Dear Chair Rolfes and members of the Committee,

 I am here representing the Washington State Association of School Psychologists (WSASP). Our association represents over 600 school psychologists in the state of Washington, nearly all of whom are working full time in our public schools. I intend to give testimony specific to my school at the hearing and wanted to provide this background information as well as that testimony to the committee.

 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 the recommended ratio needed to provide comprehensive psychological services.

As of right now, most school psychologist positions are paid 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 as of now funds 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 funding and 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, in primary and secondary schools, 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.

 Now, to demonstrate what all of that looks like in practice, when I go to work, I have the privilege to work in the best district in Washington, in my opinion. We put kids first and we make decisions based on what kids need. We go a step further by using data to make those decisions. We have a lot of support available for students compared to many other districts. All of my elementary schools have a full-time school counselor, a half-time school psychologist, a dean of students and at least 1 para educator who is there to support behavior. There are a lot of districts that do not have school counselors at the elementary level at all. With all of this support, which my district provides because they identified the significant needs, many student needs go unmet.

Statewide, we know about 1 in 5 students have a mental health condition, and we know most of them are not getting any treatment or intervention. In Franklin Pierce we have higher poverty levels, higher English Language Learner levels, and higher student mobility levels than the state average, so we would expect to have a higher need than 1 in 5 for mental health as well.

My elementary school has 476 students. Of those, we have used data to identify 85 students that are highly in need of intervention for social and emotional skills. That is about 18% of my school. That number is lower than it might be because of a lot of good work we do, including universal social emotional skill instruction. Of those students identified, 46 are in intervention. That is 54%, while the other 46% are not getting any intervention to address the need we have identified. In addition to those students, another 76 are showing need for intervention at a lower level. That is another 16% of my school with needs. 41 of them, are not getting any kind of structured intervention. If you take both of those groups of kids together, that is 34% of my student body in need of intervention, with 17%, are not getting it. That is 80 children.

With the additional funding that this bill would provide for positions like mine, we could begin to meet more of these needs. As a school psychologist, this funding is of particular importance. At this time most school psychologists are funded entirely from categorical special education dollars which means that we can only work with kids suspected of having a disability or identified for special education already. Of those 476 students, I am only permitted to work with about 35 of them as of right now. Because of my caseload, in reality, I am only able to provide social emotional intervention directly to 4 of them. This funding would provide basic education dollars for school psychologist positions which would begin to allow us to work with all students.

 We ask that you please vote yes on this bill and take the first step toward meeting this critical need. Thank you for your time and consideration.

Sincerely,

Carrie Suchy, NCSP
School Psychologist, Franklin Pierce Schools