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

Date: 6/3/22
Time: 9am – 12pm

Leads: Representative My-Linh Thai, Lee Collyer

Members					
☒	Representative My-Linh Thai, Co-Chair (41st Legislative District)	☐	Kristina Faltin (Parent/Family)	☐	Jill Patnode (Kaiser Permanente)
☒	Lee Collyer, Co-Chair (Office of the Superintendent of Public Instruction)	☐	Lydia Felix (Youth/Young Adult)	☐	Pearle Peterson (Youth/Young Adult)
☐	Elizabeth Allen (Tacoma Pierce County Health Department)	☒	Avreayl Jacobson (King County Behavioral Health and Recovery)	☒	Elise Petosa (WA Association of School Social Workers)
☒	Anna Ashe (Parent/Family)	☒	Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)	☒	Kelcey Schmitz (UW SMART Center) [Alternate: Eric Bruns]
☒	Rachel Axtelle (South Kitsap School District)	☒	Sandy Lennon (WA School-based Health Alliance)	☐	Katherine Seibel (Committee for Children)
☒	Tawni Barlow (Medical Lake School District)	☒	Gwen Loosmore (WA State PTA)	☐	Michelle Sorensen (Richland School District/Washington Association of School Social Workers)
☐	Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)	☐	Catherine MacCallum-Ceballos (Vancouver Public Schools)	☒	Courtney Sund (Highland School District)
☐	Donna Bottineau (Parent/Family)	☒	Ashley Mangum (Mary Bridge/Kids Mental Health Pierce County)	☐	Cibeles Tomaskin (Parent/Family)
☒	Harry Brown (Mercer Island Youth & Family Services (Forefront) [Alternate: Derek Franklin]	☒	Prudence Medina (Washington Association of Community Health)	☒	Megan Veith (Building Changes)
☒	Jerri Clark (Washington PAVE)	☒	Cassie Mulivrana (Washington State Association of School Psychologists)	☒	Erin Wick (AESD) [Alternate: Mick Miller]
☒	David Crump (Spokane Public Schools)	☒	Joe Neigel (Monroe School District)	☐	Andy Wissel (Washington School Counselors Association (WSCA))
☒	Logan Endres (Washington State School Directors' Association (WSSDA))	☒	Jeannie Nist (Communities in Schools of Washington State Network)	☒	Larry Wright (Forefront Suicide Prevention, UW-School of Social Work)

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 service 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

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

<u>Supporting Links & Resources:</u>

- From Jerry Clark, RE: Mental Health Education & Support at School
    - https://wapave.org/mental-health-education-and-support-at-school-can-be-critical/
-

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"

<u>HCA Comments:</u>

- 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
- Interviews with districts ended Nov. 2021.
- 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

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

JUNE 3RD PRESENTATION TO SBBHSP

ESD 112

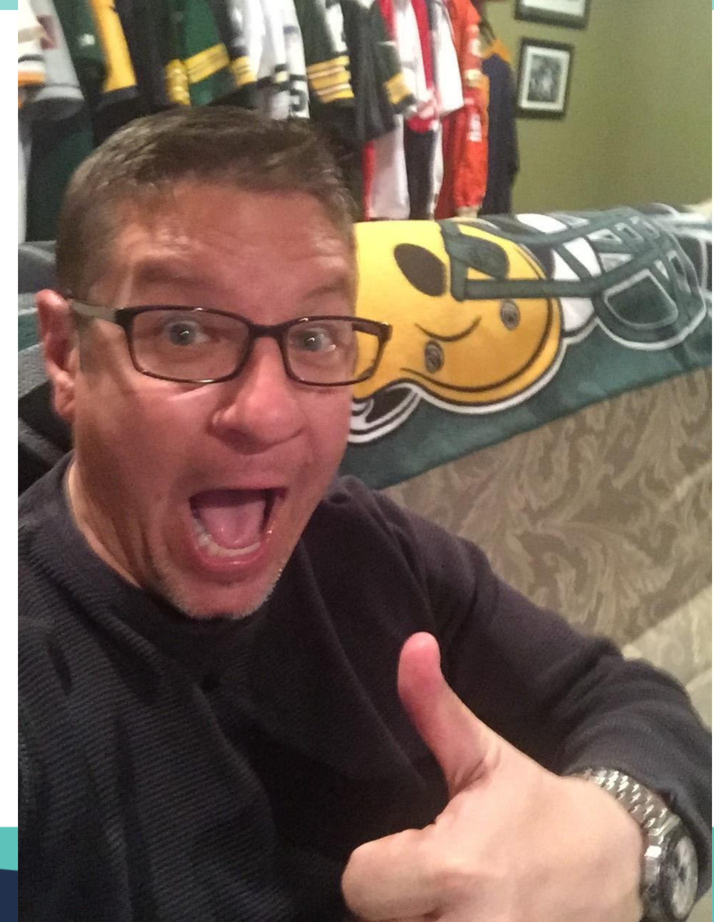
Center for Behavior and Mental Health Support (CBAM)

Let’s talk about something that really works for Student Re-Engagement

GETTING TO KNOW YOUR PRESENTER

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



SPECIAL EDUCATION ESA

EDUCATIONAL SERVICE DISTRICT 112

PRESENTATION FOCUS:

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)

SPECIAL EDUCATION ESA

EDUCATIONAL SERVICE DISTRICT 112

RICH IN DATA AND RECOMMENDATIONS

PERFORMANCE AUDIT

Office of the Washington State Auditor
Pat McCarthy

K-12 Student Behavioral Health in Washington

Opportunities to improve access to needed supports and services

June 22, 2021

SPECIAL EDUCATION ESA

EDUCATIONAL SERVICE DISTRICT 112

U.S. STUDENT MENTAL HEALTH AND THE YOUTH OF WASHINGTON

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.

SPECIAL EDUCATION ESA

EDUCATIONAL SERVICE DISTRICT 112

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

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

SOMETHING THAT WORKS FOR THE MISSING/MARGINALIZED KIDS NEEDS YOUR PARTNERSHIP

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

SPECIAL EDUCATION ESA

EDUCATIONAL SERVICE DISTRICT 112

HOPE THRIVES HERE

A PROGRAM OF EDUCATIONAL SERVICE DISTRICT 112

The Spero Center is part of ESD 112's…

CENTER FOR
BEHAVIORAL &
MENTAL HEALTH
SUPPORT

HOPE THRIVES HERE

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.

HOPE THRIVES HERE

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

SPERO CENTER

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

HOPE THRIVES HERE

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

HOPE THRIVES HERE

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

Transition to Spero

- Identify needs, barriers, & goals with input from student, guardian, and team
- Review IEP, create individual support plan and define personalized reintegration criteria

Intensive Support

- 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

Transition to Home School

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

HOPE THRIVES HERE

Daily Schedule

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

HOPE THRIVES HERE

Transition Out of Spero

- Help develop and participate in a “warm hand-off” plan individualized to each students 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

HOPE THRIVES HERE

Program Insights

SPERO CENTER

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)

HOPE THRIVES HERE

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…

HOPE THRIVES HERE

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?

Questions and Suggestions?

SPERO CENTER

#hopethriveshere

Jeffrey Niess
Executive Director of Specialized Student Services
ESD 112
Office 360 750-7500 Cell 360 931-1197

SPERO CENTER

About Healthy Schools Campaign

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

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 schools[2]

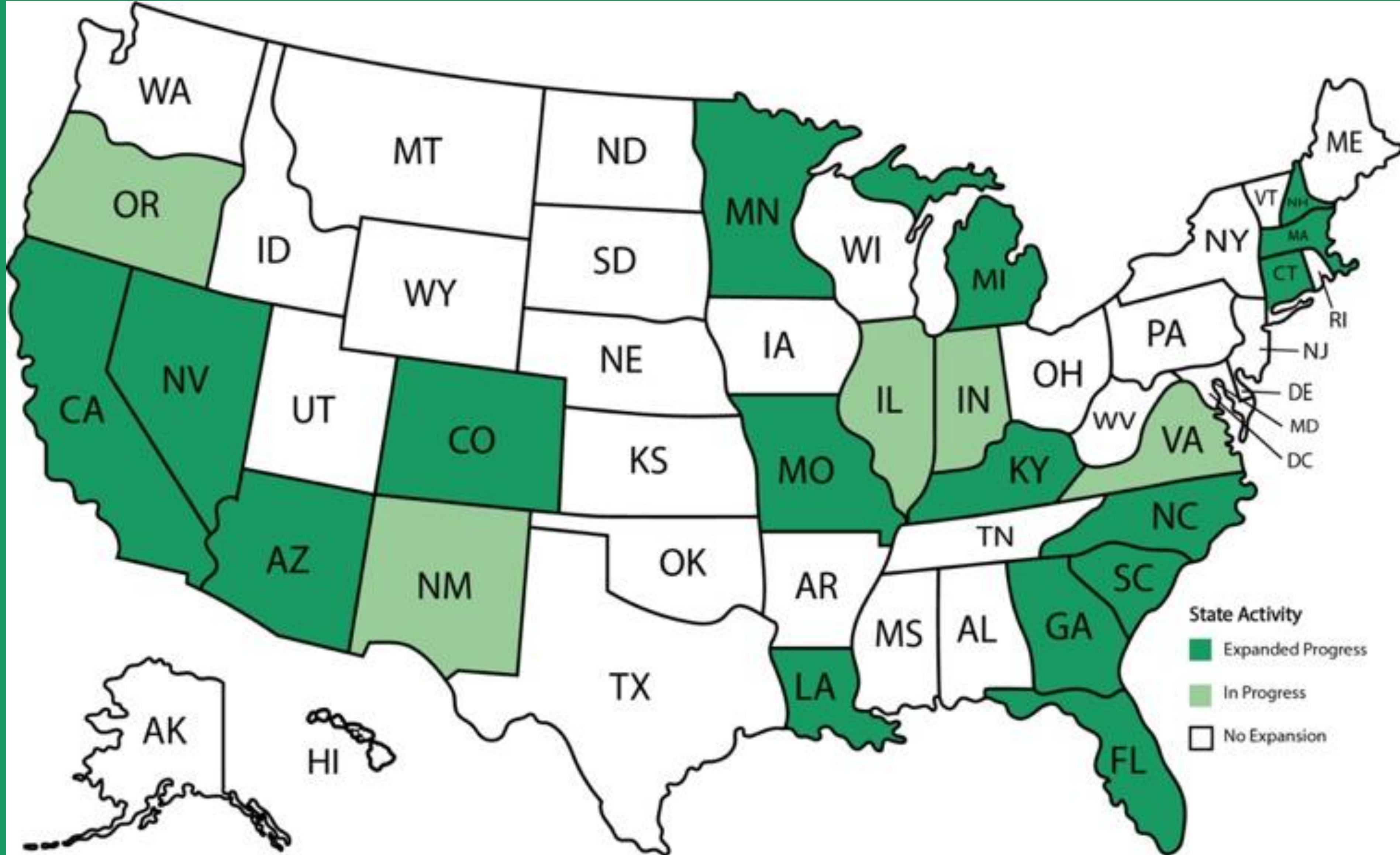
Opportunities Under "Free Care"

- 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



Examples of Eligible School Health Services	Examples of Eligible School Health Providers
• Physician Services • Nursing Services • Psychology • Counseling • Social Work Services • Vision Services • Audiology Services • Speech Therapy • Occupational Therapy • Physical Therapy	• Nurse practitioner • Registered nurse • Licensed practical nurse • Health technician • Certified school psychologist • Credentialed school counselor • Credentialed school social worker • Licensed marriage and family therapist • Speech language pathologist • Occupational therapist

Examples of Eligible School Mental Health Services	Examples of Eligible School Mental Health Providers
• Psychological assessments • Psychosocial assessments • Individual psychology and counseling • Group psychology and counseling • Medication administration • Peer support services • Case management	• 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

HEALTHY SCHOOLS
CAMPAIGN

Spotlight: Louisiana[11]

- 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[11]

- 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

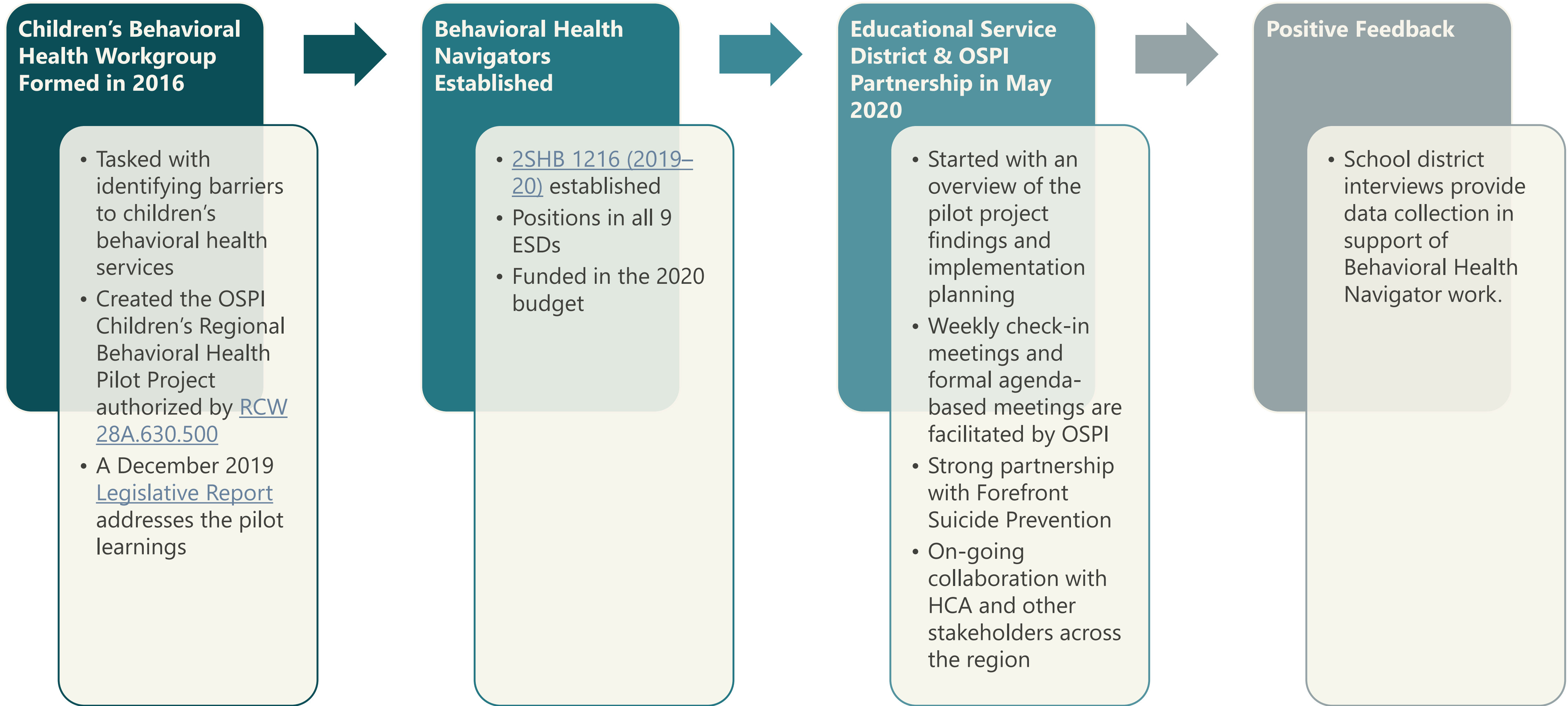
June 3rd, 2022

Ann Gray & Christian Stark

OSPI, Behavioral Health and Suicide Prevention

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Behavioral Health Navigators



Washington Office of Superintendent of
PUBLIC INSTRUCTION

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

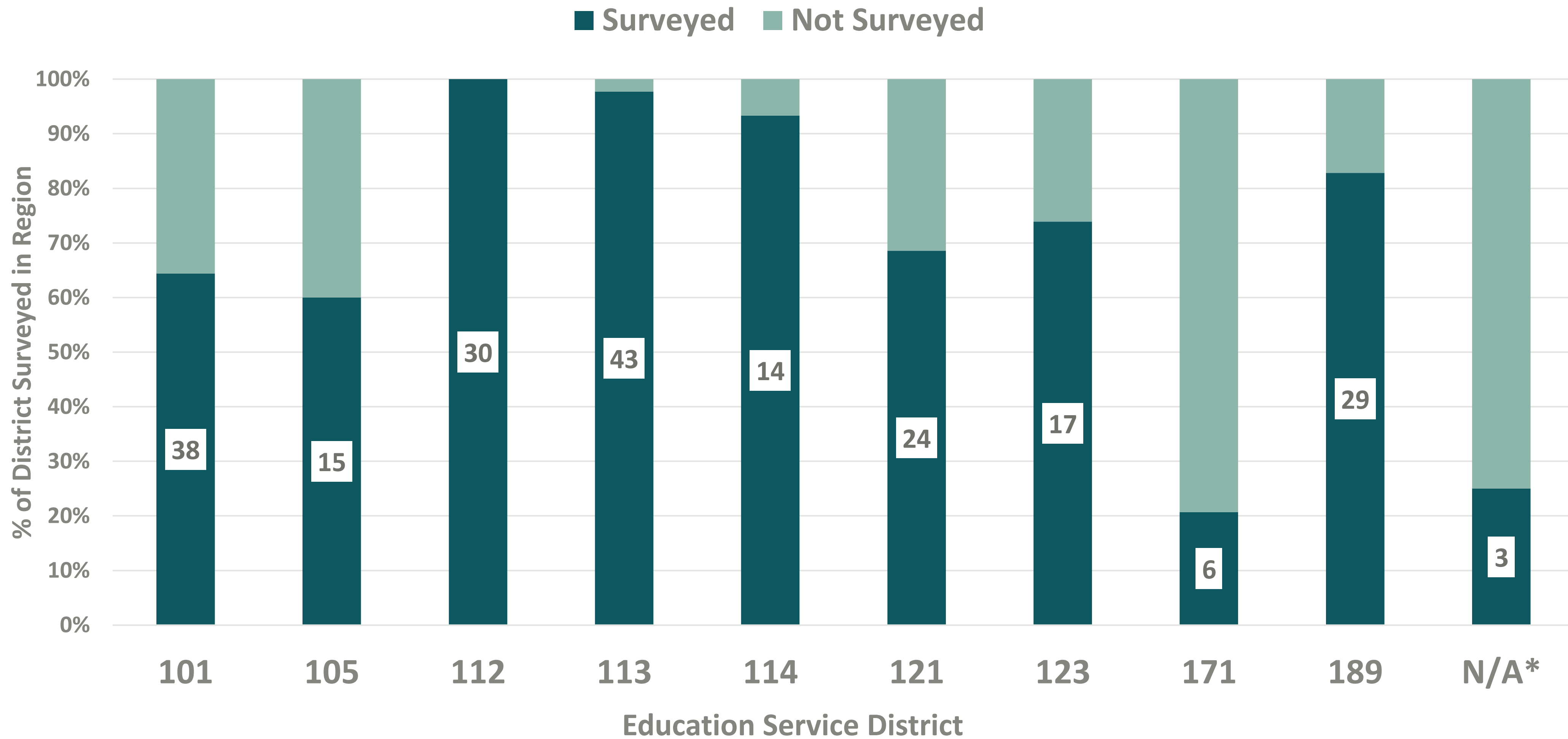
9 ESDs

Districts by Region

ESD	Region	Districts Surveyed	Districts in Region	% of Districts in Region Surveyed
101	Northeast	38	59	64%
105	South Central	15	25	60%
112	Southwest	30	30	100%
113	Capital Region	43	44	98%
114	Olympic Peninsula	14	15	93%
121	Puget Sound	24	35	69%
123	Southeast	17	23	74%
171	North Central	6	29	21%
189	Northwest	29	35	83%
N/A	Statewide*	3	12	25%

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

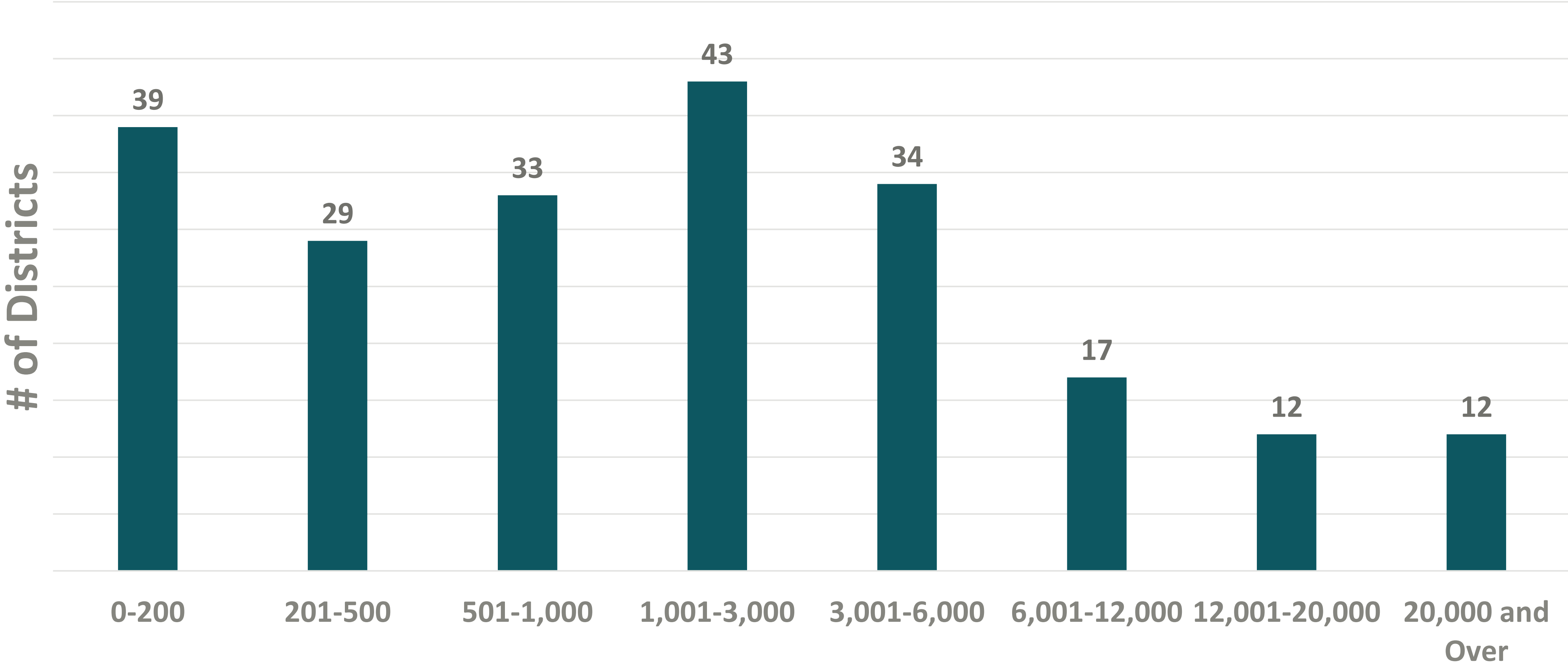
Districts by Region



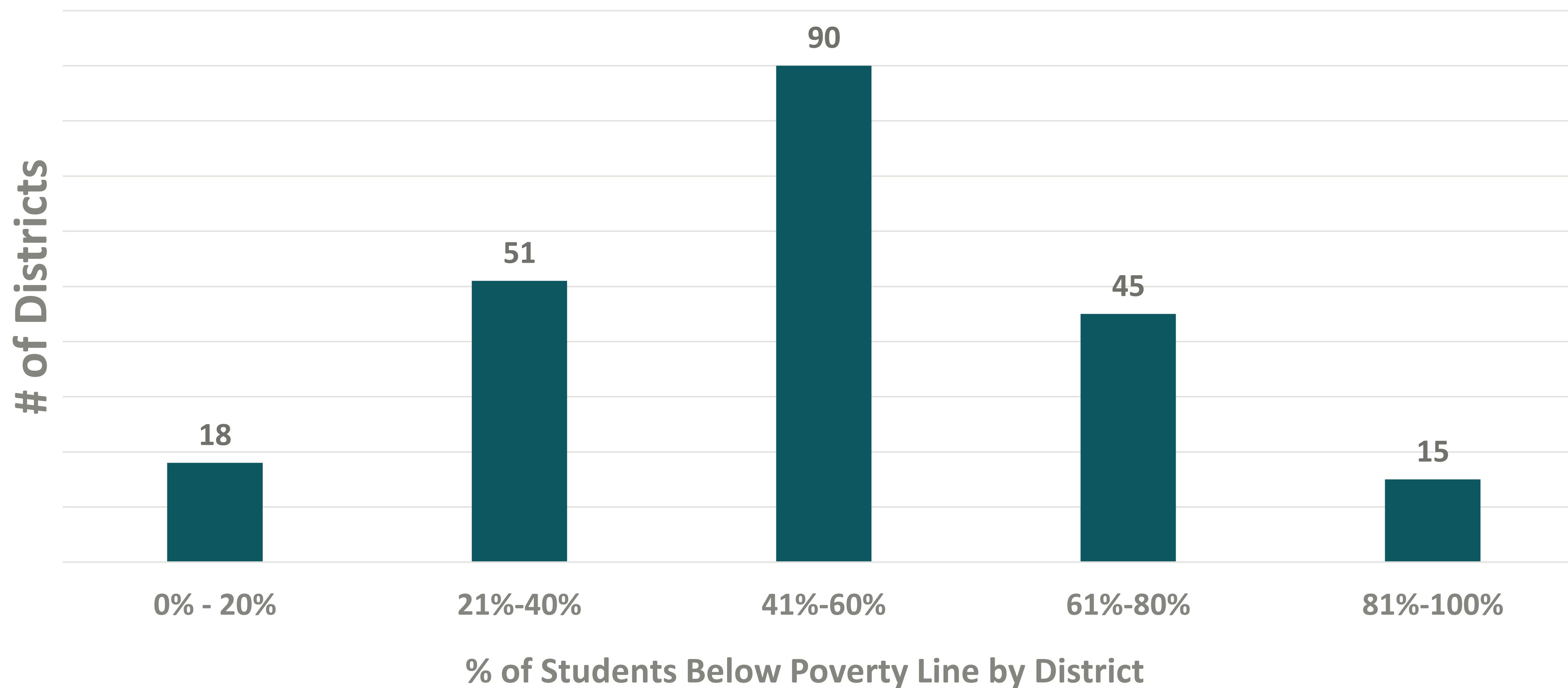
Washington Office of Superintendent of
PUBLIC INSTRUCTION

*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



Students Living in Poverty



Behavioral Health Services at School

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

Yes
48%

No
49%

Unsure
3%

No response
<1%

Washington Office of Superintendent of
PUBLIC INSTRUCTION

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

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

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

Lack of community providers

"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

Stigma around accessing mental health care

Stigma around reporting mental health concerns in others

"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."

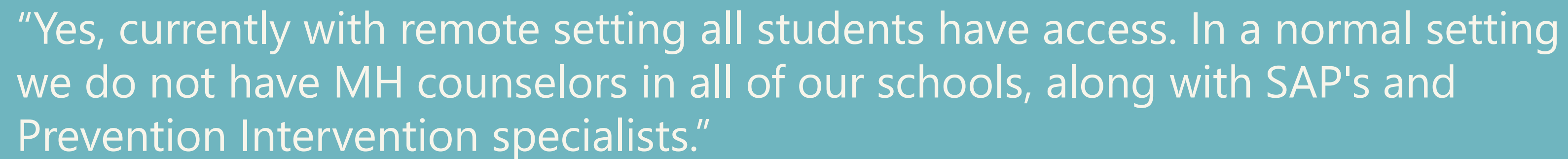
"All students have access to behavioral health services, however, there is a lack of communication between staff regarding what students might need services, so often, services are repetitive. There needs to be a better process in place for referring students to services."

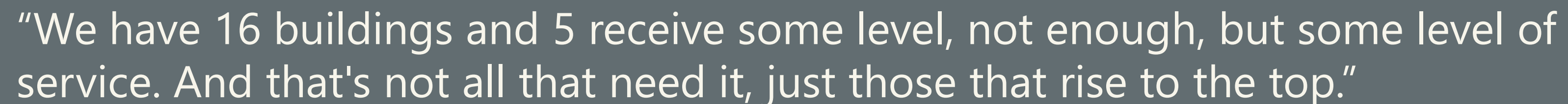
"Barrier is intake paperwork, packet is extensive, must be pre-submitted, intake done by separate staff and must be at [provider]...requires a whole day off, if parent takes time for appt."

Inconsistent access to services across districts

Inconsistent access across different school buildings

Do not have MH staff in all school buildings across a district

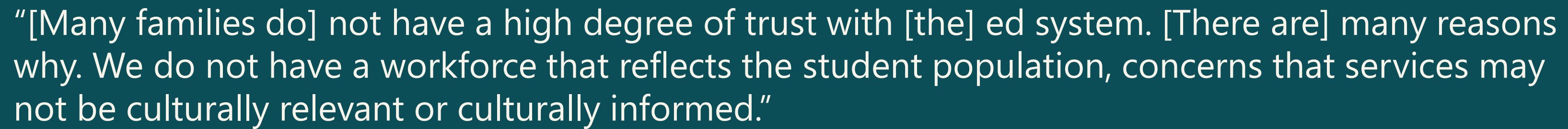


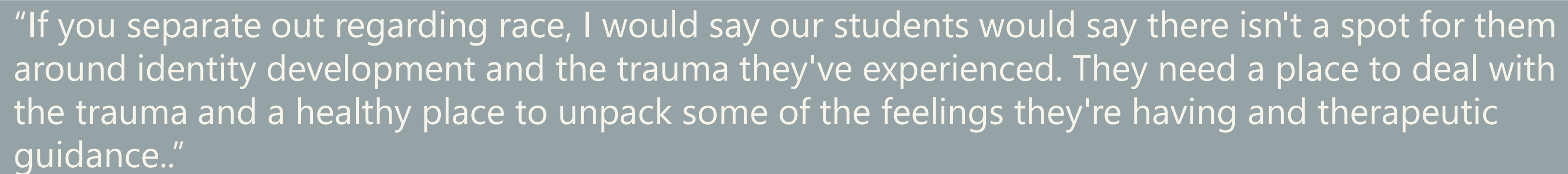


Language/Cultural Barriers

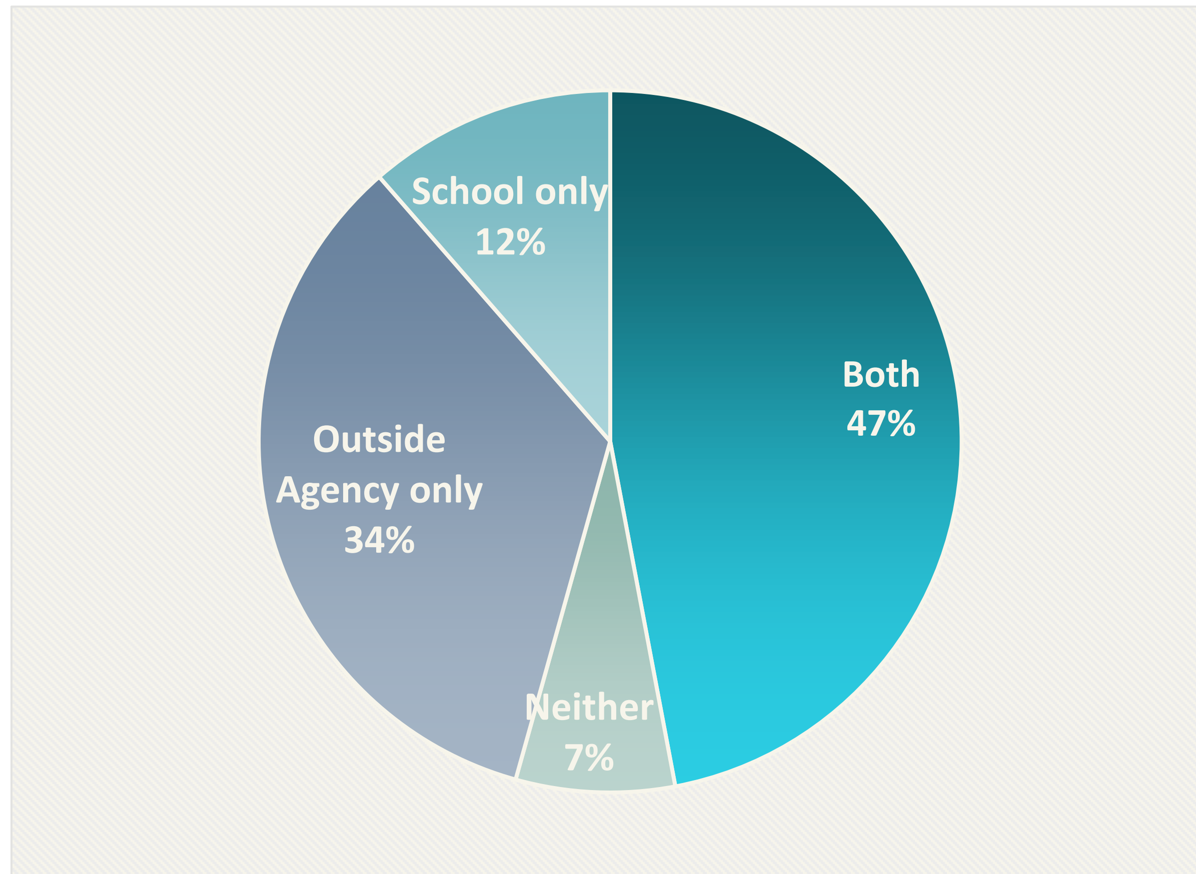
Concerns about cultural relevancy of services

Language barrier between students and services





Behavioral Health Services at School



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

What services are available?

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

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

Funding Source	Count
Medicaid	56
School District Funding - Unspecified	34
Basic Education Funding	29
General Fund Dollars	24
County Funds: Unspecified	24
CBO Partnership(s)	24
Private Insurance	21
No district cost	21
Learning Assistance Program (LAP)	20
Grant(s): Unspecified	19
Title I Funds	18
Levy Dollars	18
No detail/Not specified	17
No services	16
Title IV Funds	15
ESSER Funds	14

Funding sources listed by **specific category** noted on survey response

Funding Sources by Category

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

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

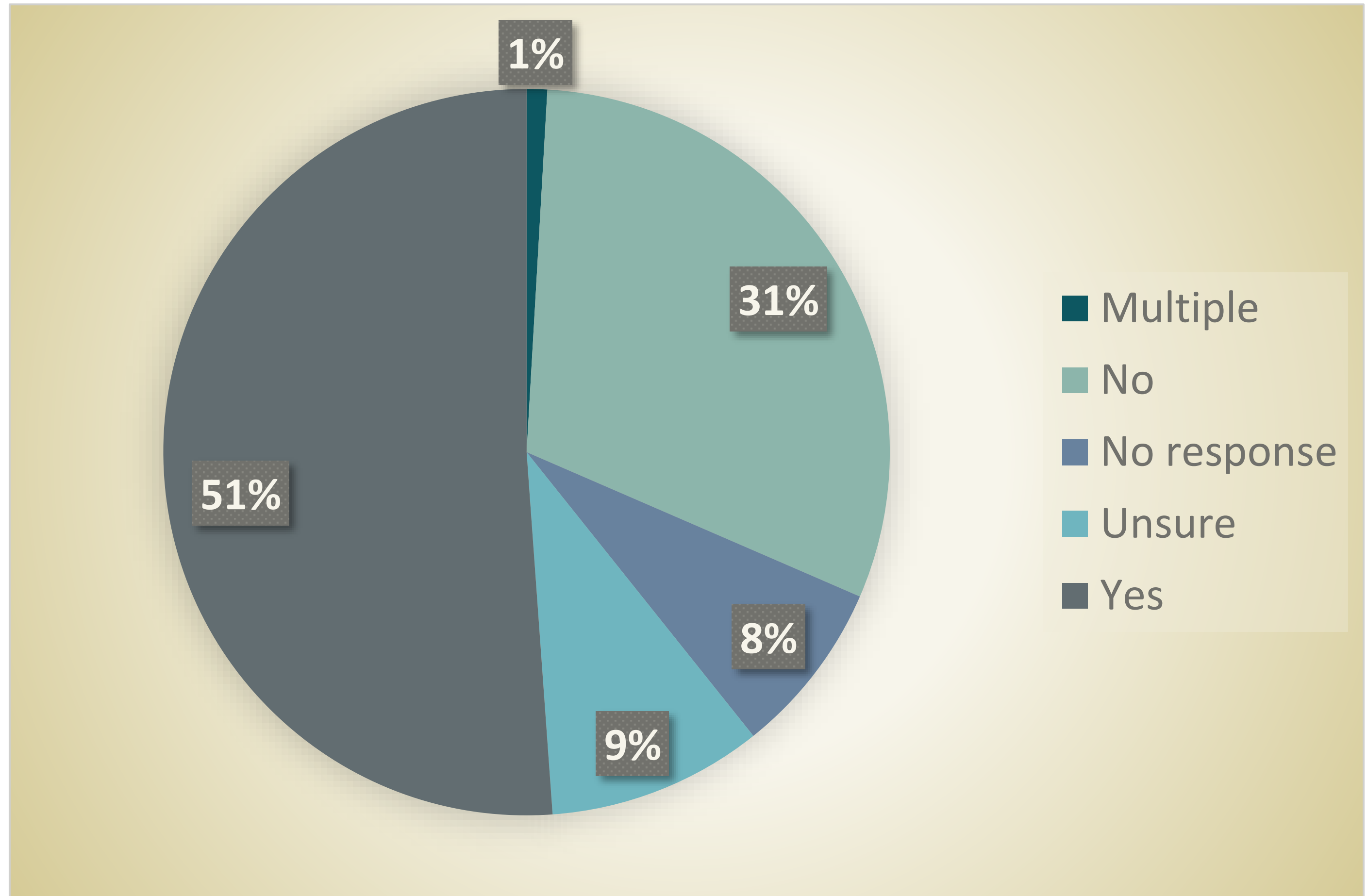
- "We have had behavioral specialists in the district in the past but we do not have someone currently on staff. For the past two years, we tried to bring someone in in that role, but budget cuts have prevented that from happening. Because of our **low numbers of students that qualify for free and reduced 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**."

Medicaid Billing

Are your providers billing Medicaid for behavioral health services?



Suicide Prevention

Does the district have a suicide prevention protocol?

No 15%
Unsure 6%
Yes 79%

Suicide Prevention Protocol by Region

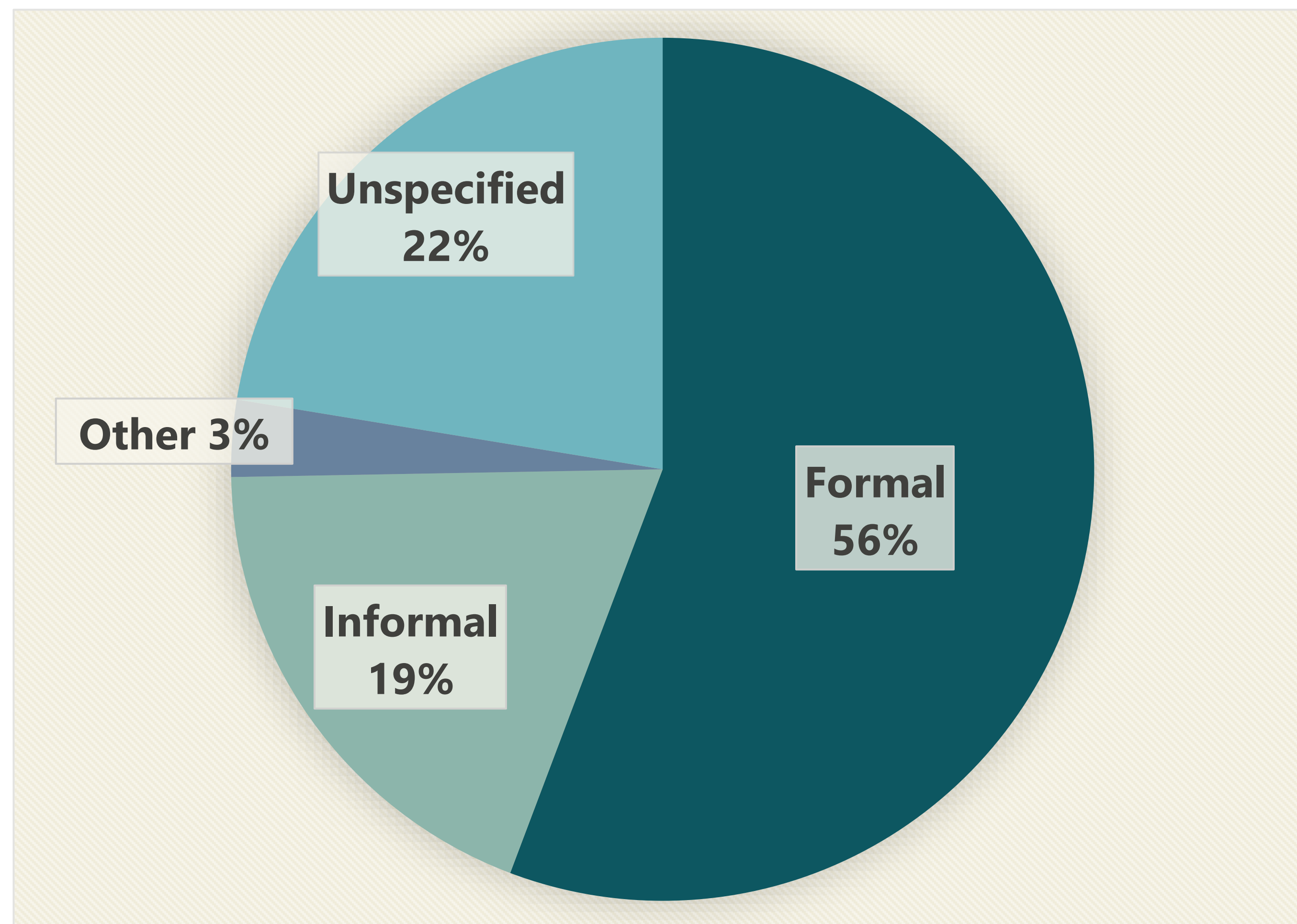
ESD	Percent 'Yes'
101	71.1%
105	92.9%
112	81.8%
113	54.5%
114	100.0%
121	95.7%
123	64.7%
171	100.0%
189	100.0%
All Districts	79.5%

Percent 'Yes' by ESD

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Formal or Informal Protocol

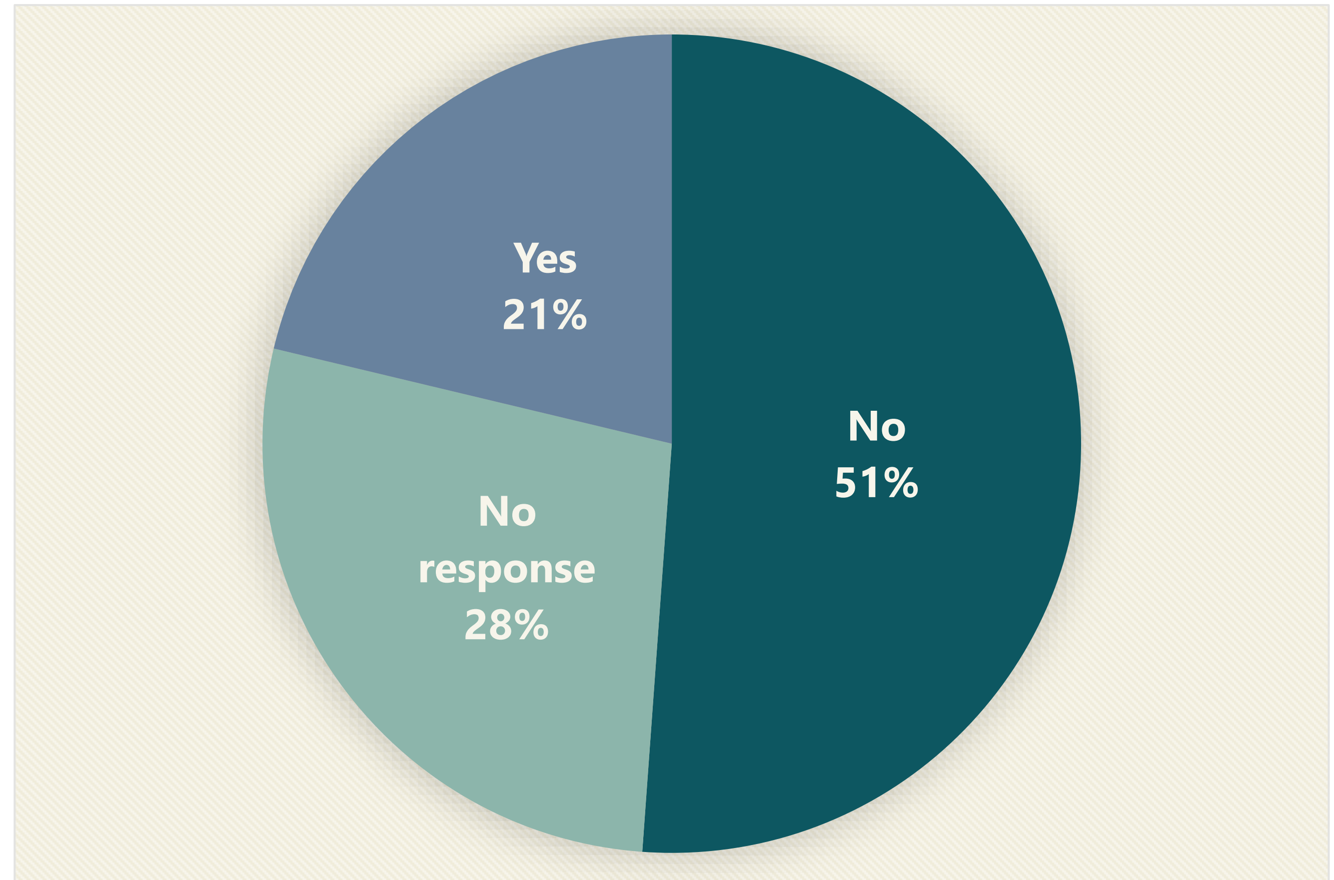
170 districts that said they **do** have a suicide prevention protocol, of those:



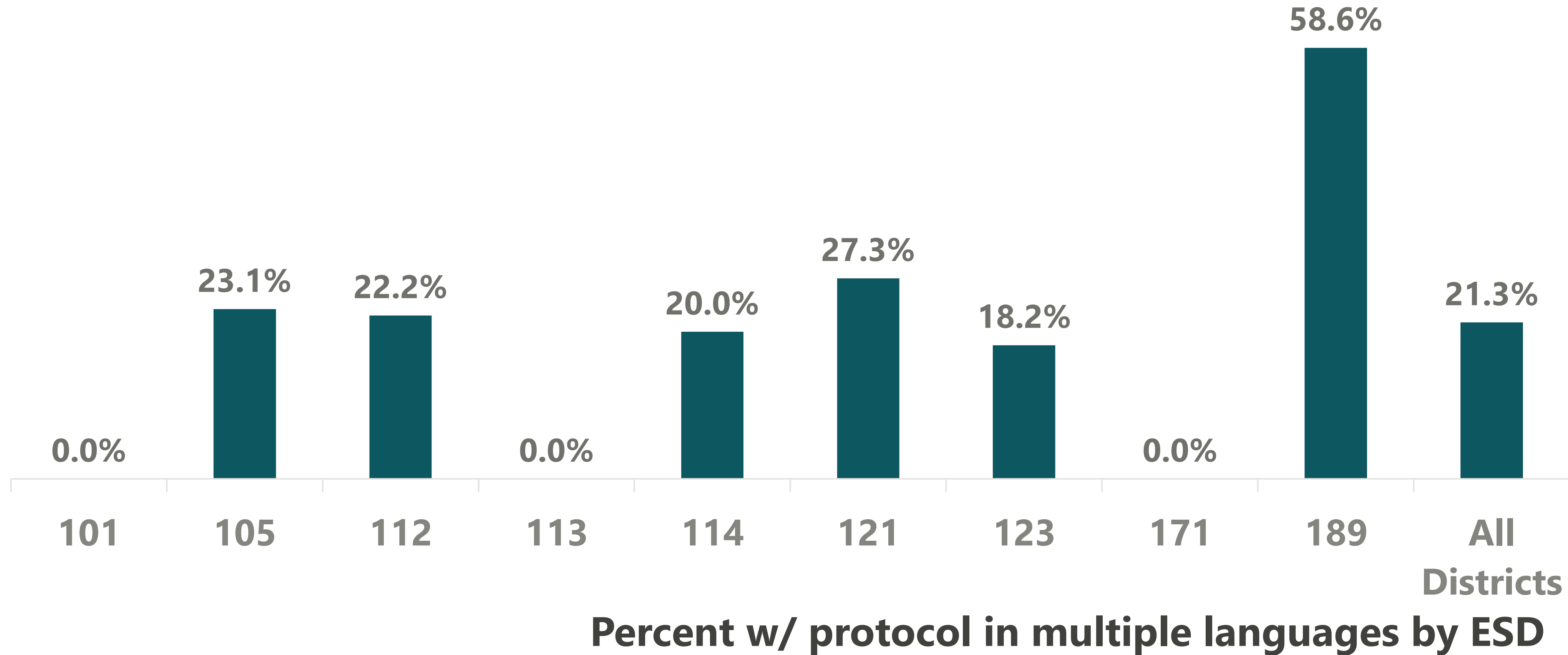
*Other includes Partial, Work in Progress, and Outdated

Protocol Language Accessibility

Are suicide prevention tools available in multiple languages?

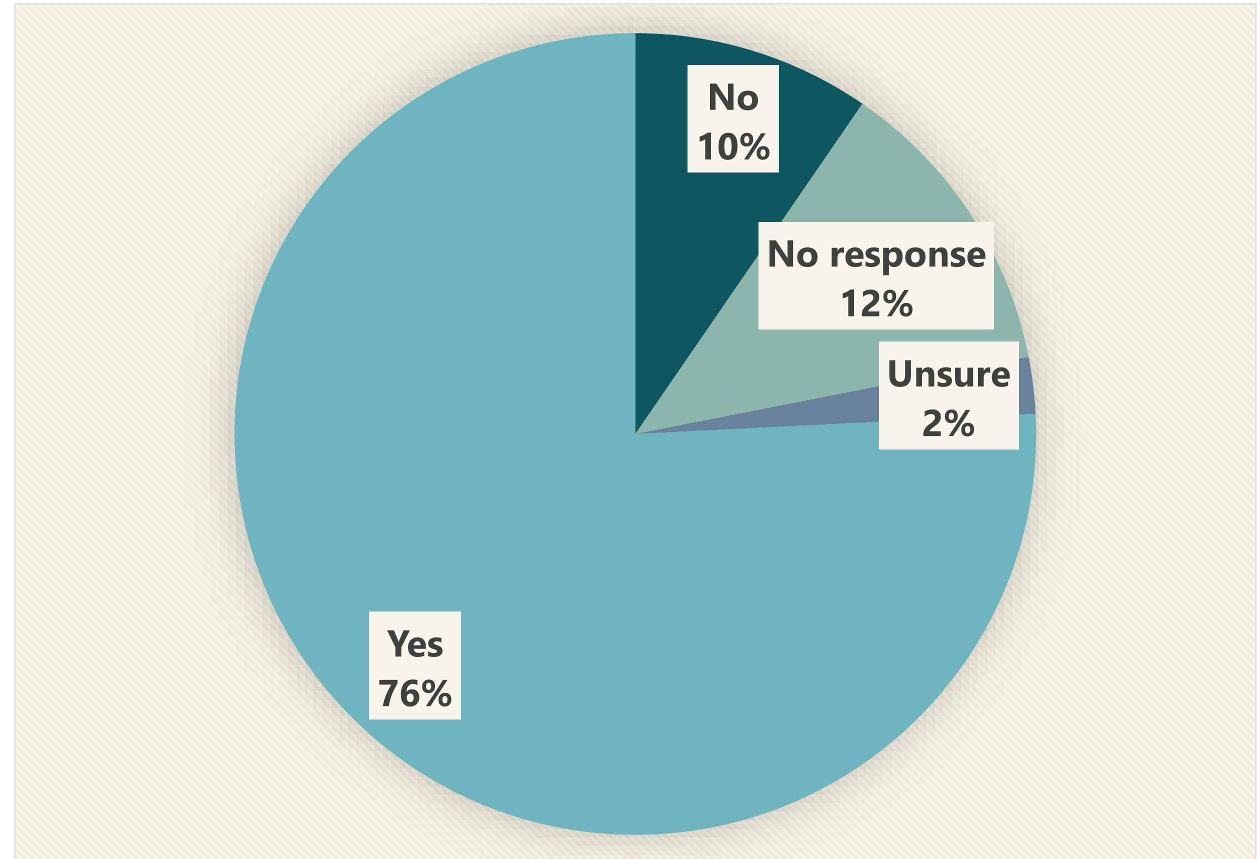


Language Accessibility by Region



Interested in more information?

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



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.”