Dear Chair Wellman and members of the Committee,

I am writing you as the co-chair of the Washington State Association of School Psychologists (WSASP) Government and Public Relations (GPR) Committee. Our association represents over 600 school psychologists in the state of Washington, nearly all of whom are working full time in our public schools. Our committee is made up of school psychologists from across the state. As such, we are not able to be present in person to give testimony at your hearing today. In this hearing you are taking public testimony on several bills of interest to our association pertaining to school safety and mental health.

Based on the total number of students in Washington, and the total number of school psychologists working in Washington reported by OSPI, school psychologists in the state of Washington have on average a caseload of 1 full time equivalent to every 1,120 students. The National Association of School Psychology (NASP) recommends a ratio of 1 to every 500-700 students, depending on local needs. In 2015, over 75% of polled school psychologists in Washington reported that they have more than that recommended ratio of school psychologists to students. We would need to nearly double our work force to meet this recommended ratio.

Additionally, most school psychologist positions are paid almost completely from special education categorical funds. This limits our scope of practice to only students who have or are suspected to have a disability. The prototypical school funding model would fund only 4 minutes per week for a school psychologist to serve an entire prototypical middle school. Though higher, elementary and high school are not much better, with 40 minutes and 15 minutes per week respectively. These significantly small ratios within the prototypical school funding model indicate that our positions should be funded through categorical special education dollars almost entirely.

The problem with this model is that in my practice, I am then only able to interact meaningfully with students who have or are suspected of having a disability. School Psychologists are trained in a model of Comprehensive Psychological Services across 10 domains including, but not limited to, data-based decision making; consultation and collaboration; student level or direct services; systems level services, including prevention services and school wide practices; diversity in learning and development; research and program evaluation; and legal, ethical, and professional practices. Being limited by exclusively special education funding can interfere with our ability to practice within the full scope of our training, particularly those areas focused on prevention and system level services outside of the purview of special education.

Our training prepares us to be direct providers of intervention for social and emotional health and behavior, as well as to identify students with disabilities. It prepares us to evaluate and improve school wide systems, as well as to consult with educators about how to best teach students with disabilities. It prepares us for data-based decision making and prevention practices, as well as the legal and ethical requirements when working with students who have disabilities. Our training prepares us for so much great and necessary work. However, with categorical funding and vastly oversized caseloads, we are often only able to do the work of special education eligibility and compliance.

An estimated 220,000 students in our state meet the criteria for a mental health disorder and only about 1/3 of them are receiving treatment. Most of the treatment being received is in schools. We know that schools are often the only place where we can be assured that services are provided. We also know that no amount of community based mental health workers are going to be able to address all 220,000 of those students. We also know, as do citizens all over the country, that social emotional learning and mental health is not JUST important to our students being career and college ready, though that is a very important consideration. Social and emotional learning and mental health is a safety issue. School shootings have touched our state with tragic consequences. Suicide rates have tripled in recent years, with suicide as one of the leading causes of death for both adolescents and young adults nationally. Our rate of death by suicide as of June 2018 was 14.8 of every 100,000 individuals compared to a national average of 13.4.

As school psychologists with the comprehensive training described above, we know this is a system problem. Our system in public education has to change to truly address the needs of those 220,000 students. We need preventive services, as well as intervention services. We need school based mental health services, as well as community based mental health services. We even know, based on research that our training has prepared us to be able to complete and interpret, that there is a solution to this system problem.

There are evidence-based models for school based mental health systems. OSPI has completed extensive work on one such model, Integrated Student Services. This is a model of services that functions within a multi-tiered system of support providing tier 1, 2, and 3 services available to all students, with school psychologists, school social workers, school counselors, and school nurses working together to provide school-based services. OSPI has even developed a model for Integrated Student Services in Washington. Now we just need the staff to support this work and get our students the support and services that they need.

**SB 5315** begins to address the need for more Education Staff Associates who have specialization in social emotional learning and mental health. By increasing the allocation of basic education dollars for school psychologists, school social workers, school counselors, and school nurses, the legislature will be not only acknowledging a problem that we can all plainly see, but you will be providing the resources needed to begin to address this complex problem.

This bill as it is written now provides a small increase in the allocation for school psychologists, still not resulting in even 1 day per week in the largest allocation at the elementary level. While yes, every bit helps, this is still insufficient to address the very real problem we see in our schools today. We ask the committee to consider the magnitude of this problem and provide an appropriate solution. We recommend at least an increase of 1.0 full time equivalent per building to be filled by one of those professionals who are trained not only to work in schools, but with specific specialist training in social and emotional learning and mental health. Those are school psychologists, school social workers, school counselors, and school nurses. Allowing for 1.0 FTE increase for one of these professionals allows for local decision makers to determine which of these four are best able to address their local needs in this important area.

Our four professional associations, the Washington State Association of School Psychologists, Washington Association of School Social Workers, School Counselors Association, and School Nurse Organization of Washington have come together as the ESA Behavioral Health Coalition and have worked together to clarify our roles, as well as to provide examples of services we can all provide in a tiered model of service for social emotional behavior and wellness. There is no turf war between us. There are plenty of student needs to go around. However, we do each bring different things to the table. With an allocation for a 1.0 increase in every building for one of our professions, then local decision makers can determine their specific needs of that area and fill it accordingly. Though we appreciate the gesture of increased allocation in this bill as it is currently written, it is going to take more to see the needle move on this important issue. Roughly 220,000 students are waiting today, as well as generations yet to come.

We are in support of **SB 5317**. This bill addresses school safety directly. NASP is the creator and publisher of PREPaRE, a model for crisis prevention, intervention and recovery in schools. This work at the ESD level presents another opportunity for school psychologists to practice the comprehensive model of psychological services described above either within the ESD school safety center or in districts taking those resources from the ESD. First responders specialize in crisis response, and that is critical work. However, after the initial crisis, student well-being may continue to be a concern. This bill ensures that student well-being is a priority and that districts have access to high quality information on safety response and management including the crisis recovery step where student well-being is the primary directive.

I have the honor to serve with the Flight Team in the Franklin Pierce School District in a position of leadership under a triad of paid Flight Team Lead positions. We have a comprehensive crisis response system in place which is unfortunately utilized often throughout a school year. We have accessed the ESD in seeking training and networking with our colleagues, as well as having provided some training to our other school districts. Our mission is to get schools back to the business of learning after a crisis event. It is complex work which requires resources including time and personnel to do well.

We urge your support for this bill continuing to focus the work of school safety on student well-being.

**SB 5216** is another bill addressing school safety, this one in a much more direct way. Threat assessments are recommended when students are presenting a threat of harm to themselves or others. What we have found, though, is that in practice different districts, buildings, and even staff members have differing ideas of what a threat assessment is and when it is needed. We appreciate section 1 of this bill which has the specific inclusion of the consideration of a student’s possible disabilities. As a school psychologist I understand that behavior is often a symptom of a disability, whether identified or not.

The rules of Childfind under IDEA indicate that schools are obligated to actively seek out identification of students with disabilities in order to determine if that disability or suspected disability meets criteria for special education under a three prong test: 1- they meet the criteria for one or more of categories described under IDEA, 2- this disability has an adverse impact on their education, and 3- they require specially designed instruction in order to make meaningful progress.

Knowing that behavior that might lead to a threat assessment is also often linked to a disability, identified or not, I encourage the committee to consider adding a provision requiring a school psychologist or other school staff member who is familiar with both special education law and disabilities to be represented on threat assessment teams. At minimum the school psychologist should be included in all threat assessment teams for students already identified as having a disability, however, the Childfind obligation leads me to the conservative position that all threat assessments should have a team member that is there for the specific purpose to consider if a student might have a disability.

As a school psychologist, I consider the cornerstone of my practice to be as an advocate for students. As a member of the threat assessment team, a school psychologist would be able to serve in that role to advocate for that student to ensure that consideration is given to the possibility that they might show a need for special education services.

We encourage your support of this bill and ask that you consider this addition to ensure all of our students have an advocate as well as someone on the team who is able to address the consideration of a disability or suspected disability.

**SB 5052** and **SB 5141** aim to address similar problems in school safety, those around the use of school resource officers. The use of school resource officers around the state is inconsistent, and we see the need for aligning how they are trained as well as how they are then used in schools. These two bills address these concerns. We urge your support on these measures.

We are happy to provide you with further information or detail on anything referenced in this testimony and look forward to working with the committee on the important issue of school safety and mental health. We have attached an abbreviated copy of the NASP Professional Practices model for your reference. Thank you for your time and consideration.

Sincerely,

*Carrie Suchy, Nationally Certified School Psychologist*

*School Psychologist - Franklin Pierce Schools*

*Washington State Association of School Psychologists - Government and Public Relations (GPR) Committee Co-Chair*

*National Association of School Psychologists - GPR State Liaison*