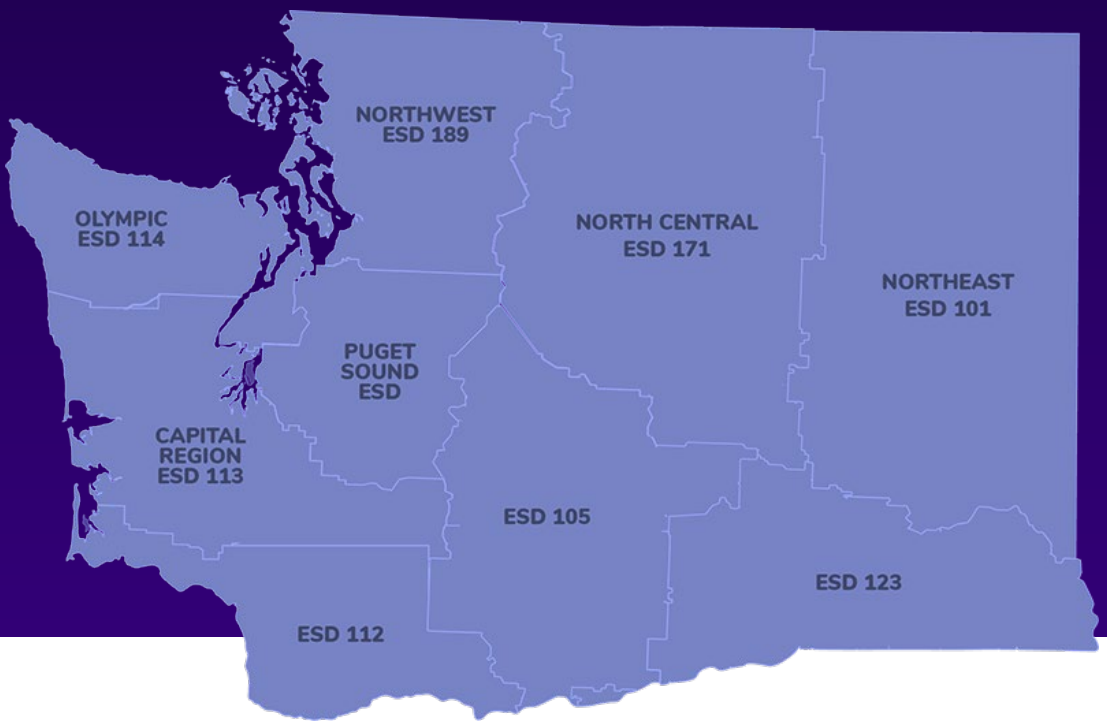

Washington State Behavioral Health Student Assistance Program

2023-2024 Annual Report

October 2024

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In collaboration with:

Washington State Association of Education Service Districts (AESD)

Contents

Figures, Charts, and Tables

Introduction

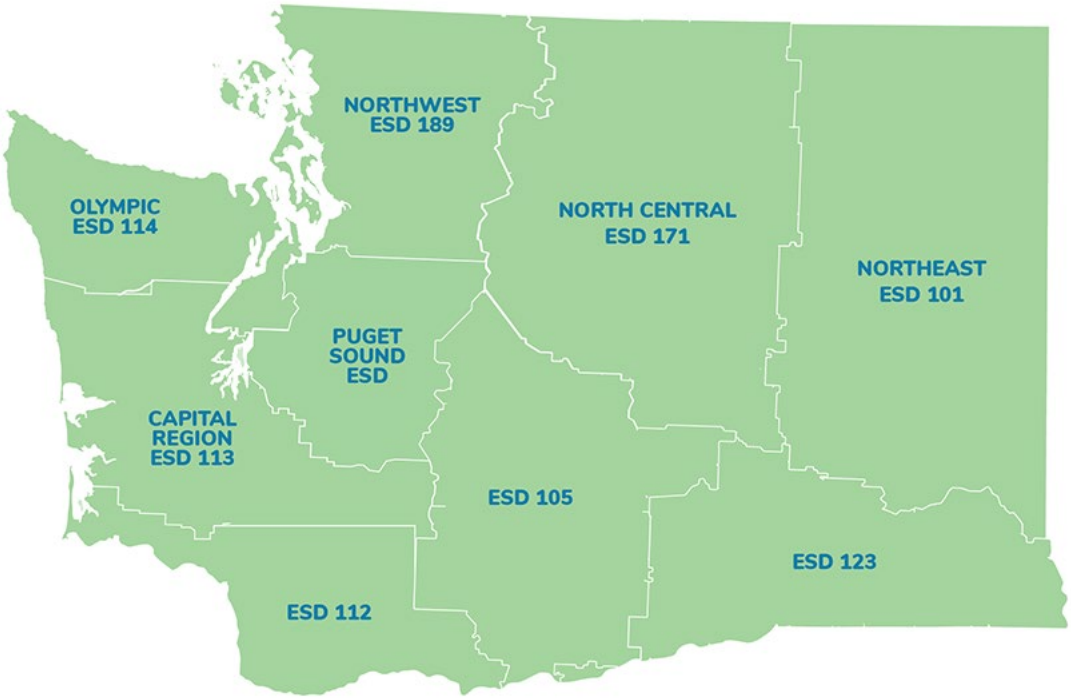
The **Washington State Behavioral Health Student Assistance Program (BH-SAP)** aims to expand school-based behavioral health services statewide. BH-SAP expands behavioral health support systems **through a Multi-Tiered System of Support (MTSS) framework** with increased staffing capacity at regional 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.

This report details the scope and impact of services provided to school communities throughout the 2023-24 school year (August 1, 2023 – July 1, 2024) to examine progress towards intended outcomes and adherence to the student support model.

Program Overview

The grantees include the state's nine Educational Service Districts (ESDs). ESDs serve as an effective, efficient, and high-quality regional delivery system that supports Local Education Agencies (LEAs) through capacity building, professional learning, and delivers site- and student-based direct services that address the plethora of student assistance needs. Across the ESD network, behavioral health services have been delivered through a variety of programs and funding sources for over 30 years.

Figure 1 Washington State's 9 ESDs



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). SAPSIP is a 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. SAPs 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.

The BH-SAP provides funding for 72 site-based SAPs, 9 regionally based Coordinators, a statewide ESD Network system lead, and a statewide data manager. A logic model for the project is presented below and in the Appendix. As shown, the availability of the 72 SAPs is proposed to be a central mechanism through which outcomes at the Local Education Agency (LEA) and school (building) levels will be achieved, as well as, ultimately, student outcomes such as improved awareness of and access to behavioral health services, improved mental and emotional wellness, and better academic outcomes. In addition to local support from ESDs, training and professional development to SAPs is provided from sources such as TRAILS to Wellness (providing support to implement group and individual cognitive behavioral therapy and wellness activities). Another layer of support is provided through dedicated, regional MTSS coordinators who partner with OSPI and to work with identified districts. Finally, the UW SMART Center is aiding the BH-SAP initiative with program evaluation.

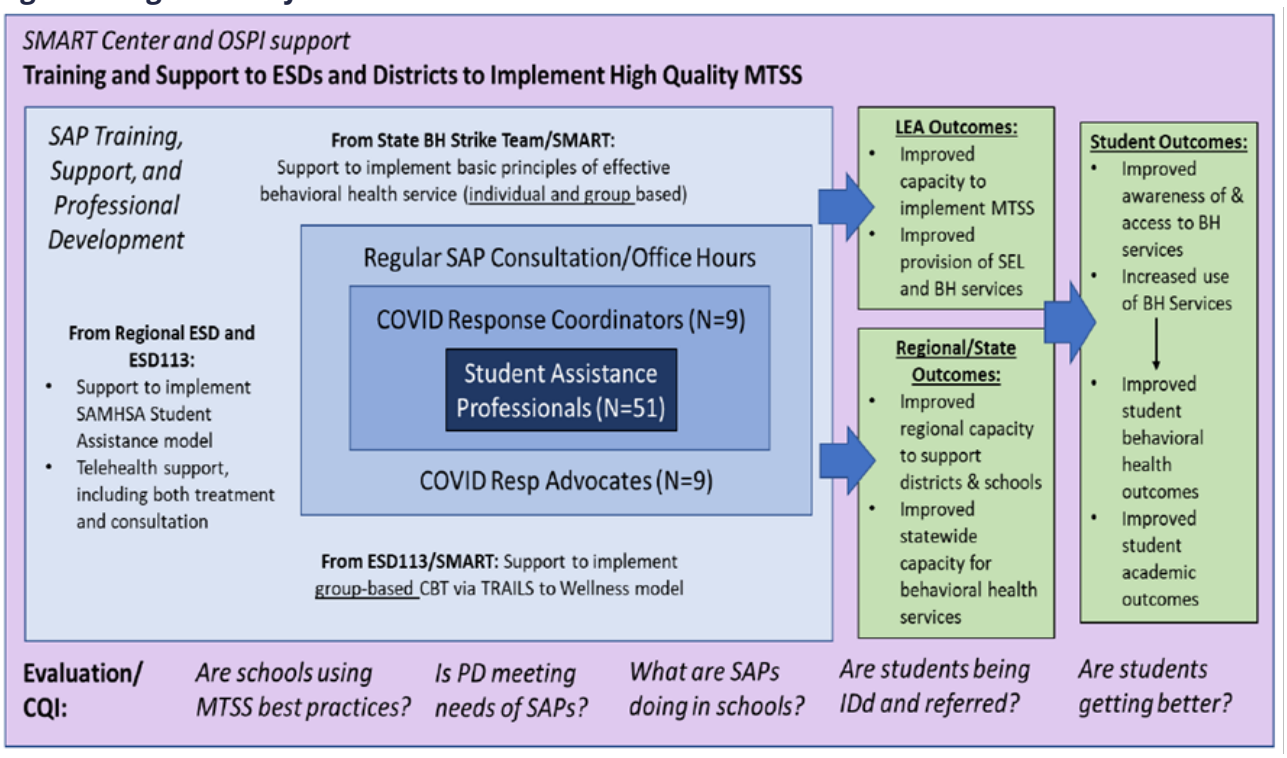
Across multiple tiers of support, regional and site-based staff provide a continuum of care, as appropriate under their existing delivery systems model and scope of licensure, with primary focus on supporting sites and students at Tiers 1 and 2; and referral/linking students to services at Tier 3. This approach is validated through Academic & Student Well-Being Plans, in which over 1/3 of LEAs indicated need for support with Multi-Tiered System of Supports and social emotional learning/mental health supports (as of 6/22/21). See Behavioral Health COVID Response System Proposal for more detail about the program components.

Evaluation Components

The UW SMART Center provides program evaluation and data support. All evaluation activities are completed in collaboration with the coordinators and SAPs, providing information relevant to the implementation and effectiveness of the BH-SAP. As indicated in the logic model, key evaluation and continuous quality improvement questions include:

- What are SAPs doing in schools?
- Are students being identified and referred?
- Are students served experiencing more positive behavioral health outcomes?

Figure 2 Logic Model for the BH-SAP



Respondents and Data Sources. The principal source of data for this report is the online database maintained by Looking Glass Analytics (LGAN). This secure, web-based reporting system is used to collect information about BH-SAP activities and outcomes. SAPs enter information detailing: universal activities offered to all students, selective and indicated prevention/intervention services provided to referred students, and program outcomes for participating students.

Students referred for selective and indicated prevention activities in Grades 6–12 complete a survey before and after participation. The survey is administered confidentially via scantron or computer, and items address hopefulness, behavioral health symptoms, and satisfaction with services. These measures satisfy federal and state reporting requirements. In addition to student participant surveys, district and building staff members are surveyed once per school year to gather input about the impact of the services provided by the BH-SAP.

Data Analysis Paired sample t-tests are used to compare the difference in means between pre- and post-test measures. Differences with a p-value less than 0.05 were considered significant differences. Analyses are conducted with IBM SPSS Statistics 29.

BH-SAP Services Provided in 2023-24

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.

Project Continuation

To ensure alignment and coherence was maintained, the ESD Network system lead coordinates across the ESDs and with state program partners. Alignment efforts include program development, installation/upkeep of evaluation and record-keeping systems, and the provision of various professional learning and technical assistance services. Ongoing consultation is also provided by TRAILS (Transforming Research into Action to Improve the Lives of Students).

LEAs and Schools Served

Regional ESD teams 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 Table 1), with the majority of placements at the middle and high school levels (shown in Table 2).

Table 1 BH-SAP 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 quick or full intervention services from SAPs in 2023-24, the majority were identified through non-discipline referrals (81%) and enrolled in secondary schools (93%). Services were provided to slightly more female (57%) students than male students (39%) and a small number of students who identify with other gender identities (4%). (See Chart 1 and Table 3 below for additional demographic detail).

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).

Chart 1 Demographic Characteristics of Students Served in 2023-24

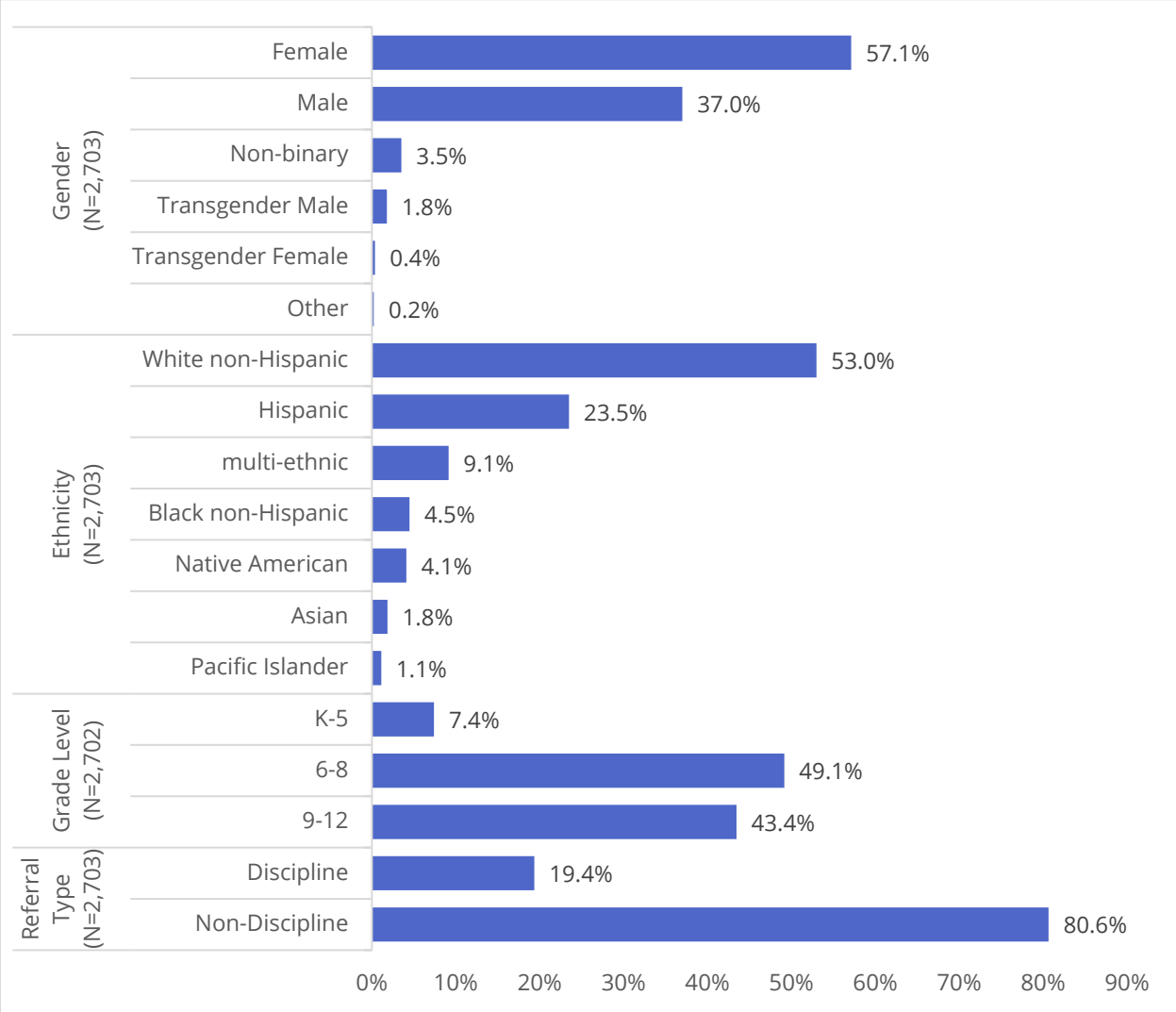


Table 3 Student Referral Sources in 2023-24

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

Table 4 Services Listed 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. Some services are recurring (with multiple sessions per activity). For each service, the following tables present the number of unique activities, total sessions, total participants, and average hours per session conducted by SAPs for student audiences (Table 5) and school staff, families, and the general community (Table 5).

As shown in Table 5, ***awareness events*** account for the largest number of student universal prevention activities. This category includes mental- and behavioral- health awareness presentations and 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 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*.

Table 5 Universal Prevention Services for Students 2023-24

Activity Type	Activities	Sessions	Total Participants	Average Hours per Session
Awareness	**1,195**	**1,195**		
Presentation about services	242	242	9,455	0.5
Information dissemination to students	159	159	37,975	0.8
Behavioral health awareness event	474	474	158,414	1.3
Presentation about behavioral health issues	320	320	10,682	1.0
Curriculum	**83**	**367**		
Second Step SEL Curriculum	30	48	1,068	0.7
Life Skills	2	2	13	0.6
Other recognized prevention curriculum/program	51	317	1,179	1.0
Education	**213**	**401**		
Newcomers Group	10	21	86	0.8
Prevention education series	80	257	2,130	1.1
Stress, Anxiety and Coping Skills Presentation	123	123	2,867	1.0
Peer	**56**	**397**		
Behavioral Health Leadership Clubs	56	397	1,344	1.0
Total	**1,547**	**2,360**		

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. As shown in Table 6, 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, including: *988, Every Child Matters, Information about SAP Services, Mental Health Awareness Month, Parent Night Out, Reducing Stress & Anxiety, Substance Use Prevention*

(Friends for Life, Alcohol, Hidden in Plain Sight, Cannabis, Vaping), Suicide Prevention, Summer Planning and Programs, Unity Day and Anti-Bullying Month.

Table 6 Universal Prevention Services for Staff, Families, and Communities '23-24

Activity Type	Audience	Activities	Sessions	Total Participants	Average Hours per Session
Awareness		**312**	**312**		
Information dissemination to community	Community	18	18	7,559	1.1
Community presentation	Community	17	17	422	1.8
Awareness presentations to parents	Family	28	28	1,256	1.1
Information dissemination to parents	Family	129	129	47,743	1.5
Staff awareness presentations	Staff	62	62	1,724	0.7
Information dissemination to staff	Staff	58	58	3,205	0.6
Curriculum		**6**	**7**		
Staff development in presentation of curriculum	Staff	6	7	136	1.6
Planning		**421**	**1,315**		
Community Planning	Community	62	62	750	1.2
Policy and procedure development and implementation	Staff	23	57	372	1.4
Technical assistance/consultation	Staff	41	41	629	1.1
Screening and referral services	Staff	295	1,155	2,111	1.0
Total		**739**	**1,634**		

Early Intervention Services

During the 2023-24 school year, **2,703 students in Washington State received early intervention services through the BH-SAP** (meaning they received a behavioral health screening and had at least two contacts with a Student Assistance Professional). In addition to providing screening and individual and group intervention services, SAPs refer students to school-and community-based resources, coordinate care with external providers, connect with family members, and consult with school staff regarding student issues. Chart 2 displays the percentage of students who received the most common individual or group services. The most common individual supports were: BH screening (2,348 students), individual interventions (2,037), and care coordination (1,332). The most common group services were as follows:

- Other supportive services include any other group support (e.g., grief groups, children of divorce groups, victims of abuse groups)
- TRAILS to Wellness "Coping with COVID" (CBT-based group intervention) teaches students to learn and practice helpful, healthy strategies for managing symptoms of stress, low-mood, or increased worry, especially related to the COVID-19 pandemic.
- Alcohol, tobacco, and other drug (ATOD) education classes teach students at risk of beginning substance use about the consequences and effects.
- Intervention groups help students with their own substance use.

Chart 2 Percent of Students Receiving Most Common Individual and Group Services '23-24

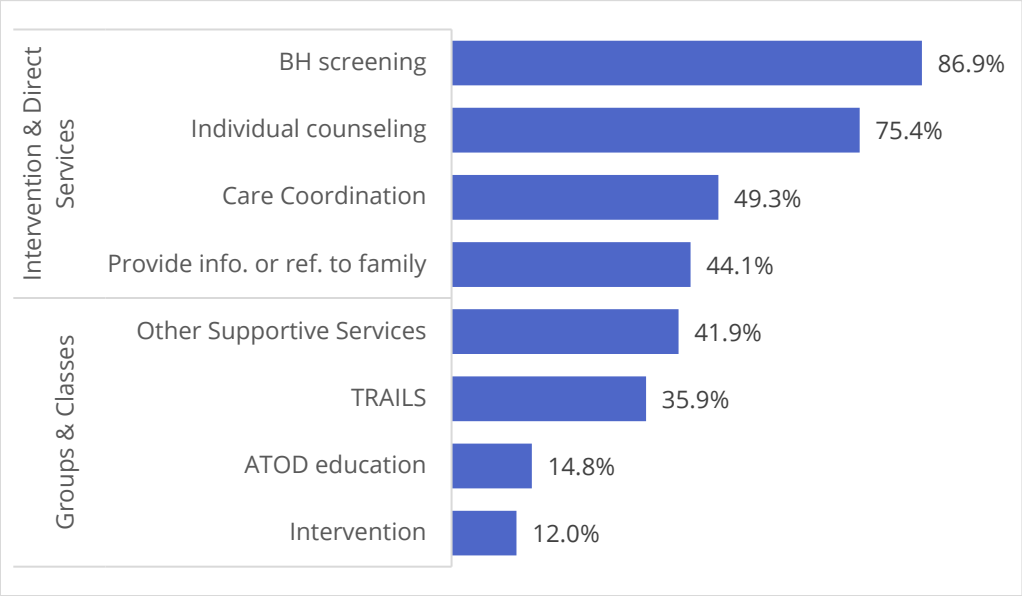


Chart 3 displays the total number of groups conducted by Student Assistance Professionals while Chart 4 shows the number of students enrolled by group type. In total, **302 Groups were conducted with 1,394 students**. The average number of students per group was five and the average number of sessions per group was seven. The majority of these students (81%) were enrolled in one group, but some were referred to as many as 4-6. The most common group was **TRAILS Coping with COVID-19** (152 with 722 students).

Chart 3 Groups Conducted '23–24

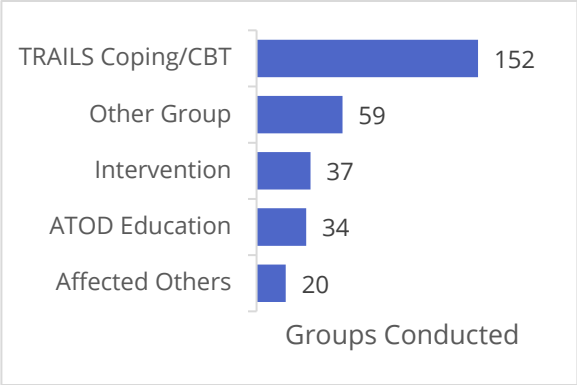
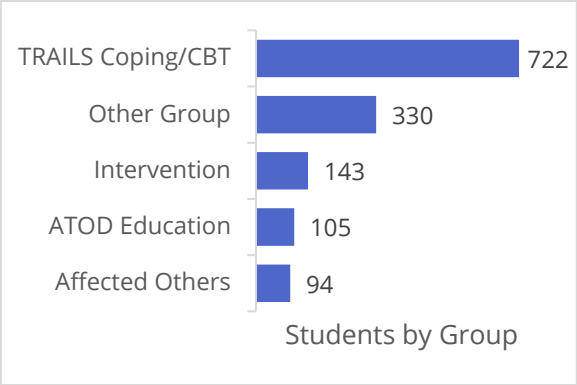


Chart 4 Students Enrolled in Groups '23-24



Service Dosage

Of the **2,703** students who received direct services from SAPs, **78% were full interventions** (Chart 5). As mentioned previously, the type of support varied based on student need, but the most common included individual counseling, behavioral health screening, and providing information or a referral to the family. The amount of time spent supporting each student also varied, but on average, totaled to **about 4 contacts per student for quick interventions** and 11 contacts for full (Chart 6).

Chart 5 Students Receiving Quick or Full Interventions '23-24

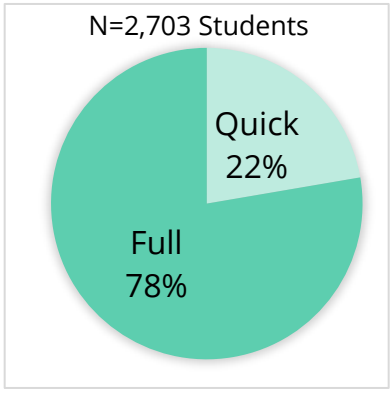
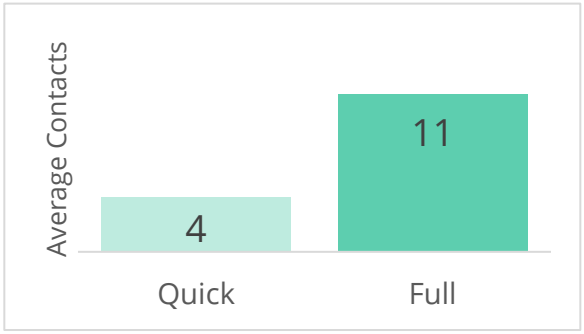


Chart 6 Average Number of Student Contacts '23-24



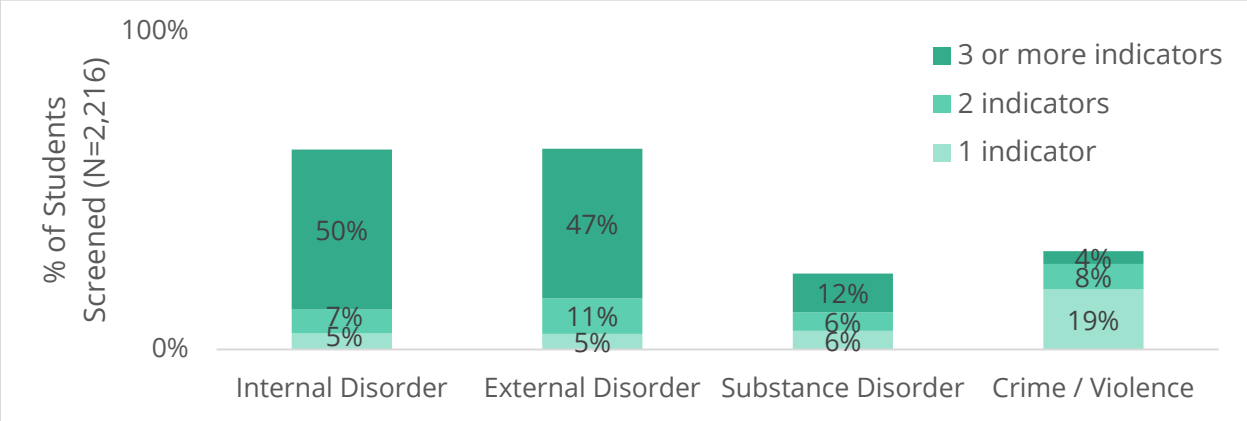
Contacts	N	Min	Max	Mean	St. Dev.
Quick	515	0	30	3.76	3.55
Full	1,875	1	113	10.79	8.101

Screening for Substance Use and Mental Health Issues

Student Assistance Professionals screen students for substance use and mental health problems requiring treatment using the Short Screener version of the Global Appraisal of Individual Needs (GAIN-SS; Dennis, Feeney, Stevens, & Bedoya, 2006; see also Dennis, Chan, & Funk, 2006). This brief instrument was developed to identify youth in need of formal treatment. Washington's DBHR requires the use of the GAIN-SS through contract and requires that a student exhibit a minimum of three of the listed indicators to be admitted to community-based substance treatment. The measure consists of four, 5-item subscales that assess whether a student may have internalizing disorders, externalizing disorders, substance use disorders, and crime or violence problems. A score of 1 or 2 suggests a possible diagnosis and indicates that the student would likely benefit from a brief intervention in the school setting. A score of 3 or more suggests a high probability of a diagnosis and indicates that a formal assessment and treatment are appropriate.

In 2023-24, **2,216 students** completed a GAIN-SS screening and had valid subscale scores. Of those students, **63% had at least 1 indicator** of an internalizing or externalizing disorder (Chart 7).

Chart 7 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.

BH-SAP Effectiveness and Outcomes

As described in the Introduction, the BH-SAP seeks to advance student behavioral healthcare using a dual approach of expanding school-based behavioral health services across the state while investing in much-needed foundational capacity building at the regional and local levels that is necessary for sustainability beyond the funding period. The following sections describe the progress made towards achieving these goals; beginning with student-level outcomes and followed by impacts on the school, district, and region.

Student-Level Impact

To assess the impact of BH-SAP services for participating students, the UW SMART Center and AESD worked together to coordinate 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 7).

Table 7 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 Engagement in Services

One initial indicator of project impact is the degree to which students engaged with services offered. When exiting a student from selective/intensive services, SAPs are instructed to record the level of student participation in their service plan in terms of attendance and effort. Of the 2,100 students who received full interventions in 2023-24, 1,950 had participation scores. As shown in Chart 8, **87% engaged** at a moderate-to-full participation level.

Chart 8 Level of Participation for Students with Full Intervention Services 2023-24

Student Satisfaction with Services

Another important metric for any direct service is recipient satisfaction. The post-survey administered after full interventions asks students three questions about their satisfaction with the program. 1,430 students responded to these items, representing 75% of all eligible students. As shown, **96%** reported that the program was **somewhat or very helpful** (Chart 9) and **95% were glad they participated** (Chart 10). Additionally, of the 772 students with low attendance before SAP services, **80%** reported being **more likely to attend** due to the program (Chart 11).

Chart 9 Satisfaction: Overall, how helpful has this program been to you?

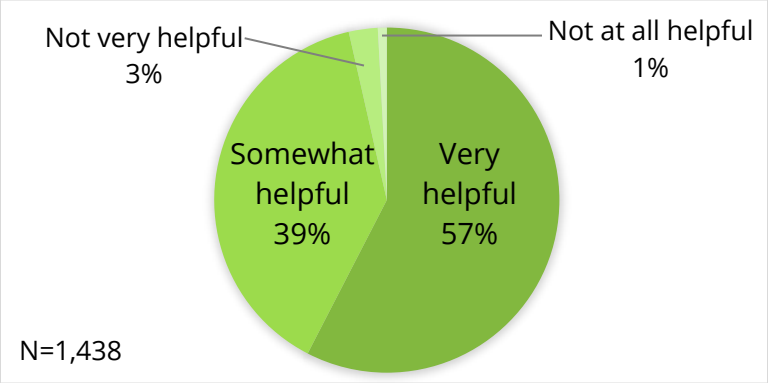


Chart 10 Satisfaction: Are you glad that you participated in the program?

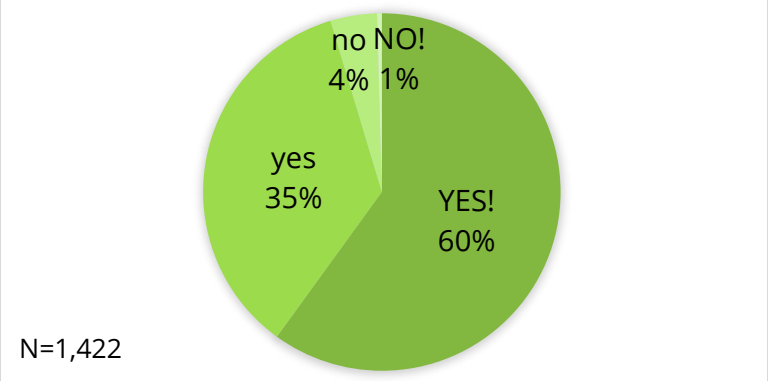
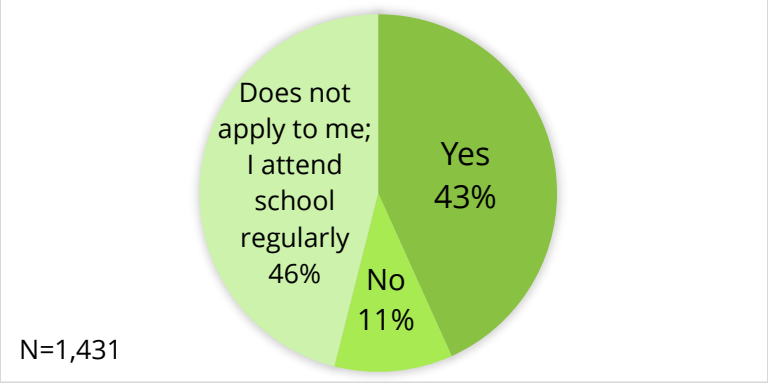


Chart 11 Satisfaction: Are you more likely to attend school because of this program?

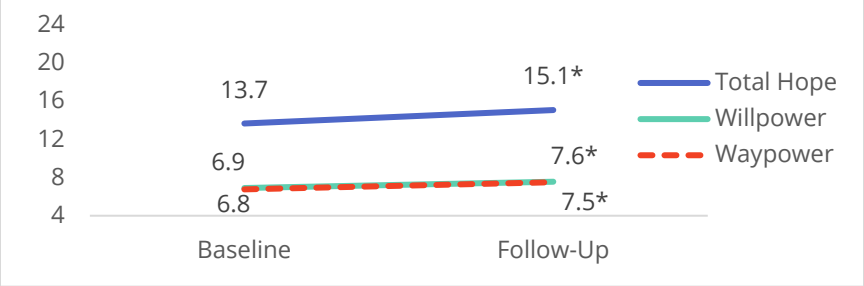


Increased Student Wellbeing

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). The scale consists of six questions, three which measure the child's agency or "willpower" and three which measure the child's pathway or "way power" to accomplishing their goals. In the 2022-24 student surveys, only four items from the hope scale were used (which was confirmed to be valid by the administrators of the WA Healthy Youth Survey in 2018).

Scoring: This measure uses a 6-point scale ranging from "none of the time" (with a value of 1) to "all of the time" (6). Adding items in the pathway and agency subscales will provide an overall hope score. The hope scores can then be interpreted using the following 4-band categorization system: scores of 4-8 indicate no to very low hope, 9-12 indicate slightly hopeful, 13-16 indicate moderately hopeful, and 17-24 indicate highly hopeful.

Chart 12 Average Student Hopefulness before and after Full Intervention Services 2023-24



Notes: N=1,563. Includes 6+ grade students receiving full BH-SAP interventions who were not missing more than 1 item from each Hope Subscale at baseline and follow-up. Asterisk (*) Indicates a significant change from pre to post (p-value <0.05).

As shown in Chart 12, paired sample t-tests concluded that at the time of the post-test, **students had significantly greater hope** (including significantly greater total score and subscale scores). Chart 13 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. Finally, Chart 14 shows average scores for the hope scale items. Again, paired t-tests confirm there are significant improvements across all items at post.

Chart 13 Change in Student Hopefulness after Full Intervention Services 2023-24 (N=1,563)

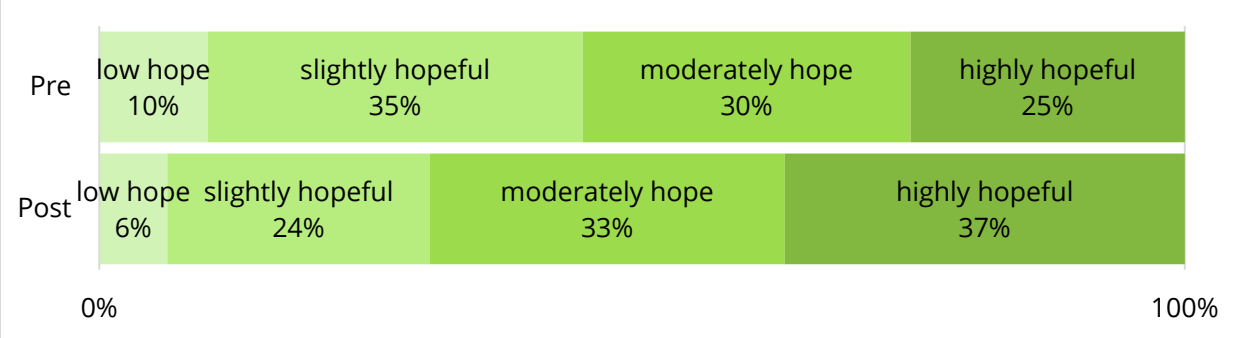
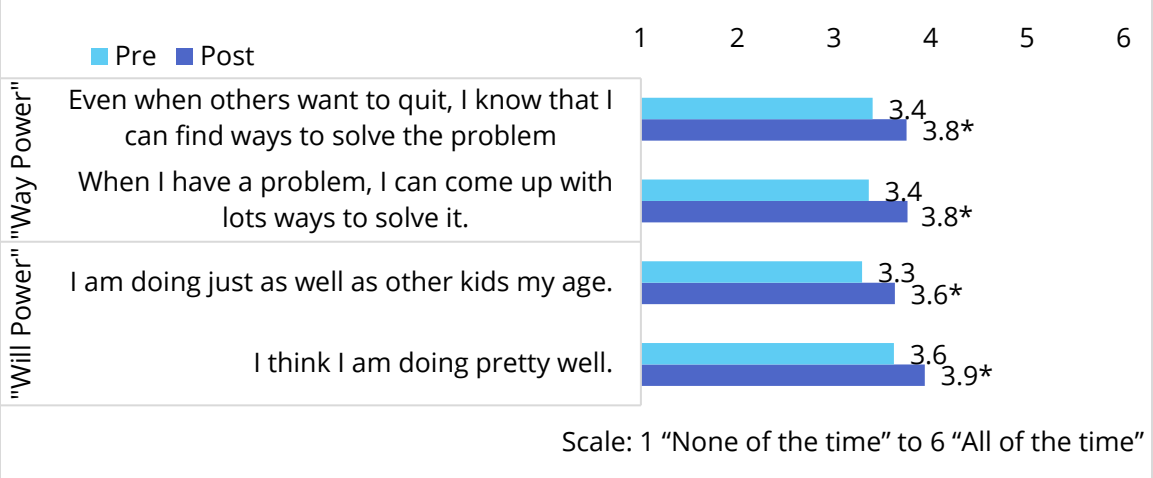


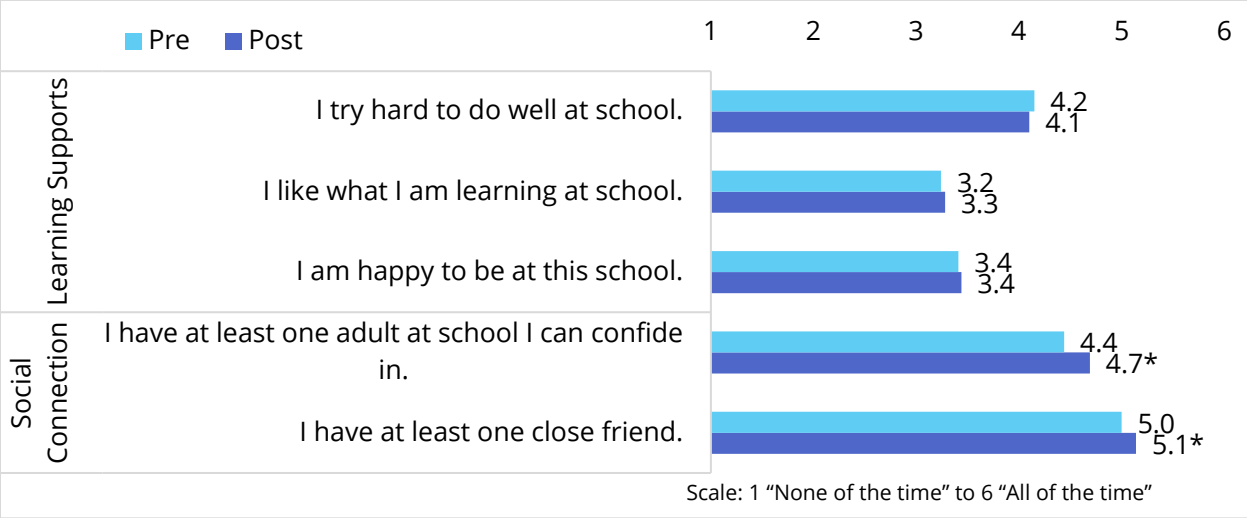
Chart 14 Average Student Hope Items before and after Full Intervention Services 2023-24



Notes: N=1,518 to 1,563. Scale: 1 (None of the time) to 6 (All of the time). Includes 6+ grade students receiving full BH-SAP interventions who were not missing more than 1 item from each Hope Subscale at baseline and follow-up. Asterisk (*) Indicates a significant change from pre to post (p-value <0.05).

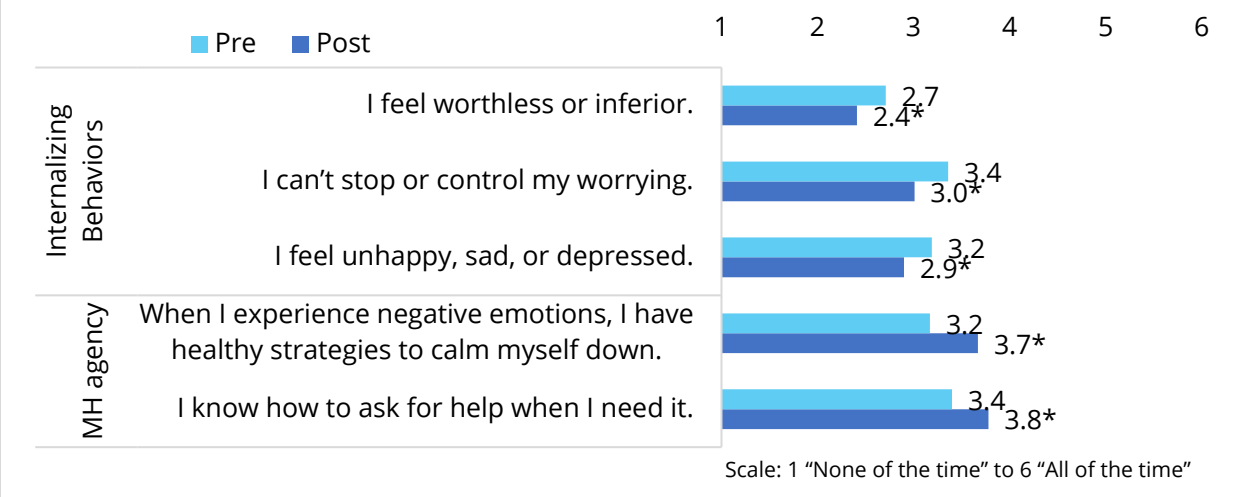
In addition to hopefulness, items capturing a wider range of student social, emotional, and behavioral (SEB) wellness indicators were added to the pre/post survey, beginning in the '22-23 school year. These include: Behavioral and Affective Learning items from the Student Engagement in Schools Questionnaire (SESQ; Hart et al., 2011), Social Connectedness items adapted from the Social Emotional Health Survey (SEHS; Furlong et al., 2018), Internalizing Behavior items from the Strengths and Difficulties Questionnaire (SDQ; Goodman 2001), and MH Agency items developed by the UW Evaluation Team. Chart 15 and 16 display average scores on these items before and after students received intervention services. Paired sample t-tests were performed, and **significant improvements were found across most SEB wellness indicators**, apart from those related to student learning supports.

Chart 15 Social Connectedness and Learning Supports Average Ratings '23-24



Note. N varies from 1,541 to 1,550. Includes 6+ grade students receiving full BH-SAP interventions who completed each item at baseline and follow-up. Asterisk (*) Indicates a significant change from pre to post (p-value <0.05).

Chart 16 Mental Health Agency and Internalizing Behaviors Average Ratings '23-24



Note. N varies from 1,528 to 1,553. Includes 6+ grade students receiving full BH-SAP interventions who completed each item at baseline and follow-up. Asterisk (*) Indicates a significant change from pre to post (p-value <0.05).

Looking more deeply into the direction of change, a large portion of all students served reported elevated help-seeking and self-regulation skills. The largest improvements were: **47% gained healthy strategies to calm down** when experiencing negative emotions, **44% gained ability to ask for help** when needed, and **35% gained a trusted adult**. See Table 8 below for all cross-tabulations of the group-level changes from pre- to post-test.

Table 8 Changes to SEB Wellness Indicators for Student Groups '23-24

	SEB wellness indicator	Groups	Change from pre- to post-test, N (%)			Group Total
			Reduced	No Change	Increased	
Learning Supports	**Tries hard in school**	Students who started low	62 (12%)	172 (33%)	**283 (55%)**	517
		Students who started high	446 (44%)	391 (38%)	**187 (18%)**	1,024
		All Students	508 (33%)	563 (37%)	**470 (30%)**	1,541
	Likes learning at school	Students who started low	186 (20%)	336 (36%)	**418 (44%)**	940
		Students who started high	317 (53%)	180 (30%)	**104 (17%)**	601
		All Students	503 (33%)	516 (33%)	**522 (34%)**	1,541
	Happy at school	Students who started low	151 (17%)	330 (38%)	**386 (45%)**	867
		Students who started high	325 (48%)	224 (33%)	**133 (20%)**	682
		All Students	476 (31%)	554 (36%)	**519 (34%)**	1,549
Social Connectedness	**Has a trusted adult at school**	Students who started low	45 (10%)	92 (21%)	**298 (69%)**	435
		Students who started high	348 (31%)	515 (47%)	**243 (22%)**	1,106
		All Students	393 (26%)	607 (39%)	**541 (35%)**	1,541
	Has at least one close friend	Students who started low	17 (7%)	42 (17%)	**189 (76%)**	248
		Students who started high	319 (25%)	747 (57%)	**236 (18%)**	1,302
		All Students	336 (22%)	789 (51%)	**425 (27%)**	1,550
MH Agency	**Has coping strategies**	Students who started low	112 (11%)	266 (27%)	**624 (62%)**	1,002
		Students who started high	255 (46%)	183 (33%)	**113 (21%)**	551
		All Students	367 (24%)	449 (29%)	**737 (47%)**	1,553
	Knows how to ask for help	Students who started low	112 (12%)	260 (29%)	**526 (59%)**	898
		Students who started high	273 (43%)	219 (34%)	**147 (23%)**	639
		All Students	385 (25%)	479 (31%)	**673 (44%)**	1,537

Note. Includes 6+ grade students receiving full BH-SAP interventions who completed each item at baseline and follow-up. Students were separated into low (1: 'none' to 3: 'some') and high (4: 'a lot' to 6: 'all') based on pre-test scores.

There were also mental and emotional wellness improvements, with the greatest symptom reductions across all students being: **43% lowered anxiety symptoms** ("can't stop or control my worrying"), **41% lowered depression symptoms** ("feel unhappy, sad, or depressed"), and **38% increased self-worth** (reduced feeling "worthless or inferior"). See Table 9 below for all cross-tabulations of the group-level changes from pre- to post-test.

Table 9 Changes to Internalizing Symptoms for Student Groups '23-24

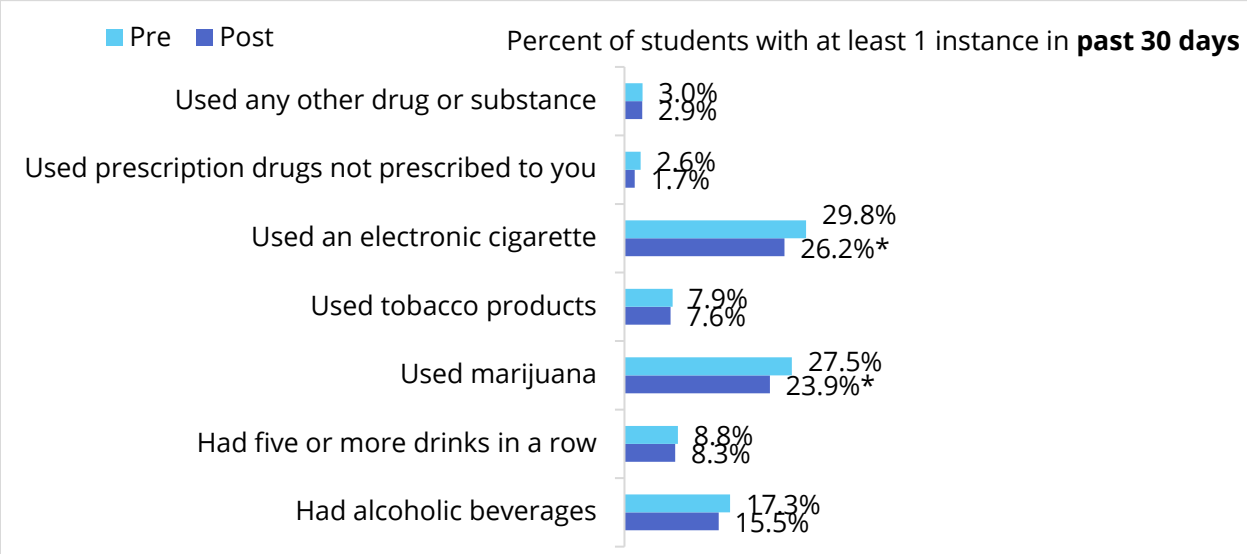
Internalizing symptom	Groups	Change from pre- to post-test N (%)			Group Total
		Reduced	No Change	Increased	
Unhappy, sad, or depressed	Students who started low	**247 (25%)**	415 (43%)	307 (32%)	969
	Students who started high	**381 (66%)**	146 (25%)	50 (9%)	577
	All Students	**628 (41%)**	561 (36%)	357 (23%)	1,546
Can't control worrying	Students who started low	**204 (24%)**	320 (38%)	329 (39%)	853
	Students who started high	**449 (66%)**	160 (24%)	70 (10%)	679
	All Students	**653 (43%)**	480 (31%)	399 (26%)	1,532
Feels worthless or inferior	Students who started low	**281 (26%)**	473 (44%)	328 (30%)	1,082
	Students who started high	**301 (67%)**	96 (22%)	49 (11%)	446
	All Students	**582 (38%)**	569 (37%)	377 (25%)	1,528

Note. Includes 6+ grade students receiving full BH-SAP interventions who completed each item at baseline and follow-up. Students were separated into low (1: 'none' to 3: 'some') and high (4: 'a lot' to 6: 'all') based on pre-test scores.

Decreased Substance Use

Substance use was measured with items developed for the WA Healthy Youth Survey. Chart 17 displays the rate of students who used a substance at any point in the past 30 days. Students who received full BH-SAP intervention services reported **fewer instances of past month use across all substances**. Additionally, paired sample t-tests were performed, and **significant reductions were found for marijuana and e-cigarette use**.

Chart 17 Rates of Substance Use at Pre- and Post-Test '23-24



Note. N varies from 1,545 to 1,553. Includes 6+ grade students receiving full BH-SAP interventions who completed each item at baseline and follow-up. Asterisk (*) Indicates a significant change from pre to post (p-value <0.05).

When narrowing in on post-test usage of students who reported using substances at baseline, we find large reductions in the following areas: **88% decreased prescription misuse** (N=41), **83% decreased other drug/substance use** (N=46), **70% decreased tobacco use** (N=122), **67% decreased excessive alcohol drinking** (N=136), **62% decreased drinking** (N=269), and **53% decreased e-cigarette use** (N=461). See Table 10 below for all cross-tabulations of the group-level changes from pre- to post-test.

Table 10 Changes to Substance Use for Student Groups '23-24

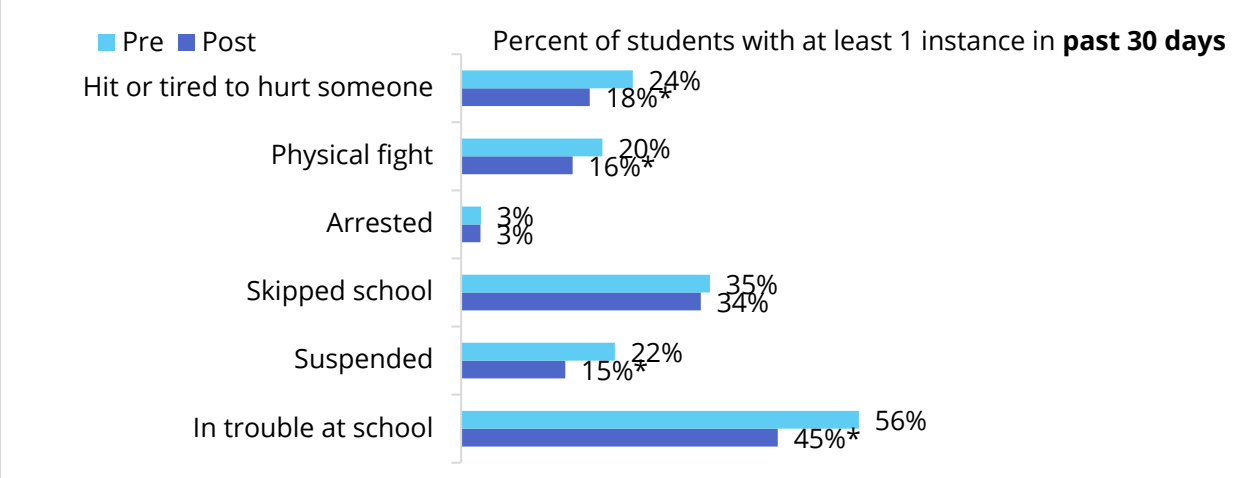
Substance use	Groups	Change from pre- to post-test N (%)			Group Total
		Reduced	No Change	Increased	
alcoholic beverages	Students not using at pre	**0 (0%)**	1,173 (91%)	111 (9%)	1,284
	Students using at pre	**168 (62%)**	67 (25%)	34 (13%)	269
	All Students	**168 (11%)**	1,240 (80%)	145 (9%)	1,553
five or more drinks in a row	Students not using at pre	**0 (0%)**	1,339 (95%)	74 (5%)	1,413
	Students using at pre	**91 (67%)**	31 (23%)	14 (10%)	136
	All Students	**91 (6%)**	1,370 (88%)	88 (6%)	1,549
marijuana	Students not using at pre	**0 (0%)**	1,018 (90%)	107 (10%)	1,125
	Students using at pre	**243 (57%)**	131 (31%)	52 (12%)	426
	All Students	**243 (16%)**	1,149 (74%)	159 (10%)	1,551
tobacco products	Students not using at pre	**0 (0%)**	1,355 (95%)	68 (5%)	1,423
	Students using at pre	**85 (70%)**	19 (16%)	18 (15%)	122
	All Students	**85 (6%)**	1,374 (89%)	86 (6%)	1,545
electronic cigarette	Students not using at pre	**0 (0%)**	983 (91%)	103 (9%)	1,086
	Students using at pre	**245 (53%)**	144 (31%)	72 (16%)	461
	All Students	**245 (16%)**	1,127 (73%)	175 (11%)	1,547
prescription drugs	Students not using at pre	**0 (0%)**	1,494 (99%)	17 (1%)	1,511
	Students using at pre	**36 (88%)**	4 (10%)	1 (2%)	41
	All Students	**36 (2%)**	1,498 (97%)	18 (1%)	1,552
any other drug or substance	Students not using at pre	**0 (0%)**	1,471 (98%)	30 (2%)	1,501
	Students using at pre	**38 (83%)**	6 (13%)	2 (4%)	46
	All Students	**38 (2%)**	1,477 (95%)	32 (2%)	1,547

Note. Includes 6+ grade students receiving full BH-SAP interventions who completed each item at baseline and follow-up.

Decreased Adverse Behaviors and Disciplinary Actions

The items used to gauge adverse behavior and disciplinary actions were also drawn from the WA Healthy Youth Survey. As shown in Chart 18, students who received full BH-SAP intervention services reported **fewer instances of adverse behaviors and disciplinary actions** including: hitting or trying to hurt someone, getting into a physical fight, skipping school, getting suspended from school, and getting in trouble at school. Additionally, paired sample t-tests were performed, and significant reductions were found for all categories apart from arrest and skipping school.

Chart 18 Rates of Adverse Behaviors and Disciplinary Actions at Pre- and Post-Test '23-24



Note. N varies from 1,537 to 1,553. Includes 6+ grade students receiving full BH-SAP interventions who completed each item at baseline and follow-up. Asterisk (*) Indicates a significant change from pre to post (p-value <0.05).

Looking into post-test rates for students who reported instances of adverse behaviors at baseline, we find large reductions in the following areas: **74% decreased arrests** (N=43), **69% decreased hitting/hurting others** (N=375), **66% decreased physical fighting** (N=308), **65% decreased suspensions** (N=335), and **57% decreased being in trouble at school** (N=873). See Table 11 below for all cross-tabulations of the group-level changes from pre- to post-test.

Table 11 Changes to Adverse Behaviors and Disciplinary Actions for Student Groups '23-24

Adverse Behavior	Groups	Change from pre- to post-test N (%)			Group Total
		Reduced	No Change	Increased	
in trouble at school	Students with no instance at pre	**0 (0%)**	546 (80%)	134 (20%)	680
	Students with instance(s) at pre	**495 (57%)**	230 (26%)	148 (17%)	873
	All Students	**495 (32%)**	776 (50%)	282 (18%)	1,553
suspended from school	Students with no instance at pre	**0 (0%)**	1,119 (93%)	88 (7%)	1,207
	Students with instance(s) at pre	**217 (65%)**	77 (23%)	41 (12%)	335
	All Students	**217 (14%)**	1,196 (78%)	129 (8%)	1,542
skipped school	Students with no instance at pre	**0 (0%)**	809 (81%)	194 (19%)	1,003
	Students with instance(s) at pre	**301 (55%)**	137 (25%)	106 (19%)	544
	All Students	**301 (19%)**	946 (61%)	300 (19%)	1,547
arrested	Students with no instance at pre	**0 (0%)**	1,468 (98%)	26 (2%)	1,494
	Students with instance(s) at pre	**32 (74%)**	7 (16%)	4 (9%)	43
	All Students	**32 (2%)**	1,475 (96%)	30 (2%)	1,537
in a physical fight	Students with no instance at pre	**0 (0%)**	1,130 (92%)	104 (8%)	1,234
	Students with instance(s) at pre	**203 (66%)**	76 (25%)	29 (9%)	308
	All Students	**203 (13%)**	1,206 (78%)	133 (9%)	1,542
Hit or tried to hurt someone	Students with no instance at pre	**0 (0%)**	1,053 (90%)	117 (10%)	1,170
	Students with instance(s) at pre	**258 (69%)**	69 (18%)	48 (13%)	375
	All Students	**258 (17%)**	1,122 (73%)	165 (11%)	1,545

Note. Includes 6+ grade students receiving full BH-SAP interventions who completed each item at baseline and follow-up.

Region, District, and School-Level Impacts

Looking beyond the outcomes experienced by individual students, this section will describe how this project impacted the full school community, beginning with the results of the awareness and capacity building efforts and then by examining various aspects of school partner satisfaction with the program.

Increasing BH Awareness

Over the course of the 2023-24 school year, BH-SAP staff facilitated **474 behavioral health awareness events across 67 school buildings**. In addition, BH-SAP staff facilitated **397 Behavioral Health Leadership Club** meetings and taught important social-emotional and life skills through **367 evidence-based lessons**.

Capacity Building

To increase capacity among staff members in the schools they worked in, BH-SAP providers ensured staff were aware of behavioral health screening and referral processes and where appropriate, provided expertise in making accurate referrals. During the 2023-24 school year, BH-SAP staff provided **41 Technical assistance/consultation sessions**, **62 staff awareness presentations** and **1,155 screening and referral service sessions** with staff.

School Partner Satisfaction

"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. There have also been connections made between student and community health/wellness programs. I've worked with several SAPS during my 28-year career in education, and [this] is the most visible and caring SAP I've ever worked with. I'm not sure how to quantify [the SAP's] influence here in [school]. [The SAP] works so well with our counseling staff, teachers and migrant program director, and is always willing to put in the extra time beyond the school day to ensure students are well take[n] care of." – ESD 171 Project Partner

Project partners at participating school buildings were surveyed from May - June 2024 to gather input about the impact of the services provided by BH Student Assistance Professionals. **140 respondents completed the survey across all nine ESDs.**

As shown in Table 12, school partners agreed that the BH SAP services positively influenced school and classroom climate, positively impacted students' academic success and attendance, and increased students' ability to interact with peers and self-regulate. Additionally, **99% of respondents found BH SAP services to be helpful for students** (Table 13), 93% believe their district/school experienced improvements in its ability to

respond effectively to students' behavioral health needs because of the program (Table 14), and **99% stated that having a Student Assistance Professional available to their school was either very important or of the highest importance** (Table 15).

School partners were also invited to share open-ended comments in response to the following prompts: "Please provide an example to illustrate or explain the answers you provided above" and "Please provide any and all recommendations on how this program can be improved in the future." Responses were coded into qualitative themes which are reported in Table 16. The majority of illustrative examples shared reinforced the following themes: SAPs effectively fill a gap in essential services, foster positive relationships with students, provide needed Tier 2 group and individual services, address barriers to improve school engagement, and help students address a variety of social, emotional, and behavioral (S-E-B) concerns. In terms of program improvements, the most common requests were around program expansion needs, providing more consistent staffing, changes to project scope/services, the need for funding and financial support, operational improvements, and needing to see more data to assess program impacts.

Table 12 School Partner Ratings of Program Impact for Participating Students

Prompts	**Responses**						**Summary**
Services provided through this project have:	Strongly Disagree	Disagree	No Change	Agree	Strongly Agree	Total	*Agree & Strongly Agree*
Increased students' ability to self-regulate	1 (0.7%)	1 (0.7%)	3 (2%)	56 (40%)	78 (56%)	139 (100%)	134 (**96%**)
Increased students' social skills/ability to interact with peers	1 (0.7%)	1 (0.7%)	8 (6%)	49 (35%)	80 (58%)	139 (100%)	129 (**93%**)
Positively impacted students' attendance	1 (0.7%)	1 (0.7%)	18 (13%)	52 (39%)	63 (47%)	135 (100%)	115 (**85%**)
Improved students' academic success	1 (0.8%)	1 (0.8%)	14 (10%)	61 (46%)	57 (43%)	134 (100%)	118 (**88%**)
Positively influenced classroom climate	1 (0.8%)	1 (0.8%)	9 (7%)	52 (39%)	69 (52%)	132 (100%)	121 (**92%**)
Positively influenced the school climate	1 (0.7%)	1 (0.7%)	6 (4%)	46 (33%)	83 (61%)	137 (100%)	129 (**94%**)

Table 13 School Partner Ratings of Program Helpfulness

Overall, how helpful do you feel the project's services have been for participating students?			
Answer	**Count**	**%**	***Category Totals***
Harmful or negative	0	0%	***Not Helpful: 1 (.7%)***
Made no difference	1	0.7%	
Somewhat helpful	25	18.0%	***Helpful: 138 (99.3%)***
Very helpful	113	81.3%	
Total	**139**	**100%**	

Table 14 School Partner Ratings of Program Impact to School/District BH Response

Do you believe your district/school has experienced improvements in its ability to respond effectively to students' behavioral health needs because of this program?			
Answer	**Count**	**%**	***Category Totals***
No, not at all	2	1.4%	***No Improvement: 4 (3%)***
No, not much	2	1.4%	
Yes, somewhat	38	27.3%	***Improvement: 135 (97%)***
Yes, substantially	97	69.8%	
Total	**139**	**100%**	

Table 15 School Partner Ratings of Program Importance

How important is it to have a Student Assistance Professional available in your school?			
Answer	**Count**	**%**	***Category Totals***
Not at all important	0	0	***Not very important: 1 (1%)***
Not very important	0	0	
Somewhat important	1	0.7%	
Very important	40	28.6%	***Very important: 139 (99%)***
Of the highest importance	99	70.7%	
Total	**140**	**100%**	

Table 16 Qualitative themes and representative quotes from school partners '23-24

Program Strengths and Impacts		Count
SAPs effectively fill a gap in essential services	*"Our SAP is crucial to our school… We only have one administrator and our 2 counselors are stretched very thin with the needs of our students. Our SAP has provided much-needed services and supports for many of our students who need weekly support. [Our SAP] connects incredibly well with our students and is an excellent team player. [Their] role is vital to the work we do at our school."*	**59**
SAPs foster positive relationships with students	**"***Many of our students have not had a trusted adult that they could go to for expressing struggles and issues. We have students who regularly stop by to say hi to…our SAP due to the relationships [the SAP] has established."*	**34**
SAPs provide needed Tier 2 group and individual services	*"Our SAP is incredibly helpful with some of our students who need it the most. He supports them in a variety of ways from group counseling, family engagement, and working with them as individuals. He is well respected, and we see less recidivism with students who work with him."*	**28**
SAPs address barriers to improve school engagement	*"I have had several students that struggle with attendance, anxiety, depression and those students have reported to me that [the SAP] has significantly helped them. Students who struggle with attendance started coming back to school just to meet with [the SAP] and [the SAP] has helped them regain motivation to succeed in school."*	**26**
SAPs help students address a variety of social, emotional, and	*"The incredible work that has been done in these past 2 years has been substantial. I work very closely with the SAP to help provide support for students who are really struggling with home situations, social challenges, substance use and anxiety. Having the SAP as part of our*	**26**

behavioral (S-E-B) concerns	*support team has made a huge difference in getting students moving forward in a positive way. A student who was shy/resistant to mental health counseling off campus was able to meet with the SAP over a few sessions, and now is independently navigating to off campus therapy on a regular basis, which has helped him immensely. This is only one of many examples."*	
SAPs enhance school teams	*"[The SAP] is an incredible asset to our counseling team. [The SAP] provides preventative and responsive services that often do not occur with just the counseling staff. [The SAP] help provide services essential to the comprehensive school counseling program at [school]."*	**21**
SAPs promote BH awareness & education through prevention campaigns and presentations	*"...The Mental health and drug prevention awareness that our SAP is providing is helping change the climate and culture of our school to things like Vaping is not cool and Mental health coping skills are. Our SAP is clever and talented in [their] delivery to awareness."*	**16**
SAPs collaborate with families	*"Our experience with our SAP from last year was very positive and both students and families benefitted greatly. [The SAP] was able to connect families to services they needed and communicate effectively with staff and families."*	**10**
SAPs enhance school climate	*"I can think of so many ways [our SAP] has positively influenced the student's well-being and the culture of the school. First, [our SAP] has created a safe place for individual students to come and process their experiences and feelings.... [our SAP] also has organized school-wide events that focus on building connections and belonging and a place where it is safe to be open about mental health..."*	**8**
SAPs provide resources & skills to prevent substance use	*"Substance use is a big problem in our school and community. Our student's futures depend on students learning to manage their experiences with harmful substances of all types. Our SAP services have supported some of our most at-risk students."*	**6**
Program Challenges and Recommendations for Improvement		**Count**
Program expansion needs	*"The impact this position has been all positive and I wish more of our students in need could meet with our SAP. We have to prioritize our students based on need, but honestly there are so many more that need assistance beyond what one individual can do in our population."*	**37**
Consistent staffing	*"Consistency. The longer we have an SAP that is consistent in the school, the more we all learn how they can fit to best serve our students."*	**23**
Change to project scope/services	*"Expanding the role of the student assistance professional to direct services for Tier 3 students in crisis."*	**11**
Funding and financial support	*"Please continue to fully fund this program. Like many schools we are facing funding cuts and this service is invaluable to our students, faculty, and community."*	**10**
Operational improvements	*"I would like to see a more concrete plan on how/when the students will be selected and what the ongoing support looks like."*	**9**

Need more data	*"I would like to receive reports showing the number of students that have received the support and data that could help me answer the questions above."*	**9**
Supplemental SAP/staff training	*"Helping the person in the SAP position understand the ins and outs of a school system, what the supports should look like, and how to better incorporate themselves in the building culture."*	**6**
Caseload/referral management	*"…Really identifying a small case load of students compared to a large case load to fully engage with the students and their families to provide needed supports."*	**6**
Community and family engagement	*"A community engagement activity that would be facilitated by the student assistance professional. Ideas for this activity would be educational and/or informational for parents to experience and understand the SAP role as [the SAP] works with the students. These activities could be monthly or quarterly."*	**3**

Discussion

Findings

As reflected by the results reported above, with a network of 72 Student Assistance Professionals working across 9 ESDs and 63 LEAs, the BH-SAP contributes meaningfully to Washington's goal for building a statewide student behavioral health support system.

- Beginning with federal funds that were then supplanted 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 critcally important component of their local system of BH supports.

Limitations

The program effectiveness findings are encouraging, but certain limitations should be considered. First, many of these results are based on student self-report. Research has shown, however, that when confidentiality is assured and the purpose of the survey is clear most students take surveys seriously and are remarkably honest in reporting behavior that is socially undesirable or illegal (Deck, Einspruch, & Nickel, 2001; National Institute on Drug Abuse, 1992). The administration guidelines for the program evaluation survey were patterned after those developed for the Healthy Youth Survey to ensure valid responses.

A second limitation relates to human error and individual interpretation in documentation. The reporting of certain data items, such as universal prevention activities, requires the SAPs to translate their experience of events into a fixed set of options in the data reporting system. This need for translation can result in inconsistencies in how staff across the state code their activities and impact the precision of specific staff-documented data elements. As a part of continued efforts towards state-wide alignment of services and documentation, the project released and provided training on a new data documentation manual in the fall of 2023. Regular data reviews based on these clarified guidelines have also supported consistent documentation and cleaner data for future analysis.

A third limitation relates to the short timeframe for data collection (from program intake to program exit or the end of the school year). Outcome is currently tracked for full intervention students (those receiving at least 3 contacts with a student assistance professional). These data provide a limited picture of a school success outcome, but longer-term outcome data are not available.

A fourth limitation affecting interpretation of outcome findings is the lack of a comparison group. Programs for at-risk students are typically hard-pressed to find and survey a comparable sample of students who are identified as at risk but not offered services. Nevertheless, the lack of a comparison condition restricts the ability to unequivocally conclude that observed changes in outcomes were directly associated with the program. To address this limitation, the evaluation team is requesting previous Healthy Youth Survey (HYS) records (from 2010 to 2023) to compare relevant items and scales for students

attending schools/districts receiving BH-SAP services versus those at comparison schools/districts matched on community and student demographic characteristics.

Finally, a concern in any evaluation is understanding the impact of survey attrition. While Student Assistance Professionals attempt to administer post-tests with all full intervention students in 6 grade and above, regardless of whether they complete the program, students may transfer out of the school, refuse survey participation, or become unavailable for other reasons. As shown in Table 17, in the '23-24 school year, there were 1,916 total eligible students. 1,792 were pre-tested, 1,601 were post-tested, and 1,600 had were both pre- and post-tested. From that group, 1,566 students with both tests had completed at least 1 test item for both time points (meaning they did not submit a blank test). Of the 192 students missing a post-test, 122 have a reason recorded for why it was not administered. The top reasons were that the student moved/transferred schools (40%), the student was expelled/suspended (16%), the SAP was unable to locate the student (14%), or it was the end of the school year (13%).

Table 17 Pre-Post Evaluation Counts for Eligible Students '23-24

Eligible students	Pre-tested	Post-tested	Matched tests	Data Submitted for both Pre and Post-tests
1,916	1,792 (94%)	1,601 (84%)	1,600 (84%)	1,566 (82%)

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Appendix

AESD Statewide Behavioral Health COVID Response System Proposal

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.

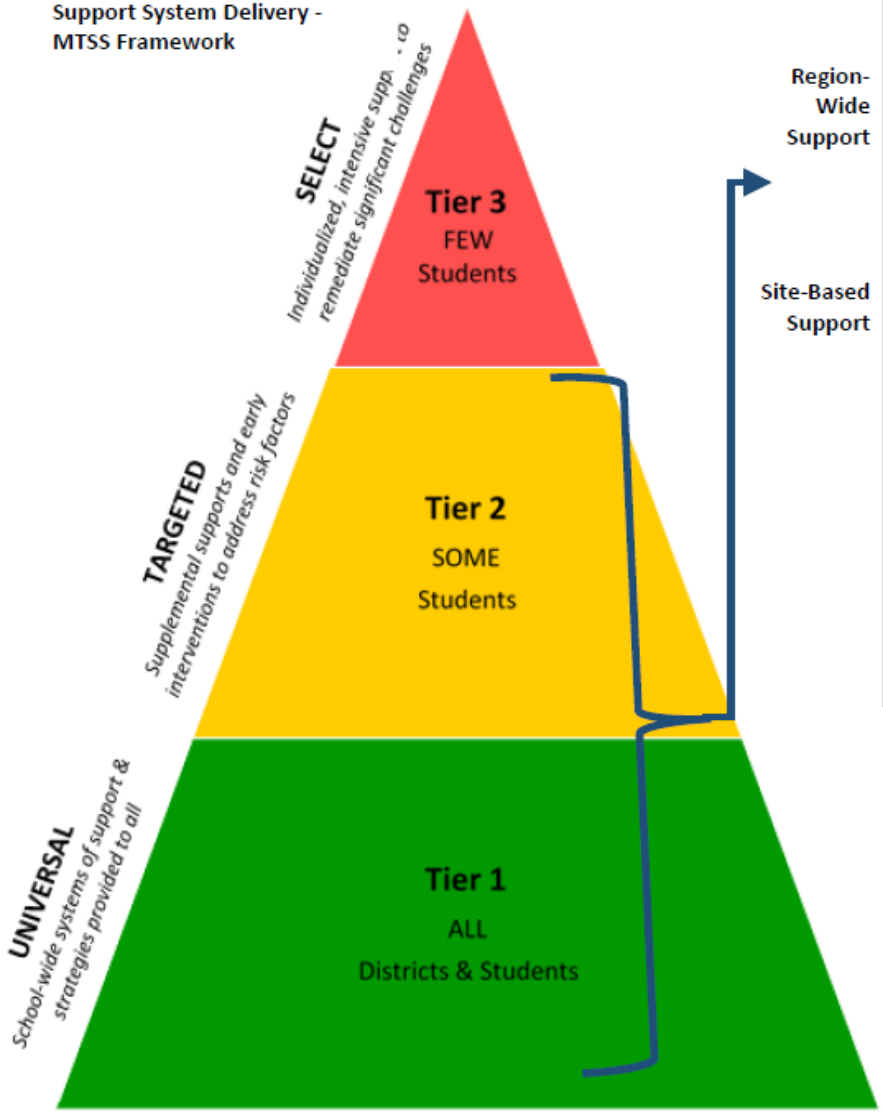
Positions:
- 1 statewide ESD Network behavioral health COVID response system lead</td></tr>
<tr><td colspan="2">TOTAL <u>SERVICES</u> REQUEST:
$7,580,000 per year ($15,160,000 total)</td></tr>
<tr><td colspan="2">3. Statewide capacity building & evaluation to support/provide technical assistance/coaching, 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 <u>STATEWIDE CAPACITY BUILDING & EVALUATION</u> 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.

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

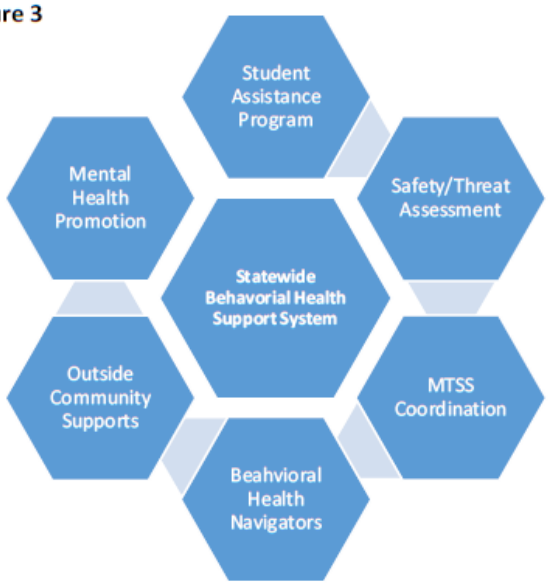
- Community wellness and prevention initiative (CPWI) coalition engagement
  - 5 ESDs serve as "host" organizations for approx. 17 coalitions
  - Regardless of "host" role, all 9 engage with the 80 CPWI coalitions statewide.

- 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



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

	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

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