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

Date: August 5th, 2022
Time: 9am-12pm

Leads: Representative My-Linh Thai, Lee Collyer

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

Meeting notes

Student Assistance Program National Initiative & Behavioral Health COVID Response Project Update

Erin Wick, Education Service District 113
Robert Vincent, Substance Abuse & Mental Health Services Administration (SAMHSA)
Sara Ellsworth, Education Service District 113
[see accompanying slide deck]

Student Assistance Program National Initiative

- Preventions serves as the front door screening, student assisted identification
- Parent training community awareness community involvement
- 2022 National drug control strategy: Student Assistance Program are called out as being a vital piece.
- Presidents' strategy to address out national mental health crisis, strength systems, connecting Americans to care, support Americans by creating Health care environments i.e. codification of pandemic telehealth access expansion
- If we intervene before age 15, we can cut decades off the substance use career.
- 90% of students with substance abuse are still in school.

Behavioral Health COVID Response Project Update

- The project adds mental health and substance abuse disorder prevention to the existing Student Assistance Professional (SAP) framework; adding 51 additional student assistant sites across the state, along with Regional Behavioral Health COVID Response Coordinators and Regional Student Assistance Advocates at each of the 9 ESDs
- ESD 113 took the lead statewide on the project
- Assistance is non-clinical and this is important, designed to clear up tier 3 services so the students who need them most can access them, with reduced waitlist time
- Have to this point hired 43 of 51 positions even with ongoing workforce shortage challenges
- Staff started mid-year so the positive early outcome we are seeing is impressive
- Behavior issues decreased in positive way, saw increases in academic progress and reduced juvenile justice system involvement
- Students and schools report the program as very helpful and very important.
- Funding for this project is set to expire at the end of June 2023

Question: How can we support continuity in this program?

- New SAP staff is embedded into school staff, not separated as ESD staff – should help with retention

School Employed Social Workers

Liz Nelson, Past President
Michelle Sorenson, Vice President
Elise Petosa, Co-Chair | Legislative Advisory Committee
WA Association of School Social Workers
[see accompanying slide deck]

House bill 1664 included increases in the prototypical funding formula for Education Staff Associate (ESA) positions in schools, School Social Workers (SSWs) are ESA Staff

- Their main role is to provide a link between School, home, and community, working directly with Admin at all levels
- SSWs provide varied levels and types of support across different school communities
- There are about 900 school social workers in WA, up from about 250 four years ago
- SSWs are focused on the whole child, when students feel better, they do better in the school environment, and SSWs can support this promotion of student wellbeing
- SSWs receive training to support at needs at all 3 MTSS tiers
- SSWs can generate revenue for the school district by billing Medicaid for mental health services provided to students
- SSWs collaborate with many different teams and systems from state-level supports to community-level supports, schools to parents
- Trained in suicide assessment, safety planning and referral, therapeutic intervention including CBT, motivational intervention, etc.
- Clinical social workers employed by schools are looking for clinical licensure this will prepare them for assessments diagnosis, treatment and prevention of mental illness, emotional and other behavioral disturbances
- School districts can bill Medicaid to provide social work services. They can be licensed social workers OR school social workers pursuing their license (under the supervision of a licensed social worker).
- Chat Comment: Here is a link to the language from the Health Care Authority about billing Medicaid to provide services. School Districts in WA state are NOT utilizing this funding enough. This is a creative way to access more funding to provide school social work/mental health services in schools. I also think it speaks to the great need that Rep Thai asked about in working towards removing barriers for getting licensed.
    - https://www.hca.wa.gov/billers-providers-partners/programs-and-services/school-based-health-care-services-sbhs
- This will help provide supports at the school level
- Help bring services to the schools to help with students
- Growing recognition that by giving licensure support, schools can help connect their students to social worker supports more effectively

Suggested next steps for expanding the use of SSWs in schools:

1) Hire more SSWs – the national ratio recommendation is 1:250
2) Establish grant programs or legislation to provide stipends for school social workers to work toward licensure and for school districts to provide supervision for licensure
3) Training to school districts about the Medicaid billing pathway
4) Guidance to school districts from OSPI School Social Work Program Manager on the services of school social workers

Question: There is currently a lot of talk about licensing barriers that stand in the way of hiring qualified applicants for ESA positions, how can we continue to address those barriers?

- WA Association of School Social Worker (WASSWs) is working with other professionals to support more efficient licensure processes
- WASSW has a partnership with the National Association of Social Workers (NASW) to help advance this work, staff at WASSW are asking NASW for follow up on their progress in these efforts

Discussion Comments:

- School districts need internal clinical supervisor for SWs to gain licensure. It is unfortunately to have to pay for an external clinical supervisor.

Recommendation Discussion Overview

Christian Stark & Lee Collyer, OSPI

[See context on this activity]

Staff took the recommendation grids that members worked at the Policy Workshop on July 20th and sorted the recommendation brainstorming ideas into distinct categories as shown on the Jamboard slides linked below.

Breakout Room Discussions:

- Meeting participants were then sorted into breakout rooms and encouraged to discuss the recommendation topics they felt were of highest priority by adding additional notes to fill out the information already represented on the Jamboard
- The goal of the activity was to add further detail to the recommendation ideas generated throughout the year thus far ahead of a group vote on which recommendation to prioritize sending to the Children and Youth Behavioral Health Work Group in September or October

Jamboard Link:
https://jamboard.google.com/d/1DRA4kXT4MT2bEPb9CbOtJh6XPjHB4RWnkGsWSHZ7ABg/edit?usp=sharing

*All public participants were sorted into a separate breakout room but encouraged to participant activity

Breakout Room Notes:

Group #1:

- Residential School recommendation idea:
    - WA is not a state with good residential treatment options available
    - Important question is what part of the state's timeline around behavioral health a recommendation to build a residential school fits under?
    - We need more state data around this from DOH
    - This topic area should be included in discussions in the new Strategic Plan Subgroup
- In general, there is much more focus on adult behavioral health than youth behavioral health in our state
    - Would like to know how much more we're spending as a state proportionally on adults compared to youth
- Who is the lead agency for assuring all youth have their behavioral health needs met – no one has this responsibility now, the system needs an entity focused on coordinating residential and nonresidential treatment options for youth and their families – what we have not is a fragmented set of options that many families struggle to navigate
- Representative Thai is convening ongoing meetings between multiple state agencies to discuss next steps regarding the 2021 K12 Student Behavioral Health Audit recommendation to designate a lead agency in the state responsible for system coordination and ensuring all students have access to equitable behavioral health care
- Currently, there is a lack of accountability in the system and there isn't an entity responsible for looking at the system as a whole
- Overall, group #1 really believed we need a leader in the state for school-based behavioral health to act as a system czar

  - Want a human person or team to the primary point of contact responsible for system improvement and coordination – the full group was in agreement on this
- Children and young people with the most acute need are often the least served and served by the least trained professionals
  - We are asking for capital budget money to build out infrastructure advancements i.e. a residential school
  - These kids need a lot more than what they state is providing now
- Discipline: behavior issues are often the first red flag that a student has unmet behavioral health needs
  - "Off-the-books" suspension – where a student is asked to stay home by the school but isn't formally suspended – often are not coupled with services offered to the student to support their needs
  - If OSPI had more authority in this area, they could better hold schools accountable and offer supports for schools to improve these services

Group #2:

- Need/want for a community to streamline mental health services for students and adolescents
- The current system is too complex/fragmented – needs to be simplified. How do we get a sustainable system? We need an evaluation of the comprehensive long-term effects of the processes we're using in all our programs
- Teachers come into the profession not trained to deal with the kids of behavioral health concerns in students they there are seeing
- Additional/better training for educators would be very helpful
- Need to better support parents in working through their own trauma so that it does not interfere with their child's education. Need to build a community to help with the education work.
- Small schools are stretched do to lack of support. Individuals have too many hats and not enough supports.
- There are not enough resources to help with these supports.
- Something new is likely to fail again because staff do not have the capacity to take on additional responsibilities
- MTSS is already a mandate, let's use MTSS support structure on behavioral health supports, not just academic supports
- Let's look at the structure we have in place to make sure that schools have these programs
- How do we get parents involved?
- How do we train parents to be appropriately involved?
- Need to make supports long term and consistent, and assure that every district has an MTSS person
- There are too many hoops to jump through. The process should not be this difficult to implement and run.
- Meaningful assessment is needed every time
- MTSS could be Social Emotional (interchangeable)
- SEL is only required two times a year. There is not a standard. SEL requirements need to have more of a foundation of administration in schools across the state.
- Are we spending or are we investing? Too much spending, we need to invest in SEL over the long term instead.
- Need to have behavioral health supports ensure effectiveness of SEL work.
- What is going to help on the behavioral health side?
- We need ESSER dollars to be replaced with permanent/consistent funding streams.
- How does screening play into this?

- Teachers and para-educators are first responders
    - What are our teachers being prepared for?
    - Teachers, in general, are not being taught the look fors in terms of mental well-being in students
- There is a need to strengthen requirements and efficiency of teacher training/credentials
    - Helping parents support their children and work through trauma
- Is our work more MTSS? What power do we have as the School-based Behavioral Health & Suicide Prevention Subcommittee
    - What is our approach to investing in a robust system offering ongoing support?
- Overall, the group focused a lot of the conversation on a need for a lead agency

Group #3:

- Discipline practices in schools can be an important referral/identification component to support students in need
- Lot of focus on workforce, including discussion around roles, retention, and strengthening the pipeline
    - Focusing on people of color and folks of different backgrounds
- It's important to establish a closer connection between MTSS & SEL recommendations
- Resource awareness
    - Need to personal support for families in navigating what resources are available for them

Group #4:

- Lead agency:
    - Needs to have a mandate to lead and leverage to coordinate across agencies in the state
    - Could apply an Interconnected Systems Framework (ISF) here
- Need more funding for behavioral health services both for licensed and non-licensed staff
- Behavioral health professionals need to be at the table for discussions on services for students
- Looking for coverage-blind approach to making sure all students are served
- How do our SEL recommendations related to the SEL Workgroup?
- Need to address co-morbidities with substance abuse disorder services

Group #5 – Public Participant Group:

- Focused on workforce, MTSS, and the need for a lead agency
- Strengthening peer and family support or a linking focus
- Increasing community and peer supports and helping families in need connect to them
- Helping families connect with local policy makers
- Lead agency:
    - Need for more policymaker accountability to community needs and concerns
- Workforce support:
    - Promoting collaboration with health service providers
    - Can be clashes between different ESAs within school communities
    - Need to work toward promoting better collaboration between difference service providers
    - Understanding how roles are different but also how they are similar and can support each other

Closing Comments:

- Some school cultures cause the behavioral health related problems we're talking about here, often related to a lack of accommodations offered by the school
- Punitive cultures remain in many of our schools
- Does addressing this start with training for school personal
    - Tier 1 PBIS has to be implemented with fidelity across the state
- We need appropriate advocates in each building to point out that this type of policy/approach from the school is unacceptable
- Lead agency conversations need to be connected to the new Strategic Plan Workgroup
- Can OSPI lead a campaign to elevate schools that are implementing PBIS effectively?
    - The agency does not currently have the infrastructure to support MTSS-B (behavioral) implementation in schools
    - Other states are doing this kind work

Public Comment

1. (Name/org – comment)

Attendees:

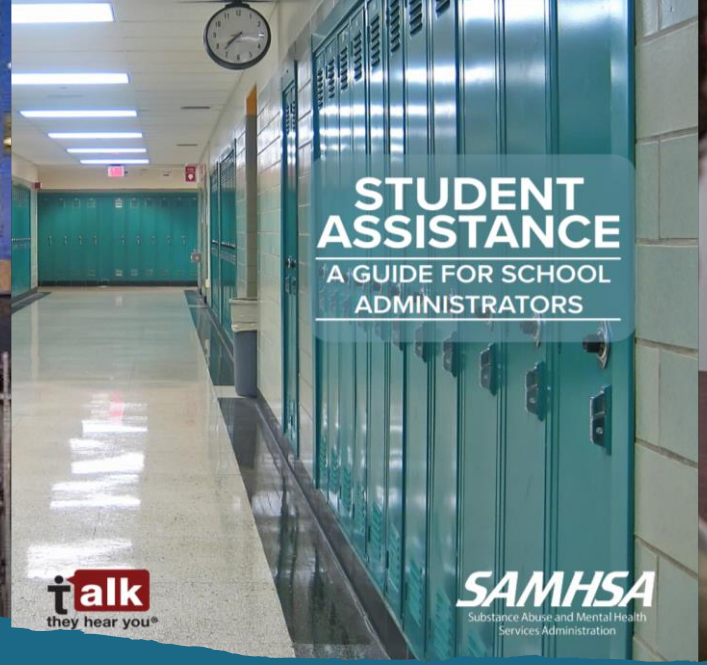
State Legislators & Staff:
Representative Lauren Davis, 32nd District

Member Alternates:
Liz Nelson, WA Association of School Social Workers

Staff:
Barb Jones - OIC
Christian Stark - OSPI
Cindi Wiek – HCA
Devin Noel-Harrison - OSPI
Enos Mbajah - HCA
Jason McGill – HCA
Maria McKelvey-Hemphill - OSPI

Guests:
Andrea Wooten
Brandi
Cameron Long
Carrie Syvertsen
Emily Contreras

Erica Chang - AGO
Jackie Yee - SUDP Clinical Supervisor
Julie Peterson - Healthy Generations
Libby Hein
Maame Bassaw
Macy Welch
Margaret Soukup
Marta B. - Child and Adolescent Clinic
Megan Moore
Megan Wargacki
Michelle Mitchell
Negheen Kamkar - WACH
Penny Lipsou
Renee Tinder - DOH
Sydney Doherty
Wargacki Megan



Investing in Our Nations Children:

Supporting Student Assistance: Current Data and Trends

Robert Vincent, MS.Ed.
Associate Administrator for Alcohol Prevention and Treatment Policy
Substance Abuse and Mental Health Services Administration

Washington State

August 5, 2022

SAMHSA
Substance Abuse and Mental Health Services Administration

- Nearly 35 percent of individuals ages 12–20 have consumed alcohol at some point in their lives.
- US retail marijuana sales rose an estimated 40% in 2020 and will near $37 billion by 2024 (McVey, Eli. Marijuana Business Factbook. 2020, June 30).
- 2007-2018, suicide rates among youth ages 10-24 in the US increased by 57%
- 2009-2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%;
- Less than 5 percent of young people (12-17) receive needed substance use treatment, and only 49 percent of young people receive needed mental health services.

SAMHSA
Substance Abuse and Mental Health Services Administration

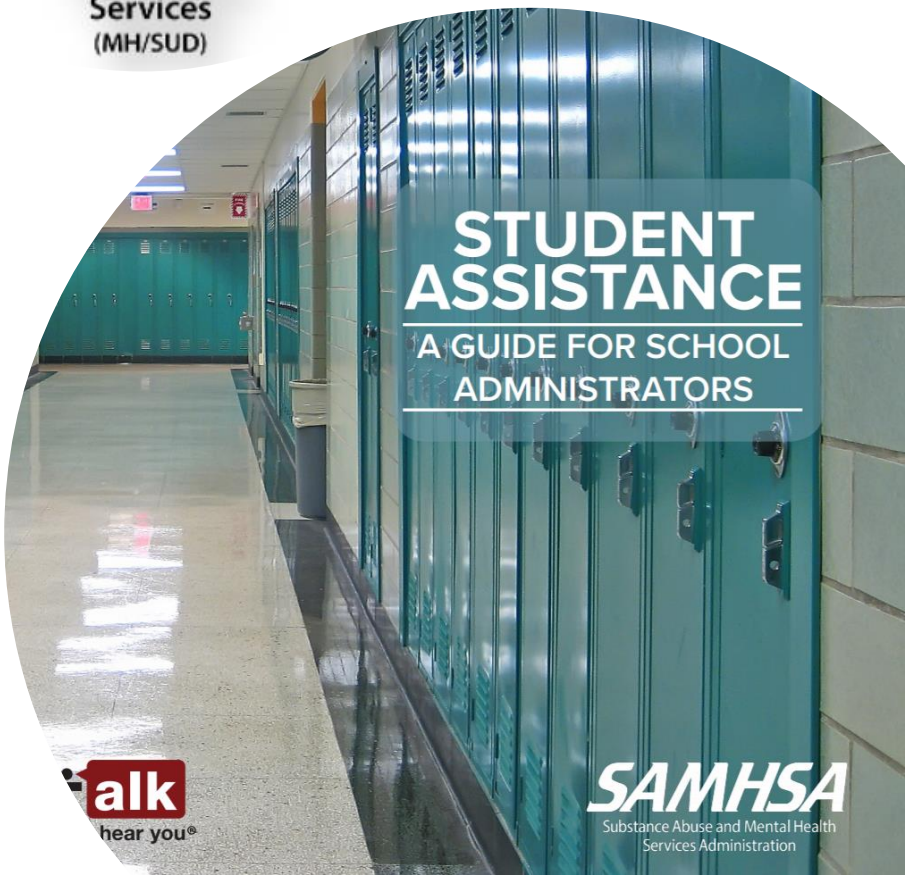
“Prevention often serves as the front door to behavioral health services.”

- Screening, identification, and referral
- Warm hand-offs (e.g., mental health promotion, suicide prevention)
- Parent training
- School-based prevention
- Student assistance
- Community awareness
- Community-based education (e.g., naloxone)
- Community linkages (e.g., harm reduction, recovery support)

School-Based Services

Student Assistance Programs have their humble beginnings rooted in Employee Assistance Programs that started in the middle of 1970.

Most programs deployed a counselor to provide assessment, do classroom presentations/curriculum or run support groups.



Source: Substance Abuse and Mental Health Services Administration: Student Assistance: A Guide for School Administrators, Rockville, MD.

THE WHITE HOUSE
WASHINGTON

2022 National Drug Control Strategy

"In my State of the Union Address, I identified addressing the opioid epidemic as part of a unity agenda for the Nation – something that could bring Americans together in service of a goal we all share. As this Strategy lays out, there is so much more we can do to expand access to evidence-based prevention, harm reduction, treatment, and recovery services, while also working to reduce the supply of harmful drugs in our communities."

President Joseph R. Biden

President's Strategy to Address Our National Mental Health Crisis

- **Strengthen System Capacity**
  - **Invest in proven programs that bring providers into behavioral health**
  - Pilot new approaches to train a diverse group of paraprofessionals
  - Build a national certification program for peer specialists.
  - Promote the mental well-being of our **frontline health workforce.**
  - Strength our crisis care and suicide prevention infrastructure
- **Connect Americans to Care**
  - Expand and strengthen parity.
  - Integrate mental health and substance use treatment into primary care settings
  - Expand access to tele- and virtual mental health care options
  - Expand access to mental health support in **schools and colleges and universities**
  - Embed and co-locate mental health and substance use providers into community-based settings
- **Support Americans by Creating Healthy Environments**
  - Supporting Child and Student Social, Emotional, Behavioral, and Mental health Needs
  - Invest in research on social media's mental harms
  - Expand **early childhood and school-based intervention** services and supports.
  - Increase mental health resources for justice-involved populations
  - **Train** social and human services professionals in basic mental health literacy

The White House (2022). 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 The White House. Retrieved from: 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/

Priority Populations

Students experiencing academic, substance use, and mental health issues are priority populations for student assistance services.

- Potential barriers to learning include school adjustment difficulties, attendance issues, anxiety, depression, thoughts of self-harm and self-injury, stress, abuse or neglect, substance use disorders, family difficulties, negative peer relationships, and exposure to community violence and crime.

SAMHSA
Substance Abuse and Mental Health Services Administration

Behavioral Health Treatment Landscape

Over a ten-year period (2011 - 2020) for clients under 18 years of age:

- There was a **52.4 *percent decrease in receipt of* any substance abuse treatment** (82,532 in 2011 to 39,271 in 2020).
  - **Outpatient Treatment declined by 50 percent.** Most clients under 18 (between 87 and 91 percent) were in outpatient treatment.
  - **Residential Treatment declined by 67.2 percent.**
- The proportion of clients under the age of 18 years ***in treatment facilities with special programs or groups for adolescents*** **decreased** from 80 percent in 2011 to 71 percent in 2020.

Center for Behavioral Health Statistics and Quality. (2021). 2020 National Survey of Substance Abuse Treatment Services **(N-SSATS),** *Substance Abuse and Mental Health Services Administration, Rockville, MD.*

Behavioral Health Treatment Landscape

- Adolescents entering treatment are likely to have multiple co-morbid conditions--these factors impact the course of treatment at all levels. (*2021 Report to Congress)*

- Research shows that prevention interventions can have positive long-term effects in reducing substance use. If we intervene before 15, we can cut decades off the substance use career. (Dennis et al 2014)

- Even though adolescents with substance use disorders (SUD) are more likely to drop out of school, over 90 percent of them are still in school. (*2021 Report to Congress)*

AESD ASSOCIATION OF EDUCATIONAL SERVICE DISTRICTS

Nine ESDs. One Network.
Supporting Washington's Schools and Communities.

Behavioral Health COVID Response Project Update

School-based Behavioral Health & Suicide Prevention Subcommittee
August 05, 2022

Summer 2021 - Background & Context

- Student behavioral and mental health at center of school reopening efforts
  - Governor Inslee mental health emergency declaration (March 26, 2021)
  - High legislative interest
    - Children & Youth Behavioral Health Work Group (with school-based behavioral health and suicide prevention subcommittee)

- ESSER III (COVID recovery) funds coming to states
  - 10% state set-aside for OSPI discretion

- OSPI outreach to AESD to explore statewide expansion of student behavioral and mental health services

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Project Foundations

Statewide Direct Service Expansion

- **51** Student Assistance Professionals
  - Providing substance abuse and mental health prevention and intervention services
- **9** Regional Behavioral Health COVID Response Coordinators
- **9** Regional Student Assistance Advocates

With…connections across initiatives – regional & state-levels

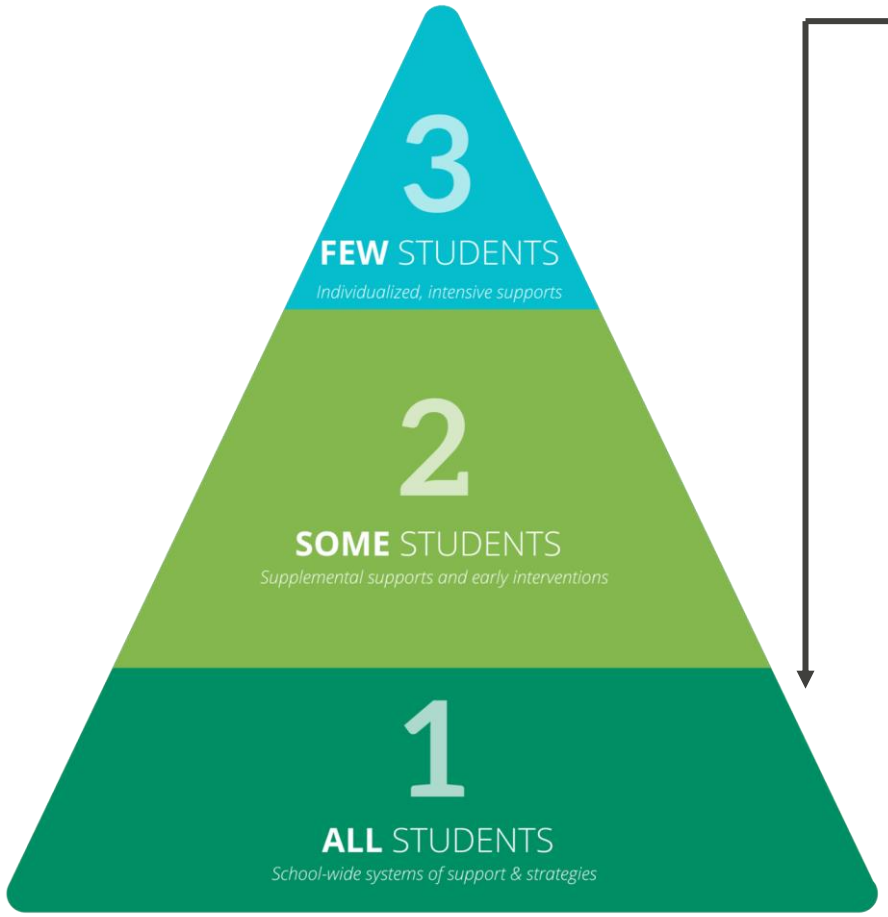
Network-wide Leadership & Coordination

(ESD 113 as coordinating lead)

- Coordination & connections across OSPI/AESD initiatives
- Statewide support, technical assistance, professional development, evaluation: UW SMART Center
- Statewide data collection system: LGAN
- Sustainability considerations from the start (program design, licensing, etc.)

Behavioral Health Coordinators

- *Program design, service delivery, and supervision supports with BH/MH services, and MTSS systems*
- *LEA/school structural supports (i.e., policy development & review)*



Regional Services

- Supervise the work of the Student Assistance Professionals
- Increased regional capacity to support LEAs/schools with EBP social, emotional, behavioral practices through use of MTSS/PBIS/ISF strategies
- Increased alignment and coherence within and across ESDs among state and federal student assistance initiatives (BH, CPWI, MTSS, safety centers, etc.)
- Formation of regional “BH COVID Response Teams”

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Behavioral Health Student Assistance Advocate

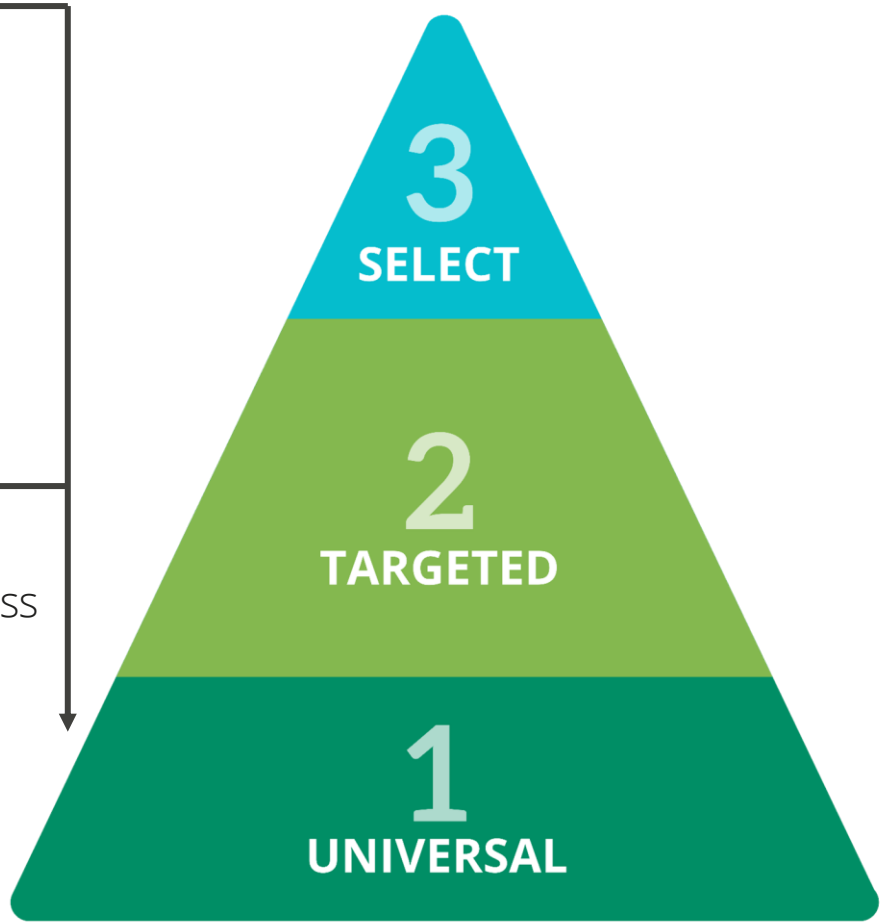
- *BH consultation, resources, training, technical assistance, office hours for LEAs & schools, students, as necessary*

Regional Services

- Increased ability to respond to and support LEA requests for BH supports.
- Increased availability of – and access to – school & district BH services, technical assistance, training, and coaching for all districts through regional "office hours"
- Increased LEA access to training and related materials for schools, families, communities (e.g. newsletters, prevention, posters, in-service activities, etc.)

School Level

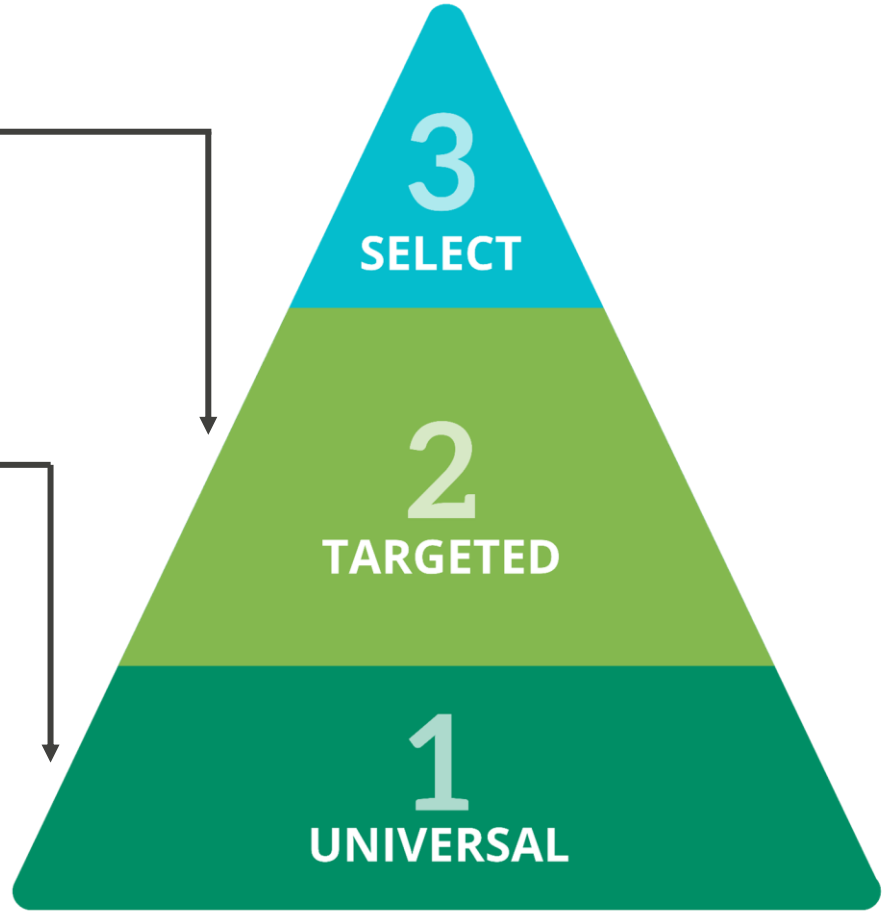
- Increased regularity of BH promotional awareness, (including facilitation of classroom presentations and providing districts with BH promotional awareness materials)
- Increased school-wide capacity for BH and prevention support including staff training and family education



Student Assistance Professional Behavioral Health Services – Tiers 1 & 2 Supports

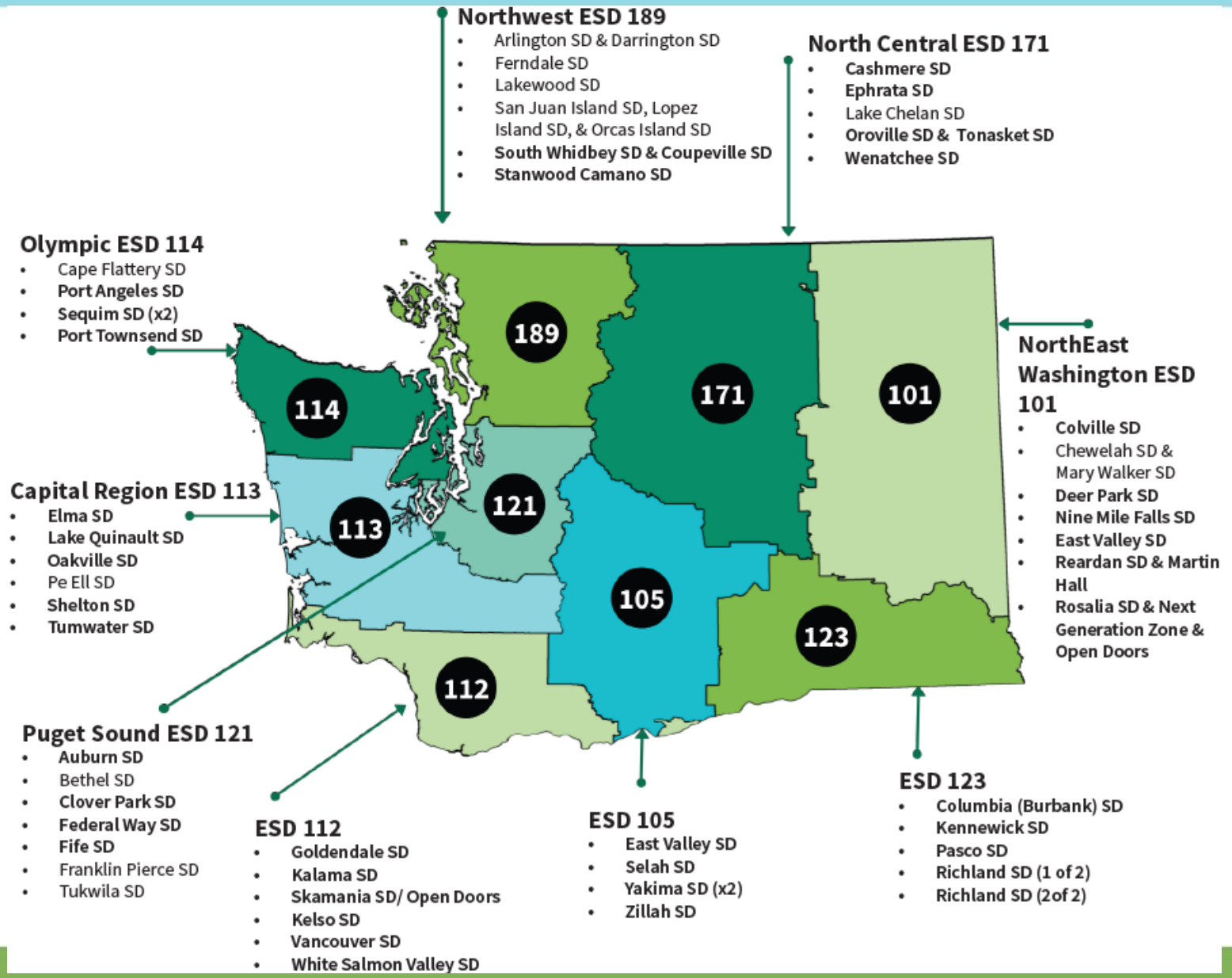
POSITIONS: Student Assistance Professionals

- **Targeted behavioral health interventions:**
  - Behavioral health screening & referral
  - Individual/group intervention
  - Skill development and practice
  - Staff consultation for identified students
- **School-wide prevention/awareness services and training:**
  - Substance use/abuse prevention
  - Mental health promotion & suicide prevention
  - Trauma-informed practices
  - Family/community education & engagement
- **Student support team coordination**



BH Covid Sites

Site Selection Considerations
✓ School / district demographics
✓ School / district need (data-based)
✓ School / district readiness



A Closer Look: Year 1 Progress

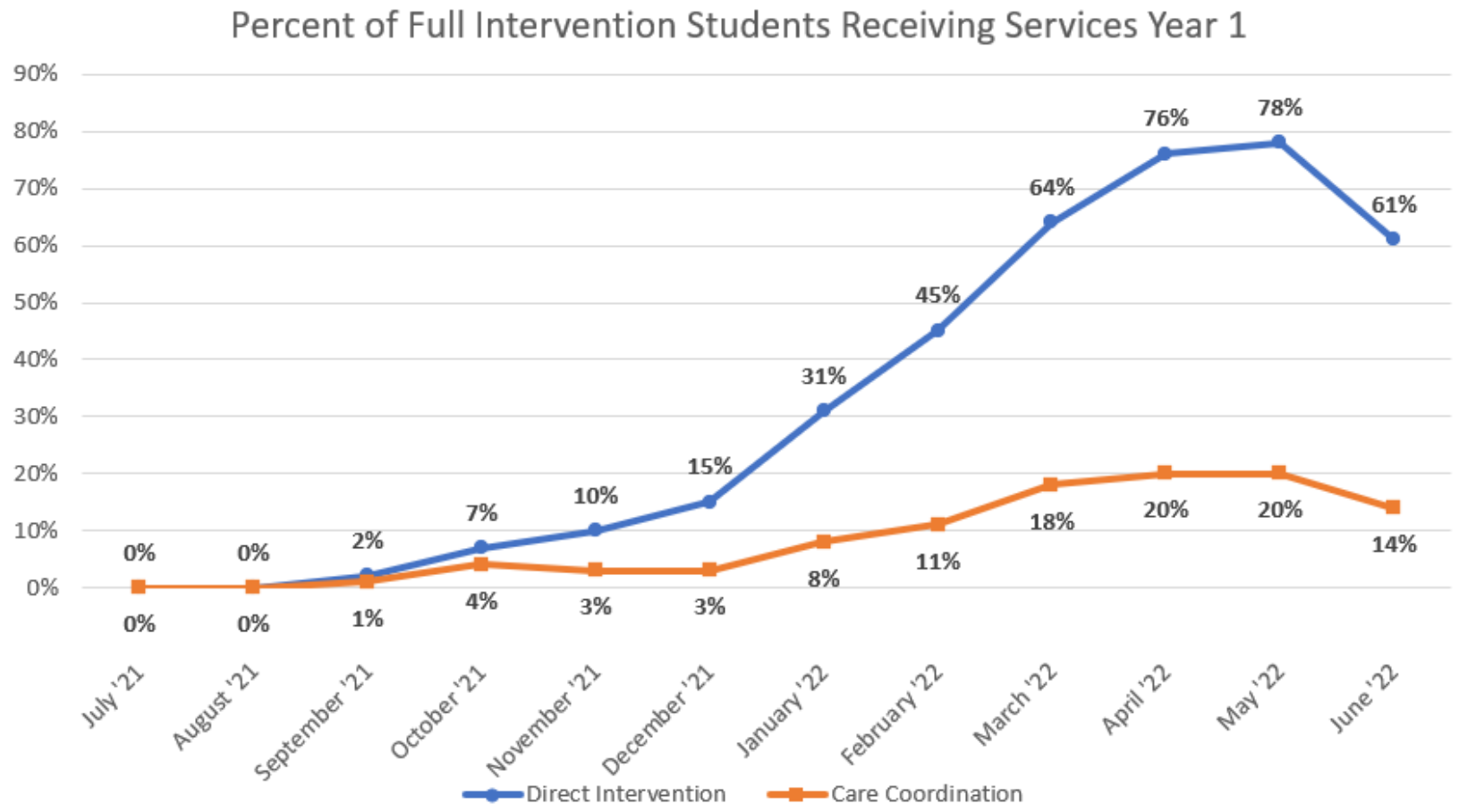
- 100% of regional positions filled
  - BH COVID Response Coordinators
  - Regional Student Support Advocates
- 100% program infrastructure secured - Data system, evaluation, training, technical assistance

Site-Based Student Assistance Professionals (SAP) Hiring Status			
ESD	Hired	Not Hired	Total BH SAP
101	6	0	6
105	5	0	5
112	6	0	6
113	5	1	6
114	4	1	5
121	5	2	7
123	5	0	5
171	5	0	5
189	2	4	6
Total	**43**	**8**	**51**

Year 1 Outputs– Program Deployment

Deployment

- ✓ All 9 ESDs have initiated intervention & care coordination services
- ✓ Over 40 School Districts are currently being served.



Year 1 Outcomes: LEA/School Level

Increase **regularity** of BH promotional awareness

97 BH awareness events for students

51 BH awareness presentations for staff

Increase **staff awareness** of identification and referral process

217 Screening and referral planning sessions

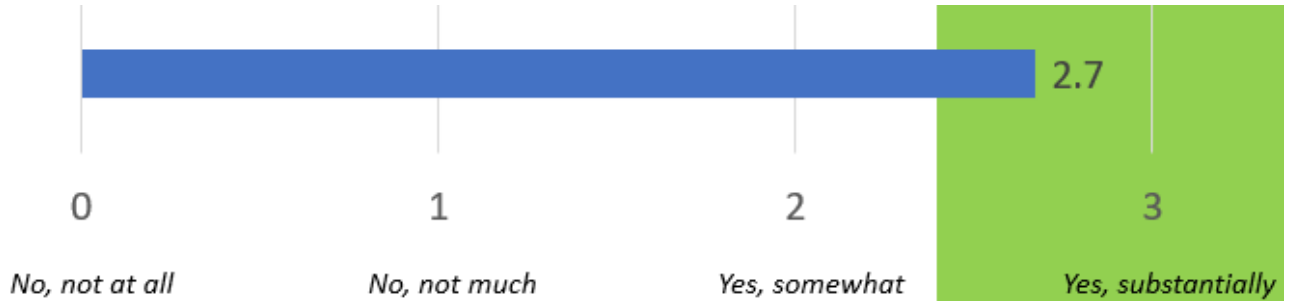
78% of intervention students were referred by a school staff member

Increase **school-wide capacity** for BH and prevention support including staff training and family education

17 Training sessions for staff

44 BH awareness activities for families

Do you believe your school has experienced improvements in its ability to respond effectively to students' behavioral health needs because of this program?



Year 1 Outcomes: Student Level (short term)

Increase **awareness of early warning signs** and symptoms and referral process to connect students to BH supports

55 Presentations about services

85 Presentations about BH topics

32% Of interventions were self referrals

Increase **services** for at-risk students

431 Intervention group sessions

1136 Intervention students served

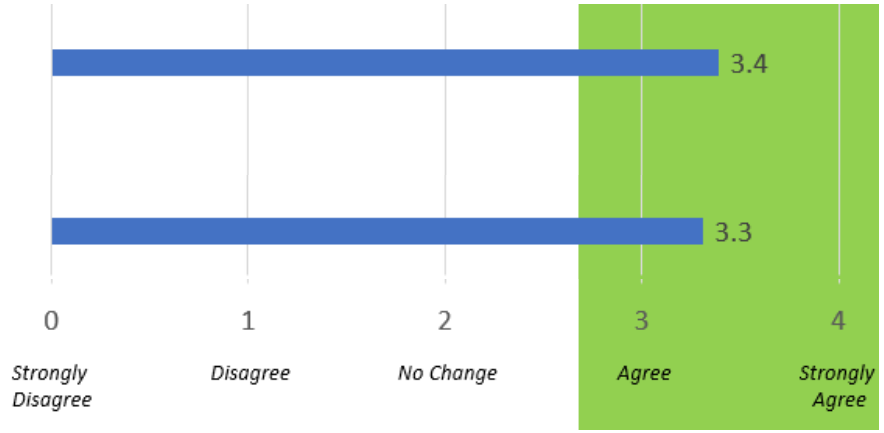
Increase **student behavioral health and well-being**

39% Increase in the number of students reporting they are doing 'pretty well'

Services provided through this project have…

Increased students' social skills/ability to interact with peers

Increased students' ability to self-regulate



Year 1 Outcomes: Student Level (long term)

Decrease **suspensions / expulsions**

22% Decrease in the number of students reporting suspension in the prior 3 months

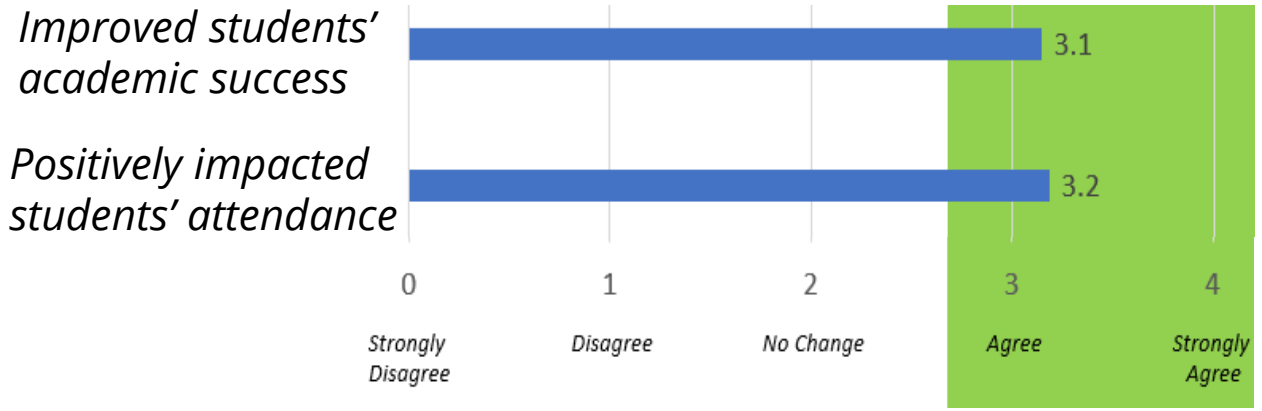
Reduce **involvement** with juvenile justice system

27% Decrease in the number of students reporting arrest in the prior 3 months

Improve **attendance, course completion, GPA**

88% Of students who reported not attending school regularly say they are more likely to attend school because of this program

Services provided through this project have…



Year 1 Feedback

From Schools

94% Feel the project's services have been '**somewhat helpful**' or '**very helpful**' for students who participated

98% Feel it is '**very important**' or '**of the highest importance**' to have a Student Assistance Professional available in their school

From Students

95% Found the program to be '**somewhat important**' or '**very important**' to them

95% Felt they were glad they had participated in the program

For more information

Please reach out if you'd like to learn more about these statewide programs and who to connect with in your ESD region.

Jessica Vavrus, AESD/OSPI Network Executive Director

jvavrus@waesd.org

Erin Wick, ESD Network Behavioral Health COVID Response Lead

ewick@esd113.org

AESD ASSOCIATION OF EDUCATIONAL SERVICE DISTRICTS

Nine ESDs. One Network.
Supporting Washington's Schools and Communities.

Thank you!

AESD ASSOCIATION OF EDUCATIONAL SERVICE DISTRICTS

Nine ESDs. One Network.
Supporting Washington's Schools and Communities.

About School Social Workers

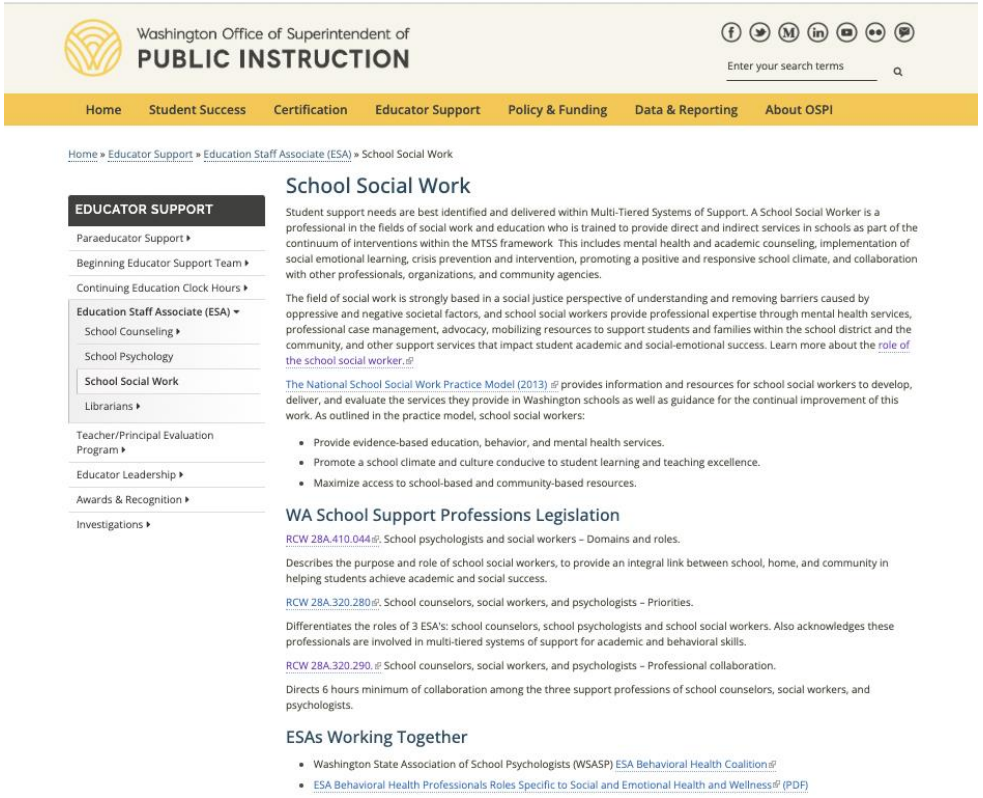
Training and Practice

School Social Workers

Trained mental health professionals with Master's Degree in Social Work

Trained education staff with Educational Staff Associate Certification

School Social Workers are one of the Educational Staff Associate professions in Washington.



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EDUCATOR SUPPORT

- Paraeducator Support
- Beginning Educator Support Team
- Continuing Education Clock Hours
- Education Staff Associate (ESA)
  - School Counseling
  - School Psychology
  - School Social Work
  - Librarians
- Teacher/Principal Evaluation Program
- Educator Leadership
- Awards & Recognition
- Investigations

School Social Work

Student support needs are best identified and delivered within Multi-Tiered Systems of Support. A School Social Worker is a professional in the fields of social work and education who is trained to provide direct and indirect services in schools as part of the continuum of interventions within the MTSS framework. This includes mental health and academic counseling, implementation of social emotional learning, crisis prevention and intervention, promoting a positive and responsive school climate, and collaboration with other professionals, organizations, and community agencies.

The field of social work is strongly based in a social justice perspective of understanding and removing barriers caused by oppressive and negative societal factors, and school social workers provide professional expertise through mental health services, professional case management, advocacy, mobilizing resources to support students and families within the school district and the community, and other support services that impact student academic and social-emotional success. Learn more about the role of the school social worker.

The National School Social Work Practice Model (2013) provides information and resources for school social workers to develop, deliver, and evaluate the services they provide in Washington schools as well as guidance for the continual improvement of this work. As outlined in the practice model, school social workers:

- Provide evidence-based education, behavior, and mental health services.
- Promote a school climate and culture conducive to student learning and teaching excellence.
- Maximize access to school-based and community-based resources.

WA School Support Professions Legislation

RCW 28A.410.044. School psychologists and social workers – Domains and roles.

Describes the purpose and role of school social workers, to provide an integral link between school, home, and community in helping students achieve academic and social success.

RCW 28A.320.280. School counselors, social workers, and psychologists – Priorities.

Differentiates the roles of 3 ESA's: school counselors, school psychologists and school social workers. Also acknowledges these professionals are involved in multi-tiered systems of support for academic and behavioral skills.

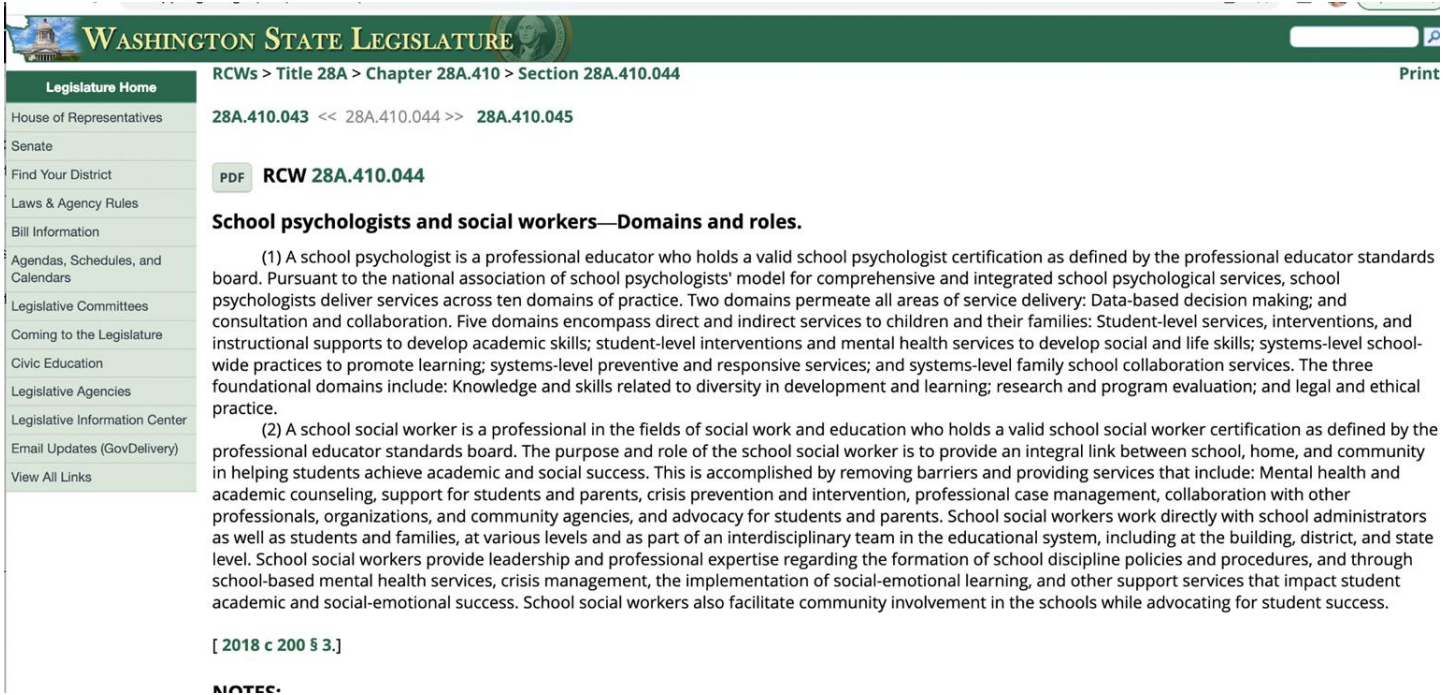
RCW 28A.320.290. School counselors, social workers, and psychologists – Professional collaboration.

Directs 6 hours minimum of collaboration among the three support professions of school counselors, social workers, and psychologists.

ESAs Working Together

- Washington State Association of School Psychologists (WSASP) ESA Behavioral Health Coalition
- ESA Behavioral Health Professionals Roles Specific to Social and Emotional Health and Wellness (PDF)

The training and roles of school social workers are defined in RCW 28A.410.044



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RCWs > Title 28A > Chapter 28A.410 > Section 28A.410.044 Print

28A.410.043 << 28A.410.044 >> 28A.410.045

PDF **RCW 28A.410.044**

School psychologists and social workers—Domains and roles.

(1) A school psychologist is a professional educator who holds a valid school psychologist certification as defined by the professional educator standards board. Pursuant to the national association of school psychologists' model for comprehensive and integrated school psychological services, school psychologists deliver services across ten domains of practice. Two domains permeate all areas of service delivery: Data-based decision making; and consultation and collaboration. Five domains encompass direct and indirect services to children and their families: Student-level services, interventions, and instructional supports to develop academic skills; student-level interventions and mental health services to develop social and life skills; systems-level school-wide practices to promote learning; systems-level preventive and responsive services; and systems-level family school collaboration services. The three foundational domains include: Knowledge and skills related to diversity in development and learning; research and program evaluation; and legal and ethical practice.

(2) A school social worker is a professional in the fields of social work and education who holds a valid school social worker certification as defined by the professional educator standards board. The purpose and role of the school social worker is to provide an integral link between school, home, and community in helping students achieve academic and social success. This is accomplished by removing barriers and providing services that include: Mental health and academic counseling, support for students and parents, crisis prevention and intervention, professional case management, collaboration with other professionals, organizations, and community agencies, and advocacy for students and parents. School social workers work directly with school administrators as well as students and families, at various levels and as part of an interdisciplinary team in the educational system, including at the building, district, and state level. School social workers provide leadership and professional expertise regarding the formation of school discipline policies and procedures, and through school-based mental health services, crisis management, the implementation of social-emotional learning, and other support services that impact student academic and social-emotional success. School social workers also facilitate community involvement in the schools while advocating for student success.

[2018 c 200 § 3.]

NOTES:

School Social Worker Purpose and Roles

Purpose and role of the school social worker is to provide an integral link between school, home, and community in helping students achieve academic and social success.

Removing barriers and providing services that include:

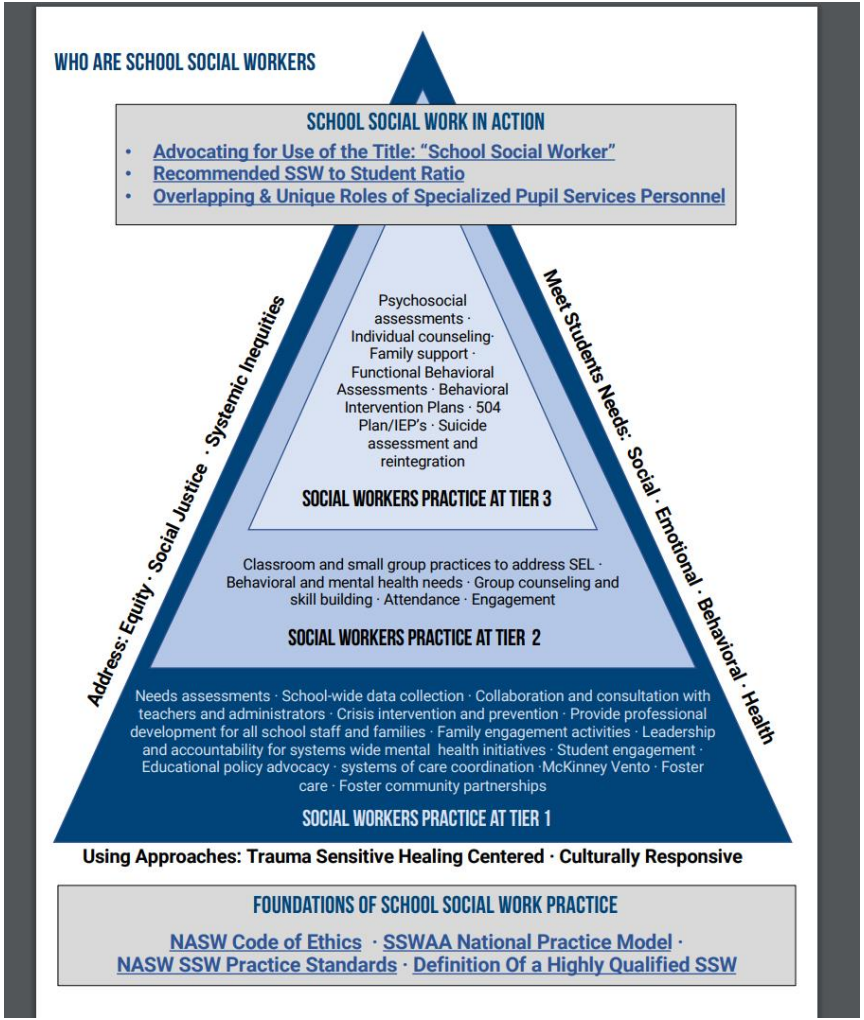
- mental health and academic counseling,
- support for students and parents,
- crisis prevention and intervention,
- professional case management,
- collaboration with other professionals, organizations, and community agencies,
- advocacy for students and parents.

School Social Worker Purpose and Roles

- work directly with school administrators as well as students and families
- part of an interdisciplinary team in the educational system, including at the building, district, and state level.
- provide leadership and professional expertise regarding the formation of school discipline policies and procedures,
- provide school-based mental health services, crisis management, the implementation of social-emotional learning, and other support services that impact student academic and social-emotional success.
- facilitate community involvement in the schools while advocating for student success.

Did You Know?

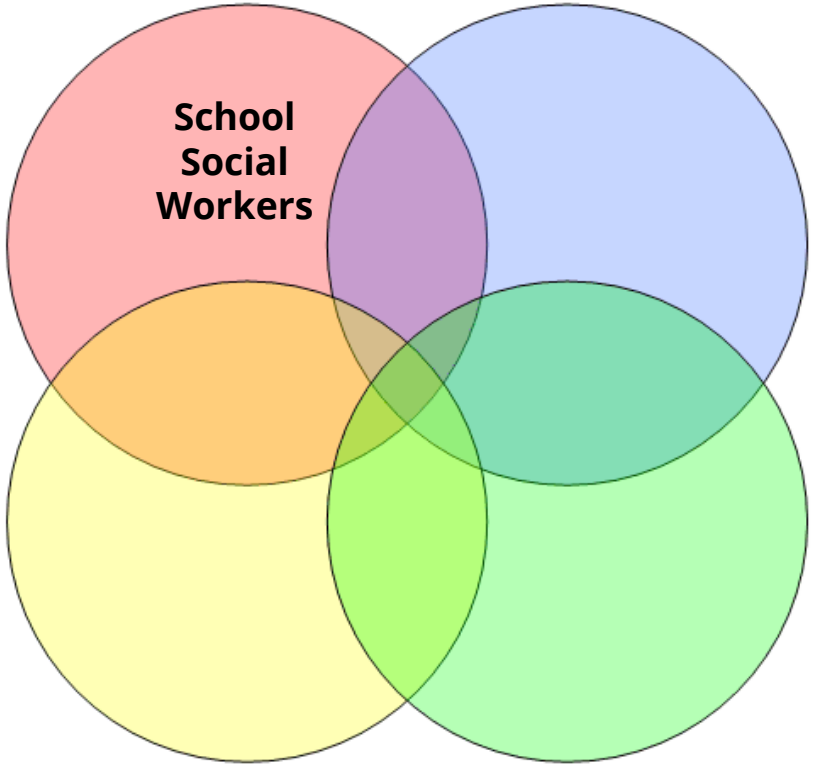
- School Social Workers provide services in all three tiers
- School social workers providing clinical services can generate revenue by billing Medicaid for mental health services provided



SSWAA: Who are School Social Workers

School Teams: School Social Workers

- Systems
- Teaming
- Collaboration
- Leadership



ESA Behavioral Health Roles

School Social Work and Mental Health Practice

Specialized Training:

- Suicide Assessment
- Safety Planning and Referral
- Therapeutic Interventions including CBT, Motivational Interviewing

Seattle: Trauma Focused Cognitive Behavioral Therapy

Bellevue: Universal Screening with 6 week therapeutic intervention- 1:1; group

Richland:Universal Screening, risk assessment, 1:1 & group; ISF comprehensive teaming

Clinical Social Work

Clinical social work focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances.

- Common treatment modalities: individual and group therapy.
- Licensure is required through the Washington Department of Health.
  - 3200 hours of post graduate experience
  - 800 hours of direct client contact
  - 90 hours in direct supervision

- Integration of diagnostic and treatment information into school support plans.
- As an IDEA related service, social work services can be billed to Medicaid through the Health Care Authority School Based Health Services program.
- Licensed supervision is being provided by some school districts.

Suggestions for Next Steps

Suggestions for expanding the use of School Social Workers in schools:

- Increase hiring of school social workers - the national ratio recommendation is 1:250.
- Grant programs or legislation to provide stipends for school social workers to work toward licensure and for school districts to provide supervision for licensure.
- Training to school districts about the Medicaid billing pathway.
- Guidance to school districts from OSPI School Social Work Program Manager on the services of school social workers.

Thank you!

Questions?

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liz.nelson@wassw.org

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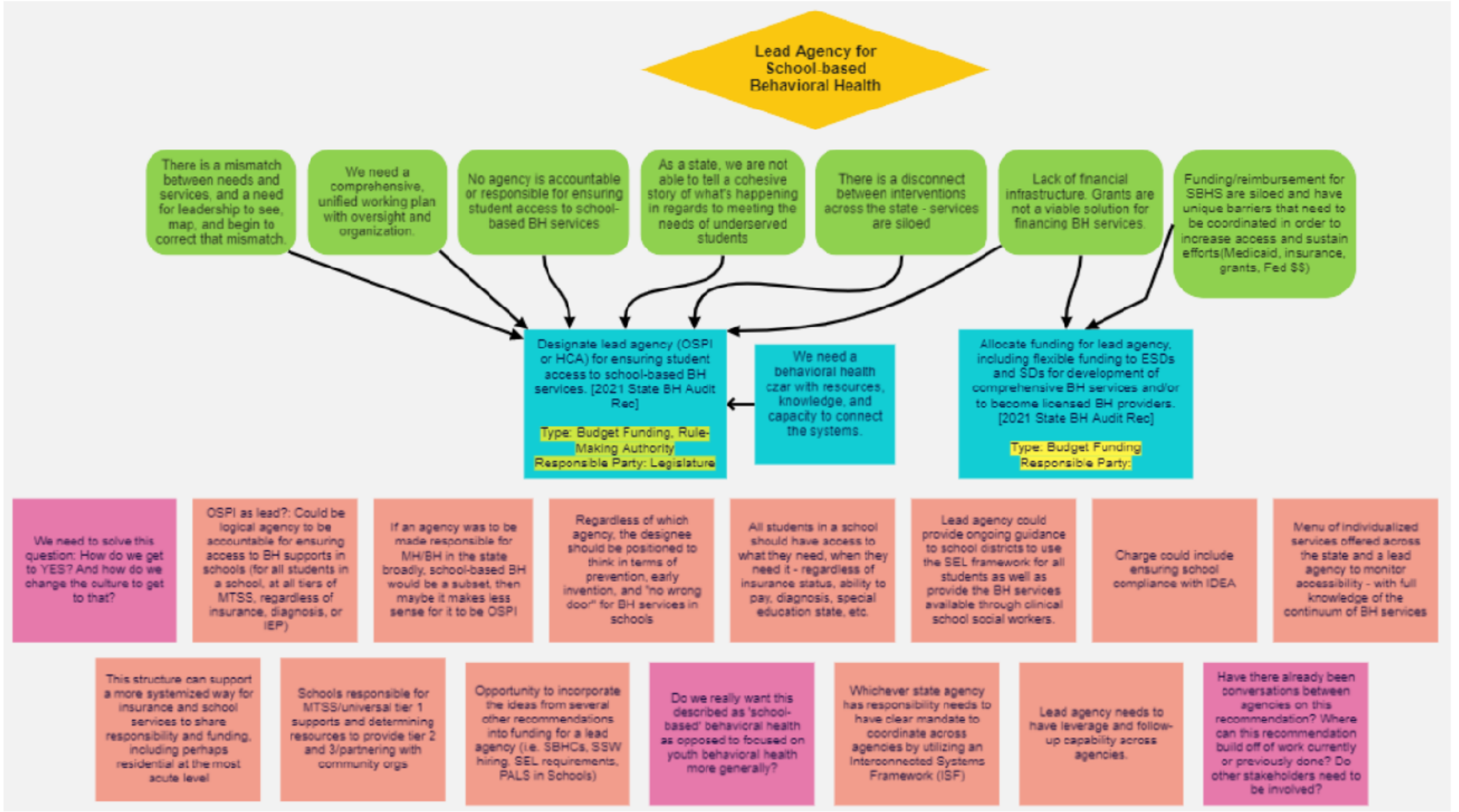
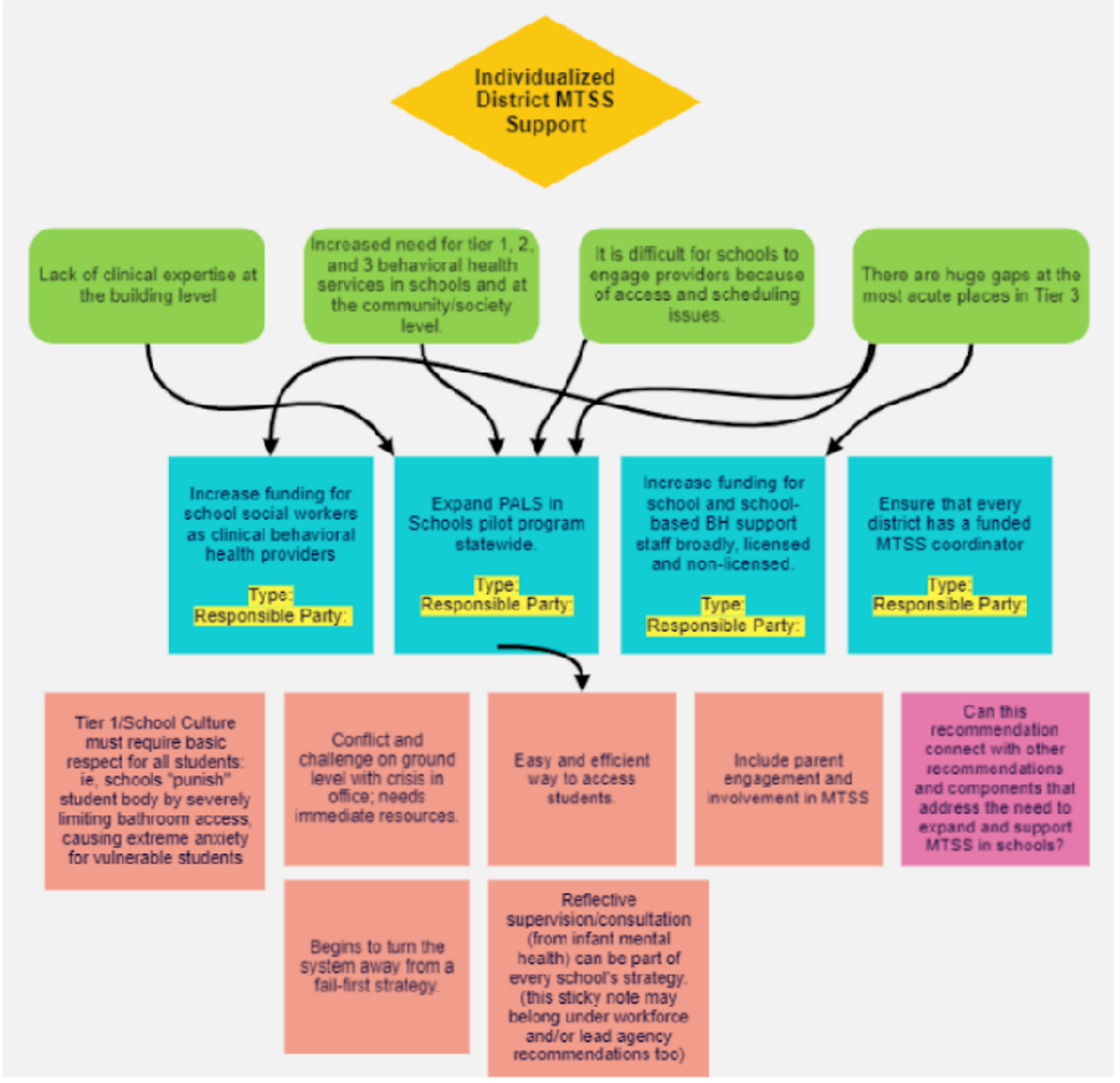
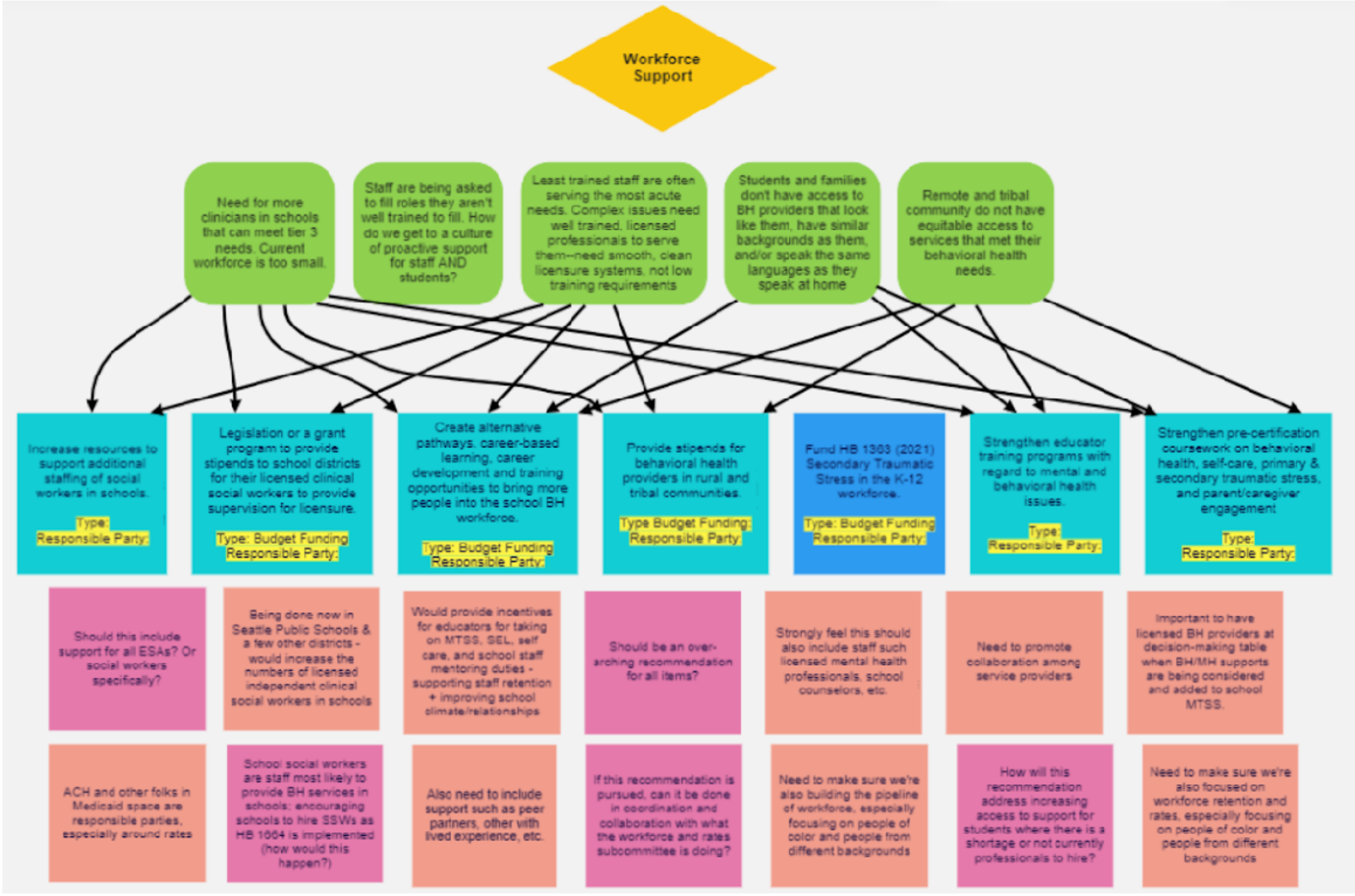
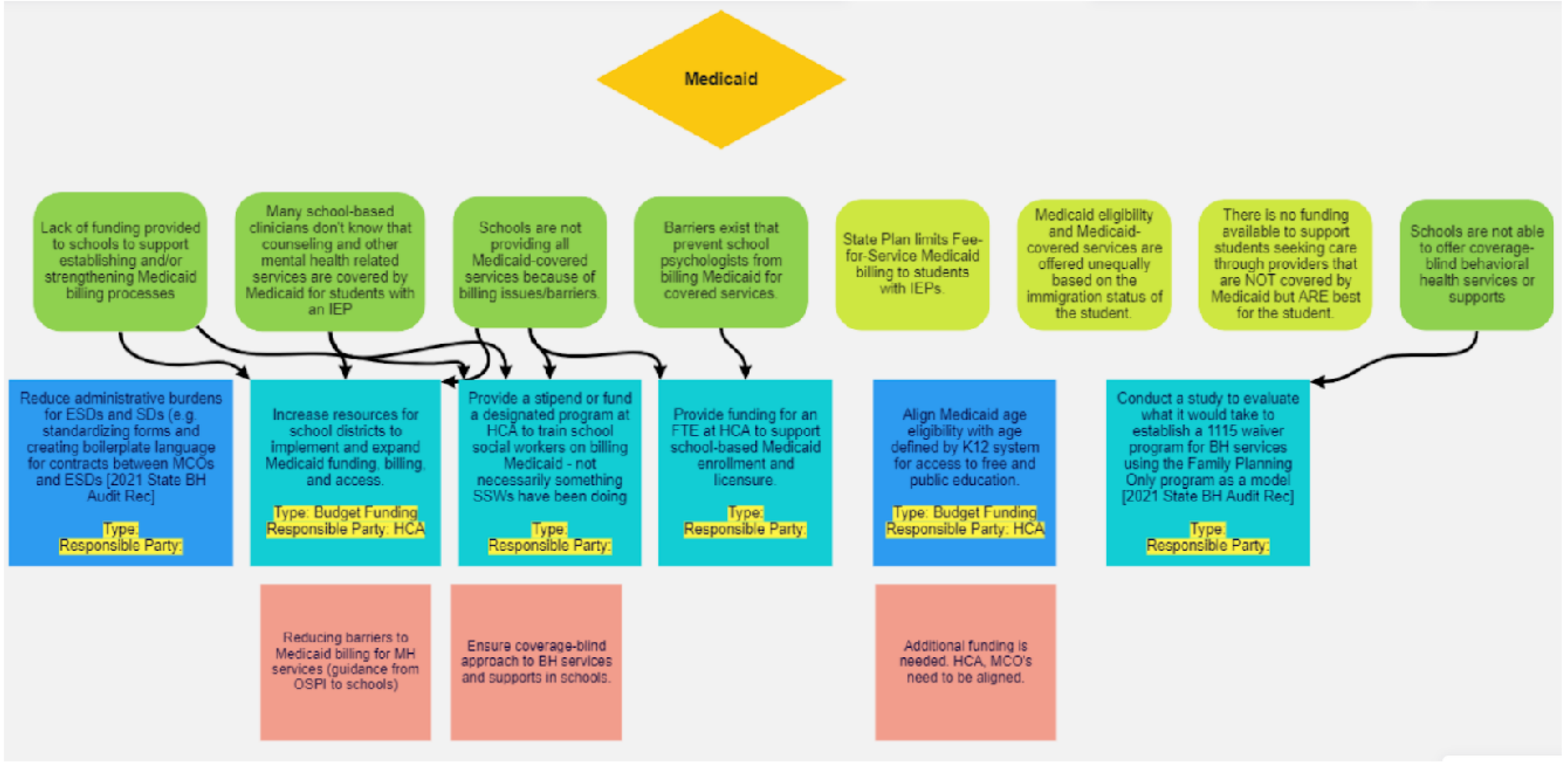
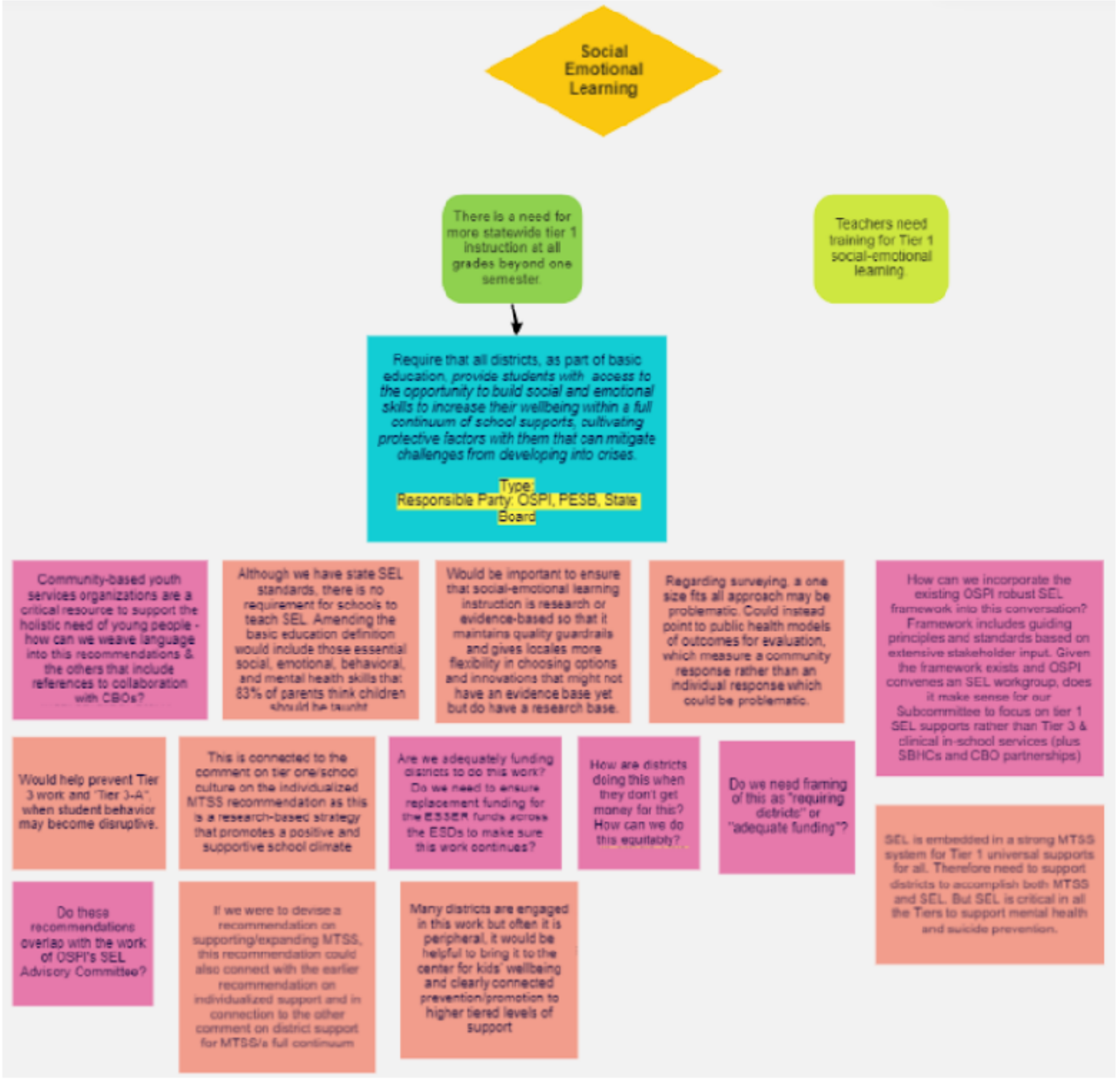
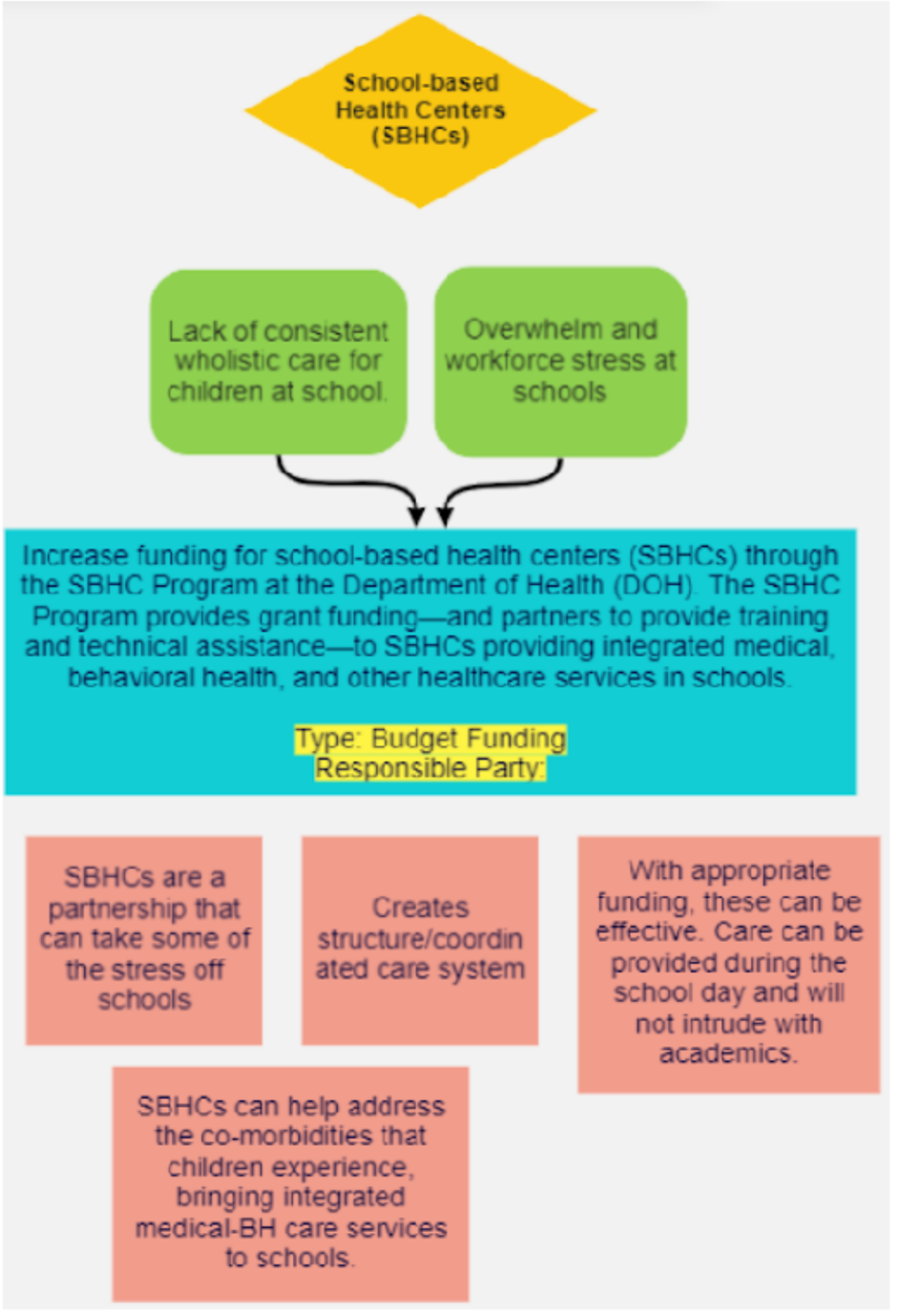

Lead Agency for School-based Behavioral Health
There is a mismatch between needs and services, and a need for leadership to see, map, and begin to correct that mismatch.
We need a comprehensive, unified working plan with oversight and organization.
No agency is accountable or responsible for ensuring student access to school-based BH services
As a state, we are not able to tell a cohesive story of what's happening in regards to meeting the needs of underserved students
There is a disconnect between interventions across the state - services are siloed
Lack of financial infrastructure. Grants are not a viable solution for financing BH services.
Funding/reimbursement for SBHS are siloed and have unique barriers that need to be coordinated in order to increase access and sustain efforts(Medicaid, insurance, grants, Fed $$)
Designate lead agency (OSPI or HCA) for ensuring student access to school-based BH services. [2021 State BH Audit Rec]
Type: Budget Funding, Rule-Making Authority
Responsible Party: Legislature
We need a behavioral health czar with resources, knowledge, and capacity to connect the systems.
Allocate funding for lead agency, including flexible funding to ESDs and SDs for development of comprehensive BH services and/or to become licensed BH providers. [2021 State BH Audit Rec]
Type: Budget Funding
Responsible Party:
We need to solve this question: How do we get to YES? And how do we change the culture to get to that?
OSPI as lead?: Could be logical agency to be accountable for ensuring access to BH supports in schools (for all students in a school, at all tiers of MTSS, regardless of insurance, diagnosis, or IEP)
If an agency was to be made responsible for MH/BH in the state broadly, school-based BH would be a subset, then maybe it makes less sense for it to be OSPI
Regardless of which agency, the designee should be positioned to think in terms of prevention, early invention, and 'no wrong door" for BH services in schools
All students in a school should have access to what they need, when they need it - regardless of insurance status, ability to pay, diagnosis, special education state, etc.
Lead agency could provide ongoing guidance to school districts to use the SEL framework for all students as well as provide the BH services available through clinical school social workers.
Charge could include ensuring school compliance with IDEA
Menu of individualized services offered across the state and a lead agency to monitor accessibility - with full knowledge of the continuum of BH services
This structure can support a more systemized way for insurance and school services to share responsibility and funding, including perhaps residential at the most acute level
Schools responsible for MTSS/universal tier 1 supports and determining resources to provide tier 2 and 3/partnering with community orgs
Opportunity to incorporate the ideas from several other recommendations into funding for a lead agency (i.e. SBHCs, SSW hiring, SEL requirements, PALS in Schools)
Do we really want this described as 'school-based' behavioral health as opposed to focused on youth behavioral health more generally?
Whichever state agency has responsibility needs to have clear mandate to coordinate across agencies by utilizing an Interconnected Systems Framework (ISF)
Lead agency needs to have leverage and follow-up capability across agencies.
Have there already been conversations between agencies on this recommendation? Where can this recommendation build off of work currently or previously done? Do other stakeholders need to be involved?

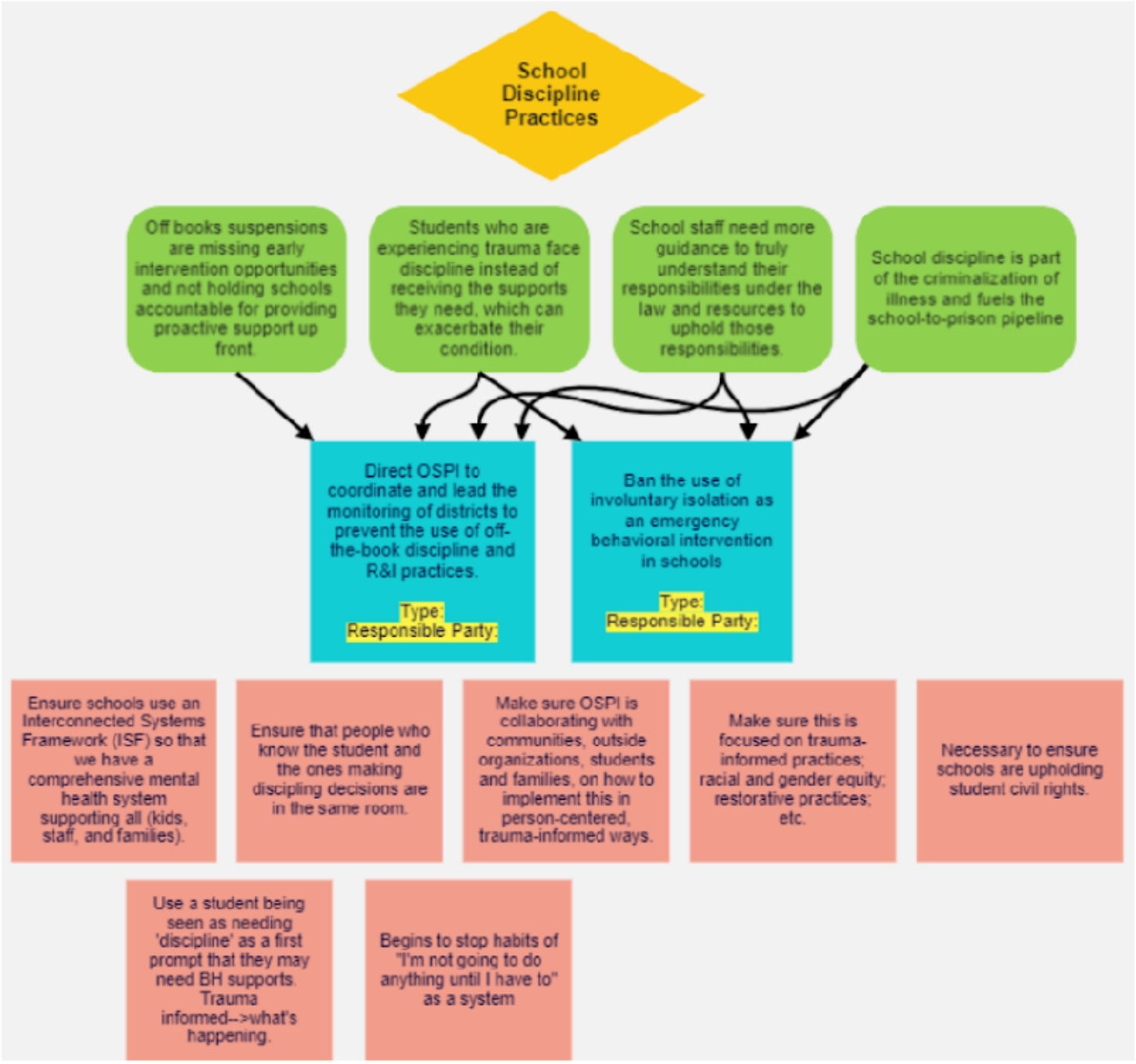

Individualized District MTSS Support
Lack of clinical expertise at the building level
Increased need for tier 1, 2, and 3 behavioral health services in schools and at the community/society level.
It is difficult for schools to engage providers because of access and scheduling issues.
There are huge gaps at the most acute places in Tier 3
Increase funding for school social workers as clinical behavioral health providers
Type:
Responsible Party:
Expand PALS in Schools pilot program statewide.
Type:
Responsible Party:
Increase funding for school and school-based BH support staff broadly, licensed and non-licensed.
Type:
Responsible Party:
Ensure that every district has a funded MTSS coordinator
Type:
Responsible Party:
Tier 1/School Culture must require basic respect for all students: ie, schools "punish" student body by severely limiting bathroom access, causing extreme anxiety for vulnerable students
Conflict and challenge on ground level with crisis in office; needs immediate resources.
Easy and efficient way to access students.
Include parent engagement and involvement in MTSS
Can this recommendation connect with other recommendations and components that address the need to expand and support MTSS in schools?
Begins to turn the system away from a fail-first strategy.
Reflective supervision/consultation (from infant mental health) can be part of every school's strategy. (this sticky note may belong under workforce and/or lead agency recommendations too)

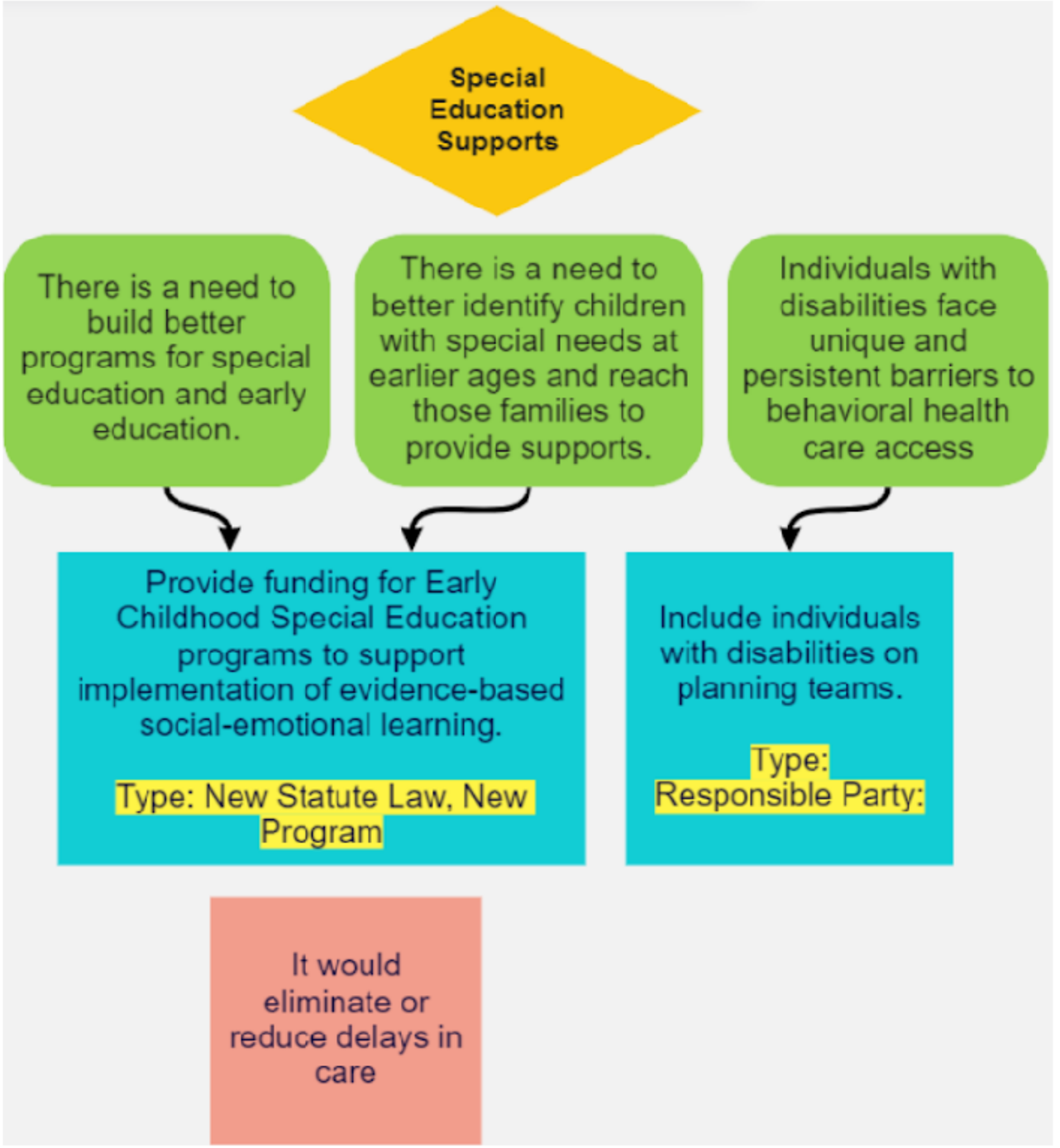

Workforce Support
Need for more clinicians in schools that can meet tier 3 needs. Current workforce is too small.
Staff are being asked to fill roles they aren't well trained to fill. How do we get to a culture of proactive support for staff AND students?
Least trained staff are often serving the most acute needs. Complex issues need well trained, licensed professionals to serve them--need smooth, clean licensure systems, not low training requirements
Students and families don't have access to BH providers that look like them, have similar backgrounds as them, and/or speak the same languages as they speak at home
Remote and tribal community do not have equitable access to services that met their behavioral health needs.
Increase resources to support additional staffing of social workers in schools.
Type:
Responsible Party:
Legislation or a grant program to provide stipends to school districts for their licensed clinical social workers to provide supervision for licensure.
Type: Budget Funding
Responsible Party:
Create alternative pathways, career-based learning, career development and training opportunities to bring more people into the school BH workforce.
Type: Budget Funding
Responsible Party:
Provide stipends for behavioral health providers in rural and tribal communities.
Type Budget Funding:
Responsible Party
Fund HB 1303 (2021) Secondary Traumatic Stress in the K-12 workforce.
Type: Budget Funding
Responsible Party:
Strengthen educator training programs with regard to mental and behavioral health issues.
Type:
Responsible Party:
Strengthen pre-certification coursework on behavioral health, self-care, primary & secondary traumatic stress, and parent/caregiver engagement
Type:
Responsible Party:
Should this include support for all ESAs? Or social workers specifically?
Being done now in Seattle Public Schools & a few other districts - would increase the numbers of licensed independent clinical social workers in schools
Would provide incentives for educators for taking on MTSS, SEL, self care, and school staff mentoring duties - supporting staff retention + improving school climate/relationships
Should be an over-arching recommendation for all items?
Strongly feel this should also include staff such licensed mental health professionals, school counselors, etc.
Need to promote collaboration among service providers
Important to have licensed BH providers at decision-making table when BH/MH supports are being considered and added to school MTSS.
ACH and other folks in Medicaid space are responsible parties, especially around rates
School social workers are staff most likely to provide BH services in schools; encouraging schools to hire SSWs as HB 1664 is implemented (how would this happen?)
Also need to include support such as peer partners, other with lived experience, etc.
If this recommendation is pursued, can it be done in coordination and collaboration with what the workforce and rates subcommittee is doing?
Need to make sure we're also building the pipeline of workforce, especially focusing on people of color and people from different backgrounds
How will this recommendation address increasing access to support for students where there is a shortage or not currently professionals to hire?
Need to make sure we're also focused on workforce retention and rates, especially focusing on people of color and people from different backgrounds

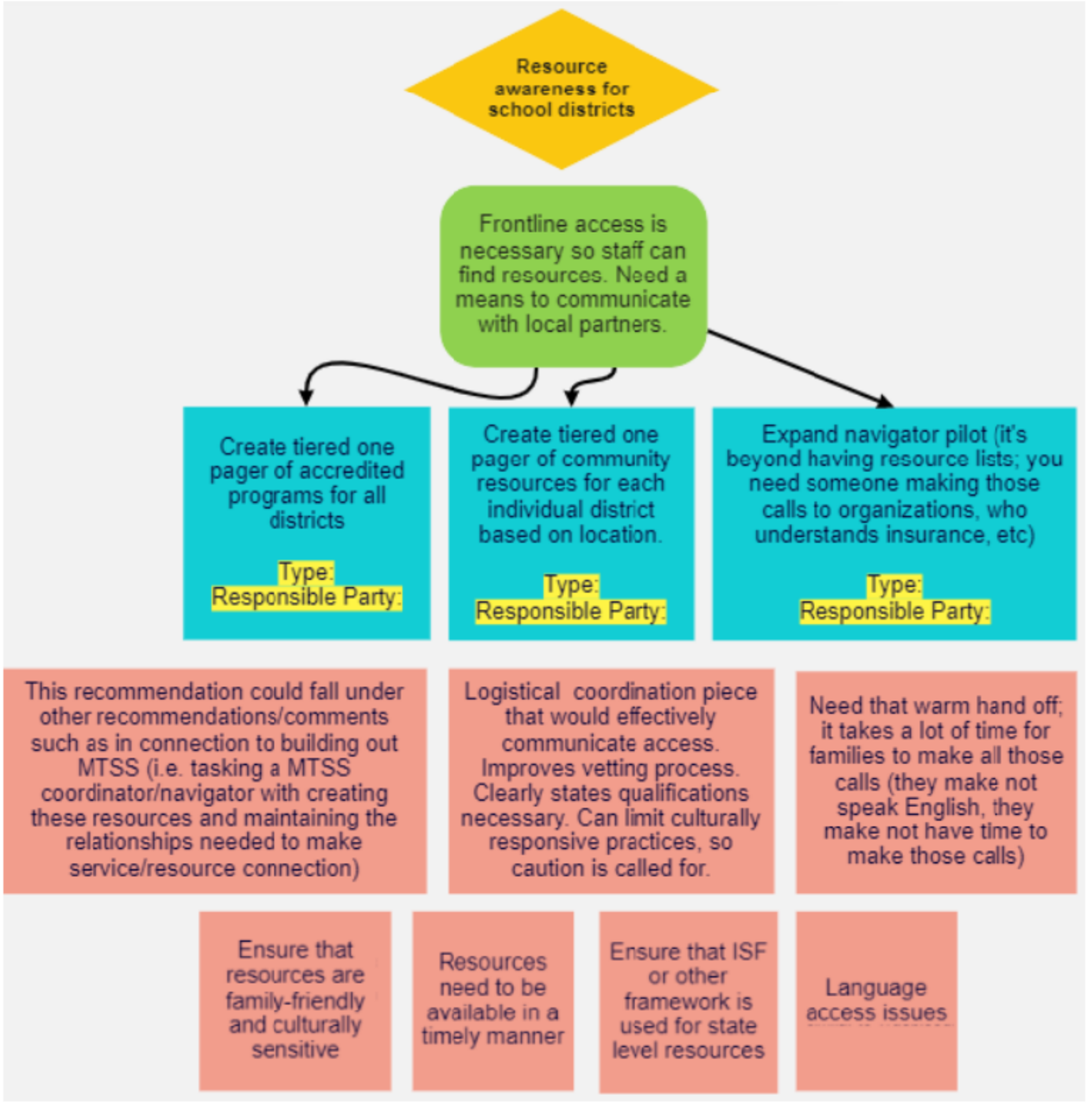

Medicaid
Lack of funding provided to schools to support establishing and/or strengthening Medicaid billing processes
Many school-based clinicians don't know that counseling and other mental health related services are covered by Medicaid for students with an IEP
Schools are not providing all Medicaid-covered services because of billing issues/barriers.
Barriers exist that prevent school psychologists from billing Medicaid for covered services.
State Plan limits Fee-for-Service Medicaid billing to students with IEPs.
Medicaid eligibility and Medicaid-covered services are offered unequally based on the immigration status of the student.
There is no funding available to support students seeking care through providers that are NOT covered by Medicaid but ARE best for the student.
Schools are not able to offer coverage-blind behavioral health services or supports
Reduce administrative burdens for ESDs and SDs (e.g. standardizing forms and creating boilerplate language for contracts between MCOs and ESDs [2021 State BH Audit Rec]
Type:
Responsible Party:
Increase resources for school districts to implement and expand Medicaid funding, billing, and access.
Type: Budget Funding
Responsible Party: HCA
Provide a stipend or fund a designated program at HCA to train school social workers on billing Medicaid - not necessarily something SSWs have been doing
Type:
Responsible Party:
Provide funding for an FTE at HCA to support school-based Medicaid enrollment and licensure.
Type:
Responsible Party:
Align Medicaid age eligibility with age defined by K12 system for access to free and public education.
Type: Budget Funding
Responsible Party: HCA
Conduct a study to evaluate what it would take to establish a 1115 waiver program for BH services using the Family Planning Only program as a model [2021 State BH Audit Rec]
Type:
Responsible Party:
Reducing barriers to Medicaid billing for MH services (guidance from OSPI to schools)
Ensure coverage-blind approach to BH services and supports in schools.
Additional funding is needed. HCA, MCO's need to be aligned.

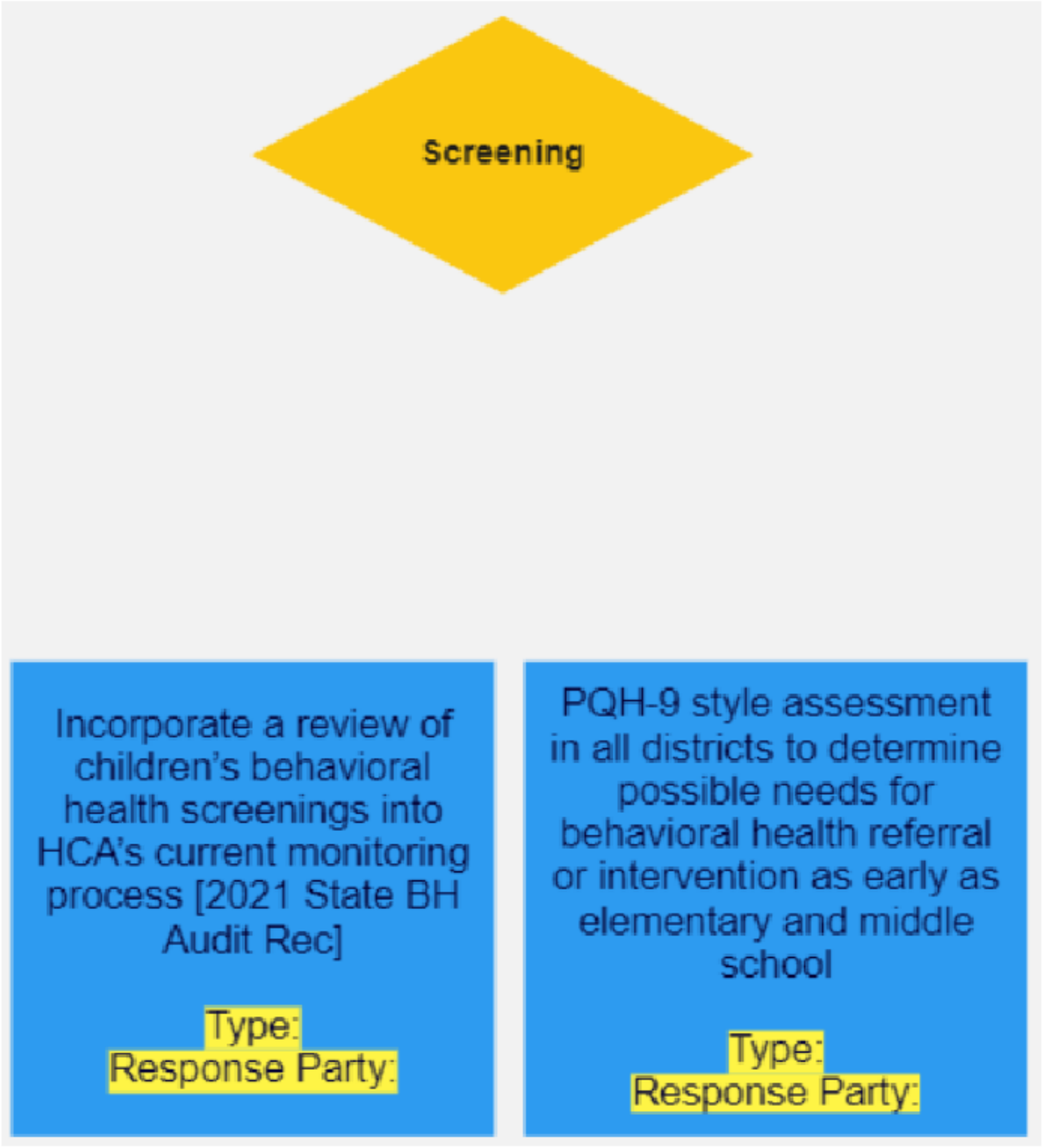

Social Emotional Learning
There is a need for more statewide tier 1 instruction at all grades beyond one semester.
Teachers need training for Tier 1 social-emotional learning.
Require that all districts, as part of basic education, *provide students with access to the opportunity to build social and emotional skills to increase their wellbeing within a full continuum of school supports, cultivating protective factors with them that can mitigate challenges from developing into crises.*
Type:
Responsible Party: OSPI, PESB, State Board
Community-based youth services organizations are a critical resource to support the holistic need of young people - how can we weave language into this recommendations & the others that include references to collaboration with CBOs?
Although we have state SEL standards, there is no requirement for schools to teach SEL. Amending the basic education definition would include those essential social, emotional, behavioral, and mental health skills that 83% of parents think children should be taught
Would be important to ensure that social-emotional learning instruction is research or evidence-based so that it maintains quality guardrails and gives locales more flexibility in choosing options and innovations that might not have an evidence base yet but do have a research base.
Regarding surveying, a one size fits all approach may be problematic. Could instead point to public health models of outcomes for evaluation, which measure a community response rather than an individual response which could be problematic.
How can we incorporate the existing OSPI robust SEL framework into this conversation? Framework includes guiding principles and standards based on extensive stakeholder input. Given the framework exists and OSPI convenes an SEL workgroup, does it make sense for our Subcommittee to focus on tier 1 SEL supports rather than Tier 3 & clinical in-school services (plus SBHCs and CBO partnerships)
Would help prevent Tier 3 work and "Tier 3-A" when student behavior may become disruptive.
This is connected to the comment on tier one/school culture on the individualized MTSS recommendation as this is a research-based strategy that promotes a positive and supportive school climate
Are we adequately funding districts to do this work? Do we need to ensure replacement funding for the ESSER funds across the ESDs to make sure this work continues?
How are districts doing this when they don't get money for this? How can we do this equitably?
Do we need framing of this as "requiring districts" or "adequate funding"?
SEL is embedded in a strong MTSS system for Tier 1 universal supports for all. Therefore need to support districts to accomplish both MTSS and SEL. But SEL is critical in all the Tiers to support mental health and suicide prevention.
Do these recommendations overlap with the work of OSPI's SEL Advisory Committee?
If we were to devise a recommendation on supporting/expanding MTSS, this recommendation could also connect with the earlier recommendation on individualized support and in connection to the other comment on district support for MTSS/s full continuum
Many districts are engaged in this work but often it is peripheral, it would be helpful to bring it to the center for kids' wellbeing and clearly connected prevention/promotion to higher tiered levels of support

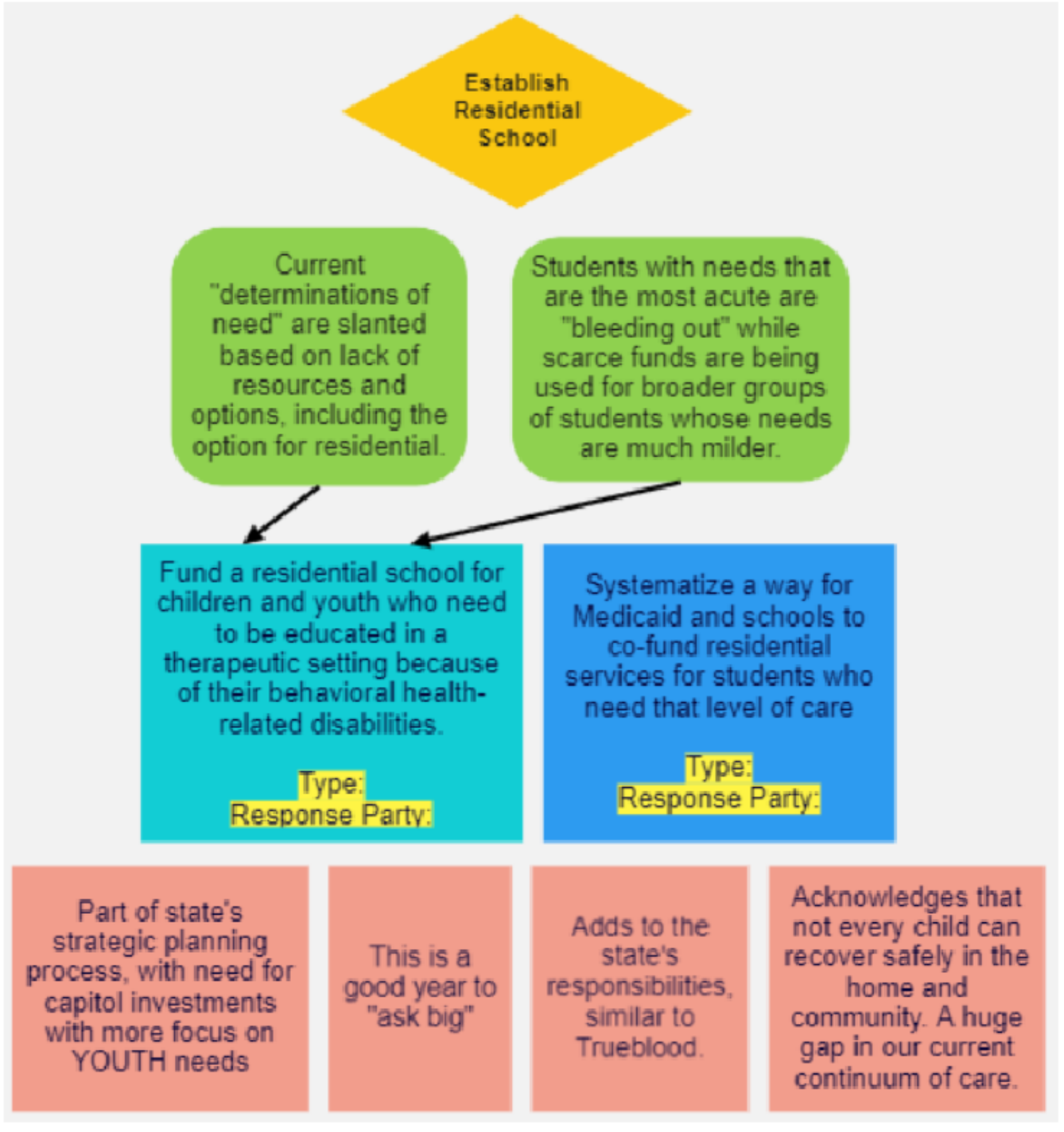

School-based Health Centers (SBHCs)
Lack of consistent wholistic care for children at school.
Overwhelm and workforce stress at schools
Increase funding for school-based health centers (SBHCs) through the SBHC Program at the Department of Health (DOH). The SBHC Program provides grant funding—and partners to provide training and technical assistance—to SBHCs providing integrated medical, behavioral health, and other healthcare services in schools.
Type: Budget Funding
Responsible Party:
SBHCs are a partnership that can take some of the stress off schools
Creates structure/coordinated care system
With appropriate funding, these can be effective. Care can be provided during the school day and will not intrude with academics.
SBHCs can help address the co-morbidities that children experience, bringing integrated medical-BH care services to schools.

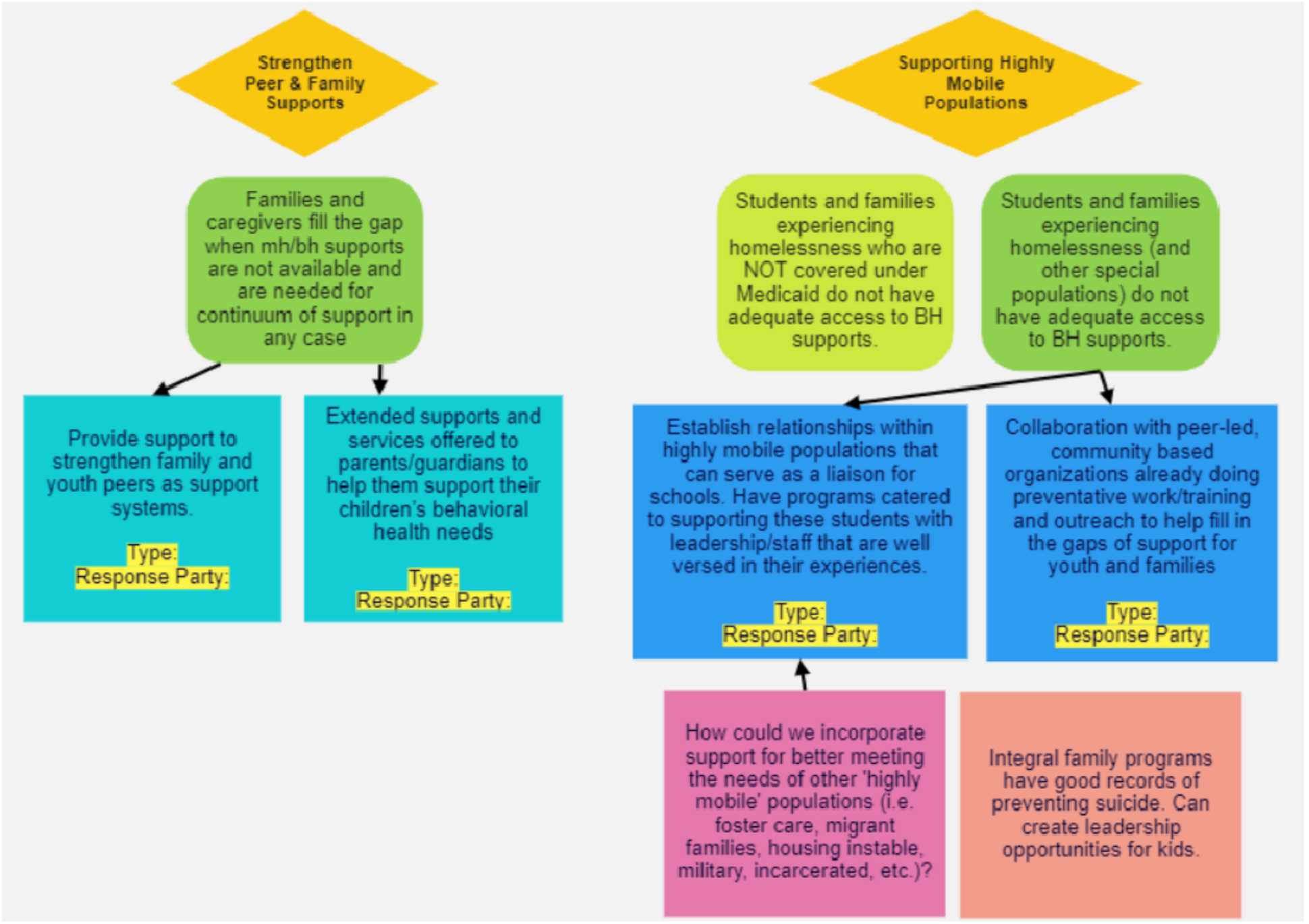

School Discipline Practices
Off books suspensions are missing early intervention opportunities and not holding schools accountable for providing proactive support up front.
Students who are experiencing trauma face discipline instead of receiving the supports they need, which can exacerbate their condition.
School staff need more guidance to truly understand their responsibilities under the law and resources to uphold those responsibilities.
School discipline is part of the criminalization of illness and fuels the school-to-prison pipeline
Direct OSPI to coordinate and lead the monitoring of districts to prevent the use of off-the-book discipline and R&I practices.
Type:
Responsible Party:
Ban the use of involuntary isolation as an emergency behavioral intervention in schools
Type:
Responsible Party:
Ensure schools use an Interconnected Systems Framework (ISF) so that we have a comprehensive mental health system supporting all (kids, staff, and families).
Ensure that people who know the student and the ones making discipling decisions are in the same room.
Make sure OSPI is collaborating with communities, outside organizations, students and families, on how to implement this in person-centered, trauma-informed ways.
Make sure this is focused on trauma-informed practices; racial and gender equity; restorative practices; etc.
Necessary to ensure schools are upholding student civil rights.
Use a student being seen as needing 'discipline' as a first prompt that they may need BH supports. Trauma informed-->what's happening.
Begins to stop habits of "I'm not going to do anything until I have to" as a system


Special Education Supports
There is a need to build better programs for special education and early education.
There is a need to better identify children with special needs at earlier ages and reach those families to provide supports.
Individuals with disabilities face unique and persistent barriers to behavioral health care access
Provide funding for Early Childhood Special Education programs to support implementation of evidence-based social-emotional learning.
Type: New Statute Law, New Program
Include individuals with disabilities on planning teams.
Type:
Responsible Party:
It would eliminate or reduce delays in care


Resource awareness for school districts
Frontline access is necessary so staff can find resources. Need a means to communicate with local partners.
Create tiered one pager of accredited programs for all districts
Type:
Responsible Party:
Create tiered one pager of community resources for each individual district based on location.
Type:
Responsible Party:
Expand navigator pilot (it's beyond having resource lists; you need someone making those calls to organizations, who understands insurance, etc)
Type:
Responsible Party:
This recommendation could fall under other recommendations/comments such as in connection to building out MTSS (i.e. tasking a MTSS coordinator/navigator with creating these resources and maintaining the relationships needed to make service/resource connection)
Logistical coordination piece that would effectively communicate access. Improves vetting process. Clearly states qualifications necessary. Can limit culturally responsive practices, so caution is called for.
Need that warm hand off; it takes a lot of time for families to make all those calls (they make not speak English, they make not have time to make those calls)
Ensure that resources are family-friendly and culturally sensitive
Resources need to be available in a timely manner
Ensure that ISF or other framework is used for state level resources
Language access issues


Screening
Incorporate a review of children's behavioral health screenings into HCA's current monitoring process [2021 State BH Audit Rec]
Type:
Response Party:
PQH-9 style assessment in all districts to determine possible needs for behavioral health referral or intervention as early as elementary and middle school
Type:
Response Party:


Establish Residential School
Current "determinations of need" are slanted based on lack of resources and options, including the option for residential.
Students with needs that are the most acute are "bleeding out" while scarce funds are being used for broader groups of students whose needs are much milder.
Fund a residential school for children and youth who need to be educated in a therapeutic setting because of their behavioral health-related disabilities.
Type:
Response Party:
Systematize a way for Medicaid and schools to co-fund residential services for students who need that level of care
Type:
Response Party:
Part of state's strategic planning process, with need for capitol investments with more focus on YOUTH needs
This is a good year to "ask big"
Adds to the state's responsibilities, similar to Trueblood.
Acknowledges that not every child can recover safely in the home and community. A huge gap in our current continuum of care.


Strengthen Peer & Family Supports
Families and caregivers fill the gap when mh/bh supports are not available and are needed for continuum of support in any case
Provide support to strengthen family and youth peers as support systems.
Type:
Response Party:
Extended supports and services offered to parents/guardians to help them support their children's behavioral health needs
Type:
Response Party:
Supporting Highly Mobile Populations
Students and families experiencing homelessness who are NOT covered under Medicaid do not have adequate access to BH supports.
Students and families experiencing homelessness (and other special populations) do not have adequate access to BH supports.
Establish relationships within highly mobile populations that can serve as a liaison for schools. Have programs catered to supporting these students with leadership/staff that are well versed in their experiences.
Type:
Response Party:
Collaboration with peer-led, community based organizations already doing preventative work/training and outreach to help fill in the gaps of support for youth and families
Type:
Response Party:
How could we incorporate support for better meeting the needs of other 'highly mobile' populations (i.e. foster care, migrant families, housing instable, military, incarcerated, etc.)?
Integral family programs have good records of preventing suicide. Can create leadership opportunities for kids.