

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

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

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

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

## 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.
  - 6<sup>th</sup> graders are asked these questions but in different wording.
- Bullying
  - Decreased in the data.
- Harassment
  - Highest for 8<sup>th</sup> 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.askhys.net/>

**Contact Info:** [Emily.Maughan@k12.wa.us](mailto: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 unthinkable 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://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union/>
- <https://hopefulfutures.us/action-washington/>
- Padlet: <https://padlet.com/leecollyer/sgd4jka2agcbg7i6>

### 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):

- <http://www.aapg-recovery.com/>

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.  $32 \times 215 = 6,880$  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



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

# Equity Statement

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

Ensuring educational equity:

- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile student populations.
- Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

# Tribal Land Acknowledgment



ONE Logo  
by Roger Fernandes  
(Lower Elwha Klallam Tribe)

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.

# Agenda: April 1, 2022

#	Agenda Items	Time	Lead
1.	Introductions and Group Agreements	9:00 a.m.	<b>Lee Collyer &amp; Rep. My-Linh Thai</b>
2.	Healthy Youth Survey October 2021 Results	9:15 a.m.	<b>Emily Maughan</b> , OSPI Substance Abuse Prevention Program Supervisor
3.	Youth Engagement Services (YES) Sumner-Bonney Lake School District Model	10:00 a.m.	<b>Ashley Mangum</b> , Mary Bridge Children's Hospital
	Break	10:30-10:40 a.m.	
4.	State of the State of School-Based Behavioral Health Presentation & Group Discussion	10:40 a.m.	<b>Lee Collyer</b>
5.	Public Comment	11:40-11:55 a.m.	<b>Christian Stark</b>
6.	Closing reminders and June meeting	11:55-12:00 p.m.	<b>Christian Stark</b>
7.	Meeting Adjourned	12:00 p.m.	<b>Christian Stark</b>



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

# Joint Survey



Washington Office of Superintendent of  
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Washington State  
**Health Care Authority**



Washington State  
**Liquor and Cannabis Board**

**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.**



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# 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)

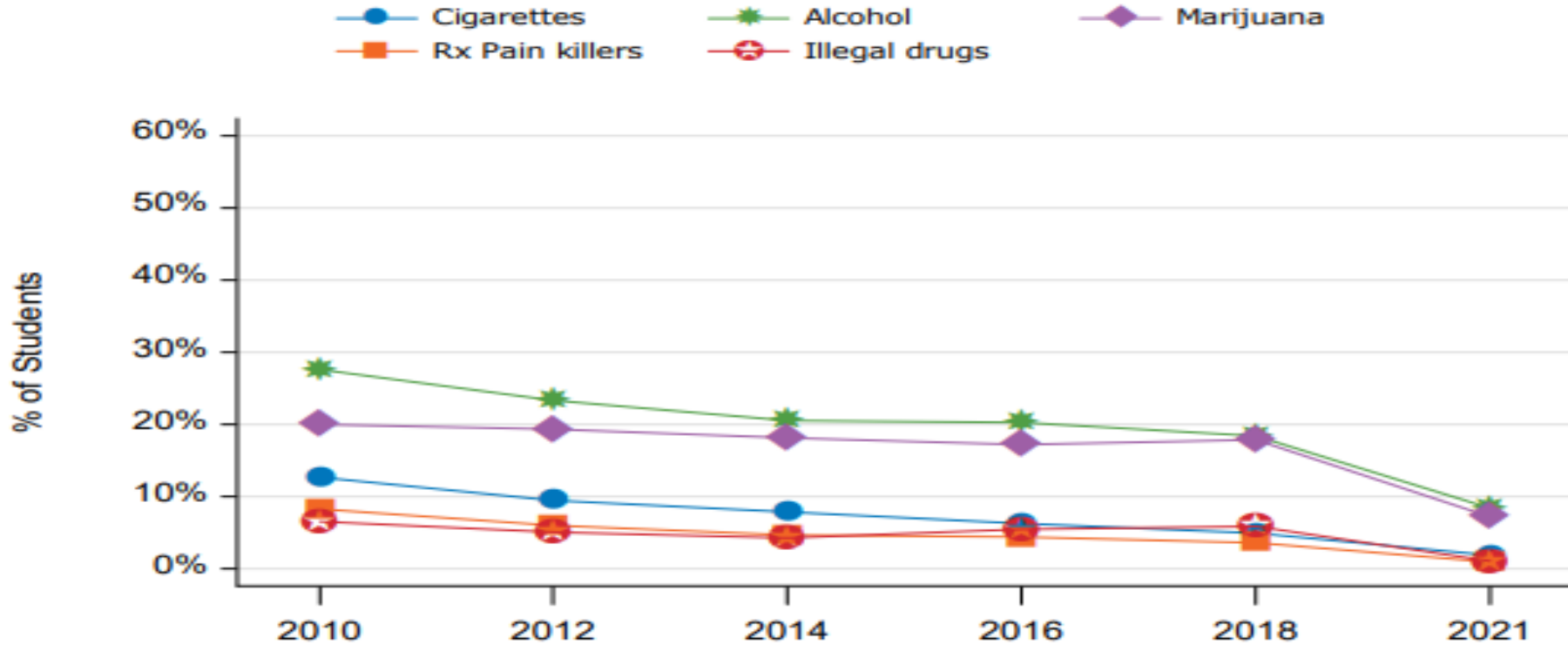
- Substance use decreased significantly across substances, age groups, and other demographics.
- Perceived risks associated with substance use increased.
- We cannot provide a single explanation for this trend nor do the data indicate if this will persist as youth return to pre-pandemic activities.



# 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.

## Current (past 30-day) Substance Use 2010-2021, Grade 10



Prevalence	2010	2012	2014	2016	2018	2021
Cigarettes	13% ±2	10% ±1*	8% ±1	6% ±1*	5% ±1*	2% ±0*
Alcohol	28% ±2*	23% ±2*	21% ±2*	20% ±1	18% ±2	8% ±2*
Marijuana	20% ±2	19% ±2	18% ±2	17% ±2	18% ±2	7% ±1*
Rx Pain killers to get high	8% ±1	6% ±1*	5% ±1*	4% ±1	4% ±1	1% ±0*
All other illegal drug use***	7% ±1	5% ±1*	4% ±1	6% ±1*	6% ±1	1% ±0*

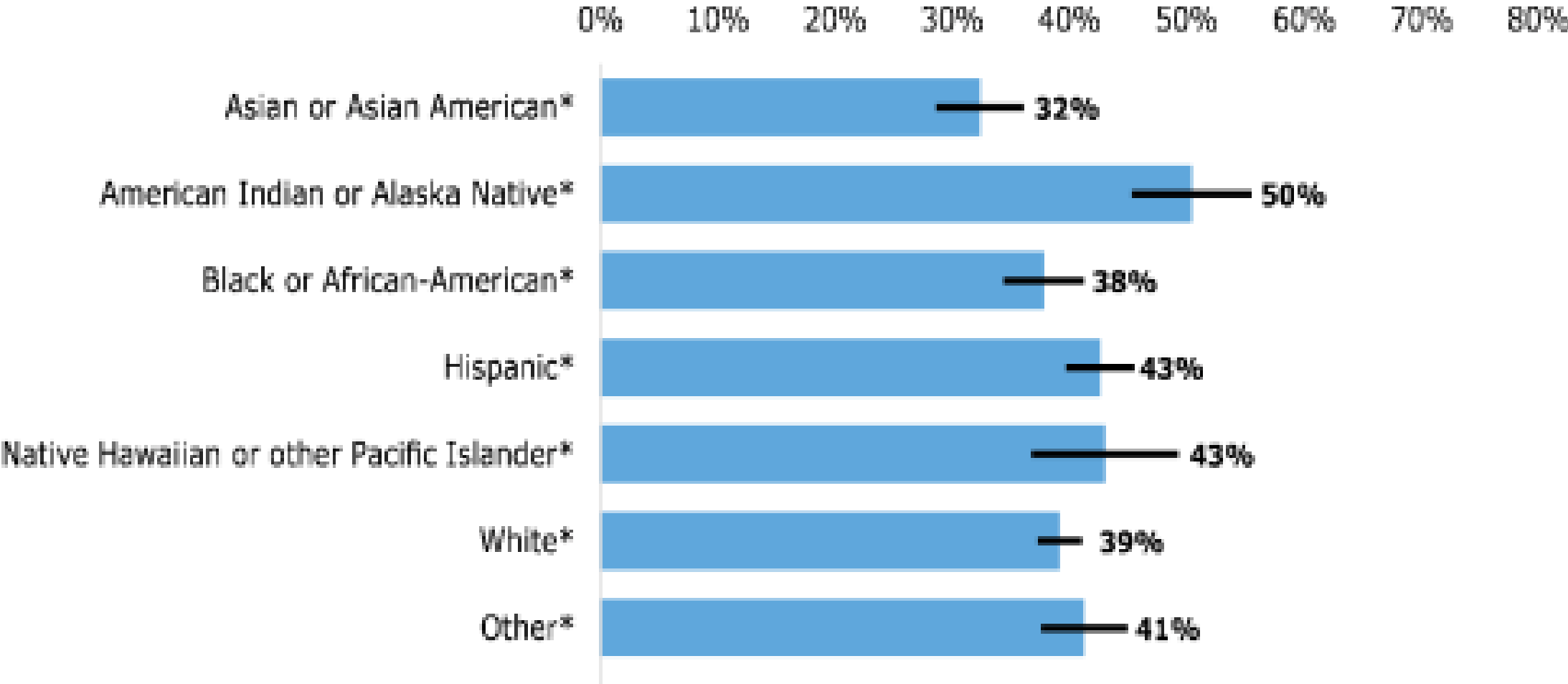


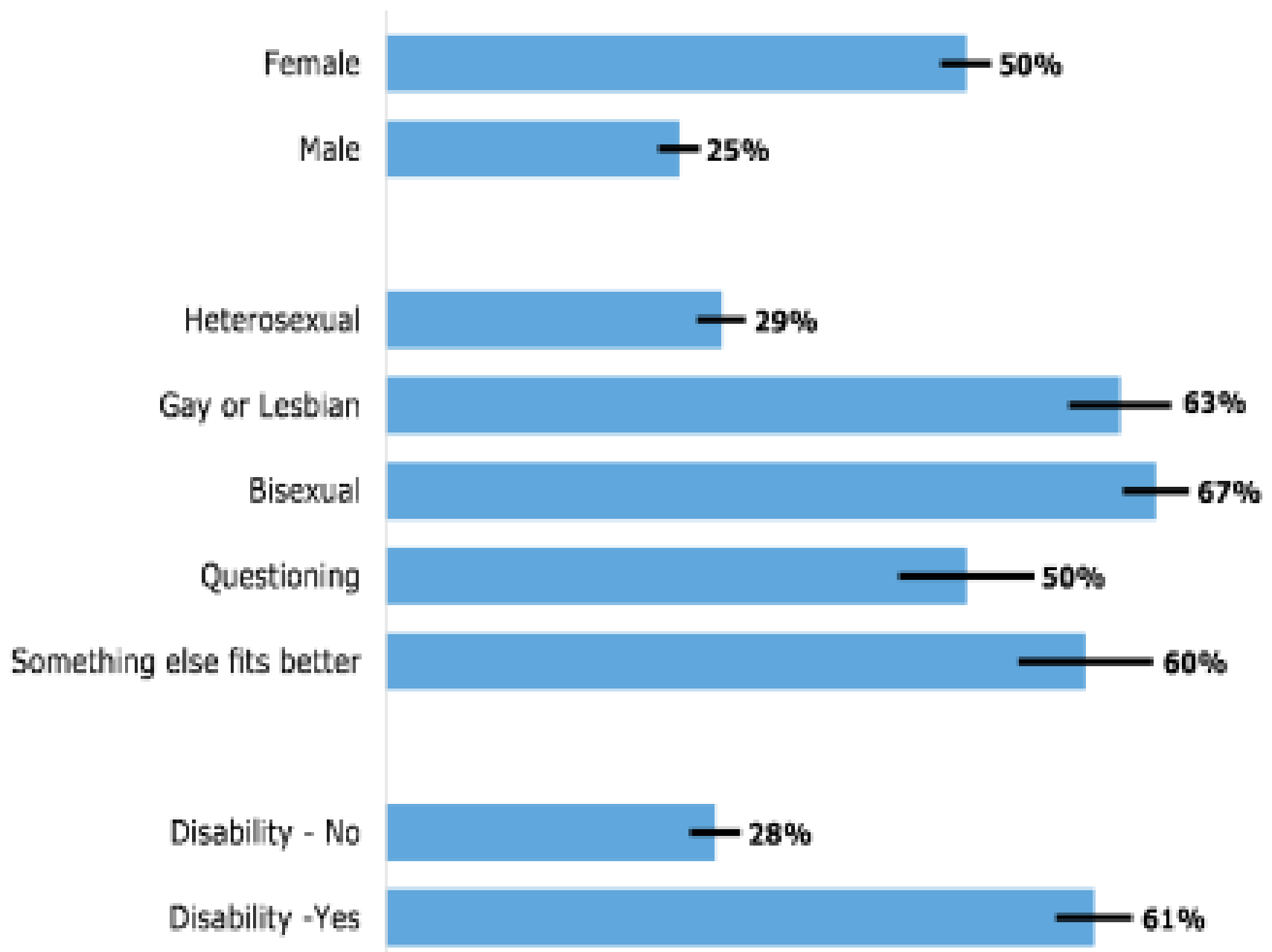
# Mental Health

- Continues to be a challenge for WA youth, across ages
- Feelings of
  - Sadness
  - Hopelessness
  - Suicidal ideation, planning, and attemptsremained 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





Data from 2021 HYS State Sample

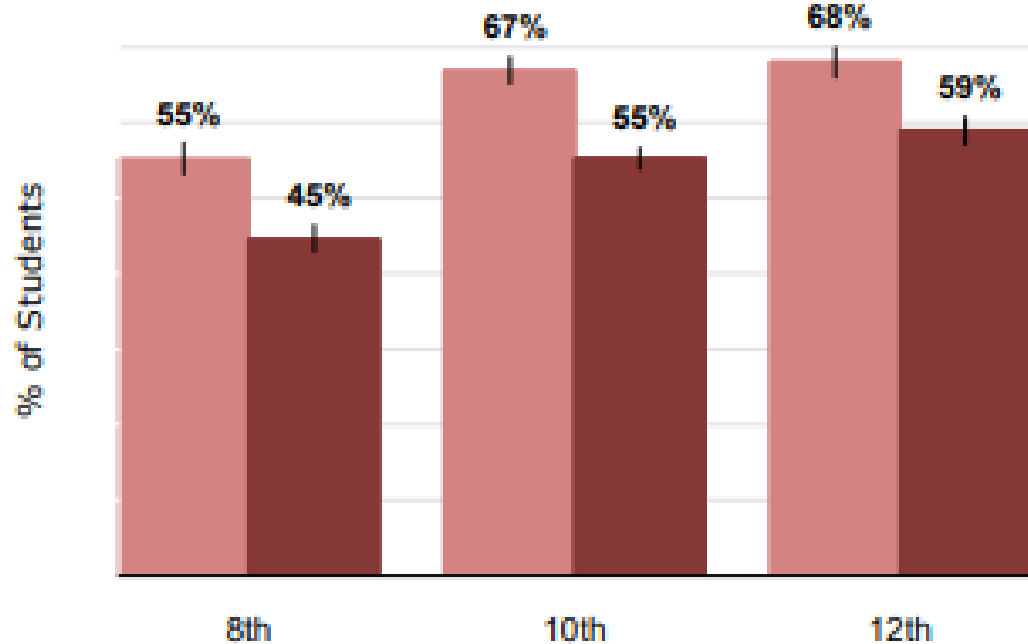
<b>145. If you feel sad or hopeless almost every day for two weeks or more in a row, to whom would you most likely turn for help? Choose all that apply.</b>	<b>Grade 6</b>	<b>Grade 8</b>	<b>Grade 10</b>	<b>Grade 12</b>
	<b>% (± CI)</b> (n=0)	<b>% (± CI)</b> (n=4,001)	<b>% (± CI)</b> (n=4,832)	<b>% (± CI)</b> (n=2,930)
a. Sibling or cousin	**	24.7% (±1.7)	25.0% (±1.5)	24.6% (±1.8)
b. Teacher, school counselor, or other adult in my school	**	10.4% (±1.1)	9.7% (±1.2)	11.5% (±1.4)
c. Friend or peer	**	40.7% (±2.0)	45.2% (±2.6)	48.6% (±3.3)
d. Parent/Guardian	**	37.0% (±1.7)	34.0% (±2.0)	34.5% (±2.4)
e. Religious/faith leader	**	4.3% (±0.9)	4.1% (±0.7)	4.9% (±1.1)
f. Coach	**	4.2% (±0.8)	5.9% (±1.3)	5.3% (±0.9)
g. Other adult that's not my parent	**	8.7% (±1.1)	9.1% (±1.0)	10.4% (±1.4)
h. I don't have anyone I would talk to.	**	12.0% (±1.6)	12.2% (±1.2)	13.1% (±1.6)
i. I have not felt sad or hopeless for two weeks or more in a row.	**	28.3% (±2.6)	23.9% (±1.6)	19.1% (±1.7)

# 2018

## ***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

- Anxious, nervous or on edge
- Not able to stop or control worrying

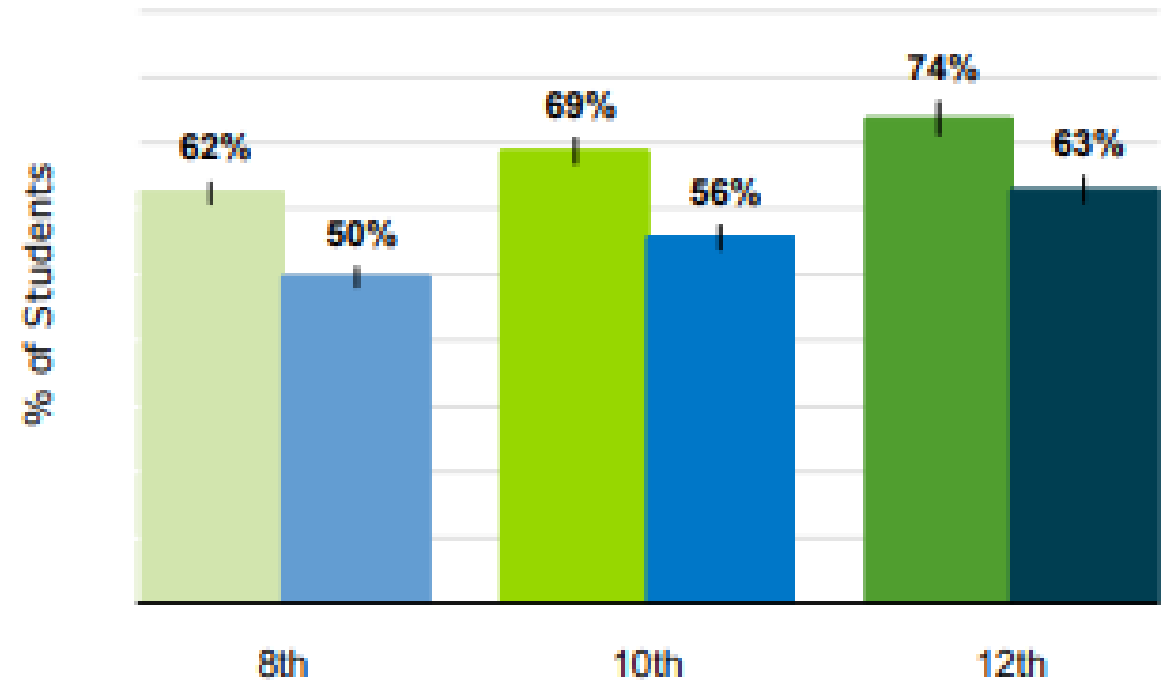


# 2021

## ***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

- Anxious, nervous or on edge
- Not able to stop or control worrying

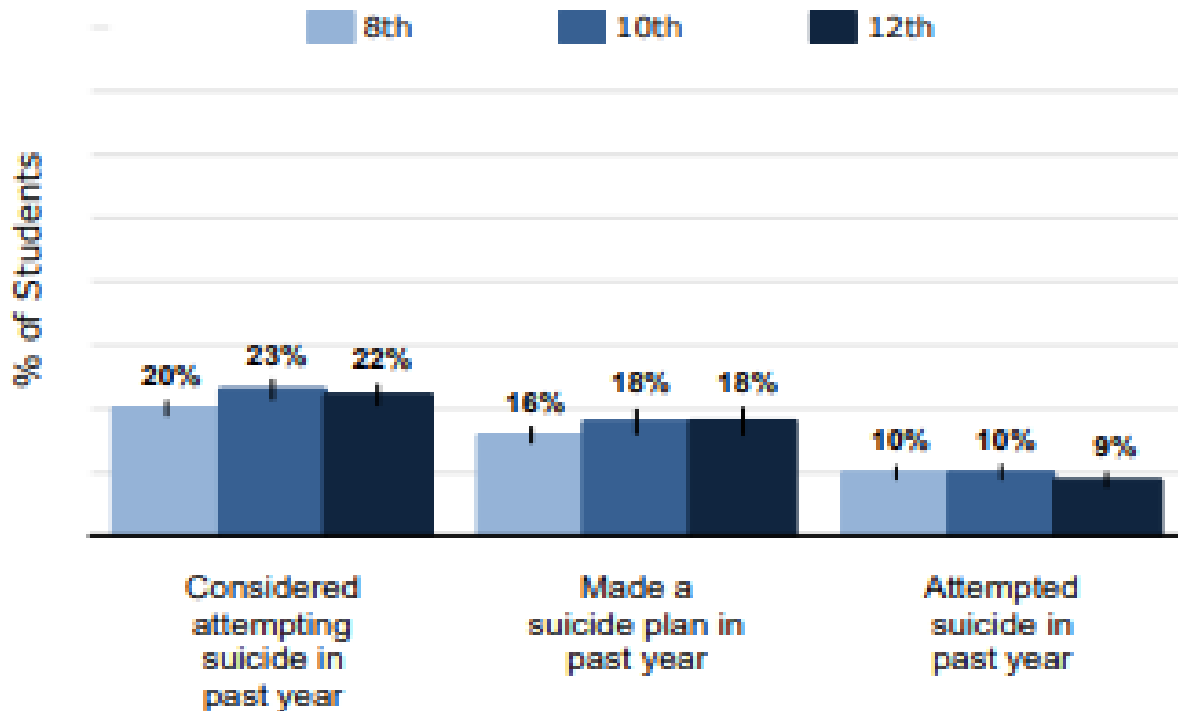


Data from 2018 & 2021 HYS State Sample

# 2018

## ***Suicidal Feelings and Actions...***

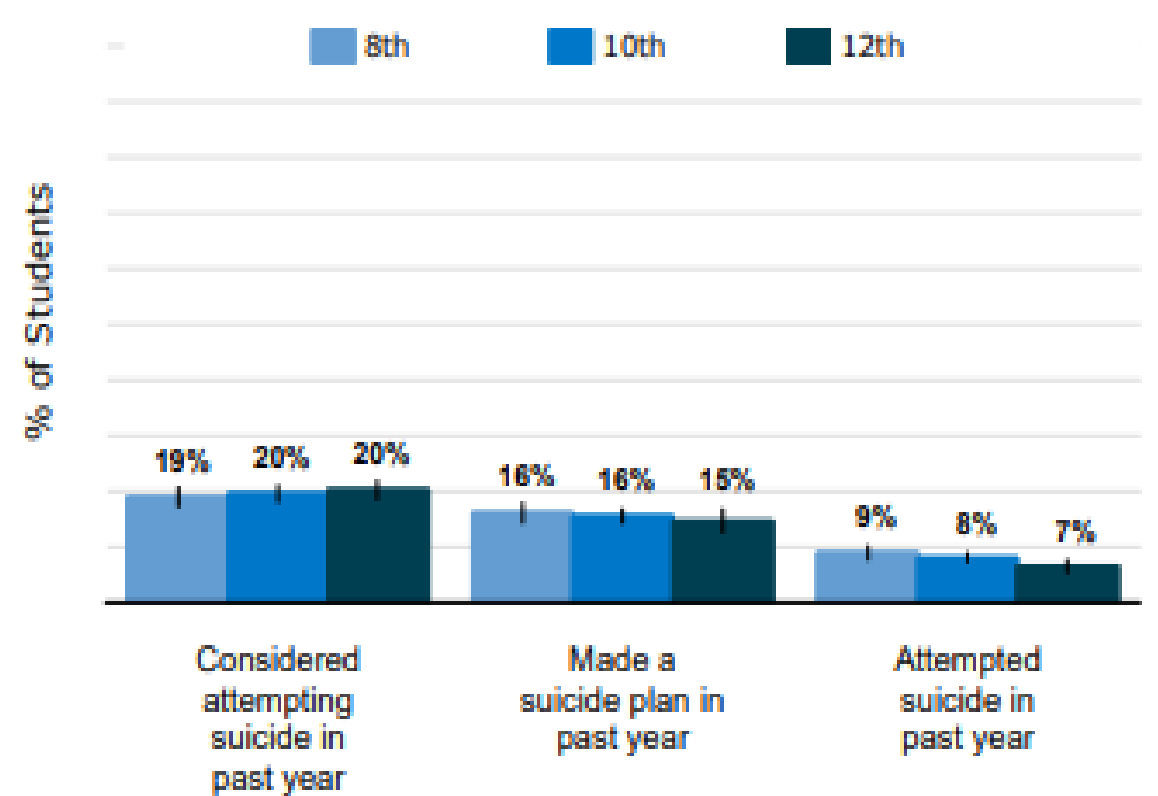
Students who report considering suicide, making a suicide plan, and attempting suicide in the past year



# 2021

## ***Suicidal Feelings and Actions...***

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

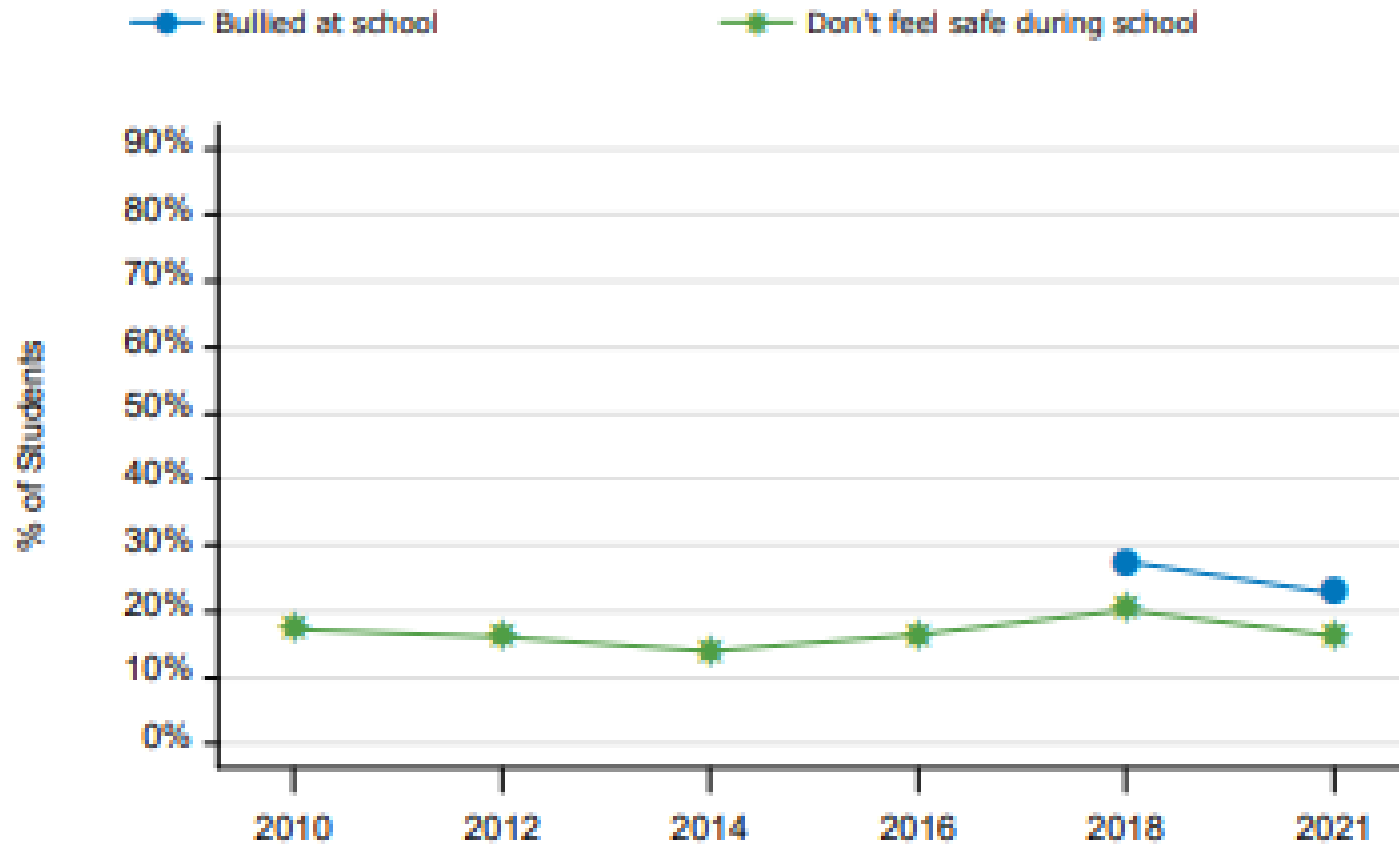




# Bullying

- Fewer 8<sup>th</sup> and 10<sup>th</sup> 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

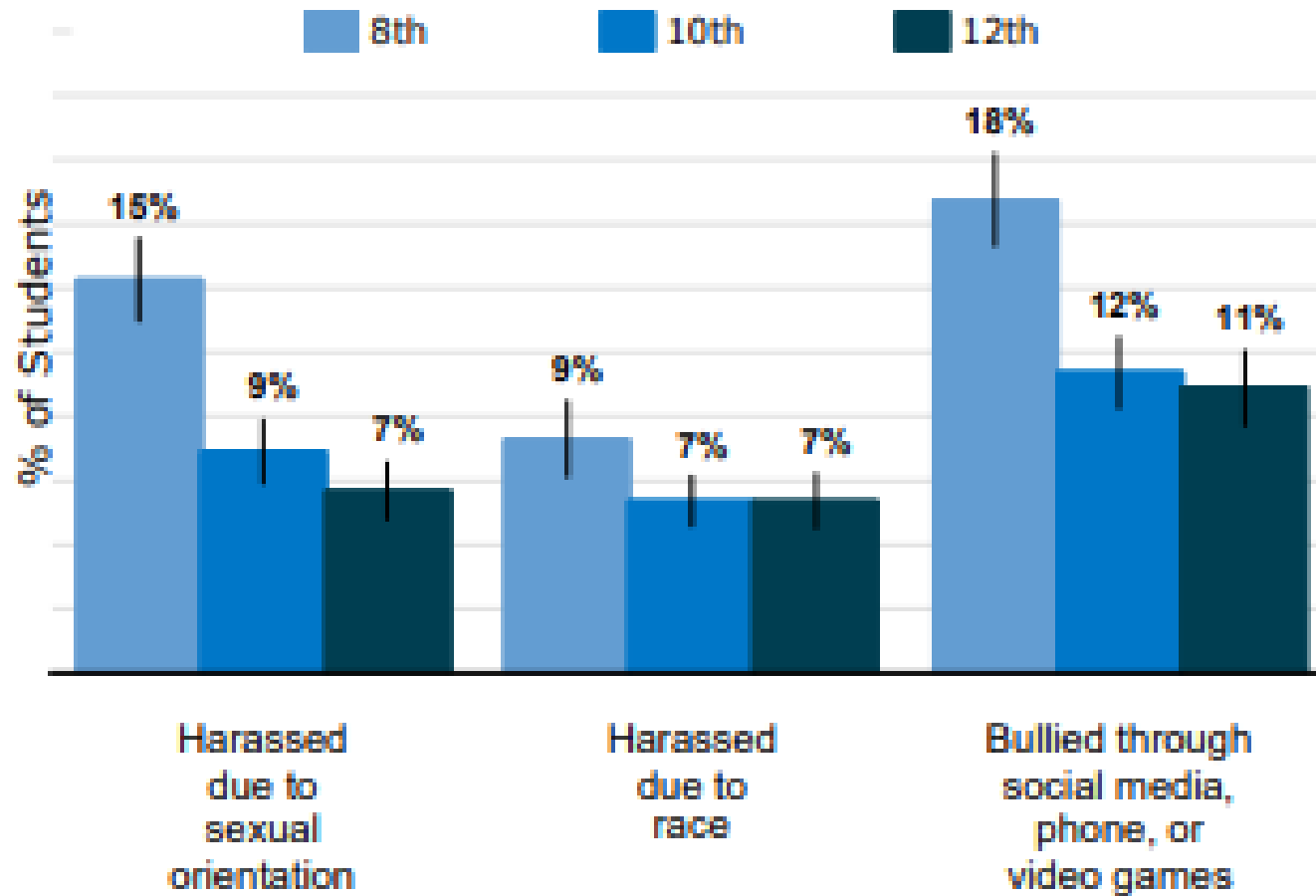
## Bullying and Harassment 2010-2021, Grade 8



Prevalence	2010	2012	2014	2016	2018	2021
Bullied at school	N/S	N/S	N/S	N/S	27% ±2	23% ±2*
Don't feel safe during school	17% ±2	16% ±2	14% ±2	16% ±2*	20% ±2*	16% ±2*

## Harassment...

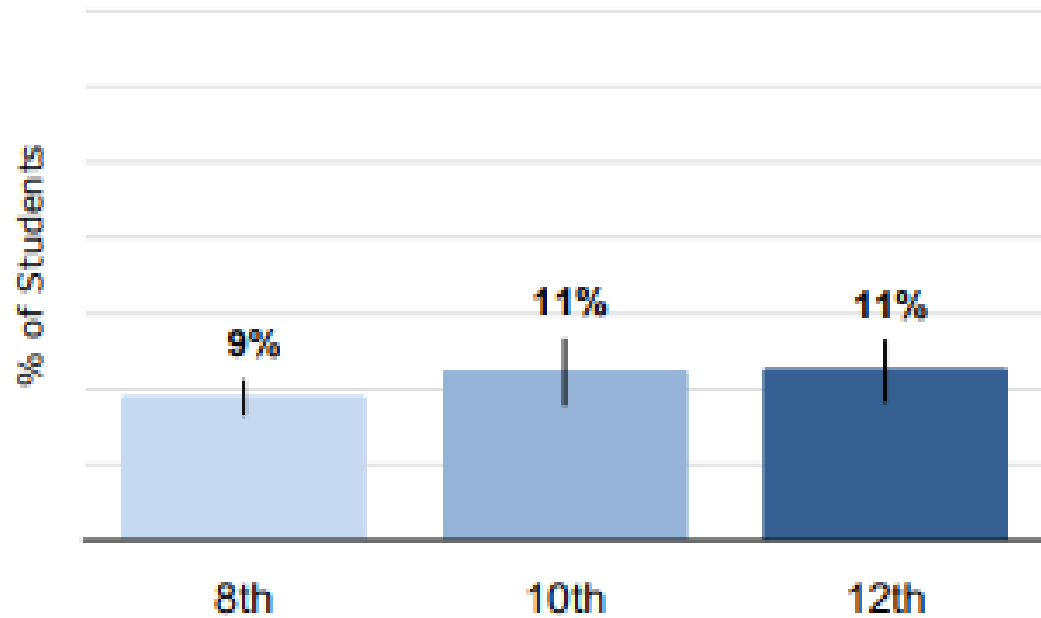
Students who report being harassed or bullied at school due to their perceived sexual orientation or race or by a computer or cell phone in the past month



# 2018

## ***Missing school due to safety...***

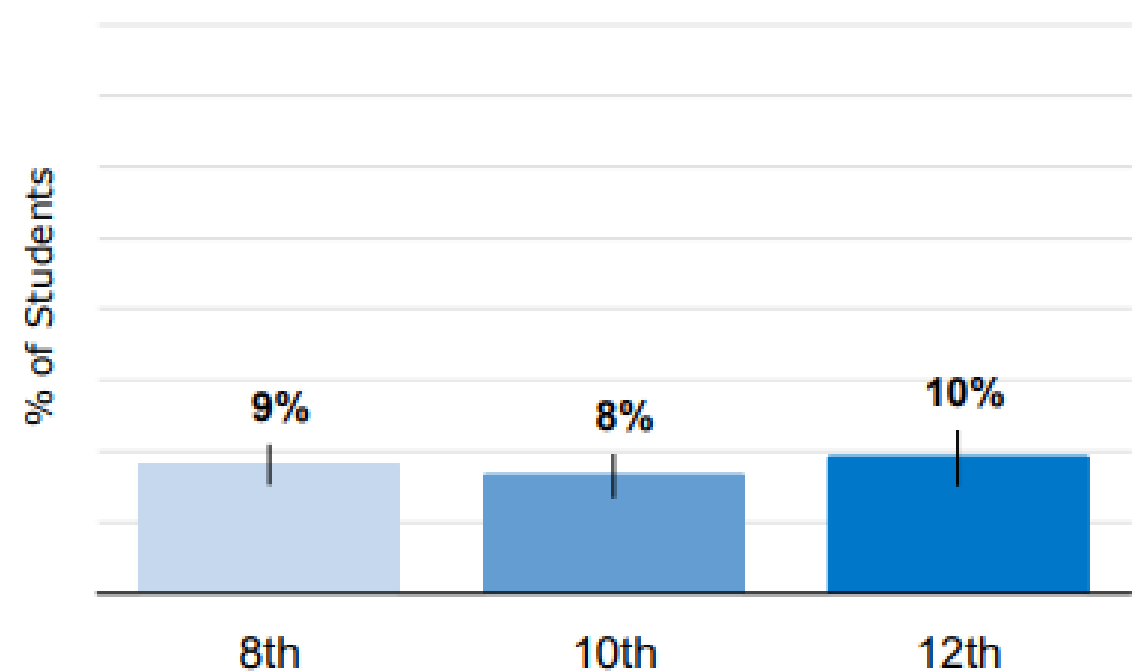
Students who report not going to school because they did not feel safe



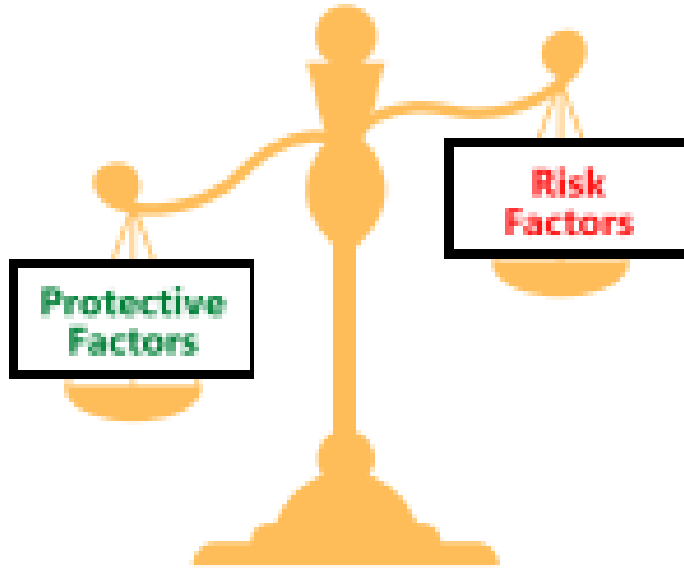
# 2021

## ***Missing school due to safety...***

Students who report not going to school because they did not feel safe

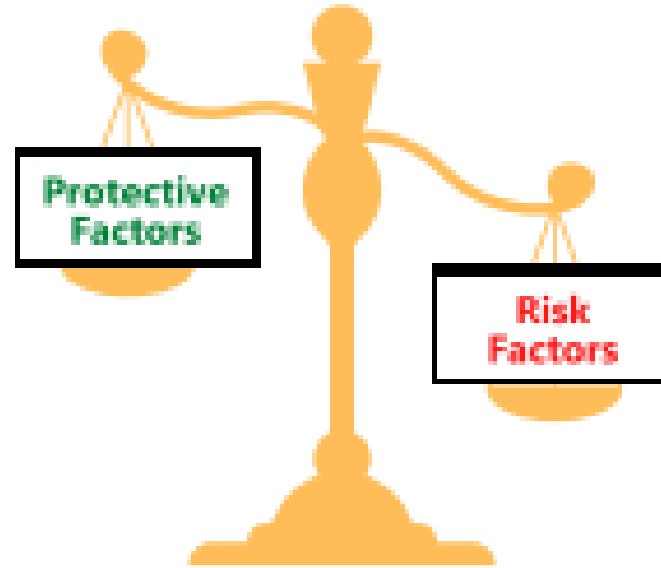


When Protective Factors  
Outweigh Risk Factors



Child is likely to  
be resilient.

When Risk Factors  
Outweigh Protective Factors



Child is likely to  
be disadvantaged.

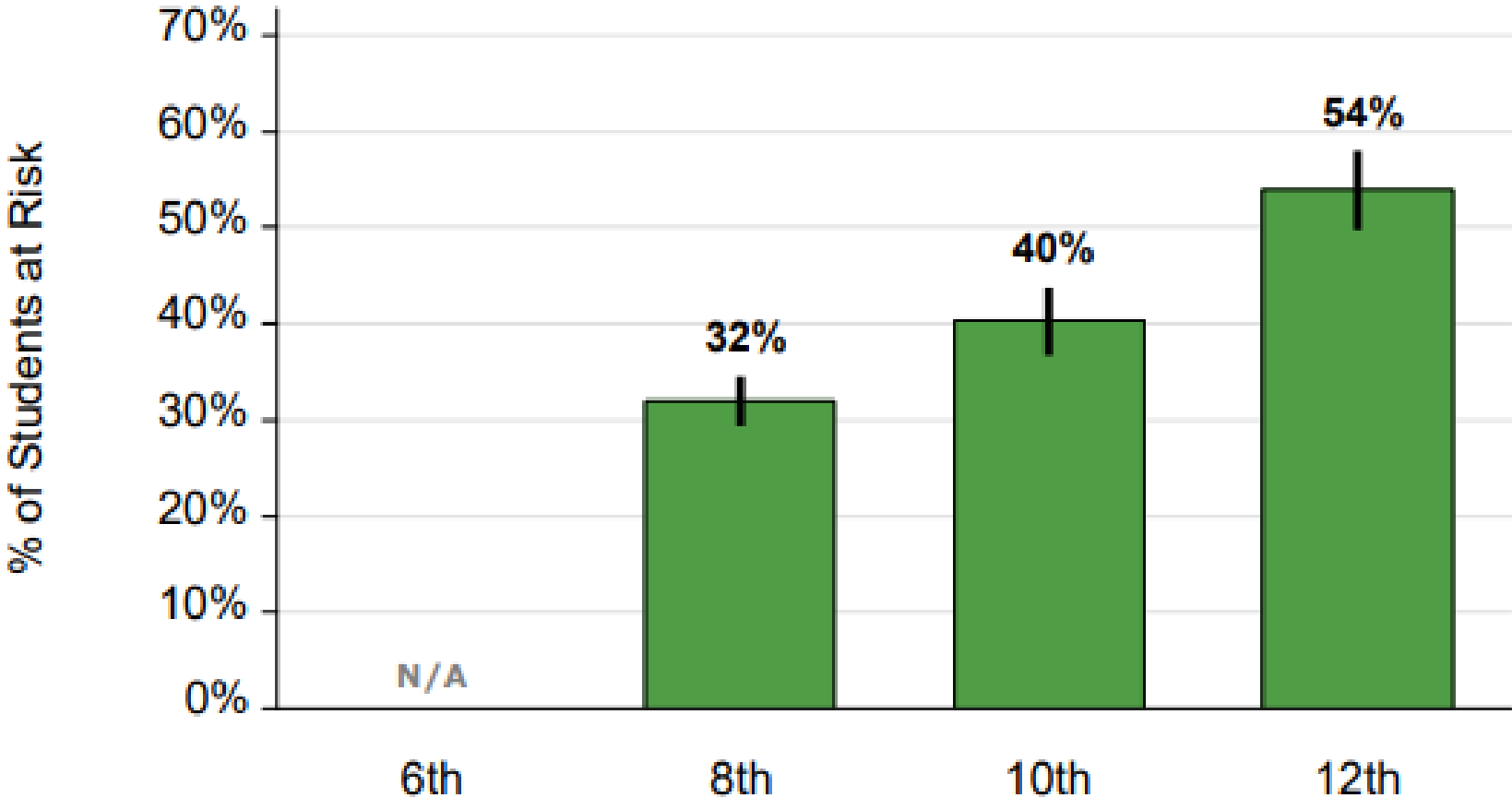


<b>Peer-Individual Risk Factors</b>	<b>Substance Use</b>	<b>Delinquency</b>	<b>Teen Pregnancy</b>	<b>School Dropout</b>	<b>Violence</b>	<b>Depression &amp; Anxiety</b>
Friends Who Use Drugs	✓	✓	✓	✓	✓	
Favorable Attitudes Towards Drug Use	✓	✓	✓	✓	✓	
Early Initiation of Drug Use	✓	✓	✓	✓	✓	
Perceived Risk of Drug Use	✓	✓				
<b>Family Risk Factors</b>						
Poor Family Management	✓	✓	✓	✓	✓	✓
Parental Favorable Attitude Towards Drug Use	✓	✓			✓	
<b>School Risk Factors</b>						
Academic Failure	✓	✓	✓	✓	✓	✓
Low Commitment to School	✓	✓	✓	✓	✓	
<b>Community Risk Factors</b>						
Perceived Availability of Drugs	✓				✓	
Perceived Availability of Handguns		✓			✓	
Laws and Norms Favorable to Drug Use	✓	✓			✓	
Low Neighborhood Attachment	✓	✓			✓	

✓ = Risk Factor associated with increased likelihood of health risk behavior.



### Risk Factor: Low Neighborhood Attachment All Grades, 2021



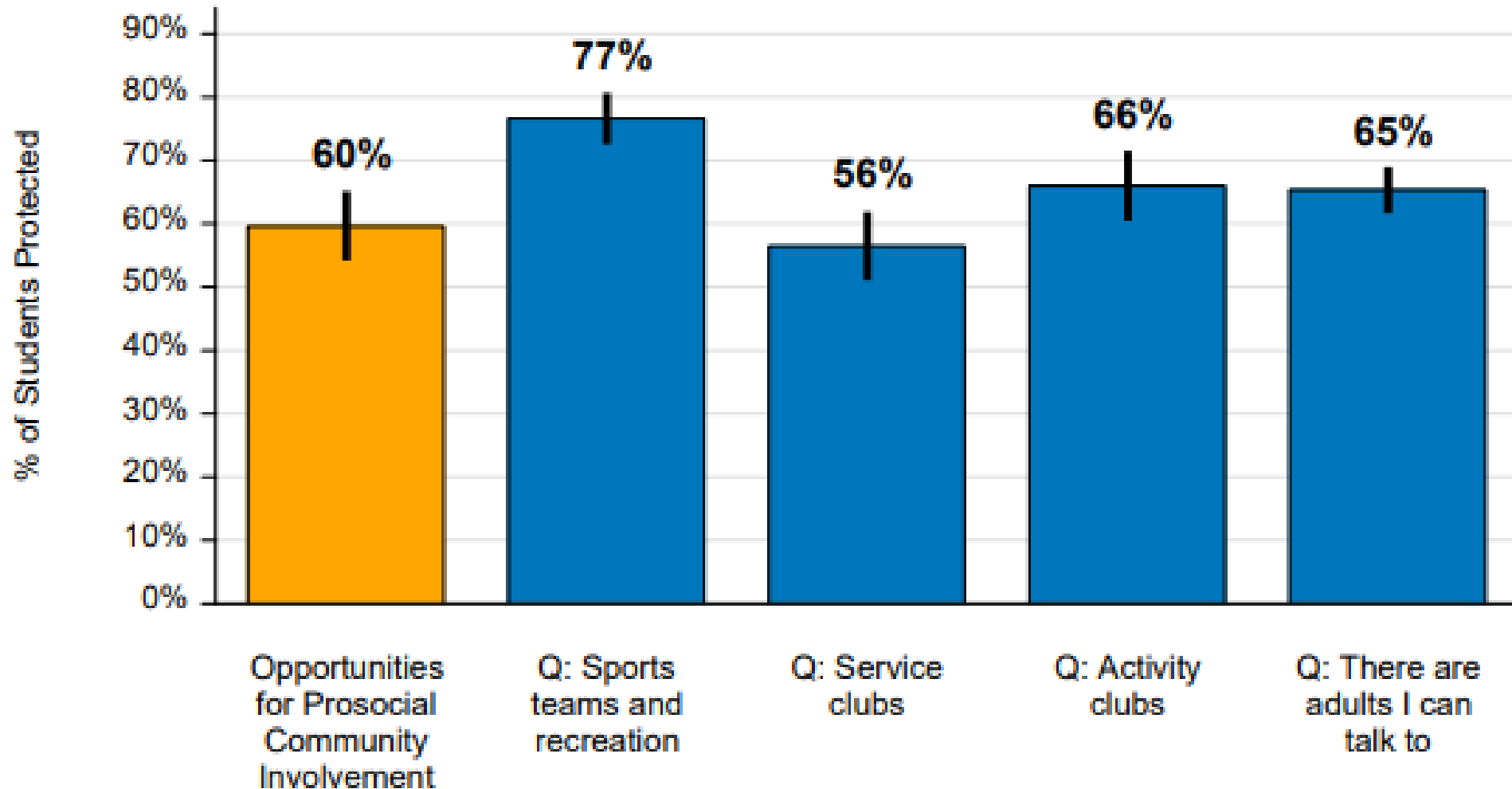
Prevalence	6th	8th	10th	12th
State	N/A	32% ±3	40% ±4	54% ±4

<b><u>Family, School, and Community Protective Factors</u></b>	<b>Substance Use</b>	<b>Delinquency</b>	<b>Risky Sexual Behavior</b>	<b>School Dropout</b>	<b>Violence</b>	<b>Depression &amp; Anxiety</b>
Opportunities for Prosocial Involvement	✓	✓				
Rewards for Prosocial Involvement	✓	✓			✓	✓

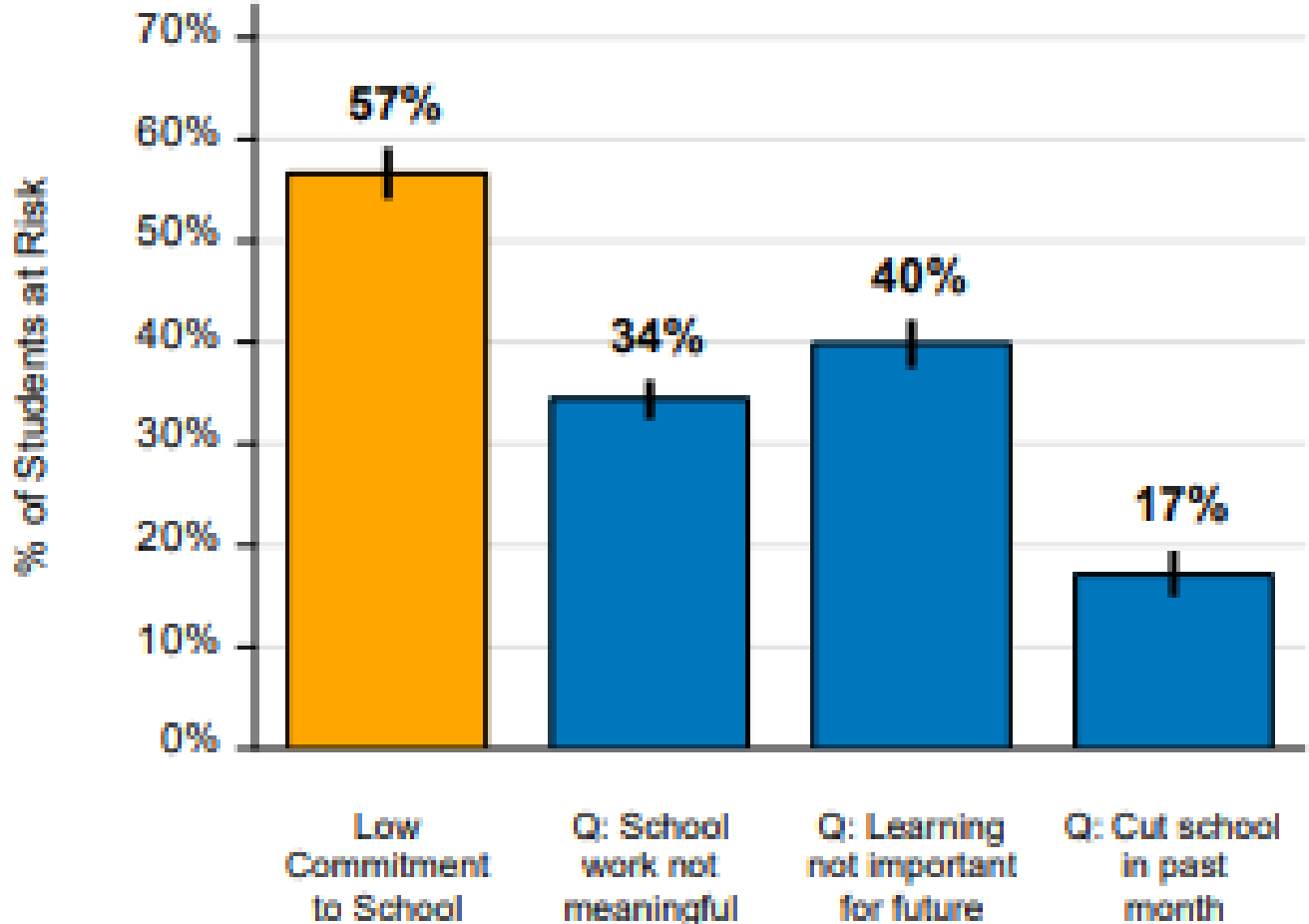
✓ = Protective Factor has a positive influence against the health risk behavior



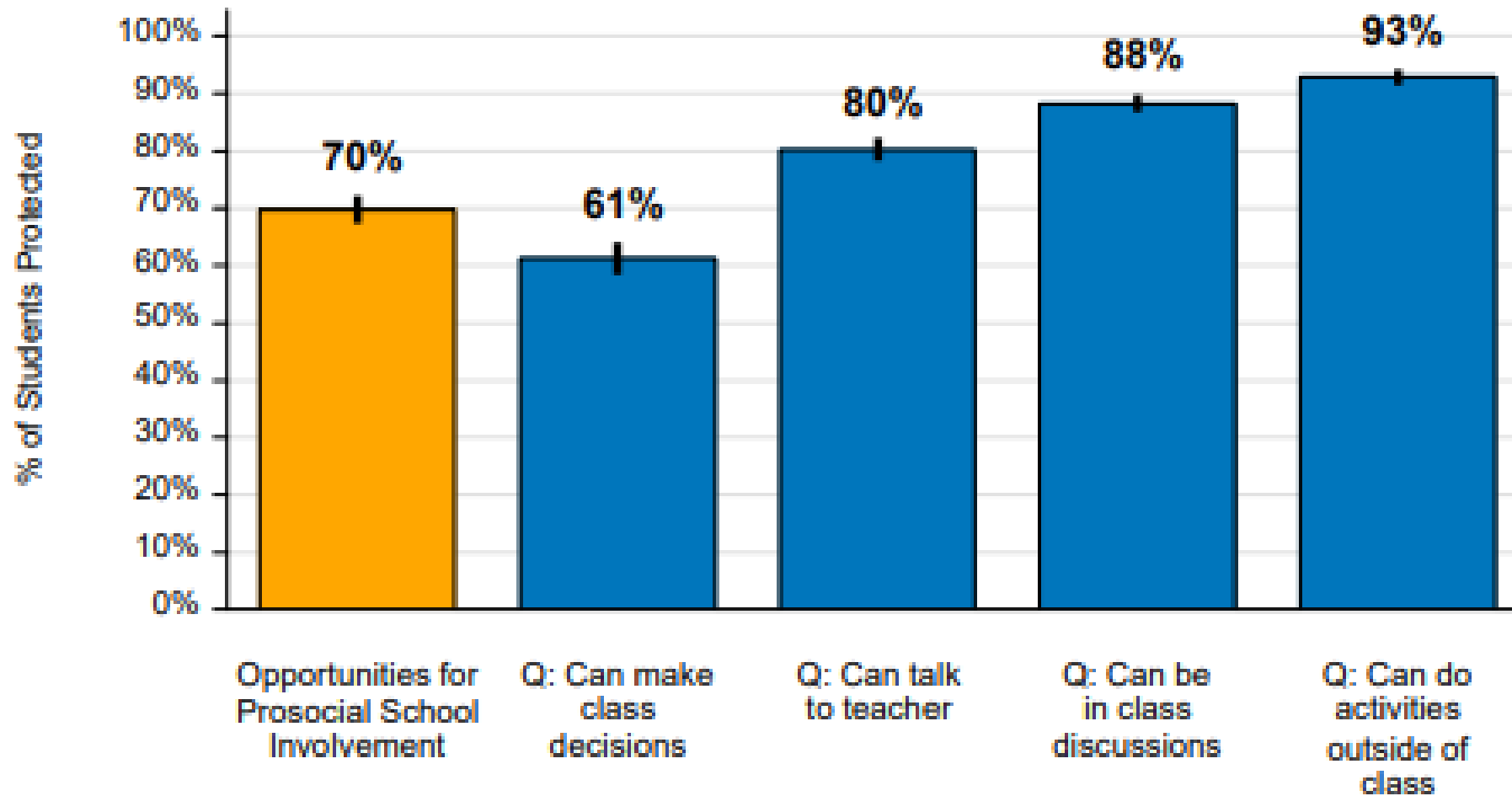
## Protective Factor: Opportunities for Prosocial Community Involvement with Component Questions (Q) Grade 10, 2021



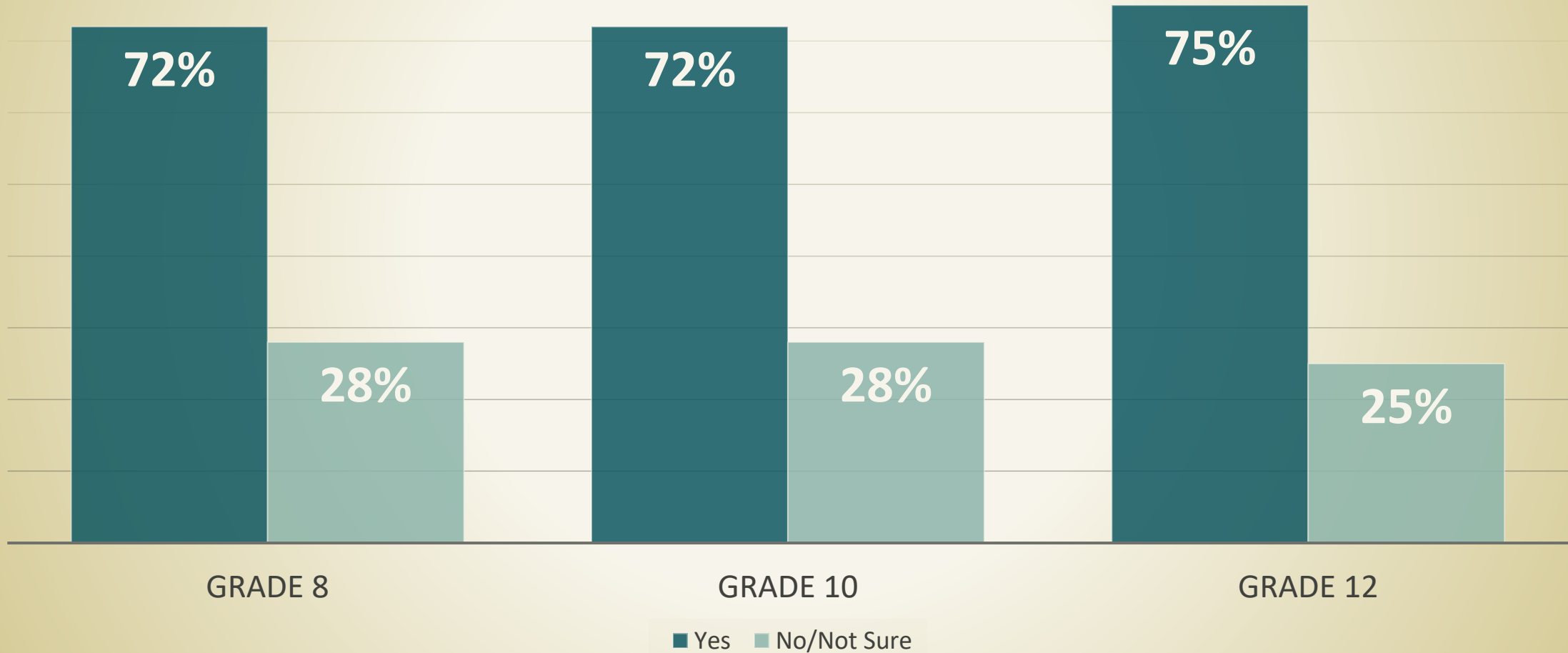
# Risk Factor: Low Commitment to School with Component Questions (Q:) Grade 10, 2021



## Protective Factor: Opportunities for Prosocial School Involvement with Component Questions (Q:) Grade 10, 2021



# There are people from my school who will help me if I need it?



### **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.

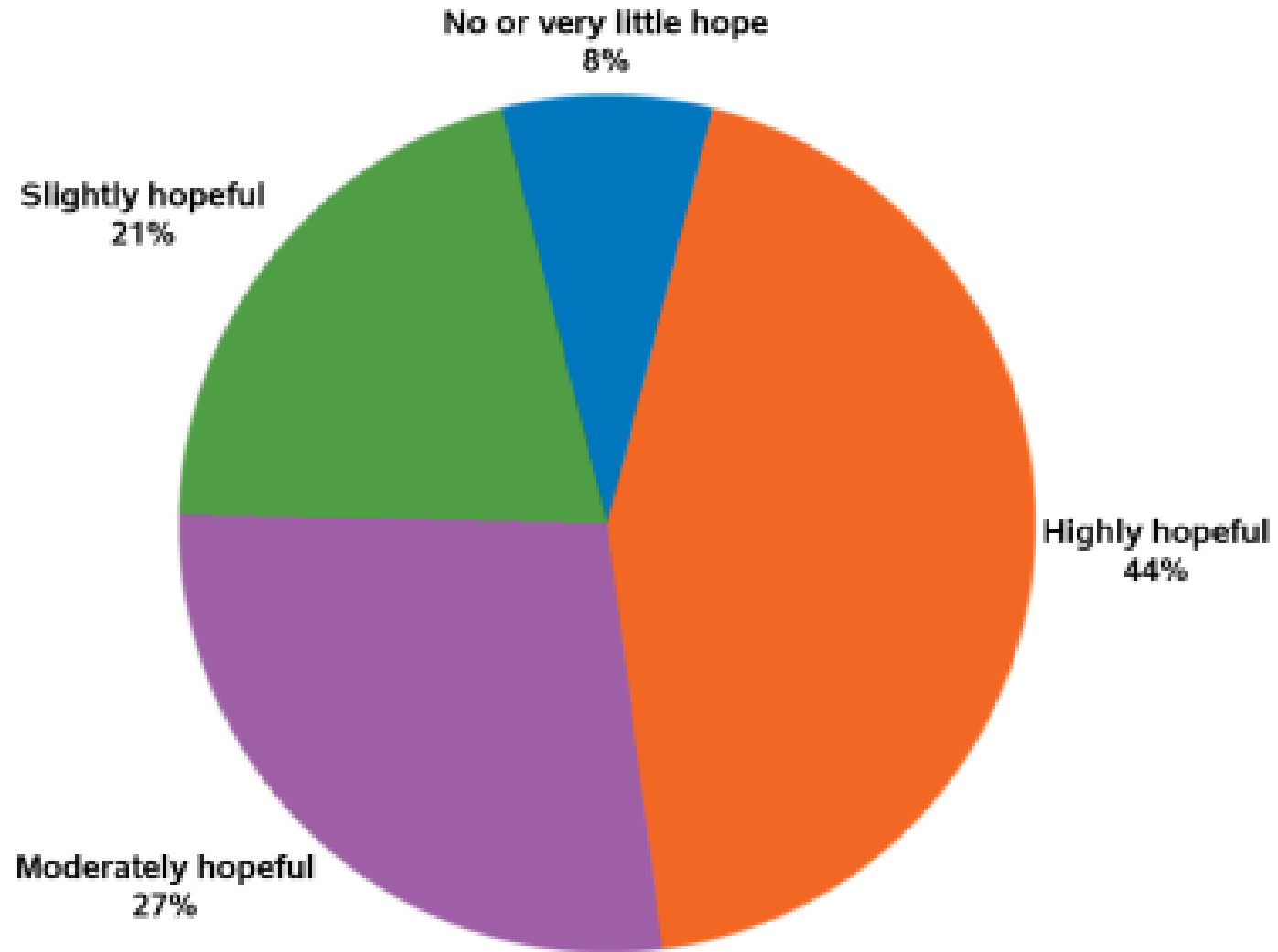
### **Agency Questions:**

- 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.

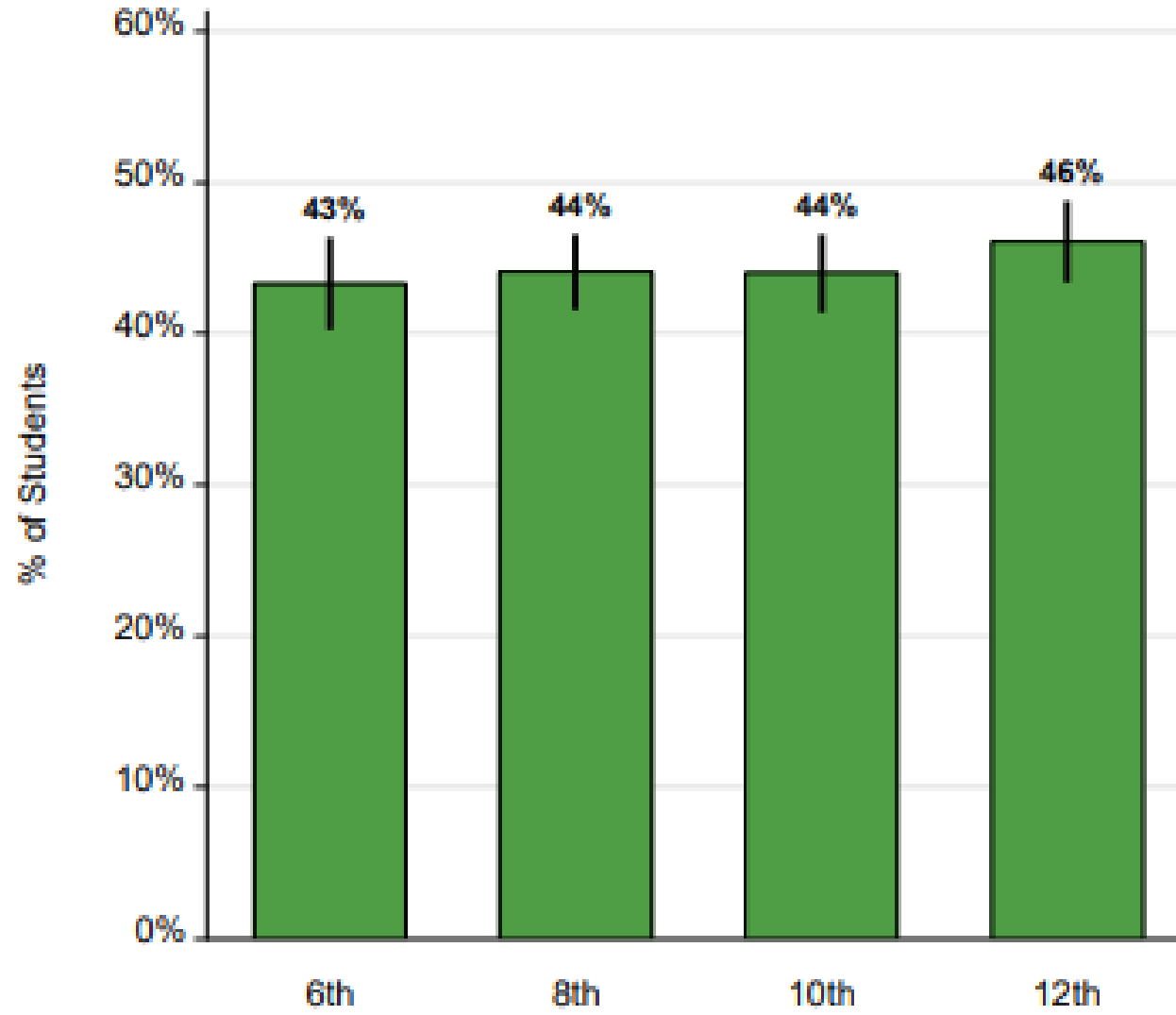
Agency thinking is a child's self-efficacy and motivation to use multiple ways to reach their goal.



# Levels of Hope Grade 10, 2021



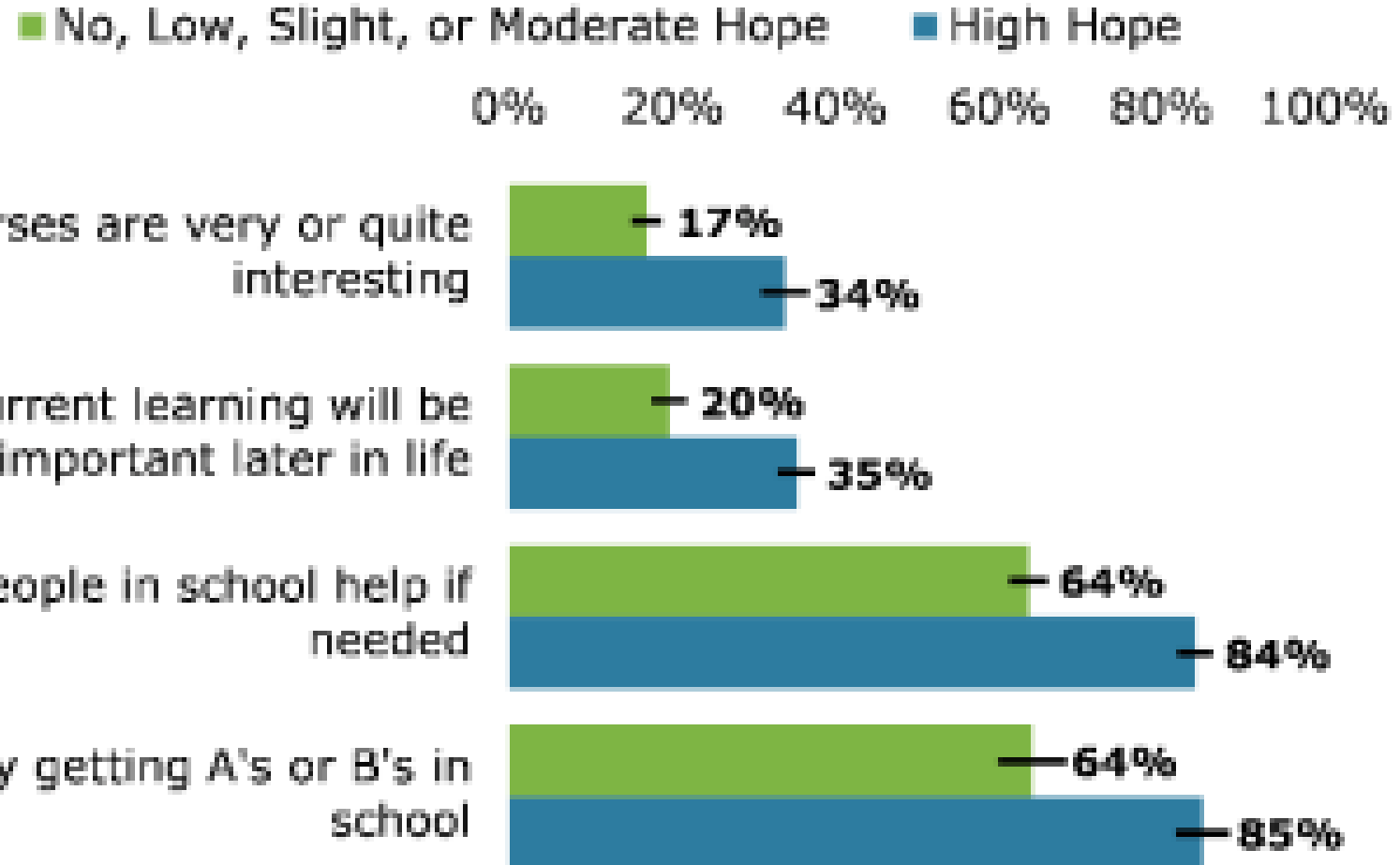
## High Hope, All Grades, 2021



Prevalence	6th	8th	10th	12th
State	43% ±3	44% ±2	44% ±3	46% ±3

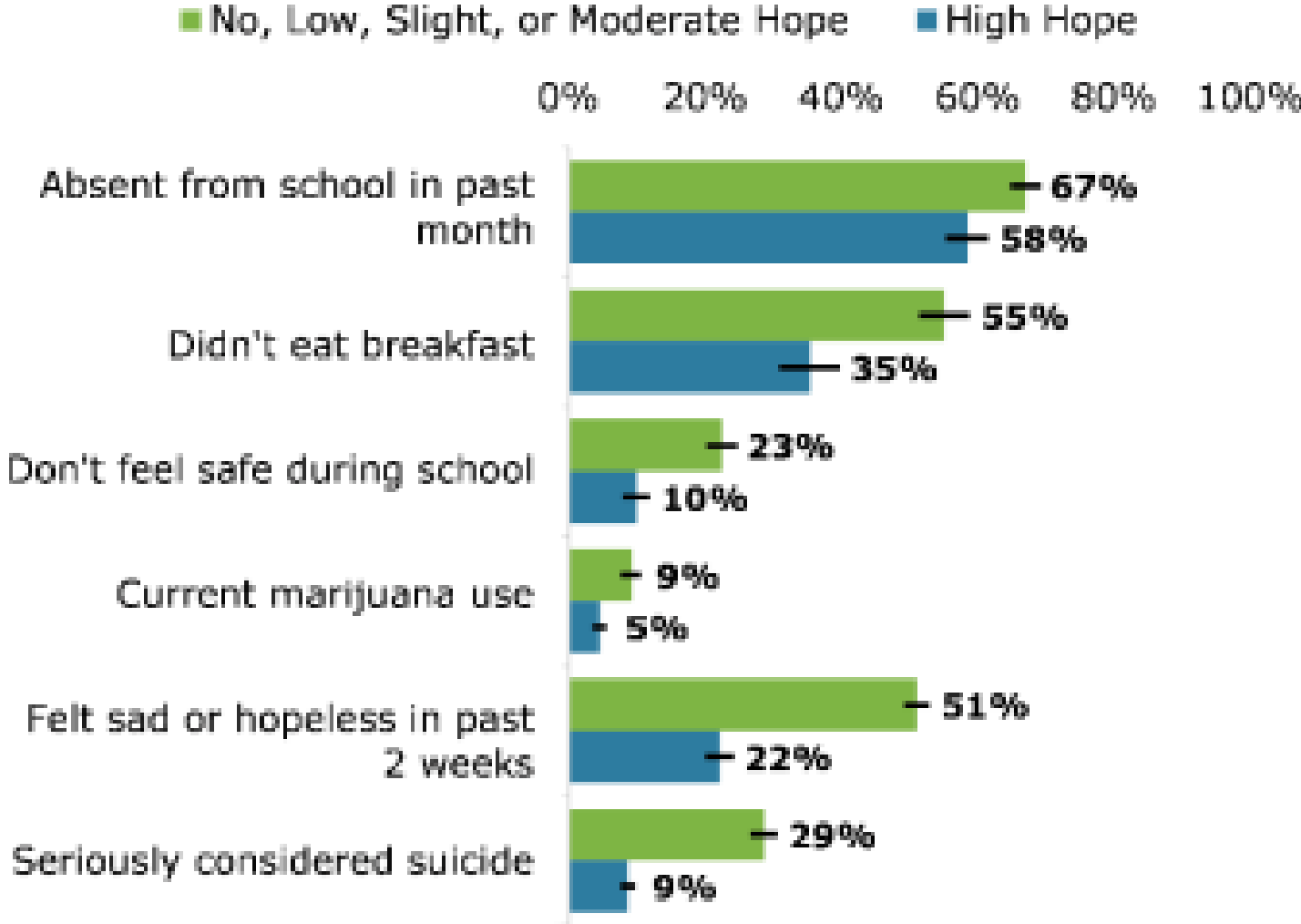


# Statewide Relationships between High Hope, Grade 10





# Statewide Relationships between High Hope, Grade 10



# Results all found on Askhys.net



**Healthy Youth Survey**

Home Survey Results Resources Press Releases Contact About Log

Fact Sheets

Frequency Reports

Q x Q Analysis

Analytic Reports

Bias Analysis

Past Participation

Errata/Corrections

Welcome to AskHYS.net!

Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Health Care Authority - Division of Behavioral Health and Substance Abuse, and the Liquor and Cannabis Board.

Healthy Youth Survey provides important survey results about the health of adolescents in Washington. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth.

**New Information**

**Healthy Youth Survey 2021 results are now available.**

## Available to the Public:

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

# 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](mailto:Emily.Maughan@k12.wa.us)

360-725-6030



# **Youth Engagement Services (YES)**

## **School District Partnership Model**

*Ashley Mangum, Mary Bridge Children's Hospital*

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# 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



# Pierce County Priority Actions



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## 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



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## Bolster Youth Mobile Crisis Services

Increasing support and expansion of mobile crisis response teams.



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## Strengthen Behavioral Health Workforce

Promoting and supporting workforce development and continued training in child and adolescent mental health.

# Youth Engagement Services (YES)

Youth Engagement Services (YES) is a collaborative treatment model that provides 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



Multidisciplinary Team Consultation



Brief Intervention (BEST)



Consultation & Training

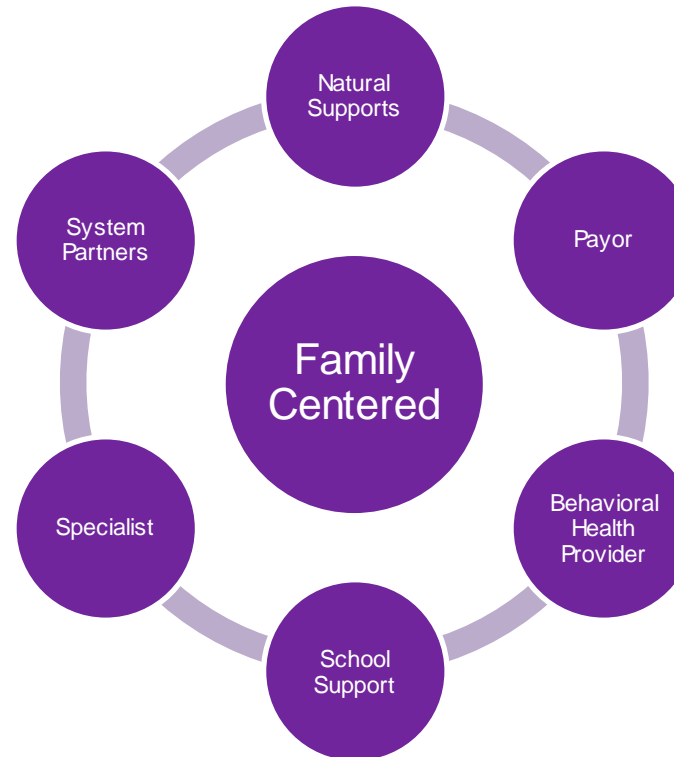
# Behavioral Health Navigation

- 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

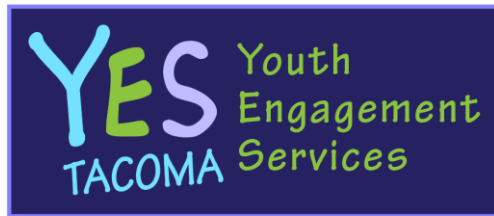
## Behavioral & Education Support Team (BEST)

- 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





[www.kidsmentalhealthpiercecouny.org](http://www.kidsmentalhealthpiercecouny.org)

# Thank You



# Break

(mute/cameras off)



# 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, on-going 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 inpatient 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

ESD 171 & 105 - \$320,000	ESD 114 & 113 - \$330,000	ESD 101 - \$250,000	ESD 112 - \$265,000	ESD 123 - \$210,000	ESD 189 - \$450,000	ESD 121 - \$1,175,000
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# 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

<b>HOW WASHINGTON COMPARES State Rankings from Mental Health America <sup>IV</sup></b>	<b>2015</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Overall State Rank for Youth Mental Health	47	39	35	39
Youth with At Least One Major Depressive Episode in the Past Year	56,000 / 10.56%	75,000 / 13.98%	85,000 / 15.66%	99,000 / 18.22%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	40,000 / 59.1%	38,000 / 47%	50,000 / 49.80%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	56,000 / 10.7%	53,000 / 10.3%	69,000 / 13.50%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	13,000 / 26.7%	13,000 / 26.7%	24,000 / 35.70%
Students Identified with Emotional Disturbance for an Individualized Education Program	4,551 / 4.76%	5,142 / 5.11%	5,324 / 5.25%	5,633 / 5.49%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	16,000 / 5.20%	16,000 / 5.2%	15,000 / 5.20%
Youth with Substance Use Disorder in the Past Year	37,000 / 6.98%	28,000 / 5.18%	27,000 / 5.01%	26,000 / 4.84%

# Washington

hopeful  
futures  
campaign 

## BY THE NUMBERS

**1,193,000**

Number of  
K-12 Students  
(2022 Projection)<sup>i</sup>

**99,000**

Children with  
major depression<sup>ii</sup>

**50,000**

Children with  
major depression  
who do not  
receive treatment<sup>iii</sup>

**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





## School Mental Health Professionals



Little or no progress achieved

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

### Current Policy:

- **School Psychologists:** Washington has one school psychologist for every 1,408 students (the recommended ratio is 1:500).
- **School Social Workers:** Washington has one school social worker for every 14,391 students (the recommended ratio is 1:250).
- **School Counselors:** Washington has one school counselor for every 465 students (the recommended ratio is 1:250).

### Policy Opportunity:

- Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.

\*\*\*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.**



## Teacher and Staff Training



Substantial progress achieved

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.







## Funding Supports



Little or no progress achieved

### 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 5961.3. (2021)





## Well-Being Checks



Little or no progress achieved

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



Educator  
Training



Funding  
Supports



Are We Missing  
a Bucket?

- School Behavioral Health Professionals
- School-Family Community Partnerships
- <https://padlet.com/leecolliyer/sgd4jka2agcbg7j6>

# 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.





## HPSA Score Detail

State/Territory	County	HPSA ID	HPSA Name	Discipline	HPSA Score	HPSA Type	HPSA Status	Last Update Date	As of Date
Washington	Adams	7532806045	Adams County	Mental Health	19	Geographic Area	Designated	09/10/2021	3/13/2022
	Asotin	7539200641	Asotin County	Mental Health	16	Geographic Area	Designated	08/06/2021	3/13/2022
	Benton	7532839235	Benton and Franklin Counties	Mental Health	16	Geographic Area	Designated	09/10/2021	3/13/2022
	Chelan	7532003512	Chelan/Douglas Counties	Mental Health	17	Geographic Area	Designated	09/10/2021	3/13/2022
	Clallam	7538735692	Clallam County	Mental Health	18	Geographic Area	Designated	08/06/2021	3/13/2022
	Clark	7537133675	North Clark County	Mental Health	14	Geographic Area	Designated	10/28/2021	3/13/2022
	Columbia	7533732608	Columbia County	Mental Health	10	Geographic Area	Designated	08/18/2021	3/13/2022
	Douglas	7532003512	Chelan/Douglas Counties	Mental Health	17	Geographic Area	Designated	09/10/2021	3/13/2022
	Ferry	7538167031	Ferry County	Mental Health	15	Geographic Area	Designated	08/18/2021	3/13/2022
	Franklin	7532839235	Benton and Franklin Counties	Mental Health	16	Geographic Area	Designated	09/10/2021	3/13/2022
	Garfield	7533274974	Garfield County	Mental Health	11	Geographic Area	Designated	09/10/2021	3/13/2022
	Grant	7532307915	Grant County	Mental Health	16	Geographic Area	Designated	08/06/2021	3/13/2022
	Grays H..	7538115133	Grays Harbor County	Mental Health	16	Geographic Area	Designated	09/10/2021	3/13/2022
	Island	7539722049	Island County	Mental Health	16	Geographic Area	Designated	09/10/2021	3/13/2022
	Jefferson	7535916445	Jefferson County	Mental Health	18	Geographic Area	Designated	08/06/2021	3/13/2022
	Kitsap	7539039162	Kitsap County	Mental Health	18	Geographic Area	Designated	08/06/2021	3/13/2022
	Kittitas	7533370514	Kittitas County	Mental Health	17	Geographic Area	Designated	08/05/2021	3/13/2022
	Klickitat	7531599873	Klickitat County	Mental Health	17	Geographic Area	Designated	09/10/2021	3/13/2022
	Lewis	7538590249	Lewis County	Mental Health	14	Geographic Area	Designated	08/20/2021	3/13/2022
	Lincoln	7536324148	Lincoln County	Mental Health	15	Geographic Area	Designated	09/10/2021	3/13/2022
	Mason	7532345033	Mason County	Mental Health	16	Geographic Area	Designated	08/06/2021	3/13/2022
	Okanog..	7539095132	Okanogan County	Mental Health	18	Geographic Area	Designated	09/10/2021	3/13/2022
	Pacific	7531518387	Pacific County	Mental Health	17	Geographic Area	Designated	08/05/2021	3/13/2022
	Pend Or..	7534343749	Pend Oreille County	Mental Health	18	Geographic Area	Designated	08/04/2021	3/13/2022
	Pierce	7533858603	Longbranch	Mental Health	16	Geographic Area	Designated	09/08/2021	3/13/2022
	San Juan	7537142861	San Juan County	Mental Health	16	Geographic Area	Designated	09/10/2021	3/13/2022
	Skamania	7533027892	Skamania County	Mental Health	13	Geographic Area	Designated	09/10/2021	3/13/2022
	Snohom..	7534856546	Northwest Snohomish	Mental Health	15	Geographic Area	Designated	09/10/2021	3/13/2022
		7536318681	Monroe/Sultan	Mental Health	12	Geographic Area	Proposed Fo..	10/28/2021	3/13/2022
		7536811595	Monroe/Sultan Service Area	Mental Health	15	Geographic Area	Designated	10/28/2021	3/13/2022
	Spokane	7531994622	Southwest Spokane Service Area	Mental Health	18	Geographic Area	Designated	09/09/2021	3/13/2022
		7534554928	Southeast Spokane Service Area	Mental Health	19	Geographic Area	Designated	09/09/2021	3/13/2022
		7535329047	North Spokane Service Area	Mental Health	19	Geographic Area	Designated	09/08/2021	3/13/2022
	Stevens	7535593889	Stevens County	Mental Health	18	Geographic Area	Designated	09/07/2021	3/13/2022
	Thurston	7537057599	North Thurston County	Mental Health	16	Geographic Area	Designated	09/10/2021	3/13/2022
		7539935545	South Thurston County	Mental Health	16	Geographic Area	Designated	08/06/2021	3/13/2022
	Walla W..	7534809873	Walla Walla County	Mental Health	16	Geographic Area	Designated	09/10/2021	3/13/2022
	Whitman	7538710704	Whitman County	Mental Health	17	Geographic Area	Designated	08/24/2021	3/13/2022
	Yakima	7532781715	Yakima County	Mental Health	16	Geographic Area	Designated	09/08/2021	3/13/2022

# 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

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# Friday, June 3th, 2022

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# 9:00 am - Noon



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**



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