

Educational Service District Behavioral Health System Navigator Playbook

*A Guide for Linking Regional Education and
Behavioral Healthcare Systems*



Washington Office of Superintendent of
PUBLIC INSTRUCTION

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Background and Introduction

In 2017, [House Bill 1713 \(2017–18\)](#) directed the Office of Superintendent of Public Instruction (OSPI) to provide leadership in supporting two Educational Service Districts (ESDs) to hire a dedicated staff person as a Behavioral Health Systems Navigator (Navigator). The role of the Navigator is to increase access to behavioral health services and supports for students and families by piloting regional cross-system coordination. This pilot project ran from 2017–2020 and developed a series of guidance materials for the ESDs to take this concept to scale statewide.

In 2019, [House Bill 1216 \(2019–20\)](#), School Safety and Student Well-being established this position, the mental health coordinator, or Behavioral Health Systems Navigator position in all nine ESDs as part of the network of Regional School Safety and Student Well-being Centers.

In 2020, the legislature funded each ESD to provide a network of support for school districts to develop and implement comprehensive suicide prevention and behavioral health supports for students. This intends to support the role of the Navigator as outlined in HB 1216, codified in [RCW 28A.310.510](#).

Purpose

The purpose of this playbook is to provide a roadmap for an ESD Behavioral Health System Navigator to engage in regional K–12 and healthcare partnerships through relationships and collaboration activities that will ultimately increase access to care. Each region has a unique makeup of school districts and healthcare systems. The Navigator can help determine the best approach for the ESD as they learn the healthcare and education landscape in their respective region. This playbook draws upon the learning and experiences of the two ESD Navigators from Capital Region ESD 113 (CR ESD113) and Northeast Washington ESD 101 (NEWESD101) and OSPI’s Behavioral Health and Suicide Prevention Program Supervisor during the ESD Regional Behavioral Health Pilot Project. The Navigator is **not** a direct service provider, rather the Navigator designs their approach to the work using the following guiding principles:

- Coordination of behavioral health resources, supports, service providers, schools, school districts, and communities in the ESD region.
- Facilitation of partnerships across the multiple systems of behavioral healthcare services and supports for children and families.
- Ensuring the adequacy of systems level supports for students in need of behavioral health services through the integration of various service delivery models appropriate for the school setting.
- Collaboration with ESDs, OSPI, districts, schools, community partners, and other stakeholders to increase access to behavioral healthcare services and supports.

The Navigator performs activities that support the guiding principles such as:



- Conducting outreach to school districts in the ESD region to provide technical assistance and training for expanding behavioral health services.
- Conduct an inventory of the current behavioral health providers in the region to help schools make connections (e.g.: Federally Qualified Health Centers, Community-based Clinics, School-based Health Centers, ESD licensed behavioral health providers, etc.).
- Working with schools to coordinate behavioral health service delivery by assisting in needs assessments, gaps analysis, and resource mapping.
- Investigating and documenting barriers to behavioral health services for students and creating resource materials that assist schools in connecting students to services.
- Collecting data from school districts on their experience with collaborating with community-based providers and identifying opportunities to support with collaboration strategies.
- Surveying school district completion of their Plan for Recognizing and Responding to Emotional or Behavioral Distress authorized by [RCW 28A.320.127](#); Navigators provide technical assistance and support to districts on plan development and implementation.
- Conducting an inventory of appropriate ESD programs and resources and linking school districts to them when requested or when interested.

The Navigator participates in a learning community of their peers, with leadership from OSPI, to work together on shared initiatives and gather information from lessons learned. This peer network is critical to the Navigator’s work because each region’s unique circumstances offer perspectives that expand the Navigator’s knowledge as well as challenge the group to create innovative solutions.

Navigator Activities

The Pilot Project recommends that each ESD Navigator spends the first several months engaging **in data collection through an in-person interview with each district in their region**. It is helpful and appropriate to include a variety of school and district staff (as available); superintendent, principal, student support coordinator, counselor, business manager, etc. This will give the navigator a formal introduction to the school district and create an opportunity to foster the relationships needed for outreach and implementation of services. Furthermore, this will allow the navigator to complete an assessment of the unique conditions in the region related to the ESD, school districts, and the behavioral health system.

INTERVIEW PROTOCOL:

CONDUCTING THE INTERVIEW:

1. Initial Contact: Call appropriate point of contact to schedule interview. Inform staff the interview will take approximately one-hour and may be completed in-person (preferred) or via phone or video conference (i.e. Zoom). Interview participants may include district administrators, finance office staff, student support staff, special education staff, school



counselors, school psych's, a school social worker, or school nurse. Ideally, at least two different staff members should participate in the interview.

Based on your knowledge and relationship with each district, use your best judgment to determine the most appropriate person(s) with whom to conduct the interview.

Ensure participants understand the context and purpose of the interview, which may include providing all or part of the following information:

Background: *House Bill 1216 (2019) es established the Regional School Safety and Student Well-being Centers at the 9 Educational Service Districts.*

A successful result of this piloted concept at two ESDs helped design an interview protocol where they learned a number of valuable lessons regarding the role of the navigator as well as the ways in which the education and health care systems interact.. The purpose of this interview is to understand what access to behavioral health care for students looks like at the district and building levels. I am asking all districts in this ESD region the same set of questions. Our goal is to gain knowledge about what systems are being used for students to access behavioral healthcare, what is, or isn't working, and to get your thoughts on the best way to help schools navigate these systems. Upon completion of these interviews, I will be able to design my ESDs program and will be following up with resources and supports.

Follow Up Contact: At least one week prior to the scheduled interview, send each interview participant the following brief email reminder:

Thank you for agreeing to meet on [AGREED UPON TIME]. As a reminder, the purpose of this interview is to understand what access to behavioral health care looks like for students across our region, from both the building and district level perspectives. We are asking all districts in our ESD region the same set of questions. The interview will focus on behavioral health services and mental health awareness and prevention efforts. Our goal is to gain knowledge about how these systems are being used, what is, or isn't working, and to get your thoughts on the best way to help schools navigate these systems. This is not an evaluation, or audit, but simply an information gathering exercise to better inform future decisions and how we (the ESD) can best support school districts.

I look forward to meeting with you. Please let me know if you have any questions in the meantime.

Sincerely/best/thank you (your choice ☺),

NAVIGATOR

2. Prior to the Interview:



Collect the following information on each school district in your region:

- Student population
- Number of school buildings
- Community surroundings (i.e. understand the basic geography of the district – urban, rural, suburban)
- If you are new, ask some questions at your ESD about the district before you to onsite. This was a good lesson-learned from the pilot. Learn about the local conditions the district is experiencing (extreme poverty, lack of connection to resources, high mobility, etc.).

3. Before starting with the interview:

Please be aware of implicit bias: As a reminder, implicit bias is a natural human trait that has been essential to the evolution of the human race. It operates on autopilot and can have both positive and negative impacts on ourselves and others. As we conduct these interviews, we must insert a “pause” to consider whether our bias is impacting the way we ask these questions, as well as when and how we probe for more information. Here are a few examples for a “check-in” with yourself with as you conduct these interviews.

Confirmation bias: Is there any information that I am favoring, disfavoring, searching for, remembering, ignoring or forgetting that confirms an existing belief or hypothesis about this district’s system?

Focused bias: Am I relying too heavily on one piece of information that has been provided to me without listening to and understanding other components?

Adapted from <https://qualigence.com/common-hiring-and-interview-bias/>

4. Interview Introduction:

Introduce yourself and summarize the purpose of the interview, as appropriate.

The purpose of this interview is to understand what access to behavioral health care looks like for students across our region, from both the building and district level perspectives. We are asking all districts in our ESD region the same set of questions. The interview will focus on behavioral health services, Medicaid billing and reimbursement, and mental health awareness and prevention efforts. Our goal is to gain knowledge about how these systems are being used, what is, or isn’t working, and to get your thoughts on the best way to help schools navigate these systems.

Provide interviewee with a copy of the interview questions. Review and/or refer to definitions. Clarify as needed.



This interview will take approximately one hour. This is not an evaluation, or audit, but simply an information gathering exercise to better inform future decisions and recommendations. The information gathered through this process will be used to inform the ESD on the behavioral health needs of our schools and inform policy making and subsequent supports. You and your school/district will not be specifically named in any reporting without prior permission. Do you have any questions, or need for clarification on the definitions before we begin?

(If audio recording): *Before we get started, I also need to inform you that this call is being recorded for accuracy and transcription purposes. Do I have your permission to continue? (If no, probe for concerns.) Assure participant that we are only recording interviews because responses are very valuable to reporting accurate findings and as we speak, you will be focused on the conversation and do not want to miss any critical insights. None of the interview materials, including the recording, will be shared outside of the project team. If we decide to quote you directly, we will contact you beforehand to obtain permission.*

As we go through the interview process, if you're not able to answer any of these questions, I'll ask you to introduce me to someone in the district who may be better able to speak to the specifics of these programs.

5. Interview Questions:

Use **Children's Regional Behavioral Health District Interview Questions (Included on next page)** document to read and record interviewee responses.

6. Interview Closing:

Read: *Thank you for taking the time to talk with me today. [Add ESD specific next steps, based on role details, etc.]*



ESD Behavioral Health System Navigator
District Interview Questions
Updated: 9.28.20

Date:

Navigator Conducting Interview:

School District(s):

Staff Interviewed (Name, role, additional details):

Preamble

We want to preface this work with an acknowledgement that school staff, community members, and most importantly our students and families are returning to school with the societal, and often intensely personal impacts of racial violence and racial injustice. It is our collective responsibility to ensure that we support our students and staff as they navigate the impact of this violence and injustice on student and staff well-being and mental health. It is our intention that this process is grounded in principals of equity as reflected in the OSPI equity statement below:

Each student, family, and community possesses the strengths and cultural knowledge that benefits their peers, educators, and schools.

Ensuring educational equity:

- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile student populations.
- Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.

We are in an unprecedented period in our nation. We must examine and refine our practices to ensure that the needs of all students are addressed without outcome disparity. It is our hope that as you move through this process, your frame of reference



is inclusive of our current societal reality. Furthermore, let hope, authenticity, acceptance, and determination be among the guiding principles leading to such action and change in our educational system in Washington State.

DEFINITION of Common Term

Access

Access in general terms is the ability, right, or permission to approach, enter, speak with, or use. In the context of mental health services, access does not equate to cultural responsiveness. One can have access from a technical standpoint without experiencing access if they do not experience respect and a sense of belonging. In considering access, consider access to what resources, information, services, people, and consider who is determining the experience or perception of access.

Behavioral Health or Behavioral Healthcare

Mental health and substance use prevention, intervention, and treatment.

Behavioral Health Equity

Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, religion, citizenship, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders. (adapted from SAMHSA)

Comprehensive School Mental Health Program

There is a full array of tiered supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness and substance use issues.

School-based Behavioral Health Services

Refers to both mental health and substance abuse prevention and intervention strategies delivered in the school-setting (i.e. students have access to services at the school building, during school hours. Services may be provided by community-based/outside providers and/or a district-hired MH provider or district staff (e.g. nurses, counselors, psychologists, social workers, etc.).

Community-based Behavioral Health Services

Similar to school-based services, but these are delivered in the community-setting.(i.e. services that are not located in school-building but may be available for students in need).

School-based Health Services Program (SBHS)



A fee-for-service, optional Medicaid program that reimburses contracted school districts, educational service districts (ESDs), charter and tribal schools for providing medically necessary services to Medicaid eligible children with Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs).

Medicaid Administrative Claiming (MAC)

An optional Medicaid program that allows school districts and ESDs to receive federal reimbursement for administrative activities performed by school staff that support the goals of the Medicaid State Plan. Examples of eligible activities include outreach and providing information about Medicaid programs and covered services to students and families, assisting individuals in applying for or accessing Medicaid covered services, and referring students and families to health providers.

Introduction to Interview:

The purpose of this interview is to understand what access to behavioral health care looks like for students across our region, from both the building and district level perspectives. We are asking all districts within our ESD region the same set of questions and will also be interviewing local CBOs. The interview will focus on behavioral health services, Medicaid billing and reimbursement, and mental health awareness and prevention efforts. Our goal is to gain knowledge about how these systems are being used, what is or isn't working, and to get your thoughts on the best way to help schools navigate these systems.

This interview will take approximately one hour. This is not an evaluation, or audit, but simply an information gathering exercise to better inform future decisions and recommendations. The information gathered through this process will be used to inform the ESD on the behavioral health needs of our schools and inform policy making and subsequent supports. You and your school/district will not be specifically named in any reporting without prior permission. Do you have any questions, or need for clarification on the definitions before we begin?

Questions

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

Yes No: What are the barriers? Unsure

Is there someone else at the district that would know?

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

School Outside Agency



b. What are their qualifications? (e.g. certificated school counselor, licensed treatment provider)

c. What types of services are available? (e.g. individual therapy, group, family therapy,)

d. Where are services located?

e. Who in the district/school coordinates these services?

f. Do you have a process for referring students to these services?
Tell us more.
Is demographic data being recorded for student referrals?
What have you learned from the data you've collected?

g. What are the funding sources for these services?

h. Are your providers billing Medicaid for behavioral health services?
 Yes No Unsure

If NO, why not?

Additional comments:

2. Do you feel your current system is enough to meet the behavioral health needs of ALL your students?

"YES", what's working?

"NO", what's not working? (unmet needs, gaps, barriers)



“UNSURE”, what’s working & not working?

3. Do you make referrals to outside providers for behavioral health services for your students? (e.g. agency or independent provider)

- a. What partnerships does your school have with organizations that are focused on serving communities of color? Other marginalized populations?
- b. If no:
Are you aware of CBOs in your region that would be supportive of those populations?

Yes No Unsure

Is there someone else at the district that would know?

- c. What kinds of concerns do you refer students for?
- d. To what extent are discipline referrals also prompt behavioral health intervention?
- e. What is the process for referring students to these services?
Where are the barriers?
- f. What kind of follow up do you receive regarding their care/engagement in services?

Additional comments:

3. Has the district/school worked with an outside provider in the past?

Yes No Unsure

Is there someone else at the district that would know?

- a. Can you share what that experience was like for the district/school? Why are those services no longer available?
- b. Did the district/school have an interagency agreement or MOU with the



provider?

Additional comments:

4. Would your district be interested in having a template for an MOU?

Yes No Unsure

Is there someone else at the district I should ask?

Additional comments:

5. Does the district have a suicide prevention protocol?

Is your school's approach to suicide prevention and the work you are doing appropriate and/or accessible to marginalized communities?

"YES", formal or informal? What does that look like?

"NO"

"UNSURE", who should I ask?

Would you be interested in learning more about what suicide prevention protocols are available?

Yes No Unsure

Is there someone else at the district I should ask?

6. Does the district use any screening or assessment tools for behavioral health?

YES", what does that look like?



"NO"

"UNSURE", who should I ask?

Would you be interested in learning more about what screening and assessment tools are available?

Yes No Unsure

Is there someone else at the district I should ask?

Additional comments:

7. For questions 6 and 7 above, are these tools available in multiple languages?

8. Do you have caregiver outreach/awareness efforts related to behavioral health (i.e. campaigns, resources, programs, curricula etc.)?

9. Do your students receive any mental health and substance use instruction?

"YES", what are you using?

"NO"

"UNSURE", who should I ask?

Would you be interested in learning more about what curricula are available?

Yes No Unsure

Is there someone else at the district I should ask?



Additional comments:

10. Does the district/school staff receive mental health and substance use training?

"YES", what are you using?

"NO"

"UNSURE", who should I ask?

Would you be interested in learning more about what trainings are available?

Yes No

Unsure: Is there someone else at the district I should ask?

Additional comments:

11. Does the district/school staff receive racial equity/social justice training?

"YES", what are you using?

"NO"

"UNSURE", who should I ask?

Would you be interested in learning more about what trainings are available?

Yes No Unsure



Is there someone else at the district I should ask?

Additional comments:

12. Has the district participated in any needs and gaps assessments related to mental health and substance use?

"YES", what did this process look like?

"NO"

"UNSURE", who should I ask?

Would you be interested in learning more about what assessments are available?

Yes No Unsure

Is there someone else at the district I should ask?

Additional comments:

13. Does the district currently participate in any Medicaid programs?

"NO":

"UNSURE", who should I ask?

"YES":

a. School-Based Health Care Services (SBHS) program (Billing for special education services, OT/PT/SLP):



What services do the district receive reimbursement for?

b. Medicaid Administrative Claiming (MAC) program: (Previously titled "Medicaid Match", and staff participated by making "tick marks" for interactions):

Is reimbursement used for behavioral health services?

Additional comments:

14. Has the district participated in any Medicaid programs in the past?

"NO":

"UNSURE": Is there someone else at the district I should ask?

"YES":

a. School-Based Health Care Services (SBHS) program (Billing for special education services, OT/PT/SLP):

Do you know why the district stopped participating?

b. Medicaid Administrative Claiming (MAC) program: (Previously titled "Medicaid Match", and staff participated by making "tick marks" for interactions):

Do you know why the district stopped participating?

Additional comments:

15. Would your district be interested in learning more about how to participate in the SBHS or MAC programs?

"NO":



“UNSURE”: Is there someone else at the district I should ask?

If “YES”:

a. The SBHS program:

b. The MAC program:

Additional comments:

15. How has COVID-19 impacted your school/district’s capacity to support student mental health? To support staff mental health.

16. Before we end, is there anything else you want to share about your district or students, as it relates to mental health and substance use?

Additional comments:

17. I am going to send you an email with the resources that we discussed today. Which of your staff should be included in this email?

Data Consent. This is data that will be aggregated at the state level for the purpose of promoting behavioral health services in schools. This data can also be very informative at the school and district level for furthering your behavioral health supports. Are you interested in having us share your data within your community (community-based organizations, counties, other ESD departments?)



ANALYZING INTERVIEW DATA:

Analysis and use of interview data will vary by ESD region and will depend on the skills and resources available to each Navigator. The following provides a brief overview of basic data cleaning and analysis of interview responses.

Cleaning the data: Once interview data have been transcribed into the preferred format (e.g. online database platform, Excel, Access, etc.), ensure Spelling/Grammar check has been run, double check that all answers were transcribed correctly (e.g. answer makes sense for the question), and remove any duplicate entries, as appropriate.

Add any additional information about each district that you want to analyze that was not included in the interview questions. For example, create an indicator for whether the district is urban/rural/suburban, Class 1 or Class 2, etc. This information can be used during crosstabulation to examine similarities and differences across your districts based on various characteristics.

Now you can begin analysis.

Descriptive statistics and frequency distributions can be used to calculate the number and type of responses to each question, as well as provide an overview of the types of districts in your region and how responses are similar or different based on district characteristics.

EXAMPLE 1:

Row Labels	Count of ESD
Class 1	17
Class 2	68
Grand Total	85

Row Labels	Count of ESD
ESD 101	41
ESD 113	44
Grand Total	85

EXAMPLE 2:

Row Labels	Count of ESD
ESD 101	41
Class 1	8
Yes	8
Class 2	33
No	9
Yes	24
ESD 113	44
Class 1	9
Yes	9
Class 2	35
No	10
Yes	25
Grand Total	85

PivotTable Fields

FIELD NAME: Search fields

Date Submitted
 ESD
 District

Filters **Columns**

Rows **Values**

- ESD
- District Class
- (1) Do your studen...

RESOURCES

[A beginner's guide to Excel](#)
[Crosstabulations & Pivot Tables](#)

Qualitative analysis is the analysis of qualitative data such as text data from interview transcripts. This type of analysis is used to "make sense" of the responses to open-ended questions you asked in the interviews. Qualitative analysis is comprised of four basic steps:



1. Preparation/organization of responses by question:

EXAMPLE: "Are there needs/gaps/barriers that exist related to addressing behavioral healthcare for students in your district/school? →What are those specifically?"

The screenshot shows an Excel PivotTable with the following structure:

Row Labels	Count of ESD
ESD 101	41
Class 1	8
Eligibility, transportation, billing, so many state requ	1
Funding, space are the big two. We're designing nev	1
Needs: more qualified staff that don't have the sam	1
One issue is of course the parents that can't or won'	1
One of my responsibilities (Kim) is coordinating thre	1
Parents have to do a 90 minute intake with a family	1
The biggest issue is definitely staff. If each school h	1
The high number of students who don't qualify for th	1
Class 2	33
A lot of drugs and substance use problems with som	1
A trained professional is the need. We have no train	1
Behavioral health is a non-issue for our current stud	1
Better coordination of care. It's been a while since I'	1
Currently 4 counselors, but we would really like to h	1
Distance - the major cause, just lack of providers wit	1
Even if a Navigator coordinates services with a comr	1
Financial, the district being able to afford more time	1
I don't feel qualified to meet the needs of our studer	1
I think school counseling is definitely oriented to can	1
Lack of staff, we need more people to do that. We n	1
Money, gas to get to davenport, transportation issue	1
Not currently. Definitely unprepared if issues arise. \	1
Not so much an issue with stigma, but access is hug	1
Parental resistance, eligibility (Medicaid issues), we	1
Poverty, caregivers having money, transportation, be	1
Proximity is #1, we do not have services in our area	1
Size, location, distance, funding, staffing (experience	1
Some parent don't want to be blamed for what's ha	1
The smaller school districts have so very little resour	1
There is a huge disconnect from superintendents an	1
There is a stigma against mental health in our area,	1
Transportation and distance. Training for staff. Profe	1
Transportation because we are rural. We have that	1
Transportation for families is a big issue as well, sor	1
Transportation for rural, compared to in a bus line. T	1
Transportation is huge, access to vehicle, gas money	1
Transportation, resources, very high poverty. Addicti	1
Transportation, which is why we allow providers to c	1
Transportion, distance, lack of resources, closest is	1
Very difficult to find a qualified person that can be a	1
We're shorring up our universal screener. Obviously	1
Workforce takes a lot of time and effort, consistent	1
ESD 113	43
Class 1	9
High trauma in families, poverty, 80% free and redu	1
immigrants families living in fear of any governmen	1
Our community is not invested in education or whol	1

The PivotTable Fields task pane on the right is configured as follows:

- FIELD NAME:** Search fields
- Filters:**
 - Date Submitted
 - ESD
 - District
 - Enrollment
 - Size
 - District Class
 - School(s)
- Columns:** (Empty)
- Rows:**
 - ESD
 - District Class
 - (5) Are there n...
- Values:**
 - Count of ESD

Drag fields between areas



2. Review (read) and code responses:

EXAMPLE:

Raw Data	Codes			
Eligibility, transportation, billing, so m	Eligibility	Transportation	Billing	Workforce
Funding, space are the big two. We're	Funding	Space for Services		
High trauma in families, poverty, 80%	High trauma	Transportation		
Immigrants families living in fear of a	Vulnerable popu	Transportation	Stigma	
Needs: more qualified staff that don't	Qualified staff	Transportation	Knowledge and awareness	
One issue is of course the parents that	Stigma	Parental engagement		
One of my responsibilities (Kim) is cod	Eligibility			
Our community is not invested in educ	Stigma	Culture		
Parents have to do a 90 minute intake	Eligibility			
ransportation is a huge barrier, Childre	Transportation	Qualified staff		
The biggest issue is definitely staff. If	Qualified Staff	Transportation		
The fragility of the families, drug addi	Family issues/trauma			
The growth of the problem is so rapid	Growth of probl	Capacity		
The high number of students who don	Eligibility	Transportation		
The Prototypical school model is an ou	Funding model			
transportation, families who live in crisi	Transportation	Family trauma/issues		
workforce, transportation, eligibility, i	Workforce	Transportation	Eligibility	

3. Interpret codes, identify themes:

EXAMPLE:

Barriers - ALL	
Transportation	51
Parental issues/Family Trauma	25
Funding	15
Workforce	14
Stigma	13
Qualified Staff (school)	13
Eligibility/Access	12
Capacity/Resources	11
Geography	10
Mistrust of System	5
K&A	2
Coordination of Care	1
Barriers - Refined	
Transportation	51
Funding	27
Parental issues/Family Trauma	25
Stigma	15
Workforce	14
Qualified Staff (school)	13
Eligibility/Access	12
Geographic Isolation	10
Mistrust of System	5

RESOURCES:

[Four Basic Steps of Qualitative Analysis](#)

[What Does Coding Look Like? Qualitative Research Methods](#)

4. Summarize Findings:

EXAMPLE:

When asked about existing **gaps or barriers** in their district related to addressing the behavioral healthcare needs of their students, respondents identified a number of issues. These included a lack of capacity and resources, lack of coordination of care, eligibility and access issues (e.g. insurance barriers), lack of funding for services, geographic isolation of the district, a lack of knowledge and awareness of mental health and related services, mistrust of the school/government system (particularly by marginalized communities (i.e. immigrant populations), family dysfunction, including parental substance use, mental health and other trauma related issues, a lack of qualified school-level staff to support services as well as a lack of qualified provider workforce (e.g. licensed clinicians), transportation barriers and lingering stigma.

However, when examining the top three issues identified by respondents, **transportation, funding, and parental engagement/family issues were the three most frequently cited barriers or gaps** to addressing the behavioral healthcare needs of students in their district.



Interview Next Steps:

Once you have completed your interviews, compiled your data, and conducted analysis, you are now ready to develop a plan for how your ESD region needs to approach this work. This may include all of the following next steps outlined in the rest of this Playbook or may include additional activities your region identifies as a need (that falls within the scope of what is allowable within RCW 28A. 310.510). Consider how often your ESD will want to revisit this interview process to find how districts are doing within the systems and set a frequency for updating this process.



Needs Assessment, Gaps Analysis, and Resource Mapping

An important lesson during the pilot phases of the Navigator work was the value of internal agency communication, strengthened by the establishment of the Navigator position. Because this is new work for the agency, it is important to assess how the Navigator will intersect with other ESD programming. Once identified, the Navigator should provide ongoing briefings to agency staff on the progress of the work and identify opportunities for collaboration.

When working with districts to increase access to care to behavioral healthcare services, the Navigator can use tools to help districts conduct an initial needs assessment and gaps analysis to understand their current systems and identify where to start. A useful tool for the Navigator is the [School Health Assessment and Performance Evaluation System](#) (SHAPE). The Navigator can use this no-cost tool to assist schools/districts to determine steps for improving their system of care. Additionally, the Navigator should create an inventory of regional service providers available for referral services, care coordination, or the provision of co-located services.

Recommended Activities within the ESD:

1. Make connections, get introductions to program directors, build relationships, and conduct an analysis of agency work that intersects with the Navigator role (e.g.: Nursing, Counseling, Special Education, Threat Assessment, School Safety, etc.).
2. Set up one-on-one meetings and learn about program administration/activities, and how the Navigator can partner to ensure ongoing communication and program cross-collaboration.
3. Brief agency partners on the Navigator role and responsibilities and identify opportunities for partnership and collaboration.
4. Consider presenting to agency leadership and/or the board annually on the Navigator activities, progress, and plans.

Recommended Activities with Districts:

1. Outreach to all districts with a focus on readiness to benefit.
2. Establish a point of contact for behavioral health at each school district.
3. Share details of the Navigator role and generate interest.
4. Assist districts in conducting a needs assessment, gaps analysis, and resource mapping.
5. Identify next steps for increasing access to care.



Identifying and Engaging Regional Healthcare Partners:

The Health Care Authority's (HCA) Healthier Washington initiative aims to build healthier communities through a collaborative regional approach involving the [Accountable Communities of Health \(ACH\)](#). The Healthier Washington approach includes goals that all people with physical and behavioral health comorbidities will receive high quality care and that Washington's annual health care cost growth will be 2% less than the national health expenditure trend.



Figure 1: Regional ACHs and ESDs.

The nine ACH's (see Figure 4) bring together leaders from multiple health sectors with a common interest in improving health and health equity. As ACHs better align resources and activities, they support wellness and a system that delivers care for the whole person. Their boundaries are similar (although not exact) to the ESD regional boundaries.

Health system transformation depends on coordination and integration with community services, social services and public health. ACHs provide the necessary links and supportive environments to address the needs of the whole person.

ESDs can be important partners in this regional approach to a healthier population by participating with their regional ACH. Like ESDs, each ACH's body of work is unique to the region's needs. A Navigator begins building relationships with the region's healthcare leaders and spends time learning about their ACH's goals, programs, and initiatives by attending public meetings.



The Health Care Authority recommends that ESD Navigators take the following steps to begin fostering relationships with the ACHs:

1. Reach out to their ACH's Administration to set a meeting where the ESD can share about their role in the region and learn about the ACHs current work in the region with the population they share (children and youth).
 - a. Explain that the Navigator role is new, authorized by legislation, and charged with increasing access to behavioral health care in the region.
 - b. Share how the ESD is assessing how they can engage in regional partnerships creating awareness of bidirectional referral relationships.
 - c. Learn about the ACH Board makeup, governance structure, standing and ad-hoc committees, and public meeting schedules; explore if there is a place for the Navigator.
 - d. Learn about the ACH's identified goals, objectives, and outcome measures, specifically for interventions on social determinants of health related to children and youth.
2. Explore opportunities to partner in potential future proposal opportunities (e.g.: care coordination programs, create/build awareness about the region's strategies for integrated managed care, early and periodic screening, diagnostic and treatment (EPSDT), nursing services, etc.).
3. Find out how the ESD and ACH can partner on ensuring schools have a current understanding of the referral resources available in the region so that the right student is referred to the right care at the right time.
4. Attend the ACH's public meetings to learn more about current initiatives and ongoing plans for transforming healthcare.

Medicaid Programs Available to Serve Students in School Districts

There are multiple ways in which the State Medicaid Plan administers behavioral health to children and youth in the state. On average, 42% of a school district's population is eligible for Medicaid in Washington. The Navigator can help schools maximize the resources available to them by leveraging available Medicaid resources.

Medicaid Administrative Claiming – MAC

MAC is an optional Medicaid program that allows school districts and ESDs to receive federal reimbursement for administrative activities (performed by school staff) that support the goals of the Medicaid State Plan. Examples of eligible activities include outreach to provide information about Medicaid programs and covered services to students and families; assisting individuals in applying for or accessing Medicaid covered services; and, referring students and families to health providers. School District (SD) staff participate in a Random Moment Time



Study (RMTS) to determine what percentage of their time is spent performing reimbursable activities such as outreach, application assistance, and referring students/families to needed healthcare services.

Participation process

- Participating SDs use a web-based random moment time study/claiming system.
- Selected SD staff receive an email which requires them to describe a 1-minute interval (moment) of a specified workday.
- This moment consists of four short questions with pre-defined answers followed by an open-ended question to detail the specifics of the activity.
- Typically, the RMTS takes 1-2 minutes to complete.

Recommended Activities:

1. Visit the [SD MAC website](#) for current program information.
2. Connect with SD MAC Program Manager at HCA for information and training.
3. Request information from HCA regarding districts currently participating in the program.
4. Explore the option of participating in MAC at the ESD (if appropriate, and if not already participating).
5. Share details and generate interest with districts in the region.
6. Connect districts with the SD MAC Program Manager at HCA.

School-Based Health Care Services – SBHS

The Washington State School-Based Health Care Services (SBHS) program is an optional Medicaid program administered by the Health Care Authority (HCA). The SBHS program provides partial reimbursement to contracted school districts, educational service districts, and charter and tribal schools for Medicaid covered health-related services provided to Title XIX Medicaid eligible students. In order to receive Medicaid reimbursement through this program, services must be included in the child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). School-based IEP/IFSP health-related services are carved out of the state Medicaid contract with Managed Care Organizations (MCOs) and are reimbursed fee-for-service by the HCA.

Covered Services

To receive reimbursement, covered services must be referred or prescribed by a physician or other Department of Health (DOH) licensed providers within their scope of practice provided by or under the supervision of DOH licensed providers and must be written in the child's IEP or IFSP.

Recommended Activities for the ESD Navigator:

1. Visit the [SBHS Website](#) for current program information.



2. Connect with the HCA SBHS Program Manager for information and training.
3. Request information from the HCA SBHS Program Manager on districts using the program.
4. Discuss with ESD leadership if the ESD might want to act as the coordinating organization for smaller districts.
5. Share SBHS program details and generate interest with non-participating districts in the region.
6. Connect districts with the HCA SBHS Program Manager.

Note: The ESD or SD may choose to contract with a 3rd party billing agency to assist with billing technology and SBHS program participation. Billing agents are not affiliated with HCA.

Build Bridges between School Districts and Licensed Behavioral Health Providers

The Navigator will need to build relationships with licensed behavioral health providers who contract with Managed Care Organizations. The five Managed Care Organizations (MCOs) collectively cover all students participating in Apple Health, WA's Medicaid Program. MCO coverage varies by region, and not all five MCOs cover all regions. The Navigator will need to establish relationships with the MCOs to fully understand the regional provider network and determine opportunities for partnerships.

Recommended Activities:

1. Identify the [Managed Care Organizations](#) that cover students in your ESD region.
2. **All regions will need to work with Coordinated Care for foster students
3. Identify the regional behavioral health providers that serve your student populations.
4. Determine opportunities for partnerships (e.g.: care coordination, bidirectional referral relationships, etc.).

Suicide Prevention Protocol

[RCW 28A.320.127](#) requires all districts to have plans for recognizing and responding to signs of emotional and behavioral distress. An ESD Behavioral Health System Navigator can help districts in their region with this work by providing support with:

- Prevention, intervention, postvention planning and implementation
- Training staff, students, and parents/caregivers
- Connecting districts to regional suicide prevention coalitions
- Connecting with regional public health to understand suicide rates, and levels of risk
- Inventorying school districts on their plan completion, helping them update plans, developing regional supports for plans to ensure districts are using the most appropriate resources and supports



- Providing leadership for regional teams to coordinate for postvention response

Sustainability Planning

The Navigator will work in their region to engage in the healthcare systems. Sustainability for each ESD will vary depending on the role in which they play. This may include:

- Plans for reaching all districts in the region.
- Steps for supporting comprehensive mental health in schools using a Multi-Tiered System of Supports (MTSS) framework.
- Diversified funding resources to increase access for all students.
- Ongoing relationships through community partnerships.
- Ongoing relationships and coordination with the MCOs and ACHs to determine strategies for combatting the social determinants of health that have an impact on children and youth.

Definitions and Acronyms

For the purposes of this project, the following terms, definitions, and acronyms will be used:

Accountable Community of Health (ACH)

Regional Medicaid delivery systems to bring together leaders from multiple health sectors with a common interest in improving health and health equity.

Americans with Disabilities Act (ADA)

The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else.

Apple Health

Washington's Medicaid program.

Behavioral Health

Includes not only ways of promoting well-being by preventing or intervening in mental illness such as depression or anxiety, but also to prevent or intervene in substance abuse or other addiction disorders.

Behavioral Health Agency (BHA)

A licensed and certified agency providing mental health and/or substance use disorder treatment services.



Behavioral Health – Administrative Services Only (BH-ASO)

These organizations administer services such as 24/7 regional crisis hotline for mental health and substance use disorder crises, mobile crisis outreach teams, short-term substance use disorder crisis services for individuals who are intoxicated or incapacitated in public, application of behavioral health involuntary commitment statutes, available 24/7 to conduct Involuntary Treatment Act (ITA) assessments and file detention petitions, and regional ombuds.

Behavioral Health Organization (BHO)

The Health Care Authority manages contracts with Behavioral Health Organizations for mental health and substance use disorder (SUD) treatment services in regions that have not yet implemented Integrated Managed Care. As Apple Health continues to implement Integrated Managed Care across the state, responsibility for behavioral health coverage transfers to integrated managed care plans. This transition will be complete by January 1, 2020. The only current BHO's include Great Rivers, Thurston-Mason, and Salish.

Behavioral Health Services Only (BHSO)

Apple Health offers Behavioral Health Services Only (BHSO) plans in all regions with integrated managed care. These plans are for clients who are eligible for Apple Health, but not eligible for managed care enrollment. The Behavioral Health Services Only plans are offered by the same health plans administering Integrated Managed Care.

Community Provider MOU (Memorandum of Understanding) or IA (Interagency Agreement)

A non-legally binding document for the school district and community provider to converge on an agreement of terms. Usually stating how many days a week, what hours, and what space they will use, and how service will be conducted.

Department of Children, Youth, and Families (DCYF)

The lead agency for state-funded services that support children and families to build resilience and health, and to improve educational outcomes.

Department of Health (DOH)

The lead agency for state-funded public health programs and services.

Electronic Health/Medical Record (EHR/EMR)

Electronically stored patient health information that can be shared across different health care settings.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Child health component of Medicaid. Federal statutes and regulations state that children under age 21 who are enrolled in Medicaid are entitled to EPSDT benefits and that States



must cover a broad array of preventive and treatment services. Service(s) identified through EPSDT become medically necessary service(s).

Fee for Service (FFS)

Payment for services delivered on an encounter basis. Procedure codes, units, and reimbursement rates all determine reimbursement.

Healthcare Authority (HCA)

Washington's state Medicaid agency. Receives funding from the Center for Medicaid and Medicare Services (CMS).

Individualized Education Program (IEP)

A document that is developed for each public school child (ages 3-21 years) who needs special education. The IEP is created through a team effort and reviewed periodically.

Individualized Family Service Plan (IFSP)

A plan for special services for young children (0-3 years) with developmental delays. An IFSP only applies to children from birth to three years of age.

Integrated Managed Care

An initiative under Healthier Washington to bring together the payment and delivery of physical and behavioral health services for people enrolled in Medicaid, through managed care.

Intergovernmental Transfer (IGT)

Match and funds transfer process for the School-based Health Services Program, contracted with HCA.

Managed Care Organization (MCO)

Most Apple Health clients have managed care, where Apple Health pays a health plan a monthly premium for each enrollee's coverage. This includes preventive, primary, specialty, and other health services. Clients in managed care must see only providers who are in their plan's provider network, unless prior authorized or to treat urgent or emergent care. In Washington, there are five managed care plans: Coordinated Care, Community Health Plan of WA, Molina, Amerigroup, and United Healthcare, although every plan is not available in all parts of the state.

Medicaid

A joint government (federal and state) insurance program that helps with medical costs for persons of all ages whose income and resources are insufficient to pay for health care. In Washington, Medicaid is termed Apple Health.



Medicaid Administrative Claiming (MAC)

An optional Medicaid program that allows school districts and ESDs to receive federal reimbursement for administrative activities performed by school staff that support the goals of the Medicaid State Plan. Examples of eligible activities include outreach and providing information about Medicaid programs and covered services to students and families, assisting individuals in applying for or accessing Medicaid covered services, and referring students and families to health providers. School staff participate in an electronically administered time study and the results of the time study, along with the school population's Medicaid eligibility rate determine the funds received by the school.

Medicaid State Plan

The State Plan is the officially recognized statement describing the nature and scope of Washington State's Medicaid Program. A State Plan is required to qualify for federal funding for providing Medicaid services.

Mental Health Literacy

School mental health literacy includes four main components (teenmentalhealth.org):

1. Understanding how to optimize and maintain good mental health,
2. Understanding mental disorders and their treatments,
3. Decreasing stigma, and
4. Increasing health seeking efficacy.

Mental Health Treatment

Treatment choices for mental health conditions will vary from person to person. Treatments range from evidence-based medications, therapy and psychosocial services such as psychiatric rehabilitation, housing, employment and peer supports.

Multi-Tiered System of Support (MTSS)

A framework for enhancing the adoption and implementation of a continuum of evidence-based instruction and interventions to achieve important outcomes for all students.

Needs/Gaps Assessment

A process used by a district/school to measure behavioral health system quality within the education setting.

Random Moment Time Study (RMTS)

Web-based system for claiming/reimbursement through the Medicaid Administrative Claiming Program. Operated by the University of Massachusetts Medical School.

School Based Health Center

School-based health centers generally operate as a partnership between the school district and a community health organization, such as a community health center, hospital, or the



local health department and can provide a combination of primary care, mental health care, substance abuse counseling, case management, dental health, nutrition education, health education, and health promotion.

School Based Health Care Services (SBHS)

An optional Medicaid program administered by the Health Care Authority. The SBHS program reimburses contracted school districts, educational service districts, and charter and tribal schools for Medicaid covered health related services provided to Medicaid eligible students. In order to receive Medicaid reimbursement through this program, services must be included in the child's Individualized Education Program or Individualized Family Service Plan. School-based IEP/IFSP health related services are carved out of Medicaid Managed Care Organizations and are reimbursed fee-for-service.

Screening and Assessment Tools

Tools utilized by the district/school to assess the behavioral health needs of students.

Substance Use Disorder Treatment (SUD)

Treatments that usually involve planning for specific ways to avoid the addictive stimulus, and therapeutic interventions intended to help a client learn healthier ways to find satisfaction.

Suicide Prevention

Process of implementing strategies that reduce the likelihood of student suicide.

Suicide Intervention

Providing appropriate therapeutic services for identifying and treating underlying causes/conditions of suicidality within at-risk student populations.

Suicide Postvention

Process of providing supportive services to school staff and students following the completed suicide of a staff or student.

School Counselor

A certificated school staff with a focus on academic advising.

Community Counselor

A certified behavioral health professional employed by a community provider with a license through the department of health.

School Psychologist

a general practice and health provider that is concerned with the science and practice of psychology with children, youth, families; learnings of all ages, and the school process. School psychologists are prepared to intervene at the individual and system level, and develop, implement and evaluate preventive programs. They conduct ecologically valid assessments



and intervene to provide positive learning environments within which children and youth have equal access to effective educational and psychological services that promote healthy development (APA, <https://www.apa.org/ed/graduate/specialize/school>, retrieved 4/8/20).

Clinical Psychologist

Clinical psychologists address behavioral and mental health issues faced by individuals across the lifespan, including: intellectual, emotional, psychological, and behavioral maladjustment, disability and comfort, and minor adjustment issues as well as severe psychopathology (APA, <https://www.apa.org/ed/graduate/specialize/clinical>, retrieved 4/8/20).

Value-based Payment (VBP)

Also termed pay-for-performance, involves contracts with insurance payers that shifts health care reimbursement strategies away from a system that pays for completing specific services (fee-for-service) to one that pays for an array of other factors. VBP utilizes a multitude of Alternative Payment Methods (APM)s to provide reimbursement based on quality of care, cost savings, performance rewards/penalties, and population-based payment.

Navigator Job Activity Examples:

- Attending School Based Health Care Services (SBHS), and Medicaid Administrative Claiming (MAC) webinars and trainings.
- Communicating with SBHS, and MAC Program Specialists with the Health Care Authority.
- Collaborating with internal ESD departments (e.g. Prevention Programs, Special Education, School Fiscal Services, Nursing Corps, etc.).
- Attending ACH Medicaid Transformation Collaboratives.
- Meeting with regional Amerigroup Washington (AMG), Coordinated Care of Washington (CCW), Community Health Plan of Washington (CHPW), Molina Healthcare of Washington (MHW), and UnitedHealthcare Community Plan (UHC), to discuss partnerships.
- Meeting with school district superintendents, administrators, and counseling staff to discuss SBHS, MAC, and Medicaid integration.
- Attend the Annual Conference on Advancing School Mental Health to learn about national behavioral health efforts.
- Exploring 3rd party billing agencies, IT Technology systems, and options to support school-based Medicaid billing.
- Identifying community resources and producing current regional lists for districts/schools.
- Communicating with Public Consulting Group (PCG) regarding IEPOne partnership, and EasyTrac system.
- Monthly learning community meetings.



- Data collection and reporting.
- Present process and outcomes with peers.
- Identify and build relationship with school and community-based providers.
- Map providers and services available for schools to use for referral and decision making.
- Facilitate relationships between providers and schools.
- Provide education and awareness on Medicaid billing options available to schools.
- Provide support to schools interested in participating in Medicaid billing options by connecting them with HCA and/or MCO-contracted providers.
- Active participation representing K–12 voice among regional healthcare system partners: Accountable Communities of Health, Family Youth and System Partner Round Tables, Behavioral Health Providers.
- Serves as a conduit of information and resources bi-directionally between schools and the BH system.
- Explore funding opportunities to fill gaps that cannot be met by insurance reimbursement (infrastructure building, care coordination, services for non-insured).
- Collect data from districts on current system to partner/coordinate/fund BH services.
- Explore if school Medicaid reimbursement recovers the cost of services; learn how reimbursement funds are used, identify barriers for participating in available Medicaid programs.
- Inform ESD Network on lessons learned and recommendations for approaching the work.
- Implement a mental health literacy curriculum in at least one high school, document curriculum adoption process to inform case study.
- Contact each Superintendent in the region and establish a point of contact at each school district in the region.
- Establish relationships with Managed Care Organizations to increase access to care and coordinate care.
- Assist districts in completing needs assessment and gaps analysis of services.
- Support districts in developing and implementing a suicide prevention protocol.

NAVIGATOR REFLECTIONS

Reflections on the interview process

What lessons did you learn from the first few interviews?

I benefited from the fact that I had many informal meetings with districts in our region before conducting the interviews. **Know your audience beforehand.** Number of students, grades, buildings, town, region.



Do some research before you go asking questions. Get an idea of the size of the district, what is the local economy look like, where is the nearest medical clinic, etc. You don't need to do in depth research but knowing a few things will help you have more of a conversation that will answer questions and get better information.

What were districts most willing to share about?

Districts were very willing to share about a lot. They were eager to share about what they are able to do, but also open about where they feel they have shortcomings.

How hard their staff and teachers were working to make things work within an imperfect system. They talked about the everyday behavioral health needs that were being met by teachers and staff that already wear 10 hats and how far above and beyond these teachers would go for their students.

What were district least willing to share about?

Many districts didn't have good things to say about their regional behavioral health provider but didn't want to bad-mouth them. Several said **"this is off the record"** when sharing about a specific provider. Many said, "their services aren't great, but they're all we have, and we can't risk losing them".

Most districts get a little itchy when asked about MAC and funding for behavioral health. In recent history a district in my region was busted by the Attorney General for fraudulent Medicaid claims and that has scared a lot of districts away from using it entirely. Funding has a lot of rules around it, and No one wants to make a mistake.

Which of your skills were most important to conducting interviews?

My interpersonal skills and awareness were definitely my strength in these interviews.

When coming into someone's space and asking specific questions about their money, time, and how they do things the other person or people can feel defensive and a little invaded. **It is important to come in humble and gracious as they share this precious information.**

Being comfortable with silence and giving staff time to really think about and answer the question. **Validating statements in a way that is non-judgmental.** Maintaining equipoise when you receive an unexpected or difficult answer. Sometimes staff just needed to share a specific example of where they couldn't find a solution, and it clearly weighed heavily on their heart and mind. **It's a balance between "sticking to the script" to get the interview accomplished and going with the flow of difficult topics and conversations.**



Reflections on the interview responses

What were you most surprised by?

The hospitality of the schools. Several small schools provided me a tour because they were proud of what they've accomplished and enjoyed sharing. **These were really special moments to see the passion our schools have for their work.**

A few very rural districts greatly appreciated just having someone come visit them. Traveling 6 hours round trip showed their time and input was valuable. It was humbling to have someone appreciate something so simple.

I was most surprised by rural poverty and the devastating lack of resources for behavioral health in those schools and communities and the impact that has on families for generations. On the opposite side, when students in bigger urban schools need services they can be lost in a sea of students and never actually get what they need because no one sees them or the number of students is overwhelming. These were two concepts that I had never thought of until a few superintendents gave me examples and spelled it out for me.

What reinforced your previous understanding of how schools are approaching the behavioral health needs of their students?

That those rural schools do an out of this world job on building the necessary relationships needed to help with the behavioral health issues and urban schools are working tirelessly to keep up with the tidal wave of behavioral health issues.

Just how many barriers exist to accessing services. The growing number and severity of youth that have untreated behavioral health issues.

In hindsight:

If you were to conduct these interviews again, what is one thing you would do differently?

Make sure every interview has at least 2 staff from the district. I initially started by having individual meetings with staff because I believed this was the best way to get multiple perspectives. The first meeting I had with 2 staff together, an interesting thing happened. They didn't just provide multiple perspectives they began asking each other for clarification and information. It grew the interview from a purely "information gathering exercise" to a way of facilitating a valuable conversation between staff. After that first meeting, whenever possible, I would schedule multiple staff at once. In a several interviews with more than 2 staff, they actually began sharing resources and strategies with one another.

I don't know if I would do anything different, I had a great team and support leading the way. **Enjoy the ride, it's the best part!**



What is one thing you were glad you did, and would be sure to replicate?

Jump right in, go get em', talk with your fellow navigators about questions and experiences you had. **The whole thing is about gaining knowledge and learning, don't try and know it all.**

Print off a simplified version of the interview questions. Always have a bottle of water. **Plan for travel delays and don't be late.** Do everything in your power not to cancel the meeting.

What do you see as the biggest asset for an ESD having a navigator?

Getting a real idea of what changes are possible right now, and what changes are going to take more time. Short term solutions, mid-term strategies, long-term ideas.

Creating pathways for BH in schools, advocating for your region, connecting and building relationships with necessary partners in communities and sand at the systems level.

Where do you see this role making a positive impact in the future?

I see this role becoming the voice for BH within our regions. Navigators have the ability to get a pulse on what is happening throughout the region and show up for districts on multiple levels.

The Navigators are representatives for students with behavioral health needs. The school staff, caregivers, and students need someone to be their voice within the larger system of behavioral health.

Policy changes at the state level. There will always be ongoing work directly with districts and community providers to make short-term strategies, but changes to the behavioral health system itself will have the greatest long-term positive impact. We created a Suicide Prevention Protocol for our districts to have an evidence-based process for addressing concerns and connecting students of concern with appropriate services. State policy can provide proper guidance regarding its application, funding for school staff to become trained, and funding for behavioral health providers to work directly with schools.

