

School-based Behavioral Health and Suicide Prevention Subcommittee

Of the Child and Youth Behavioral Health Work Group

September Meeting – 9.18.24



Washington Office of Superintendent of
PUBLIC INSTRUCTION



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.

Agenda: September 18th, 2024

#	Agenda Items	Time	Lead
1.	Welcome & Announcements <ul style="list-style-type: none"> Fall community engagement forums Fall schedule changes Final recommendations survey Statements of support Legislative session preview 	3:00 p.m.	Rep. My-Linh Thai & Christian Stark Co-Chairs
2.	Recommendation Proposal #1: Strengthening Statewide Capacity	3:15 p.m.	Devyna Aguon , Renton School District Mabel Thackeray , North Thurston Public Schools Tawni Barlow , Medical Lake School District Eric Bruns , UW SMART Center
3.	#2: Expand Workforce for Student Well-being program #3: Improve ratio of social workers to students in schools #4: Improve training on BH skills and staffing for school staff	3:30 p.m.	Jenn Stuber , UW SMART Center Rachel Barrett , UW SMART Center Vaughnetta Barton , UW School of Social Work
4.	#5: Funding for School Districts for Screening, Recognition, & Response to Emotional & Behavioral Distress in students #6: School BH Staffing Landscape Assessment	3:55 p.m.	Christian Stark , OSPI
5.	#7: AESD BH SAP Program Expansion	4:05 p.m.	Erin Wick , Education Service District 113 Jodie Desbiens , Education Service District 189 Eric Bruns , UW SMART Center
6.	#8: Mental Health Literacy Coordinator Extension	4:20 p.m.	Todd Crooks , Chad's Legacy Project Jodie Buntain-Ricklefs , UW SMART Center
7.	OSPI 2025 Budget Request: Statewide Support for Student Mental & Behavioral Health	4:30 p.m.	Misha Cherniske , Government Relations, OSPI
8.	Meeting Adjourned	4:50 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 (continued)

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)



Community Engagement Forums

Two opportunities to engage in person!

Eastern WA Forum – [Register here](#)

- Education Service District 123 in Pasco, WA
- Wednesday, October 23rd | 2:30-4:30pm

Western WA Forum – [Register here](#)

- Education Service District 113 in Tumwater, WA
- Friday, November 8th | 2:30-4:30pm

Stipends for participation and reimbursement for childcare or elder care are available for members with lived experience

Mileage reimbursement is available for all attendees (not otherwise compensated for mileage)



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*

No *October Zoom
meeting*



Group Goals/Priorities

- Improve capacity for schools to connect students with existing community care options.
- Increase the amount of physical, social, and emotional support (PSES) staff employed in WA schools to adequately address the high student need.
- Provide better access to supports for students earlier in the behavioral health continuum (tiers 1 and 2), before a crisis or heightened behavioral health need.
- Improve consistency and quality of school behavioral health prevention efforts.
- Improve school staff training on supporting student behavioral health along the continuum.
- Improve behavioral health resources available for students and their families.
- Improve student access to clinical behavioral health supports in schools, or in coordination with schools.
- Improve in-state care options for WA youth that need intensive/residential services.



Final Recommendations Survey

For members & state agency reps:

- Survey will open immediately following this meeting
- Survey will close at **midnight** on **Tuesday, September 24th**

On the survey, you'll be asked:

- Yes or No: Do you support each individual recommendation?
- Rank Order: Rank your top five recommendation proposals out of the list of eight.

Members with lived experience are eligible for stipend compensation (1 hr) for filling out the survey!



Statements of Support

- Due to the CYBHWG on **Thursday, November 14th**
- Opportunity for the Subcommittee to lend support to policy proposals from other entities.
- 2023 Examples
 - Committee for Children Social Emotional Learning Proposal
 - Provide ongoing funding to the WA Homeless Student Stability Program
 - Addressing restraint and isolation in the school setting
 - Support expansion of school-based health centers to increase access to BH care in academic settings
- Have a proposal you'd the Subcommittee to consider supporting?
 - Email christian.stark@k12.wa.us by **Friday, November 1st**





Proposal #1: Strengthen Statewide Capacity

What's the Issue?

- When youth/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, and other mental health professionals.
- Unfortunately, school staff face significant barriers to coordinating/delivering behavioral health services to youth/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



Strengthening Statewide Capacity

To overcome these barriers, WA schools need a clear, comprehensive, and coordinated set of financial and technical assistance services including:

1. A designated lead agency at the state level responsible for providing **expectations** for school-based behavioral health supports and accountable for ensuring schools have the information/resources they need to successfully develop/implement those supports
 2. A Playbook that provides schools with comprehensive, clear and concise **guidance and best practices** for developing/implementing school-based behavioral health programs/services
- A Technical Assistance and Training Center (TATC) or Network that provides schools with the **support, resources, and training** they need to develop/implement school-based behavioral health programs/services



#1 Statewide direction & accountability

Require 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 statewide programming to strengthen the capacity of schools to implement supports and reduce system barriers
- Be **accountable** for ensuring schools have the information and resources they need to meet student behavioral health needs



#2: Playbook – Guidance & Best Practices

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

- **Prevention efforts**, including instruction on SEL, 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.



#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 Associate of Educational Service Districts (AESD), 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 LEAs and community agencies** to support development and implementation of coordinated school-community plans
- **Specialized certifications** for Educational Service Associate ([ESA](#)) and other critical school MH roles, including paraprofessionals such as Student Assistance Professionals
- **Analysis of state and local data** to identify priorities and evaluate impact of the state's SBH plan and constituent strategies



District Level Training/TA Must Span the Multi-tiered supports needed to Meet All Students' Needs

- Screening, identification, and referral
- Select and implement Social-emotional learning programs
- School-wide Positive Behavior Supports to reduce negative discipline
- Building Teachers' listening skills, empathic connectedness to students
- Tier 2 school-based mental health interventions
- Suicide prevention and safety planning
- Leadership training for principals and other school leaders



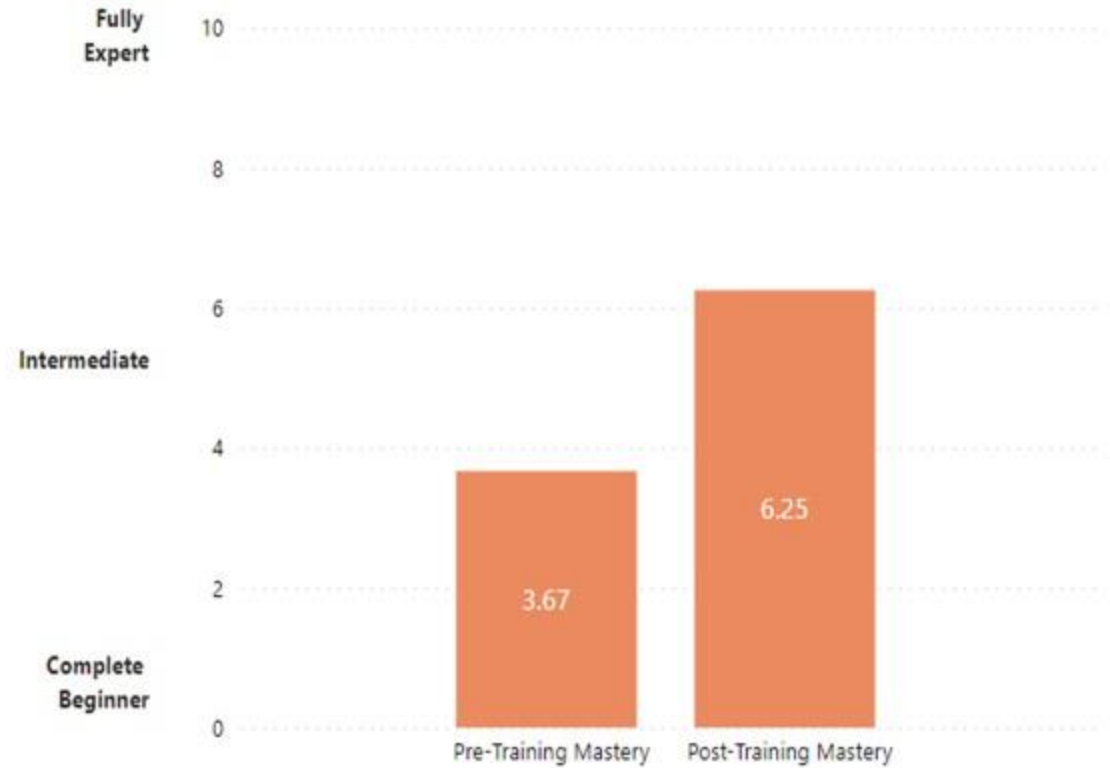
WORKFORCE IMPACT

Documented Using a Standardized Measure (the *Impact of Training and TA* or *IOTTA*)

Motivational Interviewing – One Hour Web-based Training



Brief Intervention for School Clinicians – Full Day Training + Follow-Up Consult



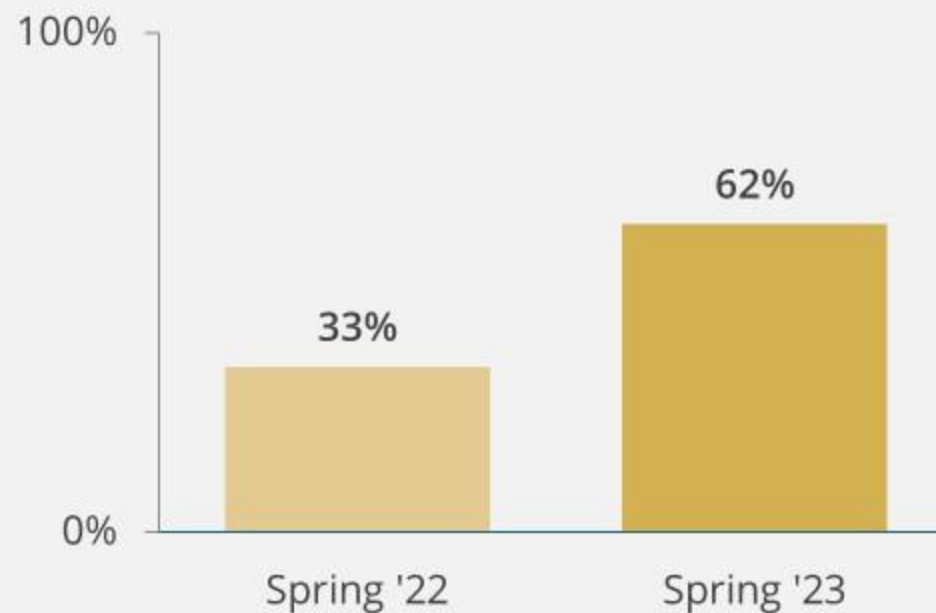
SCHOOL DISTRICT IMPACT

Standardized Assessment Shows Overall Improvement in System Capacity to Implement School Mental Health.

Nearly doubled their fidelity score,
District MTSS practices in place.



Total District-System Fidelity Inventory (DSFI) Change



STUDENT and BUILDING IMPACT

Discipline Events in Pasco schools Reduced Dramatically After implementation of strategies developed via Training and TA





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

Recommendation 2



- Provide conditional scholarships and skills training/ support during scholarship period for 30 new students in the Workforce for Student Well-being (WSW)
- WSW is a collaboration led by the UW SMART Center and SSW that includes all schools of social work across the state
- We recommend expansion of the WSW to take students from other mental health disciplines: school counseling, school psychology, in addition to school social work, involving Washington based institutions of higher education that offer training to these individuals

Goals of the WSW



- Expand the number, skills, and diversity of school [ESAs](#) in WA state
- US Dept of Education funded grant awarded to recruit, prepare, support, and retain school social workers across WA State (100 school social workers over 5 years)
- This is a drop in the bucket compared to the overall number of ESAs that are needed in schools to support students and families with behavioral health needs

Strategy #4. RETAIN
employees in behavioral health jobs

Use evidence to advocate for and support policies that will reduce staff turnover specifically, those that increase the formula for school behavioral health staff, that increase compensation and sustainable funding for staff, and that simplify licensure procedures.



- Legislators
- Employers
- Initiative
- Evaluators



- Employers
- Trainers, Coaches
- Employees

Strategy #1. RECRUIT
diverse candidates into a school behavioral health career pathway

Provide conditional scholarships tied to employment in a high-need schools district after graduation



- Colleges & Universities across WA State
- Master's Candidates

Strategy #2. PREPARE
candidates in school behavioral health

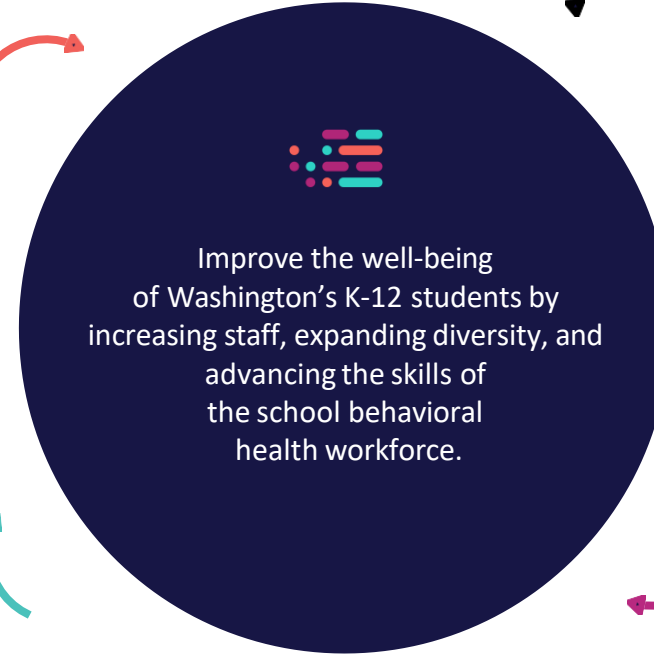
Implement cohort models, creating communities of practice, providing targeted mentorship opportunities, and integrating advanced supervision



- Educators
- Master's Candidates
- Internship Supervisors

Strategy #3. SUPPORT
employees using best practices

Facilitate placements in high need schools, Educational Staff Associate certification, support for licensure, and professional development opportunities inclusive of case consultation

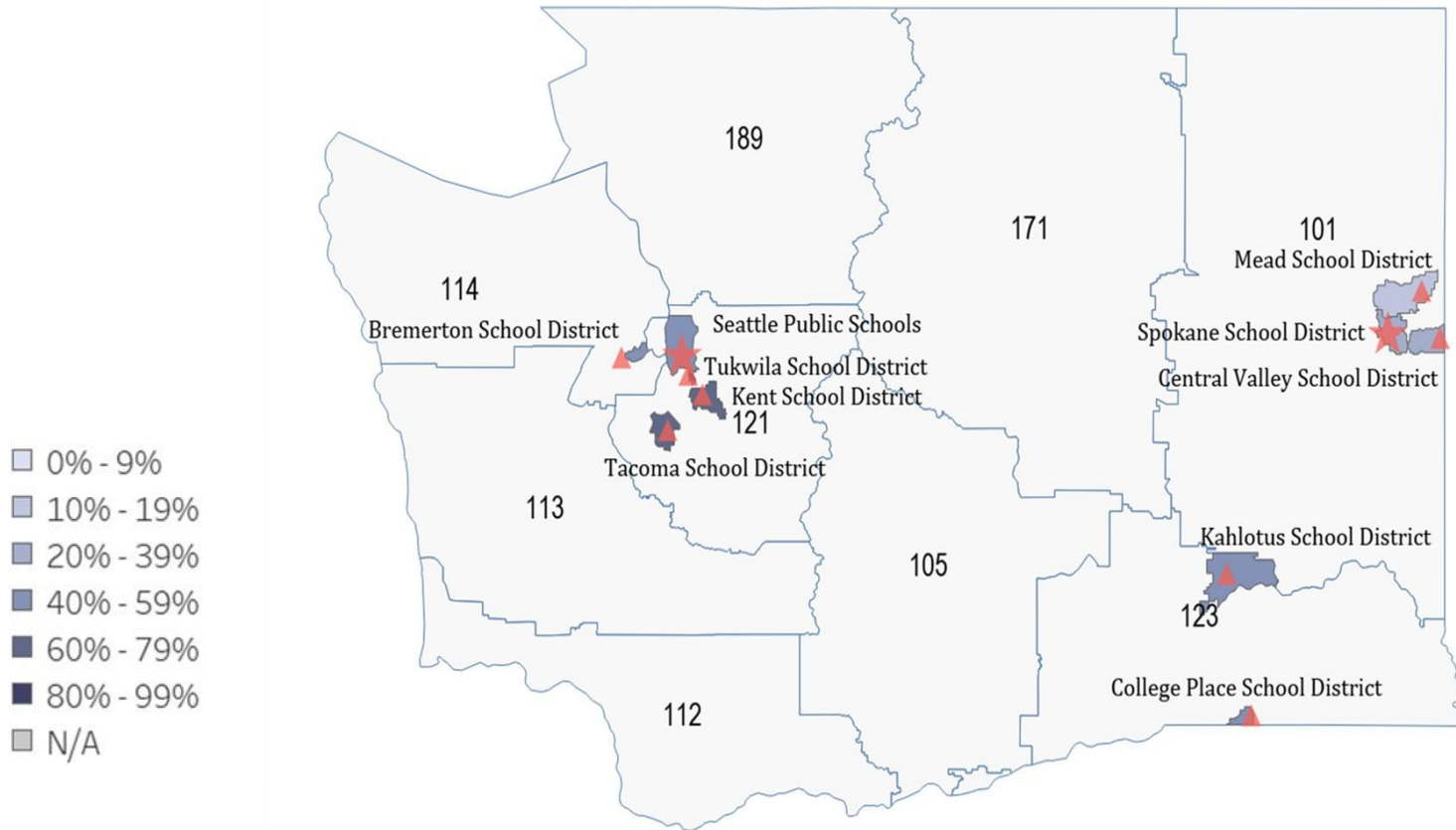


Accomplishments to date

- Developed a highly acclaimed skills training 'known as the WSW community of practice'
- Collaboration across all schools of social work in WA State
- Collaboration with Washington State Student Achievement Council through legislation to tap WA Health Corp funds
- Working collaboratively with high need school districts across the state to place students
- Post-graduation support that includes job placement support as well as individual and group clinical supervision



WSW Institutes of Higher Education and Local Education Agencies



LEGEND

Black, Indigenous, and Persons of Color Ages 0-17 Years, 2022-23

Who is being served to date?

- 158,211 students
- 10 high need K-12 public school districts
- Primary, middle, and high schools
- Rural, suburban, and urban



Operationalization 2025-2027

- Washington Student Achievement Council shall distribute WSW conditional scholarships to 60 graduate students based on a common application form
- Schools of higher education select students prioritizing diversity and financial need
- Graduate students receive specialized training through a required 40-hour community of practice offered collaboratively by the UW SMART Center/ SSW
- Required placement for three years in high need school district post-graduation (employees receive on-going support towards licensure)
- Approximate Budget:
 - Scholarships \$3,000,000 (funding source: Washington Health Corp)
 - Skills training and post-graduation support \$600,000 (funding source: Washington Health Corp)
 - Legislature needs to add more funding to the Washington Health Corp account to accomplish this



Proposal #3:
Improve ratio of social workers to students in WA schools

Recommendation 3

- Fully define and expand the ratio of School-based Social Workers to students
- Provide matching grants to rural school districts to hire school-based social workers
- Fund [OSPI 2025 Budget Request](#) to increase the allocation for school social workers through the state funded prototypical school funding model.

Rationale

- K-12 students receive the majority of mental health services in schools
- Schools provide equitable access to mental health services
- Schools are funded for [ESA](#) staff social workers, psychologists, counselors, to help meet mental health needs
- Washington is not hitting recommended national ratios
- Where this is most pronounced is in the hiring of school social workers

Current Definition of School Social Work

- **[RCW 28A.410.044](#)**

- **School psychologists and social workers—Domains and roles.**

(2) A school social worker is a professional in the fields of social work and education who holds a valid school social worker certification as defined by the professional educator standards board. The purpose and role of the school social worker is to provide an integral link between school, home, and community in helping students achieve academic and social success. This is accomplished by removing barriers and providing services that include: Mental health and academic counseling, support for students and parents, crisis prevention and intervention, professional case management, collaboration with other professionals, organizations, and community agencies, and advocacy for students and parents.

School social workers work directly with school administrators as well as students and families, at various levels and as part of an interdisciplinary team in the educational system, including at the building, district, and state level. School social workers provide leadership and professional expertise regarding the formation of school discipline policies and procedures, and through school-based mental health services, crisis management, the implementation of social-emotional learning, and other support services that impact student academic and social-emotional success. School social workers also facilitate community involvement in the schools while advocating for student success.

Washington School Social Workers

What is a School Social Worker?

School Social Workers are rooted in an understanding of the importance of non-academic factors to a student's success in learning and growth in school. They are educated to work towards equity, preparing them to address systemic inequities, address barriers to learning, and apply culturally responsive practices in schools. School Social Workers are integral to identifying and addressing student non-academic barriers to success while expanding learning opportunities. They are the link between the home, school and community with the goal to promote and support students' academic and social success.

How School Social Workers Support: *Students*

- Increase academic success with strategic supports
- Develop positive social skills
- Teach problem solving, conflict resolution, and decision-making skills
- Provide ongoing emotional and behavioral support

Family

- Provide resources for parenting support and education
- Refer to community agencies
- Consult with parents regarding childhood and educational concerns
- Facilitate school/home/community communication
- Build family advocacy for systems change

School

- Identify and eliminate educational barriers
- Educate how factors of family, culture, socio-economic status, physical and mental health affect student learning
- Coordinate resources
- Provide professional development on social, emotional, behavioral strategies and interventions

Systems

- Provide analysis, development, implementation, and evaluation of various school-based programs:
 - Multi-tiered System of Supports
 - Early Learning/At-Risk Programs
 - Restorative Practices

OSPI

Disparities in SSW Table Compared to other ESAs

Role	Prototypical funding	Current staffing ratios	National model recommended ratios	Percent increase needed to match national model
Counselor	1: 468	1: 363	1:250	31%
Psychologist	1: 108,415	1: 976	1:500	49%
Social Workers	1: 40,508	1: 3,798	1:250	93%

Support for OSPI decision package increasing allocation to school social workers

Support for OSPI Decision Package

Apportionment

OSPI requests to increase the allocation for social workers through the state funded prototypical school funding model by 0.06 FTE per prototypical school. This would increase the social worker allocation for prototypical elementary schools from 0.311 FTE per school to 0.371 per school, from 0.088 to 0.148 per prototypical middle school, and from 0.127 to 0.187 per prototypical high school. Using maintenance level funding as a baseline for calculations and student enrollment as approved by the Caseload Forecast Council, OSPI estimates this increased allocation will drive an approximately 130 FTE certificated instructional staff allocation through the prototypical funding model statewide. The estimated cost per school year is approximately \$19 million.

By state fiscal year, the amounts are estimated at the following:

- Fiscal year 2026 = \$12,671,000
- Fiscal year 2027 = \$16,523,000
- Fiscal year 2028 = \$16,842,000
- Fiscal year 2029 = \$17,195,000

Increase allocation to school districts to hire social workers

Geographic Disparities in available School Social Work jobs (2024)

	Number of School Counselors	Number of Social Workers	Number of School Psychologists
Western WA	2376	250	914
Eastern WA	880	125	178

Matching Grants to Rural, High Need School Districts to hire school social workers

- OSPI to provide matching grants to high need school districts who plan to hire a titled, credential school social worker
- Grants should be approximately \$100,000 each for the biennium
- 150 grants prioritizing rural school districts



Proposal #4:
Improve training on behavioral health skills and staffing roles for school staff

Recommendation 4

- Develop advanced behavioral health skills certificate for ESA staff
- Develop a training for school administrators on the important roles of all ESA staff

Differences between ESA Training and Skills Certificate

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

Operationalize: Precedent for OSPI/ PESB to Oversee Certifications

- ESA Certification
- Suicide Prevention training
- OSPI/ PESB could also oversee skills training certificate covering specialization in school mental health
- Not required to work in a school but has the potential to increase salary based on clock hours

The screenshot shows the OSPI website header with the logo and name "Washington Office of Superintendent of PUBLIC INSTRUCTION". Social media icons for Facebook, Twitter, Instagram, YouTube, LinkedIn, and RSS are in the top right, along with a search bar. A yellow navigation bar contains links for Home, Student Success, Certification, Educator Support, Policy & Funding, Data & Reporting, and About OSPI. Below the navigation bar is a breadcrumb trail: Home » Certification » Educational Staff Associate (ESA) Certificates.

The main content area is titled "Educational Staff Associate (ESA) Certificates". On the left is a "CERTIFICATION" sidebar menu with the following items: Teacher Certificate, Paraeducator Certificate, Administrator Certificate, Educational Staff Associate (ESA) Certificates (selected), ESA First Time Applicant, ESA Reissue, Renewal, Conversion and Upgrade, and Military-Affiliated Educator Certification Applicants.

The main text explains that users can apply or renew their certification in this section if they are a school behavior analyst, school counselor, school nurse, school occupational therapist, school orientation and mobility specialist, school physical therapist, school psychologist, school social worker, and/or school speech language pathologist/audiologist.

There are three call-to-action boxes on the right: "EDS System" with links for "E-Certification System Information" and "E-Certification Login | EDS"; "Questions?" with a link to "Submit a question to OSPI"; and "First Time Applicant" with a paragraph stating that the application process varies by role and an "IMPORTANT!" note that users who have completed a Washington state program for school counselor or school psychologist roles must check with their institution for next steps.

At the bottom, there is a link for "Reissue, Renewal, Conversion, and Upgrade".

Administrators Need Training on School Mental Health

Learning Objectives

- 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

Operationalize (cont'd)

- Advanced training certificate to be built as a collaboration between OSPI/ UW SMART Center
- Administrators receiving grant funding from OSPI for hiring school social workers must complete this training

Approx Budget

- \$100,000



Proposal #5:
Behavioral health funding for school districts

Proposal: Funding for School Districts

Provide funding to all school districts to create and implement a plan for recognition, initial screening, and response to emotional or behavioral distress 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 28A.320.127](#) paired with state-level and regional support for training and technical assistance, 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.



Recognition, Screening & Response

[RCW 28A.320.127](#) – Districts must adopt a plan for recognition, screening, and response to emotional or behavioral distress in students that includes:

- Identification of staff training opportunities
- Using the expertise of trained staff
- Staff response to signs of emotional/behavioral stress in students
- Partnerships with CBOs, including at least one MOU
- Protocols and procedures for communication with parents
- Staff crisis response
- Post-incident supports
- Response to allegations of sexual misconduct
- Mandatory reporter responsibilities

Important Notes:

- The RCW **does not provide funding** for districts to meet this requirement
- Many districts report that they **do not have a local community-based organization** they can partner with to provide behavioral health services, especially in rural and remote districts

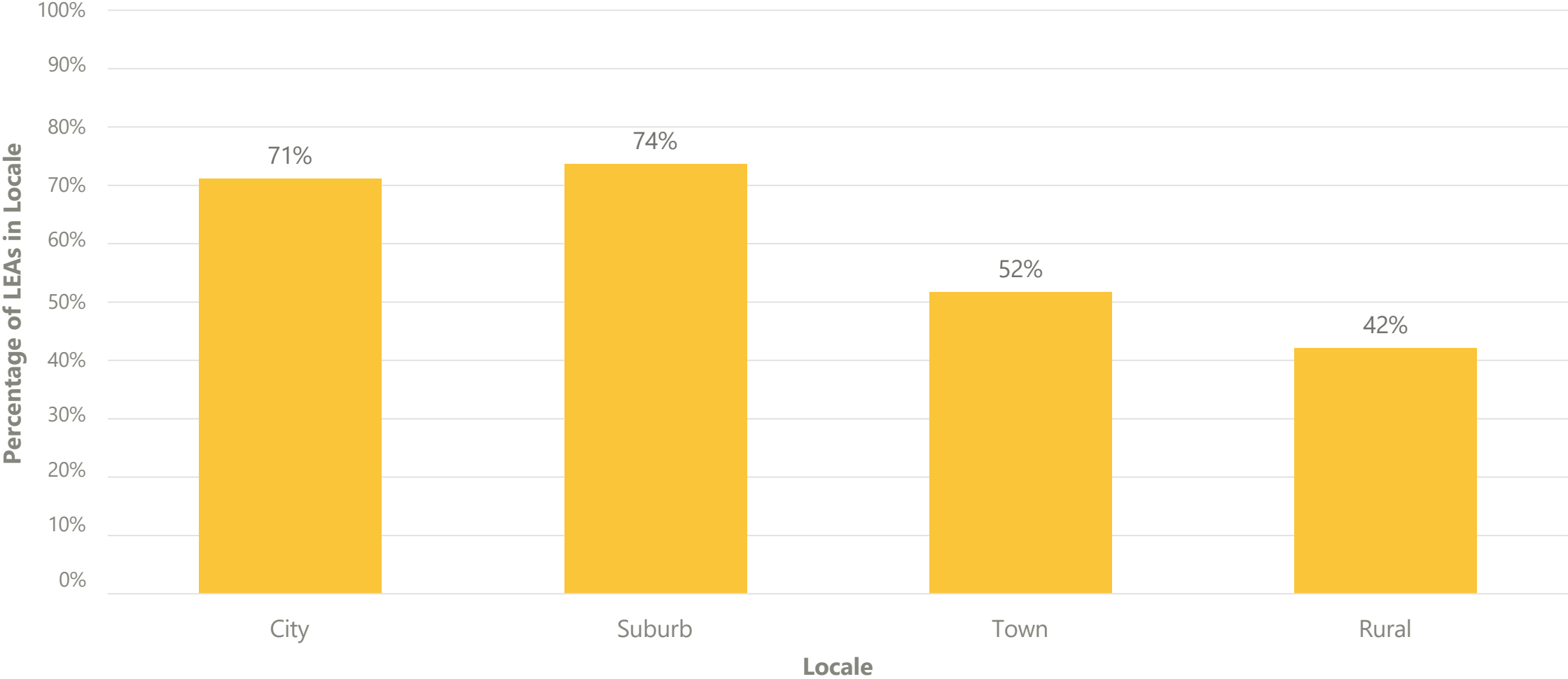


Recognition, Screening & Response (cont.)

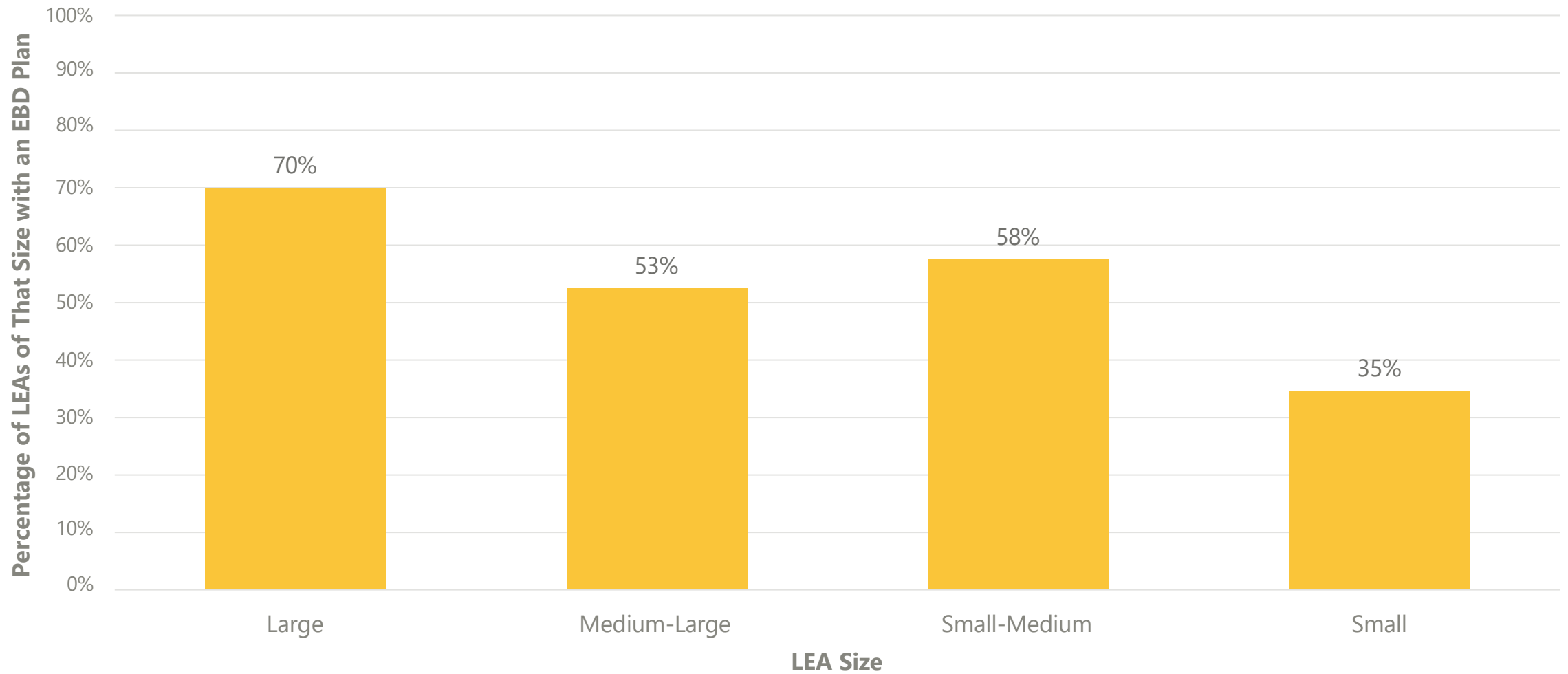
OSPI conducted a surveyed **all** 321 Local Education Agencies (LEAs) in the state between March 2022 and February 2023 to gauge compliance with the [RCW 28A.320.127](#)

149 LEAs reported that they did **not** have an EBD plan in place

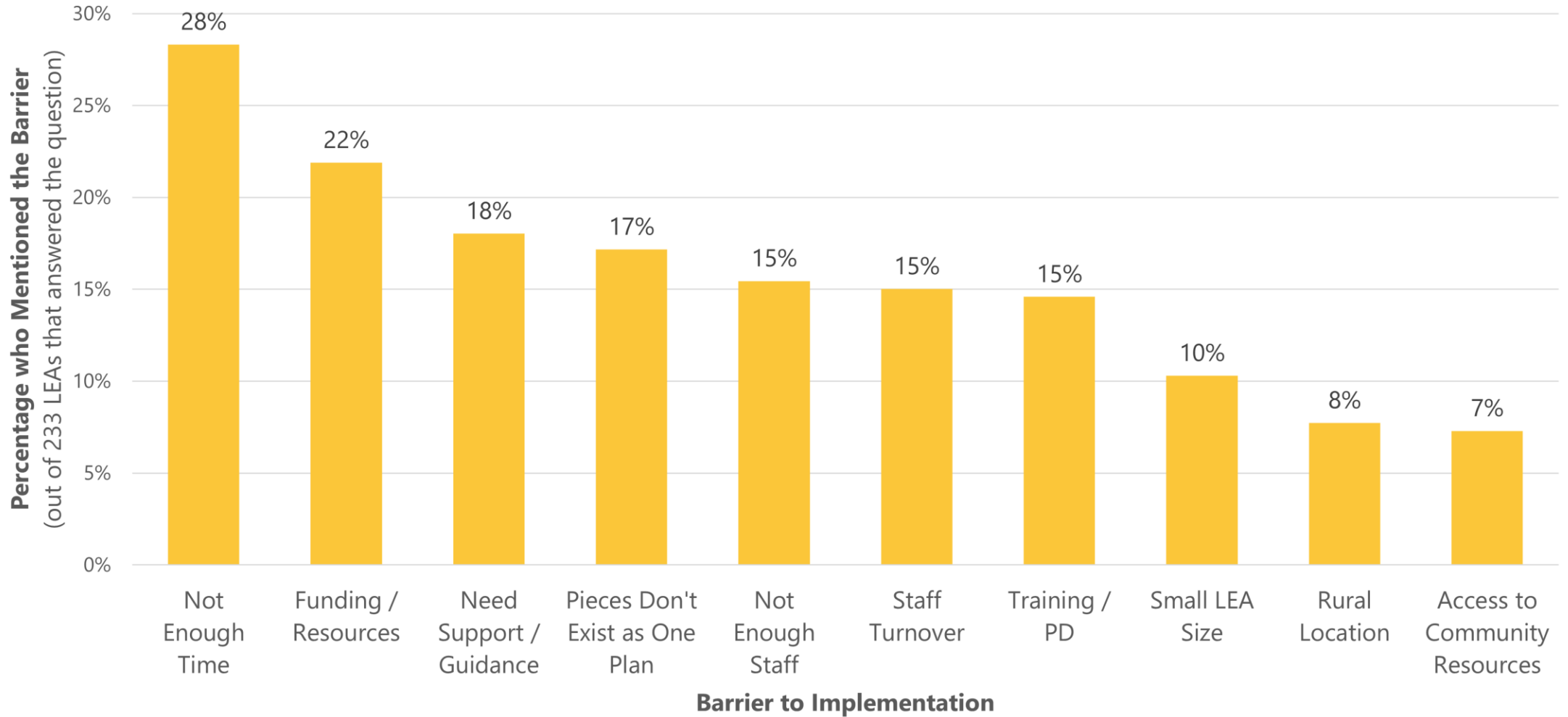
Percentage of LEAs in Each Locale with an Emotional or Behavioral Distress Plan



Percentage of LEAs that Have an EBD Plan, by LEA Size



Top 10 Barriers to Emotional or Behavioral Distress Plan Implementation



Recognition, Screening & Response

Other information about needs from LEAs:

- 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
- More 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.
- Funding 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.**"



Proposal #6:
School behavioral health staffing landscape analysis

Funding Formula Increases (HB 1664, 2022)

[2SHB 1664](#) (2022) provided additional funding 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

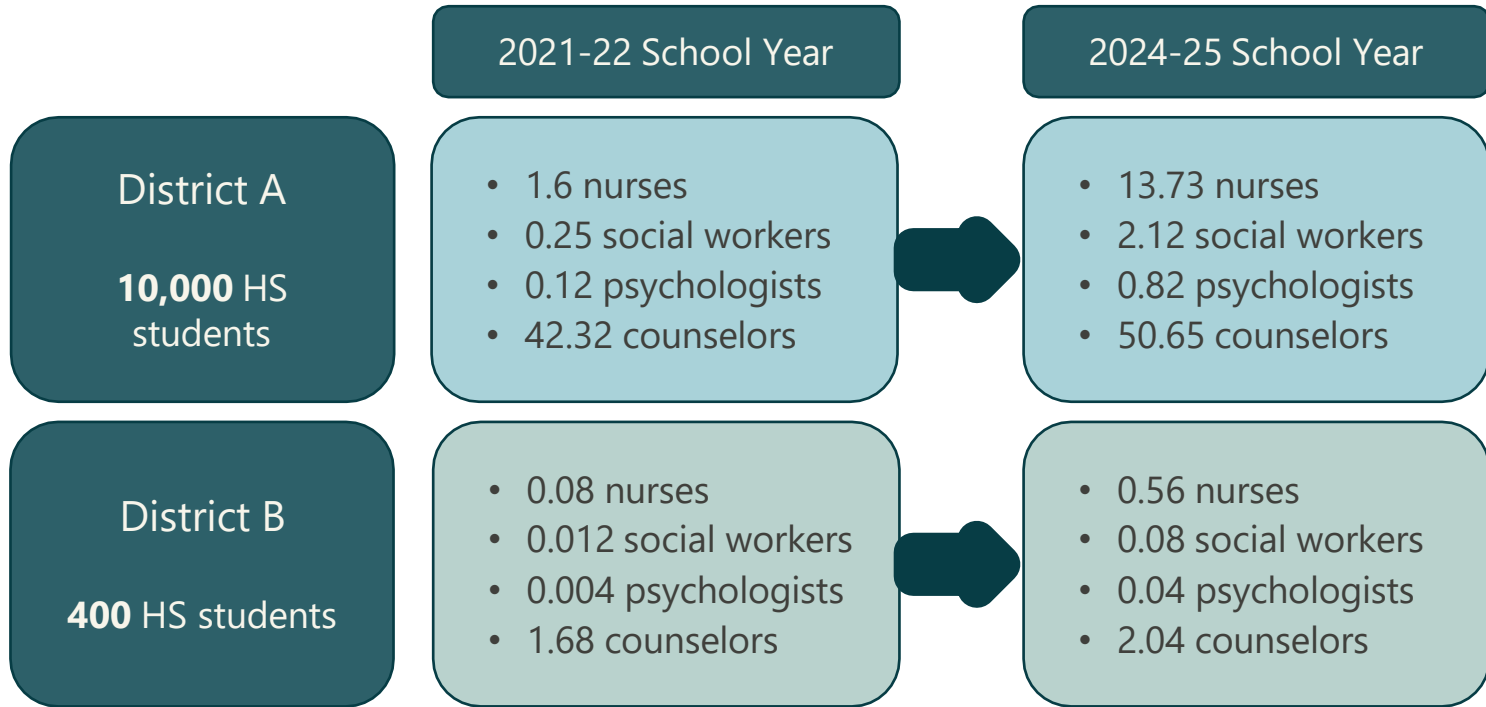
Requires districts to maintain a minimum staffing ratio across a list of physical, social, and emotional support staff (PSES) positions

- Includes more than just the four roles included above

Table 4: 2SHB 1664 Fiscal Impacts

School Year	2021-22	2022-23	2023-24	2024-25	2025-2026	2026-27
District & Tribal School Allocation	\$0	\$113,047,000	\$231,302,000	\$353,783,000	\$360,858,660	\$368,075,833

Funding Increases - In Practice



Students enrolled	LEAs with 10,000 or more	LEAs with less than 400
Total students	32 (10%)	111 (~35%)
High School only	1 (~0.3%)	142 (~44%)

Proposal: SBBH Landscape Assessment

Commission a school behavioral health workforce landscape to better understand:

- 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.





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



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Behavioral Health Student Assistance Program (BH-SAP)

*SBBHSP Sub-committee
September 18, 2024*

Background & Request

Background

- **Pre-2021:** ESDs support **substance use/abuse prevention & intervention** through (Community prevention & wellness initiative, CPWI) student assistance model (federal/state funding)
- **2021 - 2024:** AESD Network **expands model to mental & behavioral health** through Behavioral Health (BH) Student Assistance Program (SAP) across school sites in all 9 ESD regions (federal ESSER funds & one-time state funds)
- **2024/25:** Funding reductions result in reduced sites statewide (18 down from 81)

The Request:

- Restore statewide funding to 60+ sites statewide
 - Maintain BH-SAP model – consistency & continuity statewide

Connections made to CYBHWG priorities & recommendations for more systemic school-based support



The AESD BH-SAP Model

- **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
- **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
- **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

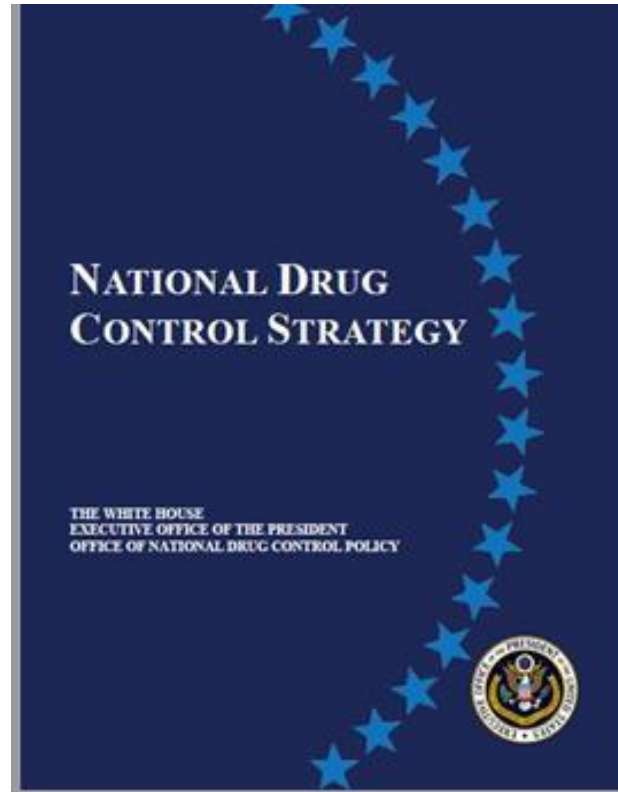
Strong connection with CYBHWG priorities & recommendations for systemic school-based support



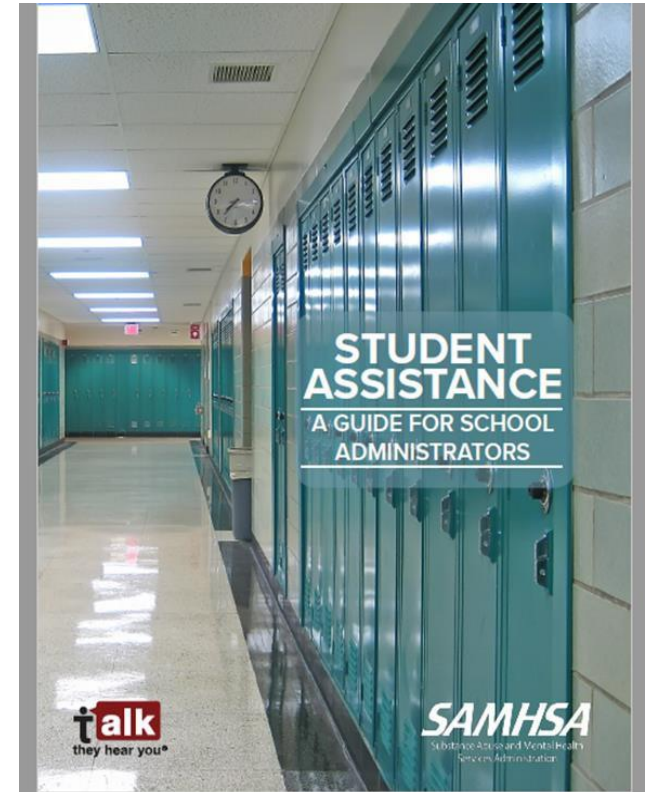
Foundations of the SAP model

Services are integrated and embedded into the school community

- Highlighted in the 2022 National Drug Control Strategy (see pages 21-24)
- Included on SAMHSA's [Evidence-Based Resource Center](#)
- Washington's model invited for publication in a special issue on **“Leveraging non-traditional mental health providers to address growing mental health needs”** in *Administration and Policy in Mental Health and Mental Health Services Research*.



[ONDCP - National Drug Control Strategy 2022](#)



[SAMHSA - Student Assistance: A Guide for School Administrators](#)

The BH SAP model – Infrastructure

Key Staff

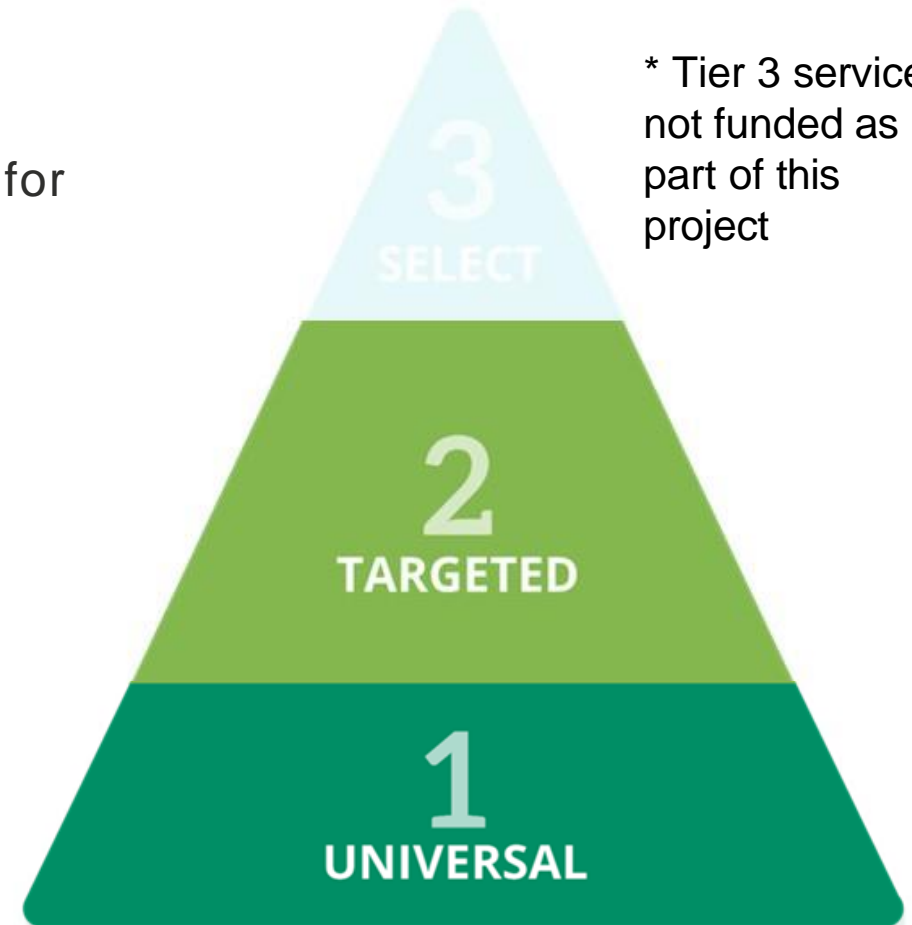
- **Statewide Coordination & Evaluation** – responsible for ensuring program fidelity and outcomes
- **SAP Coordinator** - responsible for program implementation and oversight at each ESD
- **Student Assistance Professionals** – responsible for providing direct student assistance services

Direct Student Services

Family & Community Training

Staff Engagement & Awareness

School-wide Awareness



[Full AESD BH-SAP Fidelity Rubric Available Here!](#)

The SAP model – Tier 1 Student Services



- Implement quarterly **Universal Awareness Campaigns**
 - Suicide Prevention
 - Bullying Prevention
 - Substance Use Prevention
 - Mental Wellness
- Conduct **Classroom Presentations**
 - Mental Health Awareness & Literacy
 - Substance Use Prevention Education
 - Stress, Anxiety and Coping Skills
 - Vape Education
- Facilitate or partner with a **Youth Prevention Club**

The SAP model – Tier 2 Student Services



- **Conduct screenings** for students referred for services
- Implement **individual and group interventions**
 - Mental Health intervention curriculum:
 - TRAILS Coping Skills
 - Substance Abuse intervention curriculum:
 - ATOD Education
 - Intervention/Abusers
 - Affected Others/COSAPS
 - Recovery Support
- Provide **referral, coordination and follow up** with outside resources as needed

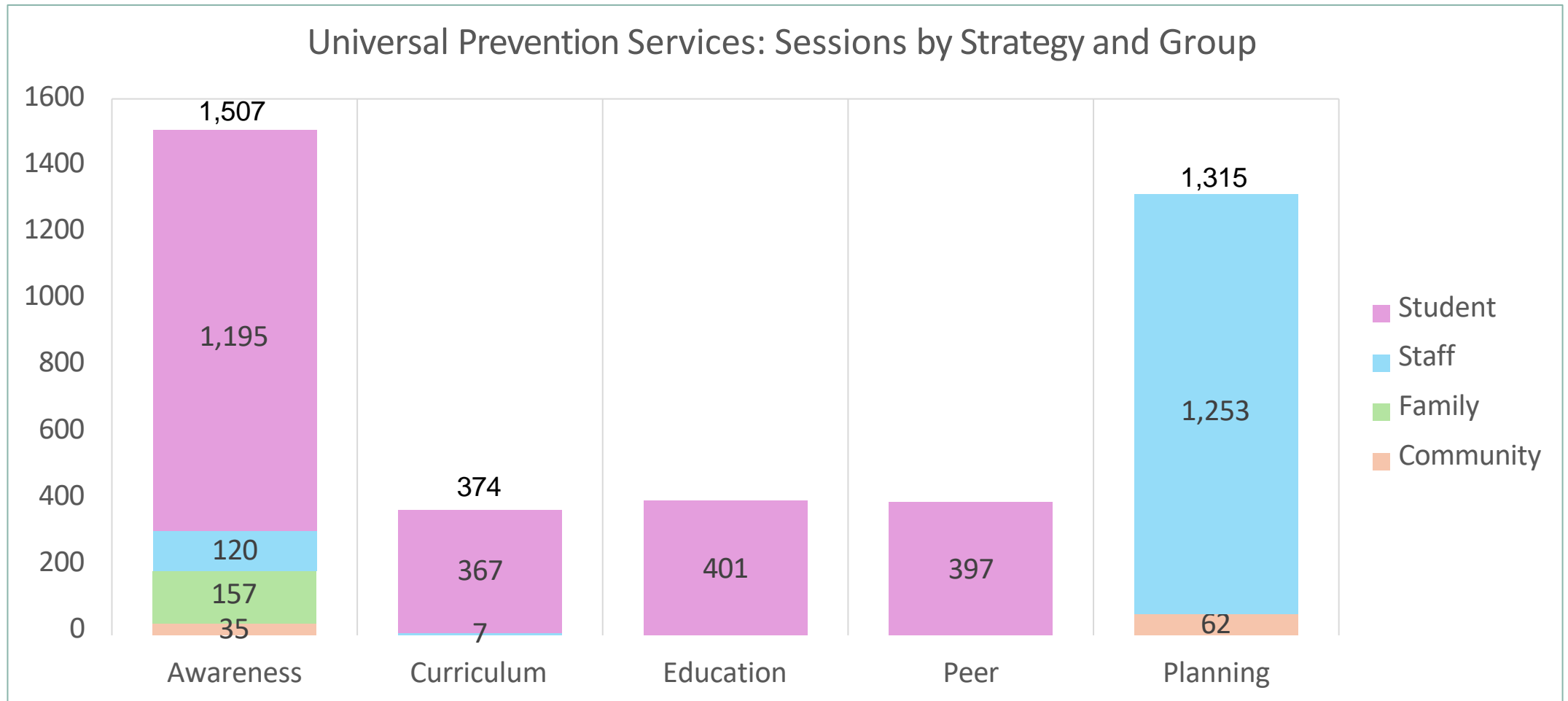
WA's BHSAP Program Has a Robust Evaluation

- **Service and Outcome Data** (Looking Glass Analytics or LGAN)
 - Prevention activities conducted
 - Intervention services provided
 - Outcomes for students served (pre/post intervention evaluation surveys)
- **Fidelity and Staffing Data** (Quarterly Surveys)
 - Position recruitment and hiring
 - District and school selection
- **School/District Partner Feedback** (Annual Survey)
 - Partner rating of program satisfaction/impact
 - Narrative feedback on program services



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4,026 BH-SAP Prevention activities conducted



Nearly 3,000 Students Directly Served via BH-SAP

In the 2023-24 school year:

- Over **2,700** students received direct early interventions (Tier 2)
- Most students accessed interventions through a **personal referral** (self, family, peer)
- Most referrals were **not disciplinary** (81%)
- Evaluation data was robust and representative of all students served (82% of eligible intervention students had a matched pre/post evaluation)



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Substantial Impact on Individual Students' Lives

**Improved
mental and
emotional
wellness**

66%

Lowered anxiety symptoms (“can’t stop or control my worrying”)

66%

Lowered depression symptoms (“feel unhappy, sad, or depressed”)

67%

Increased self-worth (reduced feeling “worthless or inferior”)

Substantial Impact on Individual Students' Lives (cont.)

Marked improvement for students with existing behavior problems

66%

Decreased physical fighting

65%

Decreased suspensions

62%

Gained healthy **strategies to calm down**

Elevated help-seeking & self-regulation

59%

Gained ability to **ask for help** when needed

80%

Reported being **more likely to attend school** (among those with low attendance)

School partners report BH-SAP was Invaluable

2023–24 Snapshot

Among
N=140 School
and District
Staff...

99%

Feel it is '**very important**' or '**of the highest importance**' to have a Student Assistance Professional available in their school

97%

Feel services **improved the school's ability to respond effectively** to students' behavioral health needs

96%

Found services **increased students' self-regulation and social skills**

94%

Feel the program **positively influenced school climate**

Thank you!

Please reach out for more information:

Erin Wick – ESD Network Behavioral Health Student Assistance Program Lead

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Jessica Vavrus – AESD/OSPI Network Executive Director

jvavrus@waesd.org

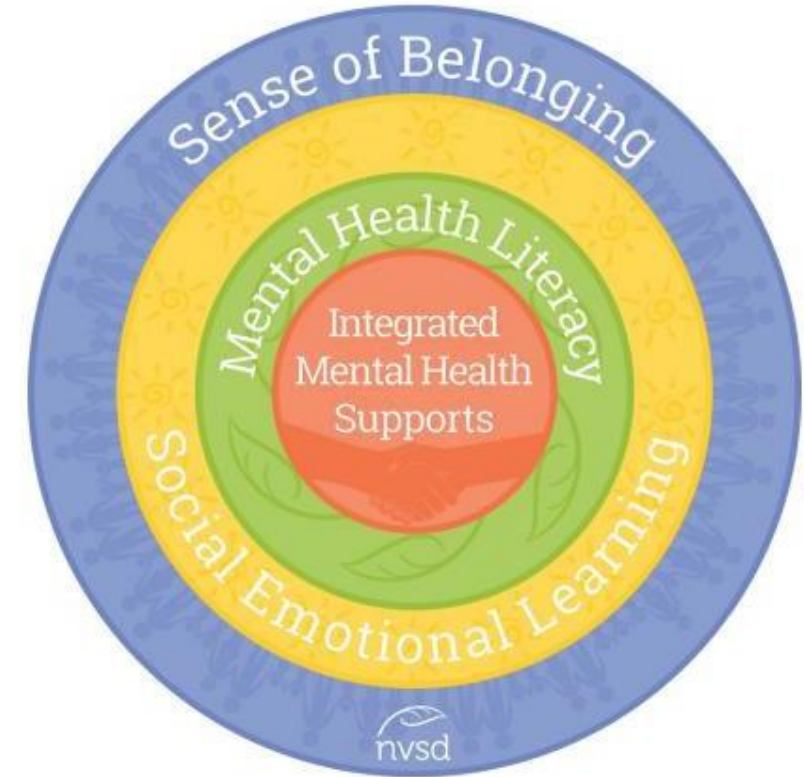


Proposal #8:
Mental Health Literacy Coordination Funding extension

What is Mental Health Literacy (MHL)?

From our state's [Mental Health Literacy Library](#):

- Mental Health Literacy (MHL) addresses the needs of adolescents from grades 8-12, when youth are at the developmental capacity to build upon skill-based programs such as Social Emotional Learning (SEL).
- MHL curricula and programs address a knowledge base that include the following:
 - Understanding how to foster and maintain positive mental health
 - Understanding mental health disorders and their treatments
 - Decreasing stigma
 - Understanding how to seek help effectively



Sense of Belonging – an intentional focus on strategies and structures that ensure each and every student feels a sense of belonging and connection with their classmates, teachers, and school

Social Emotional Learning – using the CASEL Framework, intentionally teaching students the key social emotional skills to be successful

Mental Health Literacy – through the use of Dr. Stan Kutcher's curriculum, improving mental health literacy for all grade 9 students district-wide and providing teachers a shared language in promoting positive mental health

Integrated Mental Health Supports – developing strategic partnerships with inter-ministerial partners to create seamless supports for children and youth with mental health needs

What is Mental Health Literacy (MHL)?



Mental Health Instruction for Students

What's the issue?

WA Health Education standards are insufficient:

- High schools may include mental health literacy topics in health education classes, but there is state requirement to do so.
- School districts have the authority to meet health and fitness requirements as they see fit, which may or may not include instruction on mental health literacy or suicide prevention.

We need to go upstream:

- Students need more information and skills sooner.
- Mental health education is more cost-effective than waiting for needs to arise to the level of treatment.
- Education on mental health literacy also helps us create newly informed peers who know how to understand and respond to concerns they notice in those around them.
- Few schools have established peer-peer youth suicide prevention groups for students.
- There are many evidence-based options for schools to refer to & use for mental health curriculum; however, many schools don't know about them or have an efficient way to sort through them for use.



SBBH Training Requirements

Instruction for Students

Behavioral Health Navigator Survey, 2019-21

68% of districts surveyed said their students receive some sort of mental health and substance use instruction

What districts said there were using →

Category	# of Districts	% of Districts Surveyed
SEL Curriculum	79	36%
Health Class	76	35%
Mental Health Curriculum	33	15%
Suicide Prevention	28	13%
Substance Abuse	27	12%
Unspecified	11	5%
Health Curriculum <small>(not necessarily in health class)</small>	8	5%
Peer/Community Support Programs	6	4%

Mental Health Instruction for Students

Proposal – Continuation funding for last year's investment

The legislature should re-allocate \$150,000 per biennium to the Office of Superintendent of Public Instruction (OSPI) to continue funding an 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,
- Act as a proactive liaison providing implementation support to education service districts (ESDs) and school districts looking to provide effective curriculum for students.
- Leverage state and national collaborators already connected to mental health literacy work
- Ensure K-12 Learning standards in Mental Health align with best practices nationally.



Mental Health Instruction for Students

Why this approach?

From our state's [Mental Health Literacy Library](#):

- Studies show including 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.

This recommendation seeks to strengthen state capacity to provide resources and guidance to school districts on selecting and implementing research-informed MLC curriculum, with an eye toward building the necessary local, regional, and state capacity to provide the level of instruction that a state-wide mandate would require.



Mental Health Instruction for Students

Why this approach?

Mental health literacy instruction must be **trauma-informed and culturally-responsive** instruction that isn't can actively cause harm to students, especially those who have been subjected to historical, systemic trauma.

Efforts to increase the number of classrooms across the state where MHL instruction is taught must be paired with **increased opportunities for staff training** on how to teach and reinforce MHL concepts.



Mental Health Instruction for Students

Youth Advisory Committee Feedback

Listening to students and taking feedback from students across the state is crucial

- Provide compensation/incentive for participation and/or credit for health class?
- Development of options through co-creation - students know best what questions students may have about MH

How do we do this well?

- Bringing in local organizations to offer support and talk about MH topics from an informed and professional perspective
- Working with community non-profits to pull together resources
- Take the topic seriously – help students understand that MH concerns are serious and you can access help
- The content needs to be good! And effective!



2025 Decision Package

Statewide Support for Student Mental and Behavioral Health

Mikhail Cherniske, Government Relations



Washington Office of Superintendent of
PUBLIC INSTRUCTION



Statewide Support for Student Mental and Behavioral Health

- What's the issue?
- What's in the Decision Package?

Challenges

Lack of Clear Roles

- The lack of a coordinating agency for student mental and behavioral health has been challenge for better statewide coordination. This has been a recommendation from the Children and Youth Behavioral Health Work Group (CYBHWG) and the state auditor's 2021 Performance Audit.

Inadequate Regional and Local Resources

- The Student Assistance Program (SAP) has been successful in increasing regional deployment of mental and behavioral health supports, but funding was reduced in recent years, cutting capability.

Inadequate Staffing

- Staffing models in the prototypical school funding model are insufficient. An elementary school needs 1,818 students to generate a single full-time social worker.



What's in the Decision Package?

1. Statewide K–12 Leadership and Coordination
2. Fully Fund the Student Assistance Program (SAP)
3. Adding Physical, Social, and Emotional Support (PSES) Staff to Schools

Modeled after our agency request legislation from last year, **House Bill 2280 / Senate Bill 6216**



1. Statewide K–12 Leadership and Coordination

Goals:

- Increase OSPI's role and capacity to support K–12 student mental and behavioral health in coordination with other relevant state agencies.
- Increase state-level coordination and evaluation of student mental and behavioral health strategies, initiatives, and programs will help schools better identify, assess, and connect students to behavioral health supports both in school and in interconnected community settings.

Ask: \$1.43 million in FY 26

- 4 FTE and contracted support at OSPI

2. Fully Fund the Student Assistance Program (SAP)

Goals:

- Expand the successful SAP program into additional sites, providing more support communities with limited access to mental and behavioral health services.

Ask: \$9.99 million in FY 26

- The proposal places student assistant professionals in 67 additional school sites across Washington in the 2025–26 school year and funds statewide coordination of the program.



3. Adding More (PSES) Staff to Schools

Goals:

- Better support school districts and students statewide through a formula increase.
- Support school districts' efforts in recognizing, screening, and responding to student emotional or behavioral distress, and support adoption and implementation of district screening and response plans required under RCW 28A.320.127

Ask: \$12.6 million in FY 26

- Funding for additional social workers in schools through a staffing increase in the prototypical school funding model.



Summery:

	FY 2026	FY 2027	FY 2028	FY 2029
1. OSPI Capacity	\$1,438,000	\$1,116,000	\$1,116,000	\$1,116,000
2. Increased funding to ESD SAP	\$9,989,000	\$10,189,000	\$10,189,000	\$10,189,000
3. Increased social worker allocation	\$12,671,000	\$16,523,000	\$16,842,000	\$17,195,000
Total Expenditures	\$24,098,000	\$27,828,000	\$28,147,000	\$28,500,000
Biennial Totals	\$51,926,000		\$56,647,000	

[Link to Decision Package - Statewide Support for Mental and Behavioral Health](#)



Next Zoom meeting

Wednesday, November 20th, 2024

3-4pm



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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