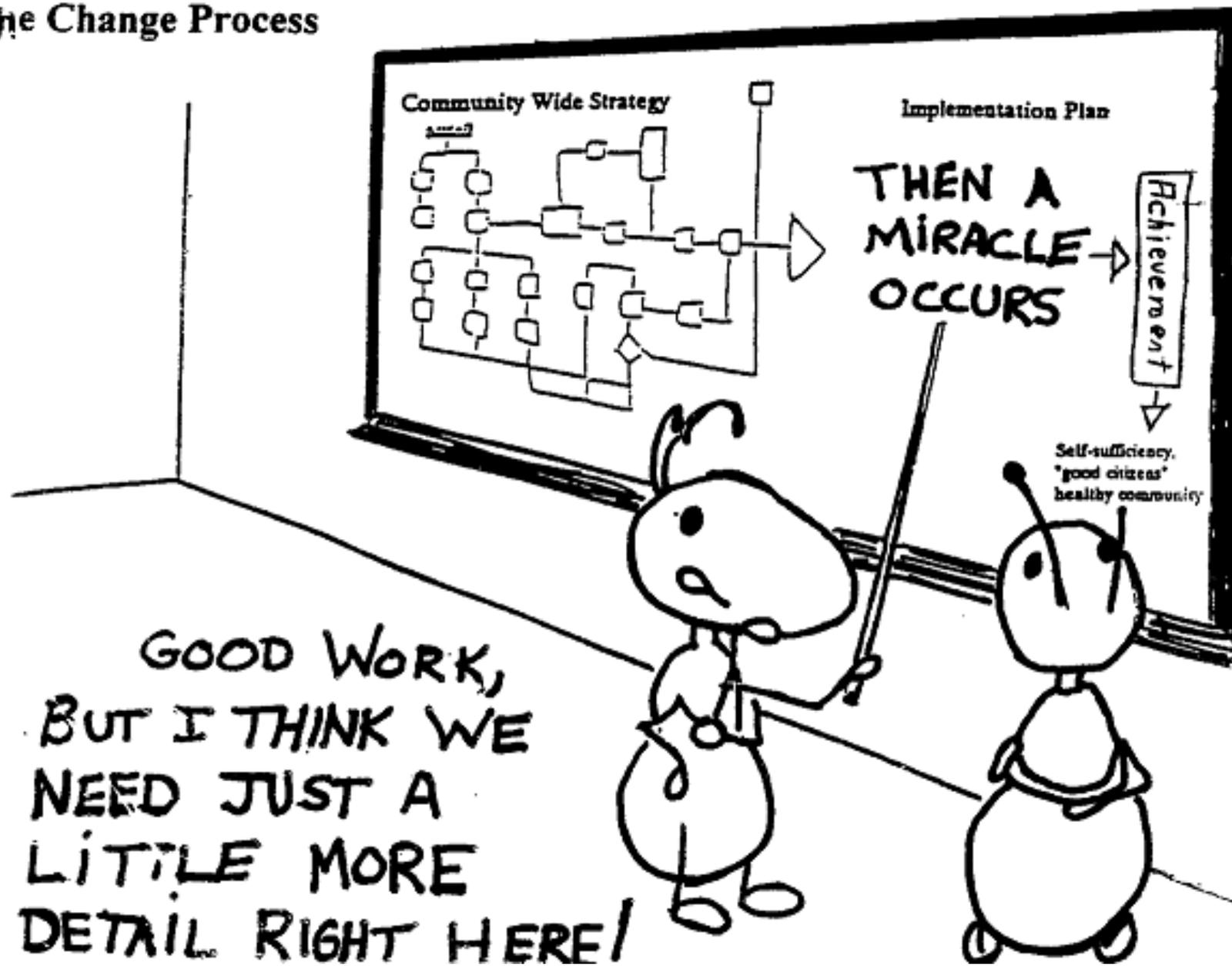


Use of Evidence Based Practices

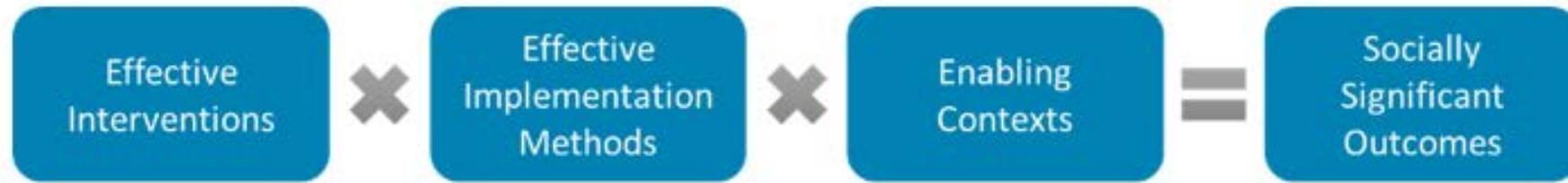




The Change Process



Formula for Success



The use of effective interventions without implementation strategies is like serum without a syringe; the cure is available but the delivery system is not.”

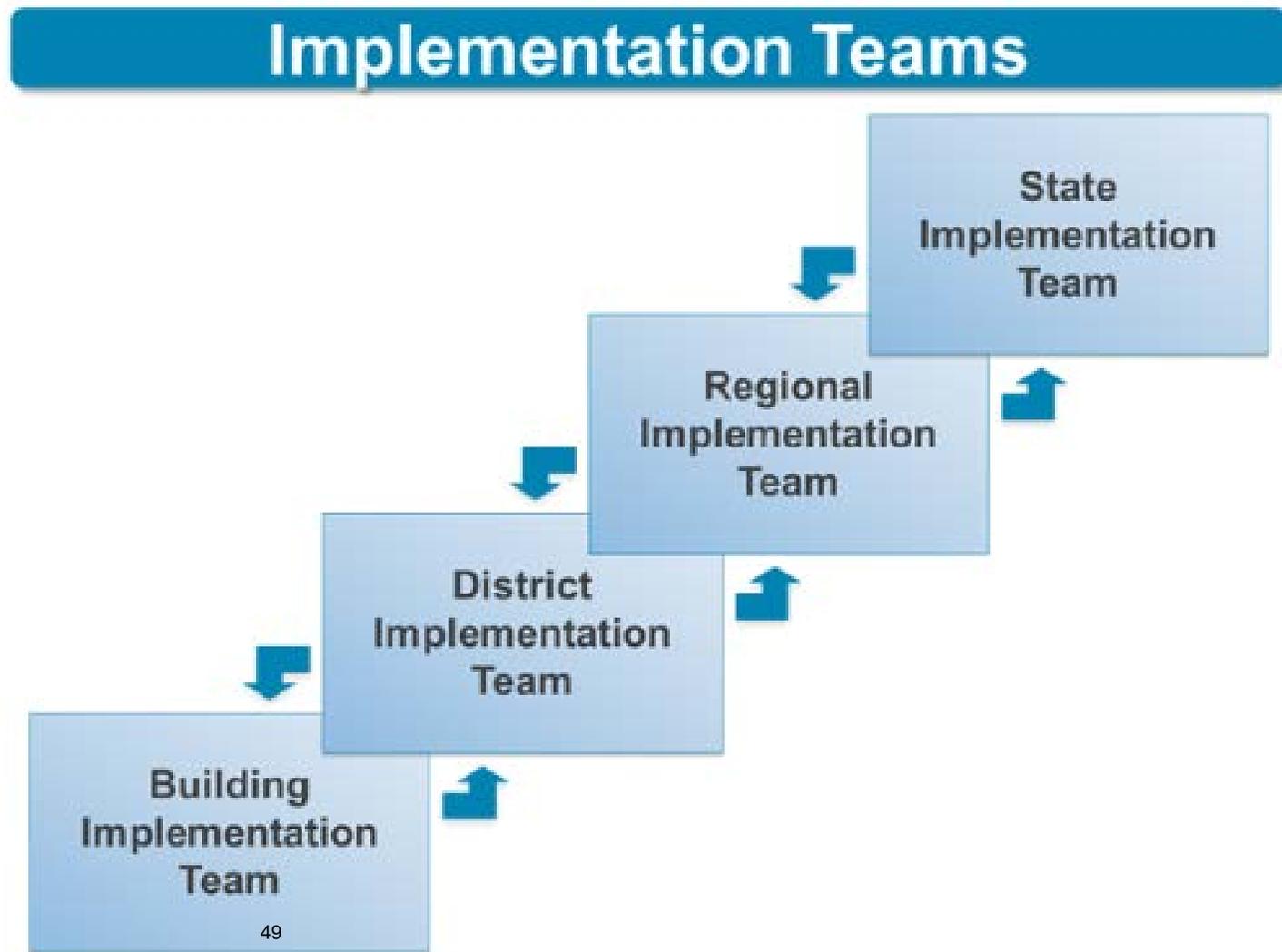
—Fixsen, Blase, Duda, Naoom, & Van Dyke, 2010

Big idea: Students **cannot benefit** from interventions they **do not experience**.

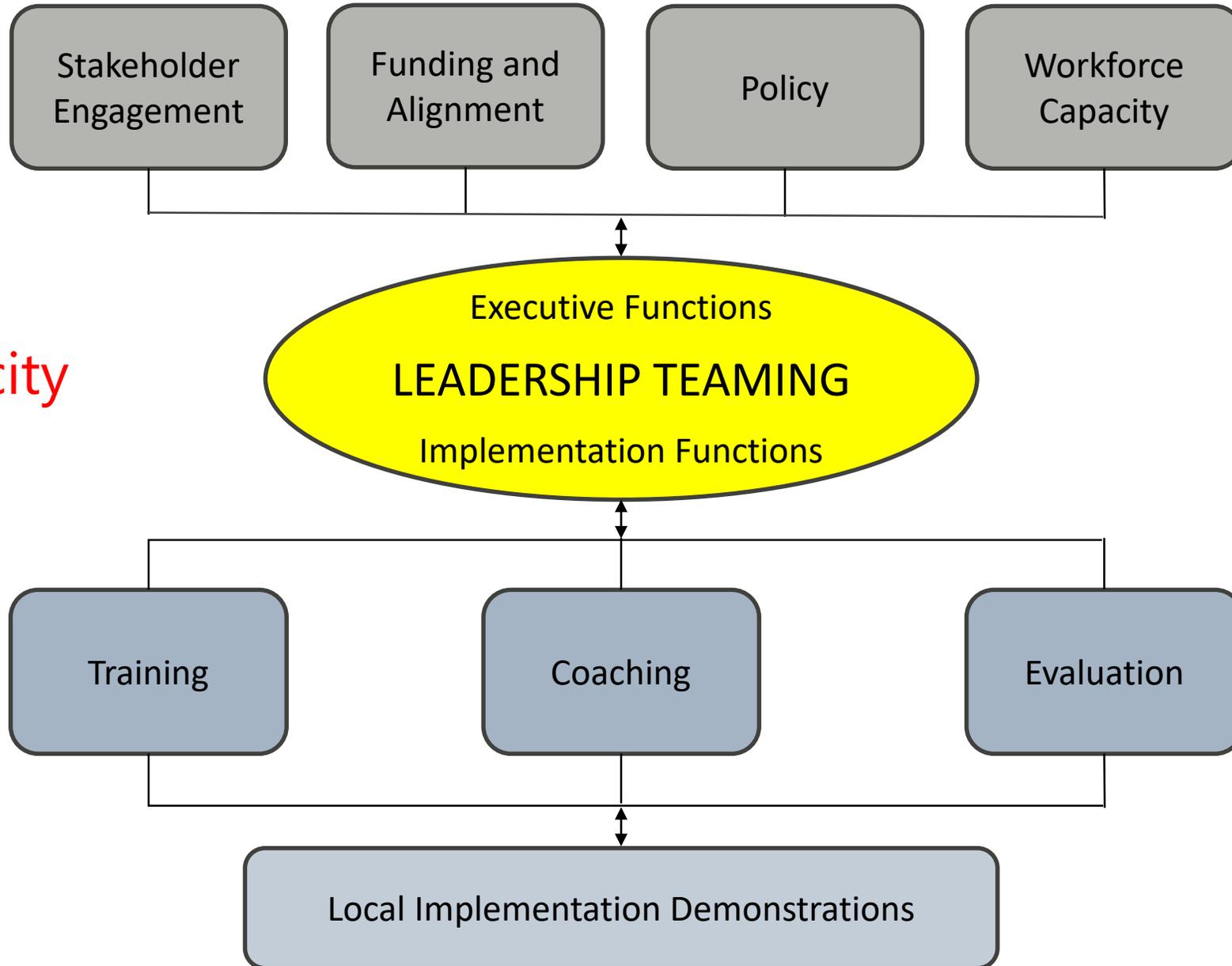


Implementation Science

Cascading Support



District Capacity

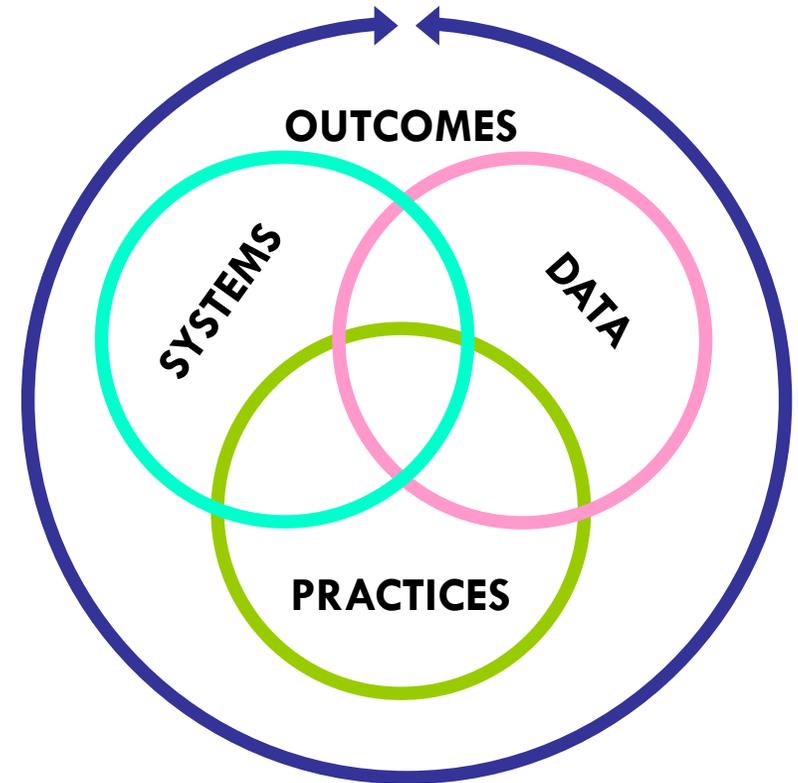


School Implementation

Systems: Adult supports put into place to ensure interventions are implemented correctly

Data: Informs decisions

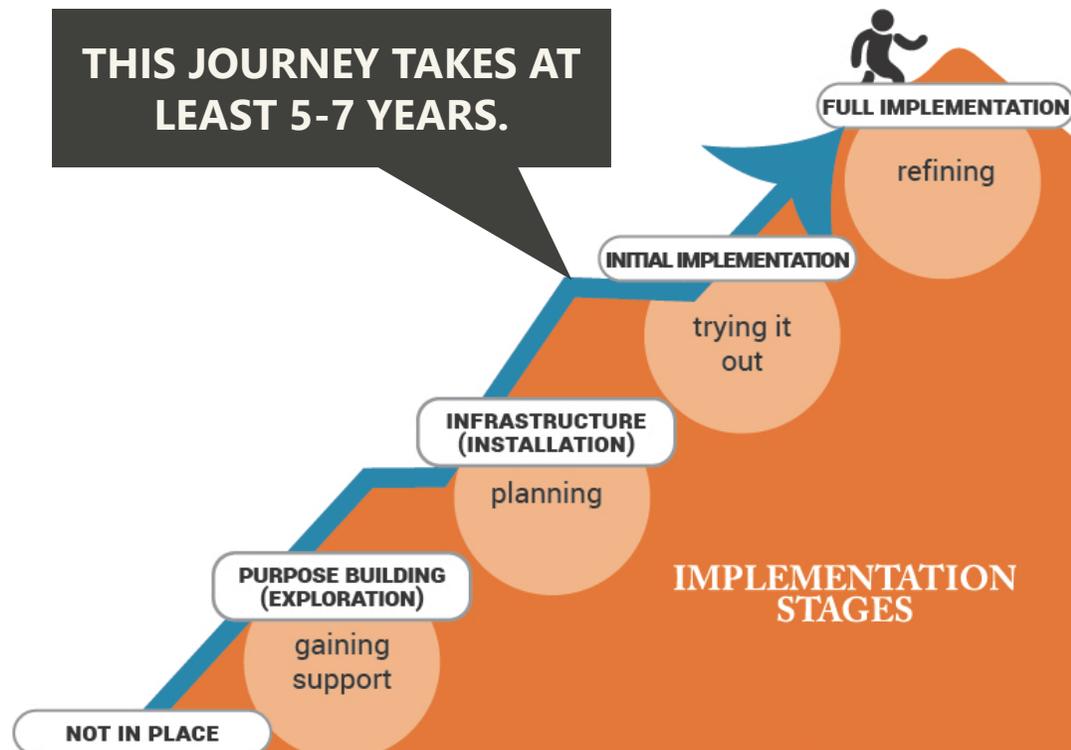
Practices: Student supports are organized across a tiered continuum of support



The power of (and need for) coaching

	OUTCOMES		
	% of Participants who Demonstrate Knowledge, Demonstrate New Skills in a Training Setting, and Use new Skills in the Classroom		
TRAINING COMPONENTS	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
..+Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%

What is Fidelity or Full Implementation?

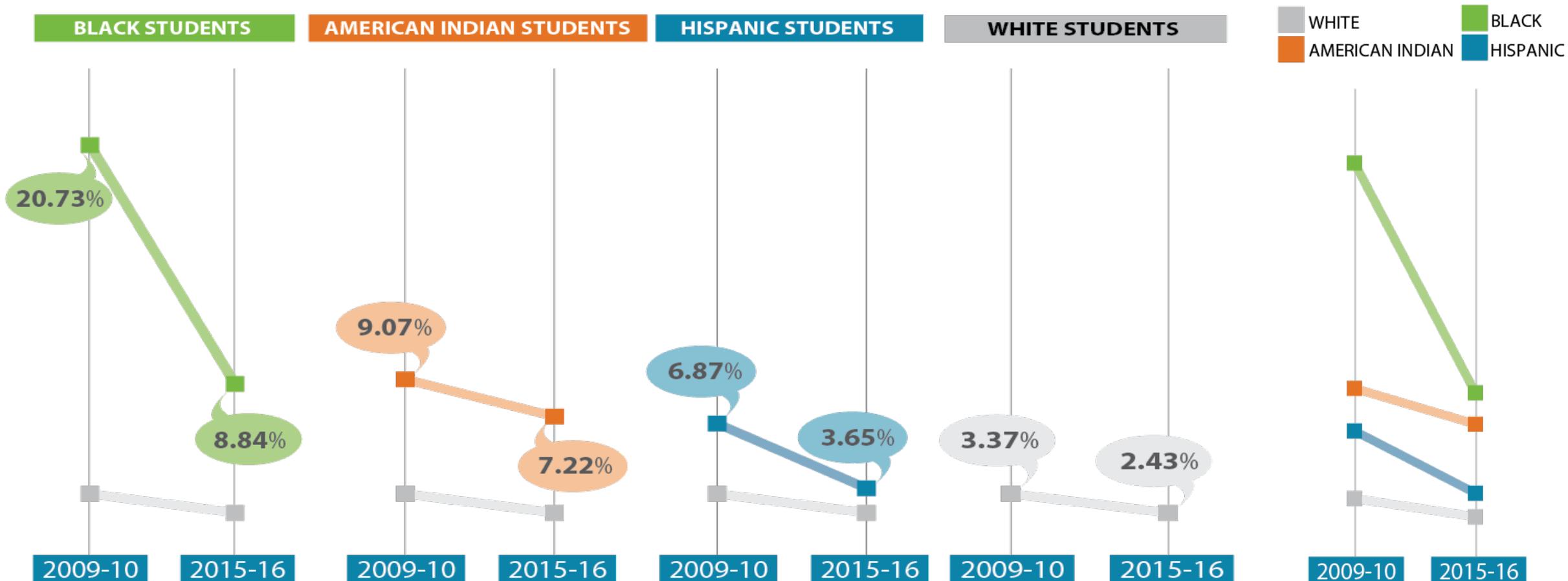


Fidelity/Full Implementation means that schools are accurately and consistently delivering innovation as designed.

Based on: Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231)

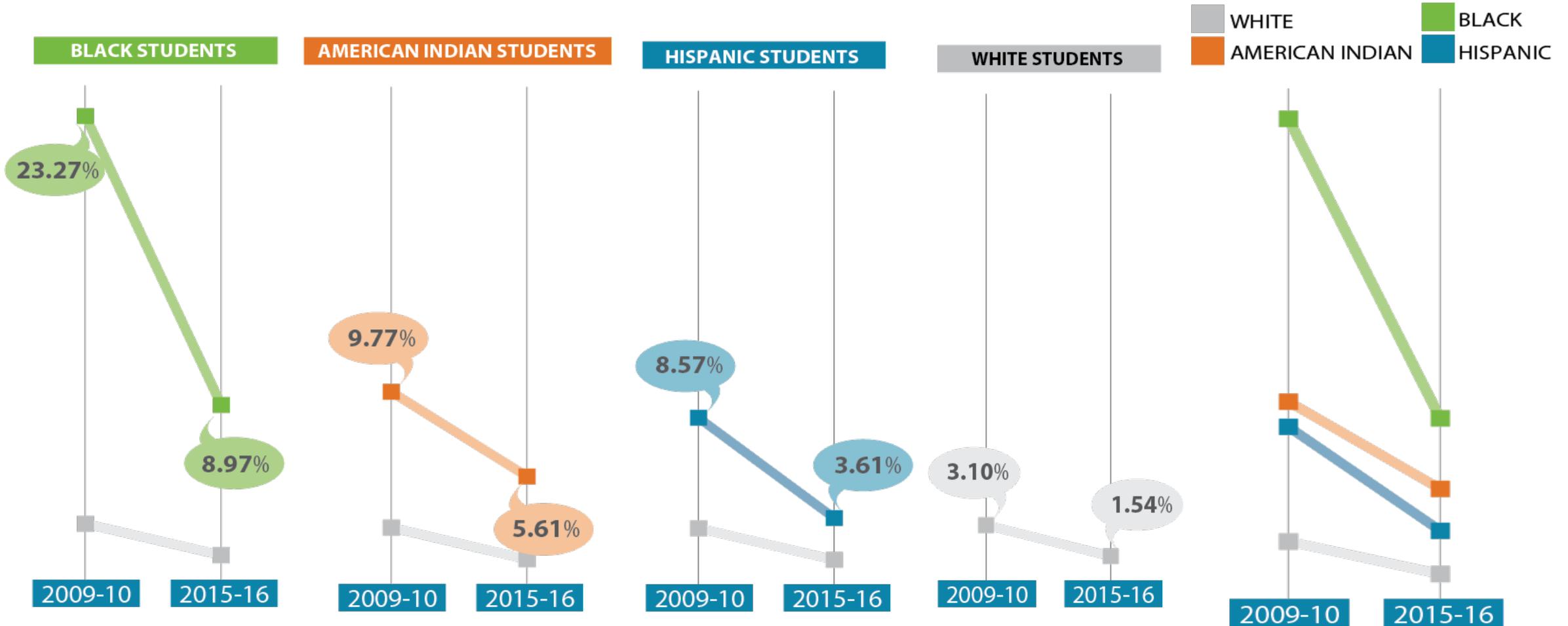
Schools at fidelity/full implementation for the last 2-3 years are CLOSING RACE-BASED SUSPENSION RATE GAPS.

Declining Suspension Rates Implementing in SOCIAL **BEHAVIOR** Supports (PBIS)



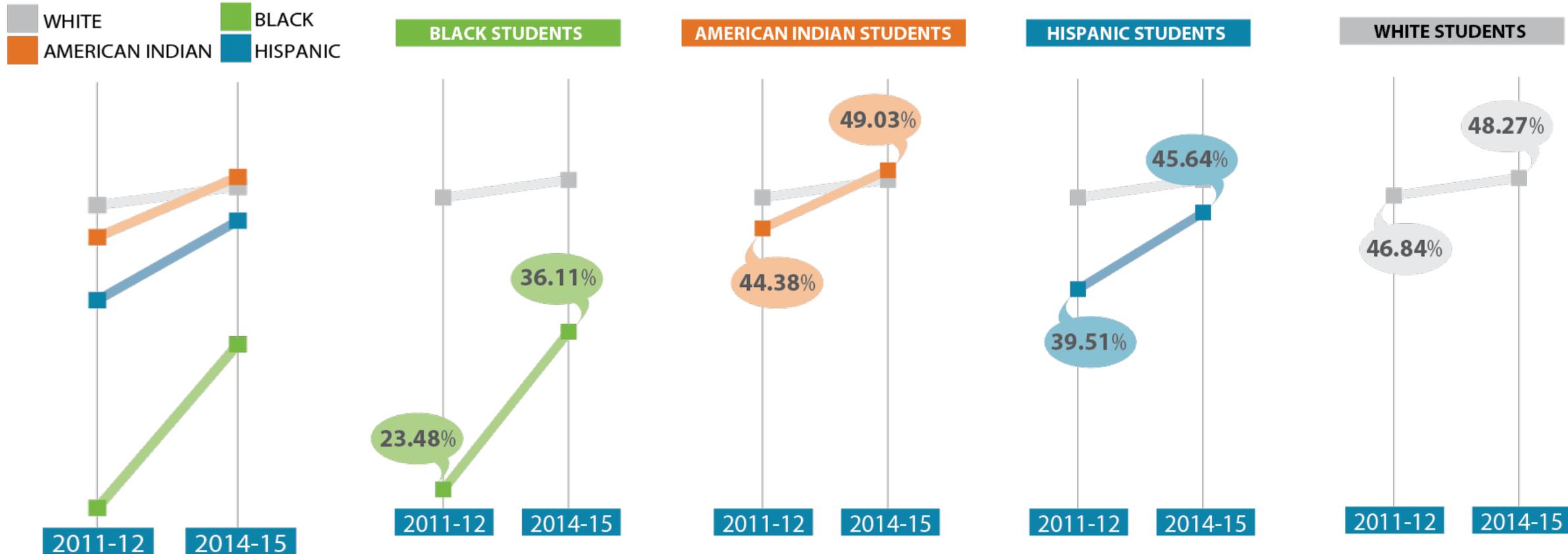
Schools at fidelity/full implementation for the last 2-3 years are CLOSING RACE-BASED SUSPENSION RATE GAPS.

Declining Suspension Rates Implementing in **READING**



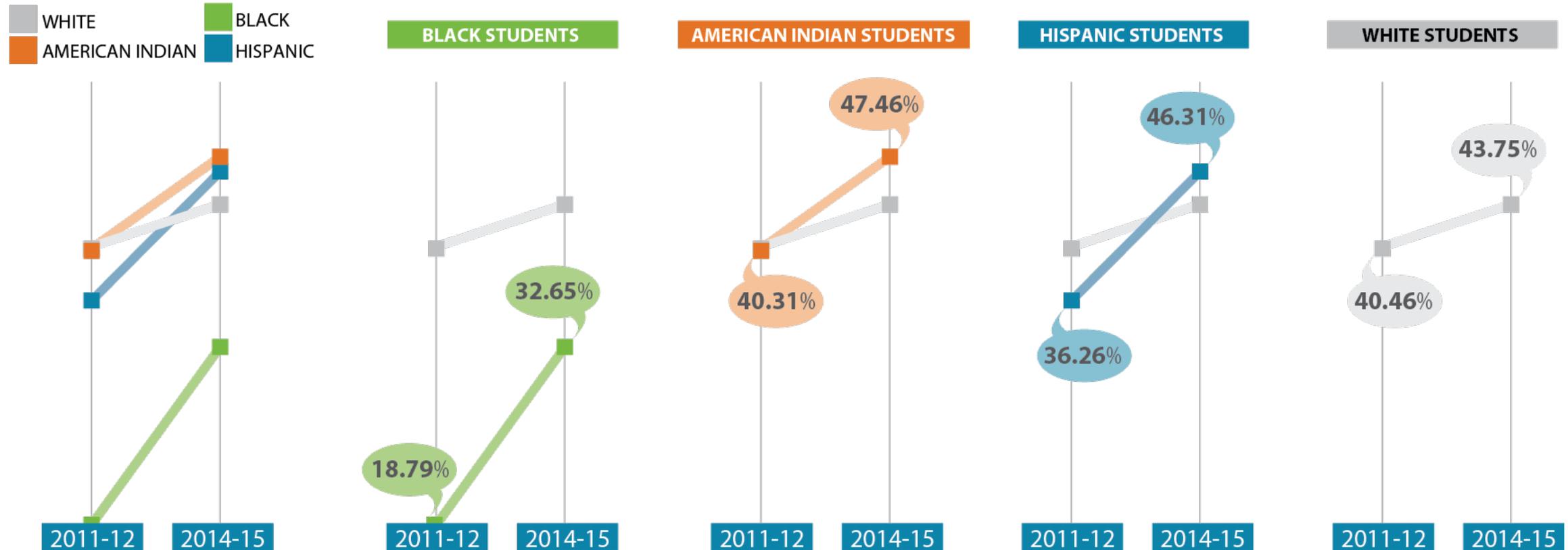
Schools at fidelity/full implementation for the last 2-3 years are also **CLOSING RACE-BASED GAPS** for percent of students meeting typical fall to spring MAP growth from 2011-12 to 2014-15.

MAP Growth Rate (Fall – Spring) Implementing in SOCIAL BEHAVIOR (PBIS)



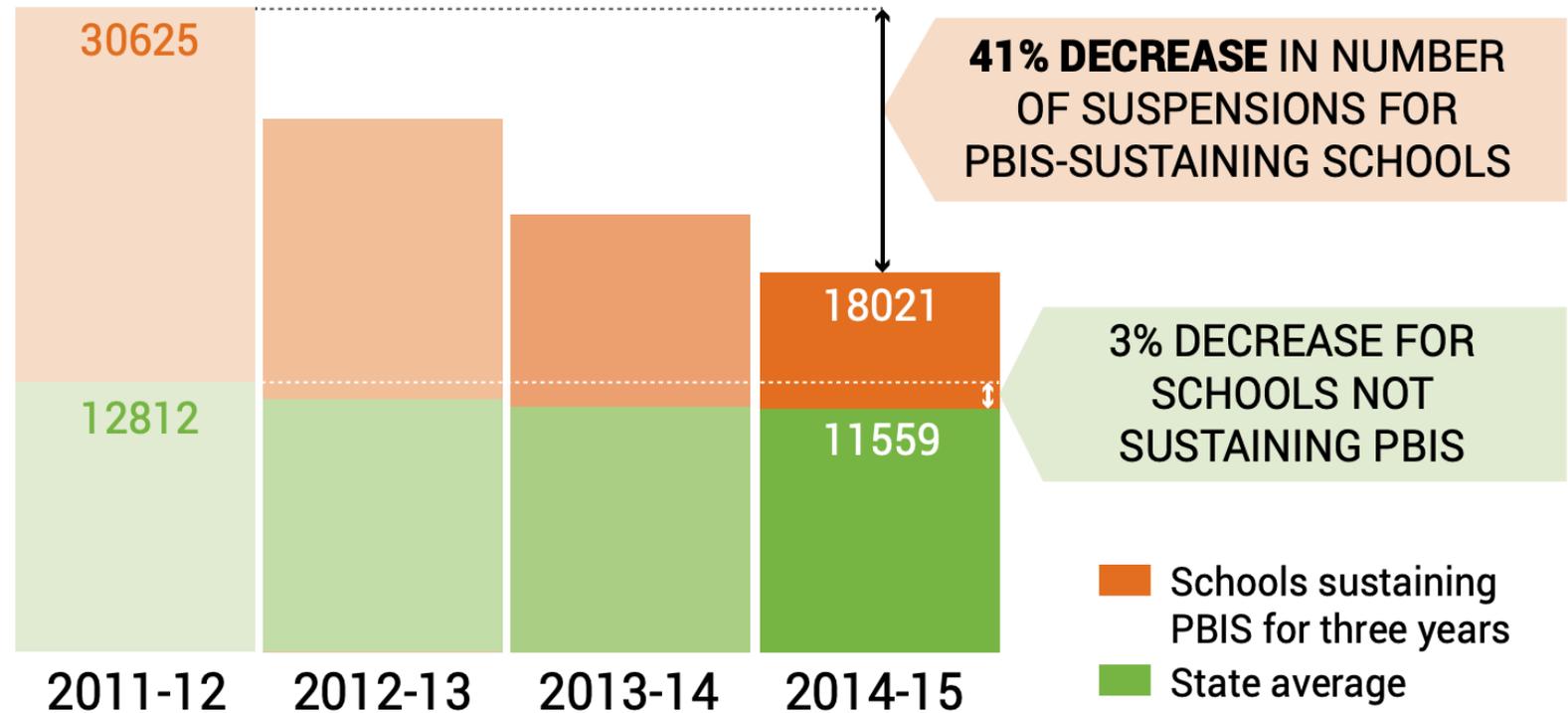
Schools at fidelity/full implementation for the last 2-3 years are also **CLOSING RACE-BASED GAPS** for percent of students meeting typical fall to spring MAP growth from 2011-12 to 2014-15.

MAP Growth Rate (Fall - Spring) Implementing in **READING**



Total number of suspensions decreasing faster than state average for 511 PBIS-sustaining schools

When comparing schools that have been sustaining PBIS for the past three years to the state average, both are showing improvements. Schools sustaining PBIS, however, are decreasing the total number and percent of students suspended much more rapidly.





Improved Student Outcomes

academic performance

(Horner et al., 2009)

social-emotional competence

(Bradshaw, Waasdorp, & Leaf, 2012)

social & academic outcomes for SWD

(Lewis, 2017; Tobin, Horner, Vincent, & Swain-Bradway, 2012)

reduced bullying behaviors

(Ross & Horner, 2009; Waasdorp, Bradshaw, & Leaf, 2012)

decreased rates of student-reported drug/alcohol abuse

(Bastable, Kittelman, McIntosh, & Hoselton, 2015; Bradshaw et al., 2012)



Reduced Exclusionary Discipline

office discipline referrals

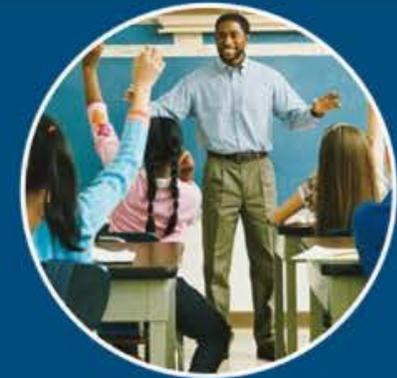
(Bradshaw, Mitchell, & Leaf, 2010; Bradshaw et al., 2012; Horner et al., 2009)

suspensions

(Bradshaw, Mitchell, & Leaf, 2010)

restraint and seclusion

(Reynolds et al., 2016; Simonsen, Britton, & Young, 2010)



Improved Teacher Outcomes

perception of teacher efficacy

(Kelm & McIntosh, 2012; Ross, Romer, & Horner, 2012)

school organizational health and school climate

(Bradshaw, Koth, Bevans, Jalongo, & Leaf, 2008;

Bradshaw, Koth, Thornton, & Leaf, 2009)

perception of school safety

(Horner et al., 2009)

School-Wide Positive Behavior Interventions and Supports

Scaling Up School-Wide Positive Behavioral Interventions and Supports: Experiences of Seven States With Documented Success

Robert H. Horner, Donald Kincaid, George Sugai, Timothy Lewis, Lucille Eber, Susan Barrett, Celeste Rossetto Dickey, Mary Richter, Erin Sullivan, Cyndi Boezio, Bob Algozzine, Heather Reynolds and Nanci Johnson
Journal of Positive Behavior Interventions 2014 16: 197 originally published online 3 October 2013
DOI: 10.1177/1098300713503685

The online version of this article can be found at:
<http://pbi.sagepub.com/content/16/4/197>

tainability). A compelling theme offered by Fixsen et al. (2005) was that premature adoption of specific practices without (a) establishing the need and policy support, and (b) building the infrastructure to support the practices is very likely to result in low fidelity adoption, poor outcomes, and rapid rejection. Simply put, the message from implementation science has been that focusing on the quality of the core features of any practice (literacy, numeracy, writing, behavioral support) is necessary but insufficient. Equal attention is needed to the features of the implementation process. Fixsen





UNIVERSITY *of* WASHINGTON

PSYCHIATRY & BEHAVIORAL SCIENCES

School of Medicine

INTERCONNECTED SYSTEMS FRAMEWORK: INSTALLING SCHOOL MENTAL HEALTH WITHIN MTSS

KELCEY SCHMITZ, MSED, UW SMART CENTER & NORTHWEST MHTTC
KELCEY1@UW.EDU

AUGUST 14, 2020

SCHOOL BEHAVIORAL HEALTH AND SUICIDE PREVENTION SUBGROUP

ACKNOWLEDGEMENTS

- The National ISF Leadership Team: Lucille Eber, **Susan Barrett**, Mark Weist, Kelly Perales and other colleagues
- The following organizations:



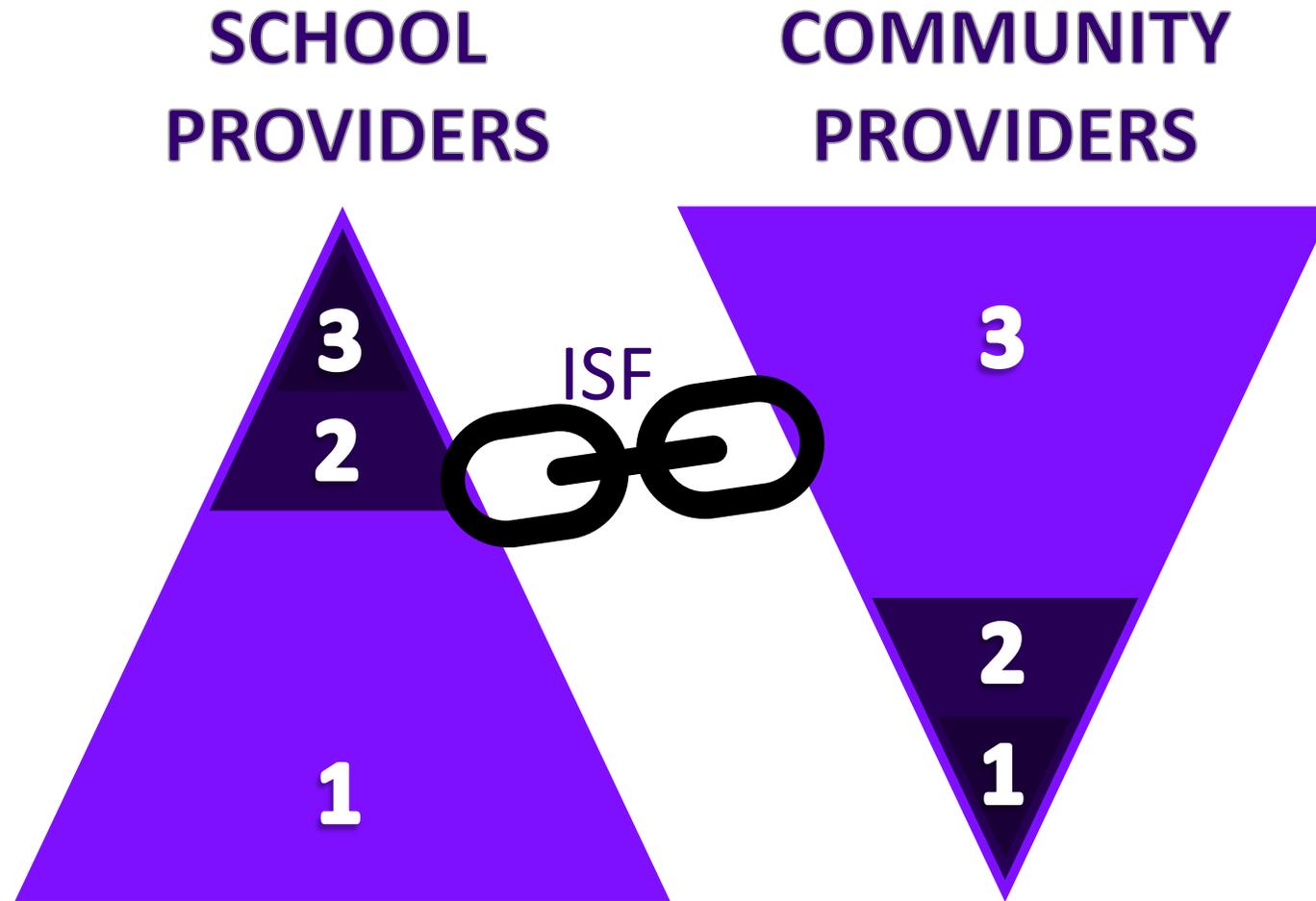
NEED FOR INTERCONNECTED SYSTEMS

- MTSS savvy but still working in silos: Many systems have challenges **aligning** multiple social, emotional, and behavioral initiatives.
- Schools struggle to develop a comprehensive continuum of SEB supports and implement effective interventions at Tiers 2 and 3.
- Youth with “**internalizing**” issues may go undetected.
- **Not enough** staff and resources.
- Broader **community data** and **mental health prevention** are often not addressed.

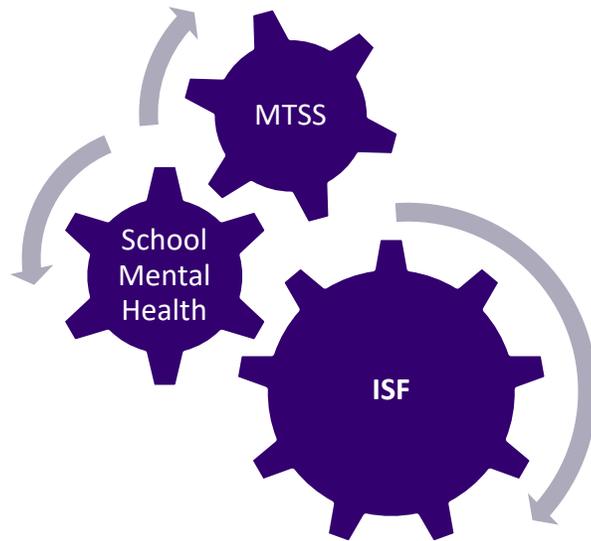
NEED FOR INTERCONNECTED SYSTEMS

- Ad hoc and **weak connections** of community mental health providers in schools
 - Need for community partners to be integrated into school teams
 - Need for funding/support for partners to function at Tier 1 and 2 vs only “co-located” at Tier 3
 - Need for systematic MOUs to clarify roles and functions of integrated teams/work

MTSS MODEL IS MORE LIKELY TO HAPPEN WHEN SCHOOLS AND COMMUNITIES ARE IN PARTNERSHIP



THE INTERCONNECTED SYSTEMS FRAMEWORK (ISF)



- Deliberate application of the multi-tiered PBIS Framework for all social-emotional-behavioral (SEB) interventions
(e.g. Mental Health, Social Emotional Instruction, Trauma-Informed Practices, Bully Prevention, etc.)
- Aligning all SEB related initiatives through **one system** at the **state/regional, district and school level**
- Active participation of **Family** and **Youth** is a central feature of the ISF

ISF APPLIES MTSS FEATURES TO ALL SEB INTERVENTIONS



- **Effective teams** that include community mental health providers
- **Data-based decision making** that include school data (beyond ODRs) and community data
- Formal processes for the **selection & implementation of evidence-based practices (EBP) across tiers** with team decision making
- **Early access** through use of **comprehensive screening**, which includes internalizing and externalizing
- Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers
- **Ongoing coaching** at both the systems & practices level for both school and community employed professionals

WHAT IS DIFFERENT?

Traditional Siloed SMH Approach	Interconnected Systems within MTSS
Each school has their own plan with MH or other service agency.	A clear plan is developed at the district for integrating MH and other services at all buildings based on school AND community data.
A clinician is placed in a school one or more days to provide services to students.	Teams at all three tiers include a MH professional and teachers are aware of what students are working on to incorporate skill building as part of Tier 1.
School personnel work in isolation attempting to do school mental health.	A blended team of school and community providers work collaboratively.
No data are used or available to select or progress monitor interventions. Only data collected is number of students who access MH services.	Move from access to outcomes. Team process is used to select MH interventions and progress monitoring approach is applied to all interventions regardless of who is delivering the intervention.

Adapted from: Bradshaw, C. P., Williamson, S. K., Kendziora, K., Jones, W., & Cole, S. (2019). Multitiered Approaches to School-Based Mental Health, Wellness, and Trauma. *Keeping Students Safe and Helping Them Thrive: A Collaborative Handbook on School Safety, Mental Health, and Wellness*, 85

BENEFITS OF ISF



Uncovering students with mental health needs earlier



Linking students and families to evidence-based interventions



Data tracking system to ensure youth receiving interventions are showing improvement

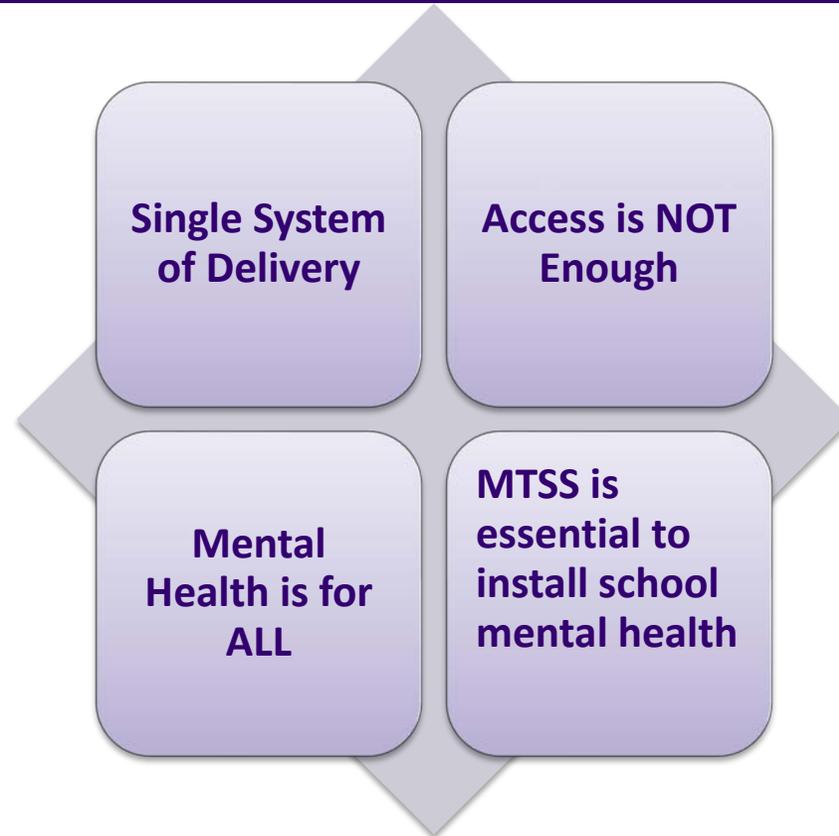


Expanded roles for clinicians to support adults as well as students across all tiers of support



Healthier school environment

KEY MESSAGES OF ISF



Weist et al., 2016

“For many schools, ISF offers a framework to actualize the goal of national scaling up of school mental health.” – Dr. Sharon Hoover, Co-Director, National Center for School Mental Health

ISF MONOGRAPH VOLUME II (2019): IMPLEMENTATION GUIDE



<http://www.midwestpbis.org/interconnected-systems-framework/v2>

MIDWEST PBIS NETWORK

Home Coaches Family Mental Health Integration (ISF) Evaluation Events Content Recognition IL-EMPOWER

NEW Materials!!

Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide

The National ISF Leadership Team has developed this Implementation Guide and district and school resources for teams to install and implement an Interconnected Systems Framework.

Links to District and School Installation Guides and resources are found below.

DOWNLOAD the March 2020 APBS Presentation titled "SWK Interconnecting Mental Health within a School-Wide System of PBIS: Systems, Practices, Data"

Contents

- 1 Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide
- 2 ISF Monograph v1
- 3 New ISF Factsheets

Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide

Advanced launch. Final version coming to PBIS.org soon!

[Title Page, Acknowledgements, and Contents](#)

Preface: [Mark Weist, Professor at University of South Carolina, Department of Psychology](#)

Chapter 1: [Introduction: Setting the Stage for an Interconnected System of Education and Mental Health](#)

Chapter 2: [Defining Interconnected Systems Framework \(ISF\): Origins, Critical Features and Key Messages](#)

Chapter 3: [Exploration and Adoption](#)

Chapter 4: [Installing an Interconnected System at the District/Community Level](#)

- [District/Community Leadership Installation Guide](#)
- [Click here to access supporting resources](#)

Chapter 5: [Installation and Initial Implementation of an Interconnected System at the School Level](#)

- [School Level Installation Guide](#)
- [Click here to access supporting resources](#)

Chapter 6: [Implementation and Sustainability](#)

Commentary: [Sharon Hoover, Associate Professor at the University of Maryland School of Medicine, Division of Child and Adolescent Psychiatry & Co-Director, Center for School Mental Health](#)

[References](#)

Suggested citation: Eber, L., Barrett, S., Perales, K., Jeffrey-Pearsall, J., Pohman, K., Putnam, R., Splet, J., & Weist, M.D. (2019). *Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide*. Center for Positive Behavior Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education). Eugene, Oregon: University of Oregon Press.



Chapter 4: [Installing an Interconnected System at the District/Community Level](#)

- [District/Community Leadership Installation Guide](#)
- [Click here to access supporting resources](#)

Chapter 5: [Installation and Initial Implementation of an Interconnected System at the School Level](#)

- [School Level Installation Guide](#)
- [Click here to access supporting resources](#)

INTERCONNECTED SYSTEMS FRAMEWORK: FACT SHEETS AND WEBINARS

[BIT.LY/ISFWEBINARS](http://bit.ly/isfwebinars)

Fact Sheets Created by the Pacific Southwest MHTTC

Pacific Southwest (PHS Region 9)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Fact Sheet

INTERCONNECTED SYSTEMS FRAMEWORK 101: AN INTRODUCTION

By SUSAN BARRETT, LUCILLE EBER, KELLY PERALES AND KATIE POHLMAN
OSEP TECHNICAL ASSISTANCE CENTER ON PBIS

In the United States, over 40% of students will have experienced a mental health problem, such as anxiety or depression, by the time they reach seventh grade (SAMHSA, 2016). Suicide is the second leading cause of death among 10-14 year olds (NIMH, 2011) and according to the National Survey of Children's Health (2016), 46% of children have experienced at least one Adverse Childhood Experience (ACE). The newest statistics on suicide from the Centers for Disease Control (CDC), along with current rates of substance use, opioid abuse, and electric aggression are alarming. This public health crisis requires a whole population response. Education and mental health leaders are keenly aware of the need to align structures and establish one comprehensive system of social/emotional/behavioral (SEB) supports in schools.

The Interconnected System Framework (ISF) is an emerging approach for building a single system of SEB supports in schools. Integrating Positive Behavioral Interventions and Supports (PBIS) and school mental health, the ISF also brings community partners and families into one multi-tiered structure.

The Pacific Southwest Mental Health Technology Transfer Center (MHTTC), in collaboration with the OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS), has developed a three-part series of fact sheets to deepen knowledge and understanding of the ISF. All three documents provide case examples that highlight the local context in which data-based decision making occurs and reflect the diversity of school communities in the region.

- Interconnected Systems Framework 101 provides an introduction to Interconnected Systems Framework, including a definition and a review of the benefits.
- Interconnected Systems Framework 201 describes what will be different for educators and mental health providers when school mental health is integrated into a Multi-Tiered System of Support (MTSS).
- Interconnected Systems Framework 301 describes how to use school and community data to determine what interventions to select and implement to meet the diverse needs of all students.

PBIS Positive Behavioral Interventions & Supports
www.pbis.org

pacifsouthwest@mhttcnetwork.org | (844) 856-1749 | www.MHTTCnetwork.org



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Interconnected Systems Framework (ISF) 101

An Introduction

72

ISF Webinar Series #101: Interconnected Systems Framework (ISF) 101: An Introduction

Pacific Southwest (PHS Region 9)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Fact Sheet

INTERCONNECTED SYSTEMS FRAMEWORK 201: WHEN SCHOOL MENTAL HEALTH IS INTEGRATED WITHIN A MULTI-TIERED SYSTEM OF SUPPORT: WHAT'S DIFFERENT

By SUSAN BARRETT, LUCILLE EBER, KELLY PERALES AND KATIE POHLMAN
OSEP TECHNICAL ASSISTANCE CENTER ON PBIS

This is the second of a series of three Fact Sheets on the Interconnected Systems Framework (ISF) developed through a collaboration between the Pacific Southwest Mental Health Technology Transfer Center (MHTTC) and the OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS). The Interconnected Systems Framework (ISF) is an implementation framework developed by national leaders in the fields of PBIS and School Mental Health to advance a more effective and efficient system of social/emotional and behavioral health in schools. Recognizing the shared contributions and value of both PBIS and SEBH, the interconnected approach is a process guided by key stakeholders with authority to develop a unified response that specifically addresses the needs of the population they serve. Leaders engaged in this integrated process are guided by the core features of a multi-tiered system of support. The purpose of this series to deepen knowledge and understanding of the ISF by highlighting key features illustrated by case examples that reflect the diversity of school communities in the region and demonstrate how data-based decision making occurs in a local context. This fact sheet will focus on the core features of an ISF approach.

ISF Applies the Core Features of MTSS
The ISF enhances the multi-tiered system of support (MTSS) core features to intentionally include and integrate mental health and wellness. This is accomplished through the inclusion of a broader range of partners, a wider scope of data, and the expansion of interventions to address internalizing mental health issues such as anxiety, depression and trauma. Applying the MTSS features systematically to the expanded continuum of interventions is a deliberate and defining aspect of the ISF process. The following brief provides a short description of how each MTSS feature is enhanced and positioned within the ISF and considerations for getting started.

1. An Integrated Team Process
Leadership teams are key to implementation of evidence-based practices (EBPs) in school systems. But too many teams can decrease the system's ability to work efficiently. Since social/emotional health is a critical part of reaching academic outcomes, one of the key elements of effective implementation is to establish one set of integrated teams.

Within an integrated approach, the District and Community Leadership Team make funding and personnel decisions and explicitly describes the roles and function of teams in a Memorandum of Understanding or service agreement. This allows financial support and district commitment for school and community providers to operate as one team.

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Interconnected Systems Framework (ISF) 201

When School Mental Health is Integrated Within an MTSS – What's Different

72

ISF Webinar Series #201: When School Mental Health is Integrated Within an MTSS – What's Different

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Fact Sheet

INTERCONNECTED SYSTEMS FRAMEWORK 301: INSTALLING AN INTEGRATED APPROACH

By SUSAN BARRETT, LUCILLE EBER, KELLY PERALES AND KATIE POHLMAN
OSEP TECHNICAL ASSISTANCE CENTER ON PBIS

This is the third of a series of three Fact Sheets on the Interconnected Systems Framework (ISF) developed through a collaboration between the Pacific Southwest Mental Health Technology Transfer Center (MHTTC) and the OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS). The ISF is offered as an option to address the effectiveness of co-located systems and social, emotional, behavioral programs working in isolation. Building on the successes of PBIS, the ISF applies the core features of MTSS to deliberately integrate mental health, community, school, and family partners through a single system of support. The purpose of this series to deepen knowledge and understanding of the ISF by highlighting key features illustrated by case examples that reflect the diversity of school communities in the region and demonstrate how data-based decision making occurs in a local context. This fact sheet will focus on the steps to installing an integrated approach at the District/Community Level.

Installation Process:
District and Community Leadership
Adopting and installing an interconnected system really involves layered implementation from the state to the local level. This layered implementation happens simultaneously across both state and districts, with school staff providing feedback to district level staff and districts providing input and guidance to state level staff.

- State systems model and support district level alignment efforts
- Districts organize the partnerships and administrative components needed to guide effective integration at each school building

Many states also use regional or county structures for providing support to districts engaged in the integration of PBIS and mental health. State, district, and school teams benefit from this symmetry across organizational levels as consistent policy, funding, systems alignment, and workforce structures support a solid foundation for sustainable change. Because the unit of implementation of an ISF is most transformative at the local level, we will detail the installation process at the district/community and school levels. Implementers who have a role at the regional or state level can extrapolate the concepts presented for district/community leaders and apply the logic and the tools within their systems.

The purpose of the installation phase is to allocate or reallocate resources to initiate innovation. People who have the authority to allocate resources are identified, resources available are taking plans and risks, functions and overall organizational structure are carefully analyzed.

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Interconnected Systems Framework (ISF) 301

Installing an Integrated Approach

72

Interconnected Systems Framework (ISF) 301: Installing an Integrated Approach

ADDITIONAL RESOURCES

- [ISF Monograph: Volume 1 & 2](#)
- [ISF 101/201/301 Fact Sheets and, Discussion Hours, and Webinars](#)
- [Midwest School Mental Health Integration Site](#)
- [DCLT and School Installation Guides](#)
 - Google Folders containing materials, tools and other information for DCLT and School Installation Guides
- [Article: Fostering SMART Partnerships to Develop an Effective Continuum of Behavioral Health Services and Supports in Schools](#)
- [National Mental Health Technology Transfer Center Network](#)
- [Northwest MHTTC SMH Supplement @UW SMART Center](#)
- [Washington Integrated Student Supports Protocol](#)

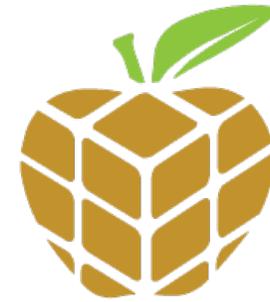
CONTACT INFORMATION

Kelcey Schmitz

kelcey1@uw.edu

Eric Bruns

Ebruns@uw.edu



SMART
School Mental Health Assessment
Research & Training Center

Northwest MHTTC SMH Page: <https://bit.ly/NWSMH>

UW SMART Website: <https://depts.washington.edu/uwsmart/>



Public Testimony

If you wish to provide public testimony

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



Breakout

Breakout Rooms

- HCA and OSPI staff are assigned to help facilitate each room
- Please identify a note taker
- Please identify a person to report back
- Please send your notes to:
cybhwg@hca.wa.gov

Prompts

- What do I still want/need to learn about school-based behavioral health in Washington?
- What is one recommendation I want to make?
- Is the cost high, medium or low?
- How long would it take to implement: short, medium, long term?
- It's okay to say "I don't know."



Report back



Thank you!

From: [Camille Goldy](#)
To: [HCA Children & Youth Behavioral Health Work Group](#)
Cc: [Mark McKechnie](#)
Subject: breakout group notes
Date: Friday, August 14, 2020 2:00:40 PM

Here are my notes:

Friday, August 14, 2020
11:14 AM

Avreal, Dr. Bergquist, David Crump, Bill Cheney, Elise Petosa, Enos

- What do I still want/need to learn about school-based behavioral health in Washington?
 - Schools districts who have the biggest need with least amount of access
 - Educator knowledge to navigate the system, especially with the online learning, how will they provide referrals
 - Understand the purpose of what we can do in this group (limited funding), school staff definition of behavioral health is so different, need to provide basic awareness in districts (teachers are more comfortable with behavior problems than mental health or suicide problems), need to increase educator competency and confidence in suicide prevention, understanding of risk factors and warning signs
 - Understanding of why silos exist--insurance, certain districts figuring out the system, how can this become scalable statewide?
 - Understanding it is not all about treatment; MTSS upstream Px requires less of navigating insurance
- What is one recommendation I want to make?
 - Breaking down what we know: Barriers, challenges for community based bh to survive and connections, scalability is a challenge
 - District time for planning and implementation
 - Healthcare access for all students, funding is complicated navigating MCOs and Private Healthcare panels, this is complicated and burdensome for districts to figure out on their own (Navigators will begin to help with this, but it is going to take time for them to serve their region).
 - Programs/systems should clearly be recommended to scale statewide (when presentations happen in this group)
 - So many challenges to link community health providers with students, what is the obligation for the community-based system to work with schools?
 - Effective, in-house, tier II supports (school counselors), help staff understand what is possible, preventative, targeted
 - Screening--more support for understanding effective screening and ways for those identified to be connected to appropriate community-based supports, prevent/intervene as early as possible
 - Evidence-based early intervention supports at the school
 - Relationships between students and staff, interconnected systems framework; mental wellness as a culture

- A study on how much money per county, thinking beyond treatment, on the spectrum from prevention to recovery
- BIPOC lack of trust with the healthcare system, trauma experienced with healthcare system (needs to be part of the consideration)
- A dedicated person in each district to negotiate an MOU with community-based providers to serve all students (both Medicaid and private insurance, also issues related to federal healthcare insurance barriers?)
- In school buildings, mandate (like McKinney Vento) where to go to for help for behavioral health/suicide
- Promote the Social Emotional Health Standards become part of regular health education (different than the SEL standards) which include mental health and suicide, relationships as a priority over academics
- Staff wellness must be a priority, self-care, trauma-informed care
- Peers, lived experience (students and educators)
- Is the cost high, medium or low?
- How long would it take to implement: short, medium, long term?
- It's okay to say "I don't know."

Created with Microsoft OneNote 2016.

From: [Tawni Barlow](#)
To: [HCA Children & Youth Behavioral Health Work Group](#)
Subject: Fwd: Questions
Date: Friday, August 14, 2020 12:27:20 PM

Tawni

Begin forwarded message:

Subject: Questions

1) Want or need to learn

Is there tracking going on for School based health providers in all of our school in WA state? Where are we at? And gaps?

Do we have any data district, ESD, State, Nation - what are the rates of follow through of actually receiving services?

Curious are there any MOUs with community based agencies at a legal or policy level?

How come we can't mandate MTSS practices like we do disciplinary ruling?

Can we discuss sharing resources? I understand liabilities but what is the risk to not providing these services when mental health is everyone's job?

2) What is one recommendation plus cost

ISF recommended in all schools

Staff SEL/MH work to have the same priority

SEL professionals should be performing their intended job

Allow sovereign liability protection so that districts can do this right work Have districts leading this work showcase so that we can learn from them

3) Time to implement

Tawni Barlow, Director of Student Services

Medical Lake School District

509.565.3147

Pronouns: she, her, hers



As a reference, and should you find yourself, family member or friend in need of assistance as a result of extreme distress, please contact one of the community services noted below.

- For a life threatening emergency call: 911
- Sacred Heart ER – Psych Triage: 509-474-3131
- For Suicide Prevention, contact the National Suicide Prevention Lifeline and connect to local resources (see link <https://suicidepreventionlifeline.org/>): 1-800-273-8255 (English), 1-888-628-9454 (Español), 1-800-799-4889 (Deaf or hard of hearing)
- For other youth-specific resources, follow this link:
<https://www.seattletimes.com/education-lab/mental-health-resources-for-young-people/>
- First Call for Help (Frontier Behavioral Health): 509.838.4428
- Washington Recovery Hotline (for mental health, substance abuse, & problem gambling): 1-866-789-1511

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Notes from breakout room

What do I still want/need to learn about school-based behavioral health in Washington?

- If there are school districts already engaging in this work- what was their process and how did they get to where they are at? Different types of school districts to learn from-size, region, demographics? What data sets? How did they use data to advocate for behavior health services in their community? (MTSS example)
 - School districts- how have they constructed their MOU's w/ data and information sharing (FERPA and HIPPA concerns)
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What is one recommendation I want to make?

- MTSS statewide framework- universal screening to identify needs, once students are screened and needs are identified- align and support w/ resources for student/tiers
 - Training and related to what we already do (i.e. screen for vision- then connect to glasses, hearing- levels of hearing issues)
 - Screeners- identify potential need and allows for deeper examination and catch more proactively
 - Accountability- some "teeth"- school districts need to be required to do it (possibly a required component of school improvement planning – MTSS plate)
 - Partnership w/ OSPI to support school districts- differentiated equitable funding for school districts based on their funding bases (bonds, levies)
 - CBO and agency partnership with OSPI and school districts to help get MTSS implemented with fidelity and provide tiered supports
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- Settings and antecedents to student behavior- family/home observation to be used along with school personnel observation to triangulate data and get deeper understanding of behavior and ways to support the student
- Developmental understanding of how depression and suicidal ideation can happen in early childhood, elementary (not just an adolescent- middle or high school issue).

Is the cost high, medium or low?

How long would it take to implement?

Group Notes
School Based Behavioral Health and Suicide
August 14- Notes

- What do I still need to know?
 - What mental health system works well? There is not a database for across the system. Consistency over time helps. School Based Mental Health -grant funded to be creative for all students.
 - Good Models are not funded- or behavioral services.
 - Navigators in the schools - build relationships ESD 112- Erin Wick are going to be helpful.
 - It would be best to hear from Districts
 - What is Quality Care? Prevention and Intervention with Funding.
 - It seems that schools are responsible for funding health care- hiring their own MHP and Social Workers in buildings.
 - It appears there are Tier 2 & Tier 3 support- but need to improve the Tier 1 system for prevention (mental health & suicide prevention for all).
 - Most schools services for students are reactive to receive services especially in the need for inpatient services.
 - What is needed?
 - Long-Term funding- with administration turn over-
 - Dedicated staff work- to move the work in the district.
 - Can there be some parameters around training and planning?
 - Behavioral navigators in the schools.
 - Leveraging school counselors/school psychologists, school social workers.
 - School Psychologists Assessed and evaluated without knowing what the role is, especially families of color.
 - (menu of support- this is how to get into these services)- don't know how to get help?
 - A map was created for school psychologists, school counselors, school social worker roles for 3 Tiers- There is a document to learn more about roles and responsibilities (Kelcey).
- What is one recommendation I want to make?
 - Precertification programs in Higher Education systems especially for Administration/Leadership Programs (Mental Health, MTSS, Integrated Framework)
 - Policy on a need for school districts to have a MTSS for student services or Integrated MTSS system that supports all students in meeting Behavioral Health needs.
 - Also a MTSS data system for accountability and identifying outcomes of services.
- Is the cost High, Medium or low?
 - Low cost Pre-Certification programs
 - Low cost Policy
 - Medium/High is funding for Behavioral Services in schools
 - Medium/High funding for MTSS and data system
- How long would it take to implement short, medium and long term?