

# School Mental Health LEGISLATIVE PRIORITIES



## **ABOUT US**



The overarching mission of the SMART Center is to promote highquality, culturally-responsive programs, practices, and policies to meet the full range of social, emotional, and behavioral (SEB) needs of students in both general and special education contexts.

The UW SMART Center is Washington State's pre-eminent resource for research, evaluation, training, and technical assistance for school mental health (SMH). To support its mission to improve the well-being of all students through provision of effective, accessible, culturally responsive school mental health programming, UW SMART also advocates for policy, funding, and legislative action that holds promise to advance this mission in its home state.

Below we list several policy and funding priorities for the 2024 legislative session. These priorities include long-term, overarching priorities that have emerged through countless meetings and discussions with school officials, education leaders, legislators, families, students, and advocates, as well as recommendations for potential funding provisos that would promote meaningful progress in the shorter term.

Recommendations are also informed by UW SMART's participation on advisory groups such as the School-Based Behavioral Health and Suicide Prevention Subcommittee of the legislative Child, Youth, and Family Behavioral Health Workgroup.

Research & Evaluation

Training & Technical Assistance

Community
Partnerships &
Outreach

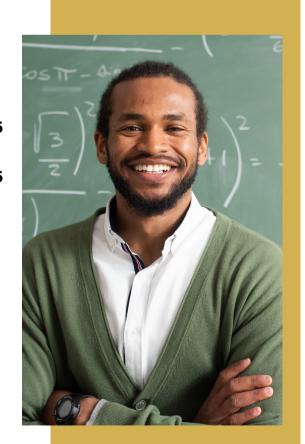


## **LONG-TERM**

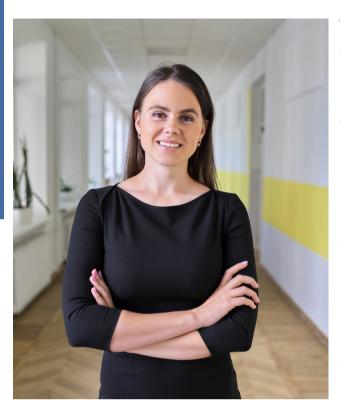
Support the School Mental Health Workforce in Washington State	1
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## **SHORT-TERM**

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## SUPPORT THE SCHOOL-BASED BEHAVIORAL HEALTH WORKFORCE IN WASHINGTON STATE.



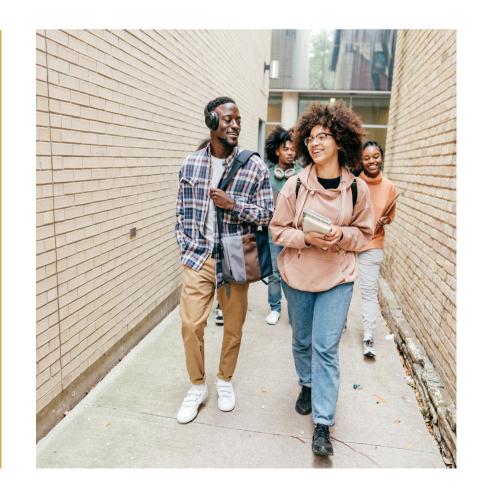
Washington's school behavioral health workforce is woefully inadequate. For example, staffing ratios are 1/50th the recommended levels for school social workers. The SMH workforce also lacks diversity, critical to engaging the students they serve. Finally, rural districts struggle to recruit and retain schoolbased practitioners. Legislators can help this situation by building on the UW SMART Center's new 6 million U.S. Department of Education grant and investment by the Ballmer group to the UW School of Social Work to increase the number, diversity, and skills of the state's SMH workforce

- Provide conditional scholarships to a broader array and greater number – of prospective members of Washington's SMH workforce, such as school counselors, psychologists, and bachelor's and associate's level student assistance professionals, who commit to working in high-need schools and districts.
- Provide fiscal support to SMH practitioners to help defray expenses incurred in obtaining required supervision. As part of HB 1724, the Legislature directed the Department of Health (DOH) to establish such a program; however, it was not funded as part of the 2023-25 budget. We also suggest more innovative models for achieving the intent of this bill, such as by contracting directly with behavioral health professionals with specific types of expertise (e.g., SMH) who can work as a well-trained and supported group to provide supervision so SMH practitioners and others seeking supervision don't have to pay out of pocket for this service.

# BUILD STATEWIDE INFRASTRUCTURE FOR EQUITABLE SOCIAL EMOTIONAL LEARNING.

The importance of Social Emotional Learning programs to a comprehensive, effective, multi-tiered system of school mental health supports cannot be understated. When delivered with quality and fidelity, SEL improves student wellness and increases academic achievement by 11%. Senate Bill 5082 (SB 5082), directed OSPI to establish a SEL Committee to promote and expand SEL implementation in Washington. UW SMART supports the recommendations of the 2023 Report to the Legislature by the SEL Committee. Most critically, the report urges the Legislature to designate funding for SEL within basic education and requires districts to implement a Multi-tiered System of Supports (MTSS) framework that includes SEL as a Tier 1 support (for all students at all grade levels), integrated and embedded into daily classroom lessons as a primary prevention practice.

- All public schools to provide explicit SEL instruction for all students.
- Train all staff to implement youth suicide prevention programs.



# **ELIMINATE ISOLATION AND RESTRICT/REDUCE RESTRAINT.**

Last year, House Bill 1479/Senate Bill 5559 sought to drastically reduce the practice of isolation of students in schools by requiring training on alternatives to R&I, requiring greater and more consistent tracking of incidents statewide, and making any use of restraint safer by eliminating mechanical and chemical restraint in Washington schools. Such recommendations emerged from a UW SMART-facilitated state crisis response workgroup and its resulting report and draft legislation around this issue. Unfortunately, this legislation did not pass during the 2023 legislation; however, have been reintroduced in the 2024 legislative session (E2SHB1479/SB5559/SB5966). We recommend that legislators continue to pursue steps to eliminate these harmful and ineffective practices in our state's schools by funding training and technical assistance for prevention and de-escalation strategies.



# DIRECTLY FUND SCHOOL BEHAVIORAL HEALTH IN WASHINGTON.

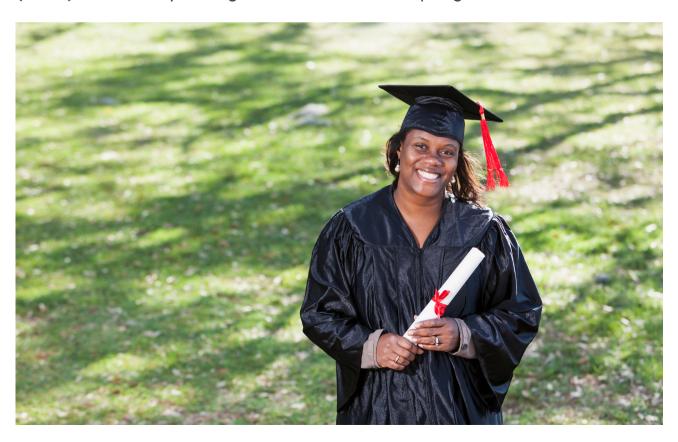
Our state's local school districts currently lack the funding necessary to coordinate comprehensive supports across the behavioral health continuum for their students. RCW 28A.320.127 requires each school district in Washington to adopt a plan for recognition, initial screening, and response to emotional or behavioral distress (EBD) in students, including but not limited to indicators of possible substance use disorder, violence, youth suicide, and sexual abuse. The Office of the Superintendent of Public Instruction (OSPI) conducted a survey of all 321 Local Education Agencies (LEAs) in the state between March 2022 and February 2023 to gauge compliance with the RCW 28A.320.127.29. Results found that 149 LEAs reported they did not have a plan for recognition and response in place.



- Funding to local education agencies (LEAs), to plan, coordinate, and/or provide school-based supports that address the current mental health crises 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 required by RCW 28A.320.127, within the WA MTSS framework; and
- Enabling legislation for a statewide training and technical assistance entity that can provide research-based training and consultation to LEAs to support their process of preparing requests for funding to fill gaps in their SMH continuum, and then implement these plans.

### **EXPAND THE GROWING WASHINGTON WORKFORCE FOR STUDENT WELL-BEING (WSW)** SMH CERTIFICATE PROGRAM.

With initial funding from UW SMART's S6 million U.S. Department of Education SMH workforce grant, the WSW Certificate program provides training and professional development for future and current members of the SMH workforce education that is not available in Washington's training programs. WSW currently trains prospective school social workers on how to deliver effective and sustainable solutions for youth mental health in schools. However, the need for debt relief and support to a skilled SMH workforce fare exceeds current resource. Additional resources would further increase the number and diversity of SMH practitioners in Washington, and/or allow UW SMART to offer the WSW 40-hour certificate program to any Educational Service Associate (ESA) professional who wishes to participate, including school counselors, school psychologists, and school nurses. Additional funding could also support the UW SMART Center to work with the Professional Educator Standards Board (PESB) to formally recognize the certificate program.



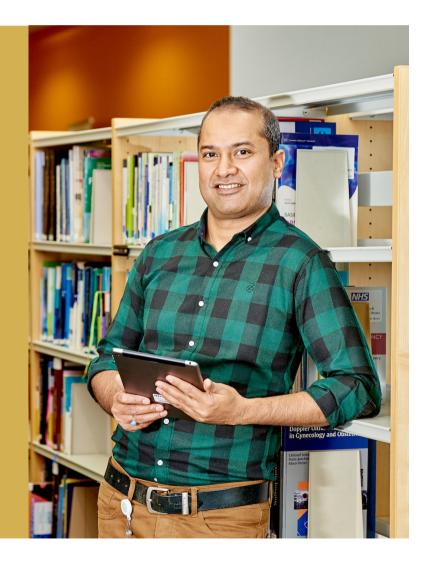
#### FUND STATE-LEVEL MENTAL HEALTH LITERACY **EDUCATION.**

Current Washington P-12 Health Education standards are insufficient. While schools may include mental health literacy topics in health education classes, there is no state requirement to do so.

Data from a 2019-21 Behavioral Health Navigator Survey indicated that only 68% of districts surveyed were providing student instruction on mental health or substance use at the time they were surveyed.

Mental Health Literacy (MHL) education is key to eliminating stigma, empowering peers to support each other, and reducing the behavioral health services burden on schools, allowing the school to focus on all aspects of a well-rounded education.

- Funding to Office of **Superintendent of Public** Instruction (OSPI) or Department of Health (DOH), to fund an FTE staff position to serve as a mental health curriculum lead responsible for reviewing, disseminating, and cataloging high-quality, mental health literacy instructional curriculum for the P-12 education system.
- New State Lead should also work to connect and support the ongoing work of the Mental Health Literacy Library and act as a proactive liaison providing implementation support to education service districts (ESDs) and school districts incorporating curriculum.





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