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

**Leads:** Representative My-Linh Thai, Lee Collyer

<table>
<thead>
<tr>
<th>Members</th>
<th>Leads</th>
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<tbody>
<tr>
<td>☑  Representative My-Linh Thai, Co-Chair (41st Legislative District)</td>
<td>Kristina Faltin (Parent/Family)</td>
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<td>☑  Lee Collyer, Co-Chair (Office of the Superintendent of Public Instruction)</td>
<td>Lydia Felix (Youth/Young Adult)</td>
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<tr>
<td>☑  Elizabeth Allen (Tacoma Pierce County Health Department)</td>
<td>Avreyl Jacobson (King County Behavioral Health and Recovery)</td>
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<tr>
<td>☑  Anna Ashe (Parent/Family)</td>
<td>Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)</td>
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<tr>
<td>☑  Rachel Axtelle (South Kitsap School District)</td>
<td>Sandy Lennon (WA School-based Health Alliance)</td>
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<td>☑  Tawni Barlow (Medical Lake School District)</td>
<td>Gwen Loosmore (WA State PTA)</td>
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<td>☑  Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)</td>
<td>Catherine MacCallum-Ceballos (Vancouver Public Schools)</td>
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<tr>
<td>☑  Donna Bottineau (Parent/Family)</td>
<td>Ashley Mangum (Mary Bridge/Kids Mental Health Pierce County)</td>
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<tr>
<td>☑  Harry Brown (Mercer Island Youth &amp; Family Services (Forefront) [Alternate: Derek Franklin]</td>
<td>Prudence Medina (Washington Association of Community Health)</td>
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<tr>
<td>☑  Jerry Clark (Washington PAVE)</td>
<td>Cassie Mulivrina (Washington State Association of School Psychologists)</td>
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<tr>
<td>☑  David Crump (Spokane Public Schools)</td>
<td>Joe Neigel (Monroe School District)</td>
</tr>
<tr>
<td>☑  Logan Endres (Washington State School Directors’ Association (WSSDA))</td>
<td>Jeannie Nist (Communities in Schools of Washington State Network)</td>
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### Meeting notes

**ESD 112 Mental Health Services**

Facilitated by Jeffery Niess, Executive Director, Specialized Student Services, ESD 112

[see page 6 for slide deck]

- Contrasting internalized vs externalized
- Externalized seen verbal and physical
- Externalized get the most attention because they are seen. Getting approximately 80% effort.
  - There are students who need residential care and don’t get it unless their families can afford to file
- Internalized withdrawn, depressed, anxious, avoidant, do not always know what we do with. They become ghosts in the system.
From chat:
Seeing less and less behavioral health referrals for those "internal" symptom kids in school due to it being seen as a discipline process instead of referring "students of concern" for substance abuse and mental health.

From chat:
Staff know when these kids are struggling, they have so much contact time with them, but we are hearing more and more from staff that they can’t refer students if they “have not got in trouble”.

From chat:
Our education service systems echo our community behavioral health systems in this way – can’t help unless there’s a behavioral infraction or a crime.

- Impact on public schools losing staff due to behavioral concerns.
- ESDs & OSPI traveled to other states to research.
- Spero (Latin for Hope) Engagement from prevention to current needs.
- Goal is to provide services to get students back in school.
- Pilot spring 2020.
- Mental Health primary piece.
- Space must be a safe space for students.
- Whole setting therapeutic environment.
- Services help families to help the student.
- Average stay is 18 weeks.
- Want to serve all students regardless of IEP status. This is part of the goal.
- Chat comments:
  - Medicaid-funded services currently limited to students with an IEP, trying to expand to serve a larger population
    - Having a Behavior Intervention Plan (BIP) would not qualify a student for funding
  - Requiring an IEP is a barrier when the school won’t do an evaluation for a student who won't go to school.
  - Some adolescent Substance Use Disorder inpatient facilities have started doing IEP/ 504’s while youth are there, allowing kids to return to their schools with an IEP
  - Part of this problem has to do with lack of understanding about IEP eligibility. If there is an Emotional Behavioral Disability significantly impacting educational access and the student needs Specially Designed Instruction (SDI), including in Social Emotional Learning, then the student is eligible for an IEP.
    - There is also an “other” option so you don't have to have a youth labeled with Emotional Behavioral Disability’. Instead, they qualify with a “Health Impairment”; however, “health impairment is a broad category.
    - Health Impairment isn't used unless there's a clear medical diagnosis, and often families cannot get a good diagnosis because BH in general is so underserved.
    - Overall, the evaluation process is a barrier when it’s not well understood
  - ESD 112 is the only ESD right now with a program like this

**Spero Center Contact Info:**
Phone: 360-949-1440
Email: sperocenter@esd112.org
Website: https://www.esd112.org/spero/

**Supporting Links & Resources:**
From Jerry Clark, RE: Mental Health Education & Support at School

**WA School Medicaid Analysis Update**
Facilitated by Lena O’Rourke, Healthy Schools Campaign
[see page 19 for slide deck]
- Health Schools campaign, focused on health care access for Medicaid-enrolled students outside of an IEP.
- 2014 FED GOV clarified that outside IEP that schools are allowed to reimburse for services provided to Medicaid-enrolled students outside of an IEP, previously could only reimburse for Medicaid-enrolled students covered by an IEP
- Washington has done an exceptional job in continuing to build partnership.
- School nursing services to managed care to help bring funds from Medicaid.
- Credentials are needed to be looked at to align so that reimbursements can be made eligible for services by district staff providers (i.e. nurses, school psychologists, etc.)
- Continue to look at ways to expand Medicaid in schools outside of IEPs.
- Expanding billing in this way is complicated: but can be quite worth the effort.
- Partnering together to find a way to improve the system. Building off the system to improve them.
  - Chat Comment: Would like to see work done collaboratively with the King County model. We've kept our whole provider network together. Generally speaking, the MCOs delegate their Medicaid funded behavioral health services to our King County Integrated Care Network --a partnership between King County and our provider network.
- Some large districts have not signed up for the School-based Medicaid reimbursement program because of its administrative burdens
- Other chat comments:
  - We have to stop building "programs" based on lawsuits that require desperate parents to mobilize
  - Prevention work now saves large amounts of money because we aren't spending so much of it on treatment. That money can then be used to build programs that benefit our youth and communities.
  - Schools can also partner with healthcare agencies in the community to establish school-based health centers to provide primary care, behavioral health, dental etc.--so the healthcare agencies can bring their healthcare expertise and existing billing infrastructure to the table in support of students and schools. SBHCs serve all students, regardless of insurance status or ability to pay (Medicaid-eligible, privately insured, uninsured students).
  - Right now, the health care insurance systems, be they commercial or public, require people to be quite ill [meeting diagnostic criteria plus those illnesses causing impairment in functioning that validate medical necessity]. We need to respond to youth and people when they start having the needs.
  - Early intervention is so evidence-based, yet parents are told by providers and schools to "wait and see"

**HCA Comments:**
- HCA is working on billing doc for Medicaid.
- While HCA/Medicaid has been focused on reimbursing schools for BH services, schools can also bill for any covered medical service if they have the appropriate licensed staff and contract with the Plans.
- If an ESD is a licensed behavioral health agency, they can contract w/ MCOs in order to bill for BH services
  - ESD 113 has offered to help other schools/ESDs interested in contracting with the Plans
Barriers to Behavioral Health Care Access in WA Schools
Facilitated by Ann Gray & Christian Stark, OSPI
[see page 51 for slide deck]

Navigator Program Overview:

- 9 Regional Navigators, one at each ESD
- The Behavioral Health Navigators are part of a triad of programming that OSPI partners with the ESDs to support school safety and student well-being that also includes threat assessment coordination and comprehensive school safety supports.
- Focusing on addressing barriers to behavioral healthcare.
- Pilot project started with ESD 113 and ESD 101, expanded to navigators in all 9 regions
- Looking to train 300-500 Educators in the Lifelines suicide prevention, intervention, and postvention curriculum through 4 training sites across WA

Survey Results:

- Survey included 219 school districts
- Barriers to access: Physical access, i.e. not enough space in buildings
- Cost
- Language and cultural barriers
- Stigma
- Lack of coordination
- Goal for sharing this info is to share the most common barriers to behavioral health access cited by WA school districts to set context for policy recommendation conversations

Attendees:

Staff:
Ann Gray - OSPI
Barb Jones - OIC
Christian Stark - OSPI
Enos Mbajah - HCA
Jason McGill - HCA
Maria McKelvey Hemphill - OSPI
Rachel Burke - HCA
RJ Monton - OSPI

Public/Non-Member Attendees:
Anastasia Tschida
Ashok Shimoji-Krishnan
Devin Noel-Harrison - OSPI
Elizabeth Kenney
Children and Youth Behavioral Health Work Group – School-based Behavioral Health and Suicide Prevention

Erica Chang
Gregory Moy
Jackie Yee - SUDP ESD 113 True North Treatment and Services
Jolie' Knight
Karen Kelly - WSCC Project Director
Kate Foster
Kody Russell
Libby Hein
Liz Kenney
Maame Bassaw
Madison Davis
Marta Bordeaux - Child and Adolescent Clinic
Megan Reibel - Forefront Suicide Prevention
Michelle Mitchell
Monica Webster - HCA DBHR
Negheen Kamkar - WA Association Community Health
Phyllis Cavens
Renee Tinder
Roz Thompson - AWSP
Samantha Fogg
Shanna Muirhead - HCA
Todd Slettvet - HCA
Veronica Flores
Let’s talk about something that really works for Student Re-Engagement.
Jeffrey Niess

- ESD 112 Executive Director of Specialized Student Services
- School Psychologist, Therapist, Parent Educator, Adjunct Professor and Special Education Administrator
- 32 years in Public Education
Can we do something to re-engage our *Missing Kids*?

One very unique program that is working right now...

(but it needs the support of lawmakers and smart folks like yourselves)
K-12 Student Behavioral Health in Washington
Opportunities to improve access to needed supports and services

June 22, 2021
10.6% of U.S. Youth have a major depressive disorder (with 60% of those with major depression unable to access any mental health treatment)

Persistent Feelings of sadness/hopelessness has increase over 40% in U.S. youth during the last decade (greater among LBGTQ)

Washington State ranks 39th in access to care for youth with mental illness

WA Truancy (more than 2 absences a month) 19.9%

Nearly 70% of the WA students that have chronic truancy self-report depression and anxiety as the leading cause of non-school attendance.

WA School Districts currently send more than 60 students with special education needs related to behavior and mental health to out of state residential programs.

Sources:  NW News Network, WA Healthy Youth Survey, Mental Health America & CDC
When we look at Mental and Behavioral Health in Schools –

What does it mean and what does it look like?
2 GENERAL CATEGORIES OF BEHAVIOR AND MENTAL HEALTH CONCERNS

Externalized

Internalized
EXTERNALIZED BEHAVIOR

Externalized Behavior looks like:

• Visible Aggression (verbal and physical)
• Concerns for Physical Safety of the child and for others
• Threatening, intimidating, disrupting and time consuming
• Chemical use & addiction, risky behaviors
• Easily recognized, but not easily understood and most difficult to successfully address by most educational staff
• Educational services and programming are more developed
Internalized Behavior looks like:

- Withdrawn, depressed, anxious, avoidant
- Social and educational withdrawal
- Self-harm, weight loss, weight gain, poor physical health
- Fearful, Addictions, Obsessive and Compulsive
- Not easily recognized or understood and difficult to address by educational staff
- Educational services and programming are nearly non-existent for these Ghosts in our educational system.
HOW DO BOTH TYPES OF BEHAVIORAL CONCERNS IMPACT PUBLIC SCHOOLS

Increased

- Discipline, Truancy, Suspensions and Expulsions
- Need for supervision, additional staffing, security
- Fiscal burden on school and district budgets
- Stressors in families and between staff and parents/guardians

Decreased

- Attendance
- Instructional engagement
- Student safety (suicide, self-harm and assaults on others)
- Professionals entering or staying in the field of education.
SO HOW DID MENTAL HEALTH BECOME A PARIAH TO EDUCATION?

A brief, unofficial history of how education finally admitted a need to address mental health

Education tried to avoid it, but (like my father would often say)...

Eventually we all must dance with the date we brought.
THE FACES OF INTERNALIZED BEHAVIOR THAT WE DON’T SEE

Maddie

Garrett
During the year leading up to school closure, a group of ESD and OSPI leadership began a journey to address mental health needs in our state’s school system.

Visits to programs in Kansas, Utah and Idaho

Residential programming was the impetus but... 
*Developing a Therapeutic Day School* was the first endeavor and The Spero Center was created.
SPERO CENTER

HOPE THRIVES HERE
The Spero Center is part of ESD 112’s...
Center for Behavioral and Mental Health (CBAM)

Provides a broad range of programs designed to meet the needs of children and their families. Services are also available to re-engage students who struggle in school and life and help them remove barriers to their success.
Spero (Latin for HOPE): A Therapeutic Educational Program w/Focus on Mental Health and Educational Services

• Sponsored by The Office of Superintendent of Public Instruction (OSPI) and developed by the ESD 112 Leadership team

• Honors the State's focus on Inclusionary Practices

• Bring special education students with significant, internalized mental health challenges back to public schools (re-engagement)
What is the Spero Center?

An Overview
At the core of our work, is the belief that your past does not have to predict your future.
About Spero

- Therapeutic Learning Center (in equal proportions)
- Intermediate step for students to return to their typical educational settings
- Provides Services in all three settings on the path back to school
  - Home
  - Therapeutic School
  - Public School
- Located in Vancouver (Clark Co) – Serving 20 to 30 students
- Opened as a pilot in the Spring of 2020
Spero Students

• Grades 6-12
• Mental health challenge is primary barrier to accessing education
  • Student has ability to maintain safety with others
• Qualified for and served via an Individualized Education Plan (IEP)
  • All referrals must be made through IEP team and process in their home district
  • District retains FAPE and Spero becomes a Service for the District
• Students may be:
  • Homeschooled
  • Online school
  • Home/Hospital Services
  • Stepping down from inpatient/residential care
  • Attending school sporadically
  • Absorbing a lot of resources if attending a public school
Spero Offers

- Educational Support (SDI and Basic Ed)
- Therapeutic Environment
- Outreach Services
- Counseling Services
- Parent Ed and Support Services (sometimes it’s the first service)
- Collaboration with Student Support Team (if accessing)
- Advocacy and Support to Families and Students
- Safe – Classroom/Google Style Setting
- Professional Development and Consultation with the Region
Program Overview

Referral to Program
- Home district identifies potential student
- Home district submits referral form and referral documentation
- Spero team reviews referral and determines appropriateness of fit

Initial Contact
- Community-based outreach, introduction, & welcome
- Build rapport and engagement
- Orientation to program
- Answer questions
- Manage resistance
- Identify needs, barriers, & goals with input from student, guardian, and team
- Review IEP, create individual support plan and define personalized reintegration criteria

Transition to Spero
- Daily academic instruction and educational support in small classroom setting
- Individual, group, and family counseling
- Social and coping skills development
- Regular team meetings
- Coordination of referrals to community mental health provider

Intensive Support
- Linkage to school personnel
- Warm and intentional handoff from Spero to home school
- Ongoing consultation to support successful transition and prevent recidivism

Transition to Home School
# Daily Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Duration</th>
<th>Education</th>
<th>Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:15-10:15</td>
<td>60 min</td>
<td>Morning Welcome Homeroom Activity Day Planner</td>
<td>Check-In &amp; Goal Setting (15 min per student) Therapy Workbooks</td>
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<tr>
<td>10:15-11:15</td>
<td>60 min</td>
<td>Humanities/ELA</td>
<td>Therapist Pull-Out (30 min per student)</td>
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<tr>
<td>11:15-12:00</td>
<td>45 min</td>
<td>History</td>
<td>Therapy Group</td>
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<tr>
<td>12:00-12:45</td>
<td>45 min</td>
<td></td>
<td>Lunch</td>
</tr>
<tr>
<td>12:45-01:45</td>
<td>60 min</td>
<td>Math/Science</td>
<td>Therapist Pull-Out (30 min per student)</td>
</tr>
<tr>
<td>01:45-02:15</td>
<td>30 min</td>
<td>Enrichment – PE, music, library, art, etc.</td>
<td></td>
</tr>
<tr>
<td>02:15-03:00</td>
<td>45 min</td>
<td>Catch-Up Individual Choice Time</td>
<td>Therapist Pull-Out (30 min per student)</td>
</tr>
<tr>
<td>03:00-03:45</td>
<td>45 min</td>
<td></td>
<td>Afternoon Class Meeting</td>
</tr>
</tbody>
</table>
Transition Out of Spero

• Help develop and participate in a “warm hand-off” plan individualized to each student’s needs
  • Visiting student in their school of residence
  • Attending meetings for transition planning and services
  • Support the school personnel that will support their Spero student

• Track experience of students who have reintegrated to their public school setting

• Data collection
Program Insights
Things that we have learned over the past 2 years...

- School Refusal is hard to impact, but success is sustainable and consistent
- Approximately 60%-70% of our parents experience mental health concerns and addressing their children’s needs alone is not enough
- Parents have fractured relationships with their school districts
- Internalized mental health needs are slowly coming to light
- That the average attendance for SPERO is around 18 weeks (compared to more than 2+ years for most externalized day treatment students)
- More than half of our referrals come from non-special education sources (motivated referral source)
Things that we have learned over the past 2 years...

• We have met with HCA, MCO’s and private insurance representatives and everyone, to a person, leans in when we discuss Spero
• We have chatted about the Medicaid Plan for the State of WA, but we don’t intend to move into a primary provider role for mental health services for our students
• We believe we work because it is a educational program with therapeutic services and not a therapeutic program that has educational services
• That we are not able to serve ALL the students that need these supports but we are dedicated to finding a way to do that.
• And we want to give our plan away...
Next Steps: Moving to Serve ALL

• Why did we target special education students? Spero should be able to serve all appropriately referred students.
• Serving both special education and general education students allows the program to be both integrated and removes the separate day school status.
• Funding as a transitional therapeutic school setting would allow Spero to assist the districts in their efforts to re-engage their students without delays for testing and service provision.
• We need the partnership of OSPI, Government Leaders and eventually other ESD’s and/or school districts to make this pervasively available.
Remember these two?

Maddie

Garrett
Questions and Suggestions?
#hopethriveshereg
About Healthy Schools Campaign
What is Medicaid?

• Comprehensive health insurance
  • Medicaid covers all medically necessary physical and behavioral health services for children and adolescents

• Covers millions of people, including children and adolescents
  • Eligibility varies by state but 49 states (including DC) cover children with incomes up to at least 200% FPL
  • 40% of children receive health coverage through Medicaid\(^1\)
Models for Delivering Medicaid Services in Schools

- School-employed Providers
- Mobile Vans
- Telehealth
- Partnerships with Medicaid Providers

HEALTHY SCHOOLS CAMPAIGN
Background on School-Based Medicaid

• For 30 years, Medicaid has paid for eligible school physical and behavioral health services included in students’ Individualized Education Programs (IEP)
• While Medicaid spending on school-based health services represents less than 1 percent of total Medicaid spending, it’s significant for schools²
Opportunities Under “Free Care”

- Increase funding for school-based health services
- Cover more services in schools
- Expand healthcare workforce and provider-types eligible for reimbursement in schools
- Encourage new thinking about how schools and health care can work together to improve health outcomes in schools
- Improved health and academic outcomes
Seizing the Opportunity

• Many states have or are considering expanding school-based Medicaid

• Several models being considered in how to design school-based Medicaid programs
  • Reflect the uniqueness of each state’s existing program

• The Administration is actively working with states considering expanding school-based Medicaid—and approving SPAs
Expansion of School-Based Medicaid Programs
<table>
<thead>
<tr>
<th>Examples of Eligible School Health Services</th>
<th>Examples of Eligible School Health Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Physician Services</td>
<td>• Nurse practitioner</td>
</tr>
<tr>
<td>• Nursing Services</td>
<td>• Registered nurse</td>
</tr>
<tr>
<td>• Psychology</td>
<td>• Licensed practical nurse</td>
</tr>
<tr>
<td>• Counseling</td>
<td>• Health technician</td>
</tr>
<tr>
<td>• Social Work Services</td>
<td>• Certified school psychologist</td>
</tr>
<tr>
<td>• Vision Services</td>
<td>• Credentialed school counselor</td>
</tr>
<tr>
<td>• Audiology Services</td>
<td>• Credentialed school social worker</td>
</tr>
<tr>
<td>• Speech Therapy</td>
<td>• Licensed marriage and family therapist</td>
</tr>
<tr>
<td>• Occupational Therapy</td>
<td>• Speech language pathologist</td>
</tr>
<tr>
<td>• Physical Therapy</td>
<td>• Occupational therapist</td>
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</tbody>
</table>

**HEALTHY SCHOOLS CAMPAIGN**
**Examples of Eligible School Mental Health Services**

- Psychological assessments
- Psychosocial assessments
- Individual psychology and counseling
- Group psychology and counseling
- Medication administration
- Peer support services
- Case management

**Examples of Eligible School Mental Health Providers**

- Licensed psychologist
- Certified school psychologist
- Licensed counselor
- Credentialed school counselor
- Licensed social worker
- Credentialed school social worker
- Licensed marriage and family therapist
- Behavior health analysts
- Registered nurse
Spotlight: Michigan

- Passed state legislation in December 2018 allocating $31 million to provide licensed behavioral health providers in schools for general education students
- Legislation required state to amend Medicaid plan to implement the free care policy reversal
- Medicaid state plan amendment approved by CMS August 2019
- Added physician's assistants, certified nurse specialists, marriage and family therapists, behavioral health analysts, school social workers and school psychologists as Medicaid eligible providers
- Anticipated to bring in $14 million new federal funding just for services delivered by school psychologists
- School-based behavioral health providers increased from ~1700 to ~3000 providers
Thank you!

For more information visit: 
healthyschoolscampaign.org

State school Medicaid map: 
healthystudentspromisingfutures.org
Spotlight: Louisiana

- Two SPAs:
  - October 2015 – school nursing services
  - April 2020 – all medically necessary services
- April 2020 SPA add applied behavioral analysis, personal care services and transportation to allowable Medicaid billing
- Since October 2015 SPA approved, school nursing workforce has increased 15% statewide
Spotlight: Massachusetts

• SPA approved July 2017
• Implementation of expanded program began SY 2019-2020
• Inclusion of additional licensed practitioners:
  • Licensed School Psychologist
  • Optometrist
  • Licensed Dietician/Nutritionist
  • Dental Hygienist
• Inclusion of new service specialty types:
  • Medicaid Nutritional Services provided by a registered dietician or licensed nutritionist
  • Dental assessments/screenings provided by a dental hygienist or fluoride treatments provided by a nurse
Behavioral Health Navigator
School District Interview Data Overview

June 3rd, 2022

Ann Gray & Christian Stark
OSPI, Behavioral Health and Suicide Prevention
Behavioral Health Navigators

Children’s Behavioral Health Workgroup Formed in 2016
- Tasked with identifying barriers to children’s behavioral health services
- Created the OSPI Children’s Regional Behavioral Health Pilot Project authorized by RCW 28A.630.500
- A December 2019 Legislative Report addresses the pilot learnings

Behavioral Health Navigators Established
- 2SHB 1216 (2019–20) established
- Positions in all 9 ESDs
- Funded in the 2020 budget

Educational Service District & OSPI Partnership in May 2020
- Started with an overview of the pilot project findings and implementation planning
- Weekly check-in meetings and formal agenda-based meetings are facilitated by OSPI
- Strong partnership with Forefront Suicide Prevention
- On-going collaboration with HCA and other stakeholders across the region

Positive Feedback
- School district interviews provide data collection in support of Behavioral Health Navigator work.
Behavioral Health Navigator Current Work

**Equity & Racial Justice Lens**
District Interview Protocol
- Navigators are currently conducting district interviews using the interview protocol developed during the pilot project and modified in fall of 2020 to include an equity and racial justice lens.

**Promote Access to Supports**
- These interviews seek to inform the Navigator about existing barriers and specific needs of a district in accessing equitable behavioral health supports for students.

**Network Success**
- Navigators meet weekly to collaborate and share resources, engage in technical assistance and trainings with regional & state partners and subject matter experts.

**Suicide Prevention Trainings**
- Navigators are conducting suicide prevention trainings for districts across their regions.

**School Plan Support**
- Navigators are supporting schools with their plans for recognition, screening, and response as required by RCW 28A.320.127.

**Lifelines Trilogy Curriculum**
- Navigators are trained in Lifelines Trilogy curriculum as an additional resource to provide comprehensive support to school districts in suicide prevention, intervention, and postvention.
Survey Demographics

- 219 school districts
- 3 year survey process
- 37 counties
- 9 ESDs
## Districts by Region

<table>
<thead>
<tr>
<th>ESD</th>
<th>Region</th>
<th>Districts Surveyed</th>
<th>Districts in Region</th>
<th>% of Districts in Region Surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>Northeast</td>
<td>38</td>
<td>59</td>
<td>64%</td>
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<tr>
<td>105</td>
<td>South Central</td>
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<td>25</td>
<td>60%</td>
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<tr>
<td>112</td>
<td>Southwest</td>
<td>30</td>
<td>30</td>
<td>100%</td>
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<tr>
<td>113</td>
<td>Capital Region</td>
<td>43</td>
<td>44</td>
<td>98%</td>
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<tr>
<td>114</td>
<td>Olympic Peninsula</td>
<td>14</td>
<td>15</td>
<td>93%</td>
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<td>Puget Sound</td>
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<td>69%</td>
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<tr>
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<td>Southeast</td>
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<td>74%</td>
</tr>
<tr>
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<td>North Central</td>
<td>6</td>
<td>29</td>
<td>21%</td>
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<tr>
<td>189</td>
<td>Northwest</td>
<td>29</td>
<td>35</td>
<td>83%</td>
</tr>
<tr>
<td>N/A</td>
<td>Statewide*</td>
<td>3</td>
<td>12</td>
<td>25%</td>
</tr>
</tbody>
</table>

*Statewide includes WA State School for the Blind, WA School for the Deaf, & the Wa He Lut Indian School
Districts by Region

*N/A includes WA State School for the Blind, WA School for the Deaf, & the Wa He Lut Indian School
Districts by Student Population Size

- 0-200: 39 districts
- 201-500: 29 districts
- 501-1,000: 33 districts
- 1,001-3,000: 43 districts
- 3,001-6,000: 34 districts
- 6,001-12,000: 17 districts
- 12,001-20,000: 12 districts
- 20,000 and Over: 12 districts
Students Living in Poverty

% of Students Below Poverty Line by District

- 0% - 20%: 18 districts
- 21% - 40%: 51 districts
- 41% - 60%: 90 districts
- 61% - 80%: 45 districts
- 81% - 100%: 15 districts
Do all students in your school have access to behavioral health services?

- Yes: 48%
- No: 49%
- Unsure: 3%
- No response: <1%
Behavioral Health Services at School

Do all students in your school have access to behavioral health services?

107 districts said no – 91 offered some detail about the barriers they face

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing</td>
<td>27</td>
</tr>
<tr>
<td>School service capacity doesn't match nature of needs</td>
<td>27</td>
</tr>
<tr>
<td>Lack of community provider capacity</td>
<td>26</td>
</tr>
<tr>
<td>Physical Assess/Transportation</td>
<td>21</td>
</tr>
<tr>
<td>Insurance/Cost barriers</td>
<td>19</td>
</tr>
<tr>
<td>Stigma</td>
<td>14</td>
</tr>
<tr>
<td>Ineffective coordination of services within schools</td>
<td>13</td>
</tr>
<tr>
<td>Inconsistent access to services across districts</td>
<td>13</td>
</tr>
<tr>
<td>Language /Cultural Barriers</td>
<td>12</td>
</tr>
<tr>
<td>Lack of trust between school and families</td>
<td>6</td>
</tr>
<tr>
<td>Provider incompatibility with school system</td>
<td>5</td>
</tr>
<tr>
<td>Physical Space</td>
<td>4</td>
</tr>
<tr>
<td>Issues coordinating care with parents</td>
<td>3</td>
</tr>
<tr>
<td>Overly Complicated Processes</td>
<td>3</td>
</tr>
<tr>
<td>Lack of BH program clarity</td>
<td>1</td>
</tr>
</tbody>
</table>
School Staffing Shortages

- Not enough mental health staff to meet need
- Lack of funding for staff

"The school has 138 students and there is only one therapist providing behavioral health support."

"Behavioral health services are not provided in school due to the capacity of the staff."

"Historically, big barrier is rural location and finding staff, even when have the funding. Near impossible to find someone qualified who lives in the area or willing to commute."
School service capacity doesn't match student needs

Needs are especially high

Staff qualifications don't match nature of need

“Service intensity for high needs students is low (twice a month appt).”

“Not enough [services] to go around, need is greater than how much we can provide, beyond what school counselors and trauma counselor can provide.”

“[We have a] closed campus and providers can not come on campus right now, our counselors do not have capacity to [tier 2 and 3] services...there is not enough of us to provide equitable access.”

“The closest we have to services is a school counselor and a student assistance professional.”
Lack of Community Provider Capacity

Community mental health providers are at capacity

- "No providers in [our] rural area."
- "Long waiting list - 3 months - for services, quick turnover with therapists, [available providers do not provide] not culturally responsive therapy."
- "[We use] mostly community providers [who are] often new people in the work...and not culturally appropriate or representative of our student body,...many community providers are underpaid."
- "[City] is a small rural town with no behavioral health agencies. The superintendent also serves as the principal and counselor at the school due to it's small student population. Behavioral health services are not provided in school due to the capacity of the staff."
Physical Access/Transportation

Lack of student access to transportation to get to services

Location of school compared to community providers

"Poverty and distance, the bus service doesn't work, [families/students] can't take the bus to [an appointment] for the day, I worry about the parents."

"Logistical barriers due to families having multiple appointments."

"Some families can only access [services] on campus and with high numbers this is challenging."
Insurance/Cost Barriers

- Difficulty serving students without insurance
- Access to clinical mental health services is Medicaid only
- Lack of community providers to serve students with Medicaid

“No one bills for Medicaid because there is not capacity to be licensed.”

“Co-pays often prohibitive, [many students are] uninsured and underinsured.”

“When we refer out probably not all students have access. [It] depends on the type of insurance they have.”
"Stigma is a concern for parents and some choose not to seek behavioral health services."

"Culture around accessing mental health or paying attention (or not) to mental health concerns."

"Barriers are staffing, cultural barriers - undocumented families as one example, may be afraid to access services, stigma around MH services."
Lack of coordination of services within schools

- Lack of coordination on referrals across school staff
- Lack of communication between school and providers
- Ineffective pathways from referral to services

- "[There is] siloing between our professions, departments. The role of the clinicians and what they have and are asked to be done that aren't behavioral health. Psych- training was in MH and then in clinic setting, but never get asked to involved in BH type issues."

- "All students have access to behavioral health services, however, there is a lack of communication between staff regarding what students might need services, so often, services are repetitive. There needs to be a better process in place for referring students to services."

- "Barrier is intake paperwork, packet is extensive, must be pre-submitted, intake done by separate staff and must be at [provider]...requires a whole day off, if parent takes time for appt."
Inconsistent access to services across districts

- Inconsistent access across different school buildings
- Do not have MH staff in all school buildings across a district

“Yes, currently with remote setting all students have access. In a normal setting we do not have MH counselors in all of our schools, along with SAP's and Prevention Intervention specialists.”

“We have 16 buildings and 5 receive some level, not enough, but some level of service. And that’s not all that need it, just those that rise to the top.”
Language/Cultural Barriers

Concerns about cultural relevancy of services

Language barrier between students and services

“[Many families do] not have a high degree of trust with [the] ed system. [There are] many reasons why. We do not have a workforce that reflects the student population, concerns that services may not be culturally relevant or culturally informed.”

“If you separate out regarding race, I would say our students would say there isn’t a spot for them around identity development and the trauma they’ve experienced. They need a place to deal with the trauma and a healthy place to unpack some of the feelings they’re having and therapeutic guidance.”
Behavioral Health Services at School

Who provides these services (school staff or outside agency)?

- Both: 47%
- Outside Agency only: 34%
- School only: 12%
- Neither: 7%
What services are available?

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Count</th>
<th>% of SDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Therapy</td>
<td>140</td>
<td>65%</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>93</td>
<td>43%</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>65</td>
<td>30%</td>
</tr>
<tr>
<td>Outside Provider: Non-specified</td>
<td>48</td>
<td>22%</td>
</tr>
<tr>
<td>Tier 1 Mental Health Services</td>
<td>28</td>
<td>13%</td>
</tr>
<tr>
<td>Behavioral Health Navigation</td>
<td>25</td>
<td>12%</td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td>22</td>
<td>10%</td>
</tr>
<tr>
<td>Social Emotional Learning</td>
<td>23</td>
<td>11%</td>
</tr>
<tr>
<td>No Services</td>
<td>13</td>
<td>6%</td>
</tr>
<tr>
<td>Behavioral Support/Interventions</td>
<td>13</td>
<td>6%</td>
</tr>
<tr>
<td>Parent Support</td>
<td>13</td>
<td>6%</td>
</tr>
</tbody>
</table>

Other services (3 or more districts):
- Crisis response
- WISe
- Suicide prevention programming
- School counseling
- Grief/support groups
- Suicide risk assessments
- Tier 2 services
- Tier 3 services
- Tribal mental health services
- Staff training
Funding Sources for Behavioral Health Services

- Medicaid
- School District Funding
- Basic Education Funding
- County Funds
- General Fund Dollars
- CBO Partnership(s)
- Private Insurance
- Grant Funding
- Learning Assistance Program (LAP)
- Title I Funds
- Levy Dollars
- Title IV Funds
- ESSER Funds
- 1/10th of 1% Tax Revenue
- Special Education Funds
- ESD Grant
- State Funds
- CPWI Grant
- HCA Funds
- Local Funding
- ESD Funding
- McKinney-Vento Funds
- OSSI Grant
- Student Insurance
- Donations
- CBO Grant
- ESD Partnership
- Tribe/Tribal Organization
- Impact Aid
- Project AWARE Grant
- Title IX Funds
- Community Coalition Dollars
- City Funding
- Kaiser Funding
- Migrant Funding
- Marijuana Tax Dollars
- SERSAT
- Military Family Support
- Best Starts for Kids grant funds
- Building Budget
- Safe School Healthy Students
- Health District
- Special Services Funding
- STN Grant
- CTE funds
- And more…
Funding Sources for Behavioral Health Services

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>56</td>
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<tr>
<td>School District Funding - Unspecified</td>
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<tr>
<td>Basic Education Funding</td>
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<tr>
<td>General Fund Dollars</td>
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<tr>
<td>County Funds: Unspecified</td>
<td>24</td>
</tr>
<tr>
<td>CBO Partnership(s)</td>
<td>24</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>21</td>
</tr>
<tr>
<td>No district cost</td>
<td>21</td>
</tr>
<tr>
<td>Learning Assistance Program (LAP)</td>
<td>20</td>
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<tr>
<td>Grant(s): Unspecified</td>
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<tr>
<td>Title I Funds</td>
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<tr>
<td>Levy Dollars</td>
<td>18</td>
</tr>
<tr>
<td>No detail/Not specified</td>
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<tr>
<td>No services</td>
<td>16</td>
</tr>
<tr>
<td>Title IV Funds</td>
<td>15</td>
</tr>
<tr>
<td>ESSER Funds</td>
<td>14</td>
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</tbody>
</table>

Funding sources listed by **specific category** noted on survey response.
## Funding Sources by Category

<table>
<thead>
<tr>
<th>Funding Category</th>
<th>Count</th>
<th>Funding Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Insurance</td>
<td>80</td>
<td>No detail/Not specified</td>
<td>17</td>
</tr>
<tr>
<td>Grant Funding</td>
<td>77</td>
<td>No Services Provided</td>
<td>16</td>
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<tr>
<td>State Funding</td>
<td>64</td>
<td>Special Education Funding</td>
<td>9</td>
</tr>
<tr>
<td>District Funding</td>
<td>60</td>
<td>ESD Funding</td>
<td>4</td>
</tr>
<tr>
<td>Federal Funding</td>
<td>41</td>
<td>Community Donations</td>
<td>4</td>
</tr>
<tr>
<td>County Funding</td>
<td>34</td>
<td>Tribe or Tribal Organization</td>
<td>3</td>
</tr>
<tr>
<td>Local Funding</td>
<td>30</td>
<td>Military Family Support Funding</td>
<td>1</td>
</tr>
<tr>
<td>Outside Provider Services</td>
<td>30</td>
<td>Other [unsure]</td>
<td>1</td>
</tr>
<tr>
<td>No District Cost/Funding</td>
<td>21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Billing/Insurance Barriers

- "There are limitations providers have regarding billing private insurances which limits services to some degree. As an example, [one community provider] does not have contracts with most of the community providers for services."
- "Students must have insurance that matches to the providers"
- "Only (serve) Medicaid students"
- "Most of the people are on Medicaid or don't have insurance. The eligibility is an issue. Some families are eligible but won't sign up for Medicaid for multiple reasons."
- "No services for students with private insurance"
- "Currently do not have district funding to fund services that do not bill Medicaid. We do have outside agencies/providers that are non-Medicaid that we can refer to."
School Funding Challenges

• "We have had behavioral specialists in the district in the past but we do not have someone currently on staff. For the past two years, we tried to bring someone in in that role, but budget cuts have prevented that from happening. Because of our low numbers of students that qualify for free and reduced lunch you would think we're a District of wealth, but really you don't get any additional funding. And so it's not like we have a magic pot of money and yet we have students that have significant needs."

• "Community treatment providers will come to buildings if enough billable hours are available. Services are woefully underfunded."

• "Only one (provider) will take private insurance. School does not provide funding. One agency provided services through a grant for all students under the age of 9, but they needed to pull those services."
School Funding Challenges

• "The principal's salary is only covered up to 60% as it is because of the Prototypical school model. So there is no funding for even a counselor let alone a fully funded school principal. **Prototypical school model is a huge barrier for BH service** for places like us who need it most."
• "No funding available, [CBO] is on an MOU for Medicaid children only“
• "It is really patch work funded, a little from here and little from over there. WE scrape it together to try and just have something."
• "We don't have a lot of other robust extra funds, **funds that don't have strings attached**. Social worker is working really closely with some of our most high need kids that blow out of [CBO] services. [Social worker] is case managing them...I feel like it'd be great to have, some % of an FTE that is dedicated to each of our buildings to do high level triage of behavioral health stuff. I feel like we can equip admin and staff and counselors to be carrying some share of identification and lower level preventative and even early intervention support, but I feel like some dedicated FTE to each of our buildings would be really important. Because we just have pockets of that now like I said, you know, a **quarter to 25 to 30% of our entire district get some level of just being touched by this. Much less getting what they need.**"
Are your providers billing Medicaid for behavioral health services?

- Yes: 9%
- No: 31%
- No response: 8%
- Unsure: 51%
- Multiple: 1%
Does the district have a suicide prevention protocol?

Suicide Prevention

- Yes: 79%
- No: 15%
- Unsure: 6%
Suicide Prevention Protocol by Region

<table>
<thead>
<tr>
<th>District</th>
<th>Percent 'Yes'</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>71.1%</td>
</tr>
<tr>
<td>105</td>
<td>92.9%</td>
</tr>
<tr>
<td>112</td>
<td>81.8%</td>
</tr>
<tr>
<td>113</td>
<td>54.5%</td>
</tr>
<tr>
<td>114</td>
<td>100.0%</td>
</tr>
<tr>
<td>121</td>
<td>95.7%</td>
</tr>
<tr>
<td>123</td>
<td>64.7%</td>
</tr>
<tr>
<td>171</td>
<td>100.0%</td>
</tr>
<tr>
<td>189</td>
<td>100.0%</td>
</tr>
<tr>
<td>All</td>
<td>79.5%</td>
</tr>
</tbody>
</table>
170 districts that said they do have a suicide prevention protocol, of those:
Are suicide prevention tools available in multiple languages?

- Yes: 21%
- No: 51%
- No response: 28%
Language Accessibility by Region

Percent w/ protocol in multiple languages by ESD

Washington Office of Superintendent of PUBLIC INSTRUCTION
Interested in more information?

Would you be interested in learning more about what suicide prevention protocols are available?

- Yes: 76%
- No: 10%
- No response: 12%
- Unsure: 2%
Suicide Prevention Needs

Improve existing program (19)

“We would like to look at other plans that are more extensive.”

 “[We] would be interested what would fit into their current protocol.”

 “[We] would like to see different examples of new policies.”

Inadequate staffing for intervention (1)

“Limited due to staff services/availability; The challenge in providing suicide prevention information is that should a suicidal concern arise, there are extremely limited resources available to address the concern.”

Inappropriate response protocols (1)

 “[It] mystifies me why [...] mental health responders are dressed like police officer this is very problematic and scary and trauma inflicting and criminalizing and stigmatizing.”
Suicide Prevention Needs

Liability concerns (3)

“Some counselors do not feel comfortable doing a risk assessment on a student due to potential liability.”

“More information for staff and administrators on HIPAA and FERPA is absolutely needed.”

Need a true protocol (8)

“[We] have some training, not a lot. No true protocol.”

“Needs refreshing – it’s policy but not in practice.”

“We would be interested in learning something more formal; [suicide prevention planning is] one thing we aren’t very prepared for, and could use a real process.”

Staff awareness of protocol (6)

“Often staff are unaware of where protocol are and how to access.”

“Know staff that do not know what the protocol is so would be nice to update and get everyone on the same page.”
Suicide Prevention Needs

Looking for specific programming support (15)

- Programming for younger kids (3)
- QPR (3)
- ESD protocol/coordination (3)
- Postvention component (2)
- PREPARE (1)
- Prevention programming (2)
- Youth Mental Health First Aid (1)
- Risk assessment (2)
- SOS model (1)
- Annual staff training (1)
- System to support tribal youth health (1)
Suicide Prevention Needs

Cultural Competency (1)

“Might not be totally "culturally accessible", can get better at this.”

District-wide Consistency (3)

“[It would be] great to have a formalized process across all buildings.”

Implementation Support (2)

“[We have] the WASDA policy. We just haven’t had to use it. [We] would be interested in having a process for when they need it.”