



## School Services Report September 2018—June 2019

### Current Status

All seven school districts in Whatcom County provided behavioral health services during the 2018/2019 school year using local Behavioral Health Funds. These contracts made it possible to deliver needed services into all areas of the county, especially in areas where no services previously existed. In fact, **769** individuals (**65%** of the total served) were reached outside of Bellingham, helping to improve access to services throughout the county.

### Compassionate Communities

Services delivered through these contracts support the resolution passed by the Whatcom County Health Board in October, 2013 to “ensure that ‘compassionate approaches’ are built into all public health related services and contracts including human services programs.” Furthermore, “Building community connectedness and resilience” and “Enhancing child and family well being” are identified as strategic directions in the emerging Whatcom County Community Health Improvement Plan.”

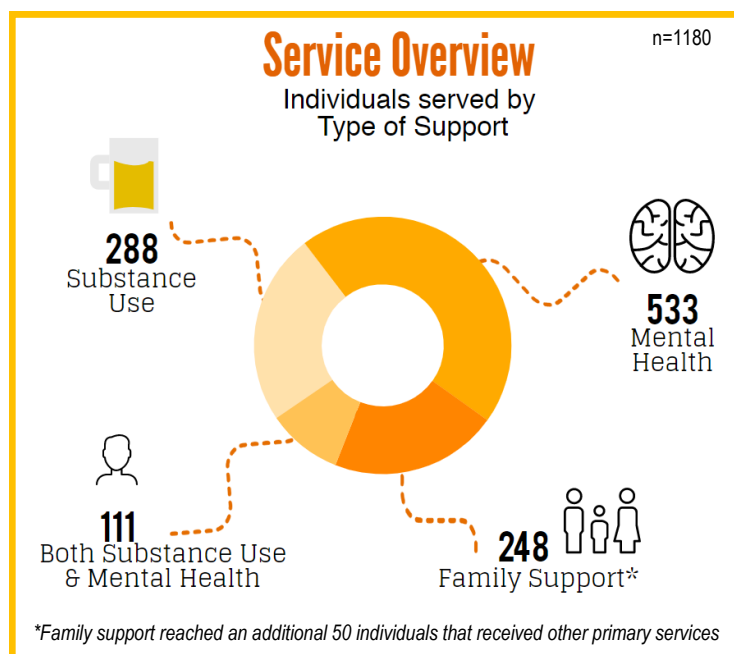
### Results

Services delivered through the Behavioral Health Fund are designed to impact substance abuse and mental health. Reducing risk in these areas also impacts other ‘life-indicators,’ such as improving school performance and social functioning.

Figures in this report reflect services that are provided to individuals, small groups, families, or the larger community.

### Service Reach & Intensity

- **12,453 Community members** reached through community events and training
- **1,137 Youth** reached through individual or group services
- **234 Parents** were recipients in services
- **9,112** total professional contacts were provided to youth during the year
- An average of **8** contacts were made for each youth during the year



### The Impact of Care Teams From a School Provider

Care Teams this school year made great strides with students. Some of these students had some major mental health issues and our team members were creative to help keep the students coming to school. The connections mentors made with these students is invaluable.

One student had the same care team mentor for 3 years and will be moving onto high school. Student started 6<sup>th</sup> grade at 11 years old coming to school drunk numerous times. Student’s parents had alcohol and drug issues, court problems and CPS involvement. Student’s younger siblings were placed in foster care. Student was often truant and was referred to the courts. Administration, care team mentor and intervention specialist worked with different agencies to help the family and improve the attendance of the student and addressed the student’s substance issues. This was a very long process.

Parents eventually got the younger siblings back, student’s school attendance improved in 7<sup>th</sup> grade. Academics continued to be an issue as student missed the majority of her 6<sup>th</sup> grade due to alcohol problems and family issues. Student had many bumps in the 7<sup>th</sup> grade but attendance improved as did student’s confidence. In 8<sup>th</sup> grade student stated, “I just want to be a normal student” and for the most part this is what the student accomplished with the dedication of her care team mentor and mentor’s creativity, teachers, counselor and administration’s willingness to see the bigger picture.



## Success At School

Interventions can take time to produce positive behavior change, but many youth have already experienced benefits at school. School records and staff reports show progress made among students that received services during the school year (*this excludes students receiving one-time, or infrequent, interventions*).

### WHY DO THESE SERVICES MATTER?

*In a class of 30 students in grade 10 in Whatcom County:*

- 20** are dealing with anxiety
- 12** are dealing with depression
- 7** have contemplated suicide
- 5** have made a suicide plan
- 2** have attempted suicide

*Source: Healthy Youth Survey 2018*

### IMPROVEMENTS

*Many students showed positive improvements in grades, attendance, and discipline.*

Improved Academics

**222 youth**



Improved Discipline

**178 youth**

Improved Attendance

**139 youth**



### SUCCESS IN MAINTAINING

*Success is also preventing problems from further escalating. The majority of students tracked by schools showed positive results in multiple areas. n=624*



### NEED FOR BEHAVIORAL HEALTH TREATMENT

Schools deliver services based on the Prevention, Intervention, Treatment, and Aftercare (PITA) continuum of care. Some youth are involved in preventive efforts, some may only need time-limited interventions, but others may need more intensive services, such as substance use disorder or mental health treatment services. During this past year:

- A total of **608** individuals were referred for treatment-related services
- **442** individuals served through these funds were connected to treatment
- About **73%** referred were connected to treatment (level of treatment unknown due to confidentiality)

### “Bright Spots From the Field: A Brief Look at the Benefits”

A student with complex mental health and medical needs received on-campus counseling services during the school day, resulting in increased ability to stay in class, meaningful consultation between the Sea Mar counselor and school staff, and facilitated connection to higher level psychiatric and medical services. As a Spanish speaker, the student's parent benefitted from the bilingual skills of a Family Community Services staff person. *Lynden Schools*

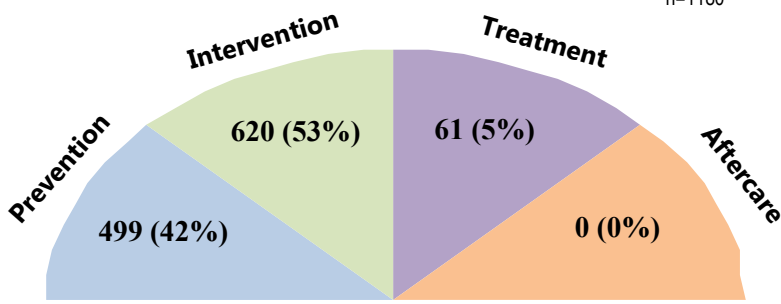
*(note-Sea Mar services are coordinated, but not provided, through this funding).*

Through the S.O.C.K. (Serving Our Community with Kindness) Club, at risk students who would not normally participate in extra-curricular activities are enjoying helping others less fortunate than themselves. The students are bonding with each other, finding a place to belong and bonding within the school environment. *Lynden Schools*



## Students Served by Primary Area of Service

n=1180



### New Families Accessing Further Outside Wrap-Around and Mental Health Services



This year, I have helped connect more families to extended therapeutic services and supports outside of school. In this work there are times when school-based, child-focused therapy is part of a larger web of supports. In my position, I've been able to advocate and support families as they reached out for family counseling, wrap-around services, occupational therapy, and psychiatric medication management for the first time. I see my role as contributing to a lessening of stigma around mental health care by fostering trusting relationships between families and schools. *Nooksack Schools*

### Marijuana: Understanding the Harms

This year there have been several students who have chosen to cut back or quit using marijuana. For the first time in my career I had students telling me from our initial meetings that they knew marijuana was not good for them, their health, and academics. Some even sought me out for support/help in quitting. I think that using marijuana has become normalized for many in our culture, and that's part of why I believe there has been an increase in substance use/abuse. It has been amazing to see these kids coming to these conclusions on their own; recognizing the effects/impacts in their life and relationships, and identifying so many benefits as they experience more and more clean time. *Bellingham Schools*

### REFERRALS TO TREATMENT

448 Mental Health

106 Substance Use Disorder

54 Both (MH & SUD)

### CONNECTED TO TREATMENT

342 Mental Health

71 Substance Use Disorder

29 Both (MH & SUD)

TREATMENT  
WORKS!

## Youth Engagement in Prevention & Education

Students from the Squalicum Health Alliance (SHA) at Squalicum High School wanted to educate fellow peers on the harms of marijuana, and the harms of vaping. The rates of youth reporting vaping and using marijuana have increased over the past couple of years, and messaging created by the SHA helped to shed light on dangers related to these substances. Many individuals overestimate the number of youth that use substances, so their activism has also promoted non-use norms.

The SHA has developed and delivered messaging on key issues facing youth for the past several years. They have also addressed important issues such as texting and driving, and other distracted driving issues. Keep up the great work!



### Support & Partnerships

It has been a very rich, rewarding start to the school year. Throughout the system, school staff continue to demonstrate high levels of support for mental health services for students on campus. This support has gained momentum across our system and is being manifested in some really wonderful ways this year. Our district's participation in Safe Futures, Blaine-Birch Bay Thrives and countless training/ collaborative efforts between community agencies and our school district have greatly contributed to the overall health of our school district and community. *Blaine Schools*





## Impacting Systems

Arrangements were made to facilitate summer counseling services in Lynden for our students receiving campus-based counseling services. The counselors from Sea Mar and Catholic Community Services provided student sessions throughout the summer of 2019 in a school district building. This resulted in no break in services, and for needed supports to be in place at the beginning of the school year for students with high needs. *Lynden Schools*



The Mental Health Support Specialists are integrated well into the school community, thus services are generally fluid and the system is well known by staff. We feel the direct impact of our MHSSs is tangible and immediate, as parental consent is the only paperwork process that is required to connect students to counseling services. *Mt. Baker Schools*

New professional development and mentoring for teachers and staff around Adverse Childhood Experiences and the Building Blocks for Learning at Nooksack Elementary School is showing a decrease in office referrals and an increase in readiness for learning. We are working in this building to develop more proactive interventions to support students increasing skills in attachment, self-regulation, and stress management. *Nooksack Schools*

I provide resource coordination to children and families in the district. I view and honor the child in the context of their families, school and community and advocate for children and families in all areas. Contact with families takes place in their homes, schools, and agencies as we partner and work through issues and most fitting responses and services. I build and maintain relationships with agencies to stay informed of services and to have ready access for families. We often find that it is not enough in this rural school district to inform families of potential resources and that providing the necessary linkages to those services can make the difference in moving forward. Overcoming barriers of isolation, transportation, poverty, language and culture are key in families seeking basic needs, medical care, mental health and social services. *Nooksack Schools*

## Impact on Our Youth: Short Accounts



4<sup>th</sup> grade girl who previously was spending about 80%-90% of her day in fight, flight, or freeze, resulting in a reduced school day, has now returned to full participation in the school day in the specialized resource room, better able to move on from strong emotions and find successes in her day.

Two young boys who have been served in our school system since the fall. These boys were removed from the care of their biological parent and demonstrated high levels of reactive attachment symptoms and dysregulated behaviors that put them and others at risk. In collaboration with the foster parents, WISE, skilled educators and paraeducators, we created a program that allowed both boys to experience academic gains, increased attachment security, more self-regulated behavior, and build skills to grow emotional awareness. The best part of my year was seeing them perform with their class peers in the spring music concert! Raffi's 'Down by the Bay' has never sounded so good!

5<sup>th</sup> grade boy who has struggled throughout childhood with obsessive compulsive symptoms, depression, and anxiety has found language to understand his diagnoses and skills to cope with his symptoms. We have also been able to support the family in seeking outside resources for medication management and future therapy. Parents have reported feeling more help than ever experienced in school prior.

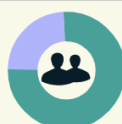
2<sup>nd</sup> grade boy who came to school in kindergarten unable to participate in school without a full-time one-on-one para, is now able to sustain focused school work, is able to sustain back and forth conversation, growing eye contact, and has shown signs of growing trust in his circle of trusting adults and home and at school.

5<sup>th</sup> Grade boy who previously would spend much of his day in shut down, and unable to access peer/adult relationships or academic work. We provided wrap-around care with his teachers, school counselor, intervention specialist, and Family Resources coordinator. As a result, this student was able to make academic gains comparable to his same age peers. This student is also actively engaging in self-advocacy, building greater leadership skills, and seeking mentors. His overall self-esteem has increased. We see more smiles, more laughter, more schoolwork, and more family connection.

## Social Supports

Individuals were connected to other essential social supports (housing, tutoring, basic needs, etc.), in addition to mental health and substance abuse.

**659** individuals were referred to additional school or community support services during the year  
**530** individuals were connected with additional supports  
**933** total referrals were made for other school or community support services  
**710** referrals resulted in a connection to other school or community support services



**76%**

Of referrals resulted in connection to other social supports



Whatcom County  
**HEALTH**  
Department

