

February 2, 2024

Dear Chair Robinson and Honorable Members of the Ways and Means Committee:

Young people across Washington are experiencing a significant increase in behavior and mental health challenges. In 2021, two in ten young people considered suicide; one in ten attempted it; and 6 in ten felt so anxious they could not stop or control worrying over multiple weeks (*Healthy Youth Survey, 2021*).

As such, the undersigned organizations would like to **respectfully request your support and funding for [Senate Bill 6216](#)** to establish a statewide network for student mental and behavioral health that includes maintaining a strong regional school-based mental and behavioral health program.

We know that there is no single solution to the mental health crisis facing our state's youth. Yet, this bill takes important steps related to recommendations from the [Washington State Auditor \(2021\)](#) and the [School-based Behavioral Health & Suicide Prevention \(SBBHSP\) Subcommittee of the Children and Youth Behavioral Health Work Group \(CYBHWG\)](#) regarding the K-12 student behavioral health system supports. Specifically, the statewide infrastructure to support a less fragmented and more aligned state-level system is crucial to assure alignment and continuity of statewide services within the K-12 system. And the school-based behavioral health prevention and intervention services delivered through the Association of Educational Service Districts (AESD) behavioral health student assistance program should be maintained as it is having direct positive impacts and saving lives.

Section 3 of SB 6216 establishes a solid model to maintain the AESD regional behavioral health student assistance program that deploys behavioral health prevention and early intervention in small, rural and areas with low access to behavioral health services across our state. Continued funding for this work will, at the least, allow for continued services in 58 school sites and over 1,000 students.

Since 2021, the AESD has partnered with the University of Washington's SMART Center to [compile comprehensive data](#) on the impacts of the program on the students and schools served; and to support continuous improvement of the services. As an example, 45% of our participants reported an improvement in their mental and emotional wellness (lower anxiety and depression) and 65% reported improved self-regulation and decreased behavior problems at school.

The AESD model addresses SBBHSP priorities including services such as direct student screening in both mental health and substance abuse; addressing substance overdose prevention/intervention through direct student services, student and staff education events and parent/community education and outreach events using evidence-based training materials; and supporting behavioral health career pathways through hiring new non-licensed staff who receive training, supervision and internship opportunities to explore career pathways in behavioral health.

The [2022 White House Strategy to Address the Mental Health Crisis](#) and the [2022 National Drug Control Strategy](#) specifically call out prevention and early intervention as key approaches to addressing behavioral health needs. Research tells us that comprehensive prevention programs and quality early interventions for youth can have positive and long term sustained impacts.

Your support of SB 6216 will bring alignment to this work across the state and regions.

Thank you for your consideration.

