2021–22 School Safety and Student Well-Being Advisory Committee Meeting #2

December 16, 2021

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 Acknowledgement

I would like to acknowledge the Indigenous people who have stewarded this land since time immemorial and who still inhabit the area today, the Steh-Chass Band of Indigenous people of the Squaxin Island Tribe.

Cultural Moment of Silence

We would like to acknowledge the history of this nation, one fraught with contradictions. For too long, this country has elevated a story of democracy and freedom while minimizing the impact of violence and oppression on marginalized communities, communities on whose backs this nation was built.

Today, members of our Black and Asian communities, and other communities of color, continue to experience racism through police brutality, mass incarceration, inequitable education and health services, deportation, and other forms of subjugation. We aim to disrupt the legacy of systemic racism by centering racial equity and justice in our work. This is how we stand with our communities of color.

Before we begin, we want to offer a moment of silence to consider these words and how you might join us in this work.

Members

Organization	Member
Association of Educational Service Districts (AESD)	Dana Anderson
Archdiocese of Seattle	Sandra Barton Smith
Archdiocese of Spokane	Kathy Hicks
Archdiocese of Western Washington	Terri Fewel
Association of Washington Principles (AWSP)	Scott Seaman
Criminal Justice Training Commission (CJTC)	Bob Graham
Clear Risk Solution	Rich McBride
Department of Health (DOH)	Nancy Bernard
Emergency Management Division (EMD)	Stacey McClain
Educational Opportunity Gap Oversight and Accountability Committee (EOGOAC)	Rose Spidell

Members Continued

Organization	Member
Fire Marshal's Office	Barbara McMullen
Health Care Authority	Enos Mbajah
State Board of Education	Parker Teed
Washington Schools Risk Management Pool (WSRMP)	Amber Garriott
Commission on Asian Pacific American Affairs (CAPAA)	Brianne Ramos
Commission on Hispanic Affairs (CHA)	Myra Hernandez
Washington State PTA	Gwen Loosmore
Washington Association of Sheriffs and Police Chiefs (WASPC)	Aaron "Woody" Wuitschick

Members Continued

Organization	Members
Washington Education Association (WEA)	Sandy Hunt
Washington Federation of Independent Schools (WFIS)	Sharon Ricci
Washington Interscholastic Athletic Association (WIAA)	Justin Kesterson
Washington State Fusion Center (WSFC)	Matt Fehler
Washington State School Director's Association (WSSDA)	Abigail Westbrook
Washington School Safety Organization (WSSO)	Katie Gillespie
University of Washington	Lily
Vashon Island School District	Katherine

Members Continued

Organization	Member
Bellevue School District	Ishika
Kent School District	Nevada
North Mason School District	Mia
Aberdeen School District	Liam
Mukilteo School District	Connor
Lake Washington School District	Maryam
Highline Public Schools	Josue
Tacoma Public Schools	Hitender
Northshore School District	Laney
Lake Washington School District	Ava

Participants

Organization	Participant
Attorney General's Office (AGO)	Joyce Bruce
Department of Children, Youth, and Families (DCYF)	Shanna McBride
Forefront Suicide Prevention	Larry Wright
Kaiser Permanente	Jill Patnode
Mead School District	Jared Hoadley
OSPI	Kristin Hennessey
OSPI	Lee Collyer
OSPI	Scott Black
OSPI	Tammy Bolen
Seattle Public Schools (SPS)	Benjamin Coulter
UW SMART Center	Cathy Corbin

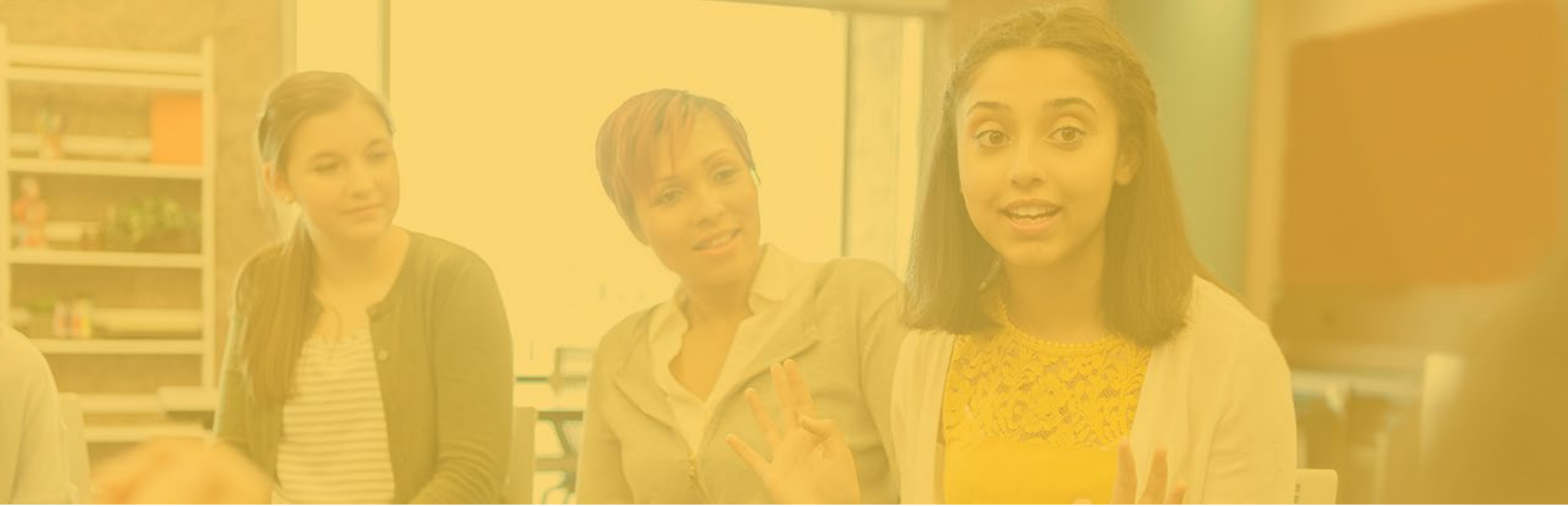
Meeting Attendance

- We will be using the participant list to capture attendance today.
- If you are attending in place of a member or participant, please identify yourself and the member/participant you are representing in the chat box.
- If you are an observer and would like to speak during the public comment section of this meeting, please notify us in the chat box.
- Please make sure your name is showing correctly; first and last. This will help us when putting individuals into breakout rooms later. To change your name, hover and select “Rename”.

Need Help?

If you have technical difficulties during the meeting, please use the chat box to contact Tayler Burkart, or email her at tayler.burkhart@k12.wa.us.

Today’s Agenda



Legislative and OSPI Updates

Legislative and OSPI Updates

- OSPI Updates
- CYBHWG Recommendations
- CYBHWG School-Based Subcommittee Recruitment

Meeting Focus: Mental Health Curriculum

Summit Recommendation: Mental Health Curriculum

- Expanding on and clarifying the recommendation

Student/Youth Mental Health Resource Library

Facilitated by Kelcey Schmitz, UW SMART Center

Development of a Tier 1 Mental Health Literacy Program Inventory

Todd Crooks
Jodie Buntain-Ricklefs
Kelcey Schmitz

UNIVERSITY of WASHINGTON

CHAD'S LEGACY PROJECT

SMART
School Mental Health Assessment Research & Training Center

Land Acknowledgment

The SMART Center and Chad's Legacy Project acknowledges that:

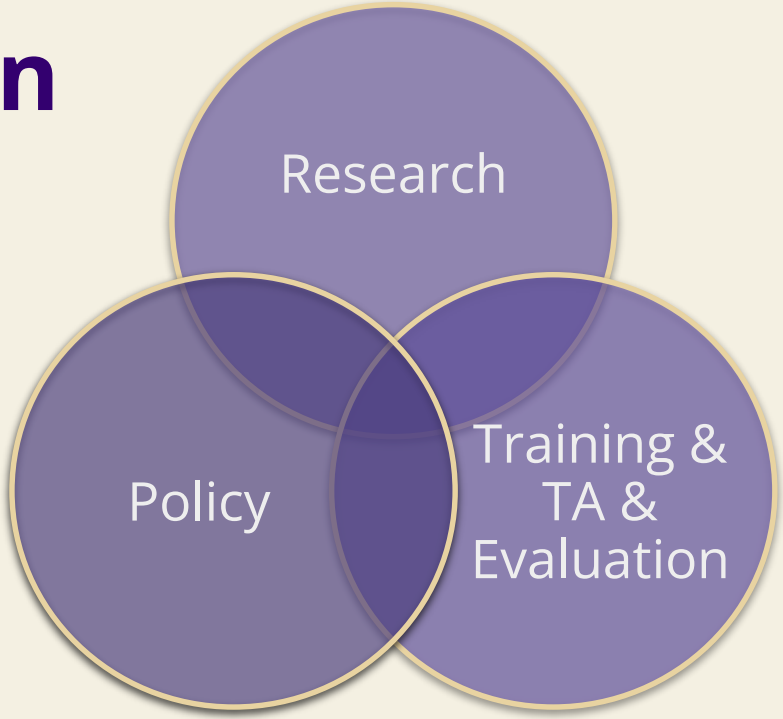
We learn, live, and work on the ancestral lands of the Coast Salish & Yakima Nations people who walked here before us, and those who still walk here.

We are grateful to aim to respectfully live and work on these lands with the Coast Salish, Yakima Nations and Native people who call this home.

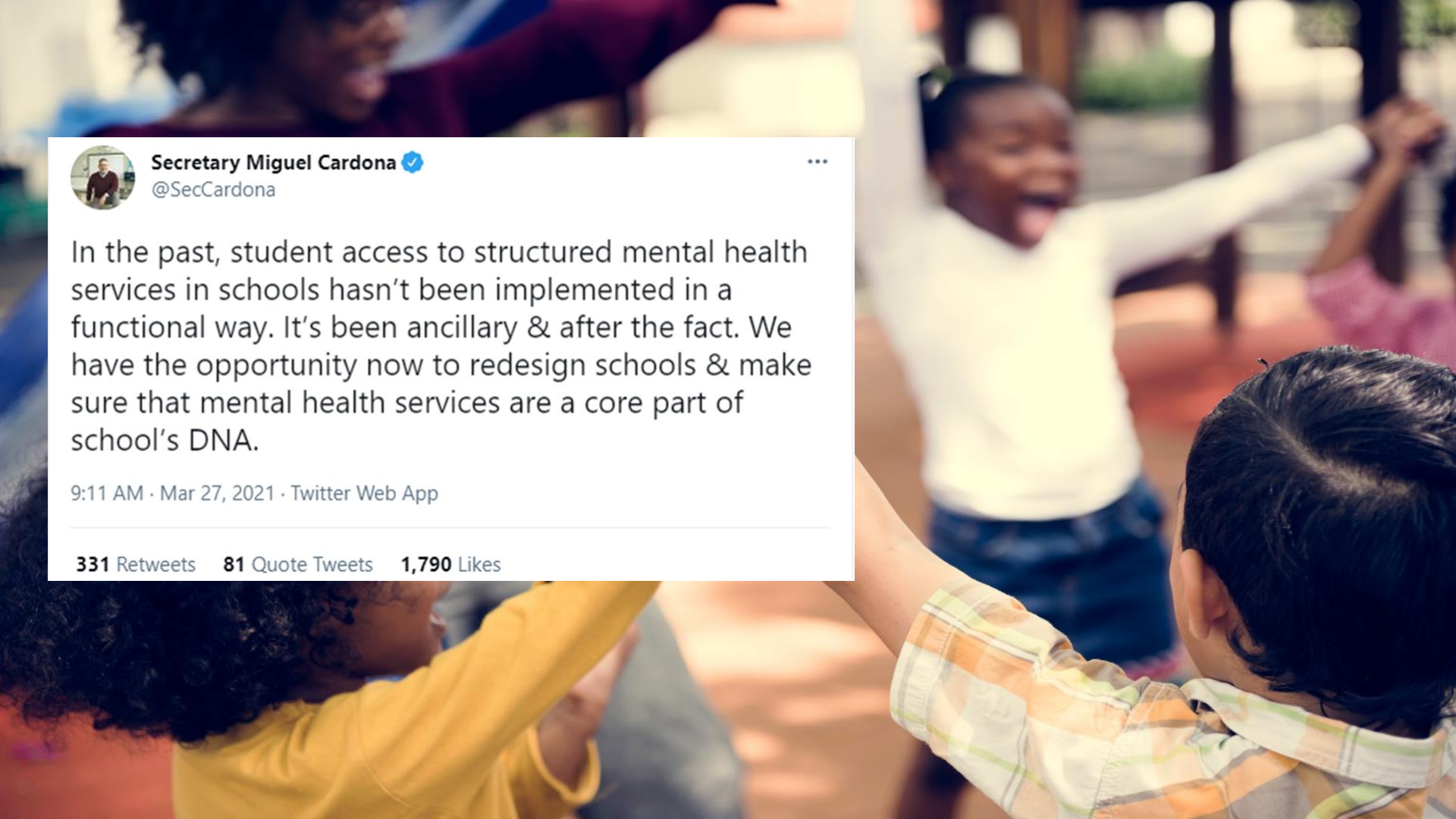
SMART
School Mental Health Assessment Research & Training Center

Mission

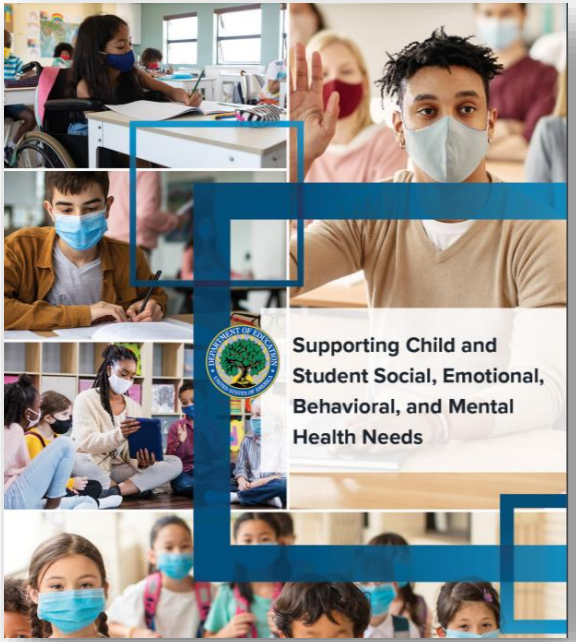
Promote high-quality, culturally-responsive programs, practices, and policies to meet the full range of social, emotional, & behavioral (SEB) needs of students in both general and special education contexts.



Website: https://depts.washington.edu/uwsmart
Email: uwsmart@uw.edu
Twitter: @SMARTCtr


Secretary Miguel Cardona
@SecCardona
In the past, student access to structured mental health services in schools hasn't been implemented in a functional way. It's been ancillary & after the fact. We have the opportunity now to redesign schools & make sure that mental health services are a core part of school's DNA.
9:11 AM · Mar 27, 2021 · Twitter Web App
331 Retweets 81 Quote Tweets 1,790 Likes

New Resource from US Department of Education

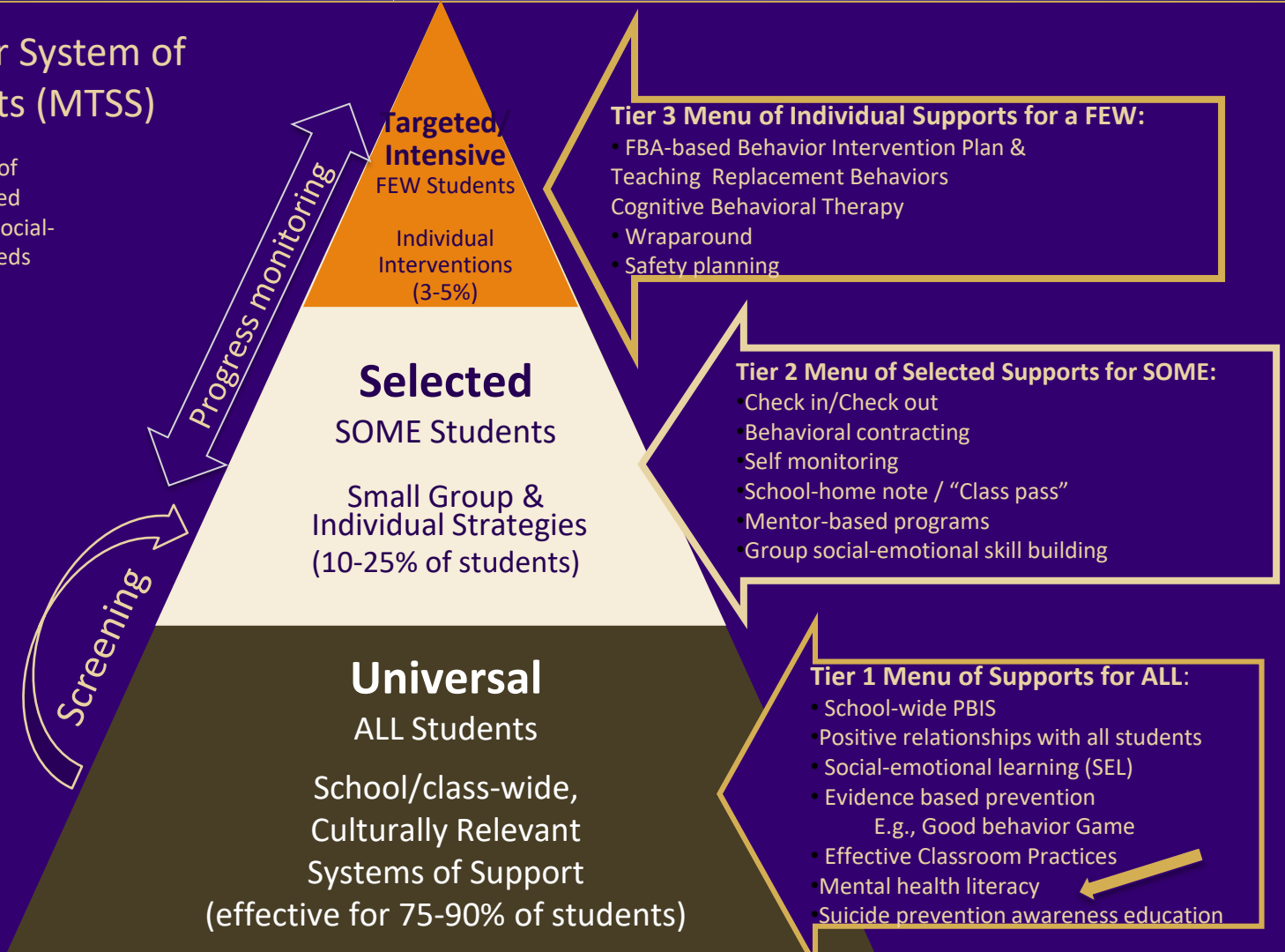


Challenges	Recommendations
1. Rising Mental Health Needs and Disparities Among Children and Student Groups	1. Prioritize Wellness for Each and Every Child, Student, Educator, and Provider
2. Perceived Stigma is a Barrier to Access	2. Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access
3. Ineffective Implementation of Practices	3. Implement Continuum of Evidence-Based Prevention Practices
4. Fragmented Delivery Systems	4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All
5. Policy and Funding Gaps	5. Leverage Policy and Funding
6. Gaps in Professional Development and Support	6. Enhance Workforce Capacity
7. Lack of Access to Usable Data to Guide Implementation Decisions	7. Use Data for Decision Making to Promote Equitable Implementation and Outcomes

https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf

Multi Tier System of Supports (MTSS)

A continuum of evidence-based supports for social-emotional needs



Tier 3 Menu of Individual Supports for a FEW:

- FBA-based Behavior Intervention Plan & Teaching Replacement Behaviors
- Cognitive Behavioral Therapy
- Wraparound
- Safety planning

Tier 2 Menu of Selected Supports for SOME:

- Check in/Check out
- Behavioral contracting
- Self monitoring
- School-home note / "Class pass"
- Mentor-based programs
- Group social-emotional skill building

Tier 1 Menu of Supports for ALL:

- School-wide PBIS
- Positive relationships with all students
- Social-emotional learning (SEL)
- Evidence based prevention
  - E.g., Good behavior Game
- Effective Classroom Practices
- Mental health literacy
- Suicide prevention awareness education

CHAD'S LEGACY PROJECT

www.chadslegacy.org

CLP Mission

- The creation of an educational environment that leads to the elimination of stigma around mental illness.
- To boost the effectiveness of current mental health treatment pathways through the advent of proactive care coordination and management.
- Identifying existing limited pockets of excellence and work to elevate them into broader systems of excellence.

Session Overview

#1	# 2	#3	#4	#5
What is Mental Health Literacy & why is it important?	How did we identify relevant programs for the Inventory?	What are the characteristics & level of research evidence for the identified MHL programs?	How does the MHL inventory work?	What are the next steps & lessons learned?

Importance of universal school-based mental health literacy programs for adolescents:

- Rates of youth mental health (MH) challenges and adolescent suicide ideation are at **historically high rates** and rising
- The **vast majority** of youth who experience MH challenges do not receive **needed help**
- Schools have the opportunity to more effectively **integrate** physical and mental health in education
- Well-implemented social-emotional learning (SEL) and mental health literacy (MHL) programs can improve **student wellness** as well as school-wide **academic success**

Schools' Role in Mental Health

Only 20% of youth who require mental health services receive them

SMH accounts for >70% of all MH services.
SMH improves access to care for underserved youths

Social-emotional learning programs improve achievement by 13% on average

Positive school climate protects youth from external risk factors

50% of mental illness begins **by age 14** and 75% begins **by age 24**

Source: Kessler, Amminger, Aguilar-Gaxiola, Alonso et al., 2007

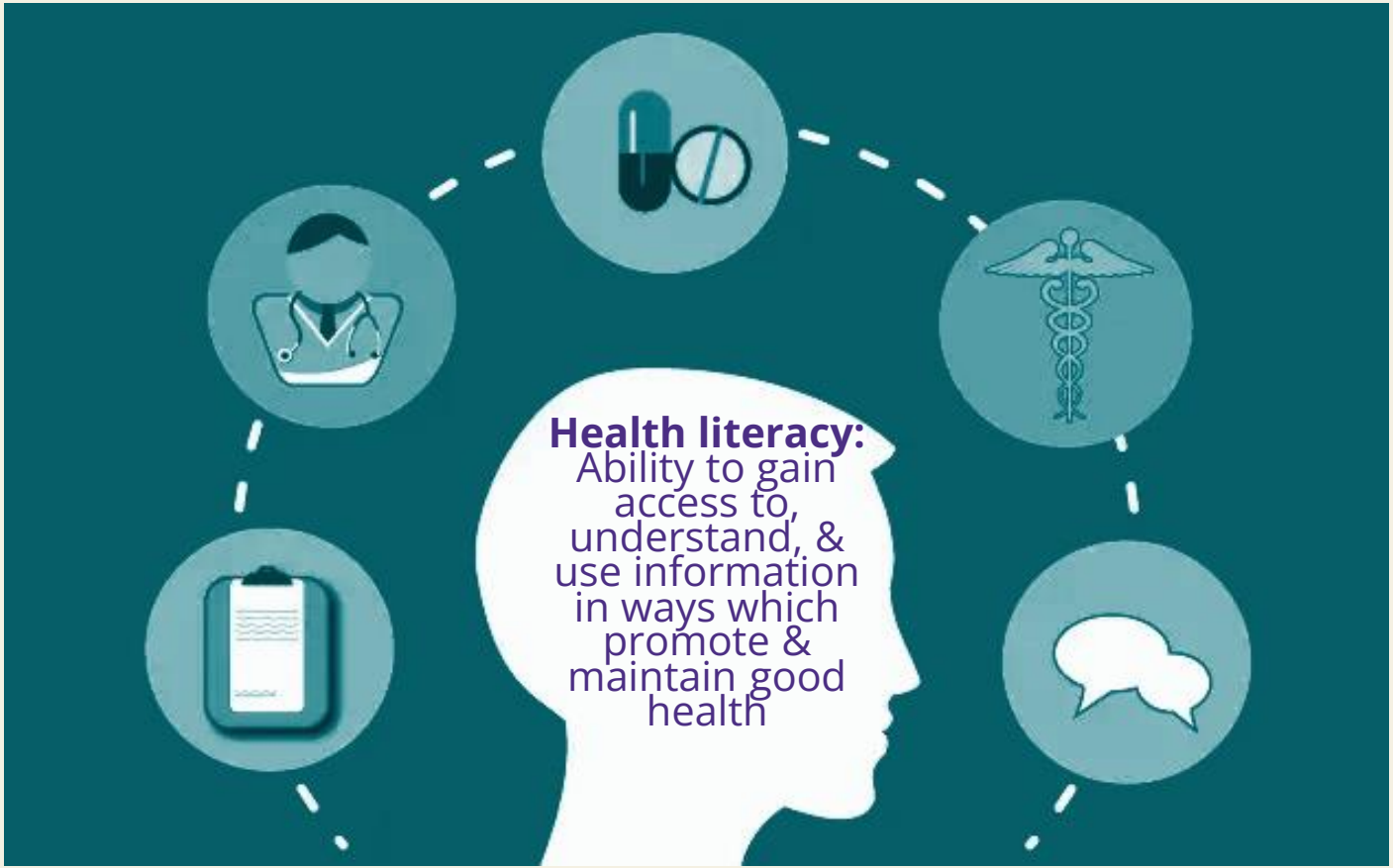
The average delay between onset of mental illness symptoms & treatment is:

11 years

Source: Wang et al., 2004

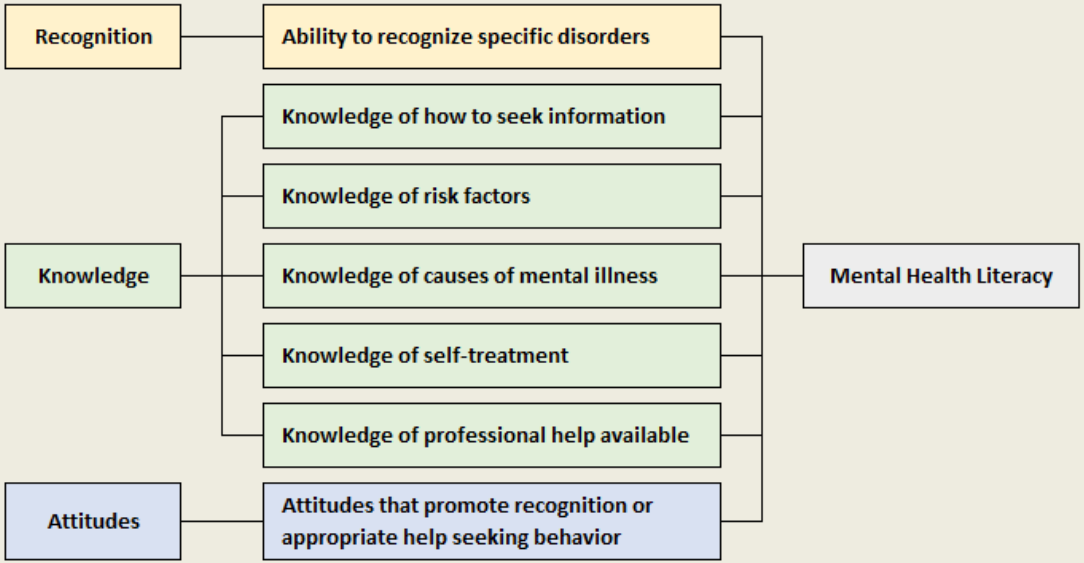
Background of Mental Health Literacy

Mental Health Literacy concept derived from Health Literacy



Source: Nutbeam et al, 1993.

Original Definition of Mental Health Literacy



"Knowledge & beliefs about mental disorders which aid their recognition, management, or prevention"

Source: Jorm et al., 1997

Mental Health Literacy Components

01 **Understand how to:**

Foster & maintain good mental health

02 **Understand how to:**

Seek help effectively for self & others

03 **Understanding:**

Mental disorders & their treatments

04 **Decrease stigma**

Reduce stigma related to mental illness

Source: Kutcher et al., 2016

MHL Program Review Process

Goals for the SMART-CLP Mental Health Literacy Program Inventory

- **Identify** Tier 1 school-based programs for high school students that meet an established definition for MHL
- **Determine** their alignment between identified MHL programs and WA State Learning Standards for Social-Emotional Health
- **Develop and Maintain** a publicly available online inventory of curricula, training, and school-wide programs related to MHL
- **Disseminate** information on the online Inventory and facilitate its use by districts and schools in WA state

Relevant Learning Standards from WA State Health Standards - Social Emotional Health

ADVOCATE

For reducing stigma associated with emotional, mental & behavioral health

IDENTIFY

School & community resources that can help a person with emotional, mental & behavioral health concerns

DESCRIBE

How self-harm or suicide impacts other people

DESCRIBE

Laws related to minors accessing mental healthcare

COMPARE & CONTRAST

Emotional, mental + behavioral illness, mental well-being & concurrent disorders.

EXPLAIN

How to help someone who is thinking about attempting suicide

Steps in the MHL Inventory Project

1. Identify potential programs: Scoping Review of **existing** MHL programs to identify programs that met criteria
2. Survey reach out to MHL program **developers** for additional information
3. Review survey results and assess research findings

2 Stages of Our Review Process

Program Inventory search

Journal Database search

What is a scoping review?

"A type of research synthesis that aims to 'map the literature on a particular topic or research area and provide an opportunity to identify key concepts; gaps in the research; and types and sources of evidence to inform practice, policymaking, and research."

Daudt et al., 2013.

Overall Scoping Review Inclusion Criteria

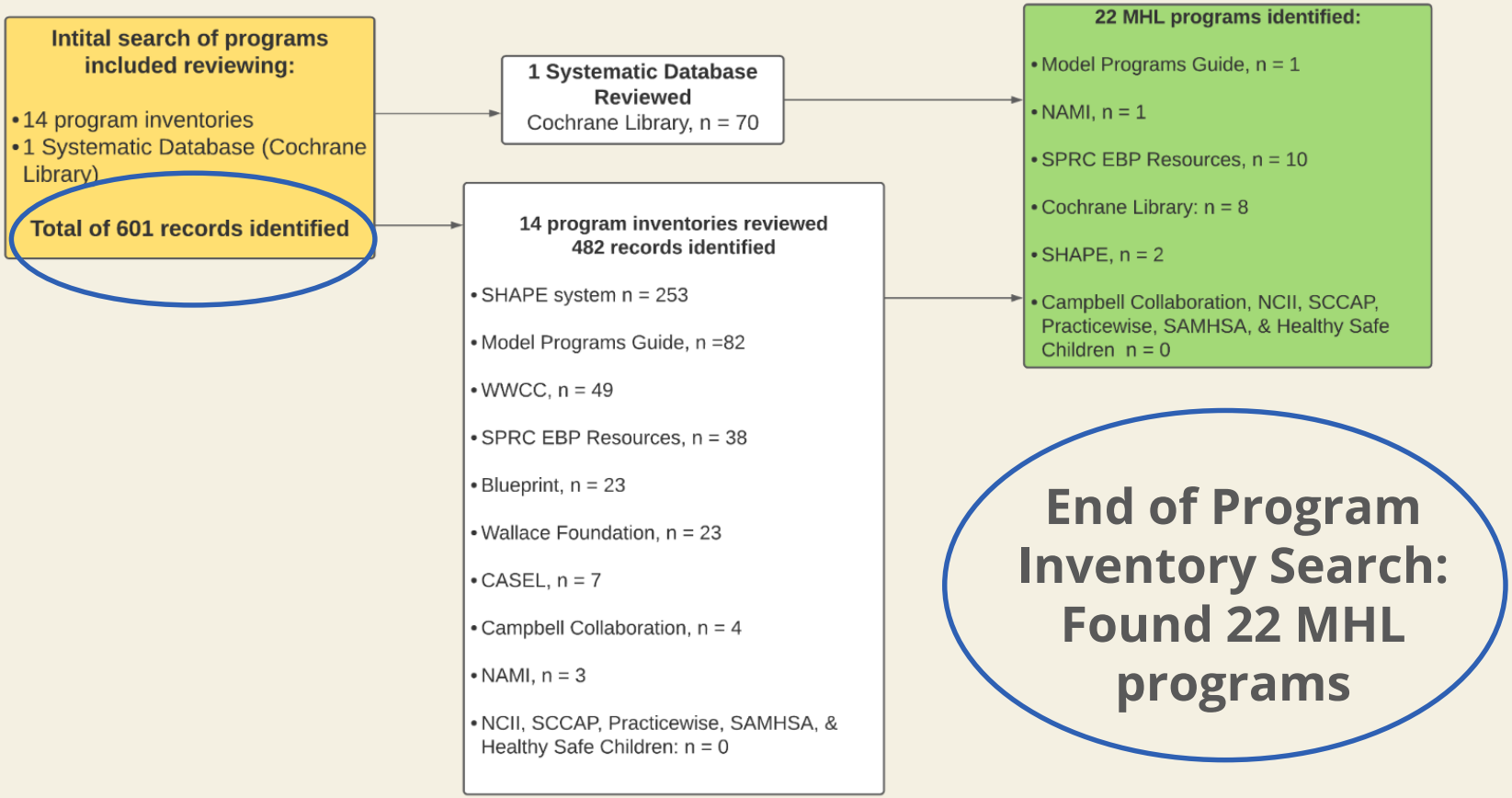
Primary Inclusion Criteria:

- Target population: High school students (14-18 yrs)
- Delivery setting: school-based/ educational setting
- Program Topic: mental health literacy, meet at least ¾ components of mhl definition

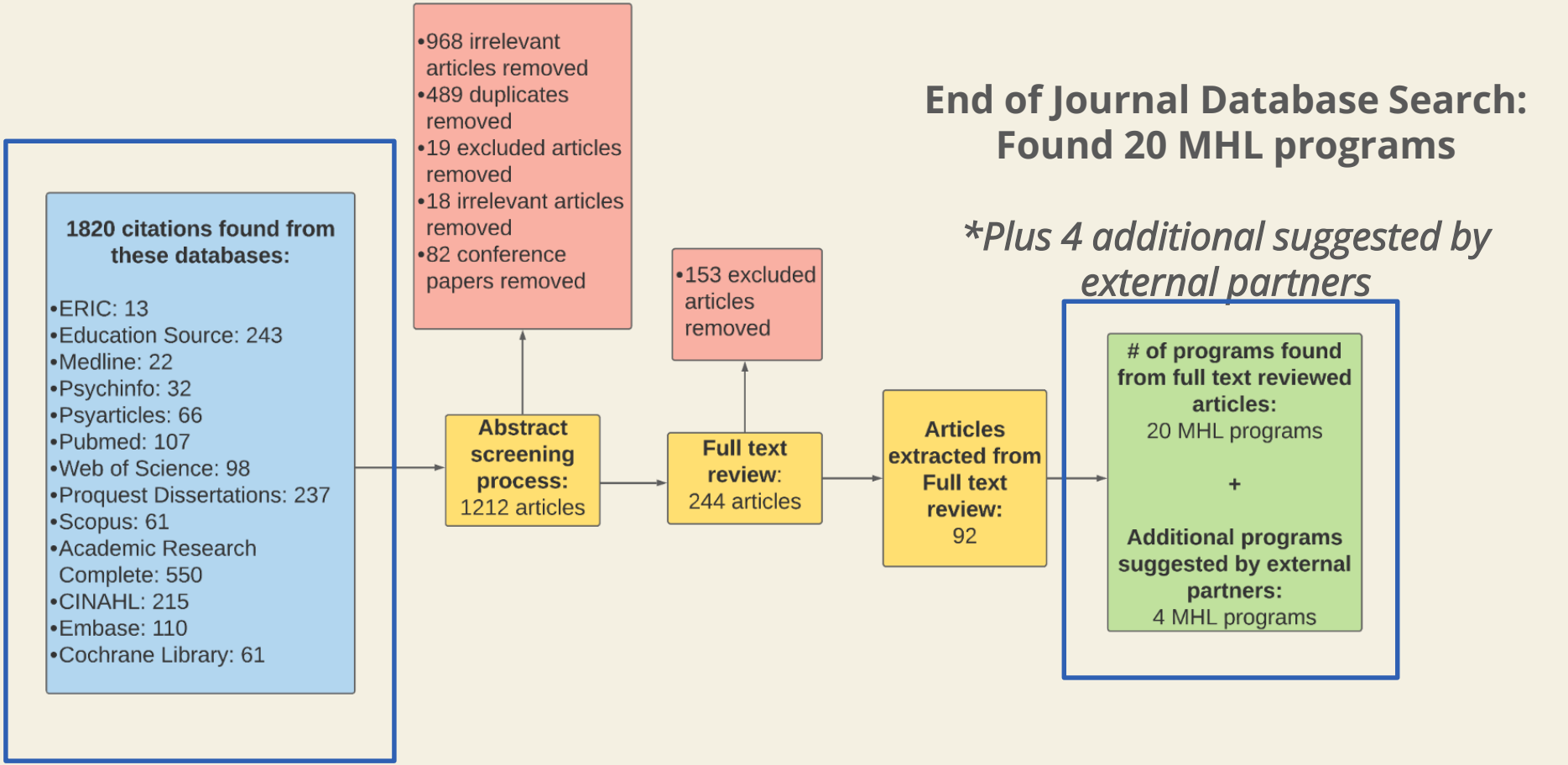
Secondary Inclusion Criteria:

- Language: English
- Tier level: Tier 1/Universal

Stage 1: Program Inventory Search



Stage 2: Journal Database Search



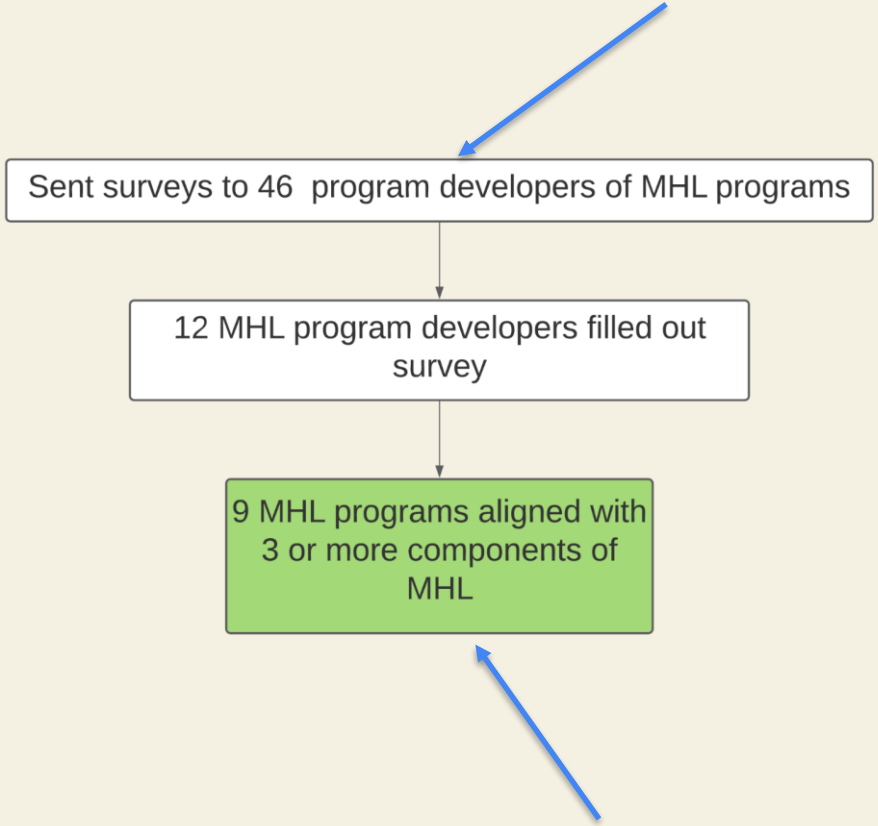
End of Journal Database Search: Found 20 MHL programs

**Plus 4 additional suggested by external partners*

Surveying MHL Program Developers

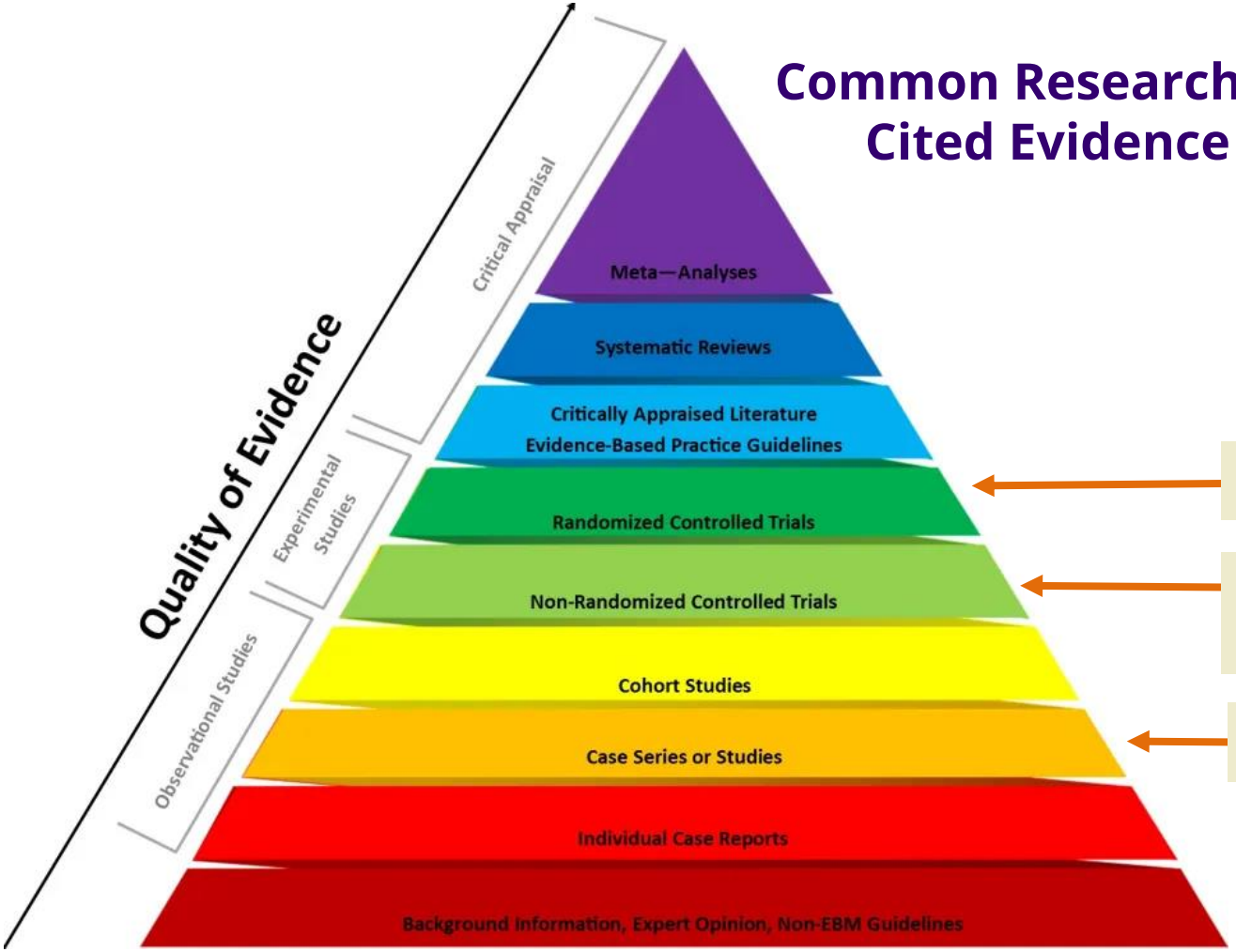
Collected information about:

- Extent of program's evidence
- Confirming if the program aligns with OSPI and MHL definition
- Program developer contact Information
- Program Implementation materials



MHL Programs: Evidence Review

Common Research Study Types that Cited Evidence of MHL programs



12 RCTs studies

4 Quasi-Experimental studies

5 Single Group studies

MHL Programs: Common Study Outcomes Assessed

MHL Program Inventory Website

MHL Program Online Inventory Website Review

www.mentalhealthinstruction.org

Questions?
Contact us:

Todd Crooks, toddcrooks@comcast.net
Jodie Buntain-Ricklefs, jjbr@uw.edu
Kelcey Schmitz, kelcey1@uw.edu

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Health Standards and Learning Outcomes and Graduation Requirements

Facilitated by Ken Turner, OSPI

Washington State Health Standards & Learning Outcomes

December 2021

Dr. Ken Turner
Associate Director of Health/Physical Education
Phone: 206-617-0288
Ken.Turner@k12.wa.us

Washington Office of Superintendent of
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Hi, I'm Ken and I use He/His/Him Pronouns

A little about my background…

- Worked with OSPI for 5+ years
- Mentored student teachers for WWU
- Managed Challenge Course and Zip Lines with Seattle Parks
- Instructed science, health, and physical education classes at several colleges
- Taught science at West Seattle High School
- Volunteer ski patroller for 18 years and EMT (volunteer)
- High school son (18) is in Seattle Public Schools

Hi, I'm Bailey and I may distract Ken from time to time

A little about my background…

- I am a Golden Doodle
- I turned 6 last summer
- I need 3-4 walks each day and I need to chew on my Hedgehog

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Presentation Overview

- Welcome, Self-Care Reminder
- Overview of Standards, Core Ideas, and Learning Outcomes
- Showcase some of our Learning Outcomes in Mental Health

Formative Assessment #1

How are you today?

Great

Good

Okay/Meh

Not Great

Health Education K-12 Learning Standards

1. **Comprehend concepts** related to health promotion and disease prevention to enhance health.
2. **Analyze the influence** of family, peers, culture, media, technology, and other factors on health behaviors.
3. Demonstrate the ability to **access valid information** and products and services to enhance health.
4. Demonstrate the ability to use **interpersonal communication skills** to enhance health and avoid or reduce health risks.
5. Demonstrate the ability to use **decision-making skills** to enhance health.
6. Demonstrate the ability to use **goal-setting skills** to enhance health.
7. Demonstrate the ability to **practice health-enhancing behaviors** and avoid or reduce health risks.
8. Demonstrate the ability to **advocate** for personal, family, and community health.

Formative Assessment #2

1. ***facts/content***
2. ***influencers***
3. ***access valid information***
4. ***communication skills***
5. ***decision making skills***
6. ***goal-setting skills***
7. ***practicing skills***
8. ***for advocate***

- What is the most common Standard you think is taught to students?

Formative Assessment #2

1. ***facts/content***
2. ***influencers***
3. ***access valid information***
4. ***communication skills***
5. ***decision making skills***
6. ***goal-setting skills***
7. ***practicing skills***
8. ***for advocate***

- What is the most common Standard you think is taught to students?

- Of the 8 standards, which is the LEAST one used in instruction?

Know the Core Ideas

- Wellness W
- Safety Sa
- Nutrition N
- Sexual Health Se
- Social Emotional So
- Substance Use/ Abuse Su

Know the Core Ideas

- Wellness W
- Safety Sa
- Nutrition N
- Sexual Health Se
- **Social Emotional** So
- Substance Use/ Abuse Su

How this all fits together

- Create a resource that outlines where and how students can access valid and reliable health information, products, and services.

How this all fits together

- Create a resource that outlines where and how students can access **valid** and reliable health **information, products, and services**.

How this all fits together

- Create a resource that outlines where and how students can access **valid** and reliable health **information, products, and services**. H3

How this all fits together

- Create a resource that outlines where and how students can access **valid** and reliable health **information, products, and services**. H3.W4.HS

Anatomy of a Learning Outcome

Health Education Core Idea: Safety (Sa)

Topic	Grade 6	Grade 7	Grade 8	High School
1. Injury Prevention	Identify guidelines related to bicycle, pedestrian, traffic, water, and recreation safety. H1.Sa1.6	Explain importance of being responsible for promoting safety and avoiding or reducing injury. H7.Sa1.7	Advocate for safety and injury prevention. H8.Sa1.8 Describe how some health risk behaviors influence safety and injury prevention practices. H2.Sa1.8	Analyze impact of decisions related to bicycle, pedestrian, traffic, water, and recreation safety. H5.Sa1.HS Describe how to prevent occupational injuries. H1.Sa1.HS Compare how family, peers, culture, media, technology, and other factors influence safety and injury prevention practices and behaviors. H2.Sa1.HS

Topic	Grade 6	Grade 7	Grade 8	High School
1. Self-Esteem	Describe factors that can influence self-esteem. H1.So1.6a Understand how to improve one's self-esteem. H1.So1.6b	Explain how self-esteem influences personal health choices. H1.So1.7 Describe personal choices that can positively impact self-esteem. H7.So1.7	Compare characteristics of high and low self-esteem and impacts on health. H1.So1.8 Demonstrate ability to make choices that positively impact self-esteem. H7.So1.8	Assess self-esteem and determine its impact on personal dimensions of health. H1.So1.HSa Understand changes in self-esteem can occur as people mature. H1.So1.HSb
2. Body Image and Eating Disorders	Describe how self-esteem and body image are related. H1.So2.6a Explain importance of a positive body image. H1.So2.6b	Explain how peers and media influence body image. H2.So2.7	Explain how body image influences eating disorders. H2.So2.8 Identify signs, symptoms, and consequences of eating disorders. H1.So2.8	Explain why people with eating disorders need support services. H3.So2.HS Identify supportive services for people with eating disorders. H1.So2.HS Describe how to support someone who has symptoms of an eating disorder. H8.So2.HS
3. Stress Management	Define stressor, eustress, and distress. H1.So3.6a Explain causes and effects of stress. H1.So3.6b Understand stress management	Differentiate between eustress and distress. H1.So3.7 Compare healthy and unhealthy ways of dealing with stress. H7.So3.7	Analyze effects of eustress and distress. H1.So3.8 Evaluate personal stress management techniques. H7.So3.8	Identify physical and psychological responses to stressors. H1.So3.HS Develop a personal stress management plan. H7.So3.HS

Topic	Grade 6	Grade 7	Grade 8	High School
	techniques. H7.So3.6			
4. Expressing Emotions	Explain importance of understanding other perspectives when resolving interpersonal conflicts. H1.So4.6a Summarize characteristics of empathy and compassion. H1.So4.6b Investigate resources for support when dealing with difficult emotions. H3.So4.6	Describe ways to manage interpersonal conflict. H1.So4.7a Explain how expressing emotions or feelings can influence others. H1.So4.7b	Demonstrate ways to manage or resolve interpersonal conflict. H4.So4.8 Compare and contrast the influence of family, culture, and media on how emotions are expressed. H2.So4.8	Advocate for ways to manage or resolve interpersonal conflict. H8.So4.HS Summarize strategies for coping with difficult emotions, including defense mechanisms. H1.So4.HS Demonstrate effective communication skills to express emotions. H4.So4.HS
5. Harassment, Intimidation, and Bullying	Describe different types of harassment, intimidation, and bullying. H1.So5.6a Analyze harmful effects of harassment, intimidation, and bullying. H1.So5.6b	Determine strategies for responding to harassment, intimidation, and bullying. H5.So5.7 Explain how harassment, intimidation, and bullying affect individuals, families, and communities. H1.So5.7	Describe possible consequences of harassment, intimidation, and bullying. H1.So5.8a Advocate for a bully-free school and community environment. H8.So5.8 Understand connection between bullying and harmful behaviors including suicide. H1.So5.8c	Analyze strategies to prevent and respond to different types of harassment, intimidation, and bullying. H1.So5.HS Compare and contrast the influence of family, peers, culture, media, technology, and other factors on harassment, intimidation, and bullying. H2.So5.HS

Topic	Grade 6	Grade 7	Grade 8	High School
6. Emotional, Mental, and Behavioral Health	Identify signs and symptoms of depression and anxiety. H1.So6.6a Describe situations that call for professional emotional and mental and behavioral health services. H3.So6.6 Identify reasons individuals may want to harm themselves. H1.So6.6b Understand that emotional and mental and behavioral health and well-being are as important as physical health and well-being. H1.So6.6c Define stigma related to mental and behavioral health. H1.So6.6d	Identify different emotional and mental and behavioral health disorders. H1.So6.7a Identify valid and reliable emotional and mental and behavioral health services. H3.So6.7 Identify risk factors associated with self-harm and/or suicide. H1.So6.7b Recognize how culture and media impact access to mental and behavioral health services. H2.So6.7 Demonstrate supportive responses to people who may be experiencing mental and behavioral health disorders. H4.So6.7 Identify how individuals experience stigma related to mental and behavioral health. H1.So6.7c	Explain causes, symptoms, and effects of emotional and mental and behavioral health disorders. H1.So6.8a Identify valid and reliable emotional and mental and behavioral health supports and services available to youth age 13 and older. H3.So6.8 Recognize signs that someone may be at risk of suicide. . H1.So6.8b Recognize stigma as it relates to emotional and mental and behavioral health. H1.So6.8d	Compare and contrast emotional and mental and behavioral illness, mental well-being, and concurrent disorders. H1.So6.HSa Describe how self-harm or suicide impacts other people. H1.So6.HSb Explain how to help someone who is thinking about attempting suicide. H1.So6.HSc Identify school and community resources that can help a person with emotional and mental and behavioral health concerns. H3.So6.HSa Describe laws related to minors accessing mental health care. H3.So6.HSb Advocate for reducing stigma associated with emotional and mental and behavioral health. H8.So6.HS

Mental Health & High School Curriculum Resource Alignment Map

WA Learning Outcomes: High School		Alignment to Mental Health & High School Curriculum Resource
Core Idea: Social Emotional Health		
Topic: Body Image and Eating Disorders		
H3.So2.HS	Explain why people with eating disorders need support services	Module 3, Activity 2, pages 95-98
H1.So2.HS	Identify supportive services for people with eating disorders	Module 4, Activity 1, pages 108-112
H8.So2.HS	Describe how to support someone who has symptoms of an eating disorder	Module 4, Activity 1, pages 108-112 Module 5, Activity 2, pages 118-122
Topic: Stress Management		
H1.So3.HS	Identify physical and psychological responses to stressors	Module 3, Activity 1, page 79 Module 6, Activity 2, pages 132-133
H7.So3.HS	Develop a personal stress management plan	Module 6, Activity 4, page 139
Topic: Expressing Emotions		
H1.So4.HS	Summarize strategies for coping with difficult emotions, including defense mechanisms.	Module 6, Activity 3, Pages 134-137
H4.So4.HS	Demonstrate effective communication skills to express emotions	Module 6, Activity 5, Pages 134-137 **Adaption*: preview the printable resource "How Do I Teen My Parent" with the class. Focus on pages 22-25 that cover communication and building relationships. Build in an opportunity for skill practice.
Topic: Emotional, Mental, and Behavioral Health		
H1.So6.HSa	Compare and contrast emotional and mental and behavioral illness, mental well-being, and concurrent disorders	Module 2, Activity 2, Pages 73-74 Module 3, Activity 3 and 4, Pages 80-107
H1.So6.HSc	Explain how to help someone who is thinking about suicide	Module 5, Activity 4, Pages 124-125 *Additional lesson plans or activities are encouraged to bolster outcome H1.So6.HSc
H3.So6.HSa	Identify school and community resources that can help a person with emotional and mental and behavioral health concerns	Module 5 - Mental Health Resources Pages 113-116 *Adaptions: A) Have students co-create the Mental Health Resource List with you through a brainstorm or discussion; orB) Have students create a Mental Health Resource List, review it, and then provide students with school, local, and state resources.

Alignment Resource: *Mental Health & High School Curriculum Resource* alignment with OSPI's 2016 Health K-12 Learning Outcomes, a component of the Health K-12 Learning Standards (2016).

Washington Office of Superintendent of
PUBLIC INSTRUCTION

MENTAL HEALTH & HIGH SCHOOL CURRICULUM GUIDE

UNDERSTANDING MENTAL HEALTH AND MENTAL ILLNESS

VERSION 3

teen mental health .org

Graduation Requirements in Washington

CPR/AED: Instruction in hands-on practice CPR/AED must be included in at least one health class necessary for graduation

.5 Credits of Health Education to graduate; students must be assessed in high school in Health

AIDS Omnibus Act: Requires HIV/AIDS prevention education every year from 5th grade through 12th grade

SB5395: Districts already providing Comprehensive Sexual Health Education must include info on consent and bystander training in 2020-21. Starting no later than the 2021-22, all districts must provide CSHE twice in high school.

Sexual Health Education

Instruction starting 2022-2023 school year

K-3: Instruction must occur AT LEAST once – but content required is Social Emotional Learning (SEL)

4-5: Instruction must occur ATLEAST once & must cover

Instruction starting 2021-2022 school year
Grades 6-8 | Instruction must occur AT LEAST twice
Grades 9-12 | Instruction must occur AT LEAST twice

SB 5395 | In grades 4 – 12 instruction must include information about:

- The physiological, psychological, and sociological developmental process experienced by an individual;
- The development of intrapersonal and interpersonal skills to **communicate**, respectfully and effective, to reduce health risks and **choose** healthy **behaviors** and relationships based on mutual respect and affection, and free from violence, coercion, and intimidation;
- Health care and prevention resources;
- The development of meaningful relationships and avoidance of exploitative relationships;
- Understanding the **influences** of family, peers, community and the media throughout life on healthy sexual relationships;
- Affirmative **consent** and recognizing and **responding safely** and effectively when violence or a risk of violence is or may be present, with strategies that include bystander training.

Can I change a health standard?

Can I change a health standard?

NO!

All students must be instructed and assessed with the health standards

- Can I change a grade-level outcome?

Can I change a health standard?

NO!

All students must be instructed and assessed with the health standards?

- Can I change a grade-level outcome?
- **HECK YEAH!**
- Demonstrate appropriate hand washing procedures.

Dr. Ken Turner

Associate Director of
Health/Physical Education

Phone: 206-617-0288

Ken.Turner@k12.wa.us

AESD Behavioral Health COVID Project

Facilitated by Erin Wick, ESD 113

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Behavioral Health COVID Response Project Update & Discussion

School Safety and Student Well-Being Advisory Committee
December 16, 2021

Our Time Today

- Who is the AESD?
- Statewide Initiatives & Support Structures
- Our “future vision” Behavioral Health for Children
- Behavioral Health COVID Response Project
- Progress to date
- Looking ahead

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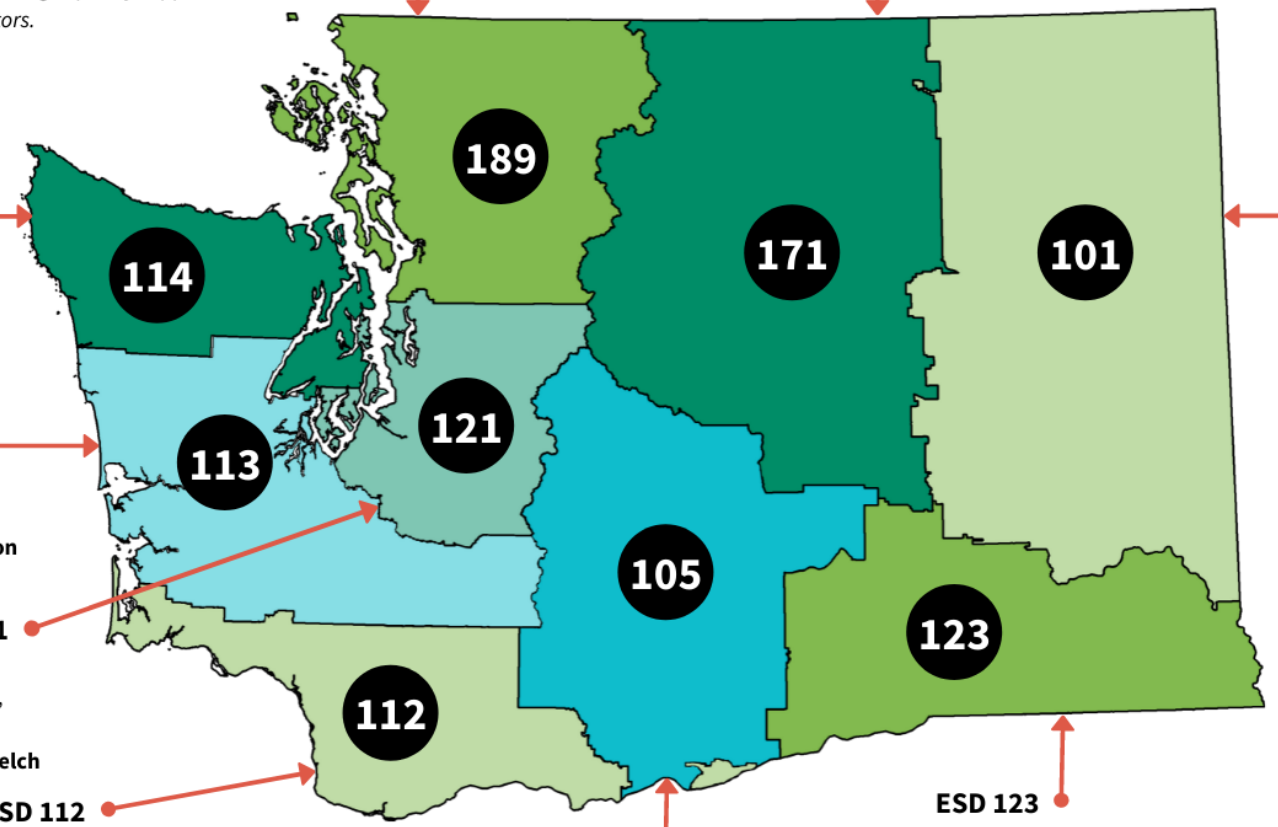
What *IS* the AESD?

Nine ESDs. One Network.

In partnership with OSPI, the AESD provides an aligned system of statewide assistance designed to ensure equity of access to high-quality support to every Washington school district and its educators.



Northwest ESD 189
- **35** school districts,
  1 tribal compact school
- Superintendent: **Larry Francois**

North Central ESD 171
- **29** school districts
- Superintendent: **Dr. Michelle Price**

Olympic ESD 114
- **15** school districts,
  2 tribal compact schools,
  1 public charter school
- Superintendent: **Greg Lynch**

NorthEast Washington ESD 101
- **59** school districts, **3** public charter schools
- Superintendent: **Dr. Michael Dunn**

Capital Region ESD 113
- **44** school districts,
  1 tribal compact school
- Superintendent: **Dr. Dana Anderson**

Puget Sound ESD 121
- **35** school districts,
  2 tribal compact schools,
  5 public charter schools
- Superintendent: **John Welch**

ESD 112
- **30** school districts
- Superintendent: **Tim Merlino**

ESD 105
- **25** school districts,
  1 tribal compact school
- Superintendent: **Kevin Chase**

ESD 123
- **23** school districts
- Superintendent: **Darcy Weisner**

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OSPI/AESD Statewide Initiatives

A regional delivery system for statewide services & initiatives

Learning

- Beginning Educator Support Training (BEST)
- Educator Networks
- Early Learning
- Teacher & Principal Evaluation (TPEP)
- Native Education
- Professional Learning
  - Computer Science
  - English Language Arts
  - Mathematics
  - Science & Climate Science
  - Inclusionary Practices
- System & School Improvement

Student Supports

- **Behavioral Health COVID Response**
- Career Connected Learning
- **Community Prevention & Wellness Initiative - Student Assistance Professionals**
- Early Learning
- Education Advocates / Institutional Education
- **Multi-Tiered Systems of Support**
- **Regional School Safety Centers**
- **School Nurse Corps**
- Special education

Operations

- District Operations
  - Communications supports
  - Fiscal support services
  - School construction
  - Hiring supports (i.e., fingerprinting, etc)
  - Information services (Skyward, WSIPC)
  - Insurance pools
- PPE purchasing & distribution
- Program evaluation
- School Accreditation
- Special education
- Student transportation

Intentional Leveraging of Statewide Initiative Structures

Executive Sponsorship

- ESD Superintendent representatives
- OSPI cabinet / departmental leads

Champion Roles

- ESD Assistant Superintendent representatives
- OSPI departmental / programmatic leads

Coordinating Support

- ESD Network-wide Lead Roles (initiative-specific)
- AESD/OSPI Network, Executive Director

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Connecting Initiatives

School Safety Centers

Behavior Health Navigator, Student Threat Assessment, Comprehensive Safety

- **27** regional positions statewide
- **Focus:** Training, technical assistance, region-wide community resource connections
- **Funding:** State funding through HB 1216

BH COVID Response

- **69** regional & site-based positions statewide
- **Focus:** Behavioral & Mental Health
- **Funding:** State-level ESSER III Funds from OSPI

Student Well-Being & Support Initiatives

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CPWI

Community Prevention & Wellness Initiative

- **90** school-based positions statewide supporting over **100** schools
- **Focus:** Substance use prevention
- **Funding:** Federal funding through Health Care Authority

MTSS

Multi-Tiered System of Support

- **9** Regional Implementation Coordinator working with **50** specific districts identified by OSPI
- **Focus:** Professional development and technical assistance focused on WA State MTSS Framework
- **Funding:** State and federal funding from OSPI

In Action: Student Assistance Professionals

[Rochester Video]

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AESD Behavioral Health COVID Response Project (ESSER)

Project Foundations
Statewide Service Expansion

- **51** Student Assistance Professionals
  - Providing substance abuse and mental health prevention and intervention services
- **9** Regional Behavioral Health COVID Response Coordinators
- **9** Regional Student Assistance Advocates

Connections across initiatives – regional & state-levels

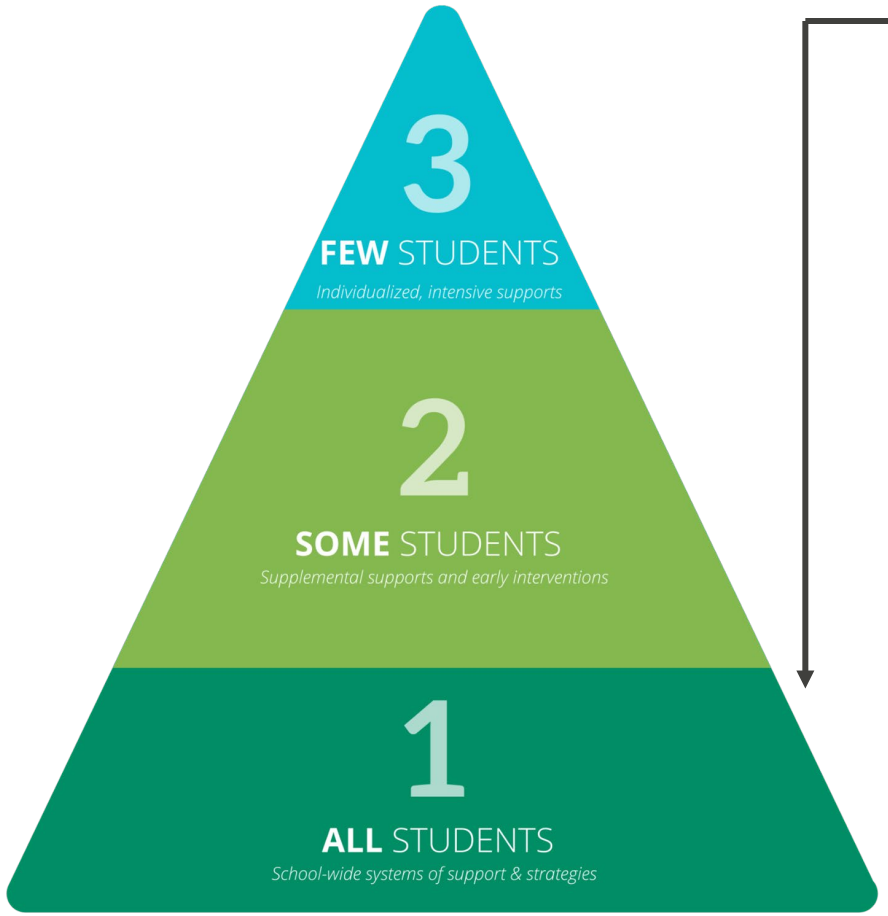
Network-wide Leadership & Coordination

(ESD 113 as coordinating lead)

- Coordination & connections across OSPI/AESD initiatives
- Statewide support, technical assistance, professional development, evaluation: UW SMART Center
- Statewide data collection system: LGAN
- Sustainability considerations from the start (program design, licensing, etc.)

Behavioral Health Coordinators

- *Program design, service delivery, and supervision supports with BH/MH services, and MTSS systems*
- *LEA/school structural supports (i.e., policy development & review)*



Regional Services

- Supervise the work of the Student Assistance Professionals
- Increased regional capacity to support LEAs/schools with EBP social, emotional, behavioral practices through use of MTSS/PBIS/ISF strategies
- Increased alignment and coherence within and across ESDs among state and federal student assistance initiatives (BH, CPWI, MTSS, safety centers, etc.)
- Formation of regional “BH COVID Response Teams”

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Coordinators List

Name	ESD	Role	Email
Amanda Kirkpatrick	ESD 101	BH COVID Response Coord.	akirkpatrick@esd101.net
Hope Baker	ESD 105	BH COVID Response Coord.	hope.baker@esd105.org
Sarah Ruhl	ESD 112	BH COVID Response Coord.	sarah.ruhl@esd112.org
Katie Cutshaw	ESD 113	BH COVID Response Coord.	kcutshaw@esd113.org
Michelle Dower	ESD 114	BH COVID Response Coord.	mdower@oesd114.org
Stacey Swilley	ESD 121	BH COVID Response Coord.	sswilley@psesd.org
Adriana Mercado	ESD 123	BH COVID Response Coord.	amercado@esd123.org
Crystal Fickey	ESD 171	BH COVID Response Coord.	crystalf@ncesd.org
TBD	ESD 189	BH COVID Response Coord.	

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Behavioral Health Student Assistance Advocate

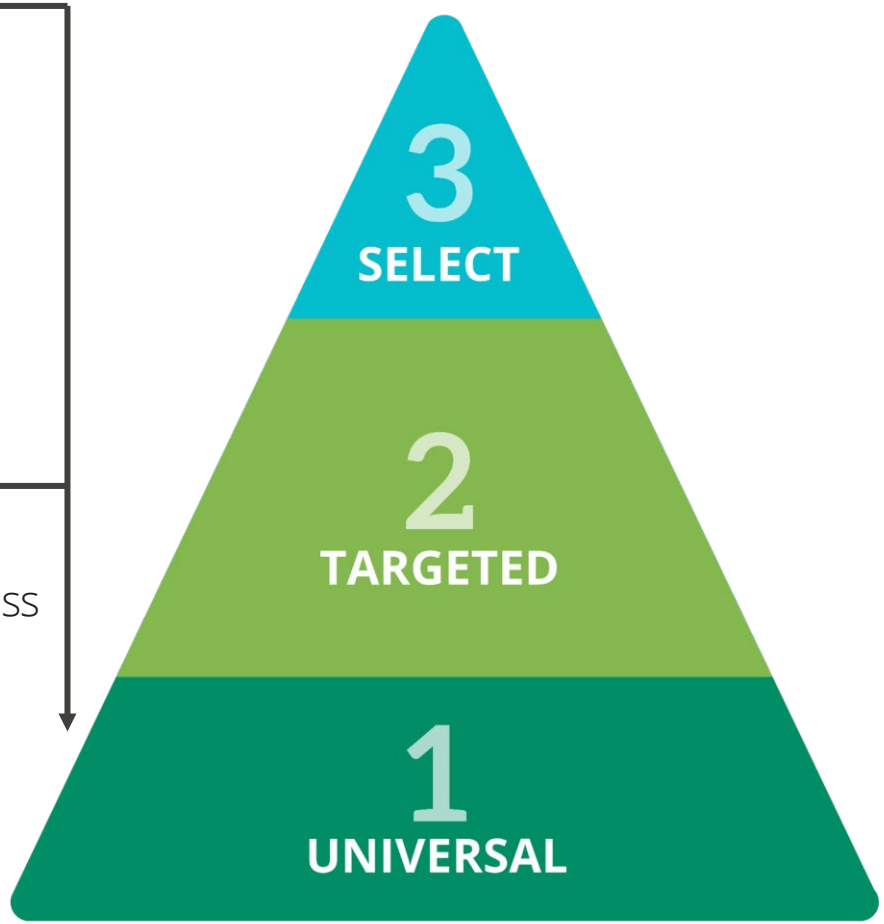
- *BH consultation, resources, training, technical assistance, office hours for LEAs & schools, students, as necessary*

Regional Services

- Increased ability to respond to and support LEA requests for BH supports.
- Increased availability of – and access to – school & district BH services, technical assistance, training, and coaching for all districts through regional "office hours"
- Increased LEA access to training and related materials for schools, families, communities (e.g. newsletters, prevention, posters, in-service activities, etc.)

School Level

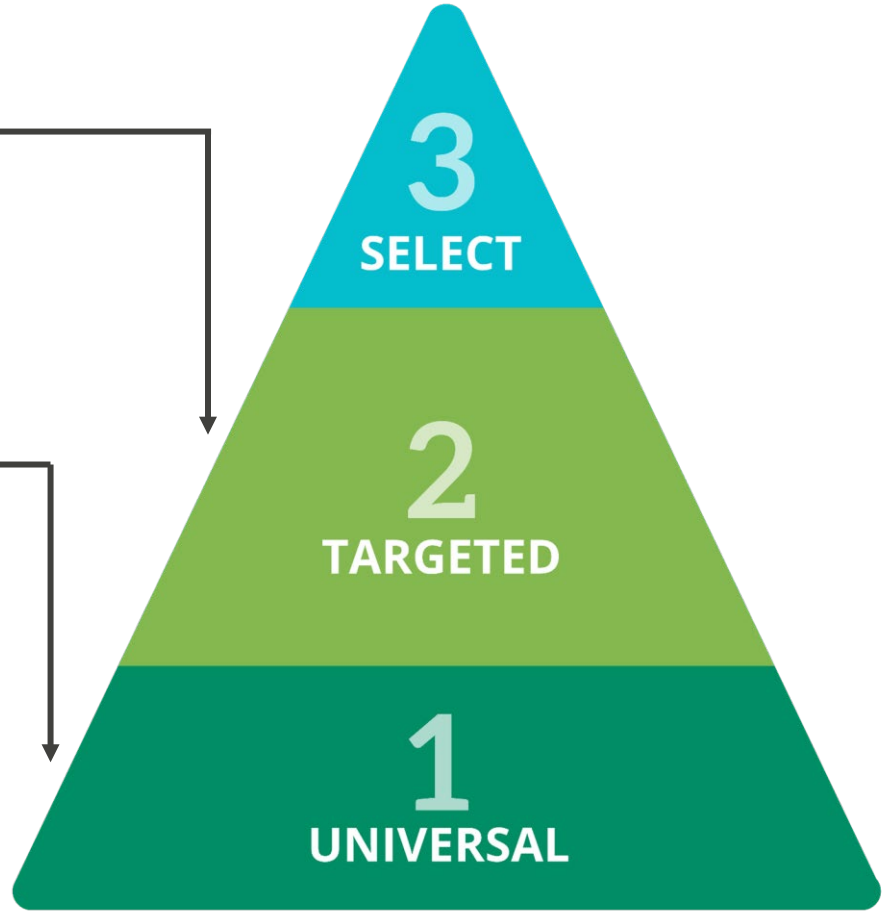
- Increased regularity of BH promotional awareness, (including facilitation of classroom presentations and providing districts with BH promotional awareness materials)
- Increased school-wide capacity for BH and prevention support including staff training and family education



Student Assistance Professional Behavioral Health Services – Tiers 1 & 2 Supports

POSITIONS: Student Assistance Professionals

- **Targeted behavioral health interventions:**
  - Behavioral health screening & referral
  - Individual/group intervention
  - Skill development and practice
  - Staff consultation for identified students
- **School-wide prevention/awareness services and training:**
  - Substance use/abuse prevention
  - Mental health promotion & suicide prevention
  - Trauma-informed practices
  - Family/community education & engagement
- **Student support team coordination**



Collaboration is Key

Role of the SAP	Role of the School	Role of the Community
• Prevention education • Behavioral health promotion and awareness • Participation on school multi-disciplinary team • Screen students for behavioral health concerns • Early intervention support services • Behavioral health treatment • Referral and resources	• Policy development and enforcement • Provide confidential office space for SAP • Refer students to the SAP • Convene and participate in the school multi- disciplinary team • Promote SAP services within the school community	• Establish community norms that foster healthy behaviors • Community-based behavioral health promotion, awareness and education

Source: OSPI. (2012). Washington's Student Assistance Prevention-Intervention Services Program: Program Manual
https://www.k12.wa.us/sites/default/files/public/preventionintervention/pubdocs/sapispmanual2012.pdf

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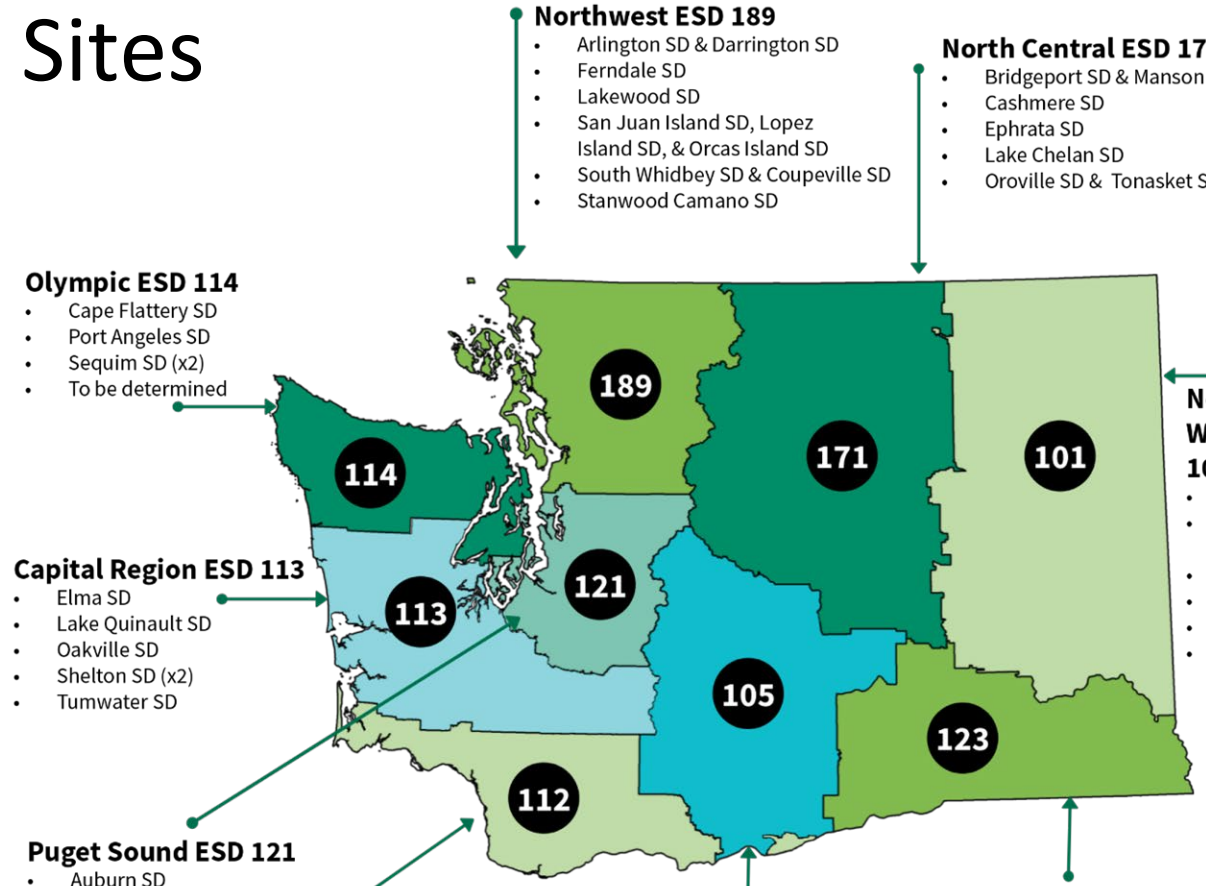
BH Covid Sites



Northwest ESD 189
- Arlington SD & Darrington SD
- Ferndale SD
- Lakewood SD
- San Juan Island SD, Lopez Island SD, & Orcas Island SD
- South Whidbey SD & Coupeville SD
- Stanwood Camano SD

North Central ESD 171
- Bridgeport SD & Manson SD
- Cashmere SD
- Ephrata SD
- Lake Chelan SD
- Oroville SD & Tonasket SD

Olympic ESD 114
- Cape Flattery SD
- Port Angeles SD
- Sequim SD (x2)
- To be determined

NorthEast Washington ESD 101
- Colville SD
- Chewelah SD & Reardon SD
- Deer Park SD
- Nine Mile Falls SD
- East Valley SD
- Rosalia SD & Next Generation Zone & Open Doors

Capital Region ESD 113
- Elma SD
- Lake Quinault SD
- Oakville SD
- Shelton SD (x2)
- Tumwater SD

Puget Sound ESD 121
- Auburn SD
- Bethel SD
- Colver Park SD
- Federal Way SD
- Fife SD
- Franklin Pierce SD
- Tukwila SD

ESD 112
- Goldendale SD
- Kalama SD
- Skamania SD/ Open Doors
- Toutle Lake SD
- Vancouver SD
- White Salmon Valley SD

ESD 105
- East Valley SD
- Selah SD
- Yakima SD (x2)
- Zillah SD

ESD 123
- Columbia (Burbank) SD
- Kennewick SD
- North Franklin SD
- Pasco SD
- Richland SD

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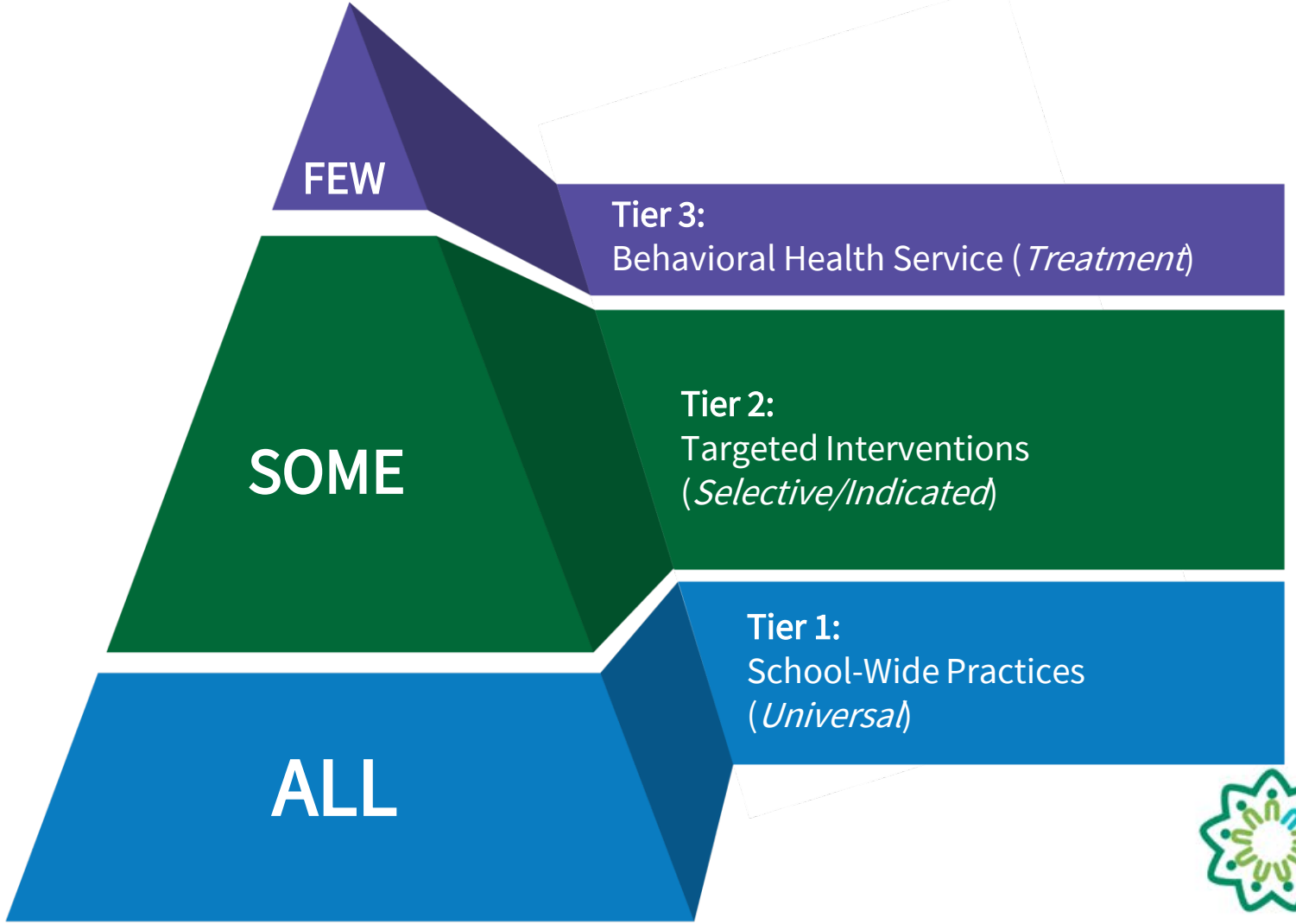
School Based Behavioral Health Services



Future Service Enhancements

COVID Response Student Assistance Program

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Professional Development and Support Plan for Washington State School-Based Covid Behavioral Health Response Initiative

SMART Center and OSPI support

Training and Support to ESDs and Districts to Implement High Quality MTSS

SAP Training, Support, and Professional Development

From Regional ESD and ESD113:

- Support to implement SAMHSA Student Assistance model
- Telehealth support, including both treatment and consultation

From State BH Strike Team/SMART:
Support to implement basic principles of effective behavioral health service (individual and group based)

Regular SAP Consultation/Office Hours

COVID Response Coordinators (N=9)

Student Assistance Professionals (N=51)

COVID Resp Advocates (N=9)

From ESD113/SMART: Support to implement group-based CBT via TRAILS to Wellness model

LEA Outcomes:

- Improved capacity to implement MTSS
- Improved provision of SEL and BH services

Regional/State Outcomes:

- Improved regional capacity to support districts & schools
- Improved statewide capacity for behavioral health services

Student Outcomes:

- Improved awareness of & access to BH services
- Increased use of BH Services
- Improved student behavioral health outcomes
- Improved student academic outcomes

Evaluation/ CQI:

Are schools using MTSS best practices?

Is PD meeting needs of SAPs?

What are SAPs doing in schools?

Are students being IDd and referred?

Are students getting better?

Evaluation of the School Behavioral Health COVID Response Initiative

State level Impact	Regional Impact	District/School Impact	Student level Impact
Aligned framework and model for delivering BH services at regional and local levels utilizing MTSS/PBIS/ISF strategies	Regional capacity to support LEAs/schools with EBPs and MTSS/ISF strategies	Prevalence and engagement of school (e.g., MTSS) teams	Student awareness of behavioral health warning signs and symptoms
Increased alignment and coherence of programs and services across state and federal student assistance initiatives (BH, CPWI, MTSS, safety centers, etc.)	Regional capacity to provide BH technical assistance, training, and coaching to all districts	Regularity of Beh. Health promotional awareness	Student knowledge and self-efficacy around behavioral health help-seeking
	Increased LEA access to training and related materials for schools, families, communities	Staff awareness of student identification/referral process	Rate of referral and use of Beh. Health services for students in need
	Increased alignment and coherence of state and federal student assistance initiatives (e.g., BH, CPWI, MTSS, safety)	Increased school-wide capacity for multi-tiered behavioral health, including Prevention, BH intervention, staff training, and family education	Student behavioral health and well being
	Increased ability to respond to and support LEA requests for BH supports		Student academic outcomes: Attendance, course completion, GPA, discipline incidents

Discussion & Considerations

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For more information

Please reach out if you'd like to learn more about these statewide programs and who to connect with in your ESD region.

Jessica Vavrus, AESD/OSPI Network Executive Director

jvavrus@waesd.org

Erin Wick, ESD Network Behavioral Health COVID Response Lead

ewick@esd113.org

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Thank you!

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Break

Break! (15 Minutes)

Please remain logged in during the break. We recommend muting your microphone and turning off your camera.

Please feel free to take this time for yourselves.

SS-SWAC-YAC Presentation:

Mental Health & The Transition To In-Person Learning

SS-SWAC-YAC

Speakers

- Katherine (she/her): 12th grader at Vashon Island High School, Chair
- Liam (he/him): 12th grader at Aberdeen High School

Reaching Out

- Students met with punishment when in need of help
- Often diminished
- Trust and compassion

School Transition

- Schools started the year with compassion
- Have transitioned suddenly to “back to business”
- This can be jarring and unsettling
- Makes it more difficult for students to take care of themselves

Interaction

- Student with unequal isolation come back with different experiences
- Student must be given grace
- No real chance to interact on zoom, making it difficult to interact in person

Lack of Experience

- Many students haven’t experienced school for two years
  - This has impacted their progression through school
- Lack of experience can lead to disciplinary violations:
  - Fights
  - Graffiti and vandalism
  - Destruction of property
  - Drug use
  - Skipping class
- Many of these are also symptoms of poorly regulated mental health

Resources, Tools, and Accomodations

- The barriers to receiving accommodations need to be lowered
  - Students with poor mental health will struggle to navigate complex systems like the bureaucracy surrounding the acquisition of accommodations
    - This can lead to more disciplinary violations
- Students need more time to receive help from teachers

Communication Between Staff and Student

- Change of policy with no clarification
- Lack of collaboration between teacher and students
- Policies are unchangeable
- Counselors are frequently inaccessible

We cannot punish students into doing what they’re asked, we have to ask what they need and then provide it, so they may meet our expectations

Questions?

If we don’t get to all of them, or you think of any afterward, please email them to our advisor Ella DeVerse (ella.deverse@k12.wa.us) and she will forward them to us.

Revolving Breakout Learning Sessions

Breakout Room Topics

Secondary Traumatic Stress

Comprehensive School Safety Update

Data Collection and Monitoring Update

Revolving Breakout Sessions

You will be divided into three breakout rooms.

You will remain in this room for all three of the breakout sessions.

Presenters will move from room to room and engage with attendees.

You will have the opportunity to hear a short presentation with time for Q&A and discussion.

Please feel free to reference and utilize the read ahead materials we provided to you during the presentations.

We will reconvene after the breakouts to discuss as a group.

Reconvene for Discussion

Public Comment

Closing Remarks/Adjournment

Upcoming Meetings

SS-SWAC Meeting #3

- February 24, 2021; 9:00 am – 12:00 pm

SS-SWAC Meeting #4

- April 21, 2021; 9:00 am – 12:00 pm

Annual School Safety Summit

- June 16, 2021; 9:00 am – 4:00 pm