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Washington State K-12 School-Based Behavioral Health Discovery Sprint

Research and Recommendations

Bloom Works, LLC

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Executive summary

Many studies have shown that school is a critical conduit for connecting students with behavioral health supports, and one of the most meaningful upstream interventions to support mental health. As part of Washington state's Prenatal through 25 Behavioral Health Strategic Plan, Bloom Works conducted a discovery sprint focused on K-12 school-based behavioral healthcare across the state.

Given the known structural challenges that limit Washington's efficacy at supporting students' behavioral health and the key role that schools play in behavioral health, we sought to understand: ***How might we better connect middle and high school students to behavioral health (mental health and substance use) services through school?***

Across our research, we spoke with a total of 67 people in 1:1 or group engagements to gain a holistic understanding of key needs both on the ground and the infrastructure needed to support this work. Those we talked with included:

- Washington Office of Superintendent of Public Instruction (OSPI) staff
- Washington State Health Care Authority (HCA) staff
- Educational Service Districts (ESDs)
- Behavioral health navigators
- School district superintendents
- School district student services directors
- Principals
- School counselors
- Mental health counselors
- Community providers

Key findings: On the ground

This section summarizes insights around:

- How schools currently identify and connect students to behavioral health services.
- What is needed for schools to successfully connect students to behavioral health services.

How schools currently identify and connect students to services

While there are variations in how schools connect students to services, the overall steps for identifying need, triage, and referral are fairly consistent. Schools have different approaches and processes depending on factors such as their expertise, staffing, scale, MTSS maturity, and funding.

1. **Community engagement is key.** Successfully connecting students to services through school requires providing behavioral health support, awareness, and engagement with the community. This is how we fight stigma and create systemic change, which ultimately benefits students in schools.
2. **Every student needs a support squad.** Holistic behavioral health-related support depends on shared skills, language, communication, and collaboration. Students need a more united support team—across school staff, external providers, and family members—that interacts with them around their behavioral health needs.
3. **Principals are crucial to school success.** School leadership plays a key role in defining the systems to support students' behavioral health needs. School principals need to be supported with the resources, expertise, and capacity to develop school behavioral health resources for student success. They also need the support to lead their schools in implementing behavioral health services so they can increase behavioral health awareness and reduce stigma in their school and community.

Key findings: Infrastructure

This section summarizes insights around:

- What resources, expertise, and capacity are needed for schools to deliver successful behavioral health supports on the ground.

1. **A centralized approach can create consistency and efficiency.** Without statewide expectations or processes for behavioral health in schools, everyone is solving similar problems, separately. Lack of capacity, support, or systems can lead to more reactive responses and inefficient uses of resources.
2. **Delivery depends on individual expertise and effort.** Some schools and districts provide incredible services. But it comes down to what key individuals in schools, districts, and ESDs know about behavioral health supports or what resources they have access to.
3. **Infrastructure can come from the top down with the right mechanisms.** Many resources are allocated top-down through the infrastructure of ESDs and districts. We need to ensure these resources are distributed and leveraged so the support successfully reaches students.

Summary of recommendations

Foundation to recommendations

Given the known challenges and the insights from the research, we recommend the state consider the following foundational approaches when developing the strategic plan and implementation for behavioral health in schools:

- Strengthen collaboration between education and behavioral health
- Build services incrementally over time
- Design with relationships in mind

Recommendations overview

Note: *We have bolded the recommendations we believe are the highest priorities to consider for developing a strategic roadmap for behavioral health in schools.*

1. **Clarify roles, responsibilities, and ownership between education and behavioral health entities.**
2. **Define minimum expectations and requirements for schools to provide behavioral health supports.**
3. **Investigate opportunities to develop sustainable funding and identify underused resources.**
4. Invest in non-clinical supports that reflect the community they serve.
5. Ensure all schools can refer to an accessible licensed mental health counselor.
6. **Require and provide training for staff on key tasks.**
7. **Define behavioral health role and training for principals.**
8. Better leverage successful models and resources across state and districts.
9. Enable schools to engage and support families in accessing and navigating behavioral health supports.

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Key terms

The following are key terms that we will reference throughout this report.

Screening: Determining if a student may need intervention. It can be done "universally" (see following definition) or individually once when there is concern, often using tools such as:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Global Appraisal of Individual Needs - Short Screener (GAIN-SS)
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- District-created screeners

Universal screening: Conducting screening for a cohort of students (e.g., 7th graders) or for all students at least once per school year.

Identification: Using observation, input directly from a student, or data to identify a student who may be in need of behavioral health-related intervention. This can be done on an ad hoc basis or through methodology, like data monitoring. In schools, any adult or peer may perform identification.

Triage: Determining what level of care is needed for a student and the urgency of the need.

Referral: Making a referral to a dedicated, licensed mental health clinician. Colloquially, schools also use "referral" to describe the process of identifying students for triage.

Provider: Licensed mental health clinicians or organizations that provide treatments.

Multi-Tiered System of Supports (MTSS):

- **MTSS Tier 2**: Identifying potential need of early intervention or prevention for students who may be at risk.
- **MTSS Tier 3**: Using targeted intervention for a student's behavioral health needs.

***Note**: Tiers of MTSS have variable definitions throughout the state. We have reflected the most common definitions used by participants for the purpose of this report.*

Introduction

Washington state's Prenatal through 25 Behavioral Health Strategic Plan seeks to create a behavioral health system that is preventive, responsive, and integrated, with equitable access, and that adapts as Washington's communities' needs change. As part of this strategic planning initiative, Bloom Works conducted a discovery sprint focused on K-12 school-based behavioral healthcare across the state.

Many studies have shown that school is a critical conduit for connecting students with behavioral health supports, and one of the most meaningful upstream interventions to support mental health. But a variety of known structural challenges limit Washington's efficacy at supporting students' behavioral health, such as:

- Limited state funding for behavioral health in or through schools.
- Lack of centralized ownership of behavioral health in K-12 education. Some components are currently provided by:
    - Health Care Authority (HCA) as the behavioral health and Medicaid agency.
    - Washington's Office of Superintendent of Public Instruction (OSPI) as the education agency.
- Inconsistent approach to delivery and success of behavioral health as the result of the factors above.

Given these structural challenges, our discovery sprint had 2 primary phases:

- First phase: We spent 7 weeks reviewing existing documents and talking with various agencies and district partners to understand the general landscape and narrow in on a key research question.
- Second phase: We spent 11 weeks preparing materials, recruiting participants, conducting interviews, synthesizing insights, and developing deliverables on what we learned.

Our key research question: **How might we better connect middle and high school students to behavioral health (mental health and substance use) services through school?**

"Through school" can mean services provided:

- By the school at the school
- By external providers at the school
- By external providers outside of school (but connected at school)

This process of connecting students to services includes these primary steps:

- Identifying a behavioral health need, like through self-identification or screening.
- Determining what type of role the student may need to see at school, like a counselor or school nurse.
- Connecting a student (and their family) to a service as needed.

While behavioral health needs exist in all levels of school and there are increasing needs for behavioral health support in elementary school, we focused on middle school and high school because of the prevalence of emerging behavioral health needs in these age groups.

We had a number of populations of interest for this work:

- Primary populations of interest
    - Students of color
    - Students who identify as LGBTQ2SIA+
    - Students affected by the opportunity gap
    - Students who live in rural areas
    - Students with varied behavioral health needs
- Additional student populations of interest
    - Low-income
    - Immigrants
    - Non-native English speakers

Improving access to behavioral health services through K-12 schools aligns with the vision of the Children and Youth Behavioral Health Work Group (CYBHWG): "that each and every child, youth, and young adult—and their parents or caregivers—has the behavioral health services and supports they need, where and when they need them, across the full continuum of care."

Report structure

- **Research methods**: We review the methodology used in our research.
- **Key findings**: We organize our research insights into 2 parts:
    - **On the ground**: We share what is happening in schools. We begin our report here because, while existing reports already discuss general needs, our discovery research offers more details on the specific and varied actions taking place at schools.
    - **Infrastructure**: We zoom out to share insights on the infrastructure, such as resources, funding, and capacity, that need to be in place for schools to successfully connect students to services.

- **Recommendations**: We share our recommendations, which follow a foundational approach and have specific actions informed by our research. This includes what possible ownership looks like for implementing each recommendation.

Research methods

Secondary research

We began our research by conducting a review of existing research, reports, and data, including:

- 2021 K-12 Student Behavioral Health in Washington Performance Audit
- 2023 Children's Alliance Report on Opportunities for breakthrough progress in Washington's adolescent mental health crisis
- Healthy Youth Survey Results
- OSPI publicly-available data
- 2023 Recommendations to the Legislature from the Children and Youth Behavioral Health Work Group
- 2023 Recommendations from the School-based Behavioral Health and Suicide Prevention Subcommittee of the Children and Youth Behavioral Health Work Group

Primary research

By understanding the challenges and opportunities for supporting K-12 school-based behavioral healthcare across Washington state, we generated 5 core interview guides (or sets of questions) for each participant group for our discovery sprint. Guides included questions that reflected the relevant experiences of each group:

- Educational Service District (ESD) behavioral healthcare-related staff
- School District (SD) staff, such as superintendents and Student Services
- School administrators, such as principals and assistant principals
- Non-clinical supports, such as school counselors, student assistant professionals, and family liaisons
- Licensed mental health counselors
- Students and their caregivers or families

We also developed one-off guides for any additional audience groups we talked with that did not fit into the above core interview group demographics, such as community non-profits and providers. Across scoping and discovery, we spoke with a total of **67 people** in 1:1 or group engagements. We targeted a "holistic ecosystem" approach where we talked with different participant roles across the same school districts and schools in order to get multiple perspectives that feed into the same school ecosystem. We created these ecosystems by identifying and reaching out to potential participants via connections made by existing participants. The types of participants we talked to include:

- ESDs
- SD staff, such as superintendents and Student Services
- School administrators, such as principals and assistant principals
- School counselors
- Mental health counselors and interns at schools
- Student assistance professionals
- School-Based Health Center
- Social workers and family liaisons
- External providers in telehealth and navigation
- Family/student

While this research was structured to provide representative perspectives from populations of interest, there are factors of the research method that may influence the results:

- Participants were recruited through a referral process, such as ESD level to district level.
- Participation was voluntary.
- One student and family participated in the research despite significant recruitment outreach. Some student and family perspectives are reflected through the roles that work directly with families, such as family liaisons and social workers.
- Demographic data for individual participants was not collected, but our participants represented various ethnic, cultural, and linguistic backgrounds.

Participant demographics

In our engagement with participants, our consent protocol emphasized that questions were optional and participants could decline to answer or end the engagement. We also offered compensation for participants with lived experience and for roles that directly support behavioral health activities on the ground. This includes families, students, school counselors, social workers, and family liaisons. We offered participants with pre-loaded Visa cards at a rate of $80 per hour for their time.

The following diagram shows the demographics of the diverse group we talked with across Washington state's ESD.

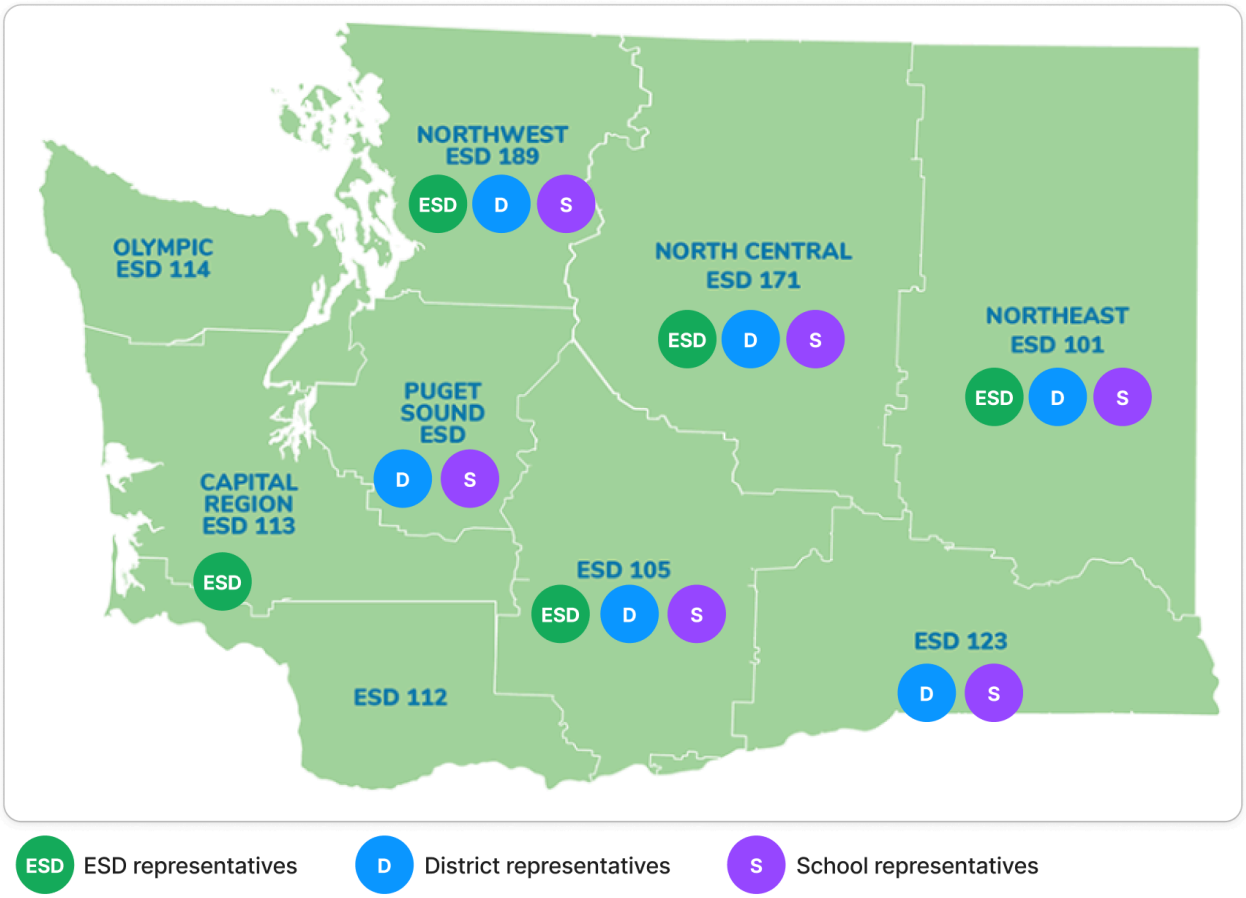


Table 1: Demographics represented by district

Demographic criteria	Number of districts (18 total)
30-50% students of color	5
50% or more students of color	8
50% or more students/families with low income	13
20% or more non-native English speakers	6
Students who live in urban areas	8
Students who live in rural areas	10
Size of district	**Number of districts (18 total)**

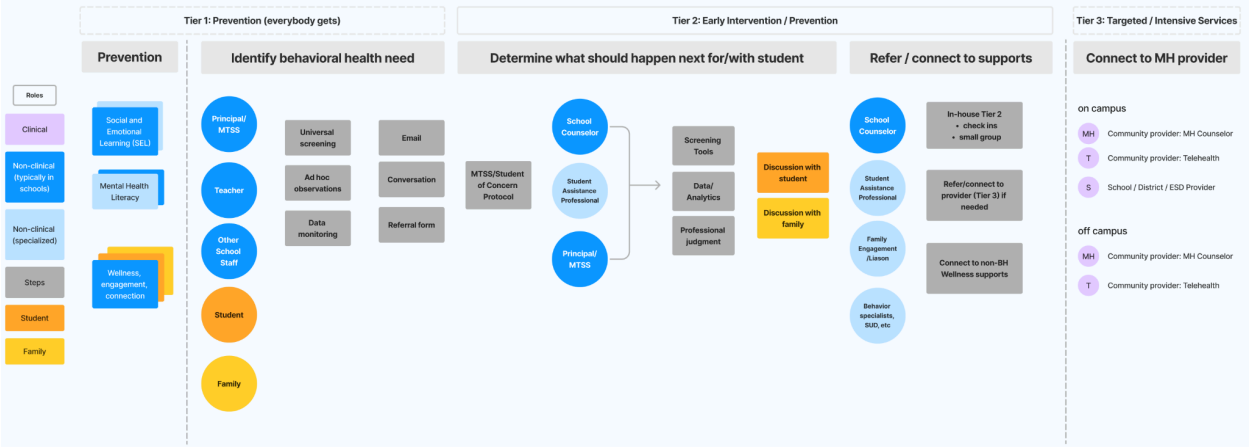
0-999 students	3
1000-4999 students	8
5000-19,999 students	4
20,000-30,000 students	3

Key findings

Key findings part 1: On the ground

How do schools currently identify and connect students to behavioral health services?
What is needed for schools to successfully connect students to behavioral health services?

How schools identify and connect students to services



While there are variations in how schools connect students to services, the overall steps are fairly consistent. Schools have different approaches and processes depending on factors such as their expertise, staffing, scale, MTSS maturity, and funding.

The processes shown in the above diagram reflect schools with a broad range of funding and capacity, from a district with a few hundred students with no mental health counselors to a district with over 20,000 students and multiple behavioral health supports in schools. Funding and accessing behavioral health resources reflected a range of sources, including:

- Prototypical school funding models (e.g. funding for school nurses, school counselors, etc.)
- Grants, such as Project AWARE and Washington Student Assistance Program
- Local levies
- Learning Assistance Program (LAP) high-poverty funds

The main ways schools identify behavioral health needs in students:

- Universal screening - Often done once per year and for a subset of students.

- Ad hoc observations - Through "Student of Concern" protocols, referral forms for staff and families, etc.
- Monitoring data to assess risk - Most schools have some process for monitoring relevant data such as attendance, behavior, and academic performance.

Schools also have systems for students and families to identify behavioral health needs:

- Students can self-identify a need through universal screening or ad hoc observations.
- School counselors often receive referrals from students' friends who express concern.
- Many schools have attempted to provide a structure for families to refer their children, like through an accessible online form.
    -

How students experience the referral process:

- A school counselor or student support team, such as a principal, often receive the initial referral through a defined process. This can be through an online form or through email.
- A principal or school nurse may play a larger role in fielding initial referrals in schools with less than a full-time equivalent (FTE) school counselor.
- "School counselor" often refers to non-mental health clinicians.

How students experience the triage process:

- Triage is either done by school counselors, an MTSS team, or both.
- School counselors often use professional judgment to determine the appropriate level of care or intervention.
- Parents are often notified during triage, depending on the need.

How students experience the screening process:

- Initial mental health screening is typically being done by a school counselor.
- Screening for substance use concerns are typically done by on-site student assistance professionals (SAPs), if available.

How students access Tier 2 services:

- School counselors are often responsible for coordinating with students on support needs.
- School counselors often provide the majority of Tier 2 services, such as check-ins and small group interventions.
    - Most schools are building small group interventions as a way to efficiently and effectively address mental health needs on site.
- Schools with on-site SAPs provide Tier 2 interventions for students with substance use concerns.

How students are referred to Tier 3 services:

- School counselors are often responsible for referring students to Tier 3 services.
- Some schools let the adult who has the strongest relationship with the student and family lead the process, such as a teacher or an assistant principal.

How students get connected to behavioral health services:

- Schools have different roles that can help families access and navigate referrals for Tier 3 services:
    - School counselors
    - School nurses
    - Social workers
    - Family liaisons

Overall, while many different adults can support in identifying behavioral health needs, **school counselors** predominantly take on the responsibility of triage, referral, and connecting students to services.

On the ground insight #1: Community engagement is key

Successfully connecting students to services through school requires providing behavioral health support, awareness, and engagement with the community. This is how we fight stigma and create systemic change, which ultimately benefits students in schools.

> “At the crux are relationships. Relationships and awareness. We’ve gained trust from our community—a key ingredient for what has made this program successful.”
>
> - Community Non-Profit, Behavioral Health Provider

Key takeaway: Reduce behavioral health stigma

- Some communities have stronger stigma around behavioral health, which limits the ability to identify needs or connect them to services. Participants shared that:

    - In smaller communities, such as rural areas or in tribal communities, behavioral health stigma is heightened. This makes students feel less comfortable sharing concerns with their families or other adults in their community.
    - Members of Hispanic, tribal, military, and migrant communities expressed behavioral health stigma being particularly prevalent.
- Fear of diagnoses or being seen visiting a clinic is common in small, tight-knit communities. Participants shared that:
    - Parent stigma about their child's diagnosis, and behavioral health in general, is a huge barrier to getting their child the care they need.
    - Some students will choose not to share their behavioral health needs with their families. Students may not be able to receive services without family support, depending on what the school is able to provide on site.
    - A parent shared that their children had different comfort levels when their behavioral needs were visible to other students.
- Building relationships with organizations outside the school helps extend behavioral health support into the community.
    - Many districts are leveraging student-led conferences as an opportunity for increasing behavioral health awareness.
    - A community non-profit emphasized that their success in providing behavioral health support was due to long-standing relationships and trust with schools and the community.

Key takeaway: Support family wellness

- Schools are working to engage families through family nights, student-led conferences, and dedicated events focused on behavioral health topics, like anxiety.
    - In-person visits with family members are important, but hard to schedule. It is especially difficult to get high school students and their families to join evening school events due to logistics and more independent age of the students.
    - Programs and events that offer support with basic needs—such as food, vaccinations, and laundry services—have proven to be extremely successful in building trust with the community.
    - Community nights are successful if barriers to join events are removed, such as providing childcare and transportation services.
    - Some districts provide year-round services since behavioral health needs can persist through the summer.
- Behavioral health needs can't be fully supported when basic needs, such as food and childcare, are not met.

    - Family liaison, social workers, and mental health counselors shared that families are often struggling with basic needs, which strongly influences student mental health.
    - Some districts are working to provide childcare and dinner to help make family engagement nights more manageable.
- Family liaisons and social workers play a key role in helping parents access support for behavioral health and basic needs.
    - Family liaisons typically help families beyond just connecting them to behavioral health services, such as helping families with housing and food access.
    - Some family liaisons, school nurses, and school counselors help draft notes to prepare parents for conversations with providers.
    - Family liaisons may offer to support parents during conversations with providers.

On the ground insight #2: Every student needs a support squad

Holistic behavioral health support depends on shared skills, language, communication, and collaboration. Students need a more united support team—across all school staff, external providers, and family members—that interacts with them around their behavioral health.

> “A lot of times kids just need somebody to talk to who’s a safe person who’s not going to judge them, tell on them, or get them in trouble.”
>
> - Student Assistance Professional

Key takeaway: Ensure behavioral health supports in schools are accessible

- Consistent access to a space to talk with a trusted adult is crucial.
    - Having adults in schools who students can trust is important to their overall wellness and academic success.
    - Consistency leads to connection. School counselors, mental health counselors, and family liaisons expressed that being integrated into daily school activities was essential to building a trusting relationship with students.
    - Some schools were able to have school counselors and advisors connect with their students each year to help build trust and long-term relationships.
        - A student shared that their long-standing relationship with their school counselor made them feel comfortable asking for support.

    - Having a consistent space to go to for support helps students feel cared for.
        - Mental health counselors, school counselors, and SAPs shared that having a dedicated office was necessary for students to comfortably seek support.
- Students often do not seek support or use behavioral health services when staff do not reflect their language, culture, gender, sexual identity, etc. Participants shared that:
    - Students shared with SAPs that they were not interested in the district mental health counselor and community provider because they did not reflect key aspects of their identity.
    - SAPs and school liaisons are stepping in to become trusted allies for students, especially in schools where other staff members do not represent them.
    - A bilingual family liaison shared that families have often expressed how convenient it has been to have bilingual school staff because they feel more supported and heard.
- Many factors prevent equitable access to behavioral health, such as transportation, waitlists, and insurance.
    - On-site mental health counselors reduce many logistical challenges to Tier 3 services:
        - More students are seen on a more consistent basis.
        - No long waitlists.
        - No transportation barriers.
        - Less time outside of class traveling to appointments.
        - More school mental health awareness and buy-in.
    - On-site services were more critical in communities where there were limited providers or significant travel times to providers.
    - Without sufficient access to Tier 3 services, schools try to inadequately support through Tier 2 services.

Key takeaway: Shared knowledge and systems help school staff work together

- Staff-wide understanding of the relationship between behavior and behavioral health supports efficacy. Participants shared that:
    - The more equipped teachers are with training to identify behavioral health risks, the more effectively schools can identify and address needs.
    - Sufficient training in identifying behavioral health risks helps reduce the burden on Tier 3 services.
        - If schools have ambiguity around Tier 1 and Tier 2 services, many needs end up being inappropriately escalated to Tier 3 staff.

    - There is a need for teachers, staff, and administrators to understand how behavior relates to behavioral health to address needs appropriately and avoid escalating needs.
- Clear communication, systems, and time for behavioral health supports are needed.
    - Counselors needing to pull students out of class is a friction point in many schools.
    - Counseling sessions are often limited by the duration of class periods.
    - Districts doing this work successfully shared that having a master schedule plays a key role in effectively supporting behavioral health services.
    - School counselors and SAPs both expressed that there may be a need to help teachers understand why students are being pulled out of class.
- Lack of feedback loops and information across relevant staff can make support difficult.
    - Schools that had collaborative MTSS teams felt confident in their ability to make informed decisions about interventions and determining a path forward.
    - Schools that had strong collaborative relationships with various roles, such as school counselors and teachers, were able to effectively keep each other informed to ensure clarity on who owned which steps of the process.

Key takeaway: Empower parents to help support their children's behavioral health needs

- Many families want to support their children's behavioral health needs, but do not know how. Participants shared that:
    - Families were often scared and wanted to help their children, but did not know how to provide support, or struggled with similar challenges themselves.
    - Families receiving only negative or no updates from school limits their trust and relationship with the school.
        - Sharing positive updates with families and expressing curiosity, independent of the behavioral health need, helps build trusting relationships.
    - Many schools and districts have recognized that family wellness is essential to supporting students.
        - Some districts are offering parenting classes or family therapy year round to support families.
        - A provider shared that moving into a role that supports whole families made them significantly more focused on the role that family health plays in student health.
        - Mental health counselors shared that they felt like they could support students better if they could support students' families as well.

On the ground insight #3: Principals are crucial to school success

School leadership plays a key role in defining the systems to support students' behavioral health. School principals need to be supported with the resources, expertise, and capacity to develop behavioral health resources for student success. They also need the support to lead their schools in implementing behavioral health services so they can increase behavioral health awareness and reduce stigma in their school and community.

> "Having that [Tier 2 Support Protocol] list and having those check-ins...we really wanted to make sure we had systems so everyone knew what was happening. This helps teachers, too, so they can know what happens when they refer [a student]
>
> - High School Assistant Principal

Key takeaway: Advocate for holistic wellness (academics and behavioral health)

- Academics, attendance, and behavioral health are all connected.
  - Changes in one lead to changes in another.
  - Focusing on the underlying cause is crucial, and understanding that the cause is not always related to behavioral health.
  - Some districts have looked at changes in academic performance as a way to evaluate the success of their behavioral health supports.
- Principals play a large role in prioritizing behavioral health in school.
  - Principals doing this work successfully are highly passionate about behavioral health and may have extensive experience building these services.
  - School counselors and mental health counselors who have worked in various districts shared that the engagement of the leadership team makes a significant difference in how effectively they can provide support.
- School leadership is important for a range of factors, such as maturity of MTSS, staffing, and time for training and professional development.

Key takeaway: Increase school behavioral health awareness and education

- All staff need access to training on identifying behavioral health needs to help students get the support they need, such as Mental Health First Aid.
    - Students at schools that have limited behavioral health training and resources may not receive the support they need. Tier 2 and Tier 3 resources were more effectively accessed at schools with strong training and systems in place.
    - Students, families, teachers, school staff, and administrators need access to resources to get trained on behavioral health tasks in school.
- Districts have had success in reducing school behavioral health stigma by offering "Wellness Days" on behavioral health topics through student, staff, and community collaboration.
    - "Wellness Days" cover topics on behavioral health, general health, and wellbeing.
    - Students feel empowered because it gives them agency in their own behavioral health care and strengthens peer-to-peer conversations about behavioral health.

Key takeaway: Services reflect the unique needs of the school

- Principals play a crucial role in MTSS and student support teams to determine appropriate interventions.
- Principals need resources and support to make decisions that reflect school needs, such as varied support roles, family liaisons, and SAPs.
    - Hire a variety of support roles that reflect the diverse needs of students.
    - Provide training that reflects the roles to support the principal's vision.

Key findings part 2: Infrastructure

How do schools currently identify and connect students to behavioral health services?
What is needed for schools to successfully connect students to behavioral health services?

Infrastructure insight #1: A centralized approach can create consistency and efficiency

Without statewide expectations or processes for behavioral health in schools, everyone is solving similar problems, separately. Lack of capacity, support, or systems can lead to more reactive responses and inefficient uses of resources.

> “In 2020, they said schools would all implement screening—how many schools have done that?”
>
> - District Director of Student Services

Key takeaway: Expectations offer clarity and reduce redundancy

- Levels of sophistication vary on how to reassess and determine next steps.
- Schools and districts define and build the same processes from scratch, separately.
    - Some schools have a set interval for support where the same MTSS team reassesses the data or need, while some schools may run an intervention.
    - Collected data is inconsistent and there is uncertainty about what data is valuable to assess students' behavioral health needs.

Key takeaway: Strong systems protect resources and bandwidth

- Without clear Tier 1 and 2 systems, Tier 3 is inappropriately overworked.
    - A district with limited behavioral health supports shared that the lack of clarity around Tier 1 and Tier 2 meant their Tier 3 services were constantly overused.
    - Districts with mature MTSS frameworks effectively protect the time of their behavioral health supports.
- Systems for referral processes and communication reduce stress and provide better support to students.
    - Referral process is varied and often has redundancies. Some schools use an online form, word of mouth, or a mix.
    - Inconsistent referral processes lead to some students not getting the care they needed or overworking school staff.
- Lack of capacity, support, and training lead to critical staff operating in a reactive state.
    - If systems are not in place and staff do not get support for training, schools become reactive and unable to focus on preventative efforts.
    - Insufficient training in how to support students in crisis can lead staff to experience intense stress and limit how successfully they can manage crises.
    - The scale of the district also influences consistency. For example, implementation looks different for districts with a single middle school and high school versus multiple schools at each level.

Key takeaway: Flexibility is needed for key parts of implementation

- Tier 3 services should reflect key factors of the school districts, such as location and availability of community providers.
- Telehealth has been a less successful option for students who do not have access to the internet or private spaces, have no desire to Zoom, etc.
- Different interventions and services are needed for elementary, middle, and high school students.
    - Small group interventions may be more successful with elementary and middle school students, although some high schools are starting to have success with these supports.
    - Increased emphasis on grades and credits in high school make creating time for behavioral health supports more difficult.
    - In larger schools where students are working with multiple teachers, collaborating across all the relevant teachers and staff is even more difficult.

Infrastructure insight #2: Delivery depends on individual expertise and effort

Some schools and districts provide incredible services. But it comes down to what key individuals in schools, districts, and ESDs know about behavioral health supports or what resources they have access to.

> “In special ed, all educators are required to get trained in some sort of de-escalation because it's mandated, so we check it off…that does not happen with social emotional health because it’s not required.”
>
> - Director of Student Services

Key takeaway: Rely on significant expertise

- ESD and district roles often have long behavioral health careers, like in clinical supervision.
    - A district employee shared that they easily made connections with community providers due to their long career in mental health.
- District and school expertise in MTSS implementation significantly influences behavioral health delivery.

    - Many districts immediately referenced their MTSS coaches and structures during conversation about behavioral health.
    - A high school shared that their district's expertise in MTSS made their mental health services more successful because they confidently built the necessary systems over time.
- Integrating mental health counselors into campuses strengthens their relationship with school staff and systems, which increases the success of mental health services.
    - Mental health counselors and SAPs shared that they felt more successful when they were seen and trusted within the school community.

Key takeaway: Individuals can play disproportionate roles in the success of behavioral health

- A single district person and their inspiring work is often referenced as the reason for successful behavioral health efforts at schools.
- Personal expertise and connections propels innovative work, such as internship programs, and collaborations with other districts.
    - Many individuals proactively sought out connections that help create these supports at schools.
    - Some districts are proactively working with the UW SMART Center to understand the efficacy of their services and ensure high-quality support.
    - Districts have different connections to community providers, and some are better positioned to successfully vet and collaborate with providers.

Infrastructure insight #3: Infrastructure can come from the top down with the right mechanisms

Many resources are allocated top-down through the infrastructure of ESD and districts. We need to ensure these resources are distributed and leveraged so the support successfully reaches students.

Key takeaway: ESDs and districts may be better positioned to manage grants

- Applying to and providing documentation for grants requires time and expertise.
- Schools have had successes when ESD and districts proactively approach them with grant or resource opportunities.

Key takeaway: Behavioral health expertise is needed to hire and supervise mental health staff

- Behavioral health expertise requires knowledge of which roles to use for specific behavioral health needs, such as a SAP or social worker.
- Some schools struggle with vetting providers.
- Some schools did not receive applicants when they posted their own SAP or mental health counselor roles, and they could not provide clinical supervision.

Key takeaway: Principals and schools need to know what resources are available

- Some principals did not know what resources the district or ESD provides.
- Districts may have mental health or MTSS resources, but they have to partner at the school level for successful implementation.
    - ESD's structure often puts them in a better position to make resource decisions.
- Some principals do not have the time or expertise to hire behavioral health staff.
- Behavioral health expertise should come from the top so principals do not have to determine how to use different behavioral health roles.

Recommendations

These recommendations are for the Children and Youth Behavioral Health Work Group (CYBHWG) to advance as part of their annual legislative agenda and strategic plan.

Given the scope of delivery, the recommendations model an approach to building a strategic roadmap that accounts for the varied needs, constraints, and complexities in this space, such as:

- Limited funding, time, and resources.
- Overworked education and behavioral health systems.
- Varied beliefs about the role of schools in behavioral health and how behavioral health aligns with the charge of education.
- Lack of statewide mechanisms to assess and inform investments in behavioral health.
- Existing relevant regulations for districts (RCW 28A.320.127 and MTSS implementation) that have not been fully implemented for various reasons.
- Complexity of the diverse needs, stakeholders, and entities involved in delivering these services.

We have proposed possible owners and contributors to the recommendations to model potential collaborations in this space. Further discussion and investigation is needed to develop more detailed implementation recommendations.

Foundational approach

Through our research, we identified 3 foundational approaches that should be considered throughout strategic planning and implementation to better connect middle and high school students with behavioral health supports through school:

1. **Strengthen collaboration between education and behavioral health.**
   Education and behavioral health both contribute to the success of behavioral health services in and through schools. While there is already some cross-collaboration between these areas, their collaboration can improve with a defined, integrated approach. This approach will provide more clarity on who is accountable for providing specific behavioral health supports through school.

2. **Build services incrementally over time via feedback loops at the school level.**
   To ensure that the state can make informed decisions that effectively build and deliver

behavioral health services in schools, the state should start with identifying and defining the minimum expectations for behavioral health-related data collection at a school level. When building these feedback loops, consider the capacity of school systems, ethical data collection, and sustainability of ongoing collection.

3. **Design with relationships in mind.**
   Relationships with students and families have been consistently identified as a key factor in successfully getting students and families connected to behavioral health supports. Decisions about behavioral health investments should consider where existing trust and relationships live and work to protect those connections.

These approaches inform the following recommendations. Each recommendation has immediate actions to take and is listed in order of priority to help achieve foundational goals.

Recommendations overview

1. Clarify roles, responsibilities, and ownership between education and behavioral health entities.
2. Define minimum expectations and requirements for schools to provide behavioral health supports.
3. Investigate opportunities to develop sustainable funding and identify underused resources.
4. Invest in non-clinical supports that reflect the community they serve.
5. Ensure all schools can refer to an accessible licensed mental health counselor.
6. Require and provide training for staff on key tasks.
7. Define behavioral health role and training for principals.
8. Better leverage successful models and resources across state and districts.
9. Enable schools to engage and support families in accessing and navigating behavioral health supports.

Recommendation #1: Clarify roles, responsibilities, and ownership between education and behavioral health entities

***Proposed owners**: OSPI, HCA, SPAG, CYBHWG*

A key step to strengthening the collaboration between education and behavioral health is by better

clarifying each field's roles and responsibilities in the school. Given there are existing recommendations and discussions around the need to define agency ownership for behavioral health in schools, we will focus less on ownership and more on specific collaboration opportunities.

Define collaboration on a per-task basis

In order to develop successful services informed by all relevant expertise, roles and responsibilities should be defined at the task level.

- For example, screening requires behavioral health expertise in what to look for. This falls under the purview of HCA, and the context for schools and professional development is better understood by OSPI.
- For example, schools need to be able to connect students to providers, but finding and building relationships with providers requires behavioral health knowledge.

Clarify and assign distinction between ownership and contribution across entities

There are times where school principals, school districts, ESDs, HCA, and OSPI (or some subset) are all taking on similar tasks at the same time. Making a distinction between who owns, who collaborates, and who is the authority for compliance across all relevant entities can reduce redundancy and build more comprehensive knowledge.

- For example, aggregating community providers can be a group effort. It can be built more robustly if there is clear ownership that offers structure and collaboration between those who contribute knowledge.

Pair key regulations with comprehensive ownership

There are existing regulations and requirements that could support behavioral health in schools, but some lack the compliance, funding, and support needed to implement them statewide. Key regulations are best used when paired with defined and comprehensive ownership for implementation and compliance.

- For example, RCW 28A.320.127 can best achieve its goals if OSPI has appropriate funding, resources, and the authority to ensure accountability and compliance with the regulation. Additionally, HCA may have a role in defining sufficient plans.

Recommendation #2: Define minimum expectations and requirements for schools to provide behavioral health supports

Proposed owner: *OSPI*
Proposed collaborators: *HCA, key districts, etc.*

Establishing minimum expectations for behavioral health in schools that allow for appropriate flexibility and choice will help establish a statewide standard that reflects current funding and needs. Introducing statewide data collection at the **school level** will help inform how to build over time. The K-12 audit references national standards around effective supports in schools, such as universal screening and giving students access to the continuum of care. However, this does not speak to how the state defines baselines within those broad concepts, including the necessary roles and tasks to ensure those needs can be successfully implemented.

Some examples of minimum behavioral health expectations include the following, where "continuum of care" means tasks such as identification, screening, triage, and referrals:

- **Supports** for key roles, tasks, and expertise to deliver on the continuum of care.
- **Training** for staff on each piece of the continuum of care.
- **Data collection** throughout each piece of the continuum of care.

We recommend considering how RCW 28A.320.127 and additional grants for implementation could be leveraged toward this recommendation.

Recommendation #3: Investigate opportunities to develop sustainable funding and identify underused resources

Proposed owner: *HCA*
Proposed collaborators: *OSPI, ESD, districts*

State agencies should collaborate to identify opportunities to leverage existing funding towards key behavioral health needs, in addition to requests for new funds.

Investigate how to efficiently leverage Medicaid for behavioral health in schools

- Consider using HCA's CMS grant for Medicaid to investigate ways to make Medicaid billing better reflect how schools operate and the unique needs of schools. Relevant insights are outlined as follows:
    - Fee-for-service model does not work in schools, but they need Full-time Equivalent (FTE) models for billing and reimbursement.
    - Medicaid "buckets" do not match the work in schools.
    - Schools need to be able to cover prevention and early intervention through Medicaid.

- Services can only be reimbursed with a diagnosis.
- Schools have fears about billing incorrectly.
- Reimbursement rates and salaries are too low to get mental health counselors and social workers into schools.
    - ESDs have raised rates to match school counselors.

***Note**: While our research scope did not involve investigating the details of Medicaid for behavioral health in schools, the topic did come up in conversations about how participants perceive the role of Medicaid in the behavioral health space. The above information represents the current perceptions we heard, and are not a representation of program criteria.*

Consider possible expansion of Student Assistance Program funds to account for both mental health and substance use

Many reported that student assistance professionals are an effective Tier 2 support, but felt limited by the focus on substance use.

Investigate whether existing resources are underused or can be leveraged toward behavioral health

This includes:

- Investigating possible applications of other state titles (Title I).
- Create mechanisms to assess if ESD and district resources are used by schools.

Recommendation #4: Invest in non-clinical supports that reflect the community they serve

***Proposed collaborators:** OSPI, HCA ESD, school districts*

The state is investigating many needs around workforce development in the behavioral health space. These roles are often highly specialized, expensive, and require significant credentials and licensure. In many cases, non-clinical roles—such as school counselors, school nurses, and student assistance professionals—can effectively serve the majority of students in early interventions if trained appropriately. There have also been significant funding increases or requests for funding for non-clinical supports in schools that can be refined to support great success in schools.

Consider factors that influence the success of these supports in future hiring and disbursement of grants for these roles

This includes:

- Hiring staff that reflects the ethnic, cultural, and linguistic identities of the students they serve.
- Providing training in Tier 2 or small group interventions to efficiently support more students.
- Prioritizing placing these roles in schools with the necessary supports, such as principal support and clear identification and triage processes.
- Considering these factors if and when additional funds for SAP are allocated through ESD.

Recommendation #5: Ensure all schools can refer to an accessible licensed mental health counselor

Proposed owner: *OSPI*
Proposed collaborators: *HCA, ESDs*

As part of the continuum of care, students must be able to access Tier 3 resources in a timely manner. **All schools should be able to refer to providers that are accessible in terms of transportation, insurance, cost, and time. Varied approaches are important to meet this need.**

This includes:

- Prioritizing on-site mental health counselors in rural areas or communities where travel and time logistics are barriers.
- Leveraging telehealth as a stop gap (with considerations).
- Defining roles for districts, ESD, OSPI, and HCA in supporting these processes.
- Defining criteria to help determine where state investments might be most impactful.

Recommendation #6: Require and provide minimum training for staff on key tasks

Proposed owner: *OSPI*
Proposed collaborator: *HCA*

School staff have the most frequent touch points and relationships with students, which provides great opportunity for identification. Staff need support to prioritize behavioral health training from other competing professional development demands. This will help schools implement behavioral health supports successfully.

Minimum behavioral health training should be mandatory and funded by the state. This type of training includes:

- **Identification**: All staff
- **Universal screening**: Staff or whoever administers
- **Triage**: School counselors and possibly school nurses and administrators
- **Screening and small group interventions**: School counselors

Recommendation #7: Define behavioral health role and training for principals

Proposed owner: *OSPI*
Proposed collaborators: *HCA, Association of Washington School Principals (AWSP)*

In addition to necessary staff, funds, and resources, the success of behavioral health services in a school was consistently linked to the tone and practices set by principals. Providing expectations for the role of principals in behavioral health is critical to the success of other supports.

Principals should be trained in screening for high-risk students, and at least know:

- What to look for
- Who to contact
- When to contact

Principals should be accountable for developing and implementing the plan for identification, screening, triage, and referral. It is important to ensure principals have the support for training and implementation, such as funding and staffing.

Recommendation #8: Better leverage successful models and resources across state and districts

Proposed collaborators: *OSPI, HCA, ESDs, school districts*

Incredible work is happening across the state. There are some mechanisms in place, such as ESD-level behavioral health navigators to support this learning. But schools and districts are independently finding ways to learn from others or starting from scratch. This recommendation does not propose a specific owner because we need to further investigate and determine who is best positioned to gather these resources.

To help centralize knowledge, information, and best practices, we recommend that OSPI, HCA, ESDs, and districts:

- Collaborate with schools and districts with successes that reflect different factors, such as location and scale, to identify potential approaches and inform the state's roadmap for behavioral health supports.
- Collaborate with schools and districts to understand how these resources can be effectively shared and referenced. For example, resource libraries and professional learning communities.
- Investigate where existing successes, such as SBIRT and SAP curriculums, can expand.
- Define the criteria that makes specific tools and supports successful in different contexts to help guide decision-making.

Recommendation #9: Enable schools to engage and support families in accessing and navigating behavioral health supports

Proposed collaborators: *OSPI, HCA, ESD, districts*

The use of behavioral health services often relies on whether families have a trusting relationship with the school.

- Consider how engagement around behavioral health relates to other family engagement activities in schools, such as student-led conferences.
- Create models and templates from successful schools and districts.
- Consider whether to expand family liaison or other non-clinical roles, like social workers.
- Consider how ESD and districts might be able to offer infrastructure that helps schools easily organize family engagement events.

Looking forward

In summary, the primary factors to consider when addressing school-based behavioral health needs in middle and high school systems across Washington state include:

- Increasing clarity around who owns what in terms of behavioral healthcare in schools. This crosses levels such as: state agencies, school district roles, principals, and school staff.
- Define minimum expectations and requirements for schools to provide behavioral health services.
- Investigate opportunities to leverage existing funding towards behavioral health and identify underused resources.

The state should continue to define the role that behavioral health plays in delivering on the charge of education. While there are many opportunities to improve behavioral health through schools, our research suggests that it is critical to start from establishing basic expectations around behavioral health in schools in order to incrementally and meaningfully build services over time.