

SBBHSP 2024 Recommendation Proposals

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Proposal #1) Strengthening Statewide Coordination

What's the issue?:

When kids/families need help with behavioral health issues (anxiety, depression, substance use) that interfere with learning/academic success, many access behavioral health services (counseling, treatment) through local school nurses, school counselors, school social workers, or other mental health professionals.

Unfortunately, school staff face significant barriers to coordinating/delivering behavioral health services to kids/families:

- Confusing state/federal policies and guidance
- Lack of standardized frameworks and best practices
- Limited funding
- Legal and regulatory challenges
- Technology, security, and compliance issues
- Coordination issues
- Training and capacity issues
- Language and cultural barriers

Recommendation Proposal:

WA schools need a clear, comprehensive, and coordinated set of financial and technical assistance services to meet the behavioral health needs of students. Given the uncertainty of available funding to support this approach/strategy, we advise workgroup to present recommendations as a 'menu of options' (where the state legislature can select any one, two or three options):

Option 1: Statewide expectations & direction:

Require the Office of Superintendent of Public Instruction (OSPI), in partnership with state, regional, and local entities, to:

- Define **minimum expectations** for each of the components of a comprehensive set of school behavioral health supports
- Establish **strategic direction and goals** for state-wide programming to strengthen the capacity of schools to implement to implement supports and reduce system barriers
- Ensure schools have the information and resources they need to meet student behavioral health needs

Option 2: Playbook – Guidance & Best Practices

Develop a playbook that provides guidance and best practices for school behavioral health, including:

- **Prevention efforts**, including instruction on Social-Emotional Learning (SEL), Mental Health Literacy (MHL), substance use prevention, and suicide prevention, in partnership with community-based organizations.

- The school's role in supporting **screening, recognition, and response** to emotional and behavioral distress, as required by RCW [28A.320.127](#).
- Developing effective **referral pathways** in partnership with community-based providers
- **Staffing** to support needs along the school behavioral health continuum, including guidance for supporting coordination between Education Staff Associate ([ESA](#)) roles.
- Staff **training** to support needs along the school behavioral health support continuum
- **Data collection** throughout each piece of the continuum of care.

Option 3: Technical Assistance & Training Capacity

Develop and fund a Technical Assistance & Training Entity that provide schools with support, resources, and training. Core features of such an entity may include:

- A **network structure** that comprises the Association of Educational Service Districts (AESD), Education Services Districts (ESDs), and/or relevant academic centers of excellence that use evidence-based practices to provide training and technical assistance
- Provision of **training and consultation to Local Education Agencies (school districts + other K-12 education agencies) and community agencies** to support development and implementation of coordinated school-community plans
- **Specialized certifications** for Educational Service Associate ([ESA](#)) and other critical school mental health roles, including paraprofessionals such as Student Assistance Professionals
- **Analysis of state and local data** to identify priorities and evaluate impact of the state's school behavioral health plan and constituent strategies

Budget Estimate:

- *Option 1 - Statewide expectations & direction: \$600,000 per year*
- *Option 2 - Playbook – Guidance & Best Practices: \$400,000 per year*
- *Option 3 - Technical Assistance & Training Capacity: \$2 million per year to start the network and serve a cohort of pilot districts*

Total for all 3 Options taken together: 3 million per year

Proposal #2) Expand Workforce for Student Well-being Program

What's the Issue?:

There are inadequate staff to address the social, emotional and behavioral health needs of students in K-12 public and tribal schools despite the legislature's investments in 2022. School social workers, the discipline that is the most likely to support the behavioral health needs of students in schools across multiple tiers of support and in conjunction with family/ community/ school staff, are the most limited in their numbers in schools. The Workforce for Student Well-being (WSW), funded by the U.S. Department of Education is a consortium of higher education institutions schools of social work statewide who are working to increase the number, diversity, and skills of well-trained social workers in schools. Graduate students recruited into the Workforce for

Student Well-being receive conditional scholarships in exchange for a three-year commitment of employment in a high need school district. It is challenging for recent social work graduates of the WSW to find positions due to the limited supply of school social work jobs available in our state especially in rural, high need school districts despite the intensive behavioral health needs manifesting in schools.

Furthermore, school educational staff associates or [ESAs](#) are optimally working in teams to support children/ youth in schools with unique roles and responsibilities. The WSW proposes to expand not only to recruit for additional diverse school social workers, but for school counselors and school psychologists. The WSW partnership will extend to additional institutions of higher education to recruit diverse graduate students who can work in high need school districts statewide.

Recommendation Proposal:

Allocation state funding to provide conditional scholarships for 30 new students in UW's Workforce for Student Well-being program along with skills-building. Expand the disciplines represented in the WSW to school counselors and school psychologists. The Washington Student Achievement Council would administer the grants and the UW would provide the skills training and job placement support in collaboration with 12 institutions of higher education across the state.

*This recommendation is also under consideration in the Workforce and Rates subcommittee.

Budget Estimate:

- \$3,000,000 for conditional scholarships (WA Health Corp)
- \$600,000 for skills training & post-graduation support (WA Health Corp)

Total estimate: \$3,600,000

Proposal #3) Improve ratio of Social Workers to students in WA schools

What's the Issue?:

There are inadequate staff to address the social, emotional and behavioral health needs of students in K-12 public and tribal schools despite the legislature's investments in 2022. School social workers, the discipline that is the most likely to support the behavioral health needs of students in schools across multiple tiers of support and in conjunction with family/ community, are the most limited in their numbers in schools. The Workforce for Student Well-being (WSW), funded by the U.S. Department of Education is a consortium of higher education institutions schools of social work statewide who are working to increase the number, diversity, and skills of well-trained social workers in schools. It is challenging for recent graduates of the WSW to find positions due to the limited supply of school social work jobs available in our state especially in rural, high need school districts. There are approximately 300 school social workers across the entire state of Washington with a 93 percent increase needed to align with recommendations from the national model of school social work. Current staffing disparities are the most pronounced for school social work compared to all other [ESA](#) types providing mental health services in schools.

Recommendation Proposal:

To support school social work staffing in schools, the legislature should:

1. Establish a grant program for rural and remote school districts to hire school social workers:
 - a. Run a competitive grant process in two cycles 2025-2026, 2027-2028
 - b. Select targeted high need schools in rural and remote areas eligible for matching grant funding to hire additional school social workers
 - c. Assist awarded grantees with finding school social workers
 - d. Monitor compliance with grant award as well as evaluate what happens post grant award with retaining hired school social workers
2. Define school social work and their role as school mental health professionals in alignment with the national model for school social work.
3. Fund [OSPI 2025 Budget Request](#) to increase the allocation for school social workers through the state funded prototypical school funding model.

Budget Estimate:

- Matching grants to rural/high-need districts:
 - \$50,000/year for each grant
 - Total dependent on # of grants:
 - 150 grants - \$7,500,000/year
 - 50 grants - \$2,500,000/year
- Defining school social work in statute: Negligible
- Increasing the allocation for social workers in the prototypical school funding formula:
 - Fiscal Year 2026: \$12,671,000
 - Fiscal Year 2027: \$16,523,000
 - Fiscal Year 2028: \$16,842,000
 - Fiscal Year 2029: \$17,195,000

Total estimate: \$2,500,000 to \$12,000,000 in FY 2026, depending on approach taken

Proposal #4) Improve training on BH skills and staffing roles for school staff

What's the Issue?:

Many existing certificated staff in schools are not trained in the evidence-based systems and clinical practices necessary to deliver effective school-based behavioral health services. The state currently offers an Educational Staff Associate Certificate that provides an orientation to providing school mental health services however, it does not fully prepare someone to provide mental health services in schools. The table below outlines key differences:

ESA Training	WSW Skills Certificate
School and special education laws and policies (national, state, and local)	Systems-level models for addressing school-based behavioral healthcare needs in social work context (MTSS, PBIS, ISF)
Where and how to find appropriate resources for schools	Structural racism, allyship and promoting educational equity for all Washington students
Use of professional standards to inform professional growth planning	Access to evidence-based interventions across the tiers (wraparound in schools, brief CBT interventions, suicide prevention and intervention)
Collaborating with team members (families, teachers, administrators)	Topics relative to current day school social work practice: school refusal, inclusionary practices, threat assessment, etc)

Generalist graduate programs are not able to offer a specialized school mental health track to cover this vital information

In addition, it's vital to prepare and support school administrators in the hiring, supervision, and on-going support of ESA staff. Some of the key topics areas that need to be provided in training to school administrators include:

- Understand the roles/ responsibilities of ESAs and how they work together
- Learn how to provide supervision to ESAs
- Weigh considerations for hiring ESAs versus partnering with community-based agencies
- Learn more about what's involved with billing for behavioral health service provided in schools
- Exposure to systems-level models for addressing school-based behavioral healthcare needs in social work context (MTSS, PBIS, ISF)
- Familiarize with key intervention strategies that need to happen in schools and liability protections for doing school mental health work

Recommendation Proposal:

The legislature should fund the development of:

- A training certificate that would provide Education Staff Associates (ESAs) with additional skills training in evidence-based school behavioral health systems and clinical practices with the goal of improving training on behavioral health skills for certificated staff in schools.
- A training offering for school administrators on how the different ESA staff roles can collaborate to provide comprehensive school behavioral health supports for students.

Budget Estimate:

\$100,000 to fund the creating of both training offerings

Proposal #5) Behavioral Health Funding for School Districts

What's the Issue?:

School districts currently lack the funding necessary to coordinate comprehensive supports across the behavioral health continuum for their students. RCW [28A.320.127](#) requires each school district in Washington to adopt a plan for recognition, initial screening, and response to emotional or behavioral distress (EBD) in students, including but not limited to indicators of possible substance abuse, violence, youth suicide, and sexual abuse. The RCW requires EBD plans to include a list of components - including identifying training opportunities, developing partnerships with community-based organizations, and creating protocols for responding to crisis situations – all of which require significant staff time and resources to complete effectively. However, the state does not provide funding to LEAs, outside of funding allocations for school nurses, social workers, counselors, and psychologists, to do this crucial work. As such, many LEAs lack adequate funding for implementing foundational evidence-based preventative supports, especially those in collaboration with community-based providers, while coordination of intervention supports often relies on navigating challenges with billing student insurance. When community providers are available to support students, schools have difficulty engaging community providers because of access, scheduling, and funding issues, making it difficult to integrate services into school support teams.

OSPI conducted a survey of all 321 Local Education Agencies (LEAs) in the state between March 2022 and February 2023 to gauge compliance with the RCW [28A.320.127](#). Data collected from the survey found that only 172 LEAs (54%) reported that they had an EBD plan in place. 149 LEAs reported they did not have an EBD plan in place.

**LEAs are school districts and other specialized education agencies across the state.*

The OSPI survey on compliance with RCW [28A.320.127](#) asked LEAs about barriers they encountered in developing an EBD plan. Lack of time or adequate staff was the most mentioned barrier, cited by 84 LEAs in the survey. Lack of funding and/or resources were the second most commonly cited barrier. Many LEAs mentioned that they needed more funding to ensure proper training and professional development, both to create the plan and train their staff to support the plan once it was created. Several LEAs also mentioned that they would need funding for an additional staff member to create the plan, since they felt their current staff didn't have the time or the proper expertise. Similarly, some LEAs said that they would need money to hire behavioral health staff to support the plan once it was created. Other LEAs pointed to a lack of behavioral health resources in their community as a barrier to putting this plan in place and/or emphasized, in general, that the EBD RCW, as it stands, is “another unfunded mandate.”

Recommendation Proposal:

The legislature should provide funding to all school districts to create and implement a plan for screening, recognition, and response to emotional and behavioral distress in students, as required by RCW [28A.320.127](#).

In the absence of funding for all school districts, and to pilot direct funding support for compliance with [RCW 21A.320.127](#) paired with state-level and regional support for training and technical assistance, the legislature should allocate \$5 million to establish a statewide grant for school districts, prioritizing the following activities:

- Technical assistance, training, resources and/or staff support to adequately meet the behavioral health needs of all students, including creating and/or strengthening a plan for recognition, screening, and response to emotional or behavioral distress in students
- Creating a tiered approach to suicide prevention inclusive of prevention, intervention, and postvention
- Providing effective training and technical assistance to local educational agencies' (LEA) staff in integrated behavioral health comanaged with pediatric primary care clinics

The grant program should pair grantees with a state-level and regional support/accountability structure to guide LEA planning, connect LEA staff to effective training and technical assistance, and ensure community-centered implementation. This recommendation seeks to further invest in local capacity to achieve the functions of high-quality school mental health supports that improve student well-being.

Budget Estimate:

Dependent on the number of grants awarded

Last year's ask:

- \$2,000,000 to fund ten grants at \$200,000 per school district
- \$350,000 for statewide coordination and technical assistance

Total estimate: \$2,350,000 for Fiscal Year 2026

Proposal #6) School Behavioral Health Staffing Landscape Analysis

What's the Issue?:

[House Bill 1664](#), passed by the State Legislature in the 2022 Legislative Session, provided additional funding (\$113 mill for 2022-23, \$231 mill for 2023-24, \$354 mill) to school districts by increasing minimum allocations for the following roles in the prototypical school funding model over three years starting in the 2022-23 school year:

- School nurses
- School social workers
- School psychologists
- School counselors

The bill required districts to maintain a minimum staffing ratio across a list of physical, social, and emotional support staff (PSES) positions, including nurses, social workers, psychologists, counselors, classified staff providing student and staff safety, parent involvement coordinators, and other school district employees and contractors who provide physical, social, and emotional

support to students. However, districts can move the new funding across the different PSES staff roles, for example, a district could use of their new funding to hire additional counselors and thus use none of the additional roles.

Despite funding increases from HB 1664 (2022) phasing in over a three year period (SY '22-23 through '24-25), the state's prototypical funding formula does not fund PSES staff at level required for nationally recommended ratios. As a result, many districts rely on levy funding and other non-state funding sources (i.e. local funding, grants, etc.) to supplement state allocations to fund PSES staff positions. In addition, there is no funding floor in state funding formula for PSES staff and many districts do not have enough enrolled students to receive enough state allocation dollars to hire full-time positions across the different PSES staff roles.

Outside of allocations for physical, social, and emotional support staff, school districts do not receive staff funding for staffing behavioral health clinicians and providing behavioral health services in the school setting. School-based therapists are often grant-funded positions, thus short-term and the funding is not available to all interested districts. In some communities, multiple school districts must resort to pooling funds with other districts for shared community provider placements in schools.

Recommendation Proposal:

Commission a school behavioral health workforce landscape to better understand the staffing and workforce needs schools have as they work to meet student behavioral health needs in coordination with community partners. The landscape analysis should study:

- The impact of the state legislature's investment in the prototypical school funding formula for Physical, Social, Emotional Support (PSES) Staff through [House Bill 1664 \(2022\)](#).
- Service gaps for supports along the school behavioral health continuum, including those unique to smaller districts and/or districts in rural and remote regions of the state.
- The number and regional distribution of licensed mental health professionals employed in schools across the state.
- The extent to which districts, especially those in rural and remote regions of the state, contract out for PSES staffing support.

Budget Estimate:

\$125,000 to commission the study

Proposal #7) Behavioral Health Student Assistance Professional (SAP) Program Expansion

What's the Issue?

Washington state's students are still struggling and decreased funding mean fewer supports are available. The 2023 Healthy Youth Survey shows that the majority of 10th graders report feeling nervous, anxious, or on edge; 30% report persistent depressive feelings; and nearly 15% report contemplating suicide. While the state (through federal relief dollars and state funds) invested in

the creation and expansion of the Behavioral Health Student Assistance Program initially, funding has diminished over the past two years. As a direct result of reduced funding, 67 BH SAP school sites will not receive these critical supports in the 24/25 school year.

Recommendation Proposal:

Restore full funding for the Association of Educational Service Districts (AESD) Behavioral Health Student Assistance Program model that was created in partnership with OSPI to help address the student mental health crisis that followed the COVID pandemic. This program uses the AESD Network, the state's nine regional ESDs, as the delivery system of direct student services. The AESD Behavioral Health Student Assistance Program (AESD BH SAP) provides a consistent model across regions and schools. It is grounded in the federal SAMSHA Student Assistance model, focusing on direct student behavioral health prevention and intervention services. The program has three essential components:

1. Awareness and Promotion – school-based student assistance professionals provide substance use prevention and mental wellness promotion activities and trainings for students, families, school staff and the local community.
2. Direct student services – school-based student assistance professionals support referral pathways, provide behavioral health screening, and early intervention supports for students struggling with mental health or substance use
3. Statewide Coordination – AESD network leads support program alignment and data collection while an external evaluator provides program evaluation and monitors adherence to the established program model

Evaluations for the past two years show significant and positive school and student impacts. For reference, [here is a link to the 2022/23 AESD BH-SAP evaluation executive summary](#). We will have data for 23/24 later this fall.

This recommendation is to provided necessary funds to restore the direct student services in at least 67 school sites statewide. For the 25/26 year, the request is \$9.9M (\$149k/school site); and for 26/27 the request increases slightly to account for inflation to \$10.2M.

Research shows that to avoid long term impact of behavioral health disorders, it is critical to identify, intervene and support substance use and mental health concerns early in their trajectory. It is essential to take action now to re-establish behavioral health supports for students. The schools served in 2023/24 are working with their regional ESD to try to piece together some level of support for their students and staff, however this is spotty and inconsistent. They are counting on increased support and services in the coming year (2025/26). There is a significant equity gap across the state in terms of access to behavioral health supports. The schools/districts prioritized in this request are generally those with limited access to consistent substance use and mental health services at Tiers 1 and 2, especially.

Budget Estimate:

To restore the Student Assistance Professional program in 67 school sites (at ~149k/school site)

- \$9,900,000 in Fiscal Year 2026
- \$10,200,000 in Fiscal Year 2027

Proposal #8) Mental Health Literacy Coordination Funding Extension

What's the Issue:

Washington schools need to provide strong prevention support for students, and the foundation of prevention support is dedicated instruction to students on mental health literacy and suicide prevention. Mental health education is more proactive and cost-effective than waiting for needs to arise to the level of concern where treatment is required. Education on Social Emotional Learning and Mental Health Literacy helps create newly informed students who know how to understand and respond to concerns they notice in themselves and in their peers. It is foundational to school multi-tiered systems of support as a critical piece of Tier 1 (universal) supports.

When schools do choose to provide mental health literacy and suicide prevention instruction to students, there is no state oversight to ensure that the curriculum they use is culturally-responsive and research-informed and that those tasked with teaching it have the competency to do so effectively. Schools need more support in connecting with appropriate curriculum.

Data from the 2019-21 Behavioral Health Navigator Survey indicated that only 68% of district surveyed were providing any form of student instruction on mental health or substance use at the time they were surveyed. Only a portion of those were evidence-based. Overall, there are many evidence-based options for schools to refer to & use for mental health curriculum already available; however, many schools don't know about them.

Recommendation Proposal:

The legislature should allocate \$150,000 per year in the FY25-27 biennium to the Office of Superintendent of Public Instruction (OSPI) to continue funding a Full-Time Equivalent (FTE) staff position to serve as a mental health curriculum lead responsible for aiding in the implementation of Mental Health Education instructional curriculum for the P-12 education system. The staff member in this state lead position should work to connect and support, the ongoing the work of the Mental Health Instruction Library, and act as a proactive liaison providing implementation support to education service districts (ESDs) and school districts looking to provide effective curriculum for students. The staff member should leverage state and national collaborators already connected to, and ensure K-12 Learning standards in Mental Health align with best practices nationally.

It is widely recognized that this leadership position is the critical piece to leveraging existing resources and partnering with ESD's, Districts and schools. It is the final piece create to a system of schools using Tier 1 education to prevent more expensive needs in Tier 2 and especially Tier 3 efforts.

The onboarding for this role, subject to renewal, just began in mid-August (2024) and the new coordinator is already embedded with state and national resources and partners with tremendous

promise. That said, the implementation support for schools will continue ramping up in the coming months and just fully developed at the end of this current cycle. This position should be a permanent position within OSPI, as It will be a long-term benefit to school-age youth and the work should be a long term investment in Tier 1 supports as well. At the very least, it should be renewed for the 2025-27 biennium to evaluate and confirm efficacy once systemically established by the end of this current cycle. It should also be noted, this leadership position is now being modeled in other states, whith Delaware, as an example.

MHL education is key to eliminating stigma, empowering peers to support each other, and reducing the behavioral health services burden on schools, allowing the school to focus on all aspects of a well-rounded education. [The Mental Health Curriculum Library](#) effectively summarizes the importance of strong student nstruction on mental health literacy:

Studies show including Mental Health Literacy (MHL) in an education program leads to decreased stigma and a stronger mental health knowledge base. In turn, that leads to robust peer support amongst youth, decreased delays to care, improved student productivity and more effective interventions for students at risk of suicide (Kutcher et. al, 2016). Regardless of the availability of SEL programs, MHL is likely a key support for addressing today's youth mental health crisis and eliminating mental illness stigma for a generation.

Budget Estimate:

\$150,000 per year