Washington Office of Superintendent of
PUBLIC INSTRUCTION

REPORT TO THE LEGISLATURE

School-Based Behavioral Health Supports in Washington

2024

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EXECUTIVE SUMMARY

ASSOCIATION OF EDUCATIONAL SERVICE DISTRICTS (AESD) STATEWIDE BEHAVIORAL HEALTH STUDENT ASSISTANCE PROGRAM (BH-SAP)

The Washington State Behavioral Health Student Assistance Program (BH-SAP) aims to expand school-based behavioral health services statewide. This report details the critical need for Local Education Agencies (LEAs) to have a clear framework which is consistently funded to successfully implement an evidence-based tiered continuum of supports that serve all students. BH-SAP, as outlined in this report, utilizes a fidelity framework that provides quality and consistency across the state in a way that promotes evidence-based practice while allowing tailoring to local district needs. Consistent use of this framework was associated with both an extensive program reach, as well as positive student and school-level outcomes. School partners report overwhelmingly positive feedback, with 99% acknowledging the importance of SAPs and 93% recognizing improved responses to students' behavioral health needs. Key recommendations regarding the gaps and barriers in school based behavioral health supports detailed in this report include enhancing state-level coordination, evaluating the entire behavioral health system, implementing comprehensive models with consistent funding, developing a dedicated workforce, and providing sustainable funding directly to LEAs. These actions represent a continued pathway to successful educational outcomes. Behavioral health supports are not separate from educational opportunity—they are an essential component for students to fully access and benefit from it. By addressing students' needs, we ensure they can fully engage in their learning, ultimately enhancing outcomes across the board.

INTRODUCTION[1]

In 2024, included in SB5950, the Legislature directed the Office of the Superintendent of Public Instruction (OSPI) to "conduct an evaluation of the investments in behavioral health supports" (p. 711). This request asks for:

- the number of students served by specific behavioral health supports,
- how the students were selected for specific behavioral health supports,
- how the students may have received behavioral health supports, and
- recommendations for improving behavioral health supports for students.

Washington's school-based behavioral health programming spans multiple decades and has impacted thousands of youth statewide. However, there is no overarching statewide behavioral health approach for schools. Further, these supports are not provided through a singular program or framework, nor are they supported by a single state agency. Moreover, there is no dedicated investment source to ensure the equitable implementation of behavioral health supports across the state's education system.

There have been substantial investments of state funds to school-based student supports through Washington's Prototypical School Funding Model increasing staffing ratios for roles such as school psychologists and school counselors. While funding of these professional roles contributes valuable resources to a school behavioral health strategy, these staff cannot meet the more intensive behavioral health needs of students. Further, Washington lacks shared definitions for mental health supports and services, as well as a state structure for how these types of professional's work with other practitioners who are dedicated to student behavioral health, such as community behavioral health-employed clinicians, to meet the needs of K-12 students.

In 2021, OSPI took steps toward investing in a regionally based model supporting student behavioral health through strategic use of federal Elementary and Secondary School Emergency Relief (ESSER) funds. Starting in the 2021–22 school year the agency partnered with the Association of Educational Service Districts (AESD) Network to launch a targeted student behavioral health effort focused on providing direct services through a formalized Student Assistance Professional (SAP) program. In its first two years, federal ESSER investment included $7 million per year. As one-time ESSER funding was set to expire, the state invested new funding that helped to augment diminishing ESSER funding and allowed the program to remain whole in the 2023–24 school year. For the 2024–25 school year (Fiscal Year 2025) the Legislature allocated $4 million to the program, resulting in a significant reduction of Behavioral Health Student Assistance Program (BH-SAP) services statewide compared to prior years' investments of federal and state dollars. In Fiscal Year 2025, the Legislature also requested a summary of the evaluation of the investment in the BH-SAP.

In response to the Legislature's request, this report provides a summary of the evaluation of the BH-SAP, conducted by the University of Washington School Mental Health Assessment, Research, & Training (SMART) Center in collaboration with [i]Washington State AESD Network for the 2023–

[1] This report was compiled with support from Megan Osborne, MPP, The Osborne Collaborative, LLC

2024 program year. As evidenced by the evaluation, while the BH-SAP provides some of the needed quality services in schools, the program has limited reach serving just over one-in-five (22%) school districts and one-in-twenty-five (4%) school buildings statewide, reaching only a fraction of students that could benefit from these services.

To demonstrate the need for a comprehensive statewide behavioral health approach in Washington, this report outlines a brief history of the evolution of school-based initiatives and programs across Washington state and a snapshot analysis of the current need for increased and equitably distributed supports. The report concludes with a set of recommendations for how Washington State can improve behavioral health supports for students.

OVERVIEW OF SCHOOL-BASED BEHAVIORAL HEALTH SUPPORTS IN WASHINGTON

The Office of Superintendent of Public Instruction (OSPI), alongside the Washington Health Care Authority, Educational Service Districts (ESDs) and Local Educational Agencies (LEAs), has played a pivotal role in addressing the behavioral health and well-being needs of K-12 students in Washington state.

Beginning in 1989, funded partially by the federal Safe and Drug-Free Schools and Community Act, the Student Assistance Prevention/Intervention Services Program (SAPISP) was established to support students at risk for engaging in harmful behaviors. The program established a tiered model of intervention, providing comprehensive services aimed at addressing problems associated with substance use and violence. Student Assistance Professionals (SAPs) were deployed in select schools to deliver counseling, referrals, and support groups, alongside universal prevention activities. In 2019, SAPISP was integrated into the Community Prevention and Wellness Initiative (CPWI), managed by the Division of Behavioral Health and Recovery (DBHR).

In response to increasing safety concerns, the Safe Schools/Healthy Students (SS/HS) initiative was established in the late 1990s. This federal program funded multicomponent projects at the SEA and LEA levels, focusing on creating safe school environments and enhancing mental health services. The initiative marked the beginning of integrating community-based providers into schools, fostering collaboration between education and behavioral health systems. Washington state benefited from eight SS/HS grantees. Funding for SS/HS concluded in 2012.

Concurrent with the SS/HS initiative, the US Department of Health and Human Services initiated funding for adolescent treatment programs, allowing several ESDs to obtain substance-abuse disorder treatment licensure. This expanded access to Tier 3 supports in schools, enhancing students' access to mental health treatment services. In 2013, the first ESD expanded their substance-use disorder licensure to include mental health treatment services. Additional ESDs became licensed in 2019, 2020, and 2024. To-date, six of the nine ESDs are licensed as Behavioral Health Agencies. Two have submitted their applications, and one is still in the exploration process.

Launched in 2011, the Community Prevention Wellness Initiative (CPWI) aims to provide targeted substance use prevention services in the highest-need communities identified through a comprehensive risk ranking process. The initiative established local coalitions and has been vital in promoting healthy community environments and expanding preventive services. While these sites provide essential community prevention strategies, coalitions do not provide direct school-based behavioral health supports.

In 2014, following the Sandy Hook tragedy, the Substance Abuse and Mental Health Services Administration (SAMHSA) launched the Project AWARE (Advancing Wellness and Resilience in Education) initiative. This program emphasizes collaborative partnerships among state and local entities, focusing on mental health promotion and intervention through a multi-tiered support

framework. Funding is derived from federal grants. Six Project AWARE cohorts are currently operating across the state with these projects set to conclude between 2025 and 2028.

Figure 1: School-based Behavioral Health Efforts Timeline

Also in 2014, implementation of RCW 28A.320.127 mandated that K-12 districts adopt plans to address social, emotional, behavioral, and mental health issues, including youth suicide. In 2022, in collaboration with the University of Washington SMART Center, OSPI developed a model district template to guide screening and intervention practices. No dedicated funding was allocated for this initiative.

In 2016, the Washington Integrated Student Support Protocol (WISSP), established under 4SHB (State House Bill) 1541, aims to close educational opportunity gaps through community partnerships and coordinated support within schools. As of September 2025, districts will be required to utilize the Integrated Student

Supports protocol for budgeting Learning Assistance Program (LAP) funds.

In 2017, authorized by RCW 28A.630.500, the Behavioral Health Systems Navigator project was launched to assess the benefits of having navigators at the ESD level. Following a successful pilot project, funding was secured to establish navigator positions across all nine ESDs.

In 2021, and in response to the COVID-19 pandemic, the federal government allocated ESSER funds to increase the number of school counselors and enhance access to community-based mental health services. This funding initiative was crucial in addressing the surge in student behavioral health issues. Initially launched as the Behavioral Health COVID Response Project in 2021 and piloted with federal ESSER relief funding, the Washington State Behavioral Health Student Assistance Program (BH-SAP) aims to enhance school-based behavioral health supports using a Multi-Tiered System of Support (MTSS) framework. The program expands the role of Student Assistance Professionals, providing essential support services to students. In 2023–2024, the

program received a $4 million legislative allocation.

During this same time, the Legislature passed Substitute Senate Bill (SSB) 5030 (2021) requiring all districts to develop and implement a comprehensive school counseling program that addresses students' social/emotional, academic, and career development in alignment with the American School Counselor Association national model. However, no dedicated funding was allocated for this initiative.

As demonstrated in this section, Washington state has a strong track record in behavioral health programming (see Appendix A for additional details). Despite this robust history, there are still challenges in achieving equitable access to tiered support and services across all districts. The implementation and sustainability of these supports often rely on federal grants or local initiatives, highlighting the necessity for ongoing emphasis on systemic integration and financial support.

WASHINGTON STATE BEHAVIORAL HEALTH STUDENT ASSISTANCE PROGRAM (BH-SAP) 2023–2024 EVALUATION[2]

INTRODUCTION AND BH-SAP MODEL OVERVIEW

The Washington State Behavioral Health Student Assistance Program (BH-SAP) aims to expand student access to school-based behavioral health services statewide. The BH-SAP bolsters behavioral health support systems by investing in Student Assistance Professionals (SAPs) within a Multi-Tiered System of Support (MTSS) framework.

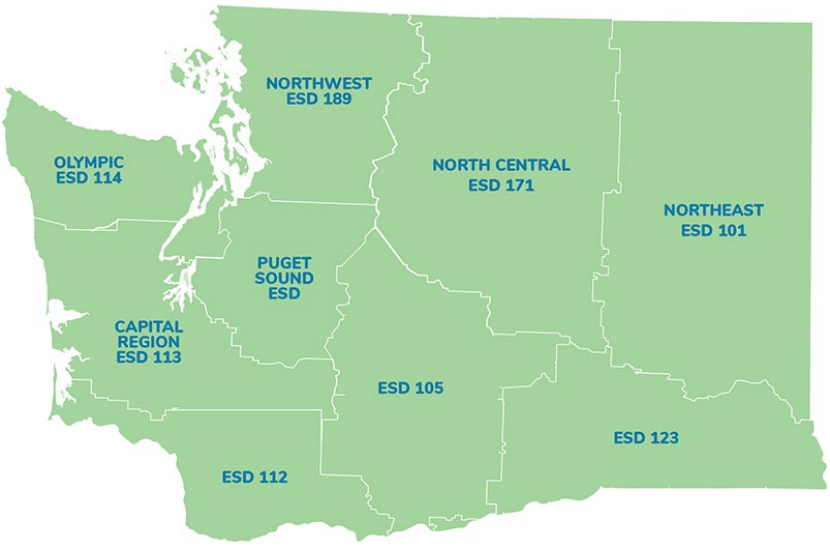


Figure 2:Washington State's 9 ESDs

The BH-SAP model is implemented across all nine regional Educational Service Districts (ESDs) through the AESD Network. ESDs serve as an effective, efficient, and high-quality regional delivery system that supports Local Education Agencies (LEAs) through capacity building, professional learning, and direct site- and student-level services. Across the AESD Network, behavioral health services have been delivered through a variety of programs and funding sources for over 30 years. The BH-SAP model established a framework that all ESDs implement in their regions, including shared program design, professional development, and measurement of impacts.

This section of the report responds to the legislative request to detail the scope and impact of BH-SAP services provided statewide during the 2023–24 school year (August 1, 2023 – July 1, 2024). See appendix B for the Executive Summary.

Several students have made connections with our SAP that have been influential in their academic progress and social emotional well-being. These were students who weren't coming to school at all, nor did they see a purpose beyond their current struggles. Our SAP has been able to give students strategies for self-awareness and regulation, given them confidence and a person in our

[2] This section of the report was prepared by: Casey Chandler, BA, Bethlehem Kebede, BS, and Eric J. Bruns, PhD, of the University of Washington School Mental Health Assessment, Research, & Training (SMART) Center in collaboration with: Washington State Association of Education Service Districts (AESD)

building that they trust."
– ESD 171 Project Partner

BH-SAP PARTICIPANTS AND SERVICES

This section describes BH-SAP activities in the 2023–24 school year including the number of personnel and sites involved, number and characteristics of students served, and number and types of services provided to students, families, staff, and school communities.

LEAs and Schools Served

The AESD Network engaged regional ESD teams to leverage their in-depth knowledge and relationships with LEAs to support efficient placement of the 72 site-based positions. These positions are deployed in LEAs and schools based on site demographics, need, and readiness. In the 2023–24 school year, BH-SAP services have been provided in 63 LEAs and 100 schools (presented by ESD in Table1) with the majority of placements at the middle and high school levels (shown in Table 2)

Table 1: BH-SA: Table 1P Sites

ESD	101	105	112	113	114	121	123	171	189	Total
SAPs	8	8	13	8	8	7	9	3	8	72
LEAs	8	8	10	8	6	7	4	3	9	63
Schools	12	12	16	9	8	8	11	8	16	100

Table 2: BH-SAP School Levels

School Type	Grade Levels	Number	Student Enrollment
Elementary	K-5	6	2,199
K-12	K-12	6	1,288
Middle	6-8	46	28,394
Junior/Senior High	6-12	3	1,267
Alternative	K-12	9	1,327
High	9-12	30	29,281
Total		100	63,756

Characteristics of Students Served

Of the 2,703 students receiving intervention services from BH-SAP in 2023–24, the majority were identified through non-discipline referrals (81%) and enrolled in secondary schools (93%). Most students self-refer to services, with secondary referral sources including school counselors and school administrators (see Table 3, below). Services were provided to slightly more female (57%)

than male (39%) students and few who identify with other gender identities (4%) (see Figure 3, below). Compared to all Washington students, SAPs served a similar group of students, with a few exceptions: Native American students were over-represented (making up 1% of all students enrolled statewide but 4% of those served by SAPs), whereas Asian students (5% statewide and 2% served) and Hispanic/Latino students (31% statewide and 24% served) were under-represented (OSPI, 2024)

Figure 3:DEMOGRAPHIC CHARATERISTICS OF STUDENTS SERVED IN 2023–24

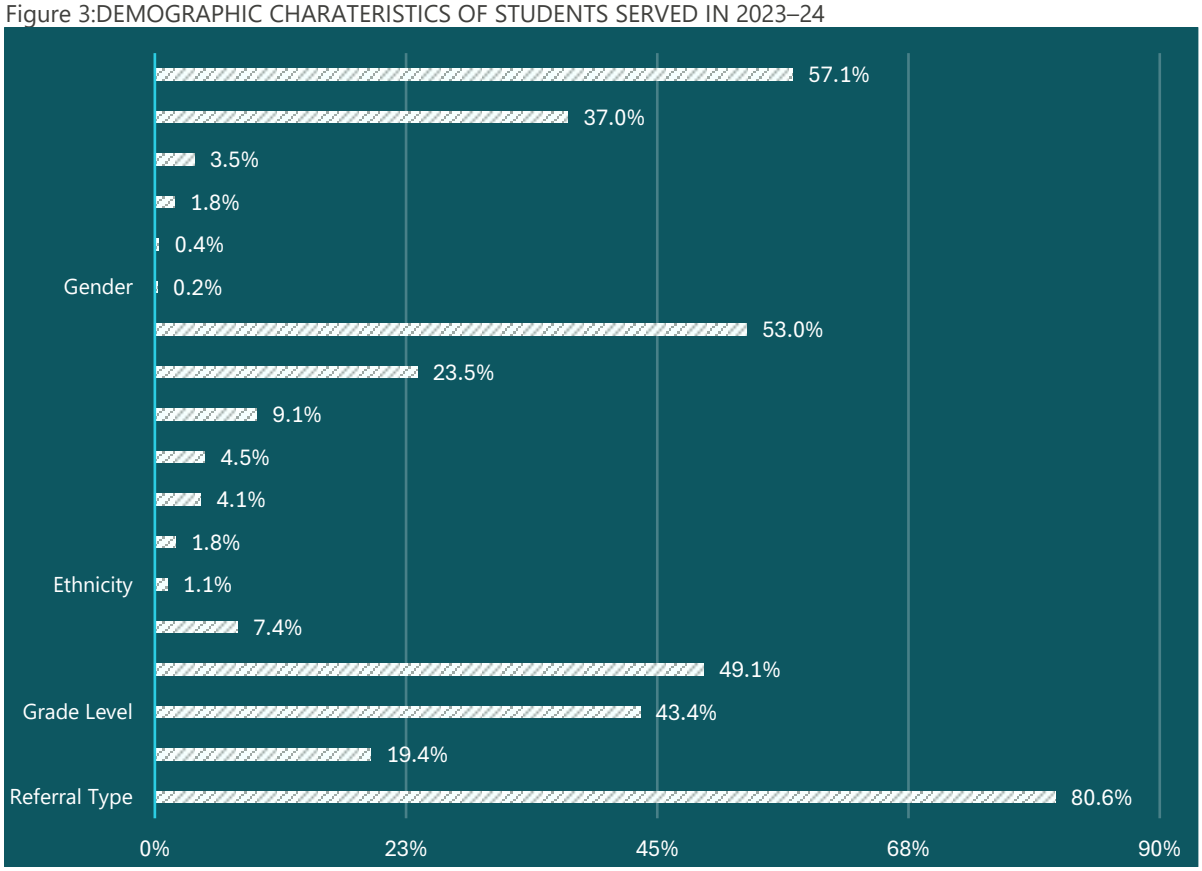


Table 3: Student Referral Sources in 2023–24

Referral Source	Total Number of Referrals	Discipline Referrals	Non-Discipline Referrals
Core Team	199	78	121
Administrator	815	478	337
Teacher	421	31	390
Counselor	819	62	757
Interventionist	135	13	122
Other school staff	253	31	222
Self	1225	47	1178
Parent	314	25	289
Peer	96	2	94
Police or court	16	6	10
Treatment program	3	-	3
Other agency	7	-	7

Services Provided

SAPs provide a wide array of services (see Table 4) that are common to student assistance programs (Anderson, 1993), with a primary focus on universal prevention (Tier 1) and early intervention (Tier 2). The following sections present details on universal prevention and early intervention services provided by SAP.

Table 4: BH-SAP Services Provided by Tier

Tier 1 Universal Prevention	Tier 2 Early Intervention
• Delivery of classroom curriculum • Staff training • Family/community education • School/community presentations • Prevention planning	• Identification and screening • Care coordination • Early intervention (with students and families) • Peer support groups • Referral to in-school programs or community services • Consultation with Multi-Disciplinary Teams

Universal Prevention Services

Universal services are provided to the whole school or all students in one or more specific grade levels. Awareness events account for the largest number of student-focused universal prevention activities. This category includes mental and behavioral health awareness presentations, campaigns, information dissemination efforts, and presentations about program services. In the 2023–24 school year, 1,195 student awareness events were provided by the BH-SAP program statewide. This year's four Statewide Awareness Campaigns included: Suicide Prevention, Bullying Prevention, Substance Use Prevention, and Mental Wellness.

In addition to awareness events, throughout the 2023–24 school year, SAPs taught students important social-emotional and life skills through 367 evidence-based lessons. This year's student curricula included: 21st Century Skills Academy, Character Strong, Friends for Life, Kelso's Choices, Life Skills, ReThink Ed, Second Step, teen Mental Health First Aid, and The Know.

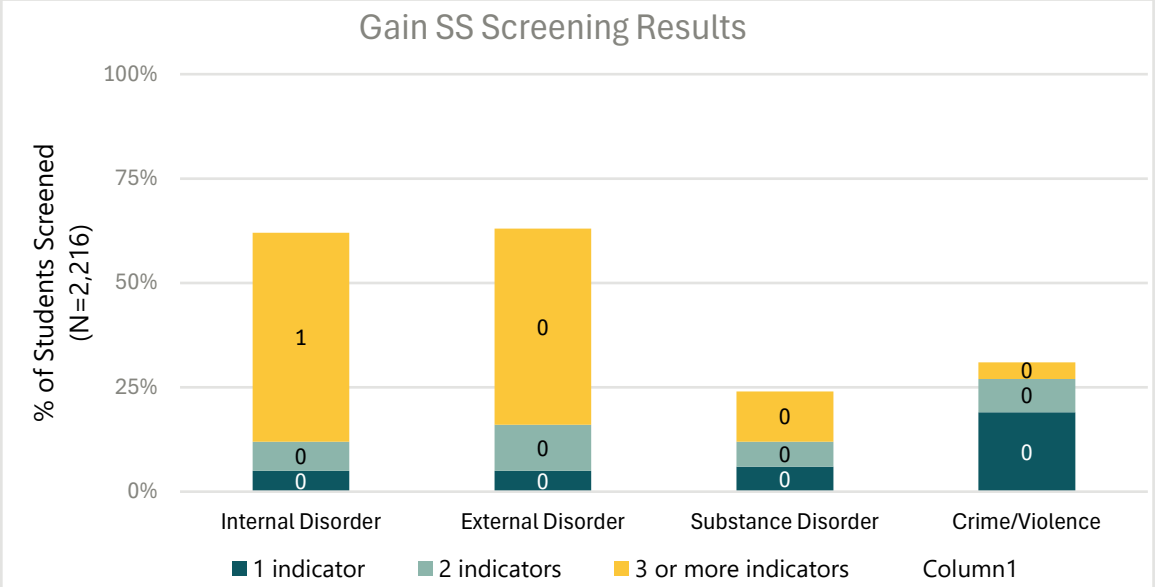
In conjunction with student-focused efforts, universal prevention activities geared towards staff, families, and the community focused on increasing awareness of the issues and needs of students and are categorized as either awareness, curriculum, or planning services. Planning activities accounted for the largest number of sessions (1,315) with screening and referral services being especially prevalent (1,155 sessions). In addition, SAPs promoted parent and family awareness through 28 presentations and 129 information dissemination campaigns on a range of topics and resources.

Individual and Group Intervention Services

During the 2023–24 school year, 2,703 students in Washington State received intervention services through the BH-SAP. The most common individual supports were: BH screening (2,348 students),

individual interventions (2,037), and care coordination (1,332). To conduct student BH screening, SAPs use the Global Appraisal of Individual Needs-Short Screener (Dennis, 2006). The GAIN-SS consists of four 5-item subscales that assess whether a student may have internalizing, externalizing, substance use disorders, and crime or violence problems. In 2023–24, 2,216 students completed a GAIN-SS screening and had valid subscale scores. Of those students, 63% had at least1 indicator of an internalizing or externalizing disorder (Figure 4).

Figure 4: GAIN-SS Screening Results 2023–24

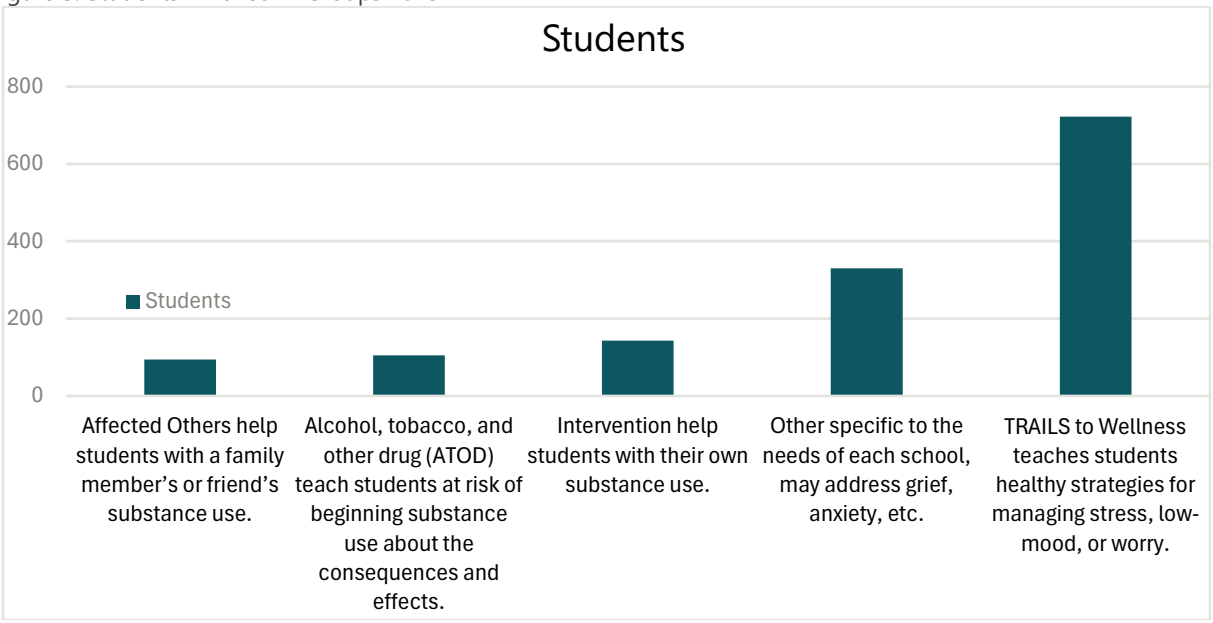


Note. Subscale scores that were over the total possible score of 5 (indicating data entry errors) were not included.

In terms of group interventions, 1,394 students were enrolled, and the most common group was a research-based coping skills curriculum based on cognitive behavioral therapy (CBT) by TRAILS to Wellness (722 students). See Figure 5 below for descriptions of groups conducted.

Figure 5: Students Enrolled in Groups 2023– Figure 4: GAIN-SS Screening Results 2023–24
Note. Subscale scores that were over the total possible score of 5 (indicating data entry errors) were not included.

Figure 5: Students Enrolled in Groups 2023



BH-SAP Effectiveness and Outcomes

To assess the impact of BH-SAP services, the UW SMART Center and the AESD Network worked together to coordinate the collection of survey data from students on satisfaction, wellbeing, and behavioral health symptoms via a self-report survey. This survey is administered before and after full interventions (see Table 5).

Table 5: Student Data Collected by Type of Intervention

Intervention Level	Data Collected
Quick: received behavioral health screening and two or fewer contacts with SAP	Demographic Information & BH Screening Log of Services Received
Full: received behavioral health screening and had three or more contacts with SAP	Demographic Information & BH Screening Log of Services Received Pre/Post Survey (6th grade and up only)

Student Satisfaction with Services

1,430 students responded to the Pre/Post-survey satisfaction items, representing 75% of all eligible students. Of these students, 96% reported the program was somewhat or very helpful (Figure 6), and 95% were glad they participated (Figure 7). Additionally, of the 772 students with low school attendance before SAP services, 80% reported being more likely to attend due to the program (Figure 8).

Figure 6: Overall, how helpful has this program been to you?

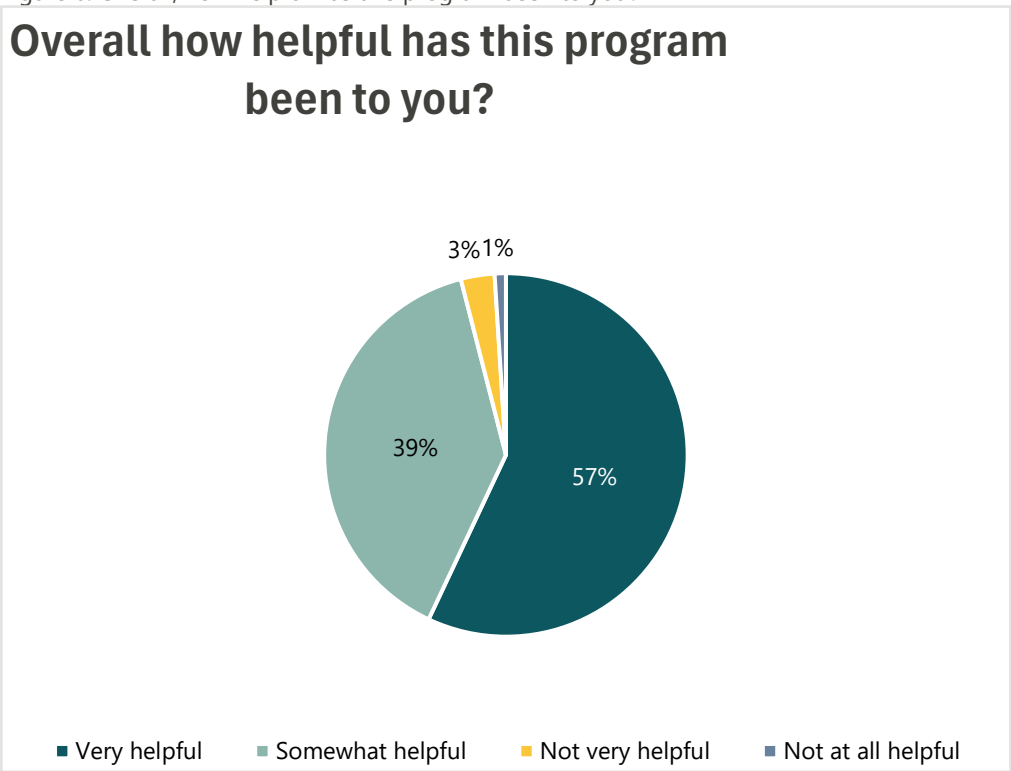


Figure 7:Are you glad that you participated in the program?

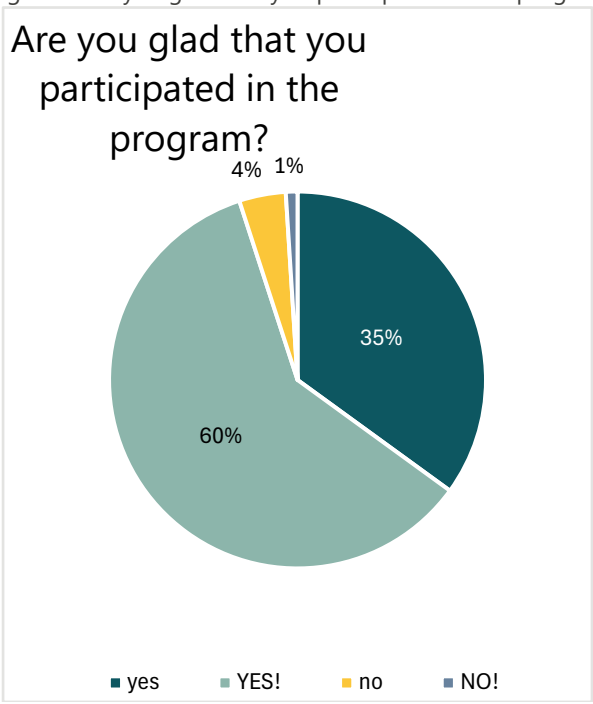
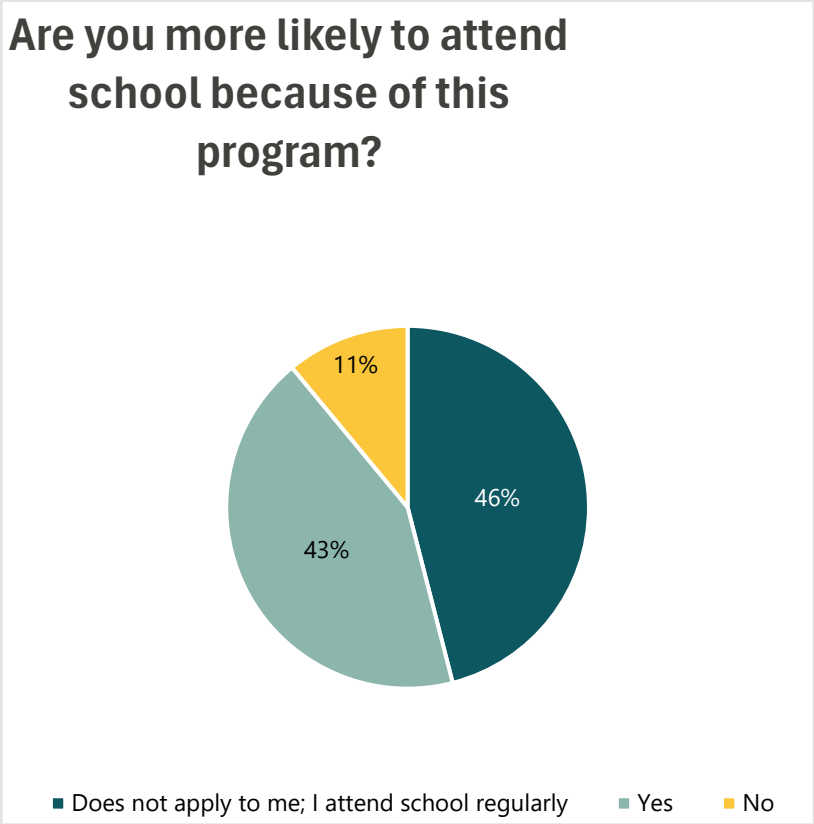


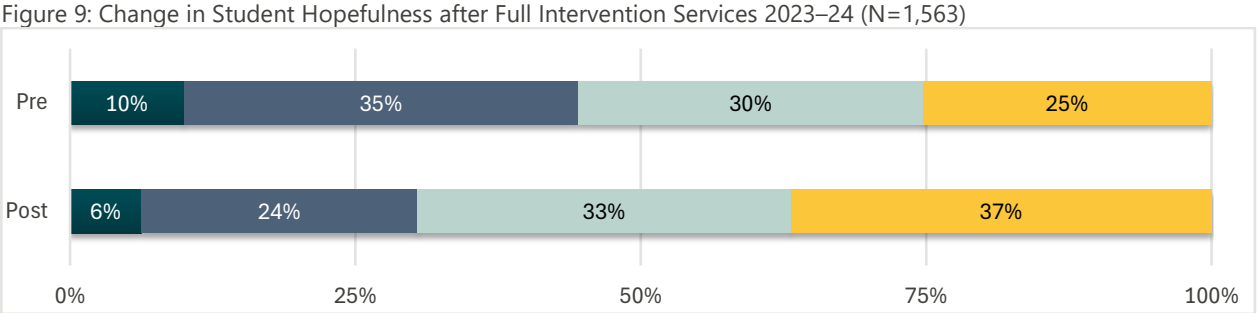
Figure 8:Are you more likely to attend school because of this program?



Increased Student Wellbeing

The primary measure of student wellbeing used in BH-SAP is the Children's Hope Scale (Snyder et al., 1997) which has been validated for youth aged 7 to 18 (Hellman et al., 2017). Figure 9 displays the percentage of students in each hope category. At pre-test, about 55% of students were experiencing moderate-to-high hopefulness, compared to 70% at post.

Figure 9: Change in Student Hopefulness after Full Intervention Services 2023–24 (N=1,563)



Improved Student BH Symptoms

In addition to satisfaction and hopefulness, the Pre/Post-survey assesses a wide range of student BH symptoms. Significant improvements were found across almost all BH symptoms, particularly for students with existing behavioral and substance use challenges.

Table 6: Table 6: Percentage of Students Improving BH Symptoms

Marked improvements for students with existing behavior problems:	Large reductions in substance use for those who used at baseline:	Elevated help-seeking and self-regulation for students with low ratings at baseline:	Improved mental and emotional wellness for student with elevated ratings at baseline:
74% decreased arrests (N=43)	88% decreased prescription misuse (N=41) and 83% decreased other drug/substance use (N=46)	62% of students gained healthy strategies to calm down when experiencing negative emotions (N=1,002)	66% of students lowered anxiety symptoms ("can't stop or control my worrying"). (N=679)
66% decreased physical fighting (N=308) and 69% decreased hitting/hurting others (N=375)	70% decreased tobacco use (N=122) and 53% decreased e-cigarette use (N=461)	59% improved help-seeking abilities (N=898)	70% decreased tobacco use (N=122) and 53% decreased e-cigarette use (N=461)
65% decreased suspensions (N=335) and 57% decreased being in trouble at school (N=873)	67% decreased excessive alcohol drinking (N=136) and 62% decreased any drinking (N=269)	69% gained trusted adult ("I have at least one adult at school I can confide in") (N=435)	67% decreased excessive alcohol drinking (N=136) and 62% decreased any drinking (N=269)

Feedback from Project Partners

Project partners at participating school buildings were surveyed from May–June 2024 to gather input about the impact of the services provided by BH SAPs. Across 140 respondents in all nine ESDs, partners reported:

- Having a Student Assistance Professional (SAP) available in their school was very important or of the highest importance (99%).
- Services were helpful for students (99%).
- School(s) improved the ability to respond effectively to students' behavioral health needs because of the BH-SAP (93%).
- SAP services increased students' self-regulation and social skills (90%).
- The program positively influenced school climate (90%).

Summary of Findings

As reflected by the results reported above, the BH-SAP program contributes meaningfully to Washington's goal for building a statewide student behavioral health support system.

- Beginning with federal funds that were then supplemented by a relatively modest allocation of state funds, Washington was able to invest in 72 SAPs serving all 9 ESDs and 63 LEAs. These SAPs intervened with over 2,700 students directly while also providing over 63,000 students with school wide prevention activities.

Moreover, these students largely reflected the diversity of Washington's students overall.

- The BH-SAP program allowed local districts to provide critical BH services that would otherwise be difficult for an LEA to provide, such as prevention activities (1,195 student awareness events) that are essential components of a multi-tiered BH system. Furthermore, SAPs provided screening to 2,348 students and participated in referral services as part of a multidisciplinary team on 1,155 occasions, activities required by RCW 28A.320.127 but inconsistently provided by Washington LEAs.
- Outcomes data collected found that SAPs effectively identified and served students who started the school year experiencing concerns such as elevated behavioral health symptoms, substance use, and poor school attendance. Students ended the year with higher levels of hope, improved social-emotional-behavioral wellness, and fewer adverse behaviors and disciplinary problems.
- SAP program services were rated highly among participating students and school staff members alike. Ninety-six percent of students said the program was helpful, and 99% of district partners reported that the BH-SAP program was a critically important component of their local system of BH supports.

WASHINGTON'S BEHAVIORAL HEALTH LANDSCAPE

Mental health challenges are the leading cause of disability and poor life outcomes in young people, with approximately one-in-five young people (ages 3–17) impacted by a diagnosable mental health or learning disorder (National Healthcare Quality and Disparities Report, 2022). Since the pandemic began in 2020, rates of psychological distress among young people have increased, with its impact most heavily affecting those who were already vulnerable. This includes youth with disabilities, racial and ethnic minorities, LBGTQ+ youth, and others from marginalized communities. Despite growing knowledge and awareness of mental health issues among school-aged children, the US has seen significant increases in certain mental health disorders in youth, including depression, anxiety, and suicidal ideation (U.S. Surgeon General's Advisory, 2021).

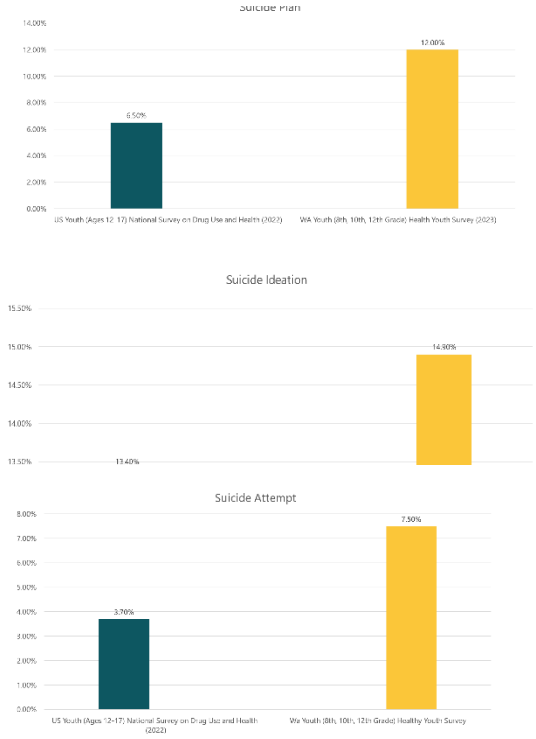
In an effort to measure health risk behaviors that contribute to morbidity, mortality, and social problems among school-aged youth, the Washington State Healthy Youth Survey (HYS) has been administered statewide every-other-year since 2001. The survey asks students about behaviors such as alcohol, marijuana, tobacco, and other drug use; behaviors that result in intentional and unintentional injuries (e.g., violence); dietary behaviors and physical activity; mental health; school climate; and related risk and protective factors. The 2023 administration was the eighteenth such statewide survey of Washington students. In 2023, over 215,000 students from all 39 counties participated in HYS.
The most recent data (2023) indicate that among 8th, 10th, and 12th grade youth, nearly 60% reported past two-week anxiety, while approximately half struggled with excessive worrying (Figure 10).

Figure 10: WA Youth Recent Anxiety & Excessive Worrying, HYS (2023)

Nationally, as well as in Washington, students and adults face multiple systems barriers that often inhibit access to needed behavioral health supports. For example, most communities and schools do not have high quality, comprehensive treatment services for children and adolescents. Other barriers include workforce shortages, especially in rural areas, treatment deserts (regions in which services do not exist), access to a culturally and linguistically appropriate workforce and services, and a lack of service coordination and integration across multiple systems (WA Department of Social & Health Services, 2017).

Navigating complex systems in search of care presents challenges and creates barriers that often inhibit access to needed behavioral health services for youth and their families (SAMHSA, 2019). The resultant impact of these barriers is lower service utilization and lack of access to care. In Washington state, young people face major barriers to getting mental health care. In fact, the 2024 Mental Health America report ranks Washington 48th in the nation for youth mental health, indicating that Washington youth have a higher prevalence of mental illness and lower rates of access to care (Mental Health America, 2024).

Figure 11: US and WA Youth Suicide Ideation, Planning Making, and Attempts



Experts agree that because schools offer unparalleled access to youth, the education system is key to providing children with needed behavioral health care. Delivering behavioral health supports in schools has shown to have many benefits, including improved access to care, improved adherence and participation in treatment, early problem identification, decreased stigma among children and their families, and positive impacts on academic and psychosocial functioning (Hoover & Bostic, 2021).

As evidenced in this report, the Office of the Superintendent of Public Instruction and its partners have a robust history of providing school-based behavioral health supports, including ongoing effective student assistance programming. Despite these efforts, students' needs continue to outpace available support across Washington state. As such, we offer the following recommendations for improving behavioral health supports for all students.

RECOMMENDATIONS:

In recent years, there has been increasing attention paid to understanding and addressing the gaps in Washington's school-based behavioral health supports/services. Some explorations of this issue include, but are not limited to:

- Exploring the Landscape of Mental health and Wellness in Washington's K-12 Education System (Maike, 2017), commissioned by Kaiser Permanente Washington Community Health.
- Children's Regional Behavioral Health Pilot Program (2020), legislatively directed.
- K-12 Student Behavioral Health in Washington: Opportunities to improve access to needed supports and services (2021), Office of the Washington State Auditor.
- Where can we find hope during the epidemic of hopelessness facing our children? Opportunities for breakthrough progress in Washington's adolescent mental health crisis (2023), Washington Children's Alliance.
- Washington State K-12 School-Based Behavioral Health Discovery Sprint: Research and Recommendations (2024), sponsored by the Children and Youth Behavioral Health Work Group, completed by Bloom Works, LLC.

Collectively, these reports highlight the ongoing need for systematic clarification, restructuring, and funding for school-based behavioral health supports/services in Washington state. Although some recommendations have been implemented, many essential actions remain relevant and require attention from the Legislature. Below is a summary of key recommendations aimed at improving equitable access to behavioral health supports/services for all students.

1. State-Level Coordination: A primary recommendation from the State Auditor's 2021 report is to enhance state-level coordination to ensure equitable access to behavioral health services. This includes designating a lead agency responsible for coordinating the continuum of school-based behavioral health services within a shared structure and offering clarity on responsibilities within the behavioral health landscape in schools.
2. Holistic Evaluation of Behavioral Health Systems: A thorough evaluation of the entire school-based behavioral health system is recommended to identify gaps and improve overall effectiveness. This evaluation should encompass all programs, supports and services to ensure they meet the diverse needs of students.
3. Comprehensive Implementation Models: Clear directives supported with consistent funding are critical for Local Education Agencies (LEAs) to implement a tiered continuum of supports for all students. In the absence of statewide coordination, schools are faced with solving similar behavioral health issues at the individual district/school level with likely disparate results. Increasing support and guidance on planning for and implementing behavioral health systems and evidence-based practices, including but not limited to the BH-SAP model, can lead to more preventative approaches, more efficient use of resources, and improved outcomes for students.
4. Dedicated Workforce Development: Evidence indicates that without a dedicated workforce, efforts to implement behavioral health supports and services across a tiered continuum will falter. Increasing the appeal of and reducing barriers to careers in behavioral health as well as expanding the number of non-clinical roles in schools, including school social workers and student assistance professionals, can improve the capacity to serve students in early intervention supports.

5. Sustainable Direct Funding for Local Education Agencies: To effectively address the mental health crisis among students, dedicated funding should be provided directly to LEAs. This funding should support planning, coordination, and the provision of school-based supports, particularly for LEAs that lack the resources to develop adequate plans for identifying and responding to behavioral health needs.

By addressing these recommendations, Washington state can significantly improve its behavioral health support systems in schools, ensuring that all students have access to the resources they need for their well-being. Additional details are provided as follows:

State-Level Coordination

One overarching recommendation resulting from the State Auditor's 2021 report was "to provide greater state-level coordination to promote equitable access to students across the state…" (p.43). The authors recommended designating either OSPI or the HCA as the lead state agency to be tasked with ensuring student access to the continuum of behavioral health services in schools, and to allocate state funding to the lead agency to carry out this role. This recommendation was echoed in the recent Bloom Works report (2024) with regards to "increasing clarity around who owns what in terms of behavioral healthcare in schools" (p.35).

A state agency can support LEAs by providing current, relevant, and affordable training, technical assistance, and curriculum in evidence-based programming to promote and support behavioral health implementation. While the lead state agency must allow some flexibility for local adaptation and implementation based on the unique circumstances of each LEA, defining the "minimum expectations and requirements for schools to provide behavioral health" (Bloom Works, p.35), coupled with sufficient funding can improve LEA capacity to meet student needs. State partners can support strong implementation fidelity and accountability in partnerships with LEAs and evaluation (as appropriate), by having the authority and resources available to understand barriers to implementation and to address areas of weakness through additional technical assistance and peer learning spaces in relevant areas.

Evaluation of Behavioral Health Systems

As evidenced in findings from recent explorations of Washington's school-based behavioral health systems, implementation of best-practices related to providing a full continuum of care for all Washington youth are inconsistent, with few schools having adopted all core elements recommended as leading practice. This inconsistency is not only associated with inequitable access to resources, but also a lack of clear and supported guidance for implementation. While evaluation of specific programs, or supports occur often at the local (i.e., district or building level), a comprehensive evaluation of the entire school-based behavioral health system, inclusive of all programs and resources aimed at addressing youth behavioral health access in schools is necessary. Introducing statewide data collection at the school level can help identify gaps and inform how to build a more comprehensive and equitable system over time.

Comprehensive Implementation Models

The state's fragmented and decentralized approach to school-based behavioral health programming has relied on school districts to develop behavioral health plans without guidance. As observed during the evaluation of various school-based behavioral health programs, we have

learned that it is critical that LEAs have a clear framework which is consistently funded to successfully implement an evidence-based tiered continuum of supports that serve all students.

One example is the BH-SAP. The model as outlined in this report utilizes a fidelity framework that provides quality and consistency across the state in a way that promotes evidence-based practice while allowing tailoring to local district needs. Consistent use of this framework was associated with both an extensive program reach, as well as positive student and school-level outcomes. It is recommended that the state continue to sustain, expand, and promote implementation and monitoring of a consistent, scalable, and research-based BH-SAP model.

The BH-SAP model aligns with recommendations from the 2021 State Auditor's report on K-12 Student Behavioral Health in Washington and received a statement of support in 2024 from the School-Based Behavioral Health & Suicide Prevention (SBBHSP) Subcommittee as well as the state Children and Youth Behavioral Health Workgroup (CYBHWG). Student assistance programs are also highlighted by the 2024 Office of National Drug Control Policy and are listed on the SAMHSA Evidence-Based Practices Resource Center.

Dedicated Workforce

In the absence of a dedicated workforce with the capacity to carry out this work, planning for and implementation of school-based behavioral health supports and services will stall and burn-out among school staff will occur. There is a clear need to champion behavioral health career pathways while simultaneously working to address barriers that impede behavioral health licensure. Additionally, it is imperative to expand the number of non-clinical roles in schools that support the full continuum of care for students.

Clinical behavioral healthcare roles are highly specialized, expensive, and require significant credentials and licensure. As noted in the Washington Workforce Board's 2022 Behavioral Health Workforce Assessment, "Healthcare workforce planning requires policymakers to pay attention to the underlying systemic and structural challenges that affect the ability to recruit and retain a sufficiently large and diverse workforce to provide needed behavioral health services statewide." This includes reexamining credentialing and licensure requirements, addressing unsustainable funding models, and providing competitive compensation to school-based behavioral healthcare professionals.

Further, as identified in the Blooms Works report (2024), "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" (p.32). Investing in the formalization of a credential for a school-based healthcare credential could help formalize the provision of lower tier behavioral health supports, filling a gap in available services and creating a pathway towards a continuum of care from prevention through recovery support. By continuing to invest in ESA and other student support positions, including school social workers, school counselors, school psychologists, and school speech therapists, the state can improve schools' capacity to provide a full continuum of care for students.

Sustainable Direct Funding for Local Education Agencies

It is important to understand that capacity is finite, as is evidenced by merely walking into any Washington state school building. Time and staffing necessary to implement or improve

comprehensive behavioral health strategies, inclusive of time for training, learning and peer sharing, as well as implementation of supports, appears to be one of the most precious resources for schools at present.

One crucial way to assist LEAs in the planning and implementation of school-based behavioral health supports is to provide dedicated funding, as advised by the School-based Behavioral Health and Suicide Prevention Subcommittee (SBBHSC), of the Child and Youth Behavioral Health Work Group: "Provide funding directly to local education agencies (LEAs) to plan, coordinate, and/or provide school-based supports that address the emergent mental health crisis in their student populations, specifically targeting funding for LEAs who have not been able to develop a plan for recognition, initial screening, and response to emotional or behavioral distress as requires by RCW 28A.320.127" (p.6).

As directed, emotional and behavioral health distress plans indicate specific functions are addressed through district systems and planning but stops short of defining all aspects of comprehensive, building level, school-based behavioral health including school climate, social-emotional learning (SEL), universal/focused screening, interventions, progress monitoring, and referral to intensive services.

Funding, coupled with clear leadership, expectations, and accountability for providing a continuum of care in schools can dramatically increase schools' ability to deliver equitable behavioral health supports to Washington's youth. By providing training and building staffing capacity to implement a multi-tiered system of supports and services, as well as the standardization of data collection, the state can more effectively measure specific performance measures e.g., the number of students served by specific behavioral health supports, how these students were selected for specific behavioral health supports/services, and how these students may have received behavioral health supports.

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APPENDICES

Appendix A: A Brief History of School-based Behavioral Health Efforts in Washington

On the education forefront, the Office of Superintendent of Public Instruction (OSPI) and its Educational Service District (ESD) and Local Educational Agency (LEA) partners have been leaders in providing school-based supports that address Washington's K 12 students' behavioral health and well-being needs. This summary provides a brief history of the types of school-based behavioral health supports delivered in the K-12 education system across Washington state.[3]

1989 Student Assistance Prevention and Intervention Services Program (SAPISP)
Launched in 1989 this statewide initiative, funded in part by the federal Safe and Drug-Free Schools and Community Act of 1986 as well as through matching funds at the district-level, established the foundational model for serving students at risk of or engaging in risky behaviors through a tiered approach. The SAPSIP is a research-based comprehensive, integrated model of services that fosters safe school environments, promotes healthy childhood development, and provides prevention and intervention services for alcohol, tobacco, and other substance use. Student Assistance Professionals (SAPs) are placed in the school buildings to provide services such as counseling, referrals, family contact, skill development, and support groups to students in need. SAPs also make presentations on relevant behavioral health and prevention topics and implement curricula and activities to all students. Key program components included school-wide, universal prevention activities, identification and screening, early intervention and support services, and referral and case management.

In 2019, these prevention and intervention components were restructured to be a part of the Community Prevention and Wellness Initiative (CPWI). CPWI is a prevention effort of the Health Care Authority (HCA), managed by the Division of Behavioral Health and Recovery (DBHR). In the current model, DBHR provides funds directly to OSPI, which awards funds to the nine ESDs to hire and place prevention and intervention specialists in schools (HCA, 2019). OSPI, in partnership with the state's ESDs, oversees school-based prevention and intervention programming (e.g., SAP services). (See below for additional information about the CPWI program).

1999 Safe Schools/Healthy Students
In the late 1990s, in response to school safety concerns, the US departments of Education, Health and Human Services, and Justice created the Safe Schools/Healthy Students (SS/HS)

[3] This brief history focuses on services and supports that have been championed by OSPI's Student Engagement & K12 Supports, formerly known as Learning and Teaching Support and may not be reflective of other efforts conducted within OSPI, or in other collaborative efforts with other state agencies, or other health and educational entities. An earlier version of this summary was included in Washington School-based Behavioral Health Efforts: A BRIEF (2023), complied by Maike & Associates, LLC.

initiative. This federal initiative sought to fund SEA and LEA-level multicomponent projects designed to address safe school environments and policies; substance use, violence prevention, and early intervention; school and community-based mental health services; early childhood social and emotional development; and supporting and connecting schools and communities. These projects introduced the concept of bringing community-based providers into the "schoolhouse," thus, began the integration of two often competing systems of supports -- education and behavioral health. In many ways these projects laid the groundwork for the scaling up and replication of a tiered framework of supports built upon school-community partnerships.

Across Washington state eight (8) SS/HS grantees were funded since the 1999–2000 school year (the first year the project was initiated). Grantees included eight of the nine ESDs and Spokane Public Schools. Funding for Safe School/Healthy Students ended in 2012.

1999 School-based Treatment Programs

As the SS/HS federal initiative was initiated, the US Department of Health and Human Services, through the Substance Abuse Mental Health Services Administration (SAMHSA), also released funding to support adolescent treatment programs that allowed multiple Education Service Districts (ESD) to pursue substance-abuse disorder treatment licensure. These licensures brought more intensive Tier 3[4] supports into school buildings thus meeting the increasing demands for school-based alcohol, tobacco, and other drug treatment services, subsequently expanding behavioral health supports in districts served by licensed ESDs.

In 2013, the first ESD expanded their substance-use disorder licensure to include mental health treatment services. Additional ESDs became licensed in 2019, 2020, and 2024. To-date, six of the nine ESDs are licensed as Behavioral Health Agencies. Two have submitted their applications, and one is still in the exploration process.

2011 Community Prevention and Wellness Initiative (CPWI)

In 2011, the Division of Behavioral Health and Recovery (DBHR), in partnership with OSPI and the nine ESDs, launched the Community Prevention and Wellness Initiative (CPWI) to provide substance use disorder prevention services and strategies in communities with higher need across the state

These high-need communities are determined by using a risk ranking process, identified through indicators of consequences associated with consumption (crime, truancy, behavioral health problems, lack of school success), as well as consumption and mental health data from Washington's Healthy Youth Survey. CPWI is a community coalition and school-based model designed to reduce underage misuse of alcohol, marijuana, opioids, tobacco, and other drugs and substance use disorder.

[4] Tier 3 services address mental health concerns for students who are already experiencing significant distress and impaired functioning. These supports are individualized to specific student needs. Tier 3 supports include services provided by school-based mental health professionals employed by the school or community organizations.

The model focuses on:

- Building healthy and safe community environments;
- Expanding quality preventive services in community and school settings;
- Empowering people to make healthy choices; and
- Eliminating health disparities.

Every county has at least one CPWI community supported and each of the nine ESDs are currently participating in CPWI. There are 82 local CPWI coalitions across Washington State. As previously noted, the DBHR provides funding for CPWI implementation. (HCA)

2014 Project AWARE/Multi-Tiered Systems of Supports

In 2013, in response to the Sandy Hook Elementary school shooting of 2012, the Now is the Time initiative was launched by the White House. One component of the initiative was the US Department of Health and Human Services' launching of the Project AWARE (Advancing Wellness and Resilience in Education) SEA program in 2014 through the Substance Abuse and Mental health Services Administration (SAMHSA). Since the initial grant launch in 2014, OSPI in partnership with the Health Care Authority, seven LEA school districts and four ESDs, have received three project aware SEA grants (FY14, FY20, and FY22). In addition, Seattle Public Schools and NEWESD 101 also received LEA-level AWARE grants in FY22. Battle Ground Public Schools and ESD105 received LEA-level grants in FY23 (OSPI).

The purpose of Project AWARE is to develop a sustainable infrastructure for school-based mental health programs by building collaborative partnerships between state partners and local systems including providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth. Using an integrated systems framework embedded in a multi-tiered system of supports approach, project partners implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that students have access to and are connected to appropriate and effective behavioral health services.

All Project AWARE funding is derived from federal grants. These projects are set to conclude in September 2025 (FY20), September 2026 (FY22), and September 2028 (FY23).

2014 Youth Suicide Prevention, Intervention and Postvention

The Revised Code of Washington (RCW) 28A.320.127 requires that all K–12 school districts adopt a plan to screen, recognize, and respond to indicators of social, emotional, behavioral, and mental health (SEBMH) issues such as, but not limited to, sexual abuse, substance use, violence, or youth suicide. In 2022, OSPI in collaboration with the University of Washington's Forefront Suicide Prevention and School Mental Health Assessment Research and Training (SMART) centers, developed a model district template for SEBMH recognition, screening, and response. The template guides districts in how best to carry out the screening process for students and to refer and respond for appropriate intervention in a manner that is consistent with research-based practices and compliant with the law.

No dedicated funding was allocated for this initiative.

2016 Washington Integrated Student Supports Protocol

In 2016, established through 4SHB 1541, the Washington State Legislature created the

Washington Integrated Student Supports Protocol (WISSP). The WISSP was one of an extensive set of interdependent strategies for closing educational opportunity gaps as recommended by the State's Educational Opportunity Gap Oversight and Accountability Committee (EOGOAC). The components of the WISSP framework include needs assessments, community partnerships, coordination of supports, integration within the school, and a data-driven approach.

In 2021, the Washington State Legislature modified the state's Learning Assistance Program (LAP) laws under Revised Code of Washington (RCW) Chapter 28A.165 through SHB 1208. The bill established two separate timelines for LAP changes, which include implementation of the Integrated Student Supports (ISS) protocol. As part of the first timeline, districts are currently encouraged to use the ISS protocol to budget and expend LAP funds. Beginning September 1, 2025, districts will be required to use the ISS protocol to budget and expend LAP funds. (OSPI)

WISSP is directed through Revised Code of Washington (RCW) Chapter 28A.165.

2017 Behavioral Health Systems Navigators

The Children's Regional Behavioral Health Pilot project was established per authorizing legislation RCW 28A.630.500. The project launched in July 2017 based upon the recommendations of the Children's Behavioral Health workgroup. The purpose of the pilot project was to investigate the benefits of an ESD-level Behavioral Health Systems Navigator (BHSN). The pilot project, implemented in ESDs 101 and 113 in 2019, resulted in the garnering of legislative funding of the BHSN positions in each of the 9 ESD regions.

HB1216 (2019), School Safety and Student Well-being, established the Behavioral Health Systems Navigator position in all 9 ESDs as part of the network of Regional School Safety and Student Well-being Centers. In the 2020, the legislature funded each ESD to maintain these positions.

2021 Expansion of School Counseling Services and Supports

In response to the impacts of the COVID 19 pandemic the federal government released funds through the American Rescue Plan Act, with a portion of these monies allocated to the Elementary and Secondary School Emergency Relief (ESSER) fund. OSPI used a portion of this funding to address the significant rise in the number of students experiencing behavioral health issues. Specifically, funds were used to increase the number of school counselors in district buildings statewide as well as to increase access to community-based mental health agencies.

Elementary and Secondary School Emergency Relief (ESSER) funding ended in June 2024.

2021 Comprehensive School Counseling Programs

During the 2021 legislative session, the Legislature passed Substitute Senate Bill (SSB) 5030, which was the result of a multi-year effort by the Washington School Counselor Association (WSCA) and other statewide advocates to clarify the role of the school counselor in alignment with current best practices. SSB 5030 requires districts to develop and implement

a comprehensive school counseling program (CSCP) for all schools within the district that addresses students' social/emotional, academic, and career development in alignment with the American School Counselor Association (ASCA) national model.

No funding was included with this requirement.

2021 Washington State Behavioral Health-Student Assistance Program (BH-SAP)
Originally referred to as the Behavioral Health COVID Response Project and piloted with federal ESSER relief funding from the federal American Rescue Plan Act (ARPA), the Washington State Behavioral Health Student Assistance Program (BH-SAP) is now supported through a strategic investment of state funds. The BH-SAP aims to expand school-based behavioral health support systems statewide through a Multi-Tiered System of Support (MTSS) framework. The state's 9 Educational Service Districts (ESDs) serve as the regional delivery system supporting districts through capacity building and professional learning and delivers site- and student-based direct services.

The central method through which the BH-SAP provides enhanced support to student wellness is via funding to Student Assistance Professionals (SAPs), an expansion and enhancement of the Student Assistance Prevention-Intervention Services Program (SAPISP) as outlined previously.

SAPs are typically non-licensed, associate and bachelor's-level personnel who receive specialized training and supervision to participate in school multidisciplinary teams, deliver school-wide prevention programming, and provide group- and individual-level interventions to students. Specific examples of SAPs services include screening, referrals, family contact, skill development, and support groups for students in need. SAPs also conduct classroom presentations, school-wide awareness events, and community trainings on relevant behavioral health and prevention topics.

In its first two years (2021–22 and 2022–23) OSPI invested $7M per year of federal ESSER funding in the program. In 2023–24 the state invested $7.8M in the program as federal ESSER funds phased out. For the 2024–25 school year, the state reduced its investment to $4M.

Appendix B: Behavioral Health Student Assistance Program 2023-2024 Executive Summary

2023-2024 EXECUTIVE SUMMARY

ASSOCIATION OF EDUCATIONAL SERVICE DISTRICTS (AESD) STATEWIDE BEHAVIORAL HEALTH STUDENT ASSISTANCE PROGRAM (BH-SAP)

The **Washington State Behavioral Health Student Assistance Program (BH-SAP)** aims to expand school-based behavioral health services statewide. BH-SAP expands behavioral health support systems **through a Multi-Tiered System of Support (MTSS) framework** with increased staffing capacity at regional and local levels. Originally referred to as the Behavioral Health COVID Response Project and piloted with federal ESSER relief funding, the BH-SAP is now supported through a strategic investment of state funds and strives to diffuse this resource via regional and local capacity building for future sustainability.

EXPANDING ACCCESS AND REACH





9	63	100	72	2,703
ESDs	Districts	Schools	Student Assistance Professionals	Students received intervention

Tier 1 Spotlight *Tier 1 Services are provided to the whole school or all students at specific grade levels. When evidence-based practices are implemented with fidelity, Tier 1 supports meet the needs of 80% or more of students.*

1,507 Awareness Events across **60 districts**	This year's Statewide Awareness Campaigns included: *Suicide Prevention, Bullying Prevention, Substance Use Prevention,* and *Mental Wellness*
56 Behavioral Health Leadership Clubs	SAPs coordinate peer leadership or behavioral health promotion clubs to encourage youth engagement, empowerment, and peer leadership.
367 evidence-based lessons with 2,260 **students**	Targeted grade levels and classrooms received the following curricula: *21st Century Skills Academy, Character Strong, Friends for Life, Kelso's Choices, Life Skills, ReThink Ed, Second Step, teen Mental Health First Aid,* and *The Know.*

Tier 2 Spotlight *Tier 2 Services typically consist of group-based interventions provided to students who are at risk. When evidence-based practices are implemented with fidelity, Tier 1 and 2 meet the needs of 90% or more of students.*

302 Groups conducted with **1,394 students**	The most common group was *TRAILS to Wellness "Coping with COVID"* (n=152 with 722 students). Built to address the heightened levels of stress, anxiety, and social isolation, this programming enables Student Assistance Professionals to provide their students with a range of effective coping and self-care skills.

AESD Association of Educational Service Districts — Nine ESDs, One Network. Supporting Washington's Schools and Communities

Washington Office of Superintendent of PUBLIC INSTRUCTION

SMART School Mental Health Assessment Research & Training Center

IMPACT ON STUDENTS AND SCHOOLS

School Partners overwhelmingly (99%) reported that having a **Student Assistance Professional (SAP)** available in their school was ***very important or of the highest importance***. 99% reported services were ***helpful for students and*** 93% believe their school(s) ***improved the ability to respond effectively*** to students' behavioral health needs because of this program. 90% agree the SAP services ***increased students' self-regulation and social skills*** and the program ***positively influenced school climate***.

In just one of many positive accolades received, a school partner shared how SAPs address barriers to improve school engagement: *"Several students have made connections with our SAP that have been influential in their academic progress and social emotional well-being. These were students who weren't coming to school at all, nor did they see a purpose beyond their current struggles. Our SAP has been able to give students strategies for self-awareness and regulation, given them confidence and a person in our building that they trust."*

Marked improvements for students with existing behavior problems:

74% decreased arrests (N=43)

66% decreased physical fighting (N=308) and 69% decreased hitting/hurting others (N=375)

65% decreased suspensions (N=335) and 57% decreased being in trouble at school (N=873)

Elevated help-seeking and self-regulation:

47% of all students gained healthy strategies to calm down when experiencing negative emotions

44% improved help-seeking abilities

35% gained trusted adult ("I have at least one adult at school I can confide in")

High satisfaction with services:

96% of students reported the program was somewhat or very helpful

95% reported being happy they participated

80% of students with low school attendance reported being more likely to attend school

Large reductions in substance use for those who used at baseline:

88% decreased prescription misuse (N=41) and 83% decreased other drug/substance use (N=46)

70% decreased tobacco use (N=122) and 53% decreased e-cigarette use (N=461)

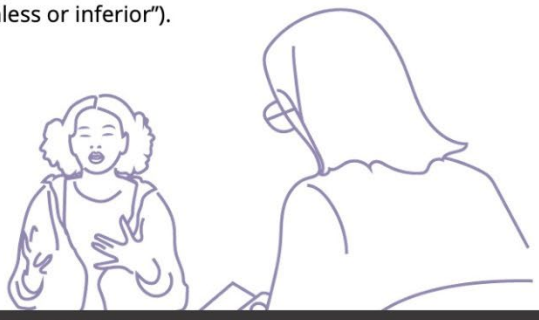
67% decreased excessive alcohol drinking (N=136) and 62% decreased any drinking (N=269)

Improved mental and emotional wellness:

43% of students lowered anxiety symptoms ("can't stop or control my worrying").

41% lowered depression symptoms ("feel unhappy, sad, or depressed").

38% increased self-worth (reduced feeling "worthless or inferior").



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Appendix C: AESD Statewide Behavioral Health COVID Response System Proposal (2021)

Association of Educational Service Districts (AESD)
Statewide Behavioral Health COVID Response System Proposal
FINAL Version, 8/5/2021

Overview: Current statewide K-12 behavioral health programs serve roughly 6% of students identified in need of behavioral health services, while the mental health disorder prevalence rate among young people ages 5-17 in Washington is 17.5%, over 3% higher than the national average (2018 National Survey of Children's Health). Student needs are only increasing in the wake of the COVID-19 pandemic. Washington's nine Educational Service Districts (ESDs) have provided school-based behavioral health services through a variety of programs and funding sources for over 30 years. Over the past several years, ESDs have deepened their experience and capacity working within and across programs and organizations. **Appendix A** provides a snapshot of these programs and current ESD behavioral health support services.

United through the Association of Educational Service Districts (AESD), the ESD network is poised to respond to increasing student behavioral health needs as a result of the COVID pandemic. This proposal ***expands school-based behavioral health (BH) services across the state*** *while, at the same time,* ***invests in much-needed foundational capacity building at the regional and local levels*** *that is necessary for sustainability beyond the funding period.* Through strategic investment of ESSER III funds, regions will grow their internal capacity to support LEAs; LEAs and schools will grow their own capacity to sustain BH support systems and implement evidence-based practices (EBP); and there will be improved service delivery and program alignment across the state.

Proposal Components & Approach: Our approach expands behavioral health (BH) support systems (including mental health and substance use) through a Multi-Tiered System of Support (MTSS) framework (**Figure 1**) with increased staffing capacity at regional and local levels. Our proposal also factors in modest statewide support to assist with alignment of programs and services; and facilitate and coordinate statewide professional learning and coaching services for ESD teams. In addition, we will engage the services and expertise from the UW SMART Center to support regional and site-based capacity building, as well as statewide evaluation services.

<table>
<tr><td colspan="2">Components & Proposed Budget:
(see service details & placement considerations pp. 2- 3, outcomes/outputs, p.4, activities timeline p. 4, budget p. 5)</td></tr>
<tr><td>1. Direct behavioral health services and capacity-building supports at regional and site-based levels to expand student assistance services to additional school sites in each region to support behavioral health promotion, prevention, intervention, referral, and recovery support.

Positions:
- 60 regional and site-based behavioral health student assistance positions (9 of which will serve region-wide, 51 distributed to ESDs based on regional need and student population)
- 9 regionally-based Behavioral Health COVID Response Coordinators</td><td>2. Statewide coordination to support, coordinate, and align program design/development; coordinate statewide evaluation and professional learning services; and work with OSPI programs to assure program coherence and alignment.

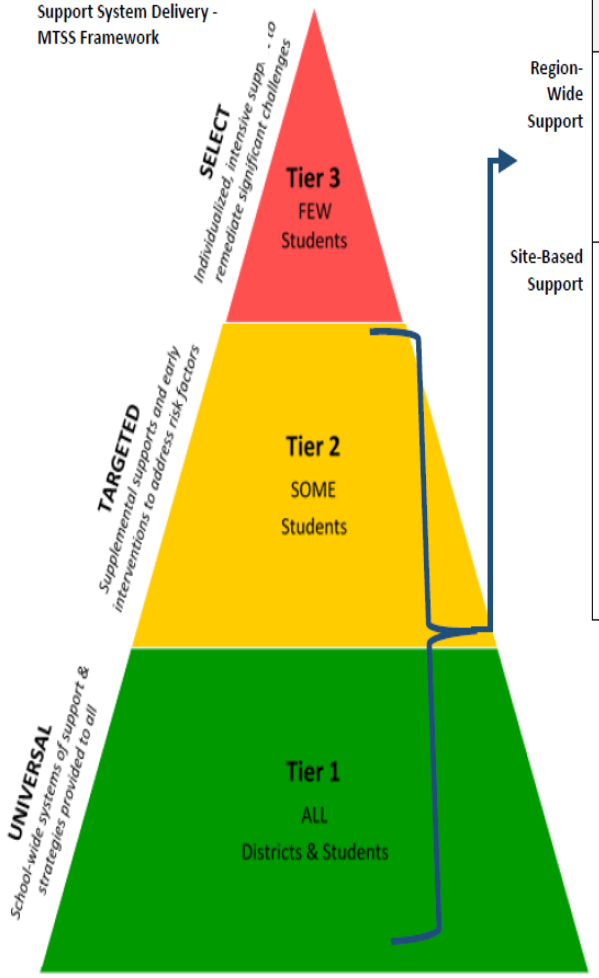
Positions:
- 1 statewide ESD Network behavioral health COVID response system lead</td></tr>
<tr><td colspan="2">TOTAL SERVICES REQUEST:
$7,580,000 per year ($15,160,000 total)</td></tr>
<tr><td colspan="2">3. Statewide capacity building & evaluation to support/provide technical assistance/coaching, professional learning, product development, & evaluation expertise to assure consistency and alignment of program delivery; build regional capacity for serving districts; and assist in measurement and evaluation. Anticipated subcontract with UW/SMART Center for these services.

TOTAL STATEWIDE CAPACITY BUILDING & EVALUATION REQUEST:
$300,000 per year ($600,000 total anticipated)</td></tr>
<tr><td colspan="2">GRAND TOTAL REQUEST:
$7,880,000 per year ($15,760,000 total)</td></tr>
</table>

1

Behavioral Health Services Details: MTSS structures that utilize Positive Behavior Intervention Support (PBIS) and Integrated System Framework (ISF) strategies, have been shown effective in supporting student learning through multiple avenues of student need, including through a behavioral health support model. Through a MTSS framework (Figure 1), regional and site-based direct services staff will provide a continuum of care, as appropriate under their existing delivery systems model and scope of licensure, with primary focus on supporting sites and students at Tiers 1 and 2; and referral/linking students to services at Tier 3. This approach is validated through emerging LEA data from recently submitted *Academic & Student Well-Being Plans* in which over 1/3 of LEAs indicated need for support with Multi-Tiered Systems of Support and social emotional learning/mental health supports (as of 6/22/21).

FIGURE 1: Behavioral Health Support System Delivery - MTSS Framework



	Services / Supports	Positions / Distribution See **Appendix B** for position descriptions & qualifications
Region-Wide Support	Tier 1 Focus, for LEAs Region-wide: - BH consultation, resources, training, technical assistance, office hours for LEAs & schools, students, as necessary - Program design, service delivery, and supervision supports with BH/MH services, and MTSS systems - LEA/school structural supports (i.e., policy development & review)	***Regional BH COVID Response Coordinators*** (1 per region) ***Regional BH Student Assistance Advocates*** (1 per region)
Site-Based Support	Tier 1 & 2 Focus, Site-Based: - School-wide prevention/awareness services and training, counselor supports, suicide prevention training, trauma-informed practices, crisis response, staff presentations, family education / information - Engagement in school Multi-Disciplinary Teams (MDT) to facilitate referrals and coordination of supports at school/student levels - Screening & monitoring for students referred through MDT process - Family/community engagement supports to support coordination of care through MDT process - Classroom-based supports and interventions for individual students	***Student Assistance Professionals*** 51 positions deployed across the ESD network, based on regional need & student population distribution

Note: While Tier 3 services and expansion is not the primary focus of this proposal, many ESDs provide regional and site-based services at this level. The regional and site-based student assistance positions will be critical partners at the local levels for supporting and coordinating services for select students who need access to Tier 3 treatment services. In addition, in order to sustain services at all three levels beyond grant funding, many ESDs are continuing to work toward licensure as a pathway for sustainability.

2

Position & Site Placement Considerations: Regional ESD behavioral health teams have in-depth knowledge and relationships with LEAs throughout their regions that can be leveraged to support efficient placement and hiring of the site-based positions. The 51 site-based positions will be deployed in LEAs and/or schools based on the following factors.

Site Demographics:	Site Need:
• Geographic location • Size (student FTE) • % Poverty • Student population characteristics (consider proportion marginalized and students of color)	• Data from existing reports including BH navigator interviews, Healthy Youth Survey (2018), COVID Student Survey (2021), CPWI/HCA reports, SEL data, regional needs assessments, local department of health data (i.e., rates of suicide/admissions to hospitals for suicide attempts) • Access to services (community and/or school-based) – priority to sites that are remote and/or lack access to community and/or school-based supports • LEA and school input
Site Readiness: • Interest/ability to support and integrate a Student Assistance Professional (SAP) to team • Space availability, integration of staff to provide services • Readiness to Benefit "scale" analysis • Ability/willingness to provide in-kind contribution to SAP role over time (from district and/or county sources)	

Anticipated Outcomes & Outputs: These outcomes will complement and contribute to the current system measuring program outcomes used by the CPWI program for existing SAP efforts across the state. Additional refinements and details regarding specific data collection tools, timelines, and reporting will be further delineated in the project's Evaluation Plan that will be developed in partnership with the UW SMART Center (see Appendix B for detail on the Center's role).

LEA / School-Level	Student-Level
- Increased prevalence and engagement of site-based Multi-Disciplinary Teams (MDT) - Increased regularity of BH promotional awareness - Increased staff awareness of MDT referral process - Increased school-wide capacity for BH and prevention support including staff training and family education Responsible parties: - BH Student Assistance Advocates - Student Assistance Professionals	Short term: - Increased awareness of early warning signs and symptoms and referral process to connect students to BH supports - Increased services for at-risk students - Increased student behavioral health and well-being Longer term: - Improved attendance, course completion, GPA - Increased graduation rates - Decreased suspensions / expulsions - Reduced involvement with juvenile justice system Responsible parties: - BH Student Assistance Advocates - Student Assistance Professionals
Regional-Level	**State-Level**
- Increased regional capacity to support LEAs/schools with EBP social, emotional, behavioral practices through use of MTSS/PBIS/ISF strategies - 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.) - 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" - Increased ability to respond to and support LEA requests for BH supports. Responsible parties: - Regional Student Support Directors - BH COVID Response Coordinators - BH Student Assistance Advocates	- Aligned framework and model for delivering BH services at regional and local levels utilizing MTSS/PBIS/ISF strategies - Increased alignment and coherence of programs and services across state and federal student assistance initiatives (BH, CPWI, MTSS, safety centers, etc.) Responsible parties: - Statewide ESD network lead for BH COVID Response System - UW/SMART Center (pending)

Key Activity Timeline

	Year 1 August 2021 - July 2022						Year 2 Aug. 2022 - July 2023	
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan - July	Aug.	Sept - July
Position recruitment & hiring **Responsible Parties:** Regional ESDs; AESD Behav. Health "team"; AESD/OSPI Network Exec. Director								
Regional BH service positions (Behavioral Health COVID Services Coordinator; Regional Student Assistance Advocates)	X	X						
Site-Based Student Assistance positions		X	X	X		fill vacancies, if needed		
Statewide coordinating role	X							
Site ID and selection **Responsible Parties:** Regional ESDs								
Determine district needs based on site criteria	X							
Secure placement agreements/MOUs with LEAs, etc.		X	X					
UW Smart Center capacity building & evaluation services **Responsible Parties:** Statewide coordinator/AESD lead, ESD Behavioral Health leads								
Refine scope of work & execute contract	X							
Evaluation plan definition (data collection, measurement)	X	X						
Framework & product definition (collab. w/ AESD & OSPI to determine needs)		X						
Capacity building / coaching / technical assistance begins			X	→	→	→	→	→
Evaluation, measurement, reporting activities			X	→	→	→	→	→
Implementation **Responsible Parties:** Statewide coordinator, UW/SMART Center								
Team onboarding / initial professional learning		X	X	X				
Ongoing - framework & curriculum training; tech. assistance; regional capacity building				X	→	→	→	→
Data collection & reporting				X	→	→	→	→

Proposed Budget:

DIRECT SERVICES		
Activity	**Cost** **Note:** Costs are all-inclusive of position/ESD-related fees, indirects, and support costs	**Total Annual Cost**
Regional and site-based behavioral health services and capacity-building supports at regional and site-based levels **Positions:** - 60 regional and site-based **behavioral health student assistance positions** (Non-licensed and licensed student assistance professional staffing) (9 of which will serve region-wide, 51 distributed to ESDs based on regional need and student population) ***see chart below for distribution**** ***Note FTE Assumption:*** *These positions are intended as Full-Time School Year-Based positions (min. 180 day contracts)*	$94,500	$5,670,000
- 9 regionally-based **Behavioral Health COVID Response Coordinators** (inclusive of .5 FTE program/administrative support for overall regional program coordination) ***NOTE, FTE Assumption:*** *These positions are intended as Full-Time Year-Round.*	$190,000	$1,710,000
Statewide coordination – ESD Network ***Assumptions:*** *This role/work is intended to be year round. FTE and related expenditures for the statewide coordination functions are intended to enhance the overall implementation, infrastructure and sustainability of the COVID Behavioral Health project. ESD 113, AESD and OSPI will work together to identify FTE components and additional contracts to ensure the outcomes of the role are being met.*	$200,000	$200,000
	TOTAL *SERVICES* REQUEST:	**$7,580,000**
Statewide capacity building & evaluation		
Activity		**Total Annual Cost**
Contracted services (UW SMART Center, etc.)		$300,000
TOTAL *STATEWIDE CAPACITY BUILDING & EVALUTION* REQUEST		**$300,000**

TOTAL REQUEST: $7,880,000 per year ($15,760,000 total)

BH Student Assistance Position Distribution by ESD Region:

ESD Region	Student Assistance Positions (includes 1 Regional Student Assistance Advocate per region)
NWESD 101	7
ESD 105	6
ESD 112	7
CRESD 113	7
OESD 114	6
PSESD 121	8
ESD 123	6
NCESD 171	6
NWESD 189	7
TOTAL	**60**

APPENDIX A: AESD BACKGROUND

Regional ESD/AESD Context & Readiness: Washington's nine ESDs serve as an effective, efficient, and high quality regional delivery system that supports district systems through capacity building and professional learning; and that delivers site- and student-based direct services that address the plethora of student assistance needs. The AESD is committed to working with state and community partners, funders, and programs to leverage expertise; assure integration, alignment, and connection; and avoid duplication of services. **Figure 3** illustrates many of the student and system support programs in which ESDs are connected; and below are a few examples:

Behavioral health services – These include prevention and intervention programs that address substance use and mental health (including suicide prevention). Across the ESD network, behavioral health services have been delivered through a variety of programs and funding sources for over 30 years. Over the past several years, ESDs have deepened their experience and capacity working within and across programs and organizations. Currently there is a significant number programs and personnel within the system which all ultimately seek to serve the same goal, keeping students in Washington State safe, healthy, and prepared for learning.

Current ESD behavioral health services consist of the following:

- School –based, embedded services
  - Over 100 student assistance professionals and licensed behavioral health staff
  - Services to almost 170 school sites statewide

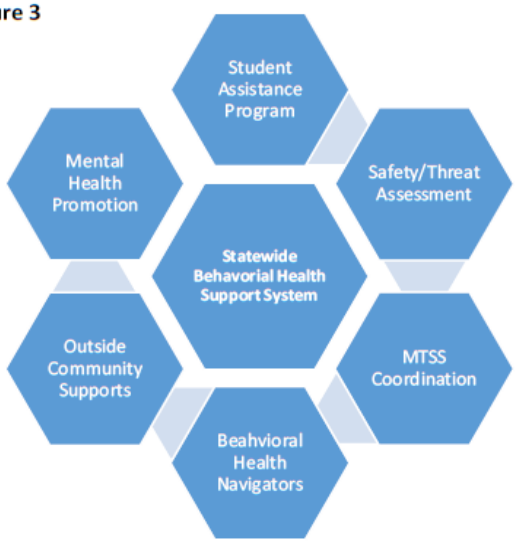
- Community wellness and prevention initiative (CPWI) coalition engagement
  - 5 ESDs serve as "host" organizations for approx. 17 coalitions
  - Regardless of "host" role, all 9 engage with the 80 CPWI coalitions statewide.

- Region-wide support system (available to all schools/districts in the ESD region)
  - Every ESD has a state-funded Behavioral Health System Navigator position that supports suicide prevention education; conducts regional outreach; and provides technical assistance and support for expanding behavioral health services.
  - Some regions have additional region-wide roles to support with Tier 1 and some Tier 2 services.

Regional School Safety Centers (RSSC) – Each ESD hosts an RSSC whose team works across the region and closely with OSPI to align services and support to districts. These include threat assessment supports and comprehensive safety supports, in addition to the services provided by the behavioral health system navigators mentioned above.

Multi-Tiered Systems of Support (MTSS) - Starting in the 2020/21 year, and culminating with the 2021 legislative session, all nine of the ESDs now have dedicated regional MTSS coordination positions that work in close concert with OSPI and across the regions to work with identified districts.

Figure 3



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	Student Assistance Professionals or Advocates UNIVERSAL & TARGETED	**Regional Student Assistance Advocate** UNIVERSAL	**Regional Behavioral Health COVID Response Coordinator** UNIVERSAL	**ESD Network behavioral health COVID response system lead**
	- Facilitate and monitor community connections and referrals - Participates in school building staff meetings provide information on access and referral process Attend meetings as identified with the BH ESD COVID response team	- Attend regular coordination meetings with the BH ESD COVID response team	- Develops training and related materials (e.g. newsletters, prevention posters, in-service activities, etc.) to promote behavioral health supports in partnership with the behavioral health navigator, threat assessment coordinators and MTSS coaching staff as appropriate - Data and evaluation coordination and oversight - Facilitate and coordinate BH professional development, as needed - Facilitate meetings with the regional BH ESD COVID response team, in collaboration across other BH initiatives in the region	licensure and/or contracting with community providers to deliver school-based treatment services (as needed) - Coordinates training, evaluation, and meetings with SMART Center for all ESDs.
Qualifications	- Associates Degree (with 5 plus years of related experience) preferred in one of the following fields: Human Services, Youth Development or Addictions Counseling; or Bachelor's degree in Counseling, Psychology, Social Work, or Human Services. - Two years of experience in the school setting or in community services working with youth. - Experience working in the substance abuse and/or mental health field preferred. - Successful experience in working with and collaborating with community agencies - Individual ESD's may require the SAP staff to qualify for WA state license in mental health or SUDP.		Preferred: - Minimum of BA and 5 years coordinating BH or Student support programming - Experience delivering professional learning and technical assistance - Knowledge of regional context, relationships with LEAs or communities	- Minimum of BA and 5 years coordinating BH or Student support programming - Experience coordinating and delivering region and/or statewide BH programs and services, including professional learning and technical assistance - Familiar with WA state BH and MTSS programs and services

APPENDIX B: PROJECT ROLES & DESCRIPTIONS

1. **ESD-Network Roles:** Site-based, Regional, and Statewide

	Student Assistance Professionals or Advocates UNIVERSAL & TARGETED	**Regional Student Assistance Advocate** UNIVERSAL	**Regional Behavioral Health COVID Response Coordinator** UNIVERSAL	**ESD Network behavioral health COVID response system lead**
Placement	60 positions deployed across the ESD network, based on regional need & student population distribution (includes 1 Regional Student Assistance Advocate per region)		1 per region	1 statewide
Role Description	- Participate in multidisciplinary team (MDT) to facilitate referral and coordination of supports - Conduct screening, monitoring and follow up for students referred from MDT - Provide individual and group session to identified student based on the individualized student success plan - Coordinate and follow up with outside resources as indicated on plan - Provide classroom-based supports and interventions for individual students - Provide family meeting and engagement to coordinate care - Conducts classroom presentations on topic of mental health and substance abuse issues. - Coordinate school wide BH promotion and awareness campaigns	- Support universal tier one supports to all districts in the region. - Provide presentations, access to individualized BH resources, host provider roundtables, attend local and regional resource coordination meetings. - Monitor and update website resources and participate in the open office hours to coordinate follow up with districts. - Provide professional development opportunities - Coordinate and implement family and community awareness events and stigma reduction campaigns - Collaborate on various supports and explore implementation possibilities as recommended by Project leads and SMART center in identified districts.	- Development and implementation of BH COVID response project, including coordination/collaboration among regional BH programs and initiatives (i.e., behavioral health navigators, threat assessment coordinators, MTSS staff, other student support staff) within the region - Coordinates and promotes access to BH consultation and resource supports open office hours to LEAs and schools across the region - - Provide oversight and supervision of COVID response team, including support for hiring and filling positions - Coordinate with districts on their reopening plans as needed to facilitate BH/SEL programming	- Support and scale efficiencies in supporting program design/development, alignment, and implementation of necessary requirements. - Establish and convene Statewide Implementation Team (ESD leads, OSPI, other state partners) to support: ▪ Program design/development and alignment; ▪ Coordinated evaluation and record-keeping systems ▪ Implementation of best practices and state/federal requirements; ▪ Coordination across the ESDs and with state program partners; ▪ Technical assistance to support ESDs pursuing

2. **University of Washington (UW) School Mental Health Assessment Research and Training (SMART) Center Role**

The UW SMART Center will be engaged as a contractor and strategic partner from the start of this project. The Center will serve as the project's overall evaluation partner and provide capacity-building support at the state and regional levels. Below is a summary of the Center's role:

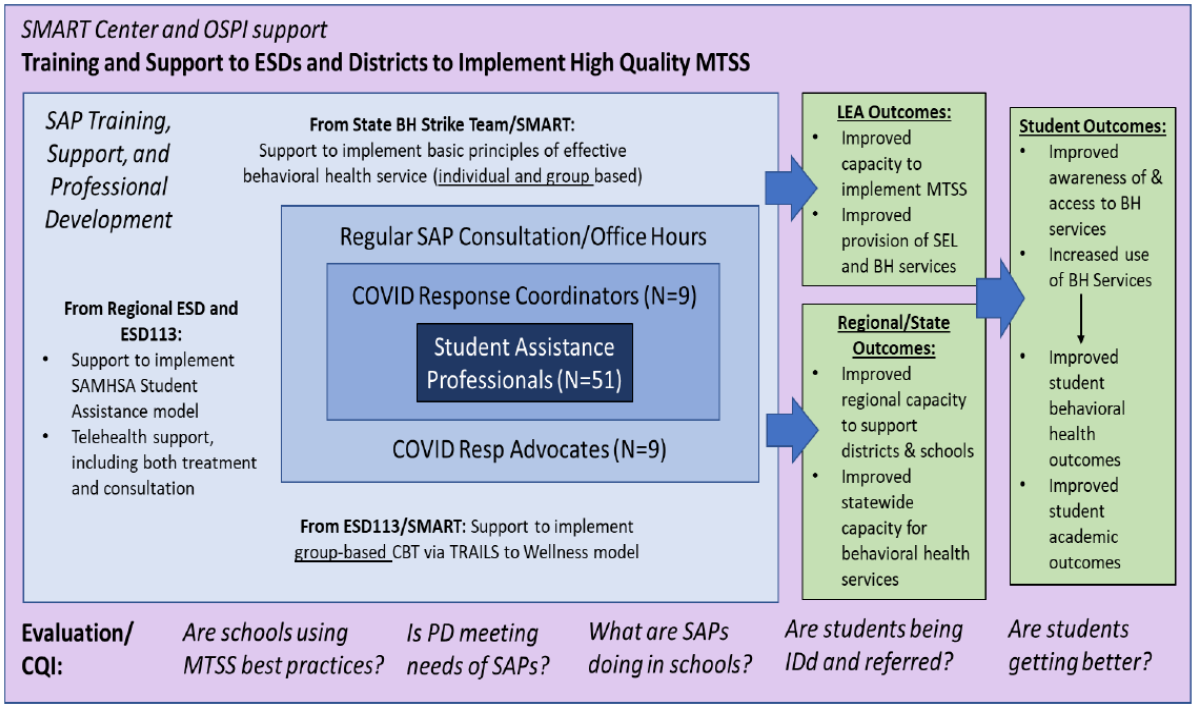
Program Evaluation:

1. Lead process of developing logic model for initiative
2. Define evaluation plan based on logic model and priority information needs
3. Oversee data collection and data compilation to meet information needs (example goals and data sources in Appendix):
4. Analyze data
5. Produce reports as identified by leadership/partners/participants
6. Participate in and present results as needed at relevant initiative meetings

Capacity-Building Support:

1. Work with OSPI, AESD leadership, and Regional BH Coordinators to align all student-focused / OSPI funded initiatives and develop a capacity building plan adequate to support SAPs, ESD staff
2. Provide foundational orientations to the project, e.g.:
    a. Workplan
    b. Framework
    c. Philosophy
    d. Data capture system
3. Map training opportunities from other sources to the AESD initiative
4. Provide consultation on selection of effective models and interventions known to be effective
5. Provide training, consultation, and professional development on selected research-based prevention (Tier 1) and early intervention (Tier 2) practices and interventions

AESD Statewide Behavioral Health COVID Response System Logic Model



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