Current Status

All seven school districts in Whatcom County provided behavioral health services during the 2016/2017 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, 740 individuals (77% 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 and social functioning.

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

Service Reach & Intensity

- 9,248 Community Members reached through community events and training
- 956 Youth reached through individual or group services
- 148 Parents were engaged in services
- 8,589 total professional contacts were provided to youth during the year
- An average of 9 contacts were made for each individual during the year

Improvements With Sarah

From a School Provider

One student who I feel captures the success I’ve felt overall through my position is a little girl who began the year struggling with defiance, focus issues, and tantrums in the classroom. She was behind academically and exhibiting symptoms often associated with ADHD. Early in the school year, she was moved into foster care and was referred to me. In our time, I worked with this student to establish trust and attunement that helped her to feel more safe in her body, in school, and in her new home placement. By working collaboratively with the school, I could support the teacher in continuing this sense of attachment security in the classroom. I was also able to provide resources for the foster parents as they helped this student find a sense of stability amidst uncertainty. This student could find emotional containment at school and in her new home. Concerns with her focus decreased substantially and her academic successes increased. Her defiance and tantrums reduced to become almost non-existent. While she has since transferred out of our district, I advocated for the family in accessing therapy in their new school and believe this student has laid a good foundation to continue her process of healing over the months and years to come. This student has experienced a great deal of emotional chaos, but in our district’s new trauma-informed approach she experienced goodness and stability.
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 12 in Whatcom County:*

- 15 are dealing with anxiety
- 10 are dealing with depression
- 6 have contemplated suicide
- 4 have made a suicide plan
- 2 have attempted suicide

*Source: Healthy Youth Survey 2014*

---

**IMPROVEMENTS**

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

- Improved Academics: 188 youth
  ![Image](image1.png)
- Improved Discipline: 145 youth
  ![Image](image2.png)
- Improved Attendance: 155 youth
  ![Image](image3.png)

**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=588

- 97% Had similar or fewer truancies
- 87% Had similar or fewer discipline problems
- 84% Had similar or fewer absences
- 89% Improved or maintained grades
- 93% Had similar or fewer suspensions

---

**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 chemical dependency or mental health treatment services. During this past year:

- A total of 477 youth were referred for treatment-related services
- 40% (380) of youth served through these funds were connected to treatment
- About 8 in 10 referred were connected to treatment (level of treatment unknown due to confidentiality)

---

**REFERRALS TO TREATMENT**

- Mental Health: 352 referrals
- Chemical Dependency: 90 referrals
- Both (MH & CD): 35 referrals

**CONNECTED TO TREATMENT**

- Mental Health: 305 connected
- Chemical Dependency: 57 connected
- Both (MH & CD): 18 connected

---

**TREATMENT WORKS!**
Individuals may have received support in more than one area, but the counts above are unduplicated between service area.

Students Served by Primary Area of Service

<table>
<thead>
<tr>
<th>Area</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>430</td>
<td>45%</td>
</tr>
<tr>
<td>Treatment</td>
<td>125</td>
<td>13%</td>
</tr>
<tr>
<td>Prevention</td>
<td>384</td>
<td>40%</td>
</tr>
<tr>
<td>Aftercare</td>
<td>17</td>
<td>2%</td>
</tr>
</tbody>
</table>

The Impact of Services in Schools

Supporting and Training School Staff on Trauma-Informed Strategies

Not only am I able to provide more consistent services for the students on my caseload, I have been able to bring the lens of psychotherapy into the weekly CORE meetings at each school. At these meetings, the teacher, school counselor, school nurse, school psychologist, special educators, family resource coordinator, and the principal discuss strategies for addressing students who demonstrate high need academically, cognitively, socially, or emotionally. I have also been able to do trainings with the teachers and para-educators on trauma-informed strategies in the classroom that are enabling them to increase attachment security and mindfulness with their students.

Easier Access to Mental Health for At-Risk Students in Rural Communities

Because I am working in the schools, I am alleviating the impact for students to miss school for mental health services. In the rural communities of Everson, and especially Nooksack and Sumas, accessing a counseling appointment in Bellingham can take anywhere from 2-3 hours with drive time, and that time extends if you rely on public transportation. Additionally, after-school slots fill very quickly for providers who serve children, which means families must often choose between wait lists or missing school. Children who experience a high need for mental health services also are often highly impacted academically. It can be disruptive for them to miss instruction time. When I see children, they only miss 30-50 minutes of their day each week.

Social Supports

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

- 467 students were referred to additional school or community support services during the year
- 422 students connected with additional supports
- 682 total referrals were made for other school or community support services
- 486 referrals resulted in a connection to other school or community support services

- 90% of youth referred for other social supports were connected to them

Jenny’s Story

13 year-old 8th grade student that attempted suicide due to:

- Depression
- Anxiety/Stress
- Low self-confidence
- Feelings of social isolation
- Struggles around faith and identity
- Self-injurious behavior
- Suicide Ideation

Interventions attempted:

- Mental health counseling
- Medication support
- School Counselor advocacy and collaboration with family
- Alternative school setting placement within the District following inpatient treatment

Progress made:

- Thriving in school
- Passing classes
- Feeling more connected socially
- Learning strategies to work through social/ emotional struggles
- Continuing with counseling
- Strengthening relationship with parents
- Looking forward to high school

Teamwork

From A School Counselor

This past quarter I have had the opportunity to work with a number of students with severe anxiety. Using a holistic approach and including a team of individuals including teacher, parent, professional counselor and medical provider we have seen many students make tremendous progress with decreasing their anxiety symptoms. Providing a consistent place for students to go when they need a break at school due to anxiety has been very helpful for their health. Students often go to the health room for anxiety related issues (headache, stomachache) and we have been able to address some of these concerns and provide an alternative setting which often gets them back into the classroom quicker and addresses the root cause of the physical symptoms.

Developed August, 2017