School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

July Meeting – 7.17.24

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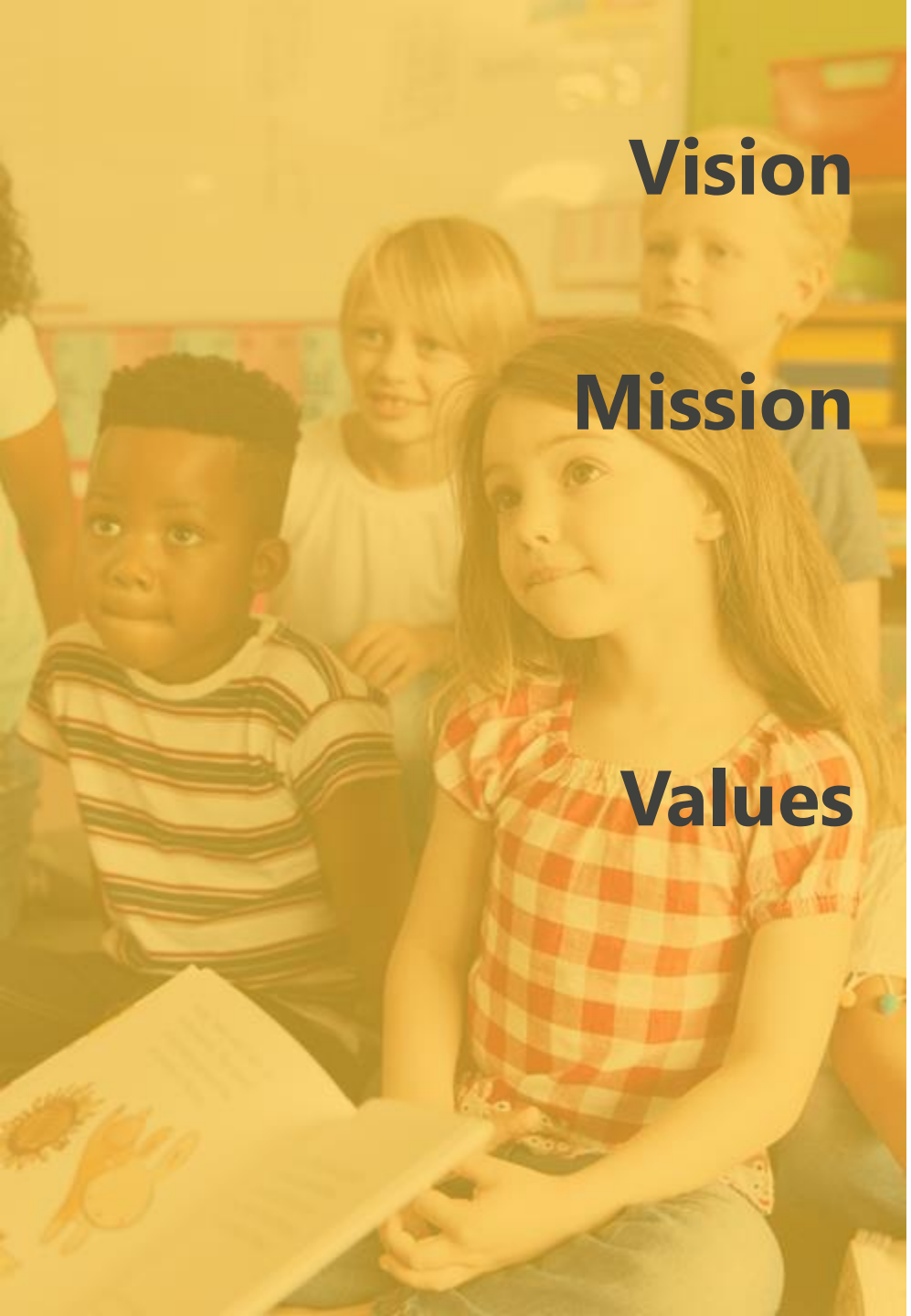

Vision

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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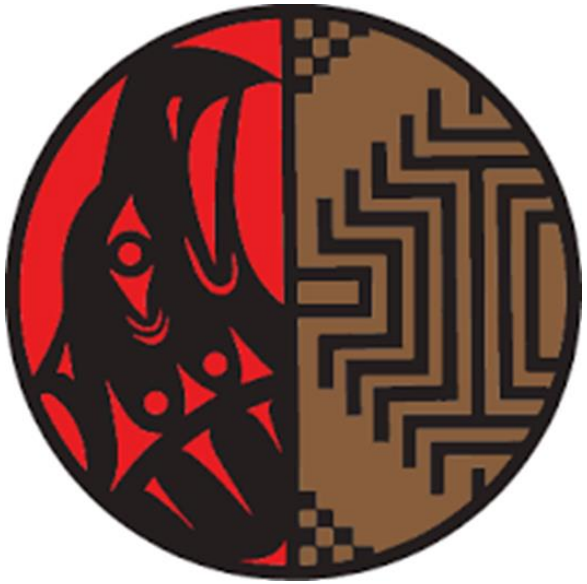
Tribal Land Acknowledgment



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 in the chat the names of the people whose traditional lands you are joining us from today.

Written in partnership with RoseLynne McCarter

Agenda: July 17th, 2024

#	Agenda Items	Time	Lead
1.	Welcome	3:00 p.m.	**Rep. My-Linh Thai & Christian Stark** Co-Chairs
2.	K-12 Discovery Sprint Overview	3:10 p.m.	**Bloom Works**
3.	Issue Area Workshop • *Overview of activity (~5 min)* • *Breakout round #1 (20 min)* • *Breakout round #2 (20 min)* • *Breakout round #3 (20 min)* • *Group discussion – what's missing? (~5 min)*	3:40 p.m.	Each breakout round: • *13-minute breakout discussion* • *7-minute group share-out*
5.	Public Comment + Announcements • HCA CMS Medicaid Cooperative Agreement Funding Announcement, Todd Sletvett, HCA	4:50 p.m.	
6.	Meeting Adjourned	5:00 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

SBBHSP Members

Co-Chairs
Representative My-Linh Thai
Christian Stark, OSPI

Youth & Young Adults	
Alejandra Prado	Payton Frank
Eliasib Alvarado	Pradyu Kandala
Hanna Baker	Rowan Guerrero
Keira Gregson	Taanvi Arekapudi
Kira Shirley	Zoe Barnett

Parent/Guardians & Family Members	
Arnie Martinez	Marcella Taylor
Brandi Kingston	Peggy Dolane
Brandy Levene	Richelle Madigan
Byron Smith	Shawnda Hicks
Danielle Ouellette	Valerie Denney
Kelly Adams	Yahaira Nava

SBBHSP Members

School, District, & Educational Service District Staff

Alice Amaya Pasco School District	**Joe Neigel** Monroe School District
Brooke Fox Frank Wagner Elementary	**Joseph Soliz** Granger School District
David Crump Spokane Public Schools	**Mabel Thackeray** North Thurston Public Schools
Devyna Aguon Renton School District	**Megan Howard** Olympia ESD 114
Jeannie M Dodd Burlington Edison School District	**Michelle Sorensen** Richland School District
Jodie DesBiens Northwest ESD 189	**Tabby Stokes** Vancouver Public Schools

Local Government/Coalition, Managed Care, and Higher Education

Daniel Smith Community Healthplan of Washington	**Gina Cabiddu** Kids Mental Health Washington
Delaney Knottnerus King County, Behavioral Health and Recovery	**Renee' Schoening** Whitworth University

Health Care Providers & Community-based Organizations

Britnee Harvey Shine Light on Depression & Erika's Lighthouse	**Phyllis M. Cavens, MD** Child and Adolescent Clinic
Brook Vejo Carelon Behavioral Health	**Sinuon Hem** Asia Pacific Cultural Center
Nolita Reynolds Catholic Community Services	

Advocacy & Other Professional Staff

Chetan Soni Washington Youth Alliance & Youth/Young Adult	**Megan Reibel & Rafaela Steen** UW Forefront Suicide Prevention
Elise D Petosa WA Association of School Social Workers	**Nigar Suleman** WA State PTA
Erin Dury Washington School-Based Health Alliance	**Rayann Silva** UW School MH Assessment Research & Training (SMART) Center
Jill Patnode Kaiser Permanente	

State Agency Staff Supporting the Subcommittee

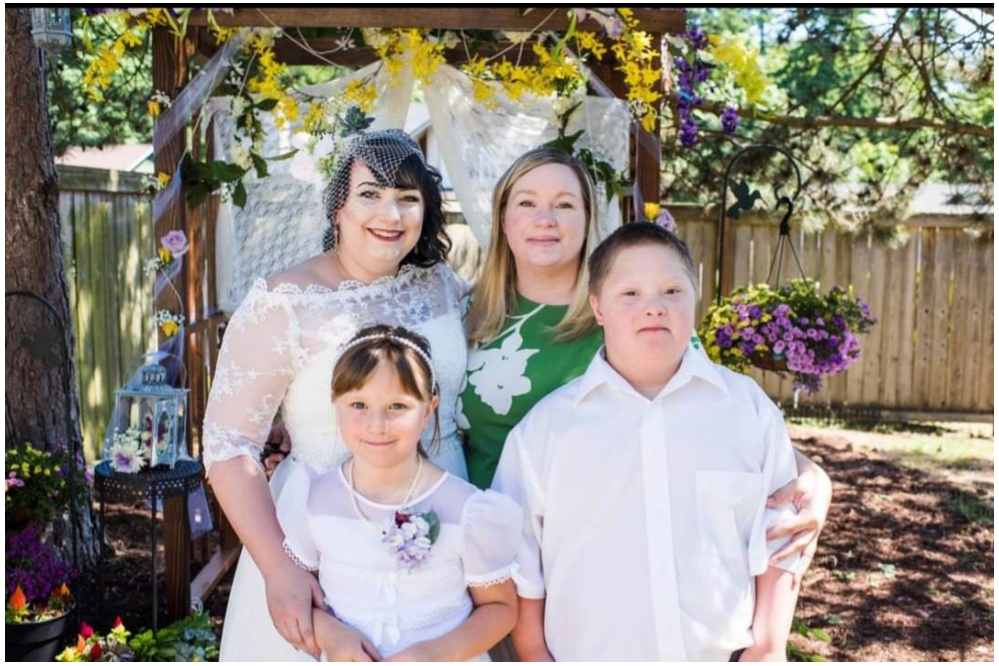
- Office of Superintendent of Public Instruction (OSPI)
- Health Care Authority (HCA)
- Office of the Insurance Commissioner (OIC)
- Department of Health (DOH)
- Department of Children, Youth, & Families (DCYF)
- Department of Social & Health Services (DSHS)
- WA State School Directors' Association (WSSDA)

Youth & Family Leads

- Partner with SBBHSP staff to lead coordination & engagement with our family & youth members
- Represent SBBHSP family & youth at monthly agenda planning meetings
- Partner with SBBHSP staff to facilitate discussions and activities with our family & youth members
- Partner with SBBHSP staff to ensure group spaces encourage active, comfortable, and safe engagement from family & youth members
- Work with SBBHSP staff to identify opportunities to engage family & youth voice outside of SBBHSP monthly meetings and SBBHSP membership by connecting with other family & youth and inviting them to SBBHSP meetings or relaying their input to the SBBHSP

Thank you to everyone that participated!

Introducing Kei Gregson & Shawnda Hicks!



K-12 Behavioral Health Discovery Sprint

Bloom Works

Recommendation Focus Areas

Workshop

Issue Focus Areas – So Far

- Access to Clinical Supports
- Care Coordination
- Community Provider Capacity
- Non-Clinical Interventions
- Prevention Supports
- PSES Staff – Funding + Workforce Pipeline
- PSES Staff – Role Definition
- Therapeutic Residential Schools
- Staff Training & Resources for Families

In Breakout Rooms

Facilitators will read the feedback on each topic gathered from the SBBHSP Workforce Workshops.

As a breakout group, you will discuss:

- *Does the information characterize the problem? If not, what's missing?*
- *What criteria might we use to evaluate a policy proposal to address this issue?*

2023 SBBHSP Evaluation Criteria

- Impact on student behavioral health outcomes (i.e. decreased suicidality, substance use, risky behavioral, depression & anxiety; increased wellness & belonging)
- Potential to improve student success in school (i.e. absenteeism, academic performance, graduation rates, etc.)
- Potential to increase access to school-based behavioral health supports
- Potential to advance equity in school-based behavioral health outcomes
- Viability in under-resourced communities
- Compatibility with tiered support structure in schools (i.e. MTSS)
- Level of research or community stakeholder support for the recommendation
- Sufficient clarity & information to support recommendation development
- Potential cost/political feasibility (in a short legislative session)

Round 1 – 13 min

Access to Clinical Supports

Lack of staff who can provide clinical supports (tier 3) in the school setting.

Non-Clinical Interventions

Schools (and teaching staff specifically) need staff support for behavior management, 1:1 connections with students, and other tier 2 supports.

Care Coordination

Lack of time & capacity to connect students with existing community care options (inadequate and/or unrealized referral pathways).

Access to Clinical Supports (Tier 3)

<u>Issue:</u> There is a lack of staff who can provide clinical supports (tier 3) in the school setting.

- No dedicated state funding for behavioral health services & lack of state funding to school districts for staffing behavioral health
  - Most districts must use grants and/or local tax revenue to fund staff & services
- School Medicaid billing options do not support sustained funding for licensed staff.
- In current Severe Discrepancy Model for SPED identification, school psychologists spend most of their time in the 'psychometrician role' focused on evaluations for IEPs, instead of broader supports across the BH continuum in a Multi-Tiered Systems of Support model.
- There is no ESA Certification for DOH LMHCs, LMFTs, or LCSWs (unless they also get a SSW cert)
- When districts do have funding:
  - Inadequate candidate pipeline – lack of candidates interested in positions
  - Often no other licensed staff available to provide clinical supervision for candidates working toward licensure

Access to Clinical Supports (Tier 3)

Policy Ideas:

- Create ESA certification for clinical staff without another, existing ESA certificate (i.e. Licensed Mental Health Counselors, Licensed Marriage & Family Therapists, Licensed Clinical Social Workers)
- Provide grant writing support to districts, especially smaller districts, with the goal of obtaining more behavioral health related grant funding
- Expand Medicaid billing options for schools – allowing FFS or Cost Settlement billing for **all** Medicaid covered students
- Create School BH Provider Corps (modeled after the School Nurse Corps) to serve as an option for districts to contract with for part or full-time behavioral health work
- Commission a school behavioral health workforce study to better understand the service gaps, # of licensed professionals employed at schools and the regional distribution of those staff, etc.

Non-Clinical Supports & Interventions

<u>Issue:</u> Schools (and teaching staff specifically) need staff support for behavior management, 1:1 connections with students, and other tier 2 supports.

- There are not enough staff in schools to prioritize these non-clinical supports for students.
  - There are few BH Student Assistance Professionals embedded in school buildings.
- High turnover/inconsistent funding for staffing paraeducators, family engagement coordinators, Student Assistant Professionals, Behavioral Interventionalists, community-based non-licensed staff etc.
- Teachers do not have enough support and communication between families and school staff is too often negatively coded.

Non-Clinical Supports & Interventions

Policy Idea:

- Promote non-Masters level MH training programs with low barriers to entry with the goal of providing folks interested in working in schools training on non-clinical supports/interventions
- Support creation/provide funding for a 'Youth Mental Health Corps" (Ballmer Group is working on this, other states are implementing a version)
- Create an intensive summer community college program to recruit students to give them some MH background so the door is opened for them.
- Funding more support to attract Behavioral Health Support Specialists and promote the career track. Get them in the schools.
    - The team developing the BHSS initiative doesn't yet have a child focused curriculum, but they are planning to.

Care Coordination

<u>Issue:</u> School staff do not have the time and capacity to connect students with existing community care options (inadequate and/or unrealized referral pathways).

- Lack of formalized care coordination between primary care (community health worker role) and schools
- School and health care providers 'speak different languages' making coordination difficult.
- The no-show rate for intensive services (outside of a school setting) is 40%, resulting in a lot of unused clinical time.

Care Coordination

Policy Ideas:

- Add Care Coordination to the System of Services for Children and Youth with Special Health Care Needs (CYSHCN) including those who have medical complexity, social complexity, mental health diagnoses, behavioral health diagnoses and those in foster care or who are homeless.
- Provide funding for districts to create coordination hubs to facilitate referrals to community providers.
    - Expand implementation of Renton Health Hub concept Student Health Hub to other districts, cities, counties across the state
- Create a statewide cohort of mental health workers charged with care coordination between primary care and schools.
- Provide districts with a pot of money specifically to support collaboration with community MH providers within the Interconnected Systems Framework
- Provide funding (& and a charge) for a local third-party (county-level) for coordinate BH supports across CBOs and schools
- Provide best practice training for community care on how to work with schools (speak the 'school language')

Round 2 – 13 min

Community Provider Capacity
Community provider capacity is inadequate for fulfilling student referrals.

Prevention Supports
There is a lack of staff who can provide clinical supports (tier 3) in the school setting.

PSES Staff – Funding + Workforce Pipeline
Staffing ratios for counselors, social workers, psychologists, and nurses are under nationwide recommended ratios, and ratios for school social workers and school psychologists are far below nationally recommended ratios.

Community Provider Capacity

<u>Issue:</u> Community provider capacity is inadequate for fulfilling student referrals.

- Many districts across the state are in health care and resource deserts, especially those in rural communities.
  - Can't make referrals to community services when there are none.
- Workforce shortages mean that community providers have no one pool to hire from.
- Schools can pay providers better than community agencies can, assuming there are candidates available for either sector to hire.
- Especially in rural areas, there is high turnover in MH providers. In-patient facilities have closed for state medical and youth; only available for private insurance. Many of the available services are very costly. Not enough accessible service options that work for families enrolled in Medicaid or without insurance at all.
- Many community providers are at capacity and/or have long waitlists for services.

Community Provider Capacity

Policy Ideas:

- Interventions to increase provider pipeline, for school ESA positions and for community BH staff
- Expand opportunities for young adults to get exposure to BH career pathways, including peer support roles
- New Market Skills Center: New Market Skills Center / New Market Homepage (tumwater.k12.wa.us)
- Thriving Together (through an Accountable Community of Health) is a rural peer Career & Technical Education (CTE) program working to provide opportunities for students to gain career experience in high school

Prevention Supports

<u>Issue:</u> There is a lack of staff who can provide clinical supports (tier 3) in the school setting.

- Lack of dedicated state funding for prevention activities in schools.
- Prevention (tier 1) supports are very vulnerable to budget cuts.
- Gap in building leadership buy-in on the benefits of these programs.
  - Prevention supports show impacts when there is sustained investment in them and sustained focus prioritization of them by district leadership.
- Inconsistent availability of Social Emotional Learning (SEL) and mental health literacy instruction for students in WA schools.
  - Schools are not required to provide SEL or MHL instruction to students.
  - Health classes are not the most effective intervention for prevention topics and the health curriculums that are taught in many schools are outdated & sometimes harmful.
  - Goals for prevention efforts in schools are often not well defined.
- Not enough staff and/or staff capacity to focus on prevention consistently and comprehensively.
- Paraeducator and counselor shortage is a barrier for schools working to identify and validly assess SEL levels as well as physical development in schools.

Prevention Supports

Policy Ideas:

- Provide a robust pot of funding for schools to partner community-based organizations on prevention efforts and increase the number of professionals who with students in and our the school environment.
- Interconnected Systems Framework is as essential foundation of making prevention successful.

PSES Staff – Funding + Workforce Pipeline

<u>Issue:</u> There are not enough Physical, Social, and Emotional Support (PSES) employed in WA schools. Statewide staffing ratios for counselors, social workers, psychologists, and nurses are all under nationwide recommended ratios, and ratios for school social workers and school psychologists are far below nationally recommended ratios.

- 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.
- High reliance on levy funding and other non-state funding sources (i.e. local funding, grants, etc.) to supplement state allocations to fund PSES staff positions.
- There is no funding floor in state funding formula for PSES staff – many districts have less students than the prototypical funding formula presumes.
  - 118 LEAs out of the 325 LEAs in the state had a student population lower than lower than 400 students in the '20-21 school year.
- Many districts don't have enough funding to hire PSES staff, even if they have candidates available in the community and want to hire specific PSES staff types.

PSES Staff – Funding + Workforce Pipeline

Policy Ideas:

- Add a hold harmless provision (i.e. funding floor) into the state prototypical model for PSES staff
- Add funding into the prototypical funding formula for PSES to continue moving the state in the direction of being nationally recommended ratios
- Add state-funded component of the Workforce for Student Wellbeing (WSW) program that provides funding to districts to hire candidates graduating from the program
- Expand size of Workforce for Student Well-being Program with state funding
- Commission landscape assessment of school BH services to better understand staffing make up (and how it differs across different districts) and specific gaps in services/types of care [Ex. Landscape Assessment of School Health Services (school nursing focus)]
- Establish a state funded School Psychology program at a state university which meets the workforce needs of our state..
- Study to understand why there are so few candidates for school psychs graduating from the 6 programs in the state.
- Retention and Professional Development: Mentoring (in-person/virtual) Programs for School ESAs by expanding BEST beyond new teachers, general and special education, and school nurses.
    - If there is one or two counselors in a building or if they or other ESAs are shared across districts, how are new professionals integrated into their new roles, manage their workload, and know what is in and out of their lane?
- Funding to incentivize moving toward the recommended ESA to student ratio(s); partner with academic institutions/conduct a lit review of the limits/thresholds for the "point" where one begins to receive diminished "returns" of high caseloads.
- Offer funding to small, rural districts and academic institutions to set up partnership systems to host telehealth internships and practicums from across the state.

Round 3 – 13 min

PSES Staff – Role Definition
School leaders don't understand all the things the different ESA roles can do to serve students in the school setting.

Therapeutic Residential Schools
Many WA youth that need intensive services must leave the state to access residential services.

Staff Training & Resources for Families
Staff need more training on support student MH and prevention, trauma-informed practices & behavior management.

Many families don't have access to accessible, effective, and culturally-relevant resources to support their children's mental health & behavioral development.

PSES Staff – Role Definition

<u>Issue:</u> School leaders don't understand all the things the different ESA roles can do to serve students in the school setting.

- Districts may choose not to hire a specific ESA role even if state allocation providers enough funding an FTE if district administration don't understand the value of that ESA role.
- There a lack of knowledge about what **social workers** can do in the school setting, especially in support student mental health.
- Lack of clarity on the role of **school counselors**. Most think they should be only academic. And there is a tension there.
    - ASCA model puts a lot of demands on what school counselors should do- and then each district interprets that differently.
    - Some are pushing focus on ONLY career/college readiness and advocating for dropping social emotional learning
    - For school counselors, I hear a lot about "liability" and there's fear there when it comes to screening and meeting with students outside their scope of practice.
- In current Severe Discrepancy Model for SPED identification, **school psychologists** spend a majority of their time in the 'psychometrician role' focused on evaluations for IEPs, instead of broader supports across the continuum in a Multi-Tiered Systems of Support model.

Therapeutic Residential Schools

<u>Issue:</u> Many WA youth that need intensive services must leave the state to access vital residential services.

- There are no public therapeutic residential school options in WA.
- There are few non-public agency options in WA.

Therapeutic Residential Schools

Policy Idea:

- Provide more funding for existing non-public agencies in WA to divert youth from having to go out of state for care.
- Study the feasibility and need for a publicly funded therapeutic residential school in WA.

Staff Training & Resources for Families

<u>Issue:</u> School staff need more training on how best to support student mental health and prevention.

- Staff need more training on how to recognize if a student is in distress and how to connect students with further supports when they are in distress.
- Many schools still do not a lot of understanding about how tiered services work. There's a rush to exclude students from class and lifelines supports when they show signs of mental health and/or suicidality.
- Many staff struggle with how to support student social-emotional well-being without defaulting to setting low expectations for students.

<u>Issue:</u> School staff need more training on trauma-informed practices and behavior management.

- Students are still showing the significant impacts of the loss of instruction and socialization during COVID; chaotic classrooms
- The school environment itself is causing trauma for some students.
- Communication between families and teachers/school staff is often negatively coded.
- Adults in the school setting are the first line of defense for the kids, and they need to learn to deal with conflict in the best way.

<u>Issue:</u> Many families do not have access to accessible, effective, and culturally relevant resources to support their children' mental health and behavioral development.

- Need to expand availability of resources and training opportunities for parents and other community members on trauma-informed skills for working with youth.
- When a family is in crisis mode, families need to know there's a light at the end of the tunnel.

Staff Training & Resources for Families

Policy Ideas:

- Provide substantially more Youth Mental Health First Aid training to paraeducators at the elementary level.
- Strengthen training on mental health literacy, identifying & responding to student mental health need, and social determinants of health in preparation programs for teachers, paraeducators, and school administrators
- Provide more access to non-clinical support training like Seattle Children's FAST Skills model, or Youth Mental Health First Aid.
- Identifying the smallest fundamental units of connections, such as high-fives, fist bumps, etc.
- Trying to get parenting skills into consumable bits is the new challenge for teaching families.
- Maybe a more cost-effective approach that doesn't have to work with individuals could be done by OSPI. Meaningful connections and warm hand-offs
- Increase adult access to training on de-escalation techniques and trauma-informed practices.
    - When supporting an individual with intense chronic behaviors, training is necessary. California has modules available for their teachers.
    - Provide robust training for staff on interpersonal communication skills.
- Toxic communication training with practical applications.
    - Consistently practicing through the training reinforces it. The goal is to get staff to the point where connection is natural. Communication through facial expressions, while seemingly small, affect students.

Issue Focus Areas – So Far

- Access to Clinical Supports
- Care Coordination
- Community Provider Capacity
- Non-Clinical Interventions
- Prevention Supports
- PSES Staff – Funding + Workforce Pipeline
- PSES Staff – Role Definition
- Therapeutic Residential Schools
- Staff Training & Resources for Families

What's missing?

What's missing?

- What didn't we talk about today that is important to bring into this issue prioritization process?

2024 SBBHSP Timeline

2024 Monthly Meeting Dates:

- Wednesday, April 17th
- Wednesday, May 15th
- Wednesday, June 26th
- **Wednesday, July 17th**
- Wednesday, August 21st
- Wednesday, September 18th
- Wednesday, October 23rd
- Wednesday, November 20th
- Wednesday, December 11th

*Meetings scheduled from **3-5pm***

Recommendations Timeline:

- *August 28th* – Subgroups' **draft recommendations due**
- *September 5th* – Subgroups present draft recommendations
- *October 1st* – Subgroups' **final recommendations due**
- *October 14th* – Subgroups present & discuss final recommendations
- *November 4th* – Subgroups' **statements of support due**

Community Engagement Forums

Looking to partner with representatives from under-represented communities and other communities that are disproportionately represented in data around behavioral health need across the state, including (but not limited to),

- Community-based organizations that support:
  - LGBTQIA+ students
  - Students of color
  - Students with disabilities
  - Students in migratory working families
- Tribes and other organizations that serve native students to inform how our work empowers Tribal voice and addresses the needs of Native students

Next meeting

Wednesday, August 21st, 2024

3-5pm

We'd love your feedback!

Link: https://survey.alchemer.com/s3/7914338/sbbhsp-July-2024

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

- Responses welcome from members, state agency reps, and public participants!

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