

# School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

**August Meeting – 8.4.23**



Washington Office of Superintendent of  
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# 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



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# 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.



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# Tribal Land Acknowledgment



ONE Logo  
by Roger Fernandes  
(Lower Elwha Klallam Tribe)

We start today with a land, water, and people acknowledgement. OSPI is here in Olympia, on the traditional territories of the Coast Salish people, specifically the Squaxin Island peoples. We say their name out loud because they are still here today despite the attempted erasure of their language, culture, and bodies. We, as OSPI and the SBBHSP Subcommittee, honor the past, present and future caretakers of these lands and dedicate our work to honor this place they call home. We strive to do so by respecting and affirming tribal sovereignty and culture, working with our tribal governments through the state in government-to-government partnership, and lifting tribal voice in the work of supporting student physical, social, and emotional well-being. We invite you to share the names of the first peoples on whose traditional lands you are joining us from today in the chat.

# Agenda: August 4<sup>th</sup>, 2023

#	Agenda Items	Time	Lead
1.	Welcome	9:00 a.m.	<b>Lee Collyer &amp; Rep. My-Linh Thai</b>
2.	Youth regional Behavioral Health Navigator Program	9:20 a.m.	<b>Edward Michael</b>   Health Care Authority <b>Ashley Mangum</b>   Kids MH Pierce County <b>Brook Vejo</b>   Carelon
3.	JED High School by Forefront Update	9:50 a.m.	<b>Megan Reibel</b> , UW Forefront Suicide Prevention
	Break	10:00 a.m.	
5.	Recommendation Prioritization: Breakout Discussion <ul style="list-style-type: none"> <li><i>Activity overview</i></li> <li><i>Feedback on recommendations from the YAC</i></li> <li><i>Breakout rooms (40 min) – participants choose rooms</i></li> </ul>	10:10 a.m.	Breakout room topics: <ul style="list-style-type: none"> <li><i>Statewide Leadership</i></li> <li><i>System Funding + Programming</i></li> <li><i>Workforce Support</i></li> <li><i>Mental Health Education</i></li> </ul>
6.	Recommendation Prioritization: Group Discussion	11:10 a.m.	<b>Lee Collyer &amp; Christian Stark</b> , OSPI
7.	Public Comment	11:50 a.m.	<b>Christian Stark</b> , OSPI
8.	Closing reminders and October meeting	11:55 a.m.	<b>Lee Collyer / Christian Stark</b>
9.	Meeting Adjourned	12:00 p.m.	

# 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

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

Respect, but don't expect, the sharing of lived experience





Welcome Members and Guests



# Members: Co-Chairs & School, District, & ESD Staff



## Co-Chairs:

Representative My-Linh Thai

Lee Collyer

## 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 Professionals



Ashley Mangum, Mary Bridge/Kids Mental Health Pierce County

Avreayl Jacobson, King County Behavioral Health and Recovery

Chris Harnish, Mercer Island Youth & Family Services

Elizabeth Allen, Tacoma Pierce County Health Department



# 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 [**Cherry Holmes**]

Jeannie Nist, Communities In Schools of WA

Jill Patnode, Kaiser Permanente



# Members: Advocacy & Other Professional Staff



Kelcey Schmitz, UW SMART Center

Logan Endres, Equity in Education Coalition

Megan Reibel, UW Forefront Suicide Prevention

Megan Veith, Building Changes

Prudence Chilufya, WA Association for Community Health

Sandy Lennon, WA School-Based Health Alliance

Todd Crooks, Chad's Legacy Project



# Members: Parents, Caregivers, Family Members & Those with Lived Experience in School



Candi Blackford

Elizabeth DiPrete

Liliana Uribe

Marcella Taylor

Mariana Marquez Sital

MazzyRainn Janis

RoseLynne P McCarter

Roy Johnson

Tasha Bunnage

# State Agency Staff Supporting the Subcommittee

Office of  
Superintendent of  
Public Instruction  
(OSPI)

Health Care  
Authority (HCA)

Office of the  
Insurance  
Commissioner  
(OIC)

Department of  
Health (DOH)



# Youth Advisory Committee



11 members (current or recent K12 students, age 15-23)



Representing schools & communities in 5 of the 9 ESD regions



Planning to meet every odd-numbered month, opposite SBBHSP meetings (subject to change)



Held three meetings so far this year (March, May, & July)



Next meeting planned for September





# Student Voice - Screening

## Experiences with screening

- Can be scary to answer fully accurately
- Fear of having sensitive info shared with parents & staff

## What are appropriate screening conditions?

- In small groups – with results to specific, select staff
- Clear communication on how info will be used
  - Impact on student record

## What should follow up look like?

- If screening, need to know trusted staff will intervene!
- Collaborative effort between student & staff about communicating with parents
  - Especially for queer students
- Trust in follow up steps is crucial



# Student Voice - Screening

## Other ideas and thoughts

- Staff capacity is important – really difficult to follow up if one counselor is assigned to 800 students!
- Once a quarter, have staff meet 1:1 with students to talk about mental health
  - Face-to-face conversation can be more comfortable for sharing honestly
  - Provides opportunity to ask for specific resources
  - Easier to talk to a person than a piece of paper; easier to lie to a piece of paper than a person!
- Set aside time each week to check in and spend time with mentor groups
- Screen in small groups with teachers who have spent time building relationships with students
- Bring in staff from CBOs focused on queer issues to offer staff spaces on campus for students to talk

# Student Voice - Telehealth

- A couple participants weren't yet familiar with telehealth
  - **Need to make sure students know about telehealth resources that are available!** And how are they funded? Are they cost effective?
- Liked the idea of providing students access to resources outside of just what's available locally
  - Can be **individualized**
  - How does telehealth care link to student's medical record and local provider?
  - Need to make sure there is **link to existing school supports**
- Telehealth care can feel **impersonal**
- **Not a one-size fits all** – one participant gave an example of telehealth supports being very helpful after a crisis

# Student Voice – Fentanyl Prevention/Intervention

- Funding needs to be provided to schools to **acquire and stock Narcan** and **train students on how to use it well**
- Is there incentive to keep the price low?

# Student Voice – BH Career Pathways

- Improving access to higher education programs
  - **Cost is a huge factor**
- **Job shadowing** with providers
  - School offered training program with MultiCare to offer **internships**
    - **Compensation** for internships
  - Giving space for students to **explore career options without cost as an inhibitor**
  - **Mock counseling session** could be a good idea to provide students with information about mental health provider fields

# Student Voice – Resources for Parents & Guardians

## Do you know of resources?

- Local program hosted a night for parents on signs they might see in their students to indicate need
- Focused on substance use

## Do you think resources like these impact stigma?

- Yes, gives parents a chance to get more formal training
- Yes, helps parents notice more than they normally would
- Need to think hard about how we approach these opportunities because of stigma
  - Provide resources that students can share with their parents
  - Create safe, welcoming spaces for families to join to engage around their child's mental health
  - Provide context, statistics, info about need – sources to demonstrate need
    - HYS survey can be useful context, along with other local data
  - Can be a very sensitive topic for many families

## How to make these accessible?

- Language access (Spanish offering)
- Free to families
- Providing video or other online resources for families that can't attend in person

## Training for other adults?

- Peer support groups providing information to adults on what students need
- Having that knowledge is so beneficial
- PE teachers, gym teachers – setting where a lot of insecurities come forward

## Need to make sure supports are gender inclusive + gender-informed



# Student Voice – Mental Health Education cont.

## Staff mental health training

- Need to make sure staff members are completely up to date on confidentiality laws and best practices

## Peer supports

- Line between peer resources and actual friends – it's difficult to take on the emotional burden of support intervening with peers in need
  - Connections to group therapy opportunities can be helpful
  - Effective approach could be utilizing peers that are close in age but outside of the school setting (could be through CBOs)
  - Need to be deliberate about the expectations we set for/place on peers

## Mental health instruction for students

- Listening to students, taking feedback from students
- Perspectives from students across the state
- Provide compensation/incentive for participation!
  - Maybe credit for health class?
- Should this be in partnership with schools?
  - Co-creation or feedback during creation?
    - Definitely co-creation, students know best what questions students may have about MH
- How do we do this well?
  - Bringing in local organizations to offer support and talk about mental health topics from an informed and professional perspective
  - Working with community non-profits to pull together resources
  - Take the topic seriously, not a brush-over – help students understand that MH concerns are serious and you can access help
  - The content needs to be good! And effective!





## **2024 Recommendations – Continued**



# 2023 Legislative Session Summary – SBBHSP Priorities

Recommendation Topic	Request Summary	Final Budget
Establishing a lead agency for school-based behavioral health at the state-level	\$200,000 to HCA to convene a design team & project plan	SB 5121 widens the scope of the Joint Committee on Health Care to include behavioral health, will convene subgroup to address SBBH + Strategic Plan Advisory Committee
Expand # of school & community-based clinicians services students	\$10 mill grant program for LEAs with the goal of providing more equitable access to school-based BH services	<p>\$500,000 for ESDs to provide access to tele-behavioral health services in rural districts</p> <p>\$5 mill for ESDs to continue BH regional services grants to support districts</p>
Expand funding for School-based Health Centers (SBHCs)	\$5.655 million per biennium for the SBHC Grant program at DOH	\$1.8 mill increase in funding for SBHC program at DOH



# Subcommittee Timeline

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<b>August meeting</b> – Friday, August 4th   9am-12pm	Continue to synthesize and deepen recommendation ideas collected at July policy workshop into <b>list of concrete recommendations</b>
<b>Between</b> August and October meetings	Subcommittee staffing team will work to provide context and depth to list of recommendations  Members rank recommendations via survey
<b>October meeting</b> – Friday, October 6th   9am-12pm	Results of recommendation ranking survey shared
<b>October 11<sup>th</sup></b>	Final recommendations due to the Children & Youth Behavioral Health Work Group (CYBHWG)

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# By the end of this meeting

For each recommendation idea:

1. What's the ask? *To the legislature, as specifically & clearly as possible*
2. Who is doing the action? *(OSPI, HCA, districts, etc?)*
3. What's the goal?

**Goal:** clear list of recommendations ideas that we can vote on in late September



# Statewide Leadership

*The state's role in providing oversight, guidance, support, standards, etc. to districts related to school-based behavioral health.*

## Screening

- Create specific guidelines and definitions for behavioral health screenings in schools.

## Telehealth

- Establish role of telehealth in meeting Tier 2 and Tier 3 behavioral health needs
- Provide support to districts that want access to telehealth to support student BH needs

## Statewide inventory

- Create/maintain a landscape analysis of resources & funding supports available to districts

## Lead Agency for SBBH

- Start work on organizational building blocks to create comprehensive SBBH system
  - Establish state rubric for comprehensive School Mental Health (SMH)
  - Offer recommendations for an approach to providing statewide training and technical assistance to districts to design and implement comprehensive SMH
  - Create an initial grant program for districts ready to self-assess against the rubric and request funds to make progress toward meeting rubric standards.
  - Provide information on an array of well-supported Tier 1 (including MH literacy), Tier 2, and Tier 3 models/curricula for districts to look to in developing their comprehensive SMH strategy

**Care Coordination** recommendation coming from the BH Integration subgroup



# Statewide Leadership

*The state's role in providing oversight, guidance, support, standards, etc. to districts related to school-based behavioral health.*

## **Medicaid – Migrant education**

- Expand child Medicaid services throughout the age of 21, with no disparities in legal status in the state to support newcomers who are credit deficient

## **MH Curriculum Lead**

- Create a mental health curriculum champion at OSPI to promote awareness of available teaching resources to districts & ESDs



# System Funding

*Funding streams available to districts for building comprehensive systems of SBBH supports*

## **Coordination with community BH providers**

- Provide incentives/funding to providers (CBOs & SBHCs) to collaborate and align systems
- Promote improved coordination on crisis and postvention services

## **Individualized support structures**

- Provide more latitude to implement SBHCs & other individualized SBBH supports

## **Behavioral health prevention**

- Provide support for a public health approach to BH prevention in schools

# Programming

*Behavioral health programming in schools, or available to schools, that support SBBH needs of students*

## **Fentanyl overdose prevention/intervention**

- Coordinate access, increase education, look at solutions to use from a regional approach
- Provide education to reduce stigma and promote availability/proper use of Narcan
- Provide funding for districts to meet RCW 28A.210.390 (i.e. stock Narcan on school campus and train staff to use it appropriately)

## **Supporting students experiencing housing instability/homelessness**

- Provide better supports for students experiencing housing instability; including prevention, staffing support, and sustainable funding streams



# Workforce Support

*Efforts to increase the # of staff available to provide SBBH supports to students (in school & in community), including supports for staff who are providing supports to students (In collaboration with the Workforce and Rates Subgroup)*

## **Supporting students experiencing homelessness**

- Provide dedicated funding for staffing & programs that support students experiencing homelessness, distinct from current homeless assistance funds

## **Clinical supervision**

- Build out capacity of licensed staff in schools available to provide clinical supervision (for all provider types)
- Increase funding for coordination of supervision and to defray costs of gaining supervision

## **Expanding options for non-clinical staff**

- Support development of/funding for non-clinical staff to provide support when clinical staff aren't available/don't have capacity

## **ESA role definition**

- Provide clear guidance on Education Staff Association role definitions to districts

## **Teacher supports**

- Provide district-wide training on BH intervention & triage to teaching staff
- Provide training/education to teachers pre-cert on identification & early intervention

## **BH career pathways**

- Increase apprenticeships in schools for MH professionals
- Expand funding for conditional scholarships
- Strengthen recruitment to high school aged youth & on diversifying the BH workforce



# Workforce Support

*Efforts to increase the # of staff available to provide SBBH supports to students (in school & in community), including supports for staff who are providing supports to students (In collaboration with the Workforce and Rates Subgroup)*

## **Master Plan for workforce**

- Develop a comprehensive mental health strategy across the tiers, including referrals, guidance, and supports
- Define roles in districts
- Focus on what can be done and balancing practical vs/ breadth of the problem





# Mental Health Education

*Resources available to districts to train & educate students on SBBH topics and standards to guide/govern districts requirements related to those resources*

## **Resources for parents/guardians**

- Expand opportunities for parents/guardians to receive training on preventative skills
- Bridge education, training, and resources between parents/guardians, students, and staff

## **Staff mental health training**

- Strengthen MH training requirements for school staff, preparing all staff in suicide prevention and gatekeeper trainings
- Require MH & suicide prevention training for instructional staff.
- Require MH & suicide prevention training in teacher and ESA prep programs

## **Trauma-informed practices & programs**

- Ban use of restraint & isolation practices in schools

## **Mental health instruction for students**

- Update WA health standards to include MH standards
- Mandate mental health education for all students

## **Peer supports**

- Expand access to peer MH & suicide prevention programs in schools.
- Expand Department of Health (DOH) funding for Sources of Strength program

## **Funding for prevention**

- Provide funding to districts for MH & suicide prevention
- Re-fund and expand the i990 suicide prevention grant program at OSPI



Next meeting

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Friday, October 6<sup>th</sup>, 2023

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9:00 am - Noon



# We'd love your feedback!

**Link:** <https://survey.alchemer.com/s3/7462114/August2023-SBBHSP-Subcommittee-Feedback-Survey>

The survey is anonymous, and you are welcome to answer as many, or as few, questions as you'd like

- Responses welcome from members, staff, and public participants!



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