School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

August Meeting – 8.21.24

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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:
August 21st, 2024

#	Agenda Items	Time	Lead
1.	Welcome	3:00 p.m.	**Rep. My-Linh Thai & Christian Stark** Co-Chairs
2.	Multi-Tiered System of Supports (MTSS) – Re-grounding in the Tiers	3:15 p.m.	**RJ Monton**, Director of MTSS, OSPI
3.	Recommendation Priority Areas – group discussion Two sub-breakout groups (~35 min): • *Youth/young adults with lived experience* • *Parent, guardians, and family members with lived experience*	3:55 p.m.	Youth/young adults: • *Francesca Matia, OSPI* • *Kei Gregson, Youth Lead* Parent/Guardians/Family Mbrs: • *Kerry Bloomquist, OSPI* • *Shawnda Hicks, Parent/Family Lead*
5.	Public Comment + Announcements - Fall Community Engagement Forums - *Fall schedule changes*	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

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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

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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)

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Multi-Tiered System of Supports (MTSS) – Re-grounding in the Tiers

RJ Monton, *Director of MTSS, OSPI*

A Multi-Tiered System of Supports

Re-grounding in the "Tiers"

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RJ Monton
Director of MTSS-OSPI

- BS in Outdoor Recreation
- M.Ed. in Special Education
- WA State Admin. Cred.
- 7 Years as an Outdoor Educator (NH)
- 3 Years as a K-4 Special Education Teacher (NH)
- 3 Years as a HS Special Education Teacher (WA)
- 3 Years as a Program Specialist (WA)
- 3 Years as an Associate Director of Special Ed/Behavioral Health (WA)
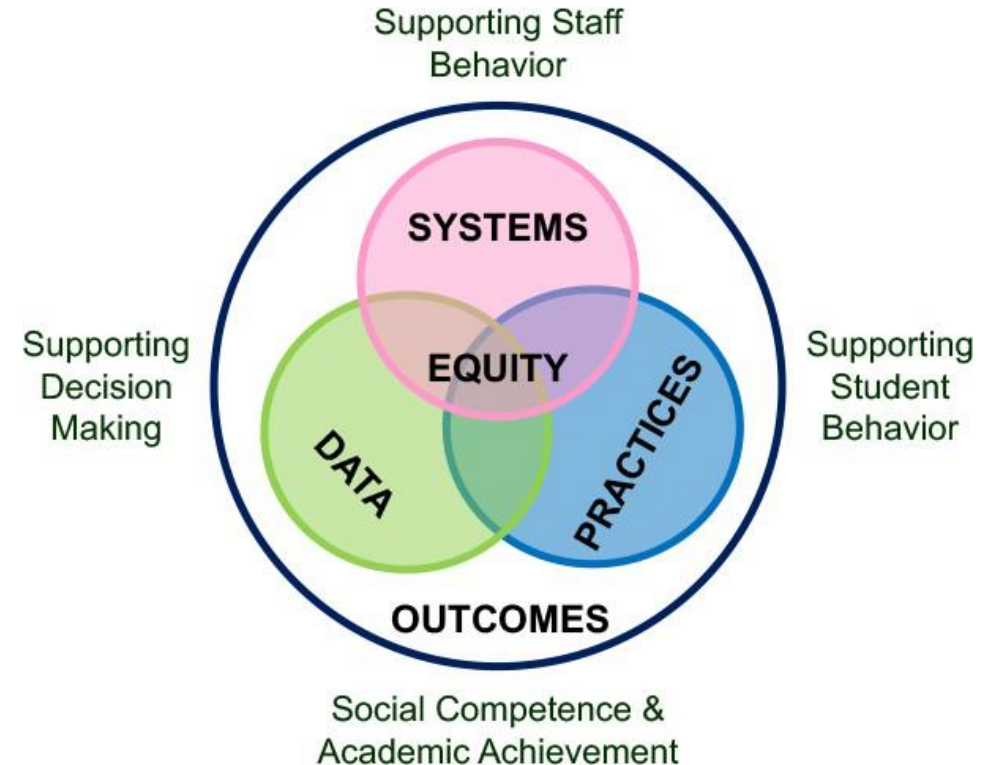- With OSPI since April 2021

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Our time today:

- MTSS – What it is
  - RtI, PBIS, ISF
- Defining the Tiers
  - MTSS and Mental/Behavioral Health

- Update on Statewide MTSS Scale-Up efforts
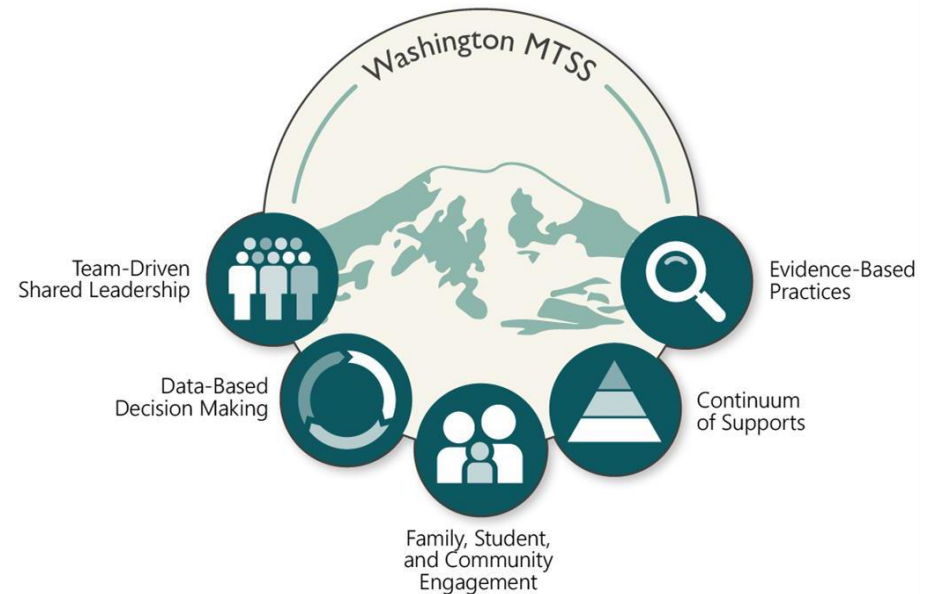
What IS MTSS?

- ## An MTSS is..
  - a framework that helps educators identify and meet the needs of all students in an educational setting
  - Some Key Components include:
    - Universal Screening/Progress Monitoring
    - Data Collection/Data Driven Decisions
    - Continuum of Supports made up of Evidence Based Practices

Supporting Staff Behavior

SYSTEMS

EQUITY

Supporting Decision Making

DATA

PRACTICES

Supporting Student Behavior

OUTCOMES

Social Competence & Academic Achievement

RtI…PBIS…ISF…?

Response to Intervention (RtI) – a multi-tiered framework with a distinct focus on <u>academic supports and interventions</u>

Positive Behavior Interventions and Supports (PBIS) – a multi-tiered framework with a distinct focus on <u>social-emotional and behavioral supports</u>
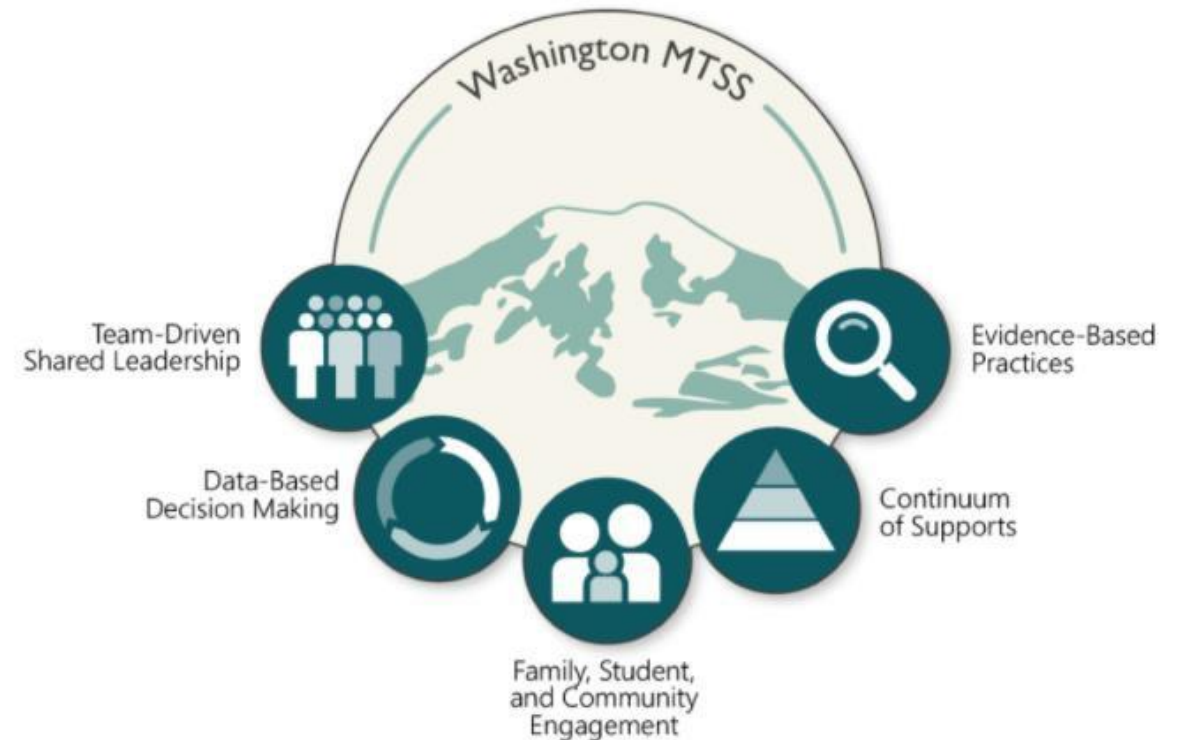
Interconnected Systems Framework (ISF) - a multi-tiered framework with a distinct focus on <u>behavioral health supports</u> shared by <u>school sites and community-based organizations</u>

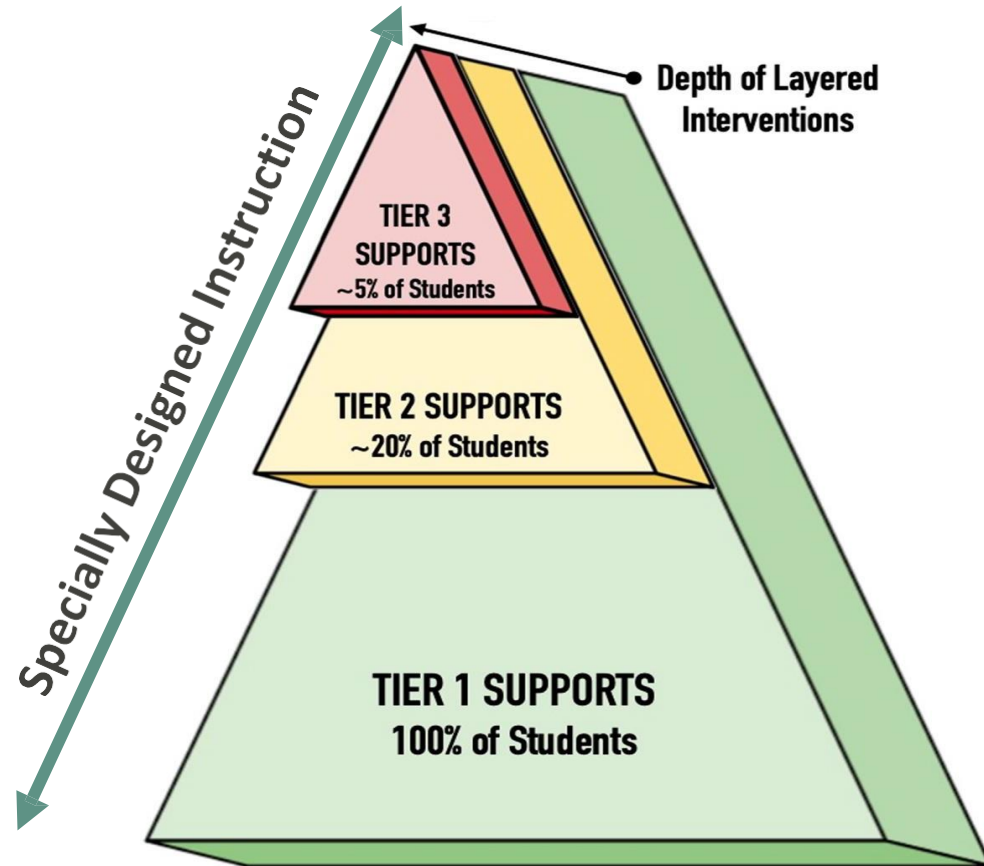# Multi-Tiered System of Supports

The Washington MTSS Framework is an evidence-based organizational approach for districts and schools to create equitable, consistent, and flexible systems and supports that empower educators, students, families, and communities to ensure benefit for every student.

Learn More:
https://www.k12.wa.us/mtss

Continuum of Supports in Action

Depth of Layered Interventions

Specially Designed Instruction

TIER 3 SUPPORTS
~5% of Students

TIER 2 SUPPORTS
~20% of Students

TIER 1 SUPPORTS
100% of Students

➢ Instruction, Enrichment, and Intervention Support the Social, Emotional, Behavioral, & Academic Needs of **All** Students.

➢ Culturally and Linguistically Responsive Interventions.

➢ Tiers Describe the Intensity of Supports Provided.

➢ All Students Have Equitable Access to Universal Instruction & Supports.

➢ Specially Designed Instruction (SDI) occurs across all Tiers.

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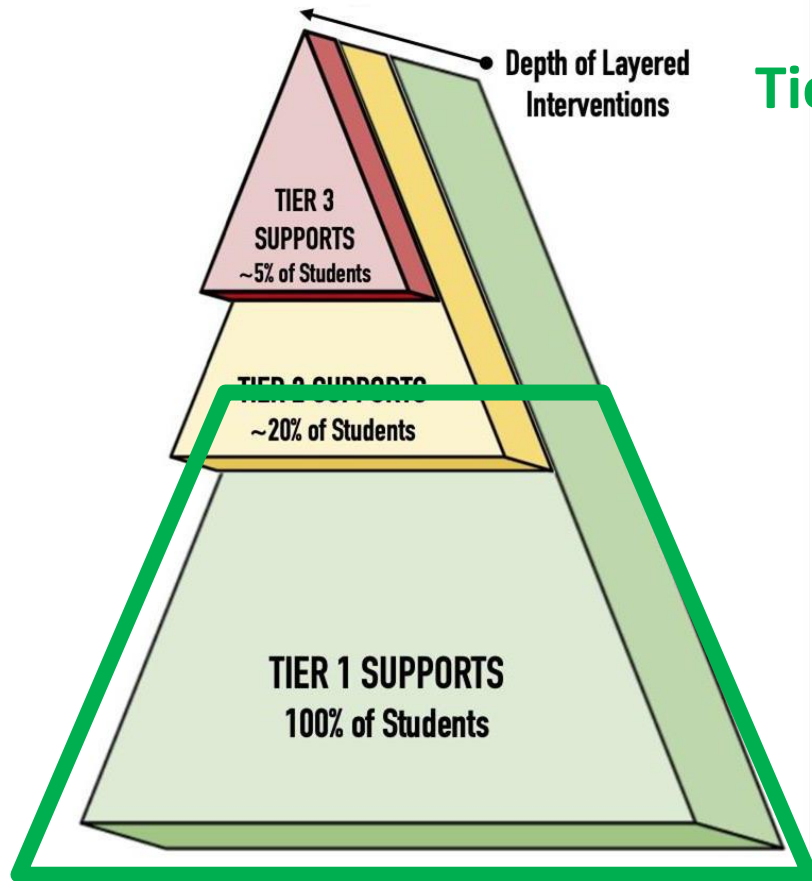
Tier 1 Supports

Tier 1   Universal Support for ALL Students
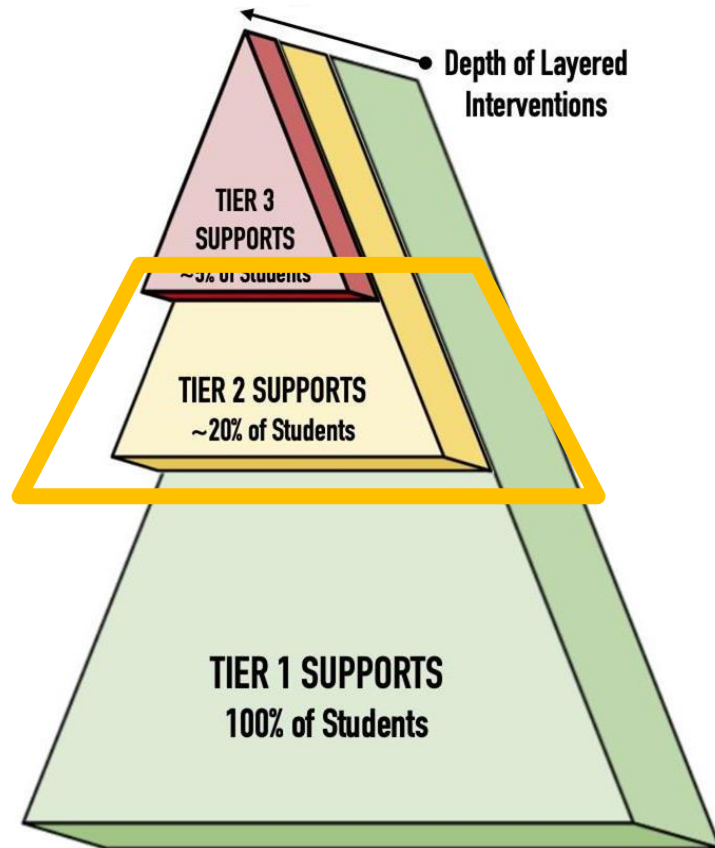Effective for *80% of Student Population*

All students have access to this level of support. It should be effective for 80% of the student population. (Protective Factors)

- *Standards-Based Curriculum and Instruction*
- *Basic Interventions*
- *Prevention Education*
- *General Behavior Expectations (PBIS Tier 1)*

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Tier 2 Supports

Tier 2 Targeted and Small Group
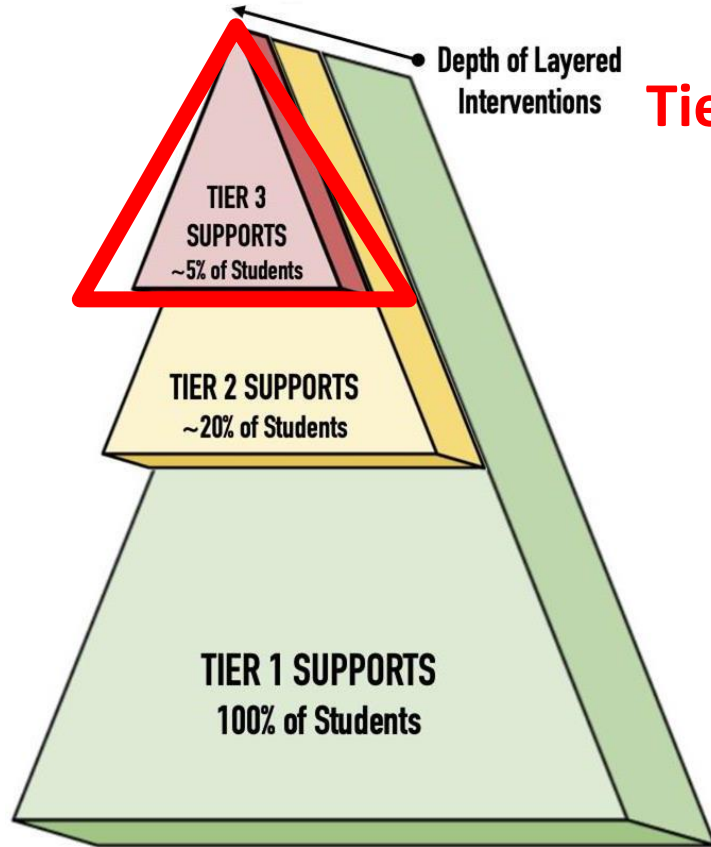*15% of Student Population*

Students who need additional small group support, while also having access to Tier 1 supports. It should consist of 15% of the student population. This can also be students at-risk.

- *Restorative Circles*
- *Group Intervention/Prevention*
- *In-Class Academic Intervention/Walk To Intervention*
- *Check In/Check Out*

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Tier 3 Supports

Tier 3

Intensive and Individualized Support
5% of Student Population

A small number of students who need hands on support and intervention. Should consist on more more that 5% of student population.
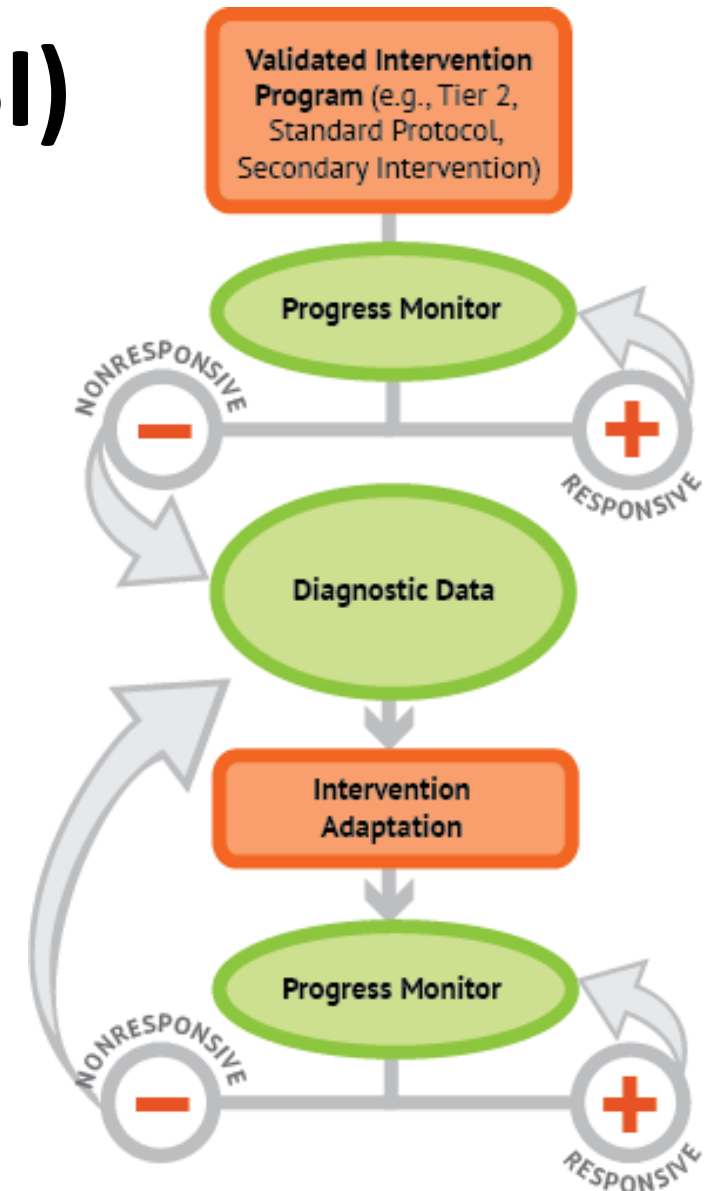
- *Mental Health Counseling*
- *1 on 1 Academic Support*
- *Substance Abuse Rehabilitation*
- *Other Outside Agency Support*

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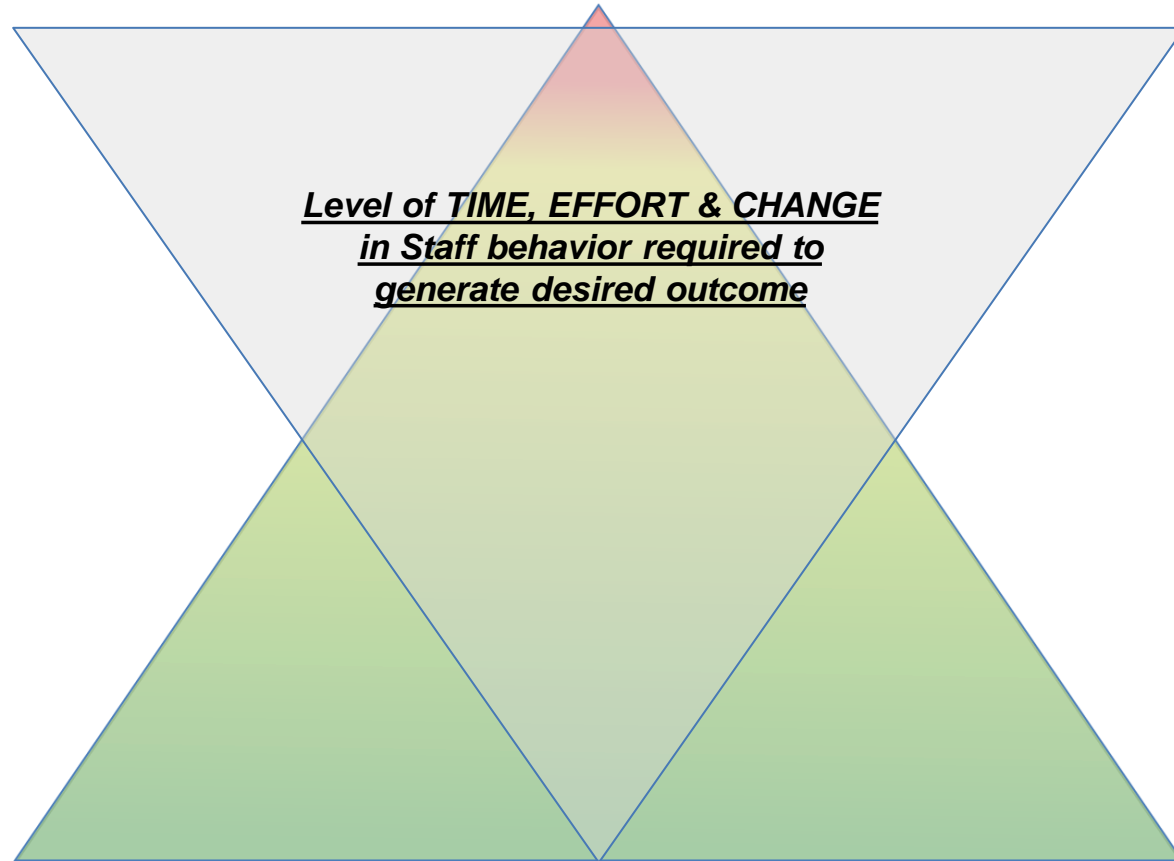**PUBLIC INSTRUCTION**

Data Based Individualization (DBI)

- DBI is a research-based process for individualizing and intensifying interventions through the systematic use of assessment data, validated interventions, and research-based adaptation strategies.

- DBI is a process, not a specific program or product.

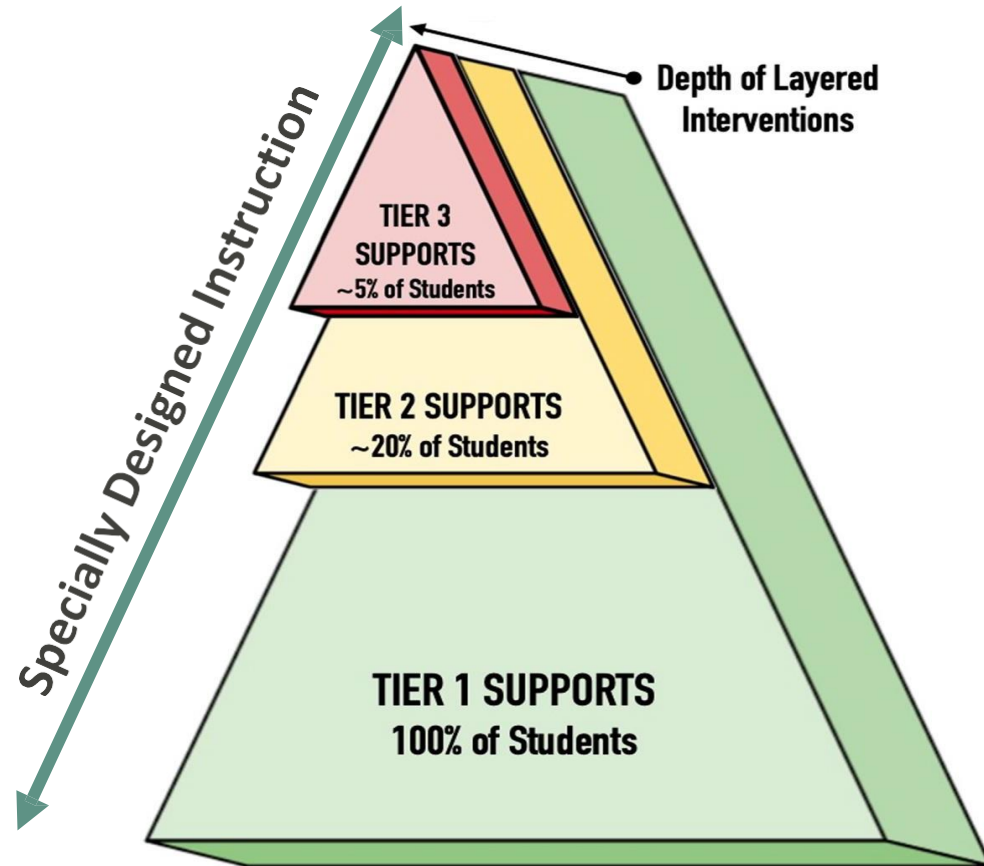Source: National Center on Intensive Intervention. *What is Data Based Individualization?*

Intensity and Investment

Level of *TIME, EFFORT & CHANGE in Staff behavior required to generate desired outcome*

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Continuum of Supports w/ Community Supports
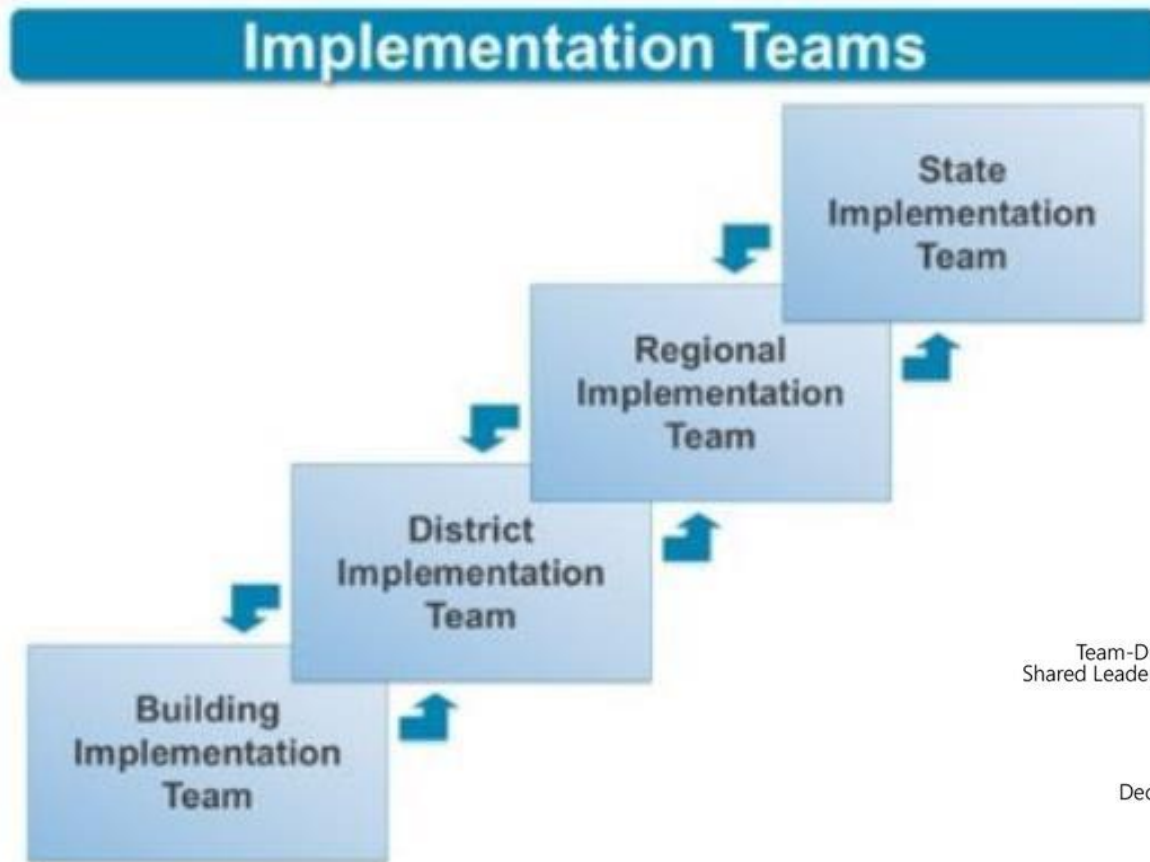

- ➢ These supports are contextual

- ➢ The continuum of supports is not a static model.

- ➢ Community Supports – On Teams

  - ➢ Tier 1 – Lending expertise to school wide decisions

  - ➢ Tier 2 – Teaming to provide targeted supports

  - ➢ Tier 3 – In or out of school direct support

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Cascading Support Model
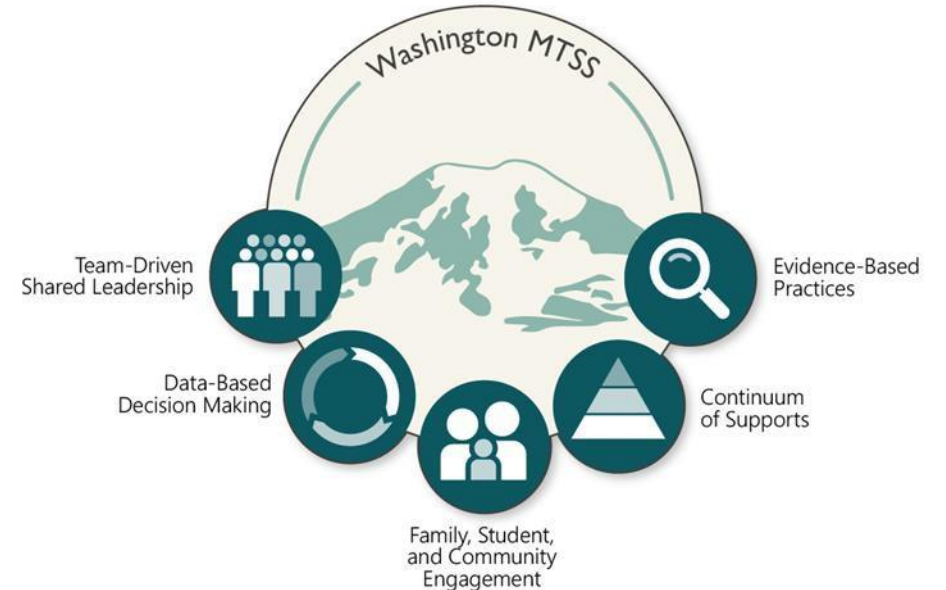
Teaming: Everyone Has a Role to Play!

Source: Steve Goodman
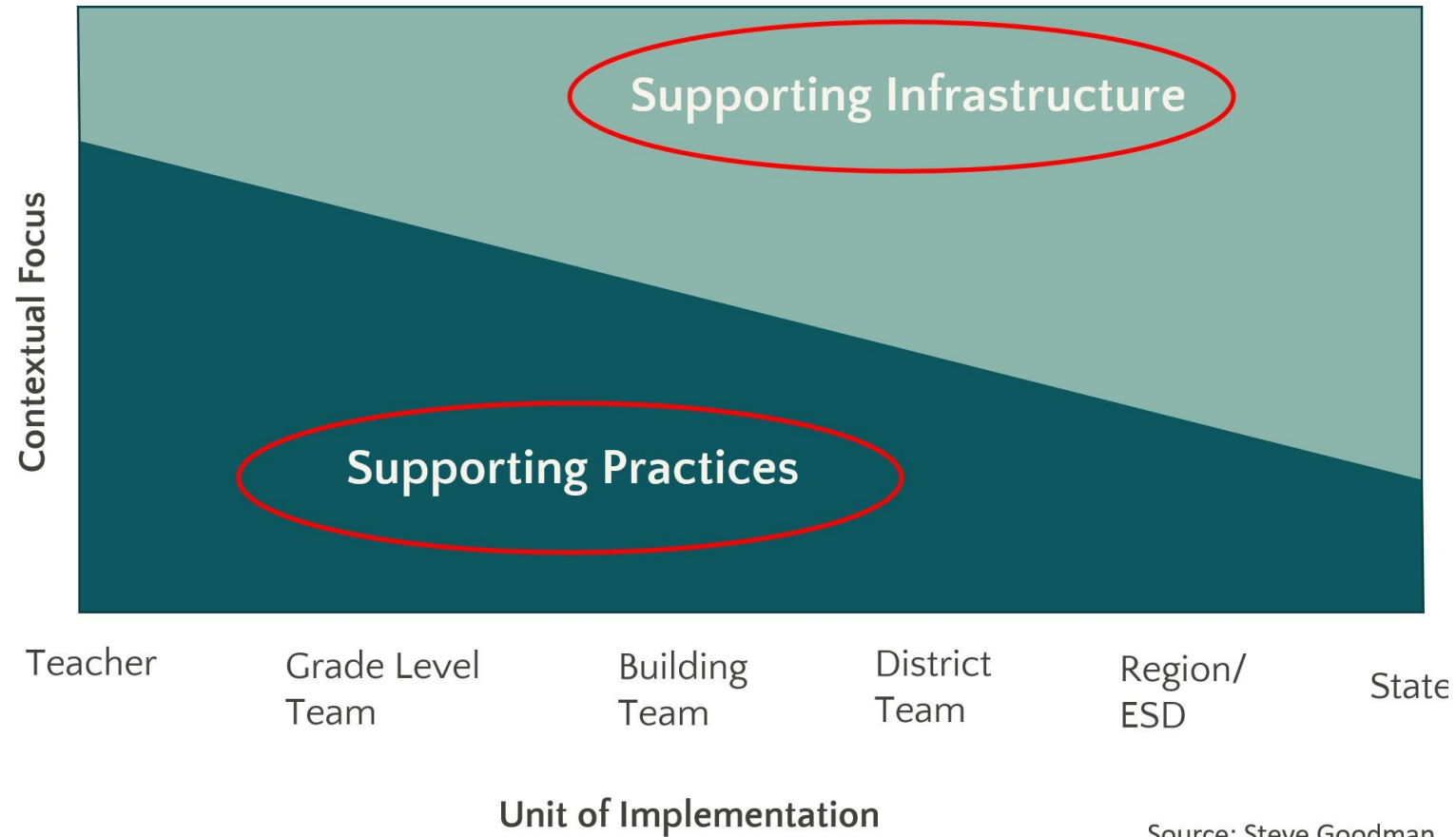
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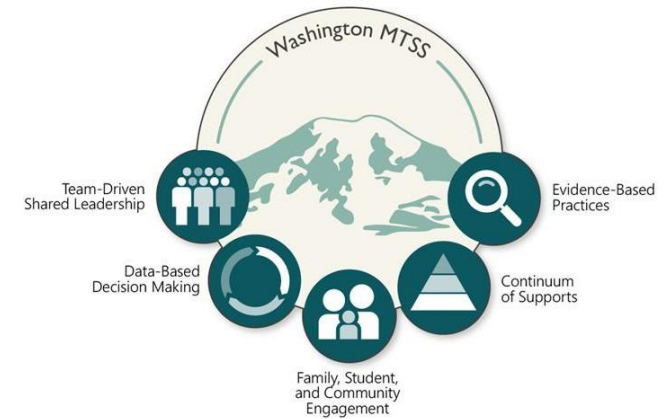
How are we Implementing?

State Personnel Development Grant (SPDG)

- (started in 2021) – $5M over 5 years

- Funds most of the implementation efforts coordinated out ESD's.

- Supplemented with state dollars to maintain an equitable statewide effort.

SPDG - MTSS Implementation Cohort Support Plan

	2021-2022	2022-2023	2023-2024	2024-2025
District-Level	Cohort 1	Cohort 2	Cohort 3	Cohort 4
School-Level		Cohort 1	Cohort 2	Cohort 3
			Cohort 1	Cohort 2

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Implementation Stages

Exploration	Installation	Initial Implementation	Full Implementation
Exploration involves an assessment of assets and needs of the focus population, fit of MTSS with those needs and assets and feasibility of implementation.	Installation involves building the infrastructure necessary to implement MTSS, which includes building practitioner and organizational capacity.	Initial implementation includes the initial efforts of staff to model MTSS, with attention to using data for continuous improvement.	Full implementation occurs as staff model MTSS successfully, and population-level outcomes are achieved.
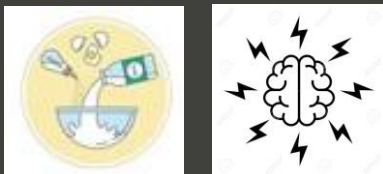
SPDG Objectives

Objectives

1. Use evidence-based PD to support attainment of identified competencies

2. Demonstrate improvement in implementation of practices over time

3. Establish technical assistance and develop enduring documents to sustain practices

4. Improve outcomes for students, specifically students with disabilities

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Average DCA Drivers Scores - All State
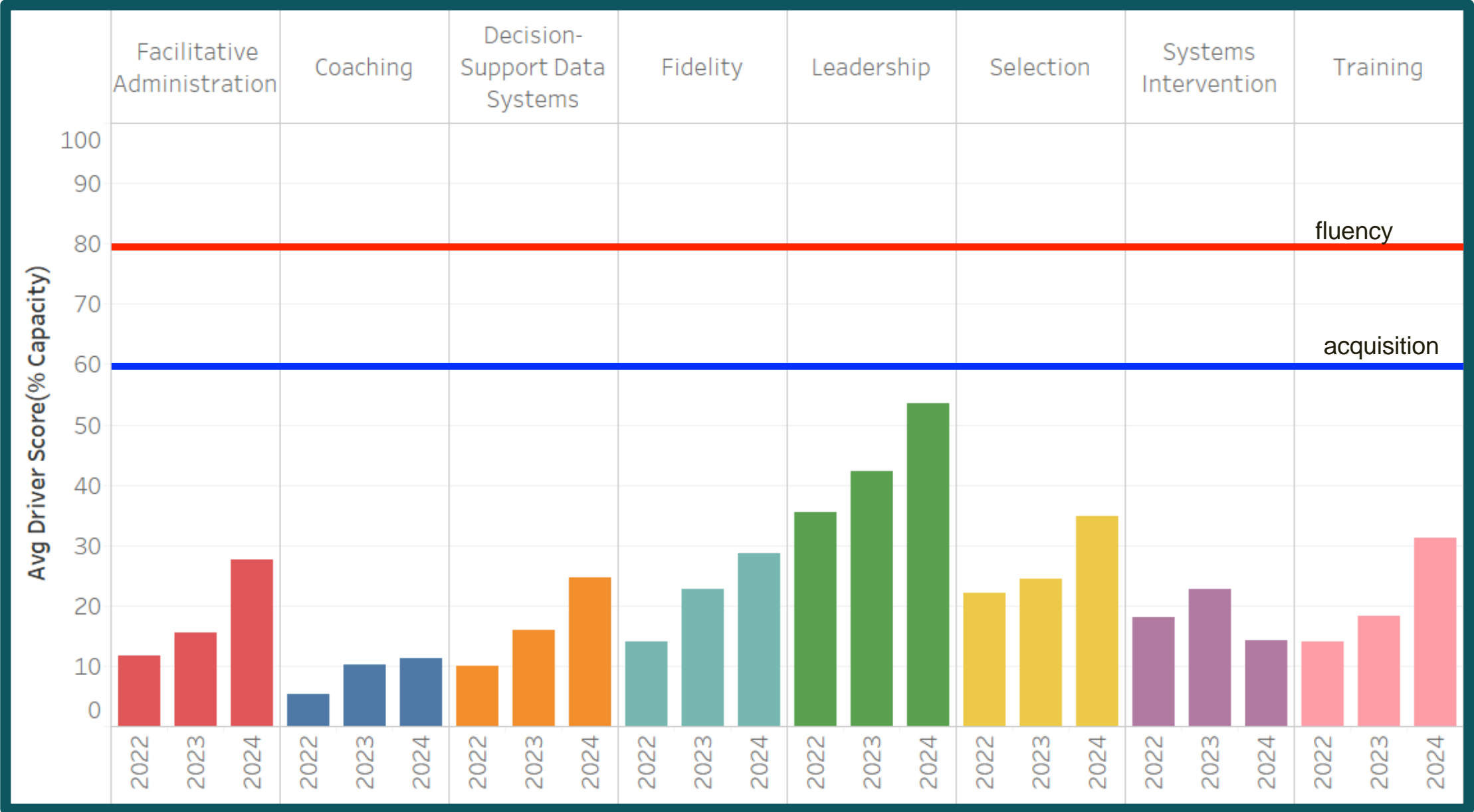
Average DCA Drivers Scores - All State

Drivers	Fac. Admin	Coach	DSDS	Fidelity	Leader	Selection	Systems	Training
Initial to final	11.7% to 27.7%	5.3% to 11.3%	10% to 24.6%	14% to 28.6%	35.5% to 53.6%	22% to 34.8%	18% to 14.3	14% to 31.3%
% Pt. Change	16%	6%	14.6%	14.6%	18.1%	12.8%	-3.7%	17.3%
% Increase	136.7%	113.2%	146%	105%	51%	58.2%	-20.6	123.6%
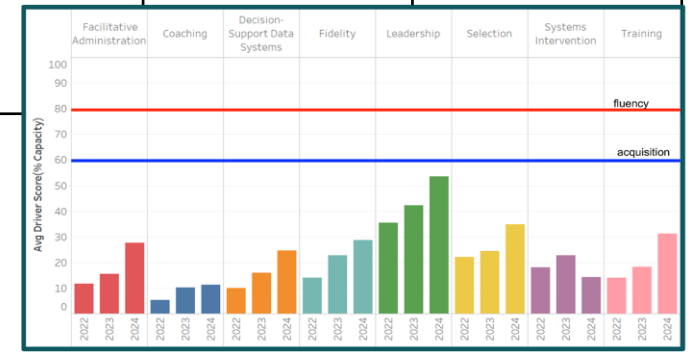
Salesforce - All Cohorts: Average Time Per Coaching Session
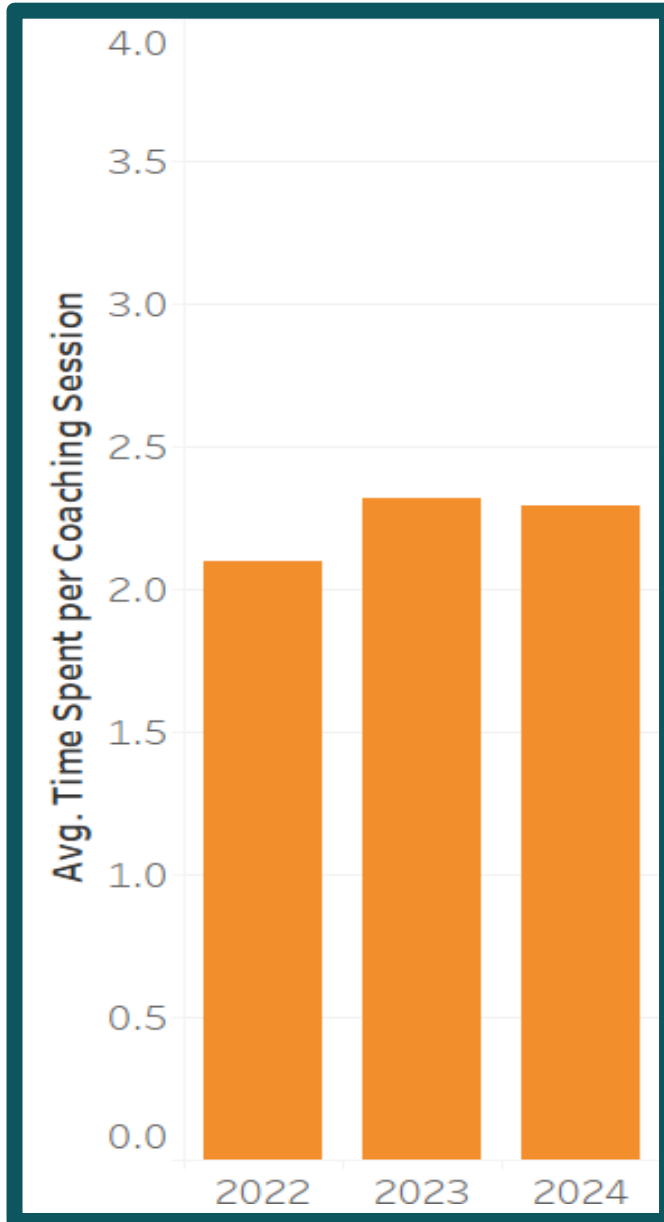
1518 Total service hours recorded (cohort and non-cohort districts)

- 707 Hours in Year 2 (SY22/23)
- 811 Hours in Year 3 (SY23/24)

- 1492 Total service hours for cohort-only districts (inclusive of inactive and those who left)
  - C1: 478.5 hours (avg 1.9 hrs)
  - **C2: 578 (avg 2.3 hrs)**
  - C3: 435.5 (avg 2.6 hrs)

- The average coaching session across cohort districts is 2.2 hours.
- 58.8% of entries are for 2 hours or less
- Intensive sessions between 4-8 hours account for 15% of entries

Qualitative Data:

- District teams are focused on the improvement of their capacity to implement, and sustain systems for implementation

- They are actively engaging with common tools that we can train on to personalize their implementation efforts.

- They are actively (with coaching) shifting their focus from trying to scale a person dependent process to a systems process to support all people in it.

- The PD and Technical assistance conversation has shifted from 'what is MTSS' to "what's my role… how do we refine this…how do we build sustainability?"

Biggest Barriers to Scale Up

- Financial security – improving the system to maintain coordinated implementation efforts takes consistency in efforts.
  - SPDG is entering its final year.

- Frequent leadership changes at district level
  - Systematizing practices hedges against the impact of this

- Fatigued workforce
  - Learning new practices in stressful times is an increasing challenge

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Initiatives, Bills, Guidance, Policy, efforts that all reference, require or leverage a Multi-Tiered System of Supports

School Climate

Inclusionary Practices

Dyslexia Legislation

Discipline Reform

Early Childhood Supports

Identification of Learning Disabilities

Social-Emotional Learning

Behavioral Health

Attendance

Integrated Student Supports Protocol

School improvement

Learning Assistance Program

Comprehensive School Counseling Programs (CSCP)

Language Access

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A Different Perspective on MTSS...

A Different Perspective on MTSS…

Questions?

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Thank You

- **RJ Monton**
  - Director of MTSS
    - Office of the Superintendent of Public Instruction (OSPI)
  - rj.monton@k12.wa.us
  - 206-247-9919

Recommendations
Workshop

Topics for Today

Care coordination

Physical, social, & emotional support (PSES) staff

Non-clinical supports

Prevention supports

Access to clinical supports

Training & resources

Supports for students in need of residential services

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Legacy Items

Recognition, screening, and response to emotional and behavioral distress

Mental health literacy

Statewide/system leadership

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Care Coordination

Goal: *Improve capacity for schools to connect students with existing community care options.*

Where should the focus be? - Survey says:

- Provide funding to schools to **support implementing tiered support structures** (MTSS/ISF) in school setting (*most common answer*).
- **Coordination hubs** resonate because there is existing work being done, two-way to ensure referrals made to the hub are fulfilled with evaluation component.
  - Ex. Renton Health Hub
- **Adding care coordination to Systems of Services for Children & Youth with Special Health Care Needs** (CYSHCH) could have biggest impact.
- CBOs that get Medicaid reimbursement need to be funded to attend school meetings.

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Physical, Social, Emotional Support Staff

Goal: *Decrease the ratio of student enrolled to PSES staff employed in WA schools.*

Everyone that responded said shortages of PSES staff impact the school(s) they work for or with.

- Teachers are overwhelmed, lack of 1:1 connection time with students
- Existing staff are burned out & spread too line, caseloads are too high
- Very few school social worker positions statewide, statewide school psychologist shortages
- Few staff have training to managed high-intensity behaviors
- Existing staff often don't have capacity for sustained prevention work (SEL/MHL)

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Physical, Social, Emotional Support Staff

Goal: *Decrease the ratio of student enrolled to PSES staff employed in WA schools.*

Ideas included in the survey:
- Add **funding floor** to state prototypical funding formula for PSES staff.
- **Increase overall funding** in the prototypical formula to meet nationally recommended ratios for nurses, counselors, social workers, and psychologists.
- 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 and scope of Workforce for Student Well-being program.
- Commission **landscape assessment** to assess staffing landscape after full implementation of HB 1664 (2022) - funding increases to the prototypical funding formula for PSES staff phased in over three school-years (2022-23 through 2024-25).
- Funding to districts to **incentivize moving toward recommended PSES staff ratios** with a literature review of limits/thresholds for the "point" where "returns" diminish on staff in each PSES role because of high caseload.
- **Create Behavioral Health Corps** modeled after the state's School Nurse Corps

Physical, Social, Emotional Support Staff

Goal: *Decrease the ratio of student enrolled to PSES staff employed in WA schools.*

Survey says - What do we do about it?

- Legislate a ratio requirement – it's the only way to ensure equity between districts
- Maintain county by county list of available grant funding (federal, state, local)
- Support/fund programs that hire graduate interns to provide services, specially in rural/small districts

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Non-Clinical Supports

Goal: *Provide better access to supports for students earlier in the behavioral health continuum (tiers 1 and 2), before a crises or heightened behavioral health need.*

Ideas included in the survey:

- Promote non-Masters level behavioral health 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" type program.
- Create an intensive summer community college program to provide supports with foundational behavioral health skills so the door is opened for them to further behavioral health career pathways.
- Funding more support to attract Behavioral Health Support Specialists and promote the career track and their incorporation into schools.
- Integrating peer support workers into schools and improvement incorporation of the role in the school setting.

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Non-Clinical Supports

Goal: *Provide better access to supports for students earlier in the behavioral health continuum (tiers 1 and 2), before a crises or heightened behavioral health need.*

What ideas resonate with you? – Survey says:

- Increasing **in-classroom internships**
  - Promoting non-Masters level training programs that provide foundational behavioral health skills and open the door for further behavioral health career pathways
  - Interns in undergrad and graduate program can provide assistance in the classrooms (under state clinical practice supervision), building safe + restorative spaces by building tier I for the whole school.
- Creating/funding **Youth Mental Health Corps** could be an independent approach as well
- Wages, housing, transportation, childcare & training are important factors
  - These roles require training if implementing evidence-based programs, and the wage is often paid at the paraprofessional or low prof/tech range... Low wages, high turnover

Prevention supports

Goal: *Improve consistency and quality of school behavioral health prevention efforts.*

Where should the focus be? - Survey says:

- Tie-in with Comprehensive School Counseling Program – **adequate staffing is needed**
- **Staffing for assistant teachers/paraeducators** to support students, especially around SEL, supported by AI programs and directed activities including providing alternative learning modes
- **Update health standards** for SUD in health classrooms, add a health class every other year in schools – inclusive of SEL, MHL, and financial literacy
- **Direct OSPI to provide "teaching tips"** via a newsletter or another platform to raise awareness of what works
- Establish a state-level **grant fund for implementing evidence-based practices** with fidelity (~$4,000 per grant), where grantees must show readiness for training & implementation w/ fidelity
- **State contract for training** in an EBP and offer it to teachers who are ready to implement
- **State-wide campaign** focused on family management strategies/social norms w/ resources

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Prevention supports

Goal: *Improve consistency and quality of school behavioral health prevention efforts.*

What do we focus on? - Survey says:

- Fund **creation of K12 Prevention Plan** that includes requirements on what schools should be screening for (inclusive of disabilities not widely recognized in the community)
- Support **placement of graduate interns** in schools, under support/supervision of licensed staff, to support prevention efforts
- Clarity around what schools are trying to prevent – **what outcomes to do want**?
- Supporting **teacher/staff well-being**
- Support placement of **Prevention Specialists at elementary schools**, focused on early identification and referrals for youth and families + SEL support
- Create a **statewide K-12 School Prevention Office** focused on statewide vision for prevention in schools along with resources, tools, and training opportunities for schools
- Improve collaboration between pediatric primary care, pediatric behavioral health care, and schools + OSPI to develop a common curriculum based on the Bright Futures preventative system of care
  - **Funding based on collaboration efforts of all parties**

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Training

Goal: *Improve school staff training on supporting student behavioral health along the continuum.*

What training topics to prioritize?
- Recognizing behavioral health need and connecting students to support
- Implementing non-clinical practices that support student behavioral health
- **Implementing tiered support structures** (Multi-Tiered Systems of Supports + Interconnected Systems Framework - i.e. how schools organize supports for students and families, in partnership with community supports)
- Supporting social-emotional development without defaulting to low expectations or exclusionary practices
- Trauma-informed practices
- Prevention and intervention for Harassment, Intimidation & Bullying (HIB) [including for school administrators]
- **Clarity and knowledge on the ESA roles for school administrators** (i.e. what supports each type of staff can provide within the school-based behavioral health continuum. [including for school administrators]

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Training

Goal: *Improve school staff training on supporting student behavioral health along the continuum.*

What specifically would support more training on priority areas – Survey says:
- Statewide training effort
- Paying for substitute time and finding quality substitutes
- Assuring trainings are accessible to all at various hours or on-demand
- Strengthen statewide training requirements
- Incorporate knowledge-based questions to ensure competency in skills
- Monetary incentive from the state to encourage districts to prioritize training for staff
- Establishing an aligned vision and strategy for school-based behavioral health, along with curated tools and resources to go with the vision

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Resources

Goal: *Improve behavioral health resources available for students and their families.*

What types of resources to prioritize for <u>families</u>? – Survey says:

- Mental health literacy and social emotional learning for adults
- Navigation – for bridging school and community supports
- Trauma-informed practices for supporting youth
- Resources for navigating a behavioral health crisis within your family
- Consist communication on how school efforts will impact the community
- A common vision for student health and wellbeing with curated resources and tools
- Accessible, effective, and culturally relevant resources

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Resources

Goal: *Improve behavioral health resources available for students and their families.*

What types of resources to prioritize for <u>students</u>? – Survey says:

- Trauma-informed practices
- Apps and other interactive resources for students while in school and at home
- Mental health literacy and social emotional learning
- Navigation – for bridging school and community supports
- Resources for navigating a behavioral health crisis
- A common vision for student health and wellbeing with curated resources and tools

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Access to clinical supports

Goal: *Improve student access to clinical behavioral health supports in schools, or in coordination with schools.*

Ideas in the survey:
- Create ESA certification for clinical staff without existing ESA certificate (i.e. Licensed Mental Health Counselors, Licensed Marriage & Family Therapists).
- 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 Fee for Service or Cost Settlement billing for all Medicaid covered students, not just students with an Individualized Education Plan (IEP).
- Create School Behavioral Health 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 services.
- Commission a school behavioral health workforce study to better understand the service gaps, #of licensed professionals employed in schools and the regional distribution of those staff, etc.

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Access to clinical supports

Goal: *Improve student access to clinical behavioral health supports in schools, or in coordination with schools.*

Feedback on recommendation ideas – Survey says:

- Funding behavioral health through districts is risky – staffing of BH through CBOs and health care entities allows for clear separation of student health care and education records

- Districts have a fundamental challenge with providing clinical services – not licensed agencies, usually don't have clinical supervison capabilities

- Adding ESA certification for licensed providers seems like adding another barrier for those staff

- Need to look at clinician workforce needs impacting schools through a community lenses, not just a school lens – all schools and all communities do not have the same needs

Access to clinical supports

Goal: *Improve student access to clinical behavioral health supports in schools, or in coordination with schools.*

What ideas resonate most? – Survey says:

- Providing grant writing support for smaller districts
- Creating a School Behavioral Health Provider Crops program
- Commission a school-based behavioral health workforce study to better understand needs across the state, and how those needs vary locally
- Support for creating ESA certification for licensed MH providers to help with retention of those positions or open pathways for those staff to join education unions
  - Often clinicians and preventionists are viewed as outsiders, even when district employed

Thoughts on the Colorado IMatter program?

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Supporting students in need of residential services

Goal: *Improve in-state care options for WA youth that need intensive/residential services.*

Characterizing the issue – Survey says:
- Disruption from COVID has left an immense impact, on social development, school readiness, and on the home factors students feel the stress of including housing and food anxiety, family tensions over employment, plus school staff turnover
- There are no appropriate residential programs in WA either for mental health or substance abuse that are successful or ethically recommended.
- Lack of in-state options create immense stress on families and can create a cycle of ongoing crisis for families.
- The system for accessing services is not trauma-informed at an level, and family separation causes long-term emotional and financial stressors
- We need to increase the number of treatment agencies – new requirement about seeking local treatment first is creating a delay in services.
- There are differing views on youth residential placement that lead to discrepancies in assessment and referral.

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Supporting students in need of residential services

Goal: *Improve in-state care options for WA youth that need intensive/residential services.*

Characterizing the issue – Survey says:
- Standards for what qualifies for admission are not publicly available nor well understood by school staff who would help advocate for this.
- There is an over reliance on supposed intensive outpatient interventions (e.g. WISe) which are not in fact intensive.
- Because residential care is expensive and in short supply, gate keeping committees often delay referrals until problems are extreme and require much greater lengths of time and maladaptive behaviors are more deeply entrenched.
- The current taxi cab model of delivery to remote sites prevents these opportunities.
- The interesection of medical and educational qualification for admission needs better alignment
- Judging children's needs based on academic measures prevents struggling neuro-atypical children and children with Fetal Alchocol Spectrum Disorders from receiving referrals and care. The failure to identify these children can lead to toxic shame, substance abuse disorder and suicide.

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Supporting students in need of residential services

Goal: *Improve in-state care options for WA youth that need intensive/residential services.*

Which approaches resonate? – Survey says:
- Construction of new facilities will take too long for the immediate crisis, but we will need them for young adults in the future.
- More money for diversion to other state's programs - but there are few with any space - in addition, the immediate crisis is in 5-11 year-old group and current practice seems limited to children 13+.
- Study the feasibility and need for a publicly funded therapeutic residential school in WA.
- More funding, its always necessary for these type of services. Collaborating with agencies or creating new facilities that are staffed with professional clinicians.
- Add short term wilderness therapy as an option.
- Need an approach for building and funding a network of interventions that include but go beyond strengthening WISe, adding partial hospitalization, urban residential schools, and providing long term juvenile rehabilitation that is based on science not punishment.

Recognition, Screening, & Response

2024 SBBHSP Recommendation: $5 million to establish a statewide grant targeted toward local education agencies (LEAs) who have **not** been able to develop a plan for recognition, initial screening, and response to emotional or behavioral distress as required by RCW 28A.320.127.

Funding should prioritize 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

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.

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Recognition, Screening, & Response

Would you add or change anything about the recommendation?

- Should also include **resources for implementation** (i.e. screening instruments, suggested response protocols, etc.), including information about low-cost options
- Add **clear checklist** of what schools should be assessing for (including sensory processing challenges) and **guidance on potential interventions** to offer
- Include supports to ensure all districts (even those that say they have plans) have a strong grasp of causes and interventions for emotional and behavioral distress in students, **and incorporate screening for undiagnosed disabilities** or inappropriate educational interventions
- Ensure districts that screen follow up with a plan of action and inform families/communities
- Funding should make it easier to **coordinate effectively with community-based organizations**
- Guidance on **what roles would be appropriate** for doing this work
- **Include all districts**, not just those who said they didn't have a plan in place already

Mental Health Literacy

2024 SBBHSP Recommendation: Provide funding to OSPI to fund an FTE staff position to serve as a mental health curriculum lead responsible for reviewing, disseminating, and cataloging high-quality, mental health literacy instructional curriculum for the P-12 education system.

Survey says: *Support for requesting that the funding continue beyond one year:*

- Expand it to allow for offering in-district evaluations and support.
- It will take more than a year for the coordinator to build and disseminate their work.
- It takes three years to show effectiveness for any position or program. The first year is planning, second is start-up and third is revisions and sustainability.
- Yes, but funding should include a 6 month evaluation to verify this is an effective approach.
- We [schools] need help organizing researched based curriculum and how to best teach it.
- This needs to be done and will produce a good, measurable outcome.
- This position has the potential to foundationally bring awareness and build supports for Mental Health Literacy across the state of WA. This is a great first step but one that needs to keep growing and building to address the huge need.

Mental Health Literacy

Budget proviso language:

Facilitate the addition of mental health education curriculum in schools, including but not limited to the following activities:

- Working with the education service districts to **build awareness** of learning benefits and resource availability;
- **Providing training** and support to school staff in the implementation of mental health education and integration into existing health curriculum;
- Facilitating **office website updates** to reflect available mental health instruction resources and supporting data; and
- Facilitating the addition of **mental health literacy components to state learning standards** and updating social emotional learning standards to reflect differentiation between the two programs and the grade-appropriate nature of each program.

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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 18th

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**

Expecting Nov. + Dec. meetings to be ~1 hr

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Next meeting

Wednesday, September 18th, 2024

3-4:30pm

We'd love your feedback!

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