

 **BLOOM WORKS**

K-12 School-Based Behavioral Health

Presentation of findings

August 9, 2024

Agenda

- What we've done
- Key findings Part 1: On the ground
- Key findings Part 2: Infrastructure
- Recommendations
- Next steps

What we've done

Defining our scope

- Washington's Prenatal-25 Behavioral Health Strategic Plan seeks to create a behavioral health system that's preventive, responsive, and integrated, with equitable access, and that adapts as Washington's communities' needs change.
- As part of this strategic planning initiative, Bloom Works conducted a discovery sprint focused on K-12 school-based behavioral healthcare across the state.
- We defined services "through school" as:
 - By the school at the school
 - By external providers at the school
 - By external providers outside of school (but connected at school)

How might we better connect middle and high school students to behavioral health (mental health and substance use) services through school?

Discovery Research Problem Statement

What we've done so far

Scoping

Conversations with 20 participants – OSPI, HCA, UW SMART Center, ESDs, School Districts

Reviewed existing documents – 2021 K-12 Audit, 2023 Children's Alliance Report, Healthy Youth Survey, OSPI Publicly-Available Data, 2023 CYBHWG recommendations, 2023 SBBHSP recommendations

Discovery

Conversations with 47 new participants – ESDs, School Districts (Superintendents and Student Services), School Administrators (Principals and Assistant Principals), School Counselors, School Mental Health Counselors and Interns, Student Assistance Professionals, School-Based Health Center, Social Workers and Family Liaisons, External Providers (Telehealth and Navigation), Family/Student

Approach to insights and recommendations

- **Discovery research supports significant themes from past research*:**
 - Schools play a critical role in BH prevention and early intervention
 - Services available to students depend on what schools provide at a local level
 - State approach to BH in schools is fragmented and lacks sufficient resources
 - Structural changes are needed but incremental changes are possible
 - Effective school-based BH systems include full continuum of care and universal screening
 - Major challenges are lack of providers, transportation, and cost
- **Insights highlight lived experiences on the ground in schools to inform how to best design infrastructure**
- **Recommendations build on previous recommendations where appropriate**

**The listed research themes are summarized from the K-12 Audit of Student Behavioral Health in Washington and Children's Alliance 2023 Behavioral Health Report.*

Key findings

Part 1: On the ground

How do schools currently identify and connect students to BH services?

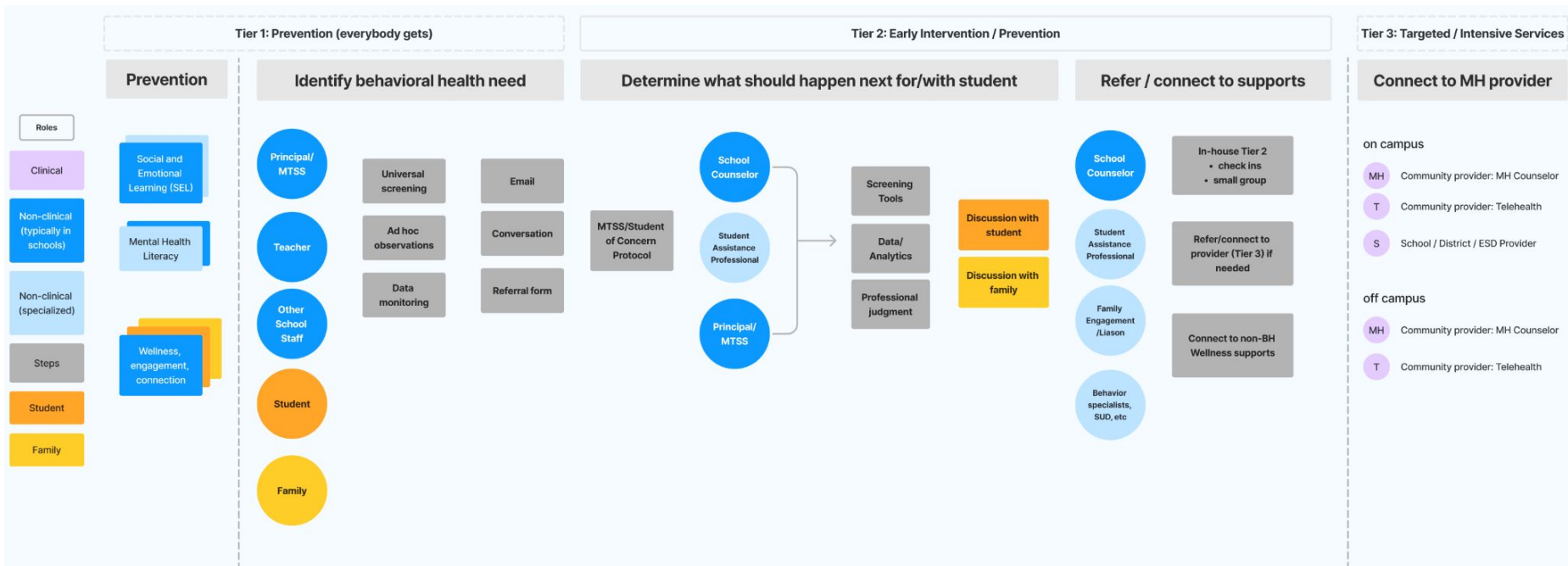
What's needed for schools to successfully connect students to BH services?

Key definitions

- **Screening:** Determining if a student may need intervention. It can be done “universally” or once there’s concern. Often using tools like: SBIRT, GAIN-SS, C-SSRS, district-created screeners, etc.
- **Universal screening:** Conducting screening for a cohort of students (e.g., 7th graders) or all students at least once per school year.
- **Identification:** Using observation, input directly from a student, or data to identify that a student may be at risk. It can be done on an ad hoc basis, through data monitoring, etc. In schools, any adult and peers may identify potential need.
- **Triage:** Determining what level of care is needed for a student and the urgency of the need.
- **Referral:** Making a referral to a dedicated, licensed mental health (MH) clinician. Colloquially, schools also use “referral” to describe the process of identifying students for triage.
- **Provider:** Licensed MH clinicians or organizations that provide clinicians and treatments.
- **Tier 2:** Identifying potential need of early intervention or prevention for students who may be at risk through check-ins, small groups, etc.
- **Tier 3:** Using targeted intervention for a behavioral health need through MH clinicians and 1:1 supports.

Note: Tiers of MTSS have variable definitions throughout the state. We’ve reflected the most common definitions used by participants to provide rough categories for key tasks.

How schools identify & connect students to services



Insight 1: Community engagement is key

Successfully connecting students to services through school requires providing BH support, awareness, and engagement with the community. This is how we fight stigma and create systemic change, which ultimately benefits students in schools.

Key findings: On the ground



At the crux are relationships. Relationships and awareness. **We've gained trust from our community**—a key ingredient for what has made this program successful.

– Community Non-Profit, BH Provider

Key findings: On the ground

Insight 1: Community engagement is key

Reduce BH stigma

- Some communities have stronger stigma around BH, which limits the ability to identify needs or connect them to services.
- Fear of diagnoses or being seen visiting a clinic is common in small, tight-knit communities.
- Building relationships with organizations outside the school helps extend BH support into the community.

Support family wellness

- Schools are working to engage families through family nights, student-led conferences, and dedicated events focused on BH topics, like vaping.
- BH needs can't be fully supported when basic needs (food, clothes, childcare, etc.) are not met.
- Family liaisons and social workers play a key role in helping parents access support for BH and basic needs.

Key findings: On the ground

Insight 2: Every student needs a support squad

Holistic BH support depends on shared skills, language, communication, and collaboration. Students need a more united support team—across all school staff, external providers, and family members—that interacts with them around their BH.

Key findings: On the ground



A lot of times kids just need somebody to talk to who's **a safe person who's not going to judge them**, tell on them, or get them in trouble.

– Student Assistance Professional

Key findings: On the ground

Insight 2: Every student needs a support squad

Ensure BH supports in schools are accessible

- Consistent access to a space to talk with a trusted adult is crucial.
- Students often don't seek support or use BH services when staff don't reflect their language, culture, gender, sexual identity, etc.
- Many factors prevent equitable access to BH, like transportation, waitlists, BH stigma, insurance, etc.

Shared knowledge and systems help school staff work together

- Staff-wide understanding of the relationship between behavior and behavioral health supports efficacy.
- Clear communication, systems, and time for BH supports is needed, like a master schedule, when to miss class, etc.
- Lack of feedback loops and information across relevant staff can make support difficult.

Empower parents to help support their kids' BH needs

- Many families want to support their kids' BH needs, but don't know how.
- Families receiving only negative or no updates from school limits their trust and relationship.
- Some schools have offered family therapy, parenting classes, or events focused on BH topics like anxiety.

Key findings: On the ground

Insight 3: Principals are crucial to school success

School leadership plays a key role in defining the systems to support students' BH. School principals need to be supported with the resources, expertise, and capacity to develop school BH resources for student success. They also need the support to lead their schools in implementing BH services so they can increase BH awareness and reduce stigma in their school and community.

Key findings: On the ground



Having that [Tier 2 Support Protocol] list and having those check-ins...**we really wanted to make sure we had systems so everyone knew what was happening.** This helps teachers, too, so they can know what happens when they refer [a student].

- High School Assistant Principal

Key findings: On the ground

Insight 3: Principals are crucial to school success

Advocate for holistic wellness: Academics and BH

- Academics, attendance and BH are all connected.
- Principals play a large role in prioritizing behavioral health in school.
- School leadership is key for a range of factors, like maturity of MTSS, time for training and professional development, staffing, etc.

Increase school BH awareness and education

- All staff need access to training on identifying BH needs to help students get the support they need (e.g., Mental Health First Aid).
- Districts have had success in reducing school BH stigma by offering “Wellness Days” on BH topics through student, staff, and community collaboration.

Services reflect the unique needs of the school

- Principals play key role in MTSS and student support teams to determine appropriate interventions.
- Principals need resources and support to make decisions that reflect school needs, like varied support roles, family liaisons, SAPs, etc.
- Training should be provided that reflects the roles and staffing to support principal’s vision.

Key findings: On the ground

Let's recap...



Key findings: On the ground

Recap of key findings: On the ground

Insight 1: Community engagement is key

Schools need to extend BH support and advocacy beyond school and into the community.

Takeaways:

- Reduce BH stigma.
- Support family wellness.

Insight 2: Every student needs a support squad

Holistic BH support depends on communication and collaboration.

Takeaways:

- Ensure BH supports in schools are accessible.
- Make it easy for school staff to work together.
- Empower parents to help support their kids' BH needs.

Insight 3: Principals are crucial to school success

Supported students starts with supported leadership.

Takeaways:

- Advocate for holistic wellness: Academics and BH.
- Increase school BH awareness and education.
- Ensure BH supports reflect the school's needs.

Key findings

Part 2: Infrastructure

What resources, expertise, and capacity are needed for schools to deliver successful BH supports on the ground?

Insight 1: A centralized approach can create consistency and efficiency

Without statewide expectations or processes for BH in schools, everyone is solving similar problems, separately. Lack of capacity, support, or systems can lead to more reactive responses and inefficient uses of resources.

Key findings: Infrastructure



In 2020, they said schools would all implement screening—how many schools have done that?

- District Director of Student Services

Key findings: Infrastructure

Insight 1: A centralized approach can create consistency and efficiency

Expectations offer clarity and reduce redundancy

- Levels of sophistication vary on how to reassess and determine next steps.
- Schools and districts defining and building same processes from scratch, separately.

Strong systems protect resources and bandwidth

- Without clear Tier 1 and 2 systems, Tier 3 is inappropriately overworked.
- Systems for referral processes and communication reduce stress and provide better support to students.
- Lack of capacity, support, and training lead to critical staff operating in a reactive state.

Flexibility is needed for key parts of implementation

- Tier 3 services should reflect key factors of the school districts, like location and availability of community providers.
- Telehealth has been a less successful option for students who don't have access to internet or private spaces, have no desire to Zoom, etc.
- Different interventions and services are needed for elementary, middle, and high school.

Key findings: Infrastructure

Insight 2: Delivery depends on individual expertise and effort

Some schools and districts provide incredible services. But it comes down to what key individuals in schools, districts, and ESDs know about BH supports or what resources they have access to.

Key findings: Infrastructure



In special ed, all educators are required to get trained in some sort of de-escalation because it's mandated, so we check it off...that doesn't happen with social emotional health because it's not required.

- Director of Student Services

Key findings: Infrastructure

Insight 2: Delivery depends on individual expertise and effort

Rely on significant expertise

- ESD and district roles often have long BH careers, like in clinical supervision.
- District and school expertise in MTSS implementation significantly influences BH delivery.
- Integrating MH counselors into campuses strengthens their relationship with school staff and systems, which increases the success of MH services.

Individuals can play disproportionate roles in the success of BH

- A single district person is often referenced as the reason BH efforts have been successful.
- Personal expertise and connections propels innovative work, like internship programs, and collaborations with other districts and the UW SMART Center.

Key findings: Infrastructure

Insight 3: Infrastructure can come from the top down with the right mechanisms

Many resources are allocated top-down through the infrastructure of ESD and districts. We need to ensure these resources are distributed and leveraged so the support successfully reaches students.

Key findings: Infrastructure

Insight 3: Infrastructure can come from the top down with the right mechanisms

ESDs and districts may be better positioned to manage grants

- Applying to and providing documentation for grants requires time and expertise.
- Schools have had successes when ESD and districts proactively approach them with grant or resource opportunities.

BH expertise is needed to hire and supervise MH staff

- Requires knowledge of which roles to use for MH (SAP, MH Counselor, social worker, etc.).
- Some schools struggle with vetting providers.
- Some schools didn't receive applicants when they posted their own SAP or MH counselor roles and couldn't provide clinical supervision.

Principals and schools need to know what resources are available

- Some principals didn't know what resources the district or ESD provides.
- Districts may have MH or MTSS resources, but they have to partner at the school level for successful implementation.

Let's recap...



Key findings: Infrastructure

Recap of key findings: Infrastructure

A centralized approach can create consistency and efficiency

Without statewide expectations or processes for BH in schools, everyone is solving similar problems, separately.

Takeaways:

- Expectations offer clarity and reduce redundancy.
- Strong systems protect resources and bandwidth.

Delivery depends on individual expertise and effort

Some schools and districts provide incredible services.

Takeaways:

- Rely on significant BH expertise and connections.
- Individuals can play disproportionate role.

Infrastructure can come from the top down with the right mechanisms

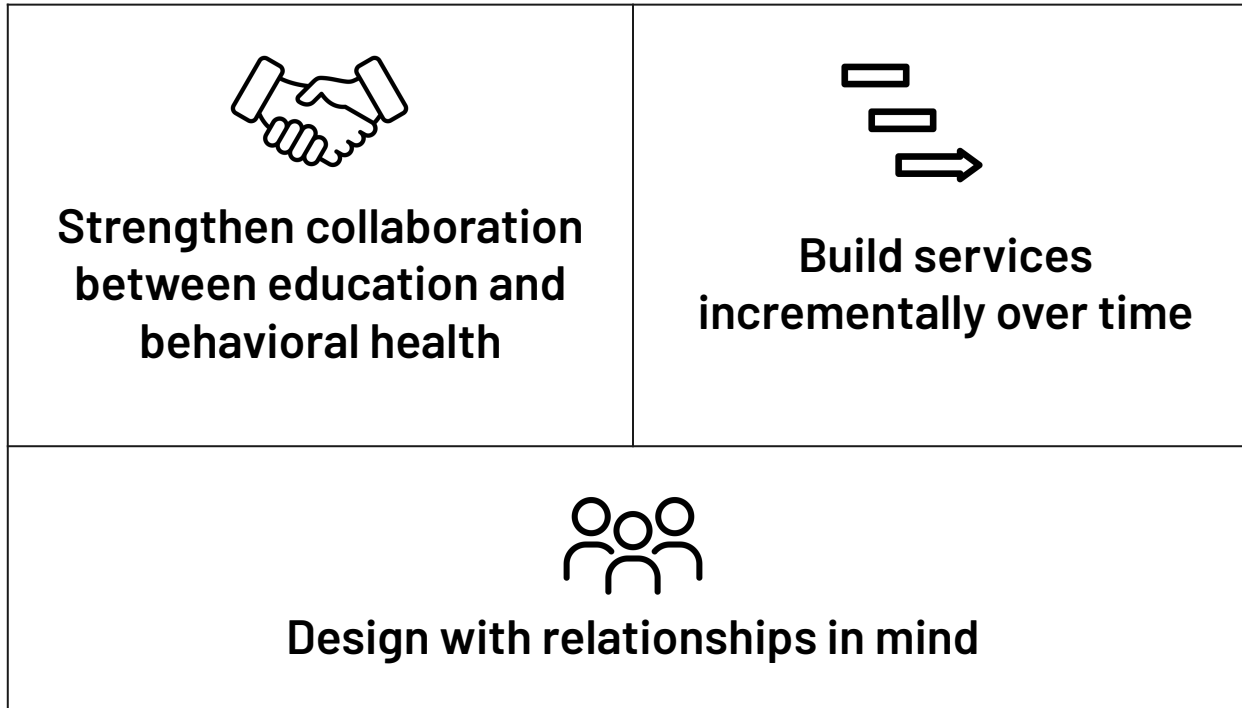
Many resources are allocated top-down through the infrastructure of ESD and districts.

Takeaways:

- ESDs and districts may be better positioned to manage grants.
- Expertise is needed to hire and supervise MH staff.
- Principals and schools need to know what resources are available.

Recommendations

Foundation to recommendations



Recommendations overview

1. Clarify roles, responsibilities, and ownership between education and BH entities.
2. Define minimum expectations and requirements for schools to provide BH supports.
3. Investigate opportunities to develop sustainable funding and identify underused resources.
4. Invest in non-clinical supports that reflect the community they serve.
5. Ensure all schools can refer students to an accessible licensed mental health counselor.
6. Require and provide minimum training for staff on key tasks.
7. Define BH role and training for principals.
8. Better leverage successful models and resources across state and districts.
9. Enable schools to engage and support families in accessing and navigating BH supports.

Rec 1: Clarify roles, responsibilities, and ownership between education and BH entities

- **Define collaboration on a per-task basis.**
 - E.g., Screening requires BH expertise in what to look for, which falls under the purview of HCA, and the context for schools and professional development is better understood by OSPI.
 - E.g., Schools need to be able to connect students to providers, but finding and building relationships with providers requires BH knowledge.
- **Clarify and assign distinction between ownership and contribution across entities.**
 - Consider agency vs. ESD vs. school district vs. school roles.
- **Pair key regulations with comprehensive ownership.**
 - E.g., RCW 28A.320.127 can best achieve its goals if OSPI has appropriate funding, resources, and the authority to ensure accountability and compliance with the regulation.

Rec 2: Define minimum expectations and requirements for schools to provide BH supports

Establishing minimum expectations for BH in schools that allow for appropriate flexibility and choice will help establish a statewide standard that reflects current funding and needs. **Introducing statewide data collection at the school level will help inform how to build supports over time.**

- **Supports** for key roles, tasks, and expertise to deliver on the continuum of care, like identification, screening, triage, referrals, etc.
- **Training** for staff and **data collection** on each piece of the continuum of care.

*Consider how RCW 28A.320.127 and additional grants for implementation could be used for this recommendation.

Rec 3: Investigate opportunities to develop sustainable funding and identify underused resources

State agencies should collaborate to identify opportunities to leverage existing funding towards key BH needs in addition to requests for new funds.

- **Investigate how to effectively leverage Medicaid for BH in schools.**
 - Consider using HCA's CMS grant for Medicaid to investigate accessibility, like reimbursement for non-clinical tasks, alternatives to fee-for-service care, etc.
- **Consider possible expansion of SAP funds to account for both MH and substance use.**
- **Investigate whether existing resources are underused or can be leveraged toward BH.**
 - Investigate possible applications of other state tiles (Title 1).
 - Create mechanisms to assess if ESD and district resources are used by schools.

Rec 4: Invest in non-clinical supports that reflect the community they serve

There have been significant funding increases to non-clinical supports in schools (e.g., school counselors, school nurses, and Student Assistance Professionals). **In many cases, these non-clinical roles can effectively serve the majority of students in early interventions if trained appropriately.**

Consider factors that influence the success of these supports in future hiring and disbursement of grants for these roles:

- Hire staff that reflects the ethnic, cultural, and linguistic identities of the students they serve.
- Provide training in Tier 2 or small group interventions to efficiently support more students.
- Prioritize placing these roles in schools with the necessary supports (e.g., principal support and clear identification and triage processes).
- Consider these factors if and when additional funds for SAP are allocated through ESD.

Rec 5: Ensure all schools can refer students to an accessible licensed mental health counselor

As part of the continuum of care, students must be able to access Tier 3 resources in a timely manner. **All schools should be able to refer to providers that are accessible (transportation, insurance, cost, time, and language).**

Varied approaches are important to meet this need:

- Prioritize on-site MH counselors in rural areas or communities where travel and time logistics are barriers.
- Leverage telehealth as a stop gap (with considerations).
- Define roles for districts, ESD, OSPI, and HCA in supporting these processes.
- Define criteria to help determine where state investments might be most impactful.

Rec 6: Require and provide minimum training for staff on key tasks

Staff have the most frequent touch points and relationships with students, which provides great opportunity for identification. **Staff need support to prioritize BH training from other competing and professional development (PD) demands.**

- Minimum training should be mandatory and funded by the state.
- Types of trainings for staff:
 - **Identification:** All staff
 - **Universal screening:** Staff or whoever administers
 - **Triage:** School counselors and possibly school nurses and administrators
 - **Screening and small group interventions:** School counselors

Rec 7: Define BH role and training for principals

The success of BH services in school was consistently linked to the tone and practices set by principals. Providing expectations for the role of principals in BH is critical to the success of other supports.

- Principals should be trained in screening for high-risk students:
 - Know what to look for
 - Who to contact
 - When to contact
- Principals should be accountable for developing and implementing the plan for identification, screening, triage, and referral.
- Ensure principals have the support for training and implementation, like funding, staffing, etc.

Rec 8: Better leverage successful models and resources across state and districts

Incredible work is happening across the state. While there are some mechanisms in place, like ESD to support this learning, schools and districts are independently finding ways to learn from others or starting from scratch.

- Collaborate with schools and districts with successes that reflect different factors (e.g., location and scale) to identify potential approaches and inform the state's roadmap for BH supports.
- Collaborate with schools and districts to understand how these resources can be effectively shared and referenced (e.g., resource libraries and professional learning communities).
- Investigate where existing successes (e.g., SBIRT and SAP curriculum) can expand
- Define the criteria that makes specific tools and supports successful in different contexts to inform decision-making.

Rec 9: Enable schools to engage and support families in accessing and navigating BH supports.

The use of BH services often relies on whether families have a trusting relationship with the school.

- Consider how BH engagement relates to other family engagement activities in schools, like student-led conferences.
- Create models and templates from successful schools and districts.
- Consider whether to expand family liaison or other non-clinical roles, like social workers.
- Consider how ESD and districts might be able to offer infrastructure that helps schools easily organize family engagement events.

Next steps

Next steps

- **Office hours for further discussion**
 - Friday, August 16 at 10-11am PT
 - Thursday, August 22 at 10-11am PT

DRAFT | Aug. 9 2024

 BLOOM WORKS

Thank you!



Contact Us

Contact the team at
bloom-wa-k12@bloomworks.digital.

Submit feedback or comments through the form:
<https://tinyurl.com/WABH-discovery>

WA Behavioral Health Discovery sprints

Use this form to share comments and feedback on Bloom Works' discovery sprints as part of the Washington Prenatal through 25 Behavioral Health Strategic Plan.

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Which topic do you want to share comments or feedback on?

- K-12 and school-based behavioral health
- Behavioral health in pregnancy and/or parenting
- Complex hospital discharge
- Transition-age youth
- All or none of the above