School-based Behavioral Health and Suicide Prevention subgroup meeting

September 11, 2020

Members

<table>
<thead>
<tr>
<th>Representaive My-Linh Thai, Co-Chair (41st Legislative District)</th>
<th>David Crump (Spokane Public Schools)</th>
<th>Jeannie Nist (Communities in Schools of Washington)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee Collyer for Camille Goldy, Co-Chair (Office of the Superintendent of Public Instruction)</td>
<td>Myra Hernandez (WA Commission on Hispanic Affairs)</td>
<td>Jill Patnode (Kaiser Permanente)</td>
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<tr>
<td>Tawni Barlow (Medical Lake School District)</td>
<td>Avreayl Jacobson (King County Behavioral Health and Recovery)</td>
<td>Elise Petosa (WA Association of School Social Workers)</td>
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<tr>
<td>Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)</td>
<td>Patti Jouper (Parent/Grandparent)</td>
<td>Kelcey Schmitz (UW SMART Center) [Alternate: Eric Bruns]</td>
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<tr>
<td>Antonette Blythe (Parent, Family Youth System Partner Roundtable)</td>
<td>Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)</td>
<td>Susan Solstig (Parent, Family Youth System Partner Roundtable)</td>
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<tr>
<td>Harry Brown (Mercer Island Youth &amp; Family Services (Forefront) [Alternate: Jennifer Stuber])</td>
<td>Sandy Lennon (WA School-based Health Alliance)</td>
<td>Jason Steege (Parent)</td>
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<tr>
<td>Brooklyn Brunette (Youth)</td>
<td>Molly Merkle (Parent)</td>
<td>Katrice Thabet Chapin (Vancouver Public Schools)</td>
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<td>Jerri Clark (Washington PAVE)</td>
<td>Joe Neigel (Monroe School District)</td>
<td>Kathryn Yates (Chief Leschi School District)</td>
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Staff: Mark McKechnie, Justyn Poulos, Maria Flores and Robin Howe (OSPI); Rachel Burke, Kimberly Harris, and Ashley Taylor (HCA)

Agenda Items

<table>
<thead>
<tr>
<th>CYBHWG Updates</th>
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<tbody>
<tr>
<td>• This is meeting five of six</td>
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<tr>
<td>• Next step: Send out surveys about draft recommendations before sixth meeting and possibly one after, if needed.</td>
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School District Panel, Part 1

Tawni Barlow (Medical Lake SD), David Crump (Spokane SD), Jeannie Larberg (Sumner-Bonny Lake SD), and RJ Monton (Snoqualmie SD)

• Name and title/role, School district and location, Size/enrollment, Something distinguishing about your district
  - Tawni (Medical Lake)
    - Director of Student Services
    - Oversees mental health program for school district (5 schools)
    - No essential transportation system, no community mental health
    - 40% free and reduced lunch
  - David (Spokane)
    - Director of Mental Health Services and Threat Assessment for Spokane public schools
    - City of Spokane (32,000 students)
60% free and reduced lunch

- Jeannie (Sumner-Bonny Lake)
  - Whole child instructional services
  - Main role for Multi-Tiered System of Supports (MTSS); started 6 yrs ago
  - 20.1% free and reduced lunch
  - Mainly white population, but changing; district has been working to address equity issues.

- RJ (Snoqualmie)
  - Snoqualmie Valley School District
  - Associate Director of Behavioral Health
  - Started Positive Behavioral Interventions and Supports (PBIS) work 7 yrs. ago
  - 10% free and reduced lunch

- In addition to the basic funding your district receives for staffing, how do you use any of the following funding streams to address student behavioral health needs: special education, Learning Assistance Program (LAP), Medicaid, others?
  - Historically LAP funds have been used for academic supports but they are an available source for behavior supports.

  - Tawni – Medical Lake
    - .17 of schools’ psychologists funded through Special Education $ (SPED)
    - GenEd funding for the majority
    - Medicaid for some therapeutic services
  
  - David - Spokane
    - School nursing
    - School counselors- MTSS specialists to help train and work with different regions of the district
    - Medicaid for mental health services
    - Title I and LAP schools – focused more on academics than behavior

- Jeannie – Sumner-Bonny Lake
  - High needs promise – screeners and general supports for kids
  - No mental health funding for services
  - MTSS-Behavior (MTSS-B) coach to support behaviors
  - Funding for majority comes from basic ed. funding

- RJ - Snoqualmie
  - Program specialists – going to support SPED and behavioral health; funded through multiple streams via SPED and local levies.
  - LAP/Title I for academic interventions

- What are the partnerships your district has established to help meet student behavioral health needs? Specifically, what do these partnerships provide: Co-located services? Additional staffing? Places to refer students outside of school? Additional funds?
  - Tawni – Medical Lake
    - Involved in PAL program
- Starting “Handle with Care” - responders go to home and if a student is there a response is sent to the school so that the admin/school have extra eyes on the student
  - David - Spokane
    - Medicaid funding
    - Partner with universities for interns
    - Partner with Kaiser Permanente for a school-based health center via a grant
    - Handle with Care type program – get a message and then let the school know about the incident (usually the principal or counselor), they let staff know of underlying situations that may be connected to behavior, and create regular check-ins but handled with care.
  - Jeannie – Sumner-Bonny Lake
    - Multicare in all secondary schools, 1 elementary (Medicaid or state insurance)
    - Consejo provides Medicaid services for mental health or substance use
    - PAL – Seattle Children’s Hospital & SMART Center – mental health staff training, tiered team tele-consultation, and tele-health appointments (in a secure space/confidential room – done in child’s home on a chrome book via Zoom)
  - RJ - Snoqualmie
    - Community network- pulls together community support services
      - Staffmember – youth resilience & community resource coordinator
      - Working to integrate the network and supports with the work of the district/schools so there is easier connection to sources and supports
      - Spread over supports instead of concentrating on just one.
    - Local mental health providers – 4.0 FTE for secondary buildings, Best Starts for kids (Screening, Brief Intervention, and Referral to Services aka SBIRT/TIRP) – access directly to mental health counselors.
    - Collaboration with emergency responders to “Handle with Care”
      - SRO for district (assigned more often to high school levels) – challenge around jurisdiction because some schools are in unincorporated King County
        - Has not impacted how officers are responding to calls
        - SRO typically joins the officer to respond to the call

**School District Panel, Part 2**

- **How does your district address social, emotional, and behavioral needs at Tier 1 (universal)? Are there staff members dedicated to providing Tier 1 supports?**
  - RJ - Snoqualmie
    - Social-emotional learning (SEL) - using School-wide Information System for Behavior Problems (SWIS) data to determine which students need extra supports, layered approaches based on grade level (ex. Elementary, middle, and high)
    - District-wide, there are 3 program specialists to support all 3 tiers, universal/classroom (academic and coaching), and facilitate or coach depending on school readiness
• **What options does your district have for providing Tier 2 or Tier 3 behavioral health supports in the general education setting? What do you wish you could do more of in this area?**

  o **Tawni – Medical Lake**
    - Review healthy youth survey data to create a system not working in silos, to reduce barriers
    - Review social/emotional supports and what is impacted when seeing substance abuse, feeling of not having staff they can go to, and impact of mental loneliness
    - Clinical supervisor- virtual supervision
    - Group therapy/ individual therapy/ tele-therapy for Tier 2 and 3 supports
    - SEL supports are helping at all tiers

  o **Jeannie – Sumner-Bonny Lake**
    - Tier 2 and 3 primarily done by those in building with master degrees, counselors are typically doing assessments
    - Behavior support staff in SPED but can be utilized for gen-ed
    - Student information matching system – to decide which intervention would be best to meet the students’ needs for Tier 2

  o **RJ - Snoqualmie**
    - Community network – youth success mentoring program for Tier 2
      - Works with psych coordinator
      - Still happening now with remote learning

• **What are the biggest gaps you see between student behavioral health needs and your district’s resources to meet them?**

  o **RJ - Snoqualmie**
• Biggest gap – lack of distributed leadership so that all knowledge and work does not fall on one individual, also so it does not fall apart when someone leaves
  ▪ Lack of external accountability measure – mainly only accountable internal which keeps the service from being moved to those outside the school in a similar direction
  ▪ Unfunded mandates – losing sight of overall needs not just immediate needs, losing sight of overall needs with upcoming budget cuts

  o David - Spokane
    ▪ Biggest gap is funding
    ▪ Perception of roles of behavior and fear: Fear of not understanding and perception that they went to school to teach, not mental health (need to adjust for a whole child perspective)
    ▪ Broadening the roles in which we address a student’s needs

  o Jeannie – Sumner-Bonny Lake
    ▪ Biggest gap is accountability – when you don’t have a way to measure, the work becomes secondary
    ▪ Stigmatization around mental health
    ▪ Professional development – how to assess and support SEL and mental health, need something for all staff in order to have a good understanding to help

  o Tawni – Medical Lake
    ▪ Equity issue and being able to provide support and understanding
    ▪ When we change the culture it shows that it is everyone’s job and dig in to accountability for providing support.

• What is your district’s most successful program or biggest accomplishment in terms of meeting the behavioral health needs of your students (and staff, families, etc.)?

  o David - Spokane
    ▪ Licensed mental health center, contract with MCO’s in our area, 45 staff dedicated to it
    ▪ Working in partnership with the school, greater relationships in teaming, and available to families
    ▪ Limit of caseload of 25-27 kids, needs are greater than this (do early intervention to address this capacity issue)

  o Tawni – Medical Lake
    ▪ Bringing all systems into one comprehensive approach

  o Jeannie – Sumner-Bonny Lake
    ▪ Focus and awareness around mental health
    ▪ Collaboration with PALs has given larger support and training that was needed to show how to assist
    ▪ School counselors have had training around trauma informed practices

Question and Answer

Discussion [panel]

• In a district that is just starting to develop the kind of supports you have now, what would be key early, or what would you do differently knowing what you know now?
<table>
<thead>
<tr>
<th><strong>Public Testimony</strong></th>
<th><strong>Jo Ramirez</strong></th>
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<tbody>
<tr>
<td></td>
<td>Great intentions can still lead to kids falling through the cracks</td>
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<tr>
<td></td>
<td>Functional behavioral assessments (FBAs) don’t recognize trauma, does not catch sensory differences; work is not being done around speaking difficulties so it is under-reported and a lack of consent as compared to speaking children</td>
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<td>Dialectical Behavioral Therapy (DBT) – consent is really important because it is around self-harm and can be dangerous if consent is not given</td>
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<tr>
<th><strong>Eric Bruns</strong></th>
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<td>Need to acknowledge that even the districts that are doing exemplary are still seeing these drastic gaps</td>
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<td>Need a data and assessment tool as well as funding</td>
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<td>Common mental health interventions across the tiers</td>
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**Jerri Clark**

- School refusal is fully ingrained and complicated by COVID

<table>
<thead>
<tr>
<th><strong>Themes from Last Week’s Breakouts</strong></th>
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<tbody>
<tr>
<td>1. More data is needed to address the needs of supports, resources, and student demographics</td>
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<td>2. Cross-agency collaboration issues to align the work that is happening</td>
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<td>3. Training – functional approaches, partnering with families, pre-service training</td>
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<td>4. Resources – dedicated funding, PD for screening, data systems, and connectivity</td>
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<tr>
<th><strong>Prioritizing recommendations</strong></th>
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<tr>
<td>Scope</td>
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<tr>
<td>What is the need?</td>
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<td>Responsibility</td>
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<td>Policy solutions</td>
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<td>Cost</td>
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- Time in order to implement

Consider what can be recommended for 2021, based upon concepts that are ready to be forwarded. Also take cost into consideration to distinguish between short-term and longer term recommendations, given current budget difficulties

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<thead>
<tr>
<th>Report out</th>
<th>Group 1 Lee Collyer:</th>
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<tbody>
<tr>
<td></td>
<td>- How do we help ALL districts develop an integrated system?</td>
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<td></td>
<td>- A statewide framework into district wide strategic planning, integrated into an annual work plan</td>
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<td></td>
<td>- Defining the assessment tools, mental health, wellness.</td>
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<td>- All students should be able to get care when identified. Where are those gaps still? Why are we still saying no to students with the wrong insurance?</td>
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<td>- What are the expectations around MTSS--The Framework, with indicators for districts after district has done assessment</td>
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<td>- District assessments for MTSS implementation that is connected to funding</td>
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<td>- Need dedicated staffing for MTSS</td>
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<td>- Expansion for on-site integrated school based health centers.</td>
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<th>Group 2 Maria Flores:</th>
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<td>- Needs assessment of current capacity</td>
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<td>- Intersectionality of family and student needs- need to identify that these play together</td>
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<td>- Near term recommendations:</td>
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<td>- Longer term:</td>
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<th>Group 3 Justyn Poulos:</th>
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<td>- Use of frameworks as a requirement consistently across state</td>
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<td>- Identify leadership, family, and community engagement early on</td>
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<td>- Re-allocation of funding (LAP) and increase of funds</td>
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<td>- Equity and culturally responsive practices</td>
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<td>- Accountability measures and how to support, collect, and use those measures</td>
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<tr>
<th>Wrap Up/Next Steps</th>
<th>Will be doing work via emails and survey to finalize and rank recommendations</th>
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<td>Next virtual meeting is 9/25/20 9am-12pm</td>
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Other Attendees

- Eric Bruns
- Ann Gray
- Courtney Smith
- Grace Burkhart
- Lorrell Noahr
- Sally McNair
- Kristin Hennessey
- Lucinda Young
- Rep. Tina Orwell
- Jo Ramirez
- Logan Endres
- Megan Wagarcki
- Tristan Eddy
School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group
November 11, 2020
Vision

All students prepared for post-secondary pathways, careers, and civic engagement.

Mission

Transform K–12 education to a system that is centered on closing opportunity gaps and is characterized by high expectations for all students and educators. We achieve this by developing equity-based policies and supports that empower educators, families, and communities.

Values

• Ensuring Equity
• Collaboration and Service
• Achieving Excellence through Continuous Improvement
• Focus on the Whole Child

Washington Office of Superintendent of PUBLIC INSTRUCTION
Equity Statement

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

Ensuring educational equity:

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

• Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.
Tribal Land Acknowledgment

• Squaxin Island Tribe
# Agenda: September 11, 2020

<table>
<thead>
<tr>
<th>No.</th>
<th>Agenda Item</th>
<th>Leads</th>
<th>Time</th>
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<tbody>
<tr>
<td>1.</td>
<td>Land Acknowledgement</td>
<td>Mark McKechnie, OSPI</td>
<td>9:00 – 9:05</td>
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<td>3.</td>
<td>School District Panel, Part 1</td>
<td>Tawni Barlow (Medical Lake SD), David Crump (Spokane SD), Jeannie Larberg (Sumner-Bonny Lake SD), RJ Monton (Snoqualmie SD), Joe Neigel (Monroe SD), Kathryn Yates (Chief Leschi SD)</td>
<td>9:30 – 10:00</td>
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<td></td>
<td>Break</td>
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<td>10:00 – 10:10</td>
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<tr>
<td>1.</td>
<td>School District Panel, Part 2</td>
<td>Tawni Barlow (Medical Lake SD), David Crump (Spokane SD), Jeannie Larberg (Sumner-Bonny Lake SD), RJ Monton (Snoqualmie SD), Joe Neigel (Monroe SD), Kathryn Yates (Chief Leschi SD)</td>
<td>10:10 – 10:55</td>
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<td>5.</td>
<td>Question and Answer</td>
<td>Mark McKechnie</td>
<td>10:55 – 11:05</td>
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<td>Break</td>
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<td>11:05 – 11:10</td>
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<tr>
<td>6.</td>
<td>Public Testimony</td>
<td>Mark McKechnie</td>
<td>11:10 – 11:20</td>
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<tr>
<td>7.</td>
<td>Prioritizing recommendations</td>
<td>OSPI Staff and Members</td>
<td>11:20 – 11:45</td>
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<td>8.</td>
<td>Report out</td>
<td>Members</td>
<td>11:45 – Noon</td>
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Welcome Members and Guests
Members

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

**Voices of Families and Young People:**
Brooklyn Brunette
Jason Steege
Kathryn Yates
Katrice Thabet-Chapin
Molly Merkle
Patti Jouper
Susan Stolsig
Members: Education and Behavioral Health Professionals and Advocates

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

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

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

David Crump, Clinical Director, Spokane Public Schools
Elise Petosa, Member/past president, WASSW

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

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

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

Jeannie Nist, Associate Director, Communities In Schools of Washington
Jerri Clark, Parent Resource Coordinator, WA PAVE

Jill Patnode, Thriving Schools Program Manager, Kaiser Permanente

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

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

Myra Hernandez, Operations and Special Projects Manager, Commission on Hispanic Affairs
Robert Monton, Associate Director of Behavioral Health, Snoqualmie Valley School District

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

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

William (Bill) Cheney, Director of Student Support and Prevention Systems, Mount Vernon School District
OSPI and HCA Staff Supporting the Subcommittee

**OSPI Center for the Improvement of Student Learning:**
- Maria Flores
- Justyn Poulos
- Mark McKechnie
- Robin Howe

**OSPI Special Education:**
- Lee Collyer

**Healthcare Authority:**
- Rachel Burke
- Kimberly Harris
- Ashley Taylor
- Endalkachew Abebaw
Housekeeping: We’re all on the bus
Group Norms

- Share airtime; make sure all voices have the opportunity to be heard
- Stay engaged
- Speak your truth
- Expect and accept non-closure
- Listen with the intent to learn and understand
- Assume positive intentions
- Disagree respectfully
- Clarify and define acronyms
- Develop a definition for BH for the purpose of this group
- Take care of yourself and take care of others
- Ask for clarification
- Listen harder when you disagree
- Avoid using the phrase “committed suicide,” instead refer to it as a cause of death
- Person first language
Facilitator Requests

Audience/guests: please offer your comments during public testimony only.

Members: Please indicate that you want to speak by using the Chat to let us know. The chair or facilitator will recognize you to speak.

Everyone: please bear with us. Communication is more difficult via Zoom, but together we can use it productively.
Six Meetings to Develop Recommendations

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

• Tawni Barlow (Medical Lake SD)
• David Crump (Spokane SD)
• Jeannie Larberg (Sumner-Bonny Lake SD)
• RJ Monton (Snoqualmie SD)
• Joe Neigel (Monroe SD)
• Kathryn Yates (Chief Leschi SD)
Question 1

a. Name and title/role
b. School district and location
c. Size/enrollment
d. Something distinguishing about your district
MEDICAL LAKE SCHOOL DISTRICT

- 17 miles West of Spokane
- Approximately 2,000 students
- 5 Schools: (2 - Elementary, 1 - Middle School, 1 - High School, 1 - Alternative HS) P-12
- One school on a military base
- 4 Universities in the Spokane area (Whitworth, EWU, Gonzaga, WSU)
- Lacking transportation system
- No community Mental Health
- Appx 40% Free and Reduced

Tawni Barlow, Director of Student Services (SpEd, 504, Nursing, & MH)
Background Information

2019-20

• Located in Sumner- Bonney Lake (Between Auburn & Puyallup

• 10, 610 students
  – Two comprehensive high schools
  – One alternative high school program
  – Three middle schools
  – Nine elementary schools
Background Information

2019-20

• 20.1% Free and Reduced Lunch

• Ethnicity
  ▪ 0.66% American Indian/Alaska Native
  ▪ 2.12% Asian
  ▪ 1.23% Black/African American
  ▪ 15.09% Hispanic/Latino of any race(S)
  ▪ 0.52% Native Hawaiian/Other Pacific
  ▪ 10.51 Two or More Races
  ▪ 69.87% White
RJ Monton - Associate Director of Behavioral Health

Snoqualmie Valley School District (North Bend, Snoqualmie, Fall City)

- 7,500 Students
- 10% Free-Reduced
- 3.3% ELL
- 6.7% 504
- 12.2% Special Education
Question 2

In addition to the basic funding your district receives for staffing, how do you use any of the following funding streams to address student behavioral health needs: special education, LAP, Medicaid, others?
Behavioral Health Needs

• Funding
  • Prevention and Intervention Services
  • MTSS-B-coaching and building support
Question 3

What are the partnerships your district has established to help meet student behavioral health needs? Specifically, what do these partnerships provide: Co-located services? Additional staffing? Places to refer students outside of school? Additional funds?
Behavioral Health Partnerships

• Behavioral Health Services
• Mental Health and Substance Abuse Services
• PAL’s Seattle Children’s Hospital and UW Medicine/SMART Center
  • Staff Training
  • Tiered Team Tele-consultation
  • Tele-Health Appointments
Question 3 - Partnerships….

- Snoqualmie Valley Community Network
  - Providing access for students and families to support services in the community
  - Youth Resilience & Community Resources Coordinator

- Local Mental Health providers
  - 4.0 FTE Mental health support in our secondary buildings
  - Best Starts for Kids (SBIRT/TIRP)

- Increased Collaboration with Emergency Responders
  - “Handle with Care”
Break (mute/cameras off)
Question 4

How does your district address social, emotional, and behavioral needs at Tier 1 (universal)? Are there staff members dedicated to providing Tier 1 supports?
Question 4 - Universal SEL needs...

- **Elementary** -
  - Second Step Curriculum - Teachers
  - Pre teaching/Reteaching, Bully prevention supplements - Counselors

- **Middle School** -
  - Mix of Second Step and Materials from Josten’s “The Harbor” - Thru Advisory Model

- **High School**
  - Josten’s Materials - “The Harbor” and “The Pulse”

District Wide - 3 Program Specialists support at the Elementary and Middle Levels, and I support the HS.
TIER 3
- Social Services
- Family Therapy
- Individual Therapy
- FBA and BIP
- Belief Behind the Behavior
- Wrap Around Cnty Services
- PAL Partner

TIER 2
- Social Skills Groups
- Check-in/Check-out
- Group Therapy
- Basic Needs (Social Services & Communities in Schools)

TIER 1
- Student Break Opportunities
- Social Services and Communities in Schools
- MIND Your Health Newsletters
- MIND Your Health FREE Education Classes (staff and families)
- Behavioral Health Literacy: Mental Health First Aid and Substance Use Prevention
- SEL Curriculum
- Teaching and Practicing School-wide Expectations & Encouragement System + Care Coaches
## GO! Project MTSS Overview

**Intense Support for students at high risk for volatile or unpredictable behaviors:**

- FBA - Behavior Intervention Plan
- Specially Designed Instruction
- Data Collection Tools
- Visual Charts

**Intermediate Support for behaviorally at-risk students:**

- Overview
- Behavior Charts & Contracts
- Class Pass
- Rewards
- Self Monitoring
- Student Intervention Matching Form (SIMS)
- Direct Behavior Rating Form

**Behavioral supports and strategies provided for all students:**

- Classroom Management
- PBIS
- Relationships
- Screeners and SIMS
- Think Sheets

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**Replacement Behavior**

- Implementation PowerPoints
- Escalation Cycle

**Check-In / Check-Out Monitoring**

- Positive Peer Reporting
- School to Home Communication
- Small Group Social - Emotional Training
- Implementation PowerPoints
- Efficient Functional Behavior Assessment

**Good Behavior Game**

- Reinforcement & Motivation
- Response to Problem Behavior
- Social Emotional Learning

**Start Here for a Proactive Checklist**

- TIPS

**GO Project PD Videos**

- SWIS
Question 5

What options does your district have for providing Tier 2 or Tier 3 behavioral health supports in the general education setting?

What do you wish you could do more of in this area?
Purpose Statement: Integration of education and mental health through Interconnected Systems Framework within an MTSS framework to improve the academic success rates and well-being of MLSD students.

Goal 1: To enhance the capacity of MLSD and its partners to work collaboratively to identify and address the social, emotional, academic, behavioral, substance use and mental health needs of students in the community.

Goal 2: To build the capacity of all district schools to implement and sustain a school-wide, multi-tiered system of academic and behavioral supports in order to improve school climate and culture and develop safer, more effective learning environments for all students.

Goal 3: Improve educational, behavioral, mental health, reduction in drug use, and social outcomes among students of all MLSD students.
Question 6

What are the biggest gaps you see between student behavioral health needs and your district’s resources to meet them?
Question 6 - Gaps….

Biggest Gap - Lack of Distributed Leadership

Secondary Gap - Lack of an external accountability measure

Of course - Unfunded mandates
Gaps in Behavioral Health Services

• Consistency across all buildings & classrooms
• Required & designated time for professional development for All staff
• Access to behavioral health providers in all buildings for All students.
Question 7

What is your district’s most successful program or biggest accomplishment in terms of meeting the behavioral health needs of your students (and staff, families, etc.)?
Medical Lake School District (MLSD) is building a comprehensive and aligned multi-tiered system of supports (MTSS) to address mental and behavioral health through a single system of delivery to ensure that evidence-based practices are provided effectively and efficiently.
Success/Accomplishments

• Behavioral Health Awareness
  • PAL’s (UW SMART Center/Seattle Children’s Hospital)
  • School Counselors at all buildings-Trainings to provide evidence based practices (CBT, DBT and Trauma)
• MTSS-B focus on social, emotional, and behavioral needs
Medical Lake Video

Mind Your Health

https://youtu.be/BKO9kfClgWk
Public Testimony
If you wish to provide public testimony

• Please notify the chairs and facilitators using the chat
• Please limit your testimony to no more than three minutes
Themes from last week’s breakouts
Scope -- HB 2737 (2020): School-based Behavioral Health and Suicide Prevention

“The advisory group shall advise the full work group on creating and maintaining an integrated system of care through a tiered support framework for kindergarten through twelfth grade school systems defined by the office of the superintendent of public instruction and behavioral health care systems that can rapidly identify students in need of care and effectively link these students to appropriate services, provide age appropriate education on behavioral health and other universal supports for social-emotional wellness for all students, and improve both education and behavioral health outcomes for students.” (Sec. 5)
1. More Data Needed

• Support for BIPOC providers?
• How many school-based behavioral health providers are there?
• How many students need BH services; how many are getting them?
• Gaps in resources?
• Gaps in funding, workforce?
2. Cross-agency collaboration

• Legal issues: confidentiality, liability, telehealth
• Alignment of supports between school staff and BH providers
• CBO partnerships at state and district levels
• More prevention (Tier 1 supports)
3. Training

• Functional approaches to behavior
• Culturally responsive and relevant
• Partnering with families
• BH needs across developmental stages: elementary, early adolescence, and adolescence
• Pre-service training on BH and suicide prevention
4. Resources

• Increased and dedicated funding for social workers, school counselors, behavior support techs
• Dedicated funding to provide Tier II interventions
• Resources and PD for screening
• Integrated data systems
• Internet connectivity
5. Training

• Using functional behavior approaches
• Culturally competent and responsive behavioral health services for BIPOC communities
• Partnering with families to better understand student needs
• Understanding behavioral health needs across developmental stages: elementary age, early adolescence, and adolescence
• Pre-service/pre-certification training on behavioral health and suicide prevention
Breakout Rooms

Recommendations related to scope:

• Integrated system of care through tiered support framework, K-12
• Identify students with behavioral health needs
• Education and prevention
• Link students with behavioral health supports
Begin Refining and Prioritizing

- Within scope?
- Need is clear?
- Who is responsible?
- What is the policy solution?
- What are the costs?
- Time to implement?

- Identify longer-term priorities for 2022 and beyond
Report back
Thank you!