Date: April 17, 2024

Time: 2:30 - 4:00 PM

CYBHWG School-based Behavioral Health and Suicide Prevention (SBBHSP) subgroup

Leads: Christian Stark, OSPI

Professional Members					
\boxtimes	Devyna Aguon, Renton School District	\boxtimes	Sinuon Hem, Asia Pacific Cultural Center		Daniel Smith, Community Health Plan of WA
	Alice Amaya, Pasco School District	\boxtimes	Megan Howard, OESD 114	\boxtimes	Joseph Soliz, Granger School District
\boxtimes	Gina Cabiddu, Kids Mental Health WA	\boxtimes	Delaney Knotterus, King County	\boxtimes	Chetan Soni, WA Youth Alliance
	Phyllis M. Cavens, MD, Child & Adolescent Clinic		Joe Neigel, Monroe School District		Michelle Sorensen, Richland School District
\boxtimes	David Crump, Spokane Public Schools		Jill Patnode, Kaiser Permanente	\boxtimes	Tabby Stokes, Vancouver Public Schools
\boxtimes	Jodie DesBiens, NWESD 189		Elise Petosa, WA Association of School Social Workers		Nigar Suleman, WA State PTA
\boxtimes	Jeanne Dodd, Burlington School District	\boxtimes	Megan Reibel & Rafaela Steen, UW Forefront Suicide Prevention	\boxtimes	Mabel Thackeray, Quillayute Valley School District
\boxtimes	Erin Drury, WA School-based Health Alliance	\boxtimes	Nolita Reynolds, Catholic Community Services	\boxtimes	Brook Vejo, Beacon Health Options
	Brooke Fox, Frank Wagner Elementary School	\boxtimes	Renee Schoening, Whitworth University		
	Britnee Harvey, Shine Light on Depression	\boxtimes	Rayann Silva, UW SMART Center		
Youth Members					
\boxtimes	Eliasib Alvarado	\boxtimes	Zoe (Crow) Barnett		Rowan Guerrero
\boxtimes	Taanvi Arekapudi	\boxtimes	Payton Frank	\boxtimes	Pradyu Kandala
\boxtimes	Hanna Baker	\boxtimes	Keira Gregson		
Parent/Guardian/Family Members					
\boxtimes	Valerie Denney		Arnie Martinez	\boxtimes	Byron Smith
\boxtimes	Shawnda Hicks	\boxtimes	Yahaira Nava	\boxtimes	Marcella Taylor
\boxtimes	Richelle Madigan	\boxtimes	Danielle Ouellette		

Meeting notes

Group Agreements:

We would like to update these to make sure they reflect your thoughts and feedback. If you have thoughts on ways they should be updated, please feel free to send your thoughts our way!

Breakout discussion 1

Introduce Yourself: Name, Role, and Why You're Passionate About This Group

Group Shareout:

• Some attendees are optimistic

- Would like to feel more prepared during a rough time.
- Excited about being able to help children of in-utero trauma, as they tend to be overlooked later in life. The existing school model doesn't work for these kids. This population doesn't even have federal protection and the school to prison pipeline is full of these former children.
- Working towards helping community. Would like to work towards making changes to assist peers.

Breakout discussion 2

What is School-Based Behavioral Health To you?

Group Shareout:

- School-based health should respect the individual, which requires more time and money.
- More access to outside providers is needed.
- Schools should not be required to play the insurance game to get care for students.
- Some mental health providers require cash payment and will not take insurance.
- Lack of access and staff shortages in schools impact students in the rural areas with the most need. There is a need to hire staff in schools such as counselors, especially in a culturally competent way.
- Youth need to be empowered and taught to use their voices so they can advocate for themselves and get the care that they need.
- Accessible systems need to be in place, and kids need to know how to access them.
- The status quo is not suitable for students, as it is currently one size fits all. Teachers don't have the resources and aren't trained to see the behaviors that start a spiral.
- The committee should not be focused on reactive measures; should be focused on trying to come up with preventative measures.
- What does comprehensive school-based behavioral health include? We should not wait for mental health and behavioral health resources outside of schools, as it takes too long.
- A new model should include preventative strategies, especially funded strategies; they should start as early as preschool.
- Who should be involved? Outside or inside research and data should show us what is working, in order to maintain funding of programs.
- The MTSS model encourages clear pathways and maintains appropriate interventions based on needs.
- COVID-19 had a negative impact on students, and we now need to address solutions for this experience.
- The roles of educators and external providers need to define and address the needs and how to address.
- Schools should have subsets within this pathway.
- Behavior should define how to proceed.
- What does comprehensive SBBH include? Not every youth will need every service. Having a point person in schools to pinpoint options would be necessary. There should be an MTSS model for all students to be employed and accessed.
- Action should not be reliant on punitive measures.
- Environmental systems and cultural changes should work in tandem with schools, homes, and communities, especially parents and families.
- With a lack of staff to handle everything, families, students, and communities need to be involved.
- Accessibility and individualized care is important.
- "Comprehensive" is an expansive word that includes everyone.
- The flow of improvement should be steady.
- Who's involved and who plays a role? The support of the superintendent and school system should only be the start.

- A feeling of safety is crucial, and everyone should feel that they belong.
- It's good that things can be different. Hope helps in making things happen.
- Belonging precedes achievement in school. School climate is necessary to meet the behavioral health needs of all students.
- A trauma-informed approach is necessary; students who are experiencing homelessness, in foster care systems and others who tend to be under-served.
- We should also meet the needs of the adults in the system; they tend to be overlooked.
- Academic pressure and stress can impact outcomes.
- Universal screening should be used as a baseline. We should have systems to screen for kids who are at risk, as many of these kids don't externalize.
- After assessment, connection with a professional for diagnosis and treatment should be a viable next step.
- Use MTSS as a school-based way of evaluating kids' mental health.
- The experience of parents and caregivers shows how difficult the system can be to navigate. Some parents feel alone and unsupported. Support should be available and offered, not something parents need to fight for.
- There needs to be capacity of an improved system to grow in availability to help the next generation, as well.
- "Comprehensive" includes many roles and meeting the needs of all students, not just the ones who fall under certain categories.
- Students need a caring environment where caring is normal and students are able to identify their wants and needs. Diversity in this approach is essential.

Looking forward: Key Updates and Timeline Overview

Christian Stark

Highlights

The SBBHSP's work feeds into our parent group, the Children & Youth Behavioral Health Work Group (CYBHWG)

- What do we do as a group? Essentially what we did today. Share information, highlight practices.
- Working toward making our system better via annual recommendations to the Governor and the State Legislature, via the CYBHWG
- Today is an orientation.
- Meeting monthly. Wednesdays seem like the best and the 2:30 4:30 window seems to work the best for most members. You will be getting meeting invites for the rest of the year soon.
- Apply to be a lead if you have the capacity to expand your involvement in the work.

Opportunities for engagement:

- Apply to be a lead, we have three opportunities available:
 - Youth & Young Adult Lead
 - o Parent/Guardian/Family Member Lead
 - Legislative Advocacy Lead
- Workforce Deep Dive
 - o Volunteer to be part of our 3 week school-based behavioral health work force deep dive
 - Meetings will take place weekly between the May and June SBBHSP meetings
- Partner with us on a community engagement opportunity
 - Looking to partner with organizations that serve under-represented communities across the state

 Looking to partner with Tribes and other organizations to inform how our work empowers Tribal voice and addresses the needs of Native students

Meeting Feedback Survey: https://survey.alchemer.com/s3/7809410/Apr-2024-SBBHSP

Public Comment

None

Attendees:

Member Alternates:

Peggy Dolane

State Agency & CYBHWG Staff:

Kelly Adams | CPS

Kerry Bloomquist | OSPI

Julee Christianson | OSPI

Candis Coble | OSPI

Maddie Freeman | OSPI

Julia Kemner | Behavioral Health Catalyst

Larry Kinread | OSPI

Megan LaPalm | OSPI

Enos Mbajah | HCA

Jason McGill | HCA/Medicaid

RJ Monton | OSPI

Brittany Mullins | WA State Medicaid

Heather Rees | OSPI

Erika Rodriguez | OSPI

Beth Rogers | DCYF

Terissa Simental | OSPI

Delika Steele | Office of the Insurance Commissioner

Bridget Underdahl | OSPI

Cindi Wiek | HCA

Nikki York | OSPI

State Legislators & Staff:

Rep. Callan | Dist. 05

Rep. Eslick | Dist. 39

Public Attendees:

Sarah Butcher

Brittany Campbell

Ryan Chindavong

Tood Crooks

Heather Huntington | NWESD 189

Max Lau

Missy Liu

Michelle Mitchell

Meredith Piehowski

Carolyn Solitaire

Children and Youth Behavioral Health Work Group – School-based Behavioral Health and Suicide Prevention

Chelsea Stone Roz Thompson

Staff:

Francesca Matias | OSPI Diane Stead | OSPI