

WA School-based Behavioral Health Landscape

WA Office of Superintendent of Public Instruction (OSPI)

Lee Collyer | *Director, School Health & Safety*

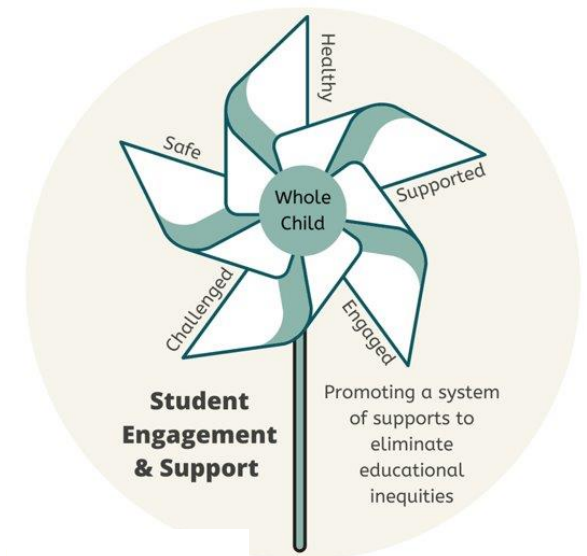
Christian Stark | *Program Supervisor, Behavioral Health & Suicide Prevention*

Tammy Bolen | *Program Supervisor, Social Emotional Learning Lead*

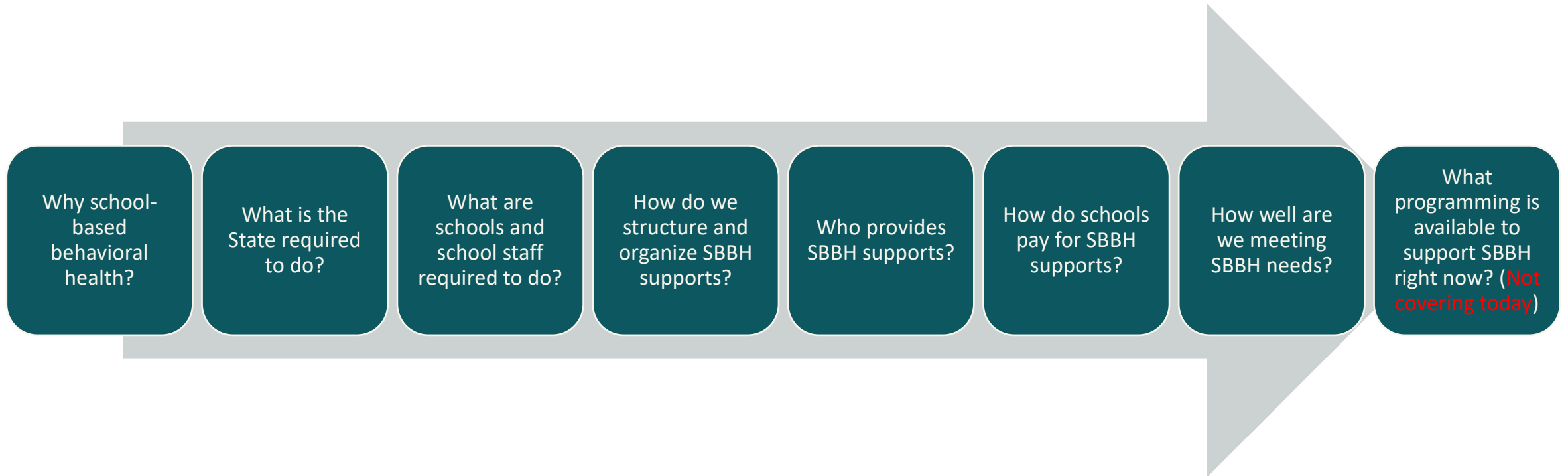
Bridget Underdahl | *Mental Health Systems Lead*



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Roadmap for Today

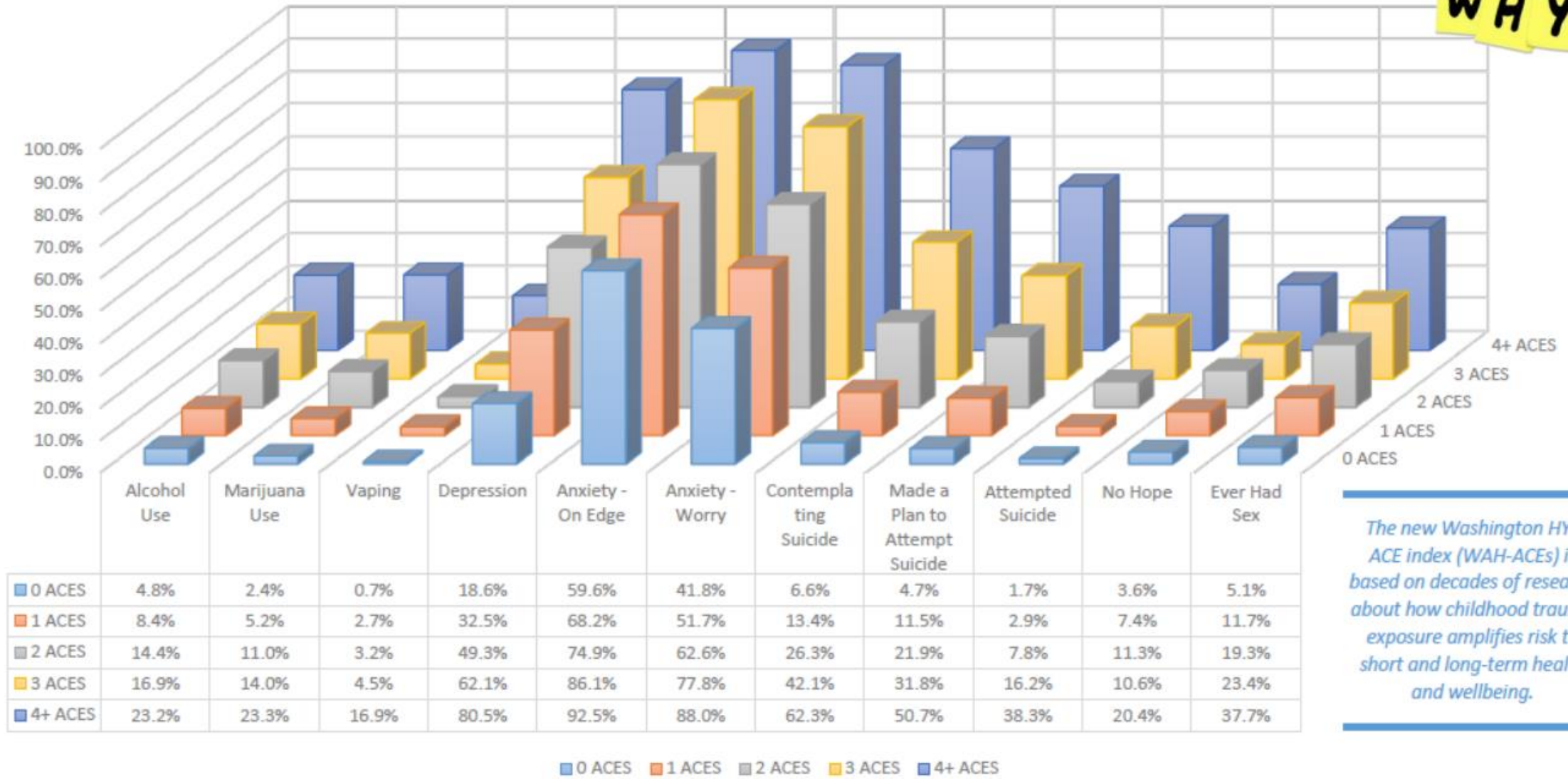




Why school-based behavioral health?

Washington State Healthy Youth Survey - 10th Grade WAH-ACES Score and...

WHY?

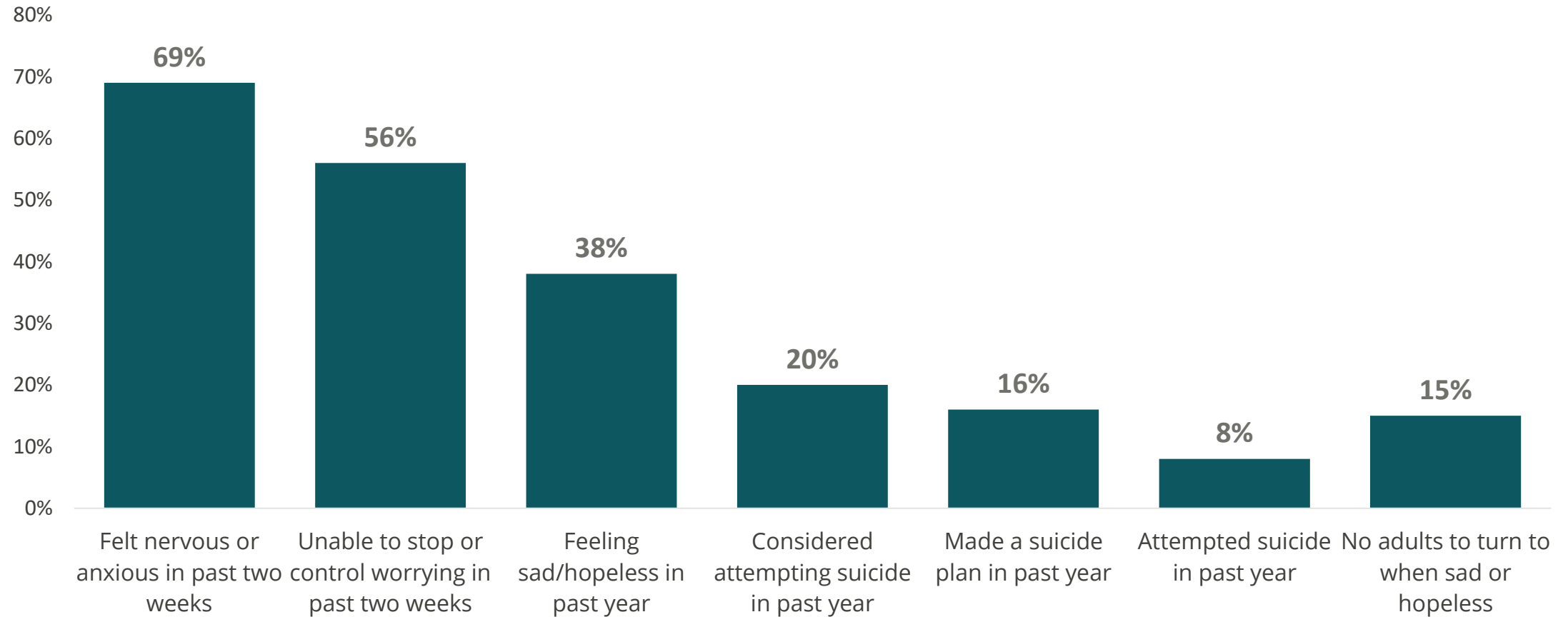


The new Washington HYS ACE index (WAH-ACEs) is based on decades of research about how childhood trauma exposure amplifies risk to short and long-term health and wellbeing.



What Washington Youth are saying

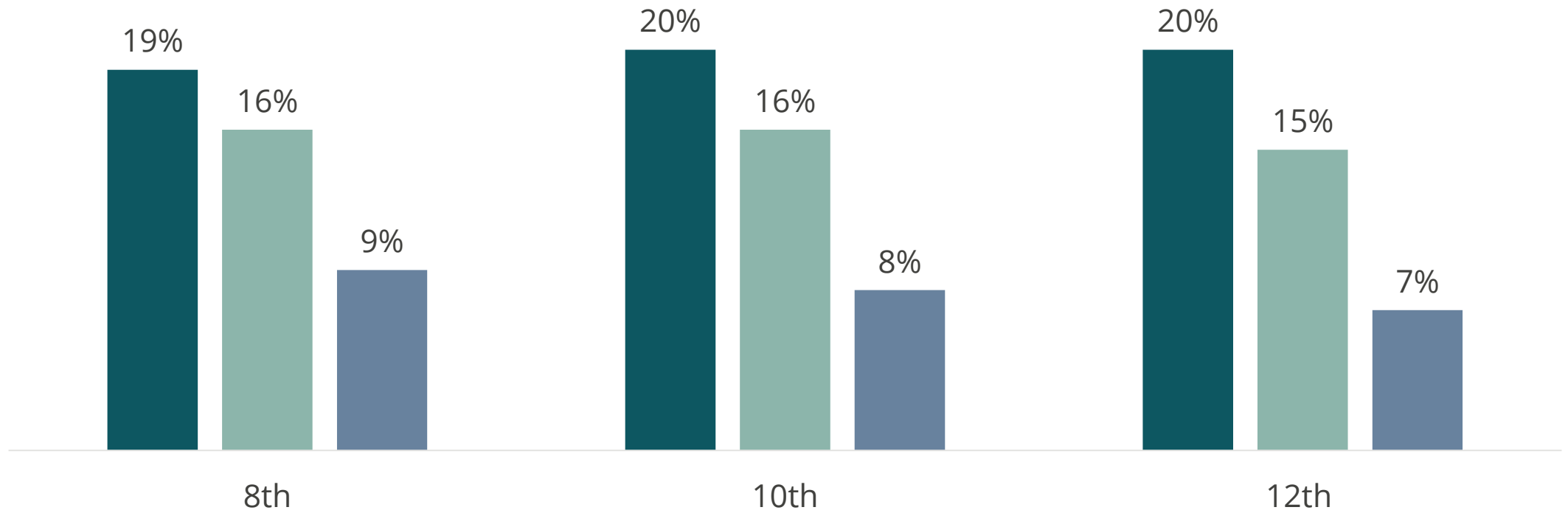
Mental Health Indicators, Grade 10, HYS 2021



What Washington Youth are saying

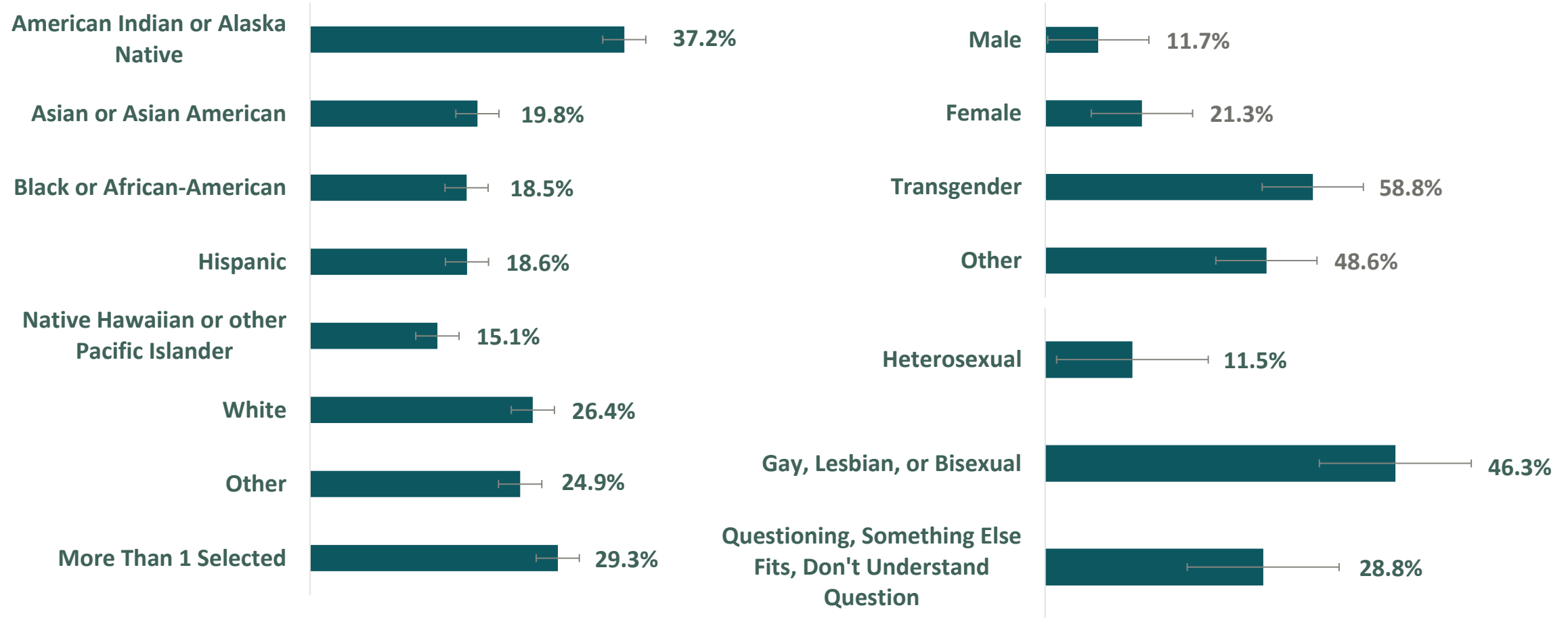
Suicidal Feelings & Actions – Healthy Youth Survey (HYS) 2021

■ Considered suicide ■ Made a plan ■ Attempted



Contemplation of Suicide – 10th Grade

Healthy Youth Survey (HYS) 2021



The Case for School Mental Health (SMH)

SMH is associated with positive mental health outcomes for children & youth

Research shows that schools are the most common place young people seek and receive mental health services

School-based social-emotional learning and strong systems to promote a positive culture improve academic outcomes

School mental health services are essential to assuring our schools are safe





What is the State required to do?

Office of Superintendent of Public Instruction (OSPI)

State Education Agency (SEA)



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Recognition, Screening & Response

[RCW 28A.320.127](#) – As of the 2014-15 SY, districts must adopt a plan for recognition, screening, and response to emotional or behavioral distress in students. The requirements of this plan include considerations for substance abuse, violence, suicide, and sexual abuse.

Model Plan Template

- Created by OSPI in partnership with the UW SMART Center and UW Forefront
- Provide guidance to districts on effective screening, response, and referral

Statewide Data Collection (part of HB 1214, 2021)

- 2022-23, OSPI surveyed **all** school districts to determine compliance
- Shared data with BHNs to guide statewide consolidation

Behavioral Health Navigator Program

Promote Access to Supports

- Navigators conducted district interviews about existing **barriers** and specific **needs** in accessing equitable behavioral health supports for students in each region

Network Success

- Navigators **meet bi-weekly** to collaborate and share resources, engage in technical assistance and trainings with regional & state partners and subject matter experts.

Suicide Prevention Trainings

- Navigators conduct **suicide prevention trainings** for districts across their regions and connect districts to external training opportunities

School Plan Support

- Navigators **support schools** with their **plans** for recognition, screening, and response as required by [RCW 28A.320.127](#) using the Model District Template



Notes on OSPI Authority

OSPI **does** provide guidance and technical assistance & support programming related to SBBH

OSPI **does not**:

- Provide funding to districts (outside of basic education dollars) for SBBH
- Have regulatory authority over how, and to what extent, districts develop SBBH supports
- ‘Oversee’ behavioral health services in K12 education
- Provide districts with strategic direction on the minimum level of support schools are expected to provide students, **nor**, oversight to ensure it takes place

More on this later...

Health Care Authority (HCA)

State Medicaid Agency



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HCA Requirements

Administer Apple Health (Medicaid) program

Provide information about Medicaid and school-based billing options





What are schools and school staff required to do?

Recognition, Screening & Response

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

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

Important Notes:

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



SBBH Training Requirements

Training for Education Staff Associates (ESAs)

ESA Suicide Prevention Requirements:

- Every five years, school nurses, school counselors, school psychologists, and school social workers are required to complete a minimum of three hours of suicide prevention training for certificate renewal. Training must be completed through a PESB-approved suicide prevention course or a [Department of Health \(DOH\) approved program](#).

SBBH Training Requirements

Staff Professional Learning

RCW [28A.150.415](#): The state must provide funding for a minimum of **three** professional learning (PL) days for certified instructional staff.

One of three PL days each school year must be dedicated to a state-directed topic:

- Even-Odd years (i.e. 2020-21): Social emotional learning
- Odd-Even years (i.e. 2021-22): Cultural competency, diversity, equity, or inclusion (CCDEI)

SBBH Training Requirements

Staff Professional Learning

Social Emotional Learning (SEL)

topics can include:

- Social emotional learning
- Trauma-informed practices
- Using the model plan for recognition & response to emotional or behavioral district
- Consideration of adverse childhood experiences (ACEs)
- Mental health literacy
- Anti-bullying strategies
- Or, culturally sustaining practices

Cultural competency, diversity, equity, or inclusion (CCDEI) training:

- must be aligned with CCDEI standards developed by the Professional Educator Standards Board (PESB) under RCW [28A.410.260](#)

One day of training on each topic **every-other year**



SBBH Training Requirements

Educator Prep Programs

[RCW 28A.410.035](#): To receive initial certification as a teacher in Washington after August 31, 2014, an applicant must complete a course on issues of abuse. This course must include information regarding recognition, initial screening, and response to emotional or behavioral distress in students, including youth suicide.

SBBH Training Requirements

Other Staff Training

There are **no** other state requirements for staff training in behavioral health & suicide prevention for ongoing teacher certification

153 (70%) districts said they provide mental health & substance use training to staff

Type of Training	# of Districts	% of Districts Surveyed
Youth Mental Health First Aid	42	19%
Adverse Childhood Experiences (ACEs)	36	16%
Safe Schools Mental Health	35	16%
Trauma Informed Practices	35	16%
Mental health training (unspecified)	21	10%
Suicide Prevention (unspecified)	20	9%
Other - Unspecified training	13	6%
Staff Wellness	11	5%
Substance Abuse Prevention	8	4%
QPR (suicide prevention)	8	4%
Pos. Bx Interventions & Supports (PBIS)	8	4%
Transition to Independence Process (TIP)	6	3%
Character Strong (SEL)	6	3%
Social Emotional Learning (SEL)	6	3%
Restorative Practices	6	3%

SBBH Training Requirements

Instruction for Students

[RCW 28A.230.095](#): **Essential academic learning requirements and assessments**

(1) By the end of the 2008-09 school year, school districts shall have in place in elementary schools, middle schools, and high schools assessments or other strategies chosen by the district to assure that students have an opportunity to learn the essential academic learning requirements in social studies, the arts, and health and fitness. Social studies includes history, geography, civics, economics, and social studies skills. **Health and fitness includes, but is not limited to, mental health and suicide prevention education.** Beginning with the 2008-09 school year, school districts shall annually submit an implementation verification report to the office of the superintendent of public instruction. The **OSPI may not require school districts to use a classroom-based assessment** in social studies, the arts, and health and fitness to meet the requirements of this section and shall **clearly communicate to districts their option to use other strategies chosen by the district.**



SBBH Training Requirements

Instruction for Students

Behavioral Health Navigator Survey, 2019-21

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

What districts said there were using →

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

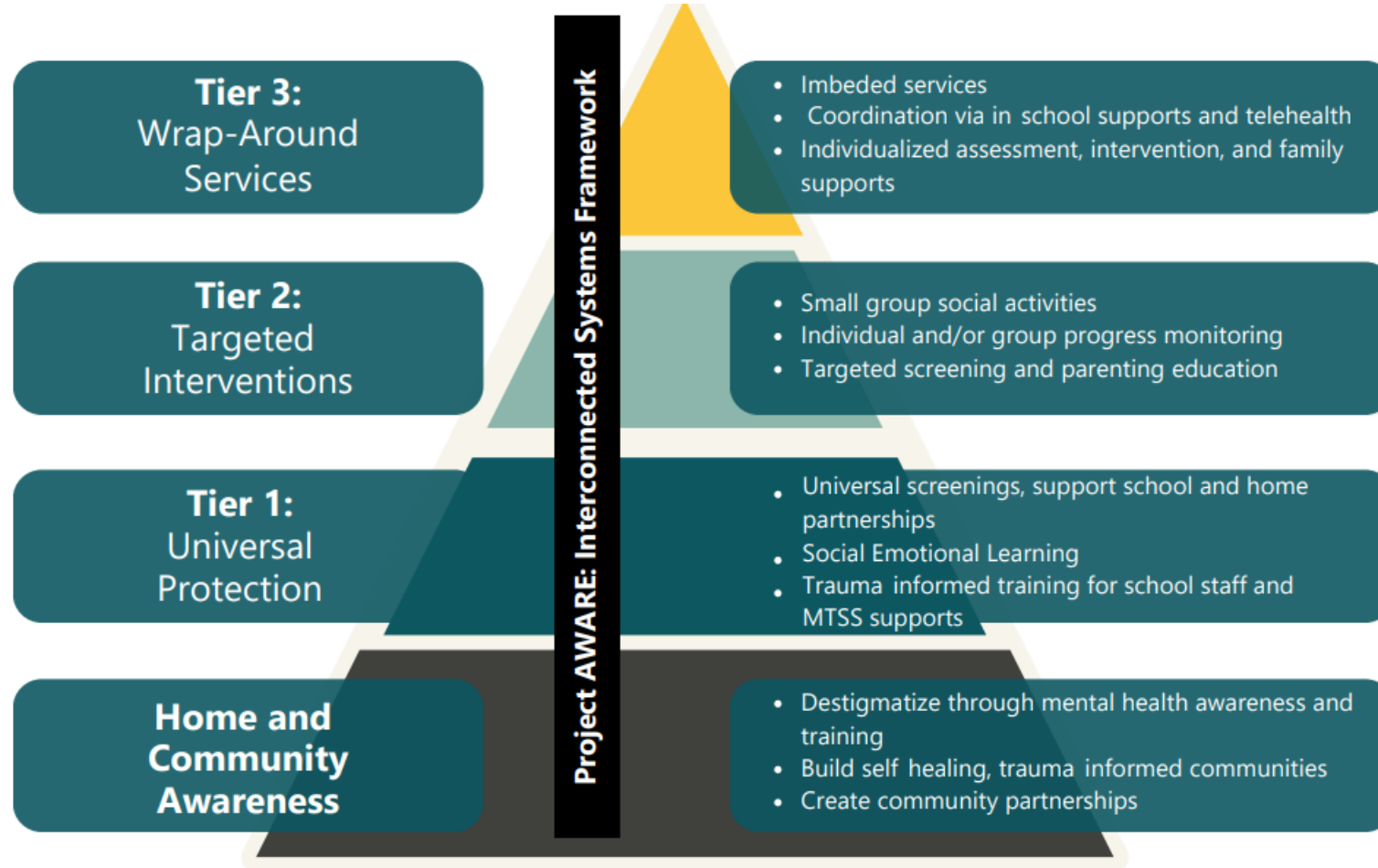




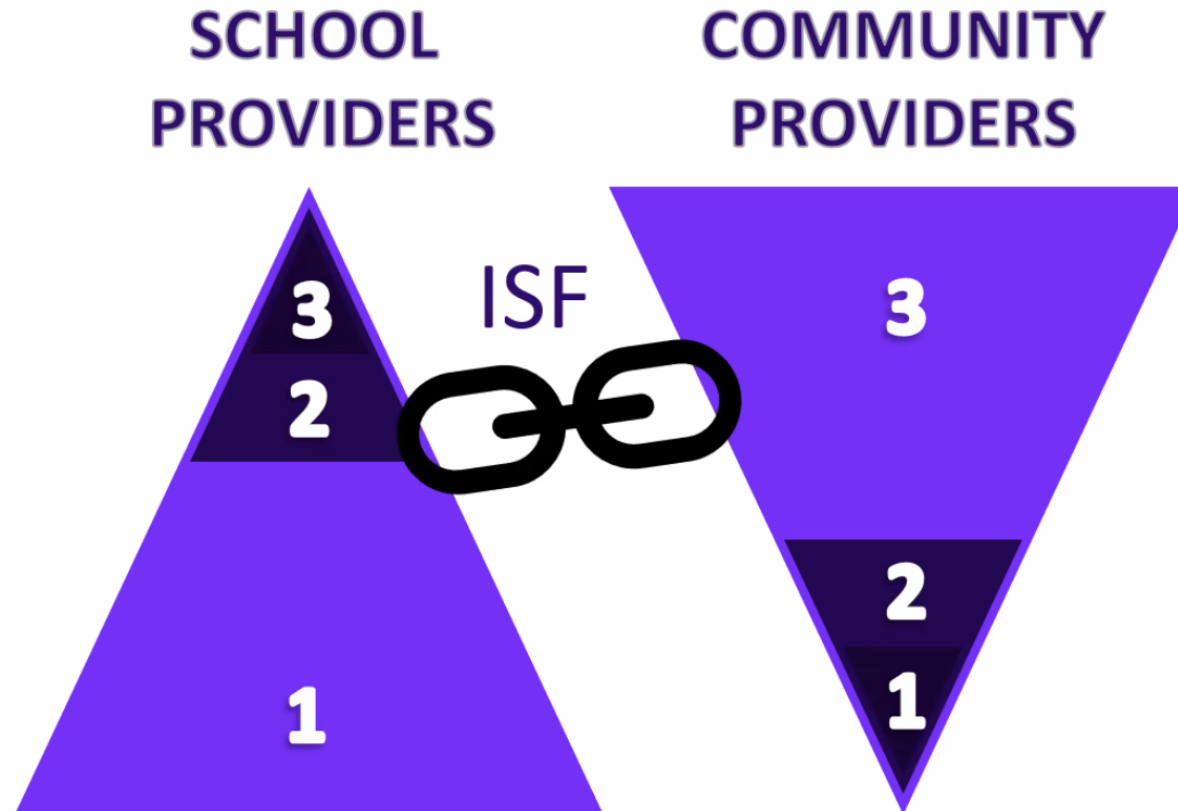
How do we structure and organize SBBH supports?

Interconnected Systems Framework (ISF)

Providing Supports in a Tiered Framework



FULL MTSS MODEL IS MORE LIKELY TO HAPPEN WHEN SCHOOLS AND COMMUNITIES ARE IN PARTNERSHIP – CO-LOCATED TO INTEGRATED



Northwest (HHS Region 10)



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Social Emotional Learning

SEL is the process through which individuals build awareness and skills in managing emotions, setting goals, establishing relationships, and making responsible decisions that support success in school and life.

Research Confirms

Social and
emotional learning
improves student
well-being.

Students participating in SEL at school had:

- **decreased emotional distress**
- **fewer externalizing behaviors**
- **improved prosocial behaviors**

Cipriano et. al, 2023

Social and emotional learning can also **reduce symptoms of depression and anxiety** in the short term.

Early Intervention Foundation, 2021



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SEL & Comprehensive Sexual Health Education (CSHE)

- CSHE is: *Recurring instruction in human development and reproduction that is age-appropriate and inclusive of all students.* ([RCW 28A.300.475](#))
- Schools must provide CSHE to all students:
 - **K-3 – SEL only (at least once)**
 - Grades 4-5 – Human Growth/Dev, Healthy Relationships & Boundaries, HIV prevention (at least one unit)
 - Grades 6-12 – Healthy Relationships, Affirmative Consent, A&P, Reproduction, STD/HIV/Pregnancy prevention, Abstinence, BCMs, Accessing Health Services (at least 2 units in Grades 6-8, at least 2 units in Grades 9-12)

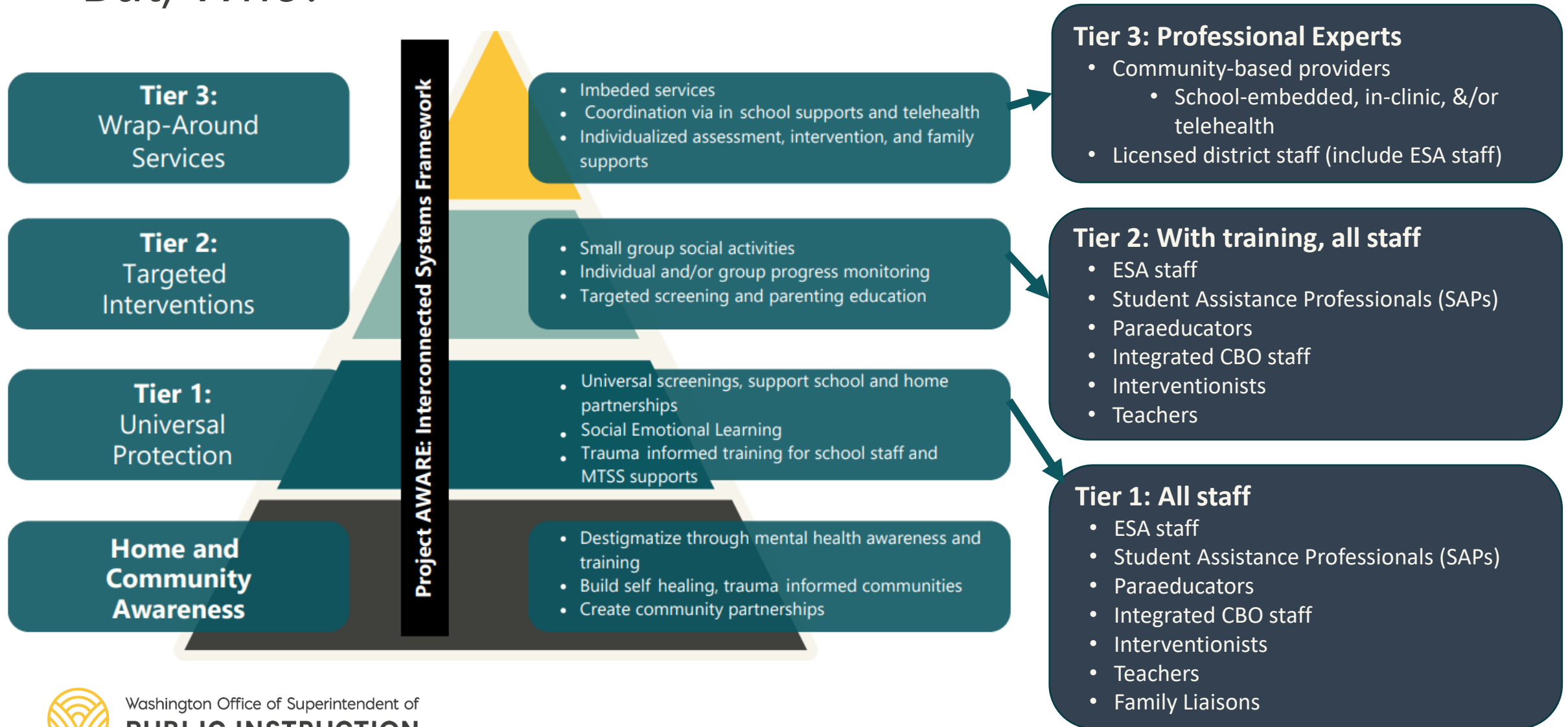




Who provides SBBH supports?

Providing Supports in a Tiered Framework

But, Who?





How do schools pay for SBBH supports?

Funding Sources for Behavioral Health Services*

- Medicaid billing
- **State basic education dollars**
- CBO partnership(s)
- District general fund
- County funds
- Private insurance billing
- **No district funding**
- State Learning Assistance Program (LAP) dollars
- Local levy dollars
- **Unspecified grant funding**
- Federal Title I funding
- No detail/not specified
- Federal Title IV funding
- **Federal ESSER dollars**
- Special education dollars
- Local govt 1/10th of 1% funding
- **ESD grant**
- Unspecified state funding
- HCA funding
- **CPWI grant**
- **CBO grant**
- **McKinney-Vento grant + funding**
- Unspecified local govt funding
- Unspecified ESD funding
- Tribe/tribal organization funding
- Migrant education funding
- ESD partnership
- Private donation dollars
- Federal Impact Aid dollars
- **Project AWARE grant**
- **OSSI School Improvement grant**
- State timber dollars
- Local health district funding
- Unspecified city funding
- County partnership
- **Community coalition funding**
- Kaiser
- School building budget
- District special services funding
- **STN grant**
- **GEAR UP grant**
- **Project Prevent grant**
- **COIIN grant**
- Unspecified Federal funding
- Career & Tech Education funding
- Marijuana tax fund dollars
- **OSPI Suicide Prevention grant**
- State Readiness to Learn funding



State Basic Education Dollars

Elementary	2021-22	Students per 1 FTE	Middle	2021-22	Students per 1 FTE
Staff Position	Per 400 students		Staff Position	Per 432 students	
School Nurses	0.076	5,256	School Nurses	0.060	7,200
School Social Workers	0.042	9,524	School Social Workers	0.006	72,000
School Psychologists	0.017	23,530	School Psychologists	0.002	216,000
School Counselors	0.493	812	School Counselors	1.216	356

High	2021-22	Students per 1 FTE
Staff Position	Per 600 students	
School Nurses	0.096	6,250
School Social Workers	0.015	40,000
School Psychologists	0.007	85,715
School Counselors	2.539	237



Funding Formula Increases (HB 1664, 2022)

[2SHB 1664](#) (2022) provided additional funding to school districts by increasing minimum allocations for the following roles in the prototypical school funding model over three years starting in the 2022-23 school year:

- School nurses
- School social workers
- School psychologists
- School counselors

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

- Includes more than just the four roles included above

Table 4: 2SHB 1664 Fiscal Impacts

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



Funding Formula Increases from HB 1664

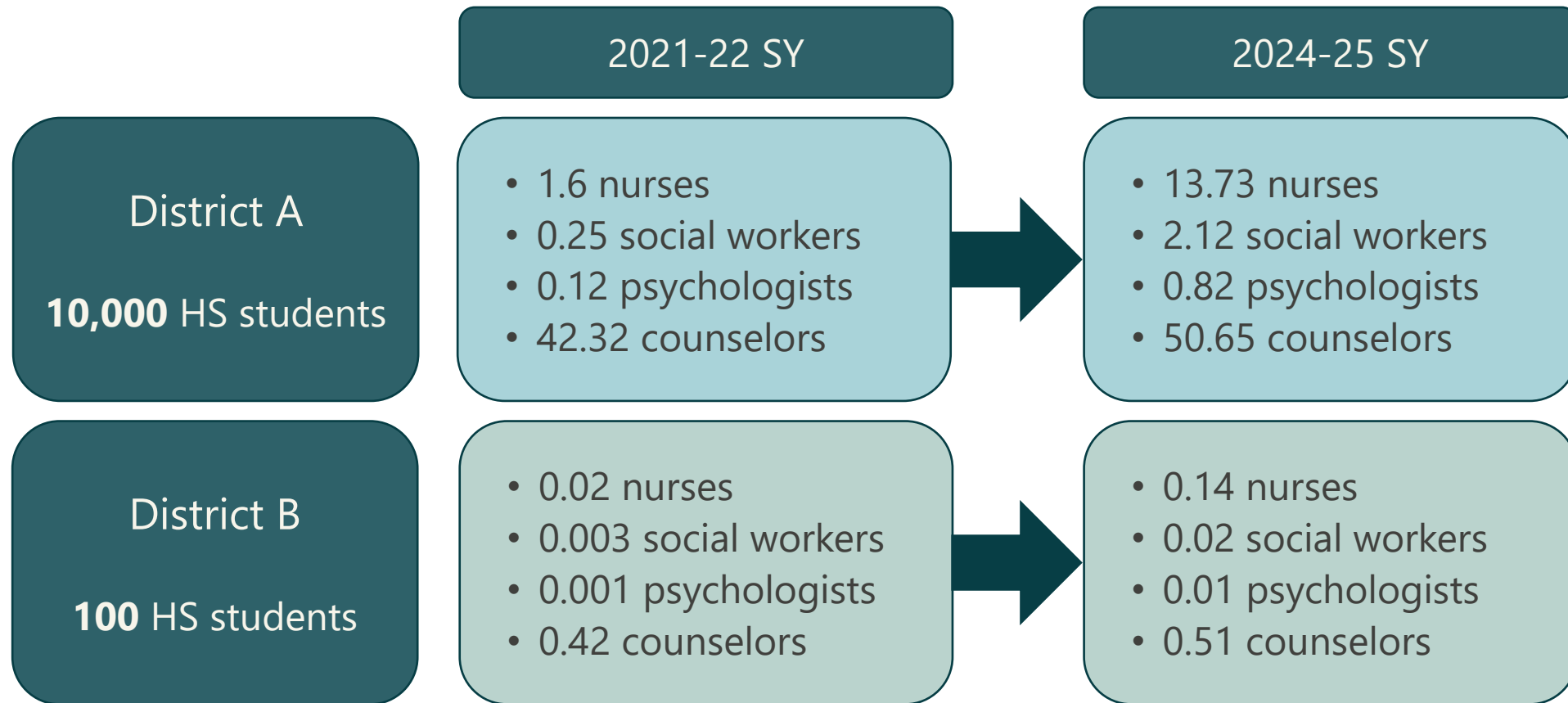
Elementary	2021-22	2022-23	2023-24	2024-25
Staff Position	Per 400 students			
School Nurses	0.076	0.246	0.416	0.585
School Social Workers	0.042	0.132	0.222	0.311
School Psychologists	0.017	0.046	0.075	0.104
School Counselors	0.493	0.660	0.827	0.993

Middle	2021-22	2022-23	2023-24	2024-25
Staff Position	Per 432 students			
School Nurses	0.060	0.336	0.612	0.888
School Social Workers	0.006	0.033	0.060	0.088
School Psychologists	0.002	0.009	0.016	0.024
School Counselors	1.216	1.383	1.550	1.716

High	2021-22	2022-23	2023-24	2024-25
Staff Position	Per 600 students			
School Nurses	0.096	0.339	0.582	0.824
School Social Workers	0.015	0.052	0.089	0.127
School Psychologists	0.007	0.021	0.035	0.049
School Counselors	2.539	2.706	2.882	3.039



Funding Increases - In Practice



First Year Impact (2022-23)

Year over Year Comparison - Actual Staff FTE as reported in personnel staffing				
Job Title / Position	SY 2022-23	SY 2021-22	Variance	% Change
Orientation & Mobility Specialist	4.428	1.743	2.685	60.64%
Counselor	2,410.290	2,294.060	116.230	4.82%
Occupational Therapist	145.490	134.786	10.704	7.36%
Social Worker	173.883	114.268	59.615	34.28%
Speech, Language Pathway/Audio	373.653	360.695	12.958	3.47%
Psychologist	285.740	252.659	33.081	11.58%
Nurse	582.952	537.207	45.745	7.85%
Physical Therapist	51.985	47.264	4.721	9.08%
Behavior Analyst	23.462	8.771	14.691	62.62%
Contractor ESA	47.861	39.206	8.655	18.08%
Total Certificated Staff	4,099.744	3,790.659	309.085	7.54%
Family Engagement Coordinator	105.644	83.597	22.047	20.87%
Pupil Management & Safety	1,562.784	1,435.685	127.099	8.13%
Health/Related Services	828.014	775.618	52.396	6.33%
Total Classified Staff	2,496.442	2,294.900	201.895	8.09%
ALL PSES Staff	6,596.186	6,085.559	510.980	7.75%





How well are we meeting SBBH needs?

School-based Medicaid Reimbursement

School-based Health Services (SBHS) program

- Fee-for-service Medicaid reimbursement for **special education health related services** as outlined in a student's individualized education program (IEP) or individualized family service plan (IFSP).

Medicaid Administrative Claiming (MAC) program

- Medicaid reimbursement for **administrative activities** performed by school staff that support the goals of Washington's Medicaid State Plan.

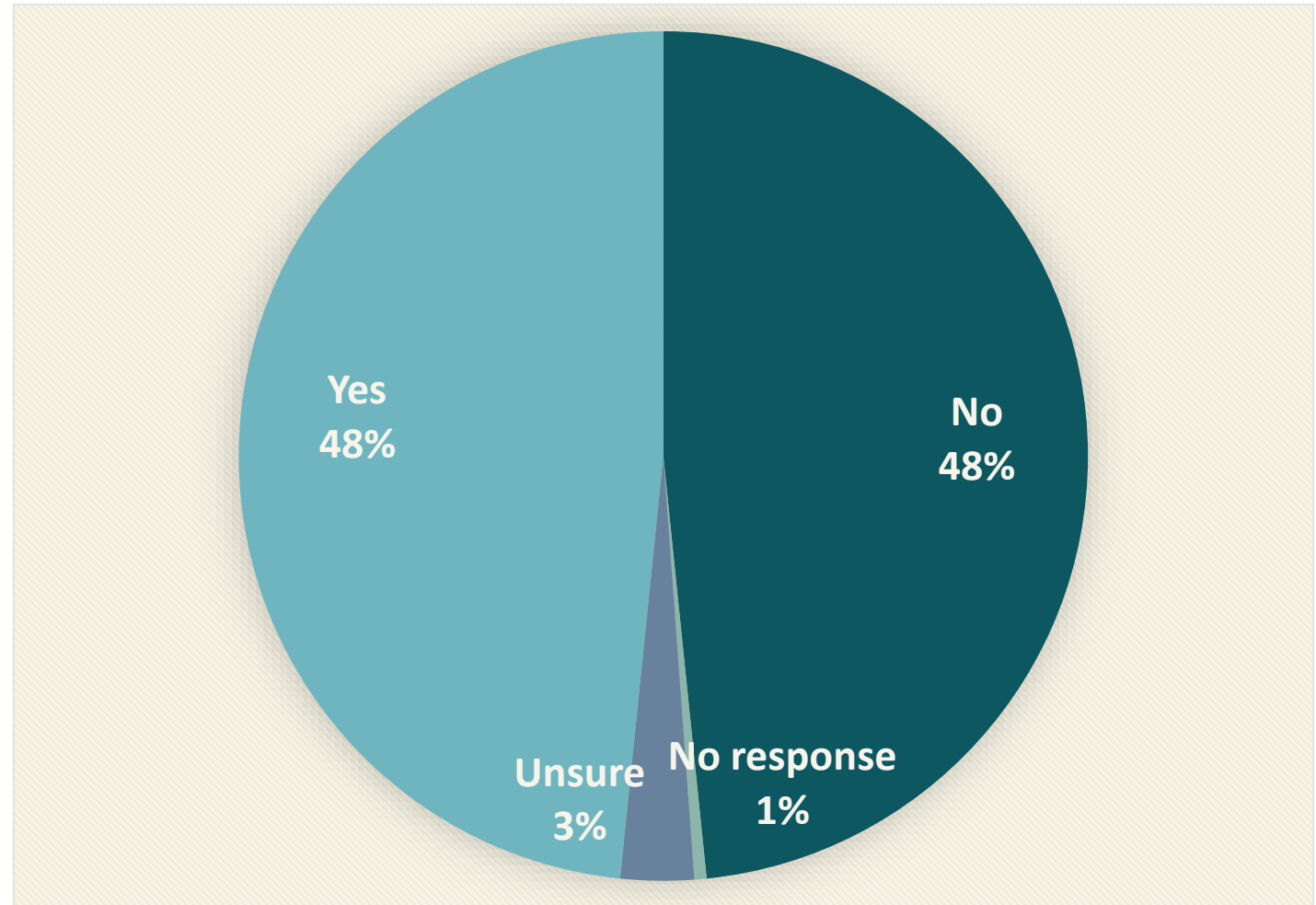
Managed Care Organizations (MCOs) billing

- Medicaid reimbursement for Medicaid-covered services which are **not included in a student's IEP**.
- ESDs and SDs with Medicaid-eligible providers who provide Medicaid-eligible services in the school setting may contract with MCOs to receive payment for these services.



Behavioral Health Services at School

Do all students in your school have access to behavioral health services?



Behavioral Health Services at School

School staff shortages

- Not enough mental health staff to meet need
- Lack of funding for staff

School service capacity doesn't match nature of needs

- Needs are especially high
- Staff qualifications don't match nature of student BH need

Lack of community provider capacity

- Community MH providers are at capacity
- Lack of community providers at all



Behavioral Health Services at School

Do all students in your school have access to behavioral health services?

107 districts said **no** – 91 offered some detail about the barriers they face

Barrier
School staffing shortages (27)
School service capacity doesn't match nature of needs (27)
Lack of community provider capacity (26)
Physical Assess/Transportation (21)
Insurance/Cost barriers (19)
Stigma (14)
Ineffective coordination of services within schools (13)
Inconsistent access to services across districts (13)
Language /Cultural Barriers (12)
Lack of trust between school and families (6)
Provider incompatibility with school system (5)
Physical Space (4)
Issues coordinating care with parents (3)
Overly Complicated Processes (3)
Lack of BH program clarity (1)



Behavioral Health Services at School

Physical access + transportation

- Lack of student access to transportation to get to services
- Location of school compared to location of available community providers

Insurance + cost barriers

- Difficulty serving students without insurance
- Access to clinical mental health services is Medicaid only
- Lack of community providers to serve students with Medicaid

Language + cultural barriers

- Concerns about cultural relevancy of services
- Language barriers between students and services



Behavioral Health Services at School

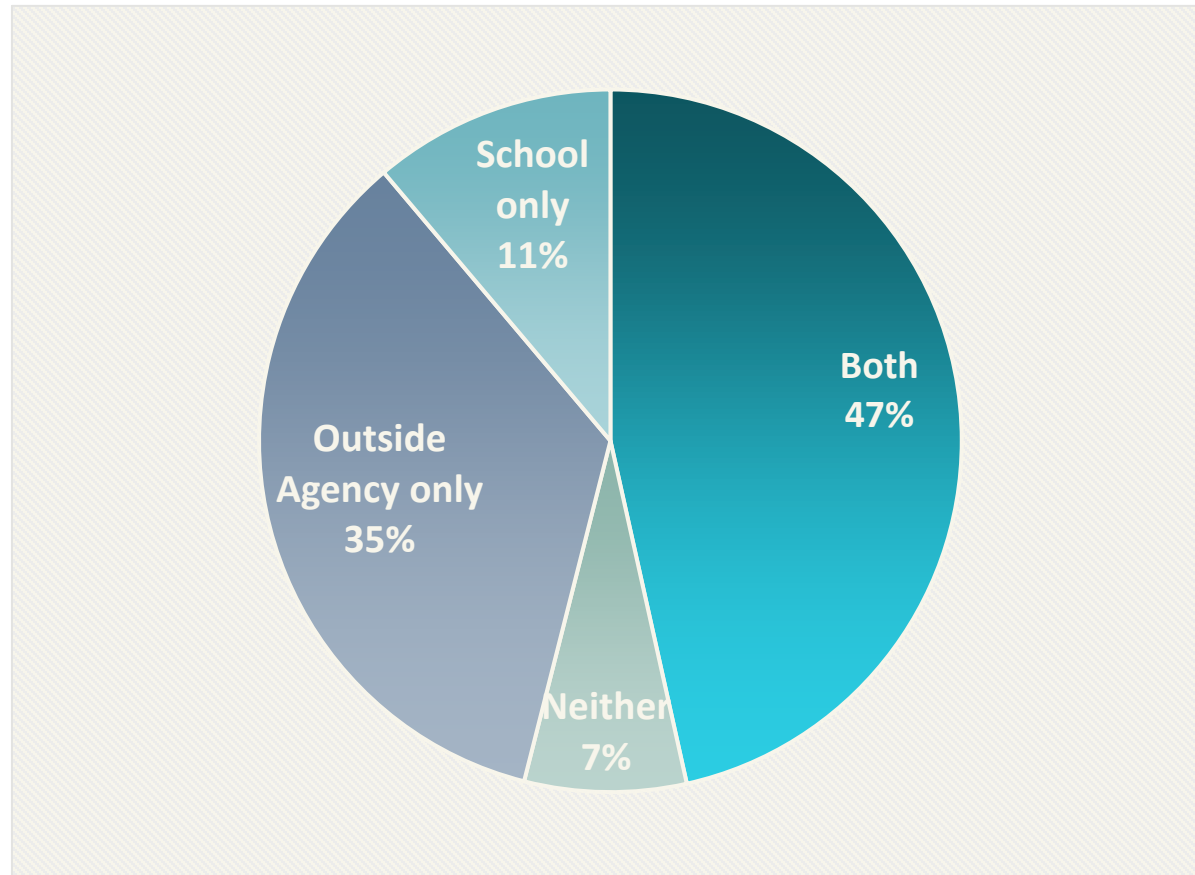
Inconsistent access to services across districts

- Inconsistent access across different school buildings
- Not enough MH staff in all school building across a district

Stigma

- Stigma around access mental health care
- Stigma around reporting mental health concerns in others

Behavioral Health Services at School



Who provides these services (school staff or outside agency)?



K-12 Behavioral Health Audit

District barriers:

- *Limited # of nearby and available mental health providers*
 - **Two-thirds** noted this as a significant or very significant barrier
- *Transportation to & from services*
 - **Half** noted this as a significant or very significant barrier
- *Reluctance from parents*
 - **Half** noted that parent's reluctance to access services for their child was a significant or very significant concern

System barriers:

- *State's current approach is fragmented and lacks sufficient resources*
 - Relies on districts to develop behavioral health plans **without oversight**
 - ESDs can provide only **limited supports** to districts in the development of their plans
 - Fragmented and decentralized system relies heavily on districts and ESDs to **develop, fund, and provide these services themselves**
- *State law doesn't designate a state agency to oversee BH services in K-12 education*
- *The State lacks a strategic, comprehensive direction on the minimum level of support schools are expected to provide students, and oversight to ensure it takes place*

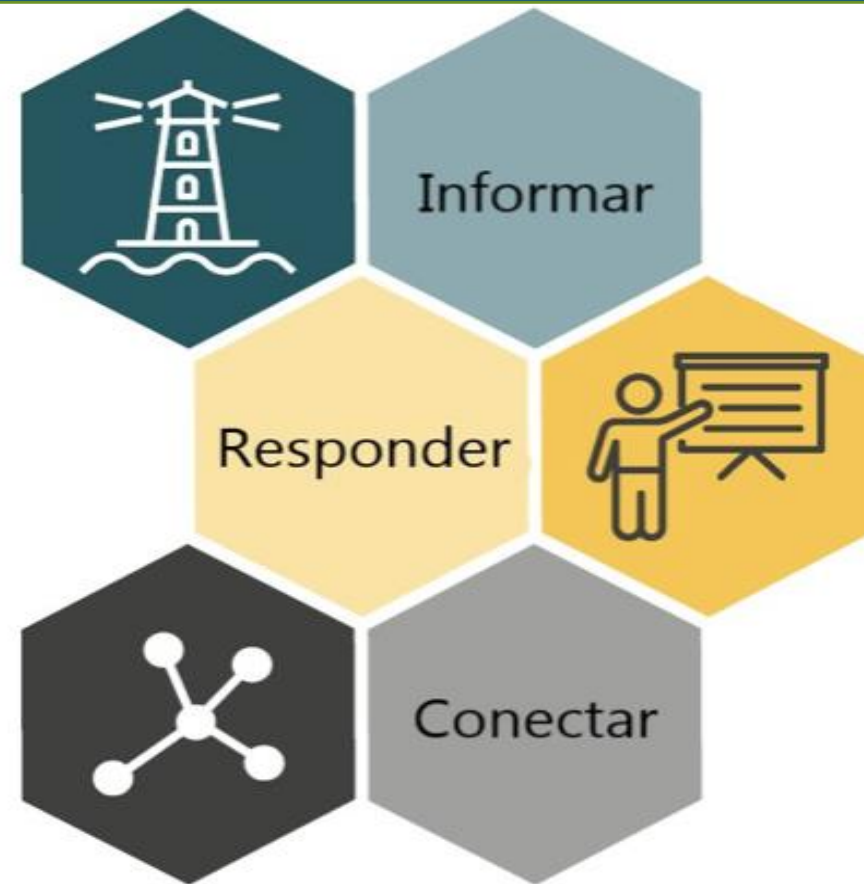


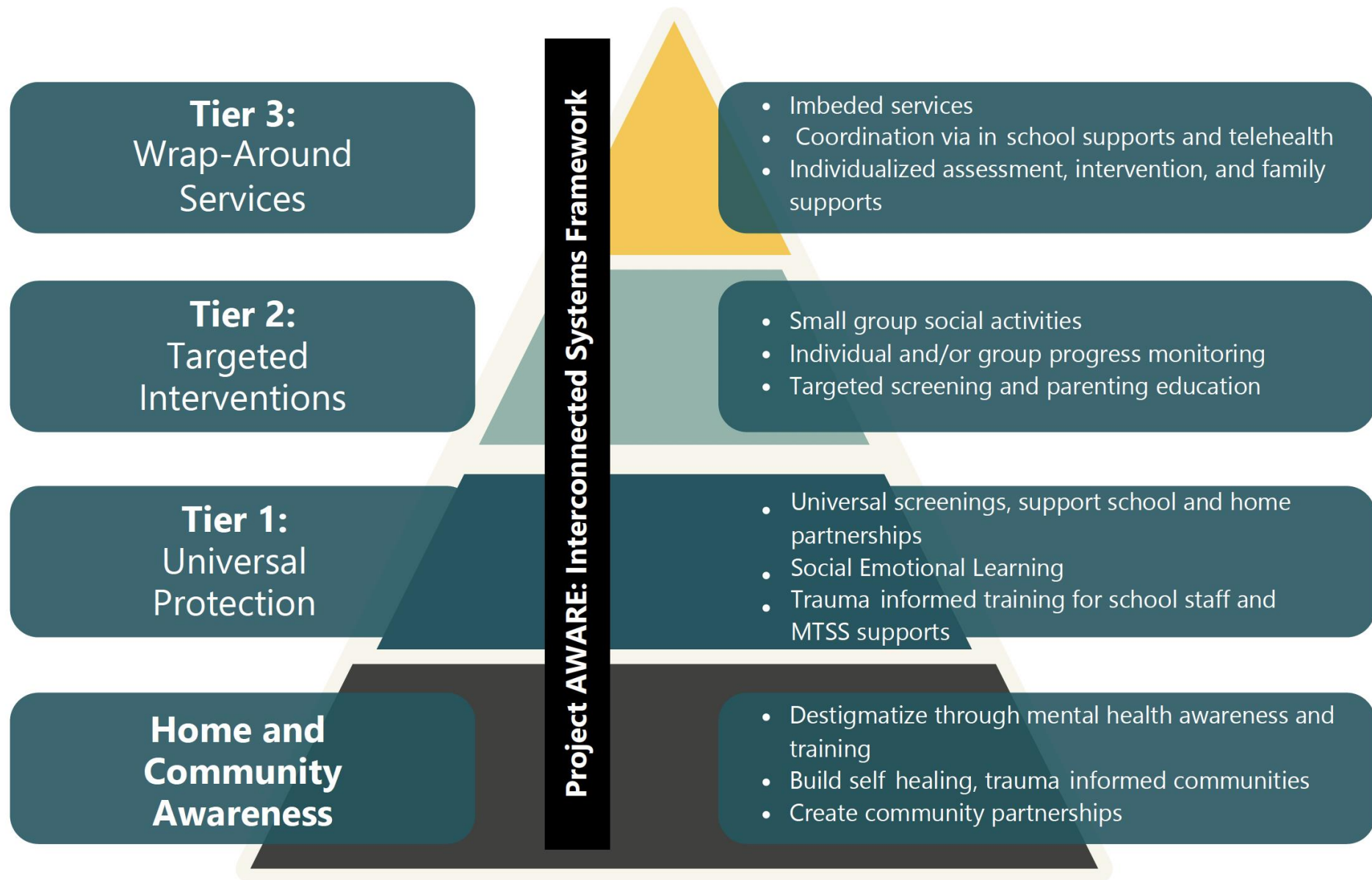


What programming is available to support SBBH right now?

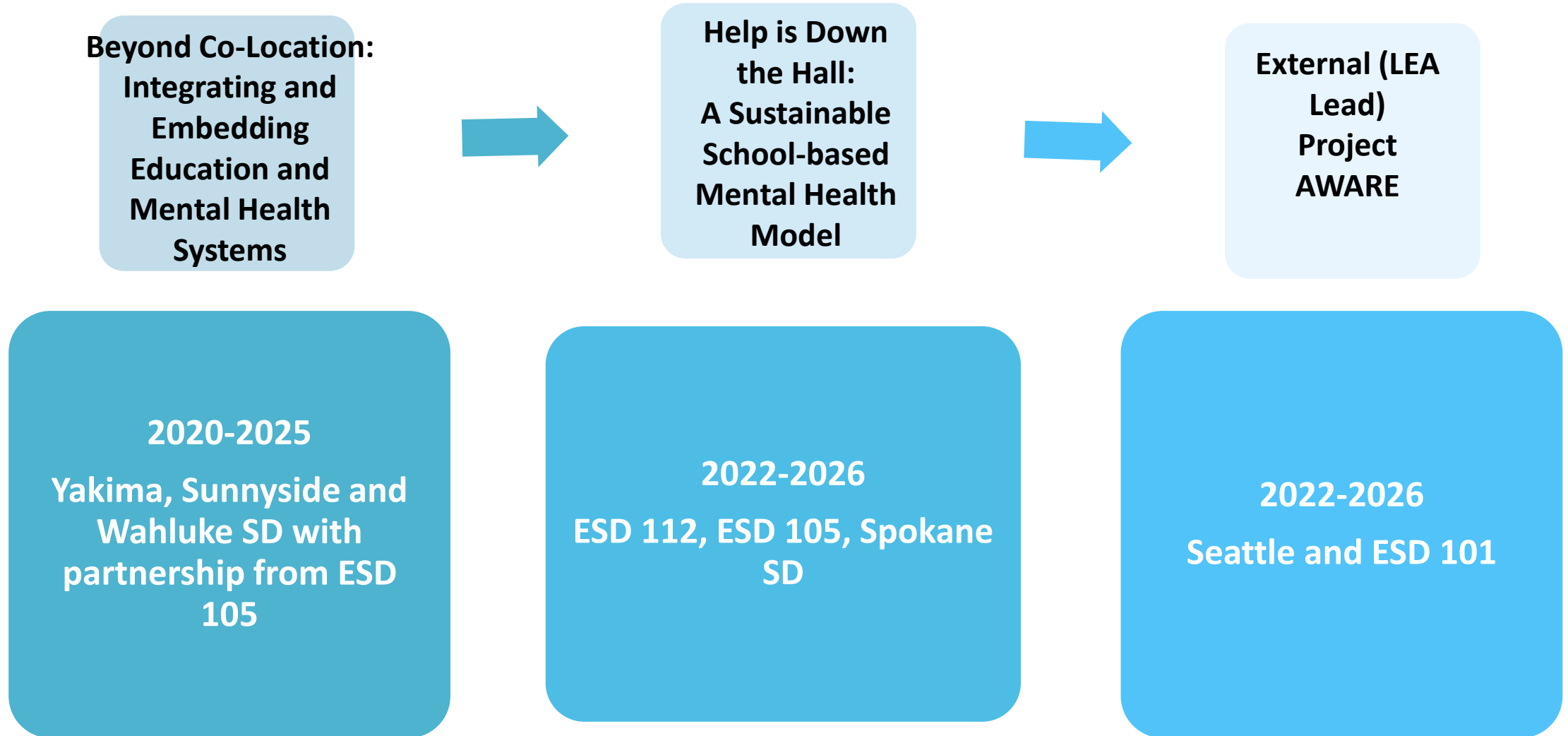
Project AWARE:

Advancing Wellness and Resilience in Education

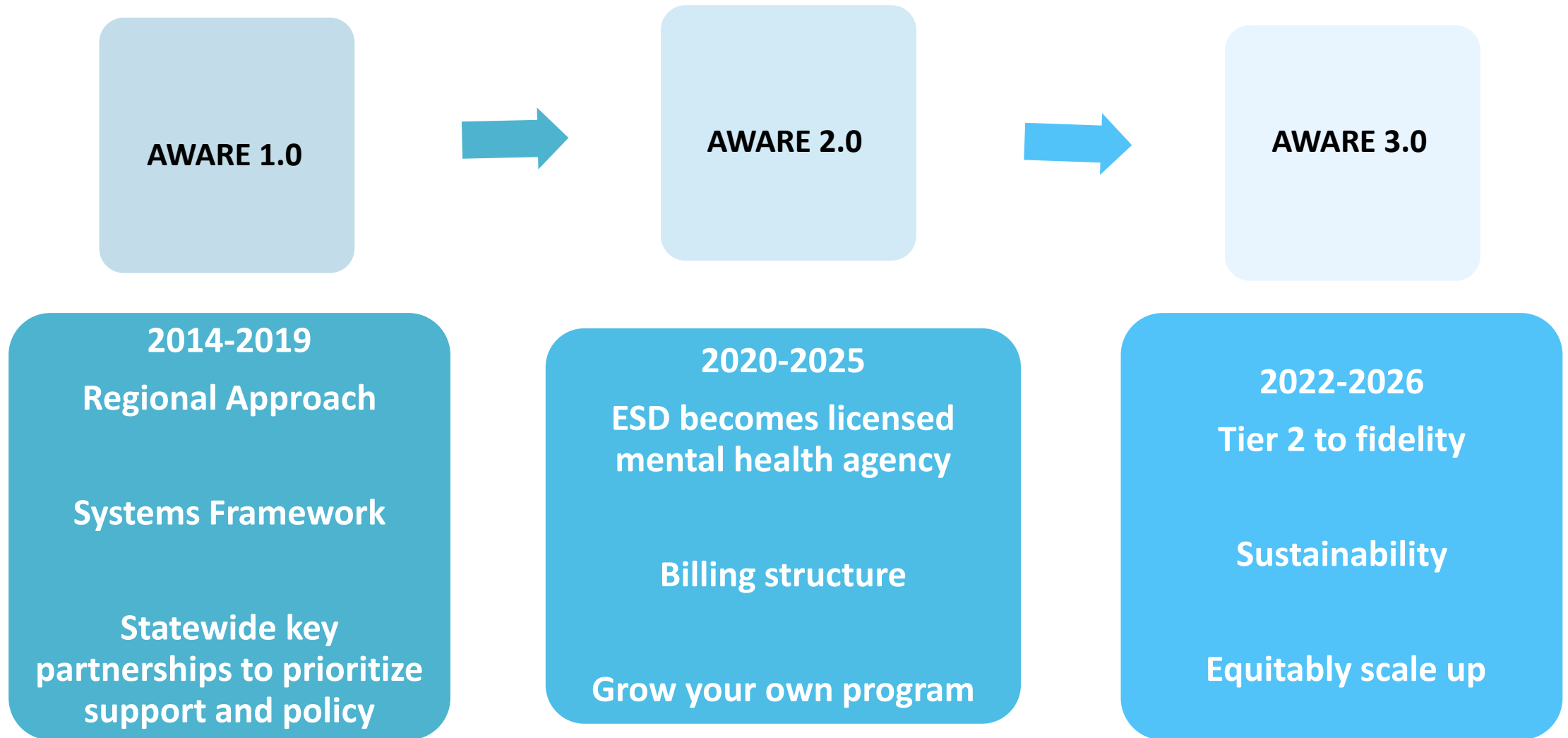




Project AWARE Across Washington



Innovation Grants

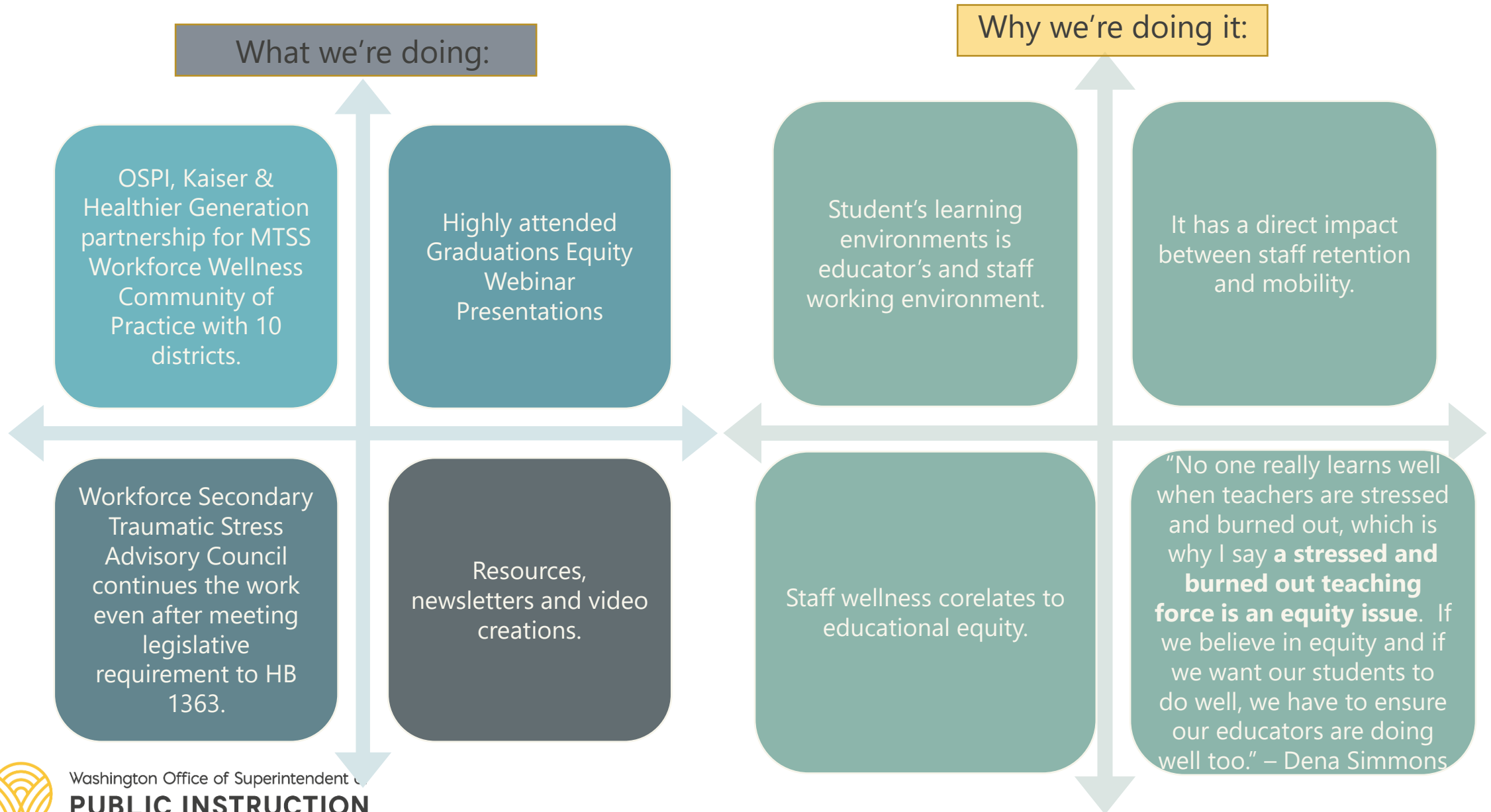


No one really learns well when teachers are stressed and burned out, which is why I say **a stressed and burned out teaching force is an equity issue.**

If we believe in equity and if we want our students to do well, we have to ensure our educators are doing well too.



Educator Wellness



School-Based Health Centers Defined

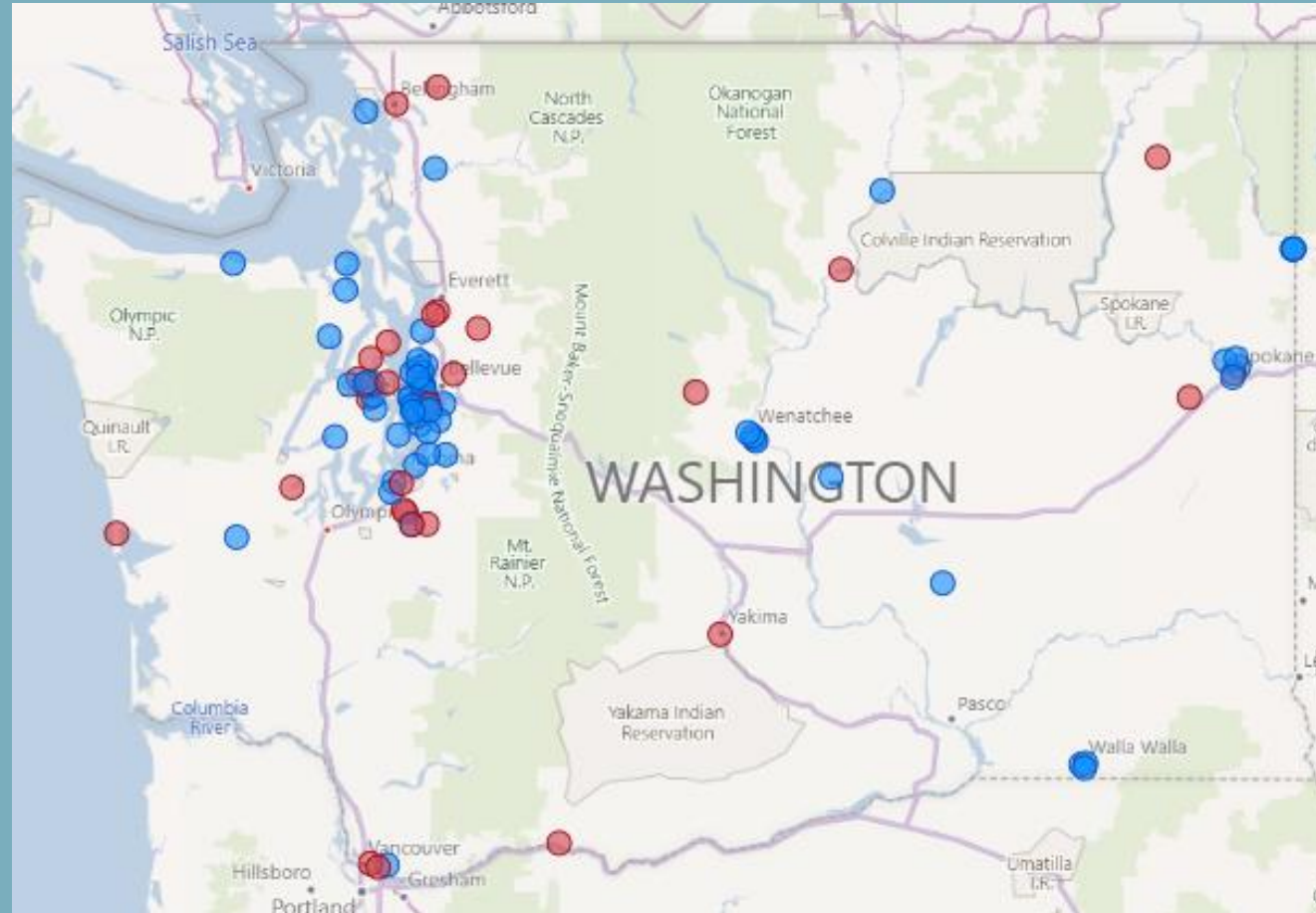
What is a school-based health center (SBHC)?

- A SBHC is a **student-focused health center** located in or adjacent to a school where students can receive **integrated medical, behavioral health, and other healthcare services**.
- A SBHC is a collaboration between the community, the school and a **healthcare sponsor**.
- The healthcare sponsor can be a community clinic or healthcare system, hospital, public health department, or tribal program. The **sponsor staffs and manages operations of the SBHC**.
- A SBHC **serves all students in a school regardless of insurance status or ability to pay**.



Map of SBHCs in WA

blue=operational, red=planning

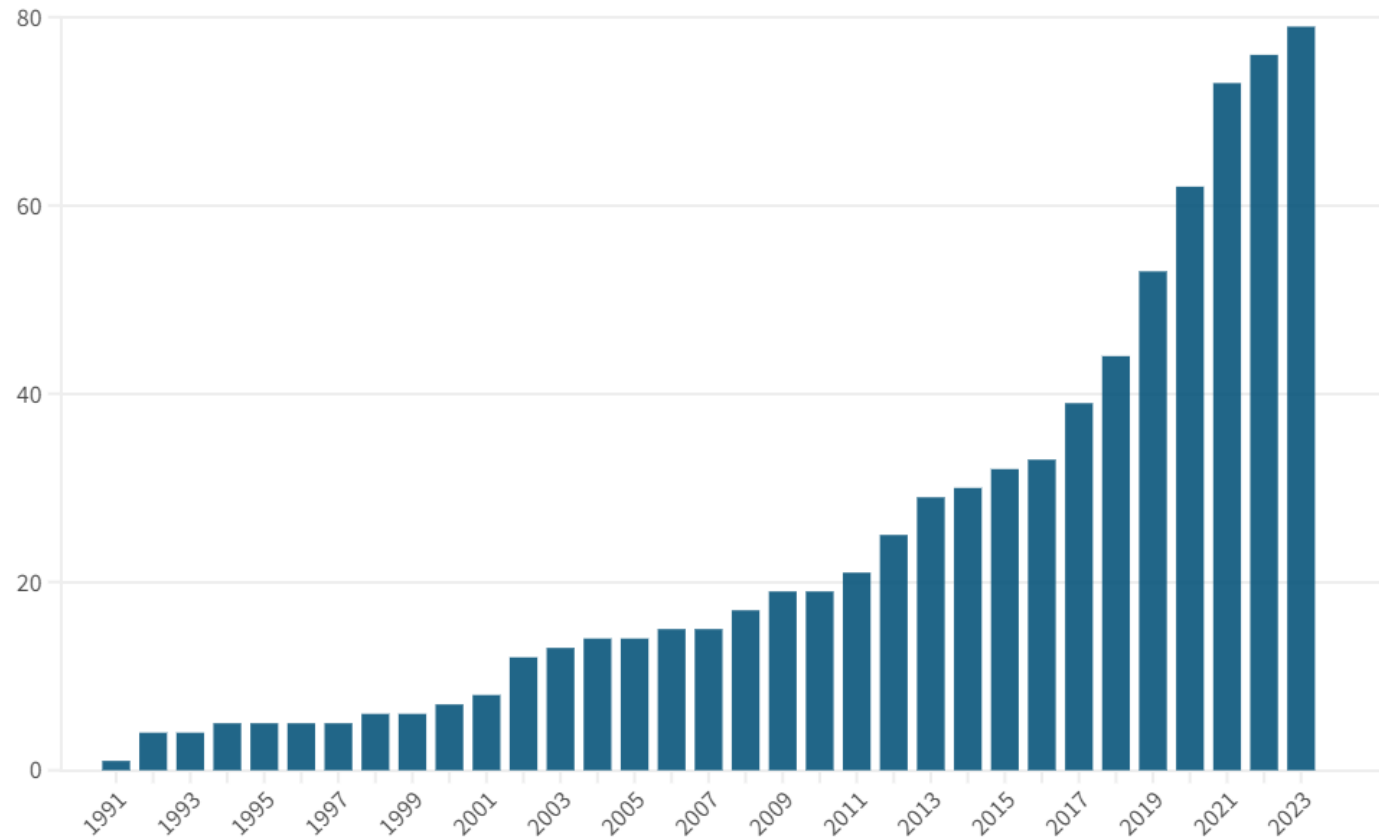


2023: 70+ SBHCs in WA

Growth of SBHCs in WA

Total Number of SBHCs in WA

■ Number of SBHCs



Recent Advances in SBHC Policy and Funding

State level:

- **2021:** SHB 1225 passed in 2021 establishing SBHC state program office at the WA State Department of Health ([RCW 43.70.825](#))
- **FY23:** \$2.07M for SBHC grants
- **FY24-25:** \$2.97M annually for SBHC grants

Federal level:

- **FY21:** \$5M for FQHC-sponsored SBHCs
- **FY22:** \$30M for FQHC-sponsored SBHCs (5 sites funded in WA)
- **FY23:** \$50M for FQHC-sponsored SBHCs
- **FY24:** \$200M being requested (\$100M for FQHC-sponsored and \$100M for non-FQHC sponsored SBHCs)

State Tele-behavioral Health Funding

\$500,000/year for FY24/25 for ESDs to provide students in rural areas with access to tele-mental health services with priority to districts where MH services are inadequate or nonexistent due to geographic constraints

Project Overview:

- 4 ESD's as telehealth hub launch sites - \$125k per site (ESD 101, ESD 105, ESD 112, ESD 113)
- All ESD's will have completed MCO contracting necessary for billing in each of the ESD's counties and be ready to bill Medicaid by no later than **October 1, 2023**.
- ESD's will work together to identify programmatic implementation that will need to occur, including electronic signature platforms, curriculums, MOU's, BSA's etc.
- Additional ESD's may be added to year two who are licensed, contracted to bill MCO's and that are able to deploy telehealth services.
 - For ESD's that do not want to provide telehealth for their region, we will work to expand services to those regions using the ESD telehealth hub sites that have been established.
- Creating a solid infrastructure during year 1, the model can then be replicated by the additional ESD's who are ready to provide services in year 2.



~13%
of students eligible

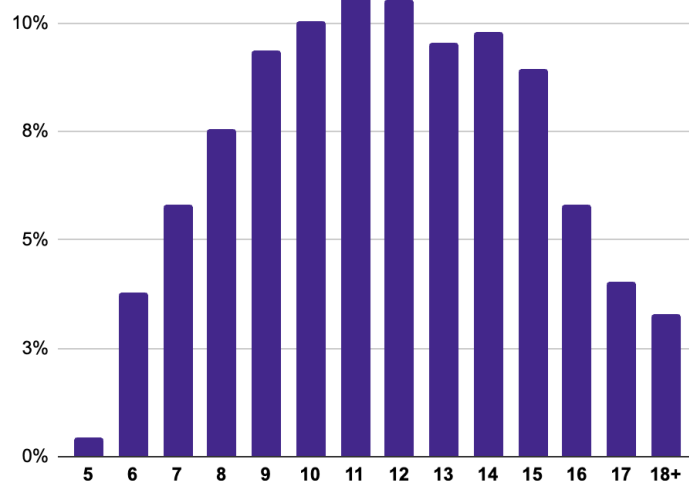
15
school districts

3,366
students referred for
care

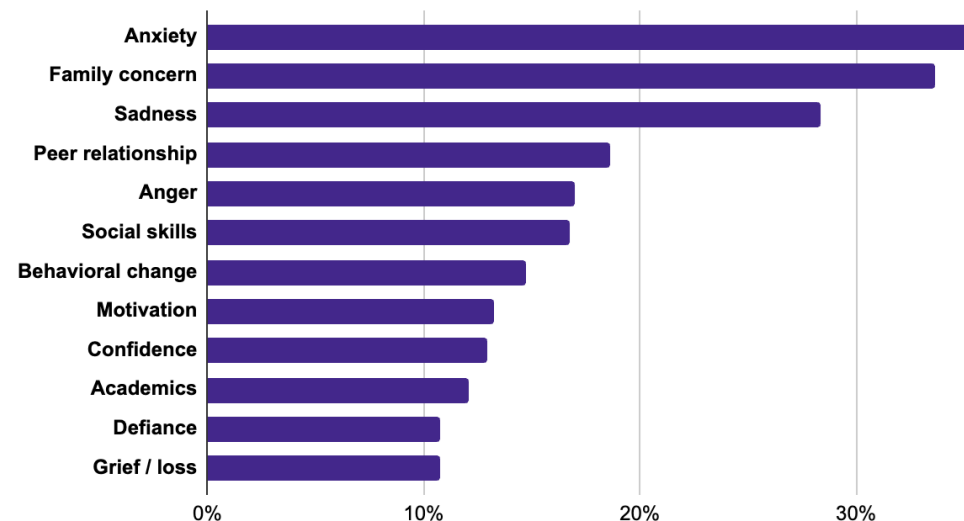
12,317 hours of
therapy and counting

Hazel Health in Washington by the numbers

Age of intake for care



Top reasons for referral



Notes: Age and referral data reflects Washington Hazel mental health footprint; data as of 7/12/23; referrals can cite multiple reasons for referral

ESD Student Assistance Program (SAP)

Substance Use Prevention only

- 100 school sites across the state

Student Use Prevention & Mental Health

- 51 school sites, funded by ESSER COVID BH Project (see below)
- Looking to add 10 more sites using State ESSER carryover funds

COVID Behavioral Health Project

Background & Context Summer 2021 inception

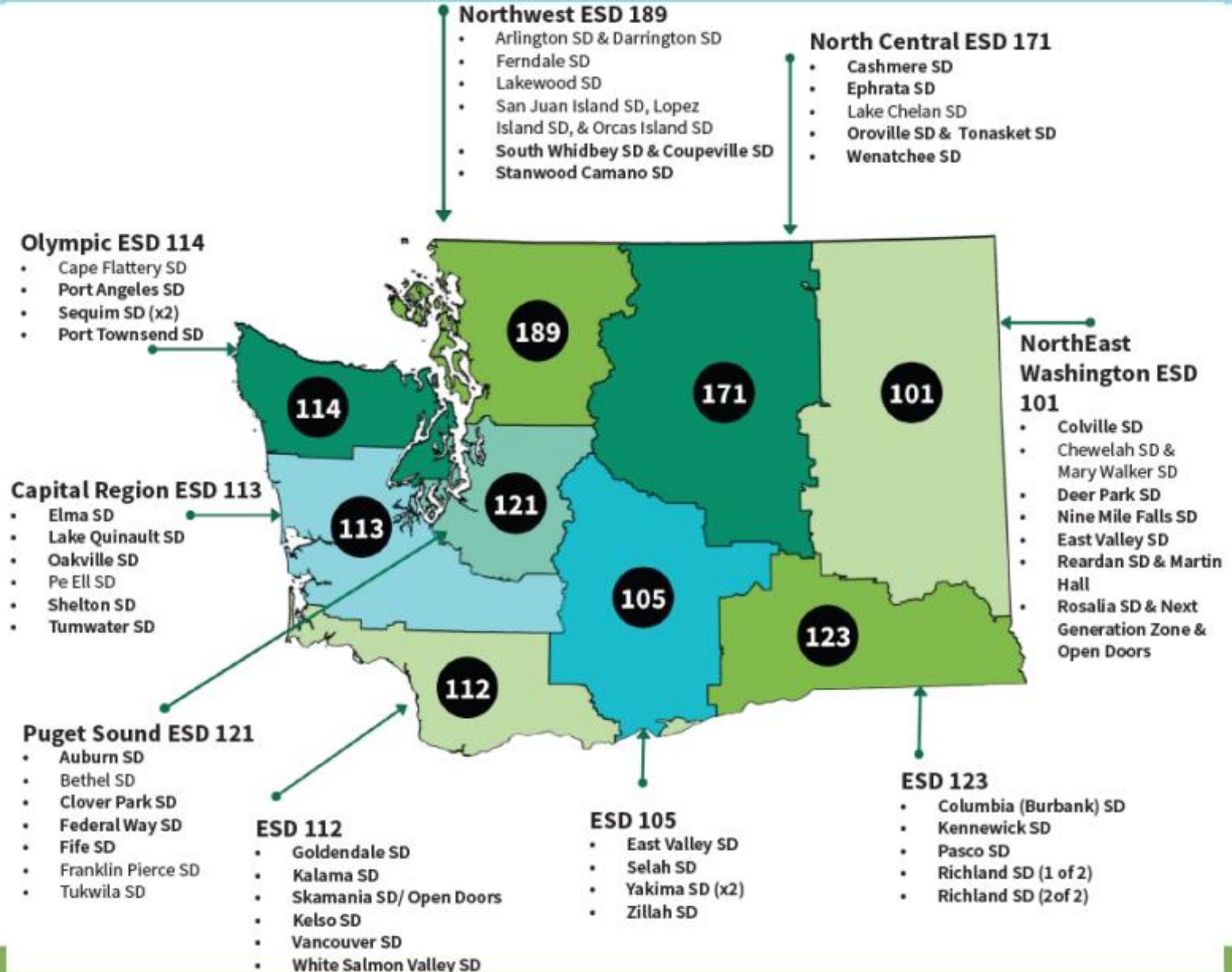
- Student behavioral and mental health at center of school reopening efforts
 - ESSER III (COVID recovery) funds coming to states
 - OSPI outreach to AESD Network to explore statewide expansion of student behavioral and mental health services (as part of 10% state set-aside)



51 Participating Sites Statewide

Site Selection Considerations

- ✓ School / district demographics
- ✓ School / district need (data-based)
- ✓ School / district readiness



School Social Work Proviso Funding

\$643,000 per year for FY 24/25

Funding for ESDs 101 (Spokane region) and 121 (Puget Sound) to:

- Coordinate with local mental health agencies and school districts to arrange for in-school placements of licensed social workers and MSW candidates who commit to working as school social workers
- Coordinate clinical supervision for social workers placed in schools



WA Workforce for Student Wellness Initiative



The Problem	The WA-SMHSP Solution
Too few SMH providers	• 100 condition scholarships • 2 years minimum employment in a high-need school
Few schools adopt effective SMH practices	• Specialized training and a Community of Practice on effective SMH that complements SSW curriculum • Targeted specialized practicum in high-need school district
Too few practitioners of color; language/cultural barriers to using services	• Prioritize MSW students with financial need, first generation, and culturally diverse students for conditional scholarships

Washington DoE School-Based Mental Health Service Providers (SMHSP) Grantees



PAL in Schools program



The Partnership Access Line (PAL) for Schools was a legislative, proviso-funded pilot project that expanded and adapted the Partnership Access Line model to the school context.

- Provided designated school personnel at middle, junior, and high schools in two Washington school districts (Medical Lake & Sumner-Bonney Lake) with access to psychologists via telephone and televideo consultations.
- School staff received support in determining the services and supports needed for their students and accessing this care if outside of the school system, and professional development trainings in school mental health topics.
- The funded pilot duration was during the 2019-2020 and 2020-2021 school years; however, core components of the PAL for Schools model will be extended for a third year and continue through the 2021-2022 school year.

As of yet, unable to pursue expansion of the program due to workforce demands.



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