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

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

**Date:** 4.1.22  
**Time:** 9 am – Noon

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

- What are your asks; what do we want out of this committee?

Healthy you survey Oct 2021 Results
Emily Maughan, Office of Superintendent of Public Instruction (OSPI)

See page 24 for slide deck.

Highlights

- What is it: Every two years a survey is given to students in grades 6-12? Historically, student is surveyed on even years. Going forward it will be on odd years because the survey wasn’t administered in 2020 due to COVID-19.
- Before 2020, the number of students surveyed stayed consistent since the start of the survey in 1998.
- It was an option to take the survey at home, yet 99% did take it in person at school.
- Numbers of student’s surveyed dropped for several reasons, we don’t yet know the full picture – we don’t know why a lot of things have changed and we won’t until we have more time to analyze and contextualize the results.

Substance Use:
- Tobacco use has been down as well, we don’t know if that’s a factor of access being down since kids were around friends/peers less during COVID.

Vaping:
- Vaping decreased from 2018.
- In 2019, there was more focus from a public health perspective on the dangers of vaping – likely a factor in the decrease but we don’t know the whole picture.

Mental Health:
- Feelings of sadness/hopelessness
  - Female’s much more likely to answer yes to this question.
  - Large disparities for LGBTQ+ youth as well.
- If sad/hopeless - someone they can go to?
  - Expanded list of coaches and other adults around students regularly in school.
- Anxiety
  - Large jumps, particularly around ability to stop/control worrying.
- Suicide
  - Attempted suicides did decrease across all three age groups.
  - 6th graders are asked these questions but in different wording.
- Bullying
  - Decreased in the data.
- Harassment
  - Highest for 8th grade.
- Missing school due to safety
  - Did you feel safe in school? Did you miss school because you didn’t feel safe?
- There are people from my school who will help me if I need it
  - Because of COVID, changed person ‘in’ my school to person ‘from’ my school.

Hope Scale:
- Answer 4 hope scale questions and then they get a Hope score.
- Children’s Hope Scale was introduced in 2018.
  - All questions weren’t asked to all students in 2018, asked to all students in 2021.

**Superintendents own their district’s data – need to ask them directly if interested in seeing district level data**
Supporting Links for accessing Healthy Youth Survey data:
https://www.k12.wa.us/student-success/health-safety/healthy-youth-survey
https://www.ashys.net/

Contact Info: Emily.Maughan@k12.wa.us

Comments/Questions:

Rep. Lisa Callan:
- It seems like there is some disconnect between HYS data and hospitalization data [regarding hospitalization for mental health concerns/suicidality], is there work to analyze across these data sources?
  - Emily Maughan: Want to connect with DOH about this information to better understand the differences.
- Could some of the difference be in the # difference between number of students who took survey in 2021 versus the number in 2018?

Joe Neigel (in chat):
- “2023 may be the most important HYS survey year for this workgroup. The behavioral health data we’re seeing in the Healthy Youth Survey isn’t just historically low… its unthinkably low. We may have to come to terms with the fact that in-person school attendance is a predictive risk factor for substance abuse, anxiety, depression, and suicidality.”

Avreayl Jacobson (in chat):
- “Joe, one thought I have re. your comments, I wonder if the fact the HYS is voluntary coupled w/the historically low response rate and the exponentially higher BH symptoms, needs, and suicidal ideation and attempts per hospital data makes sense. I.e., kids are more withdrawn, emmeshed or awash w/BH needs.”

Joe Neigel (in chat):
- “Great thoughts, Avreayl. I haven’t seen that the response rates were lower, and the epidemiologists screen out unreliable surveys (we are ideally looking for response rates higher than 80% of the student body for maximum reliability). Although I have not yet taken my data to the community to obtain context, I believe that increased parental monitoring may have contributed to increased emergency room rates: so, parents noticed when things were going wrong and were home to take them to the hospital.”

Rachel Axtelle (in chat):
- “My daughter is a senior in high school and runs a disability advocacy group. This data is aligned with comments she has made about students in her school.”

Gwen Loosmore (in chat):
- “Do you have a sense of whether the students who are currently unaccounted for might account for these results being more positive?”
- “Just wondering whether we are really seeing an improvement in some of the suicidality or whether it is really in the uncertainty of the numbers…”

Joe Neigel (in chat):
- “In Snohomish County we had zero completed youth suicides for an 18-month period that coincided with distance learning. We have no comparable gaps ever in the completed suicide rate according to our Health District.”

Jerri Clark (in chat):
- “@Joe this is so important to note. I’m talking to so many families who say depression/anxiety and suicidal ideations are almost entirely related to what happens AT school.”
Joe Neigel (in chat):
  • “To be clear, my recommendation is NOT to stop in-person schooling, but - through this group - to continue to advocate for school-based mental health promotion and prevention across all tiers of service. If we are introducing the risk, we should be proactive in responding to the vulnerabilities the system creates. Our obligation is not to change the kids to fit the system, but to change the system to fit the kids.”
  • “Again - increased admission rates could be the result of increased monitoring by parents and all of the work the state departments have done with communities to reduce stigma.”

Avreayl Jacobson (in chat):
  • “I can verify sharp increases in calls to our crisis line.”

Jerri Clark (in chat):
  • “Here’s a note I took while listening: Hopeful students are more interested in schoolwork, see people who are helpful at school, find school to be relevant to their lives, and are academically successful. These are things that fail in so many student services programs I review.”

Joe Neigel (in chat):
  • “Avreayl - sharp increases since we’ve returned to in-person learning?”

Kody Russell (in chat):
  • “Yes Jerri! Very excited about the OSPI Hope Navigator training work that is happening right now... hoping to build K-12 capacity and understanding of hope and how to build it!”

Jerri Clark (in chat):
  • “@Kody, I’d love to know more about that and how to share that project information with families and help them understand how to get involved.”

Kody Russell (in chat):
  • “Kitsap Strong is facilitating the work in partnership with OSPI and Dr. Chan Hellman from Hope Research Center at University of Oklahoma; to learn more visit: https://www.kitsapstrong.org/"

**Youth Engagement Services (YES)**
Ashley Magnum Pediatric Mental Health – Mary Bridge Children’s Hospital

*See page 61 for slide deck.*

**Highlights**

- Pediatric MH has become one of the earliest forms of prevention.
- 20% increase in number of kids coming to the emergency room for behavioral health care.
- Kid’s Mental Health Pierce County formed at first Pierce County Behavioral Health summer in 2018.
- Wanted to create this programming for youth regardless of medical coverage.
- Goes beyond behavioral health helping elevate a stressed system and elevating stress for youths and families.
- Limited data.
  - Question: How do we start this in school districts outside of the three we currently partner with?
    - Just starting to explore collaboration with Healthcare Authority to open this kind of programming to the rest of Washington state.
What is Behavioral Health [revisited]
Christian Stark, Office of Superintendent of Public Instruction (OSPI)

See page 76 for slide deck.

Highlights
- At the February meeting we did a breakout room activity where we brainstormed to create a shared definition of behavioral health.
- The slides presented here give an overview of the responses we got from that activity via Padlet.
- Several levels of intervention: Stresses.
- We wanted to use this information to ground us as we get into the work, we want to accomplish this year with this Subcommittee.
- Our job is to share concrete recommendations aimed at improving the behavioral health system in WA to the larger CYBHWG, to be ultimately taken up by the members of the legislature next session (2023 session).

State of the State of School-based Behavioral Health
Lee Collyer, Office of Superintendent of Public Instruction (OSPI)

See page 84 for slide deck.

Highlights
- Guiding question for this group: what are our recommendations to the larger CYBHWG going to be?
- President Biden Announces Behavioral Health crisis in schools and funds to help deal with the crisis.
- HB 1664 increased state funding allocation formula for the four student support positions; WA is ranked low in the Hopeful Future Campaign report because the bill had not yet passed.
  - Rep Lisa Callan- HB 1664 was a big win for this committee. Schools can use the additional funding for nurses, counselors, social workers, or school physiologists.
  - There are barriers in place to make sure the funds go to the listed uses only.
- Funding supports is an area of big opportunity for work in WA.
  - "The implementation of the [Medicaid] state plan amendment allowed Michigan to expand services. Prior to implementation schools were servicing 108,000 students and can now serve 980,000 students. They were also able to increase behavioral health providers from 1,700 to 3,000 in three months."
- Wellbeing checks. Washington has no requirement. If you screen you must intervene.

Relevant Links:
- [https://hopefulfutures.us/action-washington/](https://hopefulfutures.us/action-washington/)
- Padlet: [https://padlet.com/leecollyer/sgd4jka2agcbg7j6](https://padlet.com/leecollyer/sgd4jka2agcbg7j6)

Comments/Questions:
Bobby Trevino (in chat):
- "I think coaches in every school hold much influence. hopefully they could be evaluated and trained to notice and see students THAT MIGHT BE STUGGLING. Physical education teachers can also be very impactful. It’s proven that physical effort helps with different types of mental health issues. These are educators and coaches that are already (BOOTS ON THE GROUND) Lets use them as avenues.”
Joe Neigel (in chat):

- “I think we need to be very clear on what these roles do in practice, not in concept. School Counselors are trained academic counselors. SSB 5030’s alignment with ASCA means they should primarily be focused on whole school and small group prevention and intervention. School Psych’s RARELY have the capacity to do anything more than Special Ed evaluations, and the cost of schooling is limiting the workforce. School Social Workers are virtually non-existent, and very few schools have case managers to come alongside families to coordinate access to stabilizing resources.”
- “All that to say - It’s not just the investment that’s needed, but also a clarity and broad understanding of what these roles actually do.”
- “In Monroe, we're committed to the MTSS model, have LMHC's, Cooccurring Disorders Specialists, community mental health, case managers, School Counselors and family liaisons, but I break my back to navigate the grant funding needed to sustain our staff and approach.”

Elise Petosa (in chat):

- “We have more school social workers than it may appear. Many times, we have many different titles in our state, McKinney Vento coordinator, behavior health personnel, etc.”

Joe Neigel (in chat):

- “As a school system, we could implement the PHQ-2 and PHQ-9 at no cost, and very minimal training for that universal screening, but ethically where do we send them if they do screen as at-risk?”
- “Elise - I hear you, but each of those roles have a specific function.”

Elise Petosa (in chat):

- “Joe - if we utilized school social workers in their true function/role, I think it would be powerful!”

What can we do/ what should we do? Shareout:

- Funding supports the use of Medicaid as stainable for prevention services.
- Educator training supporting school based mental health.
- Finding the kids that are internalizing.
- How is this individualized for the student?
- Move away from usual supports and more needs.

Comments/Questions:

Jerri Clark (in chat):

- “@Enos, I love that--coaches, art teachers, music...bringing joy back into a student’s experience is so key!”

Lee Collyer (in chat):

- “A positive school climate is transformative.”

Prudence Medina (in chat):


Jerri Clark (in chat):

- “I've seen behavior plans with "student will stop being rude" as a behavior goal. Best practices need a lot more training.”
Joe Neigel (in chat):

- “Much research shows that vulnerable families tend to be aware of the resources available in their communities but are unsuccessful at accessing them on their own or sustaining engagement in them. Thus - school based case management can significantly stabilize vulnerable families.”

RJ Monton (in chat):

- “@Joe... yes access needs to be equitable, not just awareness.”

Karen Kelly (WSCC, in chat):

- “Thank you for sharing, Jerri, and Lee on the comments. Our plans should remember that each behavior can be traced back to an unmet need and when we can identify that need, we can better come up with a way to change the behavior and stay away from "smile more" or "don't be rude" etc.”

Prudence Medina (in chat):

- https://mhttcnetwork.org/centers/content/mountain-plains-mhttc

Christian Stark (in chat):

- “Options for accessing Medicaid services are still largely limited in WA to students with an IEP or 504 I think in ways underlying a reliance on a 'diagnosis' for accessing BH care in schools funded by Medicaid.”

Shanna Muirhead (in chat):

- “HCA’s SBHS program provides reimbursement for IEP services (not 504 services). However, school districts/ESDs can contract w/ the Medicaid managed care organizations (MCOs) to bill for non-IEP services.”

Gwen Loosmore (in chat):

- “I'm not sure what the legislative ask would be, perhaps more funding for centers to provide resources (analogous to PAVE), or approaches like YES, but I would love to see more family education and engagement at every level, so that there is a greater school/community partnership in identifying and assisting youth who are struggling even before issues show up as behavioral health in the schools.”

Lee Collyer (in chat):

- “Community Schools Managers do this in other states”

Rachel Axtelle (in chat):

- “This would be a great resource for rural communities”

Jerri Clark (in chat):

- “I know families who have asked their school to allow an outside provider in and they are (in error) told that provider cannot come to the school because it violates FERPA. staff training.”

Donna Bottineau (in chat):

- “Could this be done by a peer”

Prudence Medina (in chat):

- “The reason why we need more SBHC in the state”
Bobby Trevino:

- “Using people in place. 215 schools in Wash. 8 sports, 4 coaches per sport. 32 possible avenues in a school. 32x215 = 6,880 possible avenues. Daniel Smith has a great option, proven models.”

Public Comment

- Karen Kelly: Meeting space time is too short. Could we get more time? People are talking too quickly; can we slow down please.
- Jerri Clark and Daniel Smith: Started Youth Suicide Collaborative in Southwest Washington, focus is on supporting both adults and kids so that they don’t feel alone.
  - Includes tools for people that are not licensed.
  - Trusted adult program.

Attendees:

Staff:
Alexandra Toney (Office of Superintendent of Public Instruction)
Ann Gray (Office of Superintendent of Public Instruction)
Armando Isais-Garcia (Office of Superintendent of Public Instruction)
Barb Jones (Office of Insurance Commissioner)
Christian Stark (Office of Superintendent of Public Instruction)
Cindi Wiek (Health Care Authority)
Enos Mbajah (Health Care Authority)
Jason McGill (Health Care Authority)
Maria McKelvey Hemphill (Office of Superintendent of Public Instruction)
RJ Monton (Office of Superintendent of Public Instruction)

Guests:
Alice Palosaari - HDC
Ashok Shimoji-Krishnan
Building Changes Program
Bobby Trevino
Cameron Long - WA State SRC
Daniel Smith
Emily Contreras
Erica Chang
Erin Carosa
Healthy Generations
Hope Baker
Jamie Kautz
Joey Heilman, Building Changes
Jolie’ Knight
Julie Peterson - Healthy Generations
Libby Hein
Lisa Callan - WA Representative 5th Legislative District
Liz Kenney
Maame Bassaw
Marissa Ingalls - Coordinated Care
Marta Bordeaux - Child and Adolescent Clinic
Megan Wargacki
Monica Webster
Negheen Kamkar
Patrick
Roz Thompson - AWSP
Sam Mintz
Shanna Muirhead, Health Care Authority
Summer Hammons
Sylvia Gil
Thalia Cronin - CHPW
Vanessa Adams - Mary Bridge
School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

April 1st, 2022
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.
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
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.
We start today with a land and water acknowledgement. OPSI is here in Olympia, on the traditional territories of the Coast Salish people, specifically the Squaxin Island peoples. Tribal peoples of the South Puget Sound region are signatories of the Treaty of Medicine Creek, signed under duress in 1854. The employees of the State of Washington participating here today are guided by the Centennial Accord and chapter 43.376 RCW — respecting and affirming tribal sovereignty and working with our tribal governments throughout the state in government-to-government partnership.
<table>
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<tr>
<th>#</th>
<th>Agenda Items</th>
<th>Time</th>
<th>Lead</th>
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<tbody>
<tr>
<td>1.</td>
<td>Introductions and Group Agreements</td>
<td>9:00 a.m.</td>
<td>Lee Collyer &amp; Rep. My-Linh Thai</td>
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<td>2.</td>
<td>Healthy Youth Survey October 2021 Results</td>
<td>9:15 a.m.</td>
<td>Emily Maughan, OSPI Substance Abuse Prevention Program Supervisor</td>
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<td>3.</td>
<td>Youth Engagement Services (YES) Sumner-Bonney Lake School District Model</td>
<td>10:00 a.m.</td>
<td>Ashley Mangum, Mary Bridge Children's Hospital</td>
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<td>Break</td>
<td>10:30-10:40 a.m.</td>
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<td>4.</td>
<td>State of the State of School-Based Behavioral Health Presentation &amp; Group Discussion</td>
<td>10:40 a.m.</td>
<td>Lee Collyer</td>
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<td>5.</td>
<td>Public Comment</td>
<td>11:40-11:55 a.m.</td>
<td>Christian Stark</td>
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<td>6.</td>
<td>Closing reminders and June meeting</td>
<td>11:55-12:00 p.m.</td>
<td>Christian Stark</td>
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<td>7.</td>
<td>Meeting Adjourned</td>
<td>12:00 p.m.</td>
<td>Christian Stark</td>
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Welcome Members and Guests
Members: Co-Chairs & Voices of Families and Young People

**Co-Chairs:**
- Rep. My-Linh Thai
- Lee Collyer

**Voices of Families and Young People:**
- Anna Ashe
- Cibeles Tomaskin
- Donna Bottineau
- Kristina Faltin
- Lydia Felix
- Pearle Peterson
Members: School, District, & ESD Staff

Catherine MacCallum-Ceballos, Vancouver Public Schools
Courtney Sund, Highland School District
David Crump, Spokane Public Schools
Erin Wick, Association of Educational Service Districts
Jeannie Larberg, Sumner-Bonney Lake School District
Members: School, District, & ESD Staff

Joe Neigel, Monroe School District & Community Coalition
Michelle Sorensen, Richland School District
Rachel Axtelle, South Kitsap School District
Tawni Barlow, Medical Lake School District
Members: Behavioral Health Staff

- Ashley Mangum, Mary Bridge/Kids Mental Health Pierce County
- Avreayl Jacobson, King County Behavioral Health and Recovery
- Elizabeth Allen, Tacoma Pierce County Health Department
- Harry Brown, Mercer Island Youth & Family Services
Members: Advocacy & Other Professional Staff

Addy Wissel, WA School Counselors Association
Avanti Bergquist, WA State Council of Child and Adolescent Psychiatrists
Cassie Mulivrana, WA State Association of School Psychologists
Elise Petosa, WA Association of School Social Workers
Gwen Loosmore, WA State PTA
Jeannie Nist, Communities In Schools of WA
Jerri Clark, Partnerships for Action, Voices for Empowerment [PAVE]
Jill Patnode, Kaiser Permanente
Members: Advocacy & Other Professional Staff

- Katherine Seibel, Committee for Children
- Kelcey Schmitz, UW SMART Center
- Larry Wright, Forefront Suicide Prevention, UW-School of Social Work
- Logan Endres, WA State School Directors' Association
- Megan Veith, Building Changes
- Prudence Medina, WA Association for Community Health
- Sandy Lennon, WA School-Based Health Alliance
Staff Supporting the Subcommittee

**Office of Superintendent of Public Instruction**
- Maria Flores
- Armando Isais-Garcia
- Maria McKelvey Hemphill
- RJ Monton
- Justyn Poulos
- Christian Stark
- Alexandra Toney

**Healthcare Authority:**
- Rachel Burke
- Diana Cockrell
- Enos Mbajah
- Jason McGill
- Cynthia (Cindi) Wiek

**Office of the Insurance Commissioner:**
- Barbara (Barb) Jones
Group Agreements

- 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
Healthy Youth Survey  October 2021 Results
Emily Maughan, Substance Abuse Prevention Program Supervisor, OSPI
2021 Healthy Youth Survey Data

Emily Maughan
Substance Use Prevention Program Supervisor
OSPI
What is it?

• Voluntary
• Anonymous
• Administered every 2 years in the Fall to students in grades 6 to 12
  • Results are released in March of the following year
Funding for the 2021 survey is provided by the Dedicated Marijuana Account (DMA) and the U.S. Center for Substance Abuse Prevention, Substance Abuse Block Grant.
HYS 2021

- Over 208,000 students
- All 39 Counties
- 215 school districts
- 877 schools
How accurate are the results?

• Do students tell the truth?
• Can I trust the results?
Unique things since 2018 survey

• Various legislative bills have passed
  • Tobacco 21
• World Events;
• COVID-19...
  • Schools closed, went remote; reopened
  • Social isolation...
• 2021 Survey was administered 99% electronically
  • 99% of students took the survey “in-person”
Keep this in mind....

• Pandemic impact on the results will be easier to distinguish from existing trends with future survey years.

• Caution should be used when comparing HYS 2021 data to other years, particularly when examining larger shifts in trend.
Substance Use (alcohol, cannabis, rx, poly)

• Substance use decreased significantly across substances, age groups, and other demographics.

• Perceived risks associated with substance use increased.

• We cannot provide a single explanation for this trend nor do the data indicate if this will persist as youth return to pre-pandemic activities.
Tobacco and Vaping

• Both tobacco and vaping decreased significantly across age groups, both current and ever use.

• Perceived access to cigarettes decreased.

• Perceived risk of vaping continued an upward trajectory from prior years.
Mental Health

• Continues to be a challenge for WA youth, across ages

• Feelings of
  • Sadness
  • Hopelessness
  • Suicidal ideation, planning, and attempts remained steady or decreased compared to 2018,

• Higher rates of poor mental health in
  • Females
  • LGBTQ+, 
  • Student from migratory families
  • Students identifying as having a disability

• Increased feelings of anxiety were reported as well.
Statewide relationship between feeling sad/hopeless and demographics, Grade 10

- Asian or Asian American*: 32%
- American Indian or Alaska Native*: 50%
- Black or African-American*: 38%
- Hispanic*: 43%
- Native Hawaiian or other Pacific Islander*: 43%
- White*: 39%
- Other*: 41%

Data from 2021 HYS State Sample
Data from 2021 HYS State Sample
145. If you feel sad or hopeless almost every day for two weeks or more in a row, to whom would you most likely turn for help? Choose all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Grade 6</th>
<th>Grade 8</th>
<th>Grade 10</th>
<th>Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sibling or cousin</td>
<td>**</td>
<td>24.7%</td>
<td>25.0%</td>
<td>24.6%</td>
</tr>
<tr>
<td>b. Teacher, school counselor, or other adult in my school</td>
<td>**</td>
<td>10.4%</td>
<td>9.7%</td>
<td>11.5%</td>
</tr>
<tr>
<td>c. Friend or peer</td>
<td>**</td>
<td>40.7%</td>
<td>45.2%</td>
<td>48.6%</td>
</tr>
<tr>
<td>d. Parent/Guardian</td>
<td>**</td>
<td>37.0%</td>
<td>34.0%</td>
<td>34.5%</td>
</tr>
<tr>
<td>e. Religious/faith leader</td>
<td>**</td>
<td>4.3%</td>
<td>4.1%</td>
<td>4.9%</td>
</tr>
<tr>
<td>f. Coach</td>
<td>**</td>
<td>4.2%</td>
<td>5.9%</td>
<td>5.3%</td>
</tr>
<tr>
<td>g. Other adult that’s not my parent</td>
<td>**</td>
<td>8.7%</td>
<td>9.1%</td>
<td>10.4%</td>
</tr>
<tr>
<td>h. I don’t have anyone I would talk to.</td>
<td>**</td>
<td>12.0%</td>
<td>12.2%</td>
<td>13.1%</td>
</tr>
<tr>
<td>i. I have not felt sad or hopeless for two weeks or more in a row.</td>
<td>**</td>
<td>28.3%</td>
<td>23.9%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>
Feeling Anxious and not able to Stop Worrying...
Students who report feeling nervous, anxious or over the edge or not being able to stop or control worrying in the past 2 weeks

<table>
<thead>
<tr>
<th></th>
<th>8th</th>
<th>10th</th>
<th>12th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious, nervous or on edge 2018</td>
<td>55%</td>
<td>67%</td>
<td>68%</td>
</tr>
<tr>
<td>Not able to stop or control worrying 2018</td>
<td>45%</td>
<td>55%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Feeling Anxious and not able to Stop Worrying...
Students who report feeling nervous, anxious or over the edge or not being able to stop or control worrying in the past 2 weeks

<table>
<thead>
<tr>
<th></th>
<th>8th</th>
<th>10th</th>
<th>12th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious, nervous or on edge 2021</td>
<td>62%</td>
<td>69%</td>
<td>74%</td>
</tr>
<tr>
<td>Not able to stop or control worrying 2021</td>
<td>50%</td>
<td>56%</td>
<td>63%</td>
</tr>
</tbody>
</table>
Suicidal Feelings and Actions...

2018

Students who report considering suicide, making a suicide plan, and attempting suicide in the past year

- 8th
- 10th
- 12th

2021

Students who report considering suicide, making a suicide plan, and attempting suicide in the past year

- 8th
- 10th
- 12th
Bullying

• Fewer 8th and 10th graders reported bullying compared to 2018, continuing a downward trend since 2012.

• Decrease in bullying based on race/ethnicity/national origin
  • Stable for other topics
Harassment...

Students who report being harassed or bullied at school due to their perceived sexual orientation or race or by a computer or cell phone in the past month

<table>
<thead>
<tr>
<th>% of Students</th>
<th>8th</th>
<th>10th</th>
<th>12th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harassed due to sexual orientation</td>
<td>15%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>Harassed due to race</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Bullied through social media, phone, or video games</td>
<td>18%</td>
<td>12%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Data from 2021 HYS State Sample
Missing school due to safety...
Students who report not going to school because they did not feel safe

<table>
<thead>
<tr>
<th>Year</th>
<th>8th</th>
<th>10th</th>
<th>12th</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>9%</td>
<td>11%</td>
<td>11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>8th</th>
<th>10th</th>
<th>12th</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>9%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>
When Protective Factors Outweigh Risk Factors

Child is likely to be resilient.

When Risk Factors Outweigh Protective Factors

Child is likely to be disadvantaged.
<table>
<thead>
<tr>
<th><strong>Peer-Individual Risk Factors</strong></th>
<th><strong>Substance Use</strong></th>
<th><strong>Delinquency</strong></th>
<th><strong>Teen Pregnancy</strong></th>
<th><strong>School Dropout</strong></th>
<th><strong>Violence</strong></th>
<th><strong>Depression &amp; Anxiety</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends Who Use Drugs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Favorable Attitudes Towards Drug Use</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Initiation of Drug Use</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Risk of Drug Use</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family Risk Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor Family Management</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Parental Favorable Attitude Towards Drug Use</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School Risk Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Failure</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Low Commitment to School</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Risk Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Availability of Drugs</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Availability of Handguns</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laws and Norms Favorable to Drug Use</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Neighborhood Attachment</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

✓ = Risk Factor associated with increased likelihood of health risk behavior.
Risk Factor: Low Neighborhood Attachment
All Grades, 2021

% of Students at Risk

<table>
<thead>
<tr>
<th>Grade</th>
<th>6th</th>
<th>8th</th>
<th>10th</th>
<th>12th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>State</td>
<td>N/A</td>
<td>32% ±3</td>
<td>40% ±4</td>
</tr>
</tbody>
</table>

N/A
<table>
<thead>
<tr>
<th><strong>Family, School, and Community Protective Factors</strong></th>
<th>Substance Use</th>
<th>Delinquency</th>
<th>Risky Sexual Behavior</th>
<th>School Dropout</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities for Prosocial Involvement</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rewards for Prosocial Involvement</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
</tbody>
</table>

✔️ = Protective Factor has a positive influence against the health risk behavior
Protective Factor: Opportunities for Prosocial Community Involvement with Component Questions (Q) Grade 10, 2021

- Opportunities for Prosocial Community Involvement: 60%
- Q: Sports teams and recreation: 77%
- Q: Service clubs: 56%
- Q: Activity clubs: 66%
- Q: There are adults I can talk to: 65%
Risk Factor: Low Commitment to School with Component Questions (Q:)
Grade 10, 2021

- Low Commitment to School: 57%
- Q: School work not meaningful: 34%
- Q: Learning not important for future: 40%
- Q: Cut school in past month: 17%
Protective Factor: Opportunities for Prosocial School Involvement with Component Questions (Q:)
Grade 10, 2021

% of Students Protected

- 70% Opportunities for Prosocial School Involvement
- 61% Q: Can make class decisions
- 80% Q: Can talk to teacher
- 88% Q: Can be in class discussions
- 93% Q: Can do activities outside of class
There are people from my school who will help me if I need it?

- **Grade 8**: 72% (Yes) - 28% (No/Not Sure)
- **Grade 10**: 72% (Yes) - 28% (No/Not Sure)
- **Grade 12**: 75% (Yes) - 25% (No/Not Sure)

Data from 2021 HYS State Sample
Pathway Questions:
- I can think of many ways to get the things in life that are most important to me.
- When I have a problem, I can come up with lots of ways to solve it.

Pathways thinking is a child’s belief in their capacity to find multiple ways to reach their goals.

Agency Questions:
- I am doing just as well as other kids my age.
- I think the things I have done in the past will help me in the future.

Agency thinking is a child’s self-efficacy and motivation to use multiple ways to reach their goal.
Statewide Relationships between High Hope, Grade 10

Courses are very or quite interesting
- No, Low, Slight, or Moderate Hope: 17%
- High Hope: 34%

Current learning will be important later in life
- No, Low, Slight, or Moderate Hope: 20%
- High Hope: 35%

People in school help if needed
- No, Low, Slight, or Moderate Hope: 64%
- High Hope: 84%

Mostly getting A's or B's in school
- No, Low, Slight, or Moderate Hope: 64%
- High Hope: 85%
Statewide Relationships between High Hope, Grade 10

- Absent from school in past month: 67% Non-Hope, 58% Hope
- Didn't eat breakfast: 55% Non-Hope, 35% Hope
- Don't feel safe during school: 23% Non-Hope, 10% Hope
- Current marijuana use: 9% Non-Hope, 5% Hope
- Felt sad or hopeless in past 2 weeks: 51% Non-Hope, 22% Hope
- Seriously considered suicide: 29% Non-Hope, 9% Hope
Available to the Public:

- State
- County
- Education Service Districts (ESD)
- Special Regions; BHO; RSA, ACH

Results all found on Askhys.net
Healthy Youth Survey Resources

- Alignment of AWSP Leadership Framework and the Healthy Youth Survey (PDF)
- Basics of the Healthy Youth Survey (PDF)
- HYS EDS Access instructions (PDF)
- HYS Results Access instructions (PDF)
- HYS Q X Q Analysis instructions (PDF)
- What are Risk and Protective Factors (PDF)

2021 Survey Questions by Topic

- 2021 Attendance Questions (PDF)
- 2021 Mental Health Questions (PDF)
- 2021 Physical Health Questions (PDF)
- 2021 School Climate Questions (PDF)
- 2021 Substance Use Questions (PDF)
- Children's Hope Scale (PDF)
Questions?

• Contact Emily Maughan
  Emily.Maughan@k12.wa.us
  360-725-6030
Youth Engagement Services (YES)
School District Partnership Model

Ashley Mangum, Mary Bridge Children's Hospital
A Cross-System, Collaborative Treatment Model: Youth Engagement Services (YES)

Ashley Mangum, MSW, LICSW
Program Manager of Pediatric Mental Health, Mary Bridge Children’s

April 1, 2022
“There is nothing more important than addressing the mental health needs of children and families. This is how we change the trajectory for better health outcomes later in life and create equity and access within our systems.”

Joe LeRoy
President & CEO HopeSparks
Creating a Coordinated Pediatric Behavioral Health System

- Consistent with trends across our nation, the mental health challenges facing children and adolescents within Pierce County have reached crisis proportions, with concerning decrease in the age of onset of serious symptoms.
- System fragmentation as well as access, workforce, and crisis capacity challenges currently present significant barriers to serving youth who are most in need.
- Mental Illness represents the 2nd and 3rd leading cause of hospitalization for Pierce County children ages 10-18.
- Suicide is now the single leading cause of death for Washington young people ages 10 through 24, with total deaths 22 percent higher than for vehicle crashes.
- Within the past 4 years, emergency room visits for children with a primary diagnosis of behavioral or mental health condition has risen by 400% at Mary Bridge Children’s Hospital, our county’s only children’s hospital.
Kids’ Mental Health Pierce County

- Kids’ Mental Health—Pierce County (KMHPC) is dedicated to developing a coordinated, responsive behavioral health system that serves the needs of children, youth and families at the right time, in the best place, with the best outcome for every family.
- Our shared values engender trust and link coalition members together. Children are at the center of our work. We are committed to supporting children’s well-being, promoting cultural responsiveness and equity, and incorporating youth and family voice into our work.
- KMHPC coordinates with initiatives focused on young children to create a continuum of behavioral health services starting at birth.
- Our long-term vision is to reduce the number and severity of behavioral health issues in school-age children and youth (K-12) across Pierce County. To start, we are building coordinated, effective and efficient behavioral health services for these children and youth.
Strengthening the Safety Net through Community Collaboration

- Autism and Disability Partners
- Crisis Services
- Primary Care
- EMS
- School Districts
- Juvenile Justice
- Child Welfare
- Community Mental Health
- Law Enforcement
- Health Care System
- Health Equity Partners
- Managed Care Organizations
- Youth Services
Pierce County Priority Actions

**Improve Access and Care Coordination**
Developing a one-stop collaborative that serves as a single point of access to child and adolescent mental health services.

**Bolster Youth Mobile Crisis Services**
Increasing support and expansion of mobile crisis response teams.

**Strengthen Behavioral Health Workforce**
Promoting and supporting workforce development and continued training in child and adolescent mental health.
Youth Engagement Services (YES) is a collaborative treatment model that providers: behavioral health support services and brief intervention to partnering school districts.

Members of the YES team provide screening and assessment to determine student’s behavioral health needs which may include behavioral health navigation, brief counseling/therapy, case management services, and therapeutic support services.

There are programs in Tacoma, Puyallup and Sumner-Bonney Lake School Districts.
Behavioral Health Navigation

- Behavioral Health Navigation supports students, families and school staff in identifying, coordinating and providing support in access behavioral health services.
- Within this service level a screening assessment occurs which includes gathering information from student, parent/caregiver(s), school staff and other collateral resources.
- Screenings may also include tools such as the CATS, PHQ-9 or GAD-7
- Clinicians work collaboratively with the student and family to be linked to appropriate services. Clinicians provide ongoing support through their first session.
- Clinicians conduct discharge follow up calls to students seen at the Mary Bridge Emergency Department for a behavioral health related chief complaint to provide follow up resources and support.
Community Multidisciplinary Team (MDT)

- The KMHPC MDT is a community-based, family-focused multidisciplinary team of community behavioral health providers, and advocates who aim to assist school personnel and families with complex behavioral health presentations, care coordination and case planning.
- The MDT includes over 40 community partners from various community organizations and systems to provide consultation and recommendations to Pierce County families.
- The MDT assists with tasks such as:
  - Outpatient Service Recommendations
  - Care Coordination
  - Behavior Management Strategies,
  - Complex Safety Planning
  - Transitional planning
  - Discharge planning and
  - Family Engagement Strategies
Brief Intervention

Behavioral & Education Support Team (BEST)

• Students with greatest needs will be referred to a Mary Bridge Clinician to provide brief interventions for up to 90 days with the goal of developing a treatment plan that will provide the youth the necessary resources and supports to remain safe within their school and community.

• The Mary Bridge Clinician conducts a student/family assessment and, with the collaboration of the student and family, develop a family treatment plan aimed at stabilizing the mental health symptoms that are contributing to the youth’s disruption in education and other functions.

• The Mary Bridge Clinician can provide brief interventions which could include one-on-one counseling, family sessions, and/or safety/crisis planning.

• Prior to case closure, the Mary Bridge Clinician will develop a transitional plan to ensure connection to other community resources.
YES Tacoma 2020 Outcomes

• Various Clinical Interventions were provided to students regardless of insurance including:
  • Individual/family therapy
  • Safety planning
  • Psychoeducation
  • Care coordination

• 65% of referrals to YES Tacoma were for concerns of depression and/or anxiety.
• 81% of referrals were able to be connected to a community-based outpatient behavioral health provider.
• Reduced score were observed on PHQ-9 and CATS after 90-day intervention
Thank You
What is Behavioral Health?

**WA HCA Definition:** "**Behavioral health** is a term that covers the full range of mental and emotional well-being – from day-to-day challenges of life, to treating mental health and substance use disorders."

**SAMSHA Definition:** **Behavioral health** is "the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities."
What is Behavioral Health?
Behavioral Health work should be:

- Part of a **continuum of care** supporting the intersection of schools and the larger healthcare system
- A **whole child approach** in a system that integrates physical and mental health
- Both a team and a system of supports, **trauma-informed**
- **No wrong door**, regardless of location or ability to pay
- Aligned with prevention work and **focused on creating a culture of acceptance and normalization**
- Mental health promotion that **incorporates self-care** into daily routines, teaching, and instruction, modeled by school staff
- **Embedded into all tiers and partnerships** making up a school's MTSS framework
- **Sustainable, adaptable and fully-funded**
- **Statewide**, including rural, tribal, and migrant communities
Behavioral Health work should be:

- Removing barriers to **access care for students with disabilities**
- **Integrated** with the normal functioning of the school
- **Supportive of inclusionary practices** with communities who have a history with traumatic behavioral health issues
- **Focused on peer supports** and connected with peer support communities, especially youth
- A holistic approach along a developmental continuum that **considers functioning in daily tasks to development competency and self-esteem**
- Inclusive of a bio-psycho-social model attentive to **risk factors** and **protective factors**
- **Flexible, empowering** individuals to select options that best suit their needs and preferences
- **A right** not a privilege
- **Shared work** within the community, including caregivers, students, the education system and the healthcare system
Behavioral Health support should include:

• **Suicide prevention** curriculum that starts early and is grounded in social connection
• **Substance abuse** prevention curriculum
• Social skills development/groups
• **Breaking stigma**
• Contracting with outside mental health agencies
• Universal education for staff, students, and parents about student mental health, including normalization and validation
• Educating staff to develop a [healthy school culture and recognize early warning signs](#)
• **Gateways to support** for students with need
Behavioral Health support should include:

- Opportunities for **student leadership**
- Skilled professionals **responding to suicidal ideation** and the development of appropriate supports for long-term student health
- Student assessment with follow through to **understand what is really driving student concerns** and providing services responsive to those needs
- **Coping strategies** for students and staff
- **Community representation** through partnerships and relationships
- Access to services and supports prior to reaching diagnostic status, **proactive**
- Instruction on **emotional awareness** and how to handle anxiety and stress
What is Behavioral Health?

Behavioral health is a broad term describing multiple levels of service for people with conditions that impact the brain and behavior. Conditions that require education and intervention may be related to mental illness, substance use, trauma, developmental conditions, and other that impact a young person's ability to navigate life.

Several levels of intervention: The purpose is to educate and normalize life's stressors and reactions. Next would be safe adults to be able to talk with about daily life's challenges. Next would be a more direct short-term intervention. This could include brief problem solving to referral. Next would be longer term, ongoing therapy. All would include coordinating with guardians/care givers and outside providers.
What is it NOT?

- Separate from physical health
- A diagnosis
- One person or specific to one job
- Just another curriculum
- Piecemeal funding
- One size fits all
- Beyond the current staffing's capabilities
- Solely a tier 3 service or something that lives only in Special Education
- Reactive only

- Limited by a 'gatekeeper'
- Only able to be provided by a licensed provider
- Stigmatized
- Limited to residential impatient work or ongoing counseling for intensive needs
- A poorly managed crisis center or a miracle center
- An isolated service
- Long-term support of youth expressing suicidal ideation
The State of the State of School-Based Behavioral Health

Self-Awareness Discussion
The National Picture

• On March 1st, the White House released a fact sheet that lays out details of the administration's behavioral health strategy.
• Mental health crisis
• Worsened by the COVID-19 pandemic.
FACT SHEET: National Mental Health Crisis

• Expand access to mental health support in schools
• Department of Health and Human Services will make it easier for school-based mental health professionals to seek reimbursement from Medicaid
• ESSER

• President’s FY23 budget will propose $1 billion to help schools hire additional health professionals.
• President’s FY23 budget will include $50 million to pilot models that embed and co-locate mental health services into schools and other non-traditional settings.
ESSER III ARP

• (a) $12,885,000 of the elementary and secondary school emergency relief III account—federal appropriation from funds attributable to subsection 2001(f)(4), the American rescue plan act of 2021, is provided solely to administer a grant program for community-based organizations to collaborate with school districts to support learning recovery and acceleration.
Fund allocation

$1.0 million to 2 statewide CBOs
Distributed through iGrants-FP 168 on 10/1

$11,885,000 through competitive grant
Behavioral Health Supports

# of applications: 50

Total $ requested: $12,614,844

Total $ awarded: $3,000,000

<table>
<thead>
<tr>
<th>ESD 171 &amp; 105 - $320,000</th>
<th>ESD 114 &amp; 113 - $330,000</th>
<th>ESD 101 - $250,000</th>
<th>ESD 112 - $265,000</th>
<th>ESD 123 - $210,000</th>
<th>ESD 189 - $450,000</th>
<th>ESD 121 - $1,175,000</th>
</tr>
</thead>
</table>
Behavioral Health - Awardees

- Arts Council of Snohomish County dba Schack Art Center
- Atlantic Street Center
- Brigid Collins House
- CAFE: Community for the Advancement of Family Education
- Children's Home Society of Washington
- CultureSeed
- East African Community Services
- Friends of Youth
- Improving School Attendance for Families Experiencing Homelessness Collaborative (ISA)
- King County Sexual Assault Resource Center
- Kitsap Mental Health Services
- Lifeline Connections
- Lutheran Community Services Northwest
- Northwest Autism Center
- One Heart Wild
- Valley Cities Counseling and Consultation
- Youth Eastside Services
<table>
<thead>
<tr>
<th>HOW WASHINGTON COMPARES</th>
<th>2015</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Rankings from Mental Health America IV</td>
<td>Overall State Rank for Youth Mental Health</td>
<td>47</td>
<td>39</td>
<td>35</td>
</tr>
<tr>
<td>Youth with At Least One Major Depressive Episode in the Past Year</td>
<td>56,000 / 10.56%</td>
<td>75,000 / 13.98%</td>
<td>85,000 / 15.66%</td>
<td>99,000 / 18.22%</td>
</tr>
<tr>
<td>Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment</td>
<td>Not Asked</td>
<td>40,000 / 59.1%</td>
<td>38,000 / 47%</td>
<td>50,000 / 49.80%</td>
</tr>
<tr>
<td>Youth with Major Severe Depressive Episodes in the Past Year</td>
<td>Not Asked</td>
<td>56,000 / 10.7%</td>
<td>53,000 / 10.3%</td>
<td>69,000 / 13.50%</td>
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<tr>
<td>Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment</td>
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<td>13,000 / 26.7%</td>
<td>13,000 / 26.7%</td>
<td>24,000 / 35.70%</td>
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<td>Students Identified with Emotional Disturbance for an Individualized Education Program</td>
<td>4,551 / 4.76%</td>
<td>5,142 / 5.11%</td>
<td>5,324 / 5.25%</td>
<td>5,633 / 5.49%</td>
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<td>Youth with Private Insurance That Did Not Cover Mental or Emotional Problems</td>
<td>Not Asked</td>
<td>16,000 / 5.20%</td>
<td>16,000 / 5.2%</td>
<td>15,000 / 5.20%</td>
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<td>Youth with Substance Use Disorder in the Past Year</td>
<td>37,000 / 6.98%</td>
<td>28,000 / 5.18%</td>
<td>27,000 / 5.01%</td>
<td>26,000 / 4.84%</td>
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</tbody>
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WASHINGTON

BY THE NUMBERS

1,193,000
Number of K-12 Students
(2022 Projection)

99,000
Children with major depression

50,000
Children with major depression
who do not receive treatment

1 : 1,408
Ratio of School Psychologists to
Students (Recommended Ratio 1:500)

1 : 14,391
Ratio of School Social Workers to
Students (Recommended Ratio 1:250)

1 : 465
Ratio of School Counselors to
Students (Recommended Ratio 1:250)
AT A GLANCE: STATE SCHOOL MENTAL HEALTH POLICIES

- School Mental Health Professionals
- School-Family-Community Partnerships
- Teacher and Staff Training
- Funding Supports
- Well-Being Checks
- Healthy School Climate
- Skills for Life Success
- Mental Health Education

- Little or no progress achieved
- Some progress achieved
- Meaningful progress achieved
- Substantial progress achieved
HB 1664. A 3 year funding phase-in that increases for physical, social, and emotional support staff (PSES) until reaching an ongoing investment of $337 million in additional funding. They also put a box around the funding, requiring the funds for PSES staff be spent on those employees.
Policies that support and enable schools to engage with families and community partners.

Current Policy:
- Family/community engagement: [State statutes](#) require districts to adopt plans, policies, or strategies to engage parents and families in the educational process.

Policy Opportunity:
- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.
Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:
- Teacher/staff training: Wash. Rev. Code Ann. § 28A.310.500 (2016) requires each educational district to train educators and other staff on youth suicide screening and referral, and on recognition, screening, and response to emotional or behavioral distress, including possible substance use.
Policies that help support funding of school mental health services for Medicaid-eligible students.

Current Policy:
- **Medicaid coverage**: State Medicaid program does not cover school-based mental health services for all Medicaid-eligible students, but schools may contract with Medicaid managed care organizations for school mental health services.
- **Medicaid telehealth**: State Medicaid program only covers school-based mental health services delivered via telehealth for students with Individualized Education Plans (IEPs).

Policy Opportunity:
- Expand Medicaid billing to include school-based mental health services, including via telehealth, for all Medicaid eligible students (beyond students with an IEP).
- Ensure the state Medicaid program covers services delivered by school psychologists, social workers, and school counselors.

**Funding Supports**

Many states have taken the important action of expanding their school Medicaid program to cover all Medicaid-enrolled students and to allow Medicaid billing from licensed social workers, psychologists and psychiatrists who provide school mental health services, including via telehealth. **Michigan** has taken a further step by also including certified school psychologists and licensed school social workers as Medicaid-billable providers.

**California** is distinguished for requiring incentive payments to Medicaid-managed care plans that increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for K-12 students. **Welfare and Institutions Code Section 5961.13, (2021)**
Regular checks of mental wellness that help identify students and staff who may need support.

Current Policy:
- No well-being checks required.

Policy Opportunity:
- Require annual well-being checks for all students and staff in K-12.

Well-Being Checks

New Jersey stands out for taking a step in the right direction on well-being checks. In 2021, New Jersey created a $1 million Mental Health Screening in Schools Grant Program that provides funds for schools to administer annual depression screenings for students in grades 7-12. Well-being checks are important to help identify students who may be struggling and need support.
Preliminary Recommendations
Breakout

• School Behavioral Health Professionals
• School-Family Community Partnerships

• https://padlet.com/leecolleyer/sgd4jka2agcbg7j6

Educator Training
Funding Supports
Are We Missing a Bucket?
Mental Health Professional Shortage Area

- Mental Health HPSAs are based on a psychiatrist to population ratio of 1:30,000.
- 16.8% of Washingtonians are covered
- 142 person provider gap.
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Public Comment

- Please indicate in the Chat if you would like to make a public comment
- Public Comment is open to members and non-members
- Please limit your remarks to 3 minutes
Next meeting

Friday, June 3th, 2022

9:00 am - Noon