

## School Services Report September 2019—June 2020

### **Current Status**

All seven school districts in Whatcom County provided behavioral health services during the 2019/2020 school year using local Behavioral Health Funds. These contracts made it possible to deliver needed services in all areas of the county, especially in areas where no services previously existed. In fact, 78% of individuals served (986 out of 1,260) 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."

### 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 were provided to individuals, small groups, families, and the larger community. These services demonstrate:

- Cost Savings to the community
- Improved behavioral health outcomes
- Leveraged resources

Cost-benefit estimates show that effective school-based programs can save \$18 for every \$1 spent on these programs. See page 6 for more information on prevention science that drives these services.



# Service Reach & Intensity

- **7,906 Community members** reached through community events and training
- 1,260 Individuals reached through individual or group services
- 1,246 Youth reached through individual or group services
- 424 Parents were recipients in services
- **8,989** total professional contacts were provided to youth during the year
- An average of **7** contacts were made for each youth during the year

### COVID-19: Services & Needs



Schools had to close their physical doors in March, but behavioral health services continued throughout the county. School and communitybased providers have worked hard to identify new platforms for delivering services to students and

families (phone conferences, Zoom meetings, Doxy.me, etc.), as well as develop policies, procedures, and standards for delivering services in a new way. Creativity and innovation throughout the districts have helped maintain critical supports. Large trainings, groups services, and community events have largely been put on hold, but services to individuals and families persisted.

The pandemic has created elevated stress and anxiety in many households, and the increased isolation and lack of social/emotional opportunities have compounded behavioral health concerns. The Substance Abuse & Mental Health Services Administration has created a behavioral health forecast which identifies phases when the community can anticipate spikes in anxiety, depression, suicide, and other poor behavioral health outcomes. As time goes on, these supports will continue to be more essential than ever.



methods for tracking grades , attendance, etc.

## Frequency of Services

Services are tailored to meet individual needs. While some youth may require just one or a few contacts to meet their needs, some may require more intensive services. One in five youth served had more than ten contacts with school or community professionals.

Provider Contacts	Individuals Served	% of served
1-10	968	77%
11-19	192	15%
20+	100	8%

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2

# Maintaining Connections

From a school district perspective, navigating the school closure placed a lot of stress on staff in

attempting to provide services to students, whether those services were synchronous (i.e., direct teletherapy) or asynchronous (i.e., phone consultation, digital uploads of classroom content). With upwards of 40% of students not engaging, the challenge was high. The fact that my Mental Health Support Specialist (MHSS) staff were able to provide consistent mental health support to students during the school closure is a great celebration. While they could not connect directly with all students on their caseloads, our MHSS's did a wonderful job in servicing students via teletherapy or on the phone. These last three months will allow us to be better prepared to support students next fall.

### Individuals Served by Primary Area of Service



#### **Student Success**

I have had the privilege of working with several seniors, and a few of them last year were in jeopardy of not graduating. One in particular worked through major depression, and multiple suicide attempts. She engaged in counseling and in our work together I was able to connect her to medical help and psychiatric treatment. I was able to successfully assist her in making healthy changes which not only saved her life but also instilled in her hope for her future. She began to see that she was not stuck in her current environment and that she could make choices to empower herself and improve her wellbeing. This student had the courage to enroll in Running Start and finish her education at the community college. She began to realize that her dream of becoming a teacher could in fact become a reality. Not only could she be the first one in her family to graduate from high school, but she could also attend a four-year university!

This student <u>did</u> graduate and she did get accepted to a four-year college where she is doing well! She continues to work on self-care and taking care of her mental health needs. She worked so hard and her efforts are paying off. I do believe that this is one of those times that had she not received counseling she may not be here today. I am honored and privileged to work with students in such a meaningful way.

### **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, 385 individuals were referred to treatment.





There is no way I could properly thank you for everything you have done for me personally, the Sehome community and for PCO (Peer Centered Outreach). Meghan you have changed my life. I hope you go on to inspire more kids to change their lives for the better.

-Sehome Student



I remember when PCO was first introduced at Sehome and not that many people knew about it. Then, all of a sudden, super cool things started happening like the Consent Event and the amazing assembly we had. I also remember people started talking about you and how amazing and supportive you were, that next level addition we needed to the staff.

-Sehome Student

Natural high club was always something I looked forward to every week. I enjoy everything about it when we make posters for kindness week or play games outside. I really had fun setting up and running the kindness and prevention carnivals. I learned a lot about vape and the damage it does to your lungs. My favorite part was when I went to the Prevention Summit in Yakima, I learned so much about what drugs can do and how to help decline use. All the fun inside activities were fun, also. –7th grade Ferndale Student

A few things I liked about being in Natural High club are how much we got to decorate the school for red ribbon week, going to Yakima, and planning stuff for school. In Yakima we got to have fun, but also learn about drug abuse and other things like that. We had dances, crafts, and/or a movie. I learned a lot at the Yakima Summit. Also, in NH, we got to plan what the school did for spirit week, which was really fun. We got to make posters, make decorations, and then put them up over the school, and while making the posters we learned about drug usage and how bad it can end up being. I really liked being in Natural High, and I'm sad it had to end sooner than it would've.

-Ferndale Student

# Jennifer's Progress

A student I meet with every week was skipping class often and she was in trouble a lot. She has now quit her drug and alcohol use and is enjoying time with her family and really understanding the consequences of her actions. She is



making a conscious choice to abstain from drug and alcohol use and go forward with her life in a positive way. She is realizing the importance of good grades and making better choices for herself. I have been meeting with her regularly through doxy.me. In general, it has been harder for students to "hang out" together and drug and alcohol use has been less. Some students are enjoying time with family and some family relationships are being restored. *-Blaine Schools* 

### **Family Engagement**

Schools have been actively working to engage families in supporting students. Over 900 families have been involved in supporting youth through school and community-based services.

Community	36
School	277
Both (school & community)	620

# Social Supports

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

787 individuals were referred to additional school or community support services during the year
615 individuals were connected with additional supports
1933 total referrals were made for other school or community support services
1516 referrals resulted in a connection to other school or community support services
78% Of referrals resulted in connection to other social supports

### Interested in more STORIES???

Each school district has provided success stories and this report contains just a handful. We have stories from **Parents, CARE Teams, Teachers, Students, and Staff.** We are happy to share more of the great impacts being created throughout the county! If you would like to read more just let us know.



### Impact on Our Youth: Nooksack Updates



5th Grader Success: One of my favorite success stories so far this year involves a precocious, kind, and determined 5th grader who first came to me in 3rd grade for treatment of ADHD, Anxiety, and the experience of adjusting to a recent move and family changes. Through consistent attachment-based therapy that has empowered this individual with both knowledge and coping skills related to her diagnoses, she has entered a season of growth socially and academically. Through coordination with her caregivers and teachers, we are seeing her close gaps by leaps and bounds. She is coming to school with a smile on her face, making friends, and contributing in meaningful ways in our school community! During the COVID-19 season of remote learning she even initiated an online art club. Throughout the year she has regularly created therapy tools for me to use with other kids, "because you have to make things fun to get kids to talk about their feelings."

4th Grader Success: This year I had the privilege of witnessing a student who I have worked with since 1st grade receive an award for leadership. This student has fought hard to heal and grow from his experiences of depression, anxiety, and trauma. He entered school with a kind, sensitive heart and lagging skills related to self-regulation and stress management. Together with teachers, parents, and community supports this student has developed healthy coping skills that have enabled him to feel increased belonging, competence, and independence at school. He is loved by his peers and adds humor, creativity, and curiosity to his classroom community. We have also seen the family's overall relationship with the school move from a place of pain into a position of collaboration and trust.

4th Grader Success: One student who has struggled with anxiety for the past few years self-advocated and asked her parents to set her up with counseling. It has been incredible to see her selfesteem grow as she practices and uses skills related to mindfulness to reduce her stress. She is now teaching her skills to her family and her family is now regularly checking in about worries and stress with more openness.

3rd Grader Success: This year one of my students expressed how hard it was to make friends and feel like he fit in at school, so we made arrangements to invite a classmate to join us for a weekly board game club to practice taking turns, asking curious and kind questions, and having fun together. By March, this student's beliefs about his status and his sense of belonging with his peers had begun to take some important positive shifts. During the COVID closures, mom has reported that he has continued to stay in regular contact with his friends.

#### Feeling the COVID Impact in Blaine

The school closure due to COVID left some families feeling isolated, with a lack of routine and resources. Some homes are unstructured and students don't get the support they need. Many kids relied on the extra emotional and social support they received at school. Some have very stressful even abusive home situations. Some parents are overworked and tired from working, then when they get home from work, they may also need to help teach their children. In addition, some older students need to babysit younger siblings while their parent, or parents work outside of the home. This is an extra burden on the oldest sibling and as a result, they fall behind in their studies.

### Forecasted Behavioral Health Symptoms from COVID-19 Over Time



NOTE: Where people start on this chart is strongly predicted by their baseline level of functioning BEFORE the outbreak / pandemic, and the degree to which they have SOCIAL SUPPORT and use ACTIVE COPING SKILLS. If the situation comes to a resolvable level after 12 months, the VAST majority of people will return to their baseline level of

functioning. If the situation cascades, then the emotional and behavioral responses become compounded over time.



#### Reactions and Behavioral Symptoms in Disasters: SAMHSA

https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster



# **Services Created from the Science!**

Prevention services rely on a large body of research spanning decades. By implementing evidencebased services that are designed to reduce risk, communities experience positive behavioral health impacts <u>and</u> economic benefits.

### Age Matters

Prevention can be beneficial to people of all ages, but services can make the biggest impact when serving younger individuals. Reducing risks and building key protective factors in the early years creates life-long positive benefits.

According to the World Health Organization, half of all mental health conditions start by 14 years of age. Substance use initiated in the early years also contributes to much higher rates of substance use disorders as an adult. In fact, a two year delay in the initiation of alcohol use can reduce problems as an adult by 50%.

The data is also very clear that early childhood traumas, known as Adverse Childhood Experiences (ACE's), play a significant role in adult substance use and poor mental health, as well as a variety of physical health problems.

### **Investments Matter**

According to the Substance Abuse & Mental Health Service Administration, cost-benefit estimates show that *effective school-based programs could save \$18 for every \$1 spent on these programs*. The Washington State Institute on Public Policy (WSIPP) has also calculated individual program cost-benefit ratios, many services of which are reflected in Whatcom County. Early services also help to mitigate costlier interventions down the road.

### **Science Matters**

Not all programs, strategies, and interventions are created equally. Hundreds of Evidencebased Best Practices (EBP's) have gone through rigorous evaluation to demonstrate and replicate effectiveness. Programs are available for range of populations, settings, and levels of risk, but implementation of EBP's must be done with fidelity.

While effective prevention services do reduce substance use and improve mental wellness, they often simultaneously reduce risk for teenage pregnancy, delinquency, and other problem areas.



#### **Preventive Intervention is More Efficient and Produces Higher Returns than Later Remediation**



