OREGON DEPARTMENT OF EDUCATION

"WE'RE TRYING TO BE SUPERHUMAN": An Analysis of Integrated Program Funded Mental and Behavioral Health Programs at Oregon School Districts

KEY TAKEAWAYS

- ✓ Ongoing local, national, and international trends have dramatically increased the need for robust mental and behavioral health supports for students and employees in the public school system. These challenges are not unique to Oregon.
- ✓ In Oregon, districts have designed a wide array of strategies and activities aimed at supporting students' mental and behavioral health through funding approved under the Integrated Programs;[1] however, scarcity of workers and providers, as well as staff burnout, have made it challenging for many districts to fully meet their planned investments.
- ✓ Site visits and conversations with districts revealed four major thematic considerations when it comes to supporting students' mental and behavioral health: systems of support and care, student lived experiences, structural barriers to providing adequate supports, and monitoring & evaluation practices.
- ✓ There is a great need for a systems level response in order to more effectively support mental and behavioral health in Oregon K-12 schools.

BACKGROUND

In 2018, the Oregon Legislature formed the Joint Committee on Student Success (JCSS). Over the course of the year, the JCSS met with school and district staff, students, and families to hear about student needs around the state. The JCSS released a report detailing priorities heard from school communities; these priorities included closing persistent academic disparities, strengthening mental health supports, expanding access to hands-on learning and a well-rounded education.

Following the committee's report, the Oregon Legislature passed the Student Success Act (SSA), which added over $1 billion in additional school funding annually. The majority of these funds flowed into the Student Investment Account, which requires spending in targeted ways to provide improved services to students statewide, particularly those who have been historically underserved or marginalized by the educational system.

1 The Integrated Programs include: High School Success, Student Investment Account, Federal School Improvement, Perkins CTE, Early Indicator and Intervention Systems, Every Day Matters, Career Connected Learning, Early Literacy Success School District Grants and Continuous Improvement Planning. See more at https://www.oregon.gov/ode/StudentSuccess/Documents/ODE_IntegratedGuidance25-27.pdf

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One of the SSA's two main purposes was to address student health and safety needs which could include social-emotional learning (SEL) or development, providing supports for mental or behavioral health,[2] and trauma-informed practices.[3]

Grantees are required to conduct ongoing, authentic community engagement to solicit input from the broader school community--including classified and certified staff, administrators, students, families, and others--on what types of outcomes are important to the community and how best to utilize the Student Investment Account funds to meet those outcomes. In the spring of 2023, school districts and charter schools eligible for Student Investment Account funds submitted an Integrated Program application describing the specific activities chosen to be funded.

The purpose of this report is to provide an overview of the different ways districts have utilized Integrated Program funding for mental and behavioral health in 2023-24. ODE researchers identified three major guiding questions for this report:

1. How are schools/districts utilizing funds from the Student Investment Account or High School Success programs to address mental and behavioral health needs for students and staff in schools?
2. What is impacting how students, particularly those who belong to designated focal groups,[4] access and experience mental or behavioral health support systems and structures in high schools?
3. What practices are effective to support student mental health and/or reduce incidences of school disciplinary events?

To this end, the report covers three major areas of interest: annual reporting on outcomes and goals directly from districts, relevant findings from the most recent iterations of the Student Health Survey (SHS) and Student Educational Equity Development (SEED) survey, and case studies based on site visits and interviews with several partner districts.

ANNUAL REPORTING

Grantees who receive funds from Integrated Programs are required to submit both quarterly and annual narrative responses that serve to track progress on the goals and outcomes of their spending. In the 2023 plans, 195 grantees established outcomes or goals related to supporting student mental or behavioral health. These outcomes varied in focus but were most often associated with supporting student sense of belonging at school or implementing a system of mental and behavioral health supports. Within plans, grantees also indicated specific strategies and activities they expected to support the identified outcomes.

The majority of the funded activities are grounded within the structure of a Multi-Tiered System of Support (MTSS). MTSS is a framework that helps educators provide academic and behavioral supports for students with varied needs. The MTSS framework consists of three levels of support.

TIER 1 – Universal supports provided to all students

TIER 2 – Secondary supports provided to small groups of students

TIER 3 – Individualized supports provided to students with highest needs

In total, the Integrated Programs funded 588 unique, planned activities within the 2023 plans. Some examples of commonly funded activities included: implementing a social-emotional learning curriculum with corresponding professional learning for staff, hiring counselors or behavioral specialists, partnering with community organizations to provide mental health supports to students, or offering stand-alone professional learning in restorative justice or trauma-informed practices. Activities ranged across the three tiers based on each grantee's needs.

As of October 29, 2024, 189 grantees reported spending $58 million in the 2023-24 school year on mental or behavioral health supports for students. This is significantly less than the $87 million budgeted in supports for student mental and behavioral health. While grantees are still reporting their final expenditures from the 2023-24 school year, the discrepancy between budgeted and spent funds highlights some of the difficulty grantees face in filling positions across the state.

2 https://www.oregon.gov/ode/StudentSuccess/Documents/CenteringHealthWellBeinginEducation.pdf

Mental Health - A strengths-based state of well-being that honors each person's identity, culture, ways of being and knowing, and inherent resilience. In this state every individual can actualize his, her, or their potential, can cope with the normal stresses of life, and can fruitfully contribute to their community. Mental health is protective against the development of mental illness and unhealthy behaviors (such as gambling problems and substance misuse). It is not a synonym for mental illness.

Behavioral Health - The promotion of mental health, resilience, and well-being; the treatment of mental health challenges and unhealthy behaviors (e.g., substance misuse, gambling problems); and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. A state of mental/emotional/social being and/or choices and actions that effect wellness within the broader social context.

3 https://oregon.public.law/statutes/ors_327.175

4 Focal Student groups are students from groups that have historically experienced academic disparities. Specific groups included can be found in OAR 581-014-0001.

STUDENT HEALTH AND STUDENT EDUCATIONAL EQUITY DEVELOPMENT SURVEYS

THE STUDENT EDUCATIONAL EQUITY DEVELOPMENT SURVEY (SEED)

The SEED Survey was developed by ODE and asks students in grades 3-11 about their educational experiences. This survey provides universal tools, designated supports, accommodations, and multiple language versions to facilitate student access. Available to all Oregon public schools and districts, ODE piloted the SEED Survey as an optional tool for schools and districts to administer in academic years 2020-21, 2021-22 and 2022-23. However, beginning in 2023-24, ODE has required districts to offer the survey to all students in compliance with HB 2656; this coincided with an increased response rate.

Within the SEED survey, a subset of questions asks about sense of belonging, which is a core element in a student's experience with school and learning. These questions pertain to students' social and emotional connection to school. Prior ODE research showed that these items were positively associated with learning experiences and outcomes, is strongly related to students' perceptions of representation and culturally responsive pedagogy and exhibits demographic inequities and negative impacts of exclusionary discipline.[5] Moreover, strong positive associations exist between responses on these questions and student experiences of learning and outcomes of learning.[6]

In this report, ODE specifically used responses for grades 8 and 11 to match with the Student Health Survey (SHS) questions used. Importantly, the sense of belonging questions are not specific or direct indicators of student mental and behavioral health. However, we chose to include an analysis of these responses because sense of belonging questions in SEED may be good complements to the school climate and culture questions in the SHS and they represent results for students for the 2023-24 academic year.

Table 1 shows summaries for responses across both grades and may compare to similar but not identical questions posed in the 2022 SHS. In addition, other questions included from the SEED survey add additional context on student sense of belonging.

Table 1: Summary of 8th and 11th grade student responses on nine Sense of Belonging Questions on the 2023-24 SEED survey. Total responses for each grade include the number of respondents that skipped questions.

SEED Item Prompt	8th Grade Agree/ Strongly Agree	8th Grade Total Responses	11th Grade Agree/ Strongly Agree	11th Grade Total Responses
I feel safe talking with adults at my school	66.4%	18,116	78.4%	10,967
I feel safe talking with students at my school	71.2%	18,116	75.2%	10,967
I feel welcome at my school	68.6%	18,166	78.9%	10,998
I have classmates who are like me and my family	68.9%	18,116	75.7%	10,967
There are adults at my school who are like me and my family	61.4%	18,166	73.5%	10,998
I have friends at school	91.6%	18,166	88.8%	10,998
I like going to school	46.5%	18,166	53.4%	10,967
My classmates care about me	62.0%	18,166	66.0%	10,998
There are adults at my school who care about me	80.3%	18,116	87.6%	10,967

5 https://www.oregon.gov/ode/educator-resources/assessment/Documents/SenseOfBelonging.pdf
6 https://www.oregon.gov/ode/educator-resources/assessment/Documents/SenseofBelongingOutcomes.pdf

In general, the majority of 8th and 11th grade students 'Agreed' or 'Strongly Agreed' with the sense of belonging items that we examined, which indicates a high overall positive feeling of belonging statewide. However, there was variation in surveyed students' perceptions across these two grades. 8th grade students report feeling safe talking to adults and other students at school at lower rates (66.4- 71.2%) than 11th graders (75.2-78.4%). 8th grade students also feel welcome and represented by both other students (68.9% versus 75.7%) and adults (61.4% versus 73.5%) at school at lower rates than 11th graders. However, students in both grades feel more represented by their peers than by adults at school (68.8% versus 61.4% for 8th grade and 73.5% versus 75.7% for 11th grade). 8th grade students also report that they perceive adults at school care about them at lower rates (80.3%) than 11th graders (87.6%), providing a contrast to the SHS question on whether students feel that a teacher or other adult really cares about a student. Both grades report that they have friends at school at a high rate, with 8th grade students reporting having friends at school at a higher rate (91.6 %) than 11th grade students (88.8%). Students in both grades also report liking going to school at a comparatively low rate relative to other sense of belonging questions (Table 1) with 11th grade students reporting that they like going to school at a higher rate (53.4%) than 8th graders (46.5%).

The results above come from responses to the 2023-24 SEED Survey. State level data for each SEED survey domain are available via the Oregon Department of Education's Assessment Group Reports page and were the source for these data summaries. For the 2023-24 school year, 171,947 students were included in the SEED or Alt-SEED surveys representing 44 percent of all eligible Oregon students enrolled on the first school day in May 2024. Although this rate of participation is large relative to prior school years, SEED and Alt-SEED participation is not yet inclusive of all Oregon students, schools, or districts. The data are only inclusive of the students who had an opportunity to participate and opted in to respond to the survey and to these items. The questions chosen are part of the sense of belonging domain, all under the "Comfortable at School" category for respondents in grades 8 and 11. All questions in this category have the following response options: Strongly Disagree, Disagree, Agree, Strongly Agree and Skip question. The percentages provided are calculated for aggregates of the responses Agree and Strongly Agree, and the total responses reported include those who chose to skip the question. Additionally, unlike the SHS data, the SEED data available for analysis did not contain demographic breakdowns for responses.

THE STUDENT HEALTH SURVEY (SHS)

Oregon's Student Health Survey (SHS) is a collaborative effort between the Oregon Health Authority (OHA) and ODE to improve the health and well-being of all Oregon students. It is the sole source of statewide data on the health and well-being of Oregon youth. The SHS is a comprehensive, school-based, anonymous, and voluntary health survey of 6th, 8th and 11th graders conducted yearly. The SHS is youth-centered and obtains information directly from students with a diversity of experiences, backgrounds, incomes, geographic locations, identities, and cultures. ODE used the responses to the 2022 results and focused on questions that could provide direct insight into the mental and behavioral health of students for grades 8 and 11 as well as elements that could influence mental and behavioral health within the Health and Safety and School Climate and Culture questions. ODE selected these grades for examination because ODE researchers planned to meet with students in these grade levels during site visits.[7]

Analysis of the responses from both the Student Health Survey (SHS) and the SEED survey add important statewide context. Results from the 2022 SHS indicated substantial rates of mental health issues among Oregon's students. When asked to rate their general emotional and mental health, 39.1% of 8th grade students said their mental health was fair (24.3%) or poor (14.8%). By gender, mental health concerns were more prevalent among 8th grade non-binary students (24.4% fair, 40.8% poor) and girls (26.6% fair, 15.2% poor) than boys (16.2% fair, 7.8% poor). Ratings across races/ethnicity were relatively consistent. For 11th grade students, rates were even higher with half of all students rating their mental health as fair (30.4%) or poor (19.7%). Significant gender differences were also apparent in 11th grade students, and racial/ethnic disparities were more pronounced. For example, 33% of American Indian/Alaska Native students rated their mental health as poor, compared to 30.3% for Black or African American students, and 18.3% of White students.

The SHS contains numerous additional questions regarding well-being and mental health which can be examined across a variety of student groups. The following table presents data on selected survey items for 8th and 11th grade students to provide an overall snapshot of adolescent students' well-being.

7 Please see Appendix B for a list of the specific questions used. A list of all SHS topics as well as what sample questionnaires look like for students in the 8th and 11th grade are available online.

Table 2: Relevant response rates for select SHS items.

SHS Item (abbreviated)	Response	8th grade	11th grade
Nervous, anxious, or on edge in past 30 days?	*More than half the days* or *Nearly every day*	29.3%	37.1%
Sad or hopeless almost every day for 2+ weeks in past year?	Yes	34.3%	42.6%
Bullied at school in last 30 days?	Yes	30.2%	20.2%
Conflict or tension in school based on identity or ability?	*Agree* or *Strongly agree*	37.3%	32.7%
Adults in my school respect people from different backgrounds.	*Agree or Strongly agree*	77.3%	76.8%
At least one teacher or other adult in my school really cares about me.	*Very much true*	39.2%	33.3%
I feel safe at school.	*Agree* or *Strongly agree*	62.8%	66.2%
I am happy to be at this school.	*Agree* or *Strongly agree*	58.7%	57.6%

Overall, a majority of students report they feel welcome and represented at school on the SEED survey, yet far fewer students stated there is at least one adult at school who cares about them on the SHS survey. 11th grade students were more likely to share they felt safe talking to students and staff and that classmates and staff cared about them than their 8th grade peers. Additionally, 11th grade students were less likely than 8th grade students to report they had been bullied recently or that they experience conflict or tension based on identify or ability. In contrast, a greater percentage of 11th grade students responded that they felt nervous, anxious, on edge, sad, or hopeless than 8th grade students. The high number of students reporting feelings of nervousness, anxiousness, sadness, or hopelessness highlights the challenges school districts face in responding to student needs.

CASE STUDIES: MENTAL AND BEHAVIORAL HEALTH PROGRAMMING AT THREE OREGON SCHOOL DISTRICTS

In addition to the above sections that reviewed existing, mostly quantitative data, ODE researchers also collected qualitative data in the form of semi-structured interviews conducted during site visits at select partner school districts across the state.

METHODOLOGY

ODE selected partner districts based on two criteria: amount of Integrated Program spending on mental or behavioral health activities, and geography; the goal was to focus on districts that had relatively high spending and were geographically representative of the state. ODE ultimately partnered with three school districts—one each in northwest, southwest, and eastern Oregon. ODE researchers conducted 22 interviews with school administrators and mental or behavioral health professionals during site visits in spring 2024. ODE researchers recorded interviews for accuracy, then transcribed and coded interviews. ODE staff deleted recorded interviews after completing transcripts to protect interviewee privacy. After coding, ODE researchers identified four major themes: systems of support and care, student experiences, barriers, and monitoring and evaluation.

SYSTEMS OF SUPPORT AND CARE

Staff at each district reported a deep level of commitment to providing mental and behavioral health supports to students district wide. At each site, the implemented supports were aligned with the Multi-Tiered System of Support (MTSS) framework, with available care at the Tier 1, Tier 2, and Tier 3 levels, but with variations based upon specific school needs. These levels are defined as follows:[8]

8 https://www.oregon.gov/ode/students-and-family/mental-health/Pages/MTSS.aspx

1. **TIER 1**
    a. Primary Prevention: Universal strategies for promoting mental health and providing health and mental health supports that are available to all within a community. Examples include mental health literacy; strengths-based, trauma- and SEL-informed, equity-centered supports; school staff health and well-being; care, connection, and belonging/positive school climate and culture; and suicide and substance use prevention.
2. **TIER 2**
    a. Secondary Prevention: Selected supports to promote mental health, well-being and connect individuals to group supports or referrals to higher tier providers. Tier 2A focuses on early identification and support for students with mental health concerns. Examples include mental health service referral; essential health and well-being needs; coordination with referred providers; initial suicide risk assessment; check-ins; resource plans; and skill groups.
    b. Secondary Prevention: Indicated services for those with identified needs that exceed 2a supports. Includes formal assessment, referral, and targeted interventions. Tier 2B (Indicated Services) focuses on strengths-based target services for students with identified mental health concerns. Examples include strengths-based small group therapy; brief targeted therapy; mental health service referral; coordination with referred providers; and suicide risk assessment, referral, and safety planning.
3. **TIER 3**
    a. Tertiary Intensive Services and Crisis Support: Targeted referrals and services for those with more serious or critical mental health and health concerns who require intensive services and follow up. This tier focuses on targeted referrals for students with serious concerns that impact daily functioning. Examples include individual therapy; family therapy; treatment for suicidality; postvention response; and substance use treatment.

The Tier 1 supports described were most often a school-wide social-emotional learning curriculum such as Belong Partners, Second Step, or Character Strong. Although the specific curriculum varied, they each consist of skill-building lessons for students and associated professional development for teachers and other staff. Lessons are incorporated into individual classrooms, and the entire school focuses on one specific skill, such as utilizing a growth mindset. Skills are reinforced through bulletin boards and displays throughout hallways.

Other Tier 1 supports include training for staff in trauma-informed practices or restorative justice. Additionally, nearly every school site in the three partner districts visited has added the use of either a relaxation or regulation room at the school site, or a calming corner in individual classrooms. These spaces provide a place for students to go when they feel dysregulated. These spaces contain a variety of tools for students to utilize for regulation, such as sensory or fidget toys, different types of seating, or visual stimuli such as sand timers to provide an object for focus. In some instances, students have the opportunity to work with an adult and talk through methods of handling their emotions and stress.

One staff member described their school's regulation room as follows:

> *"It's basically designed for kids to come in and problem solve and then regroup when they're real escalated, like on a scale of one to 10, they're on 9 or 10. You just let them sit, defuse, calm down and then we'll talk into Plan B with them to see what actually happened, what's their version of it what's the teacher's version of it. Problem solve it. Come up with ideas on how to, if that ever happens again, whatever it is that happened, how to handle it in a different way."*

Tier 2 support typically consists of small groups led by counselors or mental health providers. These groups addressed a wide range of mental health concerns such as anger management, grief and loss, social skill development, and goal setting. Students can be referred to these groups by staff or family members or self-select into them. Within groups, students can talk through issues with their peers as well as receive guidance from trained staff. Groups will typically last for a year, although students can rotate in and out based on individual needs. In addition, staff reassess the focus of their group offerings based upon student needs. One counselor described adding a group focused on helping students cope with parental divorce midway through a school year to address what staff observed as an emergent need among the students.

Informal check-ins with students by counselors or paraprofessionals were another method of providing Tier 2 level support. Students who could benefit from some additional support are provided with morning or afternoon time slots to have a brief chat session with staff to talk about how they are feeling, what their goals are for the day, and how they will address emotional

needs as they come up. These check-ins provide students with a reminder to go to the relaxation/ regulation room if they need a reset, remind them how to problem solve if issues arise, and gives them a point person so they know who to go to when in need of support.

> *"I would say the underlying theme of almost all of the groups, the groups I run, is just improving that self-esteem for kids. Working on their confidence and then believing in themselves."*

Tier 3 level needs can be the most difficult to address, as they require more extensive one-on-one supports. Students work with counseling staff and focus on individual concerns, such as anxiety, depression, or anger management. In some instances, students will have an Individualized Education Plan (IEP) or behavior plan which outlines specific goals for students to work towards with staff support. In one school district, a self-contained classroom had been established where students from across the district could attend and receive targeted mental and behavioral health support along with regular academic instruction.

A district administrator described their approach to self-contained classrooms as follows:

> *"Students with much higher behavior needs have their days focused around that behavior support. They also, of course, get academic instruction, but it is a program entirely based on their emotional needs. These are students who have minute to minute needs, who have been diagnosed with emotional disturbances and other health impairments. Before we refer students to this self-contained program, we have worked through every other intervention we have available."*

All of the school districts visited shared the need to provide more supports than the individual district could offer. Each district has developed partnerships with local organizations or county agencies to refer students for additional counseling services and in some instances, will have staff working within individual schools. School and district staff reported that having outside counseling staff within school buildings made it easier for students to access services by removing transportation barriers.

STUDENT EXPERIENCES

Interviewees shared observing an increase in student mental health concerns since returning to school after COVID-19 closures. Concerns such as heightened feelings of stress and distress or difficulty in processing emotions are described as more common and occurring in younger students. When students face challenges or struggle, some react by shutting down and not communicating while others take the opposite approach and act out, such as by having emotional outbursts in class. Staff report struggling with these emerging challenges and observing an increase in the number of students with traumatic incidents in their lives.

Partner districts reported collecting data on students' Adverse Childhood Experiences (ACEs). ACEs are high in each partner district, with one district sharing that their students have experienced, on average, six of the ten types of traumatic events identified by the CDC as constituting an ACE.[9] The ACE framework has, however, faced criticism for not being strength based.[10] Most schools have incorporated drug and alcohol counseling into their mental health support systems at the secondary level as they have seen more need for these services. Staff have also seen a higher rate of suicidal ideation in students and shared that even some elementary students are making comments about suicide. One staff member shared a recent conversation with a student:

> *"I talked to a kid today that was upset about how things were going and made a suicidal comment..."*

Staff take all such comments seriously and it can quickly become overwhelming to address them all.

The mental and behavioral health supports in each school were differentiated by individual need. Districts do not consistently disaggregate mental or behavioral health data of specific student populations. Each district does, however, maintain partnerships with local tribal nations to support American Indian and Alaska Native students. These supports include individual and group therapy services provided by qualified mental health professionals funded by the tribal nation.

9 https://www.cdc.gov/aces/about/index.html

10 Winninghoff, A. (2020). Trauma by Numbers: Warnings Against the Use of ACE Scores in Trauma-Informed Schools. Occasional Paper Series, 2020 (43). DOI: https://doi.org/10.58295/2375-3668.1343

BARRIERS

District and school staff shared that they face multiple challenges to providing services. Overwhelmingly, the biggest obstacle was a lack of resources, including providers. Counseling staff in schools are constantly booked, with a waiting list for students to see them. Similar constraints exist with outside counseling services, with wait times as long as several months before students can see a therapist. Student needs far outweigh what school districts can provide, even with outside partnerships. Districts report not having sufficient funding to hire enough staff members to address student mental health concerns. Competing district needs require district and school administrators to make difficult decisions on what to support with their funding.

However, even when districts prioritize funding mental health services, staff can be difficult to find. Superintendents and principals shared that the number of applications received for counselors and other mental health providers was far below what they expected, with many applicants having very few years of experience. In some instances, positions went unfilled and in others, staff turnover was high. Turnover in these positions can result in increased incidents with students as relationships are difficult to build when a new counselor is working with the student every few months. A lack of consistency can be a barrier to establishing the trust needed to work through mental health concerns. Not having enough staff to support student needs leads to an increased burden for existing staff. Academic counselors sometimes attempt to provide mental health services along with their usual job duties. One school reported counselors having caseloads as high as 500 students, making it impossible to meet all possible student needs.[11] Teachers work with individual students but struggle with having enough time to do this alongside their formal responsibilities.

The heavy burden placed on staff often results in high staff burnout rates. One counselor reported:

> *"It's really, really hard to balance. Everything. To be there to support students but also be able to do all the other stuff that we need to do. And we're limited, we're only here for 8 hours a day and so it makes it challenging. If we have one student who needs us for two hours because they're in crisis, then what? What about all these other students?"*

Although Student Investment Account funds can be spent to support staff mental health needs, the partner districts focused their spending on student needs. Staff supports are more informal in nature, with colleagues supporting each other in conversations and individual check-ins. Staff did share they felt their administrators had an open-door policy and they felt comfortable speaking to them when concerns arose. Some schools had established Wellness Teams who planned outings and staff celebrations to support morale, but staff reported that although these were enjoyable, they did not address the underlying issues affecting mental health.

Staff also reported that physical space is a barrier to providing sufficient services. Some staff are working in spaces barely large enough for one person and must meet with students in more open environments. The lack of privacy in these situations can make it difficult for students to feel comfortable, further complicating efforts to address mental health concerns. An additional barrier related to staff was establishing a school culture dedicated to supporting student mental health. Some staff have struggled with understanding the rationale for implementing universal Tier 1 supports. One building administrator described overcoming this with a continual focus on student strengths and skills throughout staff meetings and professional development.

> *"There are people who are very invested in their view of students and what behavior should look like. You're trying to change someone's beliefs about behavior and mental health, and that's really hard to do if people don't accept the information and challenge themselves and reflect. And I think that's a barrier where we got stuck. So, we shifted to focus on helping staff to understand behaviors. And a big part of that work is in terms of PD, even just around the language. I've seen reports where it states the student was being manipulative and that's very subjective, judgmental language. And, changing and shifting the culture to saying, what might be the function of this, and having a more emotional problem-solving approach has been a central focus of our work this year"*

The school administration and counselors worked alongside teaching staff to shift the culture from a focus only on student behavior to considering behaviors as a symptom and looking to address the underlying causes. There is a concern that school staff consider mental or behavioral health important to focus on only when accompanied by problematic behaviors, such as acting out in class, and when the behavior ceases, the mental health concern has been addressed. This is likely linked to the overwhelming needs with too few staff to address

11 Oregon has one school counselor for every 461 students (the recommended ratio is 1:250). https://hopefulfutures.us/action-oregon/

it. This viewpoint has the potential to provide only short-term support for students exhibiting disruptive behavior and no support for students not displaying similar behavior. It is estimated that up to one quarter of adolescents experience a mental health disorder but less than half receive treatment. Adolescents with behavioral challenges are more likely to receive treatment than those with a mood disorder without accompanying disruptive behaviors.[12] The implementation of universal screening tools could assist schools in identifying all students who could benefit from mental and behavioral health supports, yet this practice was uncommon in the districts visited.

MONITORING AND EVALUATION

Districts report being at varying stages in their ability to monitor the effectiveness of their mental health supports and variance exists even within districts. Multiple tracking methods were shared, from formal data collection processes to more anecdotal story sharing among colleagues. Some schools who are utilizing specific SEL curricula have incorporated the use of data collection mechanisms within the programs, tracking individual student progress towards goals, survey data on social-emotional health, and the overall number of behavioral incidents. Some schools have created their own tracking systems within Google sheets, while others have utilized student surveys such as Panorama.

All districts visited have time set aside to discuss effectiveness of supports during regular data team meetings, typically held every four to six weeks. However, district partners reported finding the monitoring process to be difficult. Tracking methods are not utilized consistently across districts or even school sites, which complicates the monitoring process. Those schools without formalized tracking discussed the difficulty of not having corroborating data to monitor, and some are looking to develop more consistent data collection methods in the upcoming 2024-25 school year.

Additionally, schools have differing ideas of how they would define a successful intervention. Some reported a goal of fewer office referrals; some stated their goal was to have classroom teachers feel more supported; others stated student skill development in SEL was their primary focus. All schools reported having the autonomy to develop their own goals with the support of the district office.

School staff pointed to various bright spots they have seen since implementing supports. One staff member reported:

> *"Some of the highlights have been with elementary student success rooms being used at high levels, it's that emergent response and getting the kid back, it's the planned response and getting the kid to stay at school longer. And so we're seeing regular attender rates impacted and starting to increase. We're also seeing kids being able to navigate a full day to a higher degree."*

Another staff member shared a moment with an individual student:

> *"I think for me individually, there's sometimes where I sit with kids and I wonder am I even doing anything? Is this kid even learning anything? And then the other day I was working with this kid and she was, because we're talking about anxiety, like how your body kind of gives you warning signs before you cry. And she goes, 'Do you know what, the other day I realized like when I start feeling like this feeling or whatever like I know that my anxiety is coming on.' So I think anytime you see little glimpses, those little changes, it doesn't have to be big changes, but that there's progress somehow."*

While individual student success stories were common, districts reported it was difficult to determine if their efforts were moving them collectively towards their desired outcomes. However, staff were confident that, as they moved further into implementation of supports, monitoring systems would become more systematic and complete.

LIMITATIONS

While this report provides insights into the mental and behavioral health supports provided across the state, there are limitations that should be acknowledged. First, it is not possible to address all elements of the mental and behavioral health support systems in districts and schools. Second, while ODE intentionally partnered with three districts in geographically and culturally distinct parts of the state, representation is necessarily incomplete and cannot fully capture the broad range of experiences students and staff have related to providing or accessing the mental and behavioral health supports. Third, ODE researchers' time at each district was limited, providing only a snapshot of a point in time. Fourth, the annual reporting window for 2023-24 expenditures has not closed at the time of writing, and therefore the

12 Costello, E. J., He, J., Sampson, N. A., Kessler, R. C., & Merikangas, K. R. (2014). Services for Adolescents With Psychiatric Disorders: 12-Month Data From the National Comorbidity Survey–Adolescent. Psychiatric Services, 65(3), 359–366. https://doi.org/10.1176/appi.ps.201100518

expenditure information is incomplete. Finally, only school and district staff were interviewed to provide the information contained within this brief. Although there was some consideration made to include student interviews and questions would be limited to the types of supports provided rather than the nature of student mental health needs, it was ultimately decided that interviewing students posed too many risks for student privacy, revictimization, and retraumatization. For any future studies, it would be worthwhile to explore methods of including student voice while taking into account any concerns of possible negative impact on students.

Despite these limitations, this brief does illuminate some methods in which grantees are supporting students' mental and behavioral health needs.

DISCUSSION

Nearly every grantee statewide has implemented some system of mental or behavioral health support for students, yet additional needs remain. In each school visited, staff highlighted the struggle to provide for each student amidst competing priorities. Research suggests that the role of counselor has shifted dramatically since the pandemic-related school closures, with school leadership often directing counselors to complete administrative tasks, taking time away from providing counseling services to students.[13] While the school staff interviewed expressed that they received support from district and school administration, they are still subject to a myriad of job duties that take time away from working directly with students.

Staff work diligently to address the barriers to providing mental health supports to students but are facing systemic issues that cannot be addressed by the school district alone. These systemic issues include a lack of qualified mental health providers, a lack of community resources to support families in need of financial assistance, a lack of transportation to travel what can be long distances to find supports, and language or cultural barriers to accessing services.

Research suggests that preventing adverse childhood experiences or intervening after they occur could dramatically reduce suicidal behavior, drug misuse, and rates of depression.[14] Strategies for prevention and intervention include mentoring programs for youth, strengthening economic support for families, family-centered mental health and substance abuse treatment programs, partnerships promoting health in education, and parenting skill development. These approaches require significant investments and support from multiple levels of government.

Until such support can be provided, possible options for increasing student supports could include:

- Include mental health literacy as a Tier 1 support for students
- Establishing buddy systems where students can check in with each other
- Exploring digital approaches for mental health supports such as digital counseling or telehealth
- Reallocating responsibilities for professional mental health providers in schools to other roles and providing additional resources to those groups; mental health professionals would have additional time to focus on direct student supports, while the cost of providing resources to other roles to handle additional workload may be lower
- Continue working to expand community partnerships

CONCLUSION

Oregon is not alone in facing unprecedented challenges addressing student mental and behavioral health post-pandemic. While many such challenges are widespread and influenced by both national and international trends, there are also local elements that make it particularly challenging for small or rural districts in the state to meet their students' needs. The Integrated Program funding ODE disburses biannually to districts provides significant financial support but cannot address broader structural challenges such as a lack of providers in rural areas, cultural shifts in technology that have caused perceptions of student mental health concerns to proliferate, or a lack of monitoring and evaluation infrastructure to ensure programs are effective. Such challenges require close coordination and collaboration at the systems level between state and local entities to resolve. Ongoing dialogue between districts, state government, and external non-governmental partners who provide services will be necessary moving forward to attempt to resolve some of these issues.

13 Savitz-Romer, M., Rowan-Kenyon, H. T., Nicola, T. P., Alexander, E., & Carroll, S. (2021). When the Kids Are Not Alright: School Counseling in the Time of COVID-19. AERA Open, 7. https://doi.org/10.1177/23328584211033600

14 Swedo EA, Pampati S, Anderson KN, et al. Adverse Childhood Experiences and Health Conditions and Risk Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2023. MMWR Suppl 2024;73(Suppl-4):39–49. DOI: http://dx.doi.org/10.15585/mmwr.su7304a5

APPENDICES

APPENDIX A – INTERVIEW QUESTIONS

DISTRICT/SITE ADMINISTRATION

1. Please describe the mental and behavioral health supports provided to students in your schools.
    a. Which supports are universal?
    b. Which supports are to address early identification and support?
    c. Which supports are for students with serious mental or behavioral health concerns?
2. What are the main mental or behavioral health needs you see in students in your districts?
    a. Have you noticed any differences in the needs faced by different student groups or populations?
3. Are any of the supports designed for specific student focal populations?
4. Are there variations in supports at different schools or grade levels?
5. How did the district prioritize which strategies and activities to fund to support mental and behavioral health?
    a. Who provided input during this process? (Staff, students, families, other community members)
    b. How was it determined if supports from CBOs or outside agencies were needed?
6. What professional development does the district provide to staff to support the mental and behavioral health of students?
    a. Does the PD vary by role? (Teachers, counselors, etc)
    b. Is equity the focus of any of the PD?
7. Has the district experienced any barriers or challenges in rolling out the planned mental and behavioral health supports? How did you adapt or pivot as a result?
8. What systems are in place to monitor and assess school climate, culture, and belonging?
    a. What changes, if any, have been made in the past few years in response to this monitoring?
9. How are the supports assessed for effectiveness?
    a. What types of information or feedback is gathered for this assessment?
    b. What processes are in place to engage / provide opportunities for students, families, teachers and the community to give feedback on mental and behavioral health supports and programs?
10. What successes/ impacts have you seen from the implementation of these supports?
    a. For any observed impacts, is there variation in effectiveness between groups of students?
    b. Are there specific activities that are having stronger impacts or greater utilization by students or staff?
    c. Are these successes prompting any further planned changes for the district?
11. Are there needs not being met by the current strategies and activities? If so, what are those needs and what additional resources would be necessary to address them?

COUNSELING/STUDENT SUPPORT

1. Can you describe what mental or behavioral health needs your program provides support for or addresses?
    a. Is there differentiation based upon grade level or focal population?
2. How do students access these supports? Self-referral? Referral by staff? Parent referral?
3. What benefits and barriers do students experience when accessing this mental or behavioral health support or program?
    a. How are these identified and addressed?
    b. Are there any barriers to access that are more common among particular student groups? If yes, which ones?
4. How do your district's supports extend to supporting the mental and behavioral health of families?

5. How is this support or program assessed for effectiveness?
    a. What types of information or feedback is gathered for this assessment?
6. What successes/ impacts have you seen from the implementation of this support or program?
    a. For any observed impacts, is there variation in effectiveness between groups of students?
    b. Are there specific activities that are having stronger impacts or greater utilization by students or staff?
    c. Are these successes prompting any further planned changes for the district?

TEACHERS/SCHOOL COUNSELORS

1. What are the main mental or behavioral health needs you see in students in your school?
    a. Have you noticed any differences in the needs faced by different student groups or populations?
2. Please describe the mental and behavioral health supports provided to students in your schools.
3. How do students access these supports?
4. How do you address student mental or behavioral health needs in your classroom? (or office)
    a. If a student needs more intensive support, what is the process for providing that to them?
5. What professional development or training has the district provided to help you support student mental or behavioral health?
6. What impacts have you seen from the implementation of mental or behavioral health supports in your school/ district?
    a. For any observed impacts, is there variation in effectiveness between groups of students?
    b. Are there specific activities that are having stronger impacts or greater utilization by students or staff?
7. What opportunities have you had to provide feedback on the mental or behavioral health supports provided by the district?

APPENDIX B – STUDENT HEALTH SURVEY QUESTIONS

- During the past 30 days, how often have you felt worried or stressed?
- During the past year, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
- During the past 30 days, have you ever been bullied AT SCHOOL (including any school events)? This includes in-person bullying and bullying through technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.).
- There is at least one teacher or other adult in my school that really cares about me.
- At this school, there is conflict or tension based on race, culture, religion, gender, sexual orientation or people of different abilities.
- Adults in my school respect people from different backgrounds.
- I feel safe at my school.
- I am happy to be at this school.