# Trust
## Alaska Mental Health Trust Authority

This project was funded by the Alaska Mental Health Trust Authority.

# Mental Health Supports in Alaska Schools

**A LANDSCAPE ASSESSMENT**

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**Appendices**

## KEY FINDINGS

The variability of the mental health supports and services provided in Alaska school districts makes it challenging to definitively identify overarching commonalities and themes. These key findings provide an overview of the landscape of mental health supports and services, with an acknowledgment that not all districts will reflect the same experiences.

» **Districts are using a range of approaches and internal and external resources to address student mental health. These combinations generally allow most districts to provide some level of social emotional learning and mental health supports and services. However, the levels of services and supports available vary significantly between districts.**

» **Districts often use in-service and professional development opportunities to provide staff training for school climate and mental health priorities. Training topics have included trauma-engaged principles, culturally relevant approaches, and social emotional learning, among numerous others.**

» **The impacts of COVID-19 on the mental health of school communities were widespread. Districts shared informal student observations of pandemic-related concerns such as isolation, trauma, depression, and anxiety. Some saw an increase in student mental health needs that is predicted to continue into the 2021-2022 school year. These observations are prompting some districts to review the levels of social emotional learning and the mental health supports and services they will provide moving forward.**

» **Districts also saw pandemic-related burnout and increased stress and anxiety among staff. Generally, mental health services and supports for staff are addressed through professional development and in-service opportunities focused on self-care and wellness, as well as through staff health benefits programs.**

» **Delivery of social emotional learning curriculums and student mental health supports and services were disrupted by COVID-19. While virtual delivery is generally found to be less effective than in-person, many districts are finding ways to use virtual platforms to address gaps and add additional student supports and services.**

» **Districts of all sizes face barriers to implementing or delivering mental health supports and services. Some of these barriers include alignment; availability, access, and resources; and external influences. Community partnerships are often valuable in overcoming some of these challenges.**

» **Trained school staff and community partners are critical to providing mental health supports and services. Many districts include their staff and community partners as a strength for this work. The relationship building with families and community partners that comes from these efforts is also a positive for districts.**

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## PROJECT OVERVIEW

In December of 2020, the Alaska Mental Health Trust (Trust) and partners from the State of Alaska Departments of Education & Early Development (DEED) and Health & Social Services (DHSS) invited a group of statewide stakeholders to a conversation on visioning and working towards improved mental health supports and services for Alaskan students.

A smaller group from the Trust, DEED, Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse, and DHSS continued to meet and review the feedback from the larger stakeholder conversation. The list of Behavioral Health in Schools Group participants is available in Appendix A. A primary takeaway was a collective need for more information on the landscape of current school mental and behavioral health activities and services around the state to help project partners determine how to best focus their future efforts.

The Trust contracted with the Stellar Group to complete a landscape analysis of current efforts in Alaska school districts. Every Alaska public school district was invited to participate in an interview. Thirty-one districts completed interviews, representing 91% of students enrolled in pre-kindergarten through grade 12 as of October 2020.[1] A full list of those districts can be found in Appendix B. Participants varied and included district leadership, counselors, social workers, and other staff supporting or with insights into district mental health services and supports. Interviews were conducted one-on-one or in small groups via Zoom between March and June of 2021.

The interviews focused on five areas of inquiry:

1. Student and staff mental health concerns
2. Foundational elements and general practices of supportive school climates
3. Mental health resources, services, and supports
4. Impacts, barriers, and challenges
5. Ideal systems and future impacts

Within the five areas of inquiry, subtopics covered the impacts of COVID-19, strengths of programs and supports, and application data to inform mental health efforts.

This brief is a summary of the interview key themes and findings for school districts' approaches to providing mental health supports and services. In addition to this report, a profile was created for each of the 31 districts interviewed with detailed information about the specific approaches and needs within each district. Profiles will be available online at alaskamentalhealthtrust.org in the late summer of 2021. Further details on each of the topics covered in the summary can be explored at a district level in the profiles.

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[1] Alaska Department of Education & Early Development. District Enrollment by Grade as of October 1, 2020. [Data file]. Available from https://education.alaska.gov/data-center

This summary and the profiles are based on details shared by districts during interviews. Some information is anecdotal and may not reflect the full spectrum of activities or experiences. Knowledge of specific subject matter areas covered in the interviews was typically dependent on the participant's role and experience within the district. The second phase of research will begin in July 2021. Phase two will continue to round out the information and incorporate additional context and perspectives, including interviews will community partners.

## FOUNDATIONAL ELEMENTS

Districts were asked about foundational elements for understanding needs, creating comprehensive and responsive programming, and ensuring buy-in within the school community. Within each of these elements, districts spoke to opportunities for growth or improvement, as well as standout elements that were viewed as strengths.

### GOALS AND POLICIES

The existence of goals, plans, and policies related to school mental health is highly variable across districts. In some instances, this includes a general lack of specificity or gaps in explicit goals or policies for school mental health. Translating goals and policies to practice is also an opportunity for some. Some examples of existing goals and policies include:

- » Board goals addressing mental health and social emotional learning instruction
- » Strategic plans that incorporate mental health and social emotional learning
- » District social emotional learning standards and objectives

### PROFESSIONAL DEVELOPMENT

Districts typically utilize professional development to deliver information on mental health supports and services, social emotional learning, and school climate building efforts. Training includes both state-required mental health content and district-led sessions, such as:

- » Mental Health First Aid
- » Staff mindfulness, wellness, and self-care
- » Culturally responsive and trauma-engaged principles and practices
- » Social emotional learning approaches and implementation
- » Restorative practices

Some districts have established early-release days to offer consistent in-service time. Delivery of synchronous and asynchronous content during COVID-19 allowed trainers to reach more staff members on a regular basis and created more flexible, on-demand access to professional development content.

During the interviews, supports for staff were covered less extensively and were generally discussed in the context of district benefits (i.e., insurance coverage or employee assistance programs). However, professional development and in-service training came up as key channels for covering staff wellness and self-care.

## COMMUNITY ENGAGEMENT

At a base level, most districts reach out to their communities for collaboration and input during major strategic plan updates. Many also typically engage some form of an advisory group made up of families and other community members. Engagement examples include:

- » Engagement with Tribal organizations
- » Facebook Live and teleconference open forums and Q&A sessions
- » Community and family surveys

In a few instances, districts noted how the restrictions around COVID-19 created barriers to getting families and community members into the school buildings to the extent that would be possible during a normal school year.

| **STORIES FROM ALASKA SCHOOLS** | **Lower Kuskokwim School District (LKSD) has both school social workers and community advocates. The community advocates work at some LKSD school sites as a liaison between school and community. Both the social workers and community advocates play an integral part in providing more culturally relevant services and building community relationships.** |
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## CULTURAL RELEVANCE

Some districts utilize the Alaska Standards for Culturally Responsive Schools to inform aspects of their mental health approaches, such as staff training and curriculum review. Beyond this standard expectation, efforts range from organic or informal to intentional approaches. Some districts rely on the local knowledge, experience, and relationships of staff to bring cultural relevance into the school community, but this is not always supported by a specific effort to ensure cultural relevance. Some activities include:

- » Student credit opportunities for culturally responsive activities in their villages
- » Staff roles such as migrant and cultural coordinators
- » Family outreach activities in multiple languages
- » Curriculum review with a focus on cultural relevance
- » Resources committed to diversity, equity, and inclusion work

| **STORIES FROM ALASKA SCHOOLS** | **Through the Culturally Responsive and Embedded Social and Emotional Learning (CRESEL) grant, Lower Yukon School District (LYSD) is completing a set of Yup'ik social emotional learning standards. The standards are being created by a team of Yup'ik mentors and teachers to infuse Yup'ik values and worldviews into LYSD's social emotional learning approach.** |
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## TRAUMA-ENGAGED PRINCIPLES

Similar to other foundational elements covered, integration of trauma-engaged principles generally starts with building staff awareness through professional development. Many districts either plan to implement or are currently implementing trauma-engaged principles. Examples of efforts include:

- » Trauma-engaged professional learning communities
- » DEED-led training and e-learning modules
- » Use of the Transforming Schools framework and toolkit developed by DEED and the Association of Alaska School Boards (AASB)
- » Restorative practice and trauma-informed updates to discipline policies
- » Adoption of trauma-informed board policies and strategic planning elements

## DATA USE

Districts utilize a mix of data sources to collect insights on student mental health and districtwide trends. In addition to discipline and academic data, districts used sources such as:

- » AASB's School Climate and Connectedness Survey
- » Youth Risk Behavior Survey (YRBS)
- » PowerSchool
- » District-administered staff, family, and student surveys

Outside of formal data sources, there is a fair amount of anecdotal and informal data being used. A few districts also find that a current lack of data is an indicator that this is an area in need of attention and resources. Some districts needed or are in the process of sourcing a universal data system with specific social emotional and mental health tracking capabilities.

| **STORIES FROM ALASKA SCHOOLS** | **Fairbanks North Star Borough School District is piloting Devereux Student Strengths Assessment (DESSA), an identification and assessment tool for social emotional competencies.** |
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## MENTAL HEALTH SERVICES AND SUPPORTS

Districts are using a range of approaches as they work to address student mental health. A central focus of the interviews was to gather a general understanding of the level of existing school mental health resources and services within each district. One common method for organizing supports and deliveries is the Multi-Tiered System of Supports (MTSS), a three-tiered framework that can be applied to both academic and social emotional learning and is used to identify students who may be struggling and need more support. A goal of the MTSS framework is to provide early interventions to prevent or address academic and behavioral challenges.

The three tiers of MTSS as outlined by Substance Abuse and Mental Health Services Administration and the Centers for Medicare & Medicaid Services include:

» **Tier 1 Universal Strategies:** Universal Tier 1 services are typically offered to all students within a school system and could include widespread screening, social-emotional based learning curricula, and prevention-based activities that foster healthy functioning in a generative school climate.

» **Tier 2 Selective Services and Supports:** Tier 2 services allow for early intervention and targeted support. For example, this could include services for students exhibiting risk factors often associated with potential issues but for whom the issues have not fully manifested. This could include more directed student screening and interventions to reduce the likelihood of issues developing or resolve early manifestations of difficulty.

» **Tier 3 Intensive Services and Supports:** Tier 3 services are generally for students identified as experiencing mental health or substance-related difficulties and may include individual or family treatment or other individualized interventions.

Districts were asked to outline their mental health services and supports in the context of the MTSS continuum. Most districts have some form of services and supports at all three levels of the MTSS framework, with some exceptions.

Districts also shared their strategies for identifying students who may benefit from the targeted and more intensive Tier 2 and Tier 3 supports. The specific supports and services offered within each tier are inconsistent between districts and not always clearly distinguished.

### TIER 1 UNIVERSAL STRATEGIES

Universal Tier 1 supports are the most widely used, are generally grade-level specific, and are often curriculum-based. A smaller number of districts have developed their own programming, typically created by a counselor or related role (i.e., social worker, social emotional learning coach, etc.). Teachers and counselors (if available) are most frequently leading Tier 1 delivery through classroom instruction. In some instances, districts are working

with community partners to deliver Tier 1 content, though it is far more common to see community involvement for targeted and intensive Tier 2 and Tier 3 supports. At the Tier 1 level, some districts offer individual school sites and staff choices on specific curriculum and programs. Tier 1 supports and services include examples such as:

- » Specific curriculums such as The Fourth R, Second Step, and Kelso's Choice
- » Suicide prevention programming like Signs of Suicide and Sources of Strength
- » Community partner presentations and guest speakers
- » Rotating thematic focuses on topics like dating violence and bullying prevention

| **STORIES FROM ALASKA SCHOOLS** | **Chatham School District partnered with Elders and community members to develop culturally appropriate universal Tier 1 supports. Their work with Elders is contributing to the identification of student needs, availability of supports, and integration of spiritual practices for grief support.** |
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## TIER 2 SELECTIVE SERVICES AND SUPPORTS

Targeted Tier 2 supports are available in most districts, though gaps start to emerge at this level. Interventions often take on what one district described as "more of a menu" of supports, based on available resources and student need. Districts also start to recommend outside support at Tier 2, particularly if they do not have school counselors, social workers, or trained mental health clinicians on staff.

Some school sites use a form of a student assistance team made up of district staff and occasionally, outside community partners and agencies. These teams are involved in activities such as the delivery of supports, identification and referral for student needs, and review of student progress. Typically, student assistance teams become more involved as students move into more targeted Tier 2 and intensive Tier 3 support levels. Examples of Tier 2 services and supports include:

- » Specific curriculum like Check-In/Check-Out
- » Targeted groups (i.e., grief groups) and social skills groups
- » Individual counseling with district counselors or with community and telehealth providers
- » Referrals to local and regional mental health services and supports

| **STORIES FROM ALASKA SCHOOLS** | **Sitka School District's social workers and counselors leverage a variety of services and supports for Tier 2 interventions, including social skill groups, Check-In/Check-Out, and targeted behavior student supports. This combination of services and supports provided by school counselors and potentially social workers is common in other districts.** |
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## TIER 3 INTENSIVE SERVICES AND SUPPORTS

Intensive Tier 3 supports are highly variable and dependent on access to trained district or outside personnel. It is common to see more overlap with special education services and Individualized Education Programs (IEPs) at this level as well. Counseling and service delivery might initially continue within the district if appropriate staff are available. However, a referral or recommendation for outside services typically occurs once the level of need exceeds available services. Often, district staff who can provide this level of Tier 3 support within the school environment are funded through grants or are itinerant providers (i.e., school psychologists). Staff members are generally involved in supporting students with reentry programming if the services take the student out of the school environment for an extended time.

| **STORIES FROM ALASKA SCHOOLS** | Matanuska-Susitna Borough School District has embedded school-based clinicians through work with the Mat-Su Health Foundation Behavioral Health in Schools initiatives. The program has built connections between families and schools. |
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Access to and availability of providers for Tier 3 varies widely depending on the district's location and ranges from onsite delivery within the school building to virtual telehealth services. Districts depend on funding and partnerships from a variety of organizations, including Tribal organizations, local or regional health clinics, and mental health facilities, among others. Examples of how districts are connecting students with intensive Tier 3 include:

- » School-based clinics
- » Itinerant and telehealth therapy
- » Sessions onsite at the schools with community providers
- » Reports to Office of Children's Services
- » Regional Tribal health providers such as SouthEast Regional Health Consortium (SEARHC) and Tanana Chiefs Conference (TCC)

| **STORIES FROM ALASKA SCHOOLS** | Anchorage School District partners closely with multiple community organizations and clinics to connect students with Tier 3 services and supports. Partners also come in to provide information to counseling staff on the programs available through the community. |
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## STUDENT IDENTIFICATION FOR TIER 2 AND TIER 3

Generally, districts rely on two primary sources for identifying individual student needs and connecting them with the appropriate level of support:

- » Identification by someone in the student's life
- » Progression through the MTSS or similar framework

Families, counselors, other school staff or teachers, community providers, or sometimes the student themselves may identify potential needs for supports and services. Small districts also rely on more informal identification given staffs' tight-knit relationships and integration with their communities and students. For framework-based identification, some districts use student data in combination with staff analysis to review an individual's situation and determine the appropriate next steps. This could include additional screening or assessment through either a district tool or a recommendation to connect with an outside provider for further screening. In some instances, qualified staff will make a direct referral to an outside provider. Outside providers could include community, regional, or telehealth providers, among others.

## IMPACTS OF COVID-19

The impacts of COVID-19 in schools were pervasive for individuals, districts, and communities and were discussed in almost all areas of interview inquiry.

» For individuals, pandemic impacts manifested in the form of issues such as stress, anxiety, and burnout for staff and observations of increased needs among students that some predicted could continue into the 2021-2022 school year. Isolation, trauma, depression, and anxiety were all anecdotal examples of pandemic-related impacts among students.

» The increase in need put pressure on all tiers of supports and services, from delivery of universally offered Tier 1 supports to identification for intensive Tier 3 services.

» Limited face-to-face interactions created feelings of isolation, which were intensified in some instances by regional physical barriers that restricted travel in and out of districts that typically allowed for access to mental health services.

» Delivery of district social emotional learning programs and mental health services were disrupted to varying degrees, with some programs pausing completely during COVID-19 and others adapting to accommodate virtual delivery.

» Identification of student need was challenging in virtual interactions. Virtual environments also made it difficult to contact and deliver services to some students, with some losing all contact with districts.

## POSITIVES AND PIVOTS FOR THE FUTURE

In general, districts are hopeful about resuming services with school re-openings, and some were able to maintain a level of consistency by resuming in-person school early in the 2020-2021 year. Positive impacts also emerged among the challenges.

### TECHNOLOGY

Expansion of virtual supports and tools was viewed with mixed sentiment given the preference for in-person delivery. However, districts of all sizes are considering ways to continue the use of virtual mental health training for staff and delivery of supports for students. Districts spoke to:

» Benefits of becoming more comfortable with virtual technology and how that might facilitate continued use of alternatives to in-person service delivery

» Overcoming lack of home internet access by finding ways to get devices and internet into student homes

Remote districts are finding gradual access benefits from the integration of telehealth services that were in many cases reinforced during COVID-19. In some instances, students are able to visit with providers onsite within the school building or local clinic, reducing the need for travel and gaining access to more specialized care.

| **STORIES FROM ALASKA SCHOOLS** | With its remote school locations, Kuspuk School District utilized a combination of itinerant and telehealth for the delivery of universal and targeted supports before COVID-19. During COVID-19, lack of internet in student homes made remote and distanced delivery challenging, and restrictions limited itinerant travel. However, as schools began to reopen, Kuspuk has been able to increase access to their Tier 1 and Tier 2 through telehealth services. |
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## RELATIONSHIPS

While instances of isolation and disruption to student interactions certainly existed, some districts found increased connections during the pandemic. Examples included:

» Phone and video outreach helping staff connect more consistently and grow relationships with students' families

» Smaller in-person class sizes and cohorts, allowing for more direct student-to-teacher interactions

» An increase in support and acceptance as students became more self-aware of their own mental health needs and the needs of their peers

| **STORIES FROM ALASKA SCHOOLS** | When students were learning remotely, districts had to rely more on phone and virtual outreach to families. Denali Borough School District, Bristol Bay Borough School District, and Yukon-Koyukuk School District shared experiences of building more connections with families through their calls to students' homes. |
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## EXISTING NEEDS AND OPPORTUNITIES

In addition to pandemic-specific observations, districts discussed mental health needs and concerns among students and staff, as well as barriers and challenges to implementing and delivering services and supports.

A small number of districts identified existing data sources and indicators related to mental health concerns, but most of the topics covered in the following needs and concerns section are based on anecdotal observations.

### PRESSING MENTAL HEALTH NEEDS AND CONCERNS

Overall, districts indicated that students' anxiety is a pressing concern, as well as trauma and related topics of instability, addiction, or substance use among families. Depression and suicide, suicidal ideation, or self-harm were also commonly referenced concerns. Adverse Childhood Experiences (ACEs) and other concerns were also discussed.

Stress and anxiety were frequently cited as staff concerns. Opportunities for self-care and wellness were often brought up as unmet needs, as well as related feelings of "burnout" and being overwhelmed with limited time available to meet all student needs. Isolation and lack of community emerged in the context of COVID-19, but also in a few rural or remote regions. Secondary and pandemic-related trauma were also mentioned, among other concerns.

### CHALLENGES AND BARRIERS

Districts discussed existing challenges and barriers to implementing and delivering mental health supports and services.

#### ALIGNMENT

Districts discussed alignment and consistency in the context of strengths, goals, and barriers. Situations were described where districtwide prioritization of social emotional learning and mental health services and supports lacked focus, continuity, and allocated time. As one district explained, training teachers to become trauma-informed helps, but the systems and policies that support their instruction do not always align. Other examples included:

» Pressure for academic performance versus mental health and social emotional learning
» Limited bandwidth and time available for mental health trainings and professional development
» Lack of statewide social emotional learning standards

## AVAILABILITY, ACCESS, AND RESOURCES

Availability of and access to services and supports came up for districts of all sizes. This area is commonly influenced by whether there are enough trained personnel and adequate funds to meet the level of need. Examples include:

» Provider shortages statewide and availability of qualified personnel
» Inconsistent and unpredictable mental health funding in schools and communities
» Lack of staff and funding for a mental health role committed to each school site

Access in rural and remote areas is further complicated by regional barriers, including travel. Weather can obstruct providers traveling to communities, as well as students and staff who need to leave their homes to seek services elsewhere. Travel often requires time out of the classroom and away from communities, which could further impact students' overall success.

## EXTERNAL INFLUENCES

Districts also discussed the impacts of system factors and family environments on students, particularly as family involvement becomes more critical for students accessing outside providers. Challenges include:

» The stigma around accessing mental health services and privacy challenges in small, tight-knit communities
» Transportation to and from mental health appointments and services
» Impacts of substance use among student families
» Issues tied to family and provider trust-building due to frequent provider turnover

## OPPORTUNITIES

Districts listed numerous existing and planned efforts designed to address challenges and barriers. Partnerships are a common example.

## BUILDING PARTNERSHIPS THROUGH COMMUNITY AND STATE

State, regional, and local community partners play integral roles in supplementing the services outside of a district's scope, such as more intensive Tier 3 residential treatment or ongoing psychological interventions. Other partners are stepping in to collaborate with districts and share their expertise with students and staff through presentations and other universal Tier 1 or targeted Tier 2 support services. The relationships range in formality and include contractual agreements and grant partnerships, with the latter providing numerous benefits for districts.

<table>
<tr><td></td><td>Districts are leveraging state resources to increase student services and supports and provide training. Multiple districts discussed plans to engage DEED's Mental Health Education Specialist for delivery of services and supports and staff professional development. Other districts are working with staff trained through the University of Alaska Fairbanks Rural Human Service (RHS) Program to build community relationships and to provide student supports.</td></tr>
</table>

Partners include DEED, AASB, Tribal organizations, local or regional health clinics, and mental health facilities, among others. Examples of programs and efforts include:

» Use of a social emotional learning coach through a local partnership that helps with staff training and student supports
» Tribal organizations and public health partners that travel to sites for in-person classroom instruction

<table>
<tr><td>**STORIES FROM ALASKA SCHOOLS**</td><td>Kodiak Island Borough School District is making a conscious effort to increase all levels of counseling support. As part of this effort, KIBSD convened a cross-functional group of community providers, including mental health nonprofits and the local women's resource center, to strengthen their community network and ability to respond to student needs.</td></tr>
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## FUTURE PLANS AND IDEAL SYSTEMS

Individual districts discussed numerous goals, plans, and pilot programs for school mental health. In many ways, COVID-19 continues to influence how districts are thinking about the future of their mental health supports. Some predicted a growing commitment to social emotional learning and mental health prompted by the impacts of the pandemic, while others are more focused on resuming their standard level of supports after significant disruptions.

When asked to describe an ideal system that met the mental health and wellness needs of all students and staff, aspirations and ideas covered many topics. A common ask is for local supports that integrate family and community elements, with some mentions of interest in building "homegrown" talent within the mental health field. Some districts described a stronger blend of student and family services, supported by roles like community social workers and Elders programs. Other ideas included examples such as de-escalation spaces in schools, consistent funding, specific mental health personnel, and additional time for mental health supports and social emotional professional development.

## APPENDIX A: BEHAVIORAL HEALTH IN SCHOOLS GROUP

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## APPENDIX B: LIST OF SCHOOL DISTRICTS INTERVIEWED

Aleutian Region School District

Anchorage School District

Annette Island School District

Bristol Bay Borough School District

Chatham School District

Chugach School District

Craig City School District

Denali Borough School District

Dillingham City School District

Fairbanks North Star Borough School District

Galena City School District

Haines Borough School District

Hoonah City School District

Iditarod Area School District

Juneau Borough School District

Kenai Peninsula Borough School District

Ketchikan Gateway Borough School District

Kodiak Island Borough School District

Kuspuk School District

Lower Kuskokwim School District

Lower Yukon School District

Matanuska-Susitna Borough School District

Mount Edgecumbe High School

Nenana City School District

Nome Public Schools

Petersburg City School District

Sitka School District

Tanana City School District

Unalaska City School District

Yukon-Koyukuk School District

Yupiit School District