January 2024

CENTERING HEALTH AND WELL-BEING IN EDUCATION

An updated resource and planning tool in support of Oregon school district budgeting and alignment for student success with new strategies, examples, and information to address post-pandemic impact.

The purpose of this iterative document is to help schools and districts identify partnerships and funding opportunities that develop and sustain health and wellness initiatives in support of student physical, mental, and behavioral health as well as overall well-being, thus leading to academic improvements.

Oregon Health Authority

OREGON DEPARTMENT OF EDUCATION

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January 12, 2024, Colleagues:

The Student Success Act (SSA) is rooted in the learning and listening done by the Joint Committee on Student Success as it traveled the State of Oregon. Since 2020, the Oregon Health Authority (OHA) and the Oregon Department of Education (ODE) have collaborated to offer succinct support for district and charter school planning for Student Investment Account (SIA) funds. This document is the third iteration of a resource to center your planning as you focus on helping meet students' mental or behavioral health needs. The school districts featured in this resource have innovated in their work to create connection, care, and belonging for students and staff while remaining focused on academic excellence for every student.

The Student Success Act was built on a wide set of concerns raised both by educators, as well as by families and students who interact daily with schools. At the heart of the SIA, (detailed in Section 13 of the Act) is the purpose of the grant funds, to:

1. Meet students' mental or behavioral health needs; and
2. Increase academic achievement for students, including reducing academic disparities for the focal student populations.

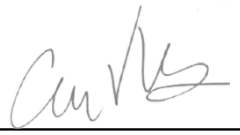
We all understand that healthy children are better able to learn, and an educated population will live longer, healthier lives. The COVID-19 pandemic has brought into sharp focus the vital role that schools play as places of belonging and connection, in service delivery, and in connecting children and families with both health services and other supports such as food and clothing.

OHA and ODE place a high value on collaboration and partnership between our agencies and with the communities we serve. Together, we envision a future in which education and health outcomes are equitable and students thrive in emotionally supportive environments. Student and family health and educational success are deeply intertwined and mutually reinforcing.

Both OHA and ODE are also mindful that supporting student academic growth, health, and well-being is a shared focus that might look different based on the needs, assets, strengths, and size of a district and school community and the individuals and families it serves. The role that you have in taking an honest and unfiltered look with your community at needs and resources, and then building coalitions with the community to meet those needs and mobilize resources remains the most meaningful way to center students and ensure the success of every child in Oregon.

We hope that you find this document, Centering Health and Well-being in Education, inspiring and informative of the ways that schools and districts in Oregon are meeting this moment of need and opportunity. We are proud of the collaboration between our agencies that this document represents and feel hopeful as we look forward to continued partnership and co-work with every school and district in Oregon.

Sincerely,



Dr. Charlene Williams, Director
Oregon Department of Education

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1. Overview

The link between health and learning is clear: active, well-nourished, well-supported and connected young people are more likely to attend school, arrive ready to learn, and stay engaged in class. This document is a resource (not formal guidance) to center health-in-education strategies as districts and schools move through the community budgeting and planning process under Aligning for Student Success: Integrated Guidance for Six ODE Initiatives. Educational and community leaders can address coordinated health and education outcomes by applying funding principles that prioritize health equity and respond to community priorities identified by following ODE's Community Engagement Toolkit.

Each school, district, and community have foundational building blocks in place to support student physical, mental, and behavioral health and well-being. This document seeks to support schools to build on what is already working, identify gaps, and foster further improvements in student and school community health. With funding available now, districts and schools have resources to successfully address community-identified health and wellness promotion and prevention opportunities in alignment with ODE's Integrated Model of Mental Health. This resource profiles seven strategies that center health and wellness through new investments or leveraged funding models in collaboration with local public health departments, Federally Qualified Health Centers, Tribes, healthcare, and other community partners.

Research Purpose

The purpose of this resource is to support schools and districts to take budgetary steps to strengthen educational and health outcomes for students through the development of collaborative partnerships and systems that support student physical, mental, and behavioral health with the long-term aim of achieving academic improvements described in the Student Success Act.

Districts should consider how dedicated coordinators or other personnel can develop and sustain integrated health education and health services to address health and education outcomes for **focal student groups.** Focal student groups are defined within the Student Success Act as "students of color; students with disabilities; emerging bilingual students; students navigating poverty, homelessness, and foster care; migrant students; recent arrivers; incarcerated and detained youth; LGBTQ2SIA+ students; and other students who have historically experienced disparities in our schools."

Throughout the document, we will refer to these student groups as "focal students." These focal student populations bring many assets and are at increased risk for health problems which impact learning due to inequitable conditions in neighborhoods, homes, and schools.

This resource highlights promising new strategies, as well as existing partnerships and strategies, in Oregon's schools that center health and well-being in education. For example, districts can address challenges unique to focal student groups by forming and financially contributing to partnerships with community-based mental and behavioral health providers to expand culturally and linguistically specific school-based mental health supports. These can eventually be self-sustaining through billing mechanisms.
Schools and districts can foster partnerships by matching or fully funding community- based organizations to support family access to comprehensive supports such as nutritious food, housing or Oregon Health Plan application assistance, and healthcare navigation. Through examination of student and family input, districts and community health partners can optimize new and existing funding for quality spending towards integrated health in education strategies guided by promising practices and targeted universalism funding principles.

2. Assessment and reflection on community input and local data

There are several strategies for assessing unmet needs that can inform district planning as it relates to student, educator, and community well-being. This section briefly summarizes and provides links to assessments that OHA and ODE want to elevate.

Needs assessments are helpful to understand what might be driving poor academic performance as well as the overall strengths and needs of a school or district community. Assessments can point to effective community-tailored solutions to address health and wellness issues which can be root causes of such outcomes. Districts may approach assessing what is needed as well as what supports are already in place in several ways. Drawing on existing assessments of school health or mental health systems is a meaningful starting point.

There are many tools available for assessing student health and wellbeing:

- The School Health Assessment and Performance Evaluation System, or SHAPE. SHAPE was developed by the National Center for School Mental Health (NCSMH), in partnership with the field, to increase the quality and sustainability of comprehensive school mental health systems. Schools can assess their current mental health system and identify areas of improvement for the future by completing assessments through a free web-based portal. SHAPE includes assessments that document school mental health components, assess the efficacy of school-based mental health services, and track improvement over time. The assessment has 7 domains: teaming, needs assessment and resource mapping, mental health screening, mental health promotion/prevention, early intervention and treatment, funding and sustainability, and impact.
- The Oregon Student Health Survey (SHS) is a valuable tool in identifying, understanding, and addressing health conditions that contribute to barriers for young people in school. The SHS is a comprehensive, school-based, anonymous, and

voluntary health survey of 6th, 8th, and 11th graders. It is a key part of statewide efforts to help local schools and communities ensure that all Oregon youth are healthy and successful learners. In 2022, the SHS was administered in 327 schools across 85 school districts and 27 counties. 45,599 Oregon youth participated in the survey. The SHS collects robust demographic data on students, including gender identity, sexual orientation, disability status, race and ethnicity, and social determinants of health. SHS data is publicly available on the SHS Data Portal at the state and county levels. In addition, schools and districts who participated in the 2022 survey can access their local data on the portal through password-protected access granted to principals and superintendents.[1] The "crosstabs" section of the portal allows you to run SHS reports by priority populations that were identified in the Student Success Act (e.g., rates of suicidal ideation by race/ethnicity). The portal can be found at www.bach- harrison.com/SHSDataPortal.

- The SHS is designed to assess:
  - Student health and safety
  - Student mental and behavioral health
  - School climate and culture
  - The impact of the COVID-19 pandemic and the State's response to the pandemic
  - Student substance use
  - Sexual health and intimate partner violence
- The Student Educational Equity Development Survey, or SEED survey, gives students the opportunity to express how they feel about their school and student experiences. The questions relate to education, mental health, and social-emotional climate. It may also help districts develop a fuller picture of their local contexts, and make strategic modifications to curriculum, instruction, and para-academic supports that they offer students. House Bill 2656, passed in 2023, requires each school district to ensure students participate in the Student Healthy Survey (SHS) and the SEED survey.
- The Thriving Schools Integrated Assessment, developed by Kaiser Permanente, is a tool for schools and districts to advance wellness and educational goals by incorporating health-related strategies for students and staff into school and district improvement efforts. The assessment focuses on physical, behavioral, and social-emotional health, with a focus on students and communities that are most impacted by systemic racism and health inequities.

[1] For assistance with accessing your local SHS data on the portal, please contact Mary Johnstun at mary@bach-harrison.com

- Additional CDC Healthy Schools tools for assessing school health are also available (e.g., physical education curriculum, health education curriculum, and wellness policies).

Other data sources to consider:

- Student health information forms.
- Incidents of disruptive behavior referrals and exclusionary discipline rates found on ODE's website.
- Number of students with an IEP or 504 plan accommodations related to chronic disease management and/or learning disabilities.
- Student acuity data submitted annually to ODE.
- Utilization data from school-linked health services or school-based health centers, school counselors, and school-based mental health professionals.
- System of Care. There are regional advisory councils that focus on the systemic needs of youth and families across Oregon. Each collaborative has representatives from local child welfare, education, juvenile justice, and mental health agencies alongside community-based organizations, youth, and family members, who address policies, services, and supports for youth and families. Being part of, or reaching out to, a local System of Care advisory council can provide insight into current unmet needs in the community as well as current initiatives created to address them.
- The Oregon Health Authority coordinates Medicaid benefits for children and families through Coordinated Care Organizations (CCO). Each of the CCO's provide a unique set of services and supports to members in the local service region. In addition to health care benefits, CCO's also conduct a community health assessment and develop a local community health improvement plan to provide strategic direction to unmet community health needs. These groups use Children's Health Complexity data to identify community level assets and address capacity of services to serve children.

3. Recommended Integrated Health-in-Education Strategies

OHA and ODE are mindful that supporting student health and well-being is a shared focus that might look different based on the needs, assets, strengths, and size of a district and school community and the individuals and families it serves. Some of the insights presented within may be addressed by small districts through conversations of alignment, determining how best to use formal and informal supports, and cross-training among personnel that are less than a handful of people. It is essential work, and we hope we've found a balance in sharing ideas and inputs from districts of different sizes and scale.

In updating this document, strategies have been reorganized from the previous version to reflect two key shifts that this resource seeks to emphasize: Leading with student voice, and the importance of data sharing and resource mapping. These two key strategies define priority areas and ensure that investments will have sustaining impact.

Strategy 1: Leading with student voice; Capacity-building for student voice and decision making around health and learning

The voices and input of young people are essential to ensuring culturally relevant, effective, and comprehensive mental and physical health services and health education supports. Youth engagement ensures the system is responsive to youths' needs, is accessible by all focal group students, and meaningfully improves youth health. Youth voice and choice plays a critical role in strengthening programs and improving youth outcomes. Students should be involved and encouraged to lead discussions related to health, education systems, and policy changes that affect their health and well-being.

When students address specific issues through peer-led group engagement, students are empowered to use their lived experiences and expertise for the betterment of others. Youth also have the chance to learn powerful communication, advocacy, and leadership skills, bolster self-worth, instill hope, teach self-reflection, and break down stigma.

Through direct investments, districts can:

- Develop position(s) to grow, diversify, and sustain student engagement practices and protocols for informing and making decisions about how to center health and well-being in schools.
- Fund and integrate specific student engagement activities including:

1. Student roundtable discussions
2. Student listening sessions
3. Student participation in working groups
4. Development and participation in state and community youth policy leadership trainings
5. Youth advisory and leadership councils
6. Involving students in needs assessments and interpreting student survey data, including Youth Participatory Action Research (YPAR) projects.

Spotlight 1: Corvallis School District and Casa Latinos Unidos Youth en Acción Program - Youth Participatory Action Research (YPAR) for Mental Health Resources

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Youth en Acción is a youth led research program administered through a collaboration between Corvallis School District and Casa Latinos Unidos, a local community-based organization. Youth en Acción promotes student voice and student leadership using Youth Participatory Action Research (YPAR). In YPAR, youth and adults work as partners to learn research practices so they can work as a team to identify and learn about an issue that impacts their lives, their peers, and their communities (Casa Latinos Unidos uses their own curriculum, but for more information on YPAR, Oregon Health Authority offers a free YPAR curriculum here). In 2017, Corvallis School District and Casa Latinos Unidos began a formal partnership through a district welcome center which provided space for Casa Latinos Unidos to connect with students and families to provide system/resource navigation and wrap around services. In 2021, as the partnership grew, the district identified a permanent space for Casa Latinos Unidos to serve families at an elementary school in a neighborhood with a large Latinx and Spanish-speaking population. This allowed Casa Latinos Unidos to form stronger relationships with families and the immediate school community as they provided culturally responsive resources. Youth en Acción began out of a shared vision for increased student voice in district decision making – leveraging Casa Latinos Unidos youth and community partnerships and the school district's Students Advocating for Equity (SAFE) initiative: a space for groups of diverse students to discuss and provide student perspective on race and inclusivity in Corvallis schools.

The first Youth en Acción project began in the 2022-2023 school year. Casa Latinos Unidos supported the project as the facilitators and key support personnel for the students, and

Corvallis School District provided the space and supported recruitment efforts through the SAFE initiative and a dual-immersion Spanish language program. In all, Youth en Acción engaged 11 students from these programs. Youth en Acción sessions are conducted in both English and Spanish. To engage the students initially, Casa Latinos Unidos initiated a photo-voice project in which they asked the youth to take photographs of things that called their attention to their schools and their communities. From analysis of these photos, students identified mental health as the priority topic of their research and further developed a student survey at two district high schools and key informant interviews of district mental health staff.

The team found that (1) there were many unmet mental health needs in their schools, (2) youth did not know school counselors had some mental health training and were available as a resource, and (3) district licensed therapists lacked capacity which put strain on all mental health staff. The youth began some of the work of creating recommendations and were able to present their research conclusions to the District Equity, Diversity, and Inclusion Committee at the Corvallis School District, district mental health staff, the Oregon Health Authority Statewide Youth Advisory Council, and other community stakeholders. There is hope that the next iteration of Youth en Acción may continue the work of identifying and implementing solutions.

The program was so successful that another cohort began in the 2023-2024 school year. The district and organization have a goal to expand to more high school students and create a YPAR program for middle school students. Both the district and the organization cite several influences of success, including having a clear and concrete district equity policy that promotes programs like this, having strong relationships with district staff and the school community, having facilitators that are recent graduates and culturally representative of the students that they are serving, and having district administrator champions that can support facilitation and process.

Funding Model

The district supports the project through funding to SAFE through the district's general fund equity budget and by providing classroom space for Youth en Acción and Casa Latinos Unidos. Casa Latinos Unidos supports the project and other community participatory action research projects (Community of Leaders for adults) through public health funding (OHA), funding from the Department of Justice, county funding, and private donors.

School Team Quotes

"*The district has a clear policy on equity and inclusion – it makes it very easy for our program to do the work. The two facilitators are both part of the community that they are serving. Gustavo is a recent graduate of high school and Keiri is a graduate of a nearby high school. Their relationships to the school community and their similar life experiences to the youth help them to have stronger engagement with the youth and the staff of the district."*

- Casa Latinos Unidos Team Member

Strategy 2: Resource mapping, data sharing partnerships, and MOUs with healthcare providers or local public health

Resource mapping can provide education systems with the opportunity to identify, align, and better utilize services to support students' health and educational needs. Mapping can include internal and external providers and resources, demonstrating the broader systems of support available for students. This work can help document available services while shedding light on opportunities for growth or additional support that may be needed in particular areas.

Dedicated support to develop partnerships with local public health, Coordinated Care Organizations, and diverse community policy leaders can support policy and systems change related to school and community population health.

The collection and sharing of data are essential to the meaningful partnership between community education and health sectors. The utilization of shared data can build a stronger commitment to shared education and health outcomes. Dedicated school personnel can support the development and implementation of a data sharing agreement or memorandum of understanding (MOU) with local primary care providers to support school teams to better coordinate care for youth with complex healthcare needs such as asthma, diabetes, traumatic brain injury and other conditions impacting learning. For example, school nurses could be provided secure electronic access to select portions of their patient's medical records that could support them to better care for the child while at school.

Through direct investments, districts can:

- Dedicate school personnel time to develop protocols with local hospital emergency room departments for standardized creation of a release of information (ROI) in alignment with HIPAA and FERPA that is relevant to manage student crisis response related to incidents of community violence, suicide attempts, drug or alcohol overdoses, etc.
- Establish local data sharing agreements that support partnerships between schools and public health to better identify student and family health needs and target resources and supports accordingly.
- Create electronic student medical record/documentation system for student data collection, outcomes tracking, and care coordination across district health services staff.

Strategy 3: Community-based organization (CBO) partnerships to enhance well-being and address chronic absenteeism

Attendance is linked to critical markers of success in school. Being absent prevents students from learning fundamental skills and knowledge. Missing 10% or more of school days equates with missing critical building blocks for basic skills that accumulate and grow into larger and larger deficiencies. Beyond education, these consequences also have implications for individuals' long-term health and wellbeing.

Effective school and community partnerships are key to addressing student mental health and well-being to develop a collaborative and systematic approach that clearly identifies the scope and role of each professional. Many schools use the metric of "Average Daily Attendance" which can greatly mask the number of students who are chronically absent. For example, a school may have a daily attendance rate of 92 percent or higher while one in four students at the school is chronically absent. It is helpful to understand the differences between truancy and chronic absences. Truancy counts only unexcused absences, emphasizes compliance with school rules and relies on legal and administrative solutions to the student's absence. Chronic absenteeism counts all absences: excused, unexcused and suspensions, emphasizes academic impact of missed days and uses community based positive strategies to address absenteeism[2]. School and community partnerships can provide key services that support students, families, and schools to prevent chronic absenteeism. These partnerships can also provide ways to examine and address the broader socio-cultural needs of communities and families. Through direct investments, districts can:

- Bolster and integrate community-based organizational support and resources to meet the needs of diverse students and families related to transportation, clothing, food, housing, or other assistance.
- Use the Every Day Matters Chronic Absenteeism Tool Kits
- Enlist support from culturally and linguistically relevant CBOs to engage families around the importance of strong attendance, especially in early grades. As partners, school and CBO team members can work with parents, caregivers, and students to create and implement individualized attendance plans.
- Develop real-time attendance data sharing protocols with CBO partners providing wraparound supports and positive child and family interventions.
- Co-locate culturally relevant community-based advocates or mentors within the school to serve as trusted adults to students through structured relationship-based approaches to encourage strong attendance.

[2] https://www.attendanceworks.org/chronic-absence/the-problem/

Strategy 4: Racially just and inclusive school climate initiatives and culturally specific mental and behavioral health supports

This strategy supports districts and schools to cultivate mental and behavioral health and well-being through a continuum of supports and through providers with diverse identities and credentials. It requires reflection on the role that resiliency factors and traumatic stress play in the lives of students and families in the school environment. Throughout the 2010s, Oregon faced rising rates of unmet emotional and mental health care needs among youth – with disproportionate impact on youth of color, youth from tribal communities, and LGBTQ2SIA+ youth.[3] Today, children and adolescents are also experiencing adverse primary and secondary impacts of COVID-19 which are compounded and exacerbated by underlying health inequities caused by racism and other forms of oppression. Students experience a wide variety of adversity that can come in many forms including acute stressors such as:

- the loss of a parent or other family member, or friend(s);
- gun violence;
- physical, sexual, emotional, and verbal abuse;
- toxic stressors like neglect, houselessness and food insecurity;
- or the oppression and marginalization of generational racism.

Schools are primary providers of physical, mental, and behavioral health support for students. Roughly 70 percent of American students who access mental health services and supports do so in their schools.[4] However, the extent to which youth develop symptoms of declining mental health often depends on their everyday lives including societal factors such as poverty, systematic oppression, housing instability, and other community conditions.

Focal student populations have experienced disproportionate treatment in education and health due to systemic barriers that impact their well-being. In addition, factors including racism, homophobia, transphobia, and ableism place focal student groups at greater risk for experiencing physical, mental, and behavioral health challenges.

Preliminary statewide analysis from the 2022 Student Health Survey[5] suggests:

- Over 35% of transgender, non-binary or gender non-conforming eighth and

[3] 2019 Oregon Healthy Teens Survey Results https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/2019.aspx

[4] Rones, M. & Hoagwood, K. (2000). School-Based Mental Health Services: A research review. Clinical Child and Family Psychology Review, 3, 223-241.

[5] Analysis of 2022 Oregon Healthy Teens Survey Results https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Documents/SHS/2022/Reports/State%20of%20Oregon%202022.pdf

eleventh graders contemplated suicide in the past year.

- 33% of American Indian/Alaska Native eighth graders experienced hunger because of not having enough food compared to 17 percent of White eighth graders.
- Eleventh grade youth who are American Indian or Alaska Native (55%) reported disproportionately high rates of depressive symptoms compared to White, non-Hispanic students (41%). American Indian or Alaska Native eleventh grade youth also reported higher rates of suicide contemplation.
- Eleventh graders who are Middle Eastern or North African (32%) or multiple races (29%) had the highest rates of unmet mental health needs.

These data paint an alarming portrait of the variety of current challenges around supporting youth mental health in Oregon. Schools are pivotal partners in addressing mental and behavioral health concerns and connecting young people to the supports they need to be well. According to the 2020 report from the Oregon Commission on Hispanic Affairs, "Schools are particularly robust access points for Latino/a/x rural youth and their families. Analyses of OHA quantitative data from 1983–2013 find that Oregon's Latino/a/x youth are far more likely than the general population (53% compared to 30%) to access mental health from K–12 referrals.[6] Qualitative research also found that culturally specific and rural mental health providers who serve the Latino/a/x community believe schools are an effective and promising platform for mental health services for the Latino/a/x community."[7]

Strengths-based, trauma-informed, equity centered multi-tiered systems of support provide language and a framework for better understanding the continuum of support available within education settings. The three tiers (universal, selected, and indicated) help ensure that all students have supports matched to their strengths and needs. Having a continuum of care with options, resources, and support helps meet the diverse needs of students focusing on promotion, prevention, intervention, and treatment options.

As part of the Student Success Act and embedded within ODE's Office of Equity, Diversity, and Inclusion are five culturally specific Student Success plans that identify priority areas, unmet needs, and strategies identified through community needs

[6] Voelker, K. (2017). Mental Health Disparities for Latino Oregonians: Exploratory Analysis Using Administrative Data [Study]. Oregon Commission on Hispanic Affairs, Oregon Department of Human Services, & Oregon Health Authority. https://www.oregon.gov/oac/Documents1/MH_Disparities_for_Latino_Oregonians_(Manuscript_v2_Final_Paper)_-_Voelker.pdf

[7] Kim-Gervey, C., Castillo, I. L., Gallegos J., Kramer, N., Bartelmann, S., & Angus, L. (2020). Crisis de Nuestro Bienestar: A Report on Latino Mental Health in Oregon. Oregon Commission on Hispanic Affairs, Oregon Health Authority, Oregon Department of Human Services. https://www.oregon.gov/oac/Documents1/Crisis_de_Nuestro_Bienestar_-_Latino_Mental_Health_in_Oregon.pdf

assessments and supported by an advisory group designed to support African American/Black, American Indian/Alaska Native, Hawaiian/Pacific Islander, Latino/a/x, Indigenous, and LGBTQ2SIA+ students. Many of the identified goals and objectives can be used to develop policies, practices, and services to support focal student groups.

ODE's Integrated Model of Mental Health serves as a framework for developing systems, policies, and practices that are strengths-based, trauma informed, and equity-centered. The model guides schools in developing integrated systems of health that address tier 1 prevention at every level of the educational experience. It affirms that each interaction with students is an opportunity to foster, care, connection, health, and well-being. To address higher levels of mental and behavioral health needs, a district or school can invest in a comprehensive school/community mental health system of care to provide a full array of linguistic and culturally responsive supports and services.

Effective partnerships to promote and support youth mental and behavioral health require meaningful, authentic, and culturally responsive collaboration between students, families, schools, community mental health providers, Tribal governments, county behavioral and public health partners, and community-based organizations. Effective partnerships require expansive definitions of individual and community mental and behavioral health and community-driven interventions and prevention approaches that serve a given population. Effective engagement should aim to prevent social isolation, build trust, and improve changes in practices. This should lead to the co-creation and implementation of a shared vision for improving mental and behavioral health outcomes for students. Effective partnerships include a shared vision of safety, trust, collaboration, empowerment, youth engagement, cultural responsiveness, and clear understanding of roles and responsibilities.

Spotlight 4: CARE Program: Umatilla School District and Umatilla County

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The Umatilla County CARE program has worked with local school districts for more than two decades to help children and families access community resources. This long-standing partnership has increased attendance, improved mental health and wellness, and provided a single point of contact for families.

The program receives referrals from all school districts in Umatilla County, although referrals can come from anyone in the community. Because the program is housed within the county, there are no eligibility requirements. Common needs identified by youth and families who participate in the CARE program include mental health supports, alcohol and drug prevention services, access to food, head lice kits, crisis

care, insurance, access to utility assistance and disability services. CARE Specialists are trained to work with the youth and family 'where they are' and emphasize a whole-person, strengths-based approach. Services are trauma informed and delivered in a way that values gender, language, cultural diversity. CARE specialists utilize a 'teach and train' method to model scheduling of appointments, completing applications for community assistance, and support activities of daily living. Supporting the social determinants of health, CARE helps reduce economic instability and illness, and promotes equity, safety, and inclusion, and physical and mental health wellness.

Wallowa Valley Center for Wellness (WVCW), along with several Wallowa County school districts (Enterprise, Wallowa, and Joseph SDs), have partnered for more than five years to provide on-site brief, short-term individual, group, and family therapy along with care coordination, suicide prevention, and crisis services.

WVCW has deepened their partnership with the districts in recent years through the development of Memorandums of Understanding (MOUs), outlining service provision, budget, and the school-based mental health (SBMH) providers' scope of work. WVCW staff that provide services in the schools include qualified mental health professionals, skills trainers, case managers, and prevention specialists all trained to provide culturally relevant supports. WCVW also has agency staff from the Wraparound and Early Assessment and Support Alliance (EASA) programs available to visit students and their families at school.

Funding Model

All ten school districts throughout the county along with Intermountain Education Service District provide between two and ten percent of their general fund dollars to help support the nine full-time employees working in the CARE program. Other local partners, including local hospitals and juvenile justice, contribute, and CARE receives some legislative funds.

WCVW leadership is highly invested in school-community partnerships, and funds some school-based mental health staff salaries through the agency budget. The three districts also contribute SIA funds towards the providers' salaries, and the Oregon Health Authority (OHA) provides partial funding through the School-based Mental Health Program. For example, Wallowa ESD contributes approximately $30,000 per year through SIA funding to support onsite community-based mental health providers in four schools.

The braiding of funding from multiple sources ensures that an array of support from WVCW is available to any student who needs mental health support, regardless of insurance status or ability to pay.

School Team Quote:

"Our WVCW Kid Team has developed a strong relationship with our school districts which includes the joining this past summer of all the school prevention specialists (school employees), school counselors (WVCW employees), and skills trainers/case managers (WVCW employees) in collaborating on developing a county wide suicide prevention/postvention plan. Each of the schools has also created a Student Success Team that includes the principal, superintendent, prevention specialist, behavioral specialist, special education teacher and the school counselor. In the team meetings we discuss students we are concerned about either due to academics, attendance, behaviors, or emotional or mental health, as well as any referrals from teachers or parents (always within HIPPA guidelines, of course). These meetings help us to make sure no kid falls through the cracks and that someone is following up."

- *SBMH Clinician*

Strategy 5: Culturally specific community partnerships to support health care navigation and services

The COVID-19 pandemic brought into sharp focus the role that schools play in connecting children and families with health services and other supports such as food, health insurance navigation, clothing, and community resources. Community-based organizations and federally qualified health centers (FQHCs) can support families, students, and educators through partnerships that offer co-located health services, case management, or systems navigation to address the root causes of health, such as housing or nutrition services. Community partnerships are also critical to bring in health education services such as:

- Culturally relevant healthy nutrition programs
- Sexual education programs
- Physical education programs such as Family Zumba or yoga classes
- Skills training related to alcohol, tobacco, and other drug prevention.

Spotlight 5(a): Phoenix-Talent School District and La Clinica FQHC

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La Clinica, a Federally Qualified Health Center (FQHC), and three Southern Oregon school districts (i.e., Ashland, Medford, Central Point, and Phoenix-Talent SDs) have partnered for more than 20 years to provide high quality, consistent services aimed at keeping students and families healthy in familiar, safe, and welcoming settings. As an FQHC, La Clinica provides both primary care and mental health services. La Clinica is reimbursed through Medicaid for services provided and leverages federal funding to

support families who cannot afford services.

With the advent of the Student Success Act and its focus on mental health, La Clinica saw an opportunity to expand its partnership with schools. Using productivity and revenue data based on its long history working within school districts, La Clinica projected two things: the amount of funding required from school districts to get new primary care and mental health services off the ground, and the amount of time before the services would be self-sustaining. La Clinica then used this information to create a menu of service options from which school districts could choose, based on their needs and funding. Due to FQHC requirements, service provision must include primary medical services. Additionally, all menu options include registered nurse time along with a mental health therapist and front office support.

Phoenix-Talent School District approached La Clinica in 2020 with a request to add services to four schools (two elementary, a middle, and a charter). The community engagement activities conducted for initial SIA planning clearly demonstrated that the community wanted more mental health resources in schools. La Clinica used its formula to calculate the amount of start-up money required for those positions and predicted that at the end of two years, the positions would be self-sustaining. At that point, the funding could be shifted to other priorities. Recent community engagement activities indicated that Phoenix-Talent School District parents and high school students wanted mental health services in the high school. Now that those funds are no longer needed in the elementary and middle schools, Phoenix-Talent SD plans to respond to that community request by redirecting the money to the high school.

Phoenix Talent's experience with La Clinica highlights the benefits of strong health and education partnerships: the alignment of similar goals to center equity while serving the public. This partnership has allowed Phoenix-Talent SD to provide a well-rounded service for families and students. It has also reduced the barriers to accessing services because the community trusts the schools and the schools can vouch for La Clinica. Another benefit is that families do not need to miss work to take their children to appointments, as services are available at schools. This has the added benefit of increasing student access to instructional time and eliminating travel time. There also seems to be less stigma in families and children receiving mental health services at school.

Services are provided in English and Spanish. In addition to the schools benefiting from comprehensive on-site services for students, students also gain access to an expansive array of services offered at other La Clinica School-Based Health Centers, including connection to wellness groups, dental support, skills training, and wraparound family supports.

Funding Model

Depending on services and how many sites are to be opened, the first two years of

operating costs can range from $222,000 to $564,000 for a full medical/behavioral health model. The funding for the first two years was braided funding from the education side with SIA money and from the healthcare side through billable revenue and federal funding. After an initial financial investment covering the first two years of operating costs, the district no longer needed to contribute financially, as the billing model became 100% self-sustainable. Moving forward, students will continue to benefit from culturally relevant, comprehensive on-site nurses and behavioral health services for years to come.

The model has been replicated over a dozen times in Southern Oregon schools and has proven to be effective and self-sustaining after the initial startup period.

School Team Quotes:

"The community told us what they needed, and we were able to deliver through our partnership with La Clinica. Families continue to tell us that this is the number one support in place for them...Since we had this partnership in place before the fires, La Clinica was even able to help families replace important documents. This is the best investment that we have made through our SIA dollars. I now realize how tightly knit education and health is in the lives of our students."

- School administrator

"La Clinica's ability to connect with families through deep cultural responsiveness is key. They offer bilingual services, which is important. Because the services are co-located there isn't stigma about receiving therapy at school. Children can get support. Families don't have to leave their jobs to get care. Doing just one referral is also helpful – rather than just handing them a list of a lot of resources."

- School administrator

Spotlight 5(b): Benton County Health Services and Corvallis School District

Program Contact: Lizdaly Cancel, Health Navigation Service Manager, Benton County Health Services; lizdaly.cancel@co.benton.or.us and Aaron Hale, Lincoln School Principal; aaron.hale@corvallis.k12.or.us

Benton County Health Services and Corvallis School District established a School Health Navigation Program in 2014. The Health Navigation Team was established to support students, their families, and their communities with the goal of improving the quality, cultural competence, access, and use of services in the area. By providing support and public health interventions to students and their families, the hope is to impact the child's life directly and improve their current condition, giving them a chance to live a

healthier life and to reach their full potential. Health Navigators are all certified Community Health Workers (CHWs) through the State of Oregon and are also trained as certified Oregon Health Plan Community Partners (assisters), allowing them to assist youth and families to apply, enroll in, and recertify for health coverage. Their connection to many health programs allows for broad family support, navigation, and referral to medical services, behavioral health services (through Trillium and Benton County), food assistance, housing, McKinney-Vento Program services for youth experiencing homelessness, physical activity, education opportunities, and other community resources.

Benton County has had a clinical Health Navigation program since 2008 and expanded to schools based on findings and objectives from the 2013-2018 Benton County Health Assessment and Community Health Improvement Plan, including an education assessment by Casa Latinos Unidos de Benton County. The program began by placing two bilingual/bicultural Navigators in Title 1 elementary schools with dual immersion programs and higher Free and Reduced-Price Lunch (FRPL) utilization. A third School Health Navigator was placed in a middle school in 2015.

Initially there were some challenges building relationships within schools, raising awareness of the Health Navigator role, and earning the trust of parents, students, and staff. However, the program has received a lot of support from Corvallis School District and after nine years of operation has now successfully solidified these relationships.

Funding Model

Currently, 50 percent of the 3.0 FTE Health Navigators are funded by Corvallis School District and 50 percent is grant funded through the county. Stability in grant funding has been a challenge. In the past, the school district has supported the program with Medicaid Administrative Claiming.

School Team Quote

"Both the data and anecdotes – the tangible and intangibles – point to how many touches our health navigators make, responding to the community needs and creating a sense of belonging […] that from an equity standpoint is reflective of our district values."

- School Principal

Strategy 6: Health Leadership and the benefits of a health coordinator to develop Health-in-education initiatives and systems

Schools and districts benefit from dedicated personnel focused on the integration of healthy school strategies. Yet in most communities, education, healthcare, and public health systems are often siloed. A dedicated coordinator or leadership position can

connect and coordinate services as well as elevate and implement best practices and evidence-based practices to address health equity. They can support linkages and referral systems to health and social service resources in the community, and they can evaluate and improve upon programs to meet youth, family, and community health and social needs.

Health leadership can be internally provided by the district or through partnership with external organizations. Internal options can include creating a health leadership role within the district, which can support the buildout of a wider net of integrated health services personnel. Internal positions may be able to coordinate staff who are placed in different schools and positions within the district, enabling better coordination of supports for students. Licensed providers in that role can also support staff that may require clinical supervision. Acting as a convener, these positions are also able to lead evaluation of mutually reinforcing health and academic initiatives that the district has identified as a priority. With a systems lens, they may be able to work towards building and strengthening partnerships with local health and community-based organizations.

External partnership options include partnership with local public health or other community organizations serving youth. Coordinators with public health backgrounds are poised to convene and collaborate with local public health and other community partners to better integrate and align resources towards collaborative, systemic, and integrative health promotion initiatives in schools to reduce alcohol, tobacco and other drug use; decrease violence; increase social cohesion and connection for families; and integrate programs that promote positive youth development. Local public health partners are also primed to identify and develop connections between schools and other sectors to support and sustain long-term healthy school interventions.

For more information about this strategy area, please see the 2013 OHA report: Investment in School Health Capacity: Payoffs in Health, Achievement and Stronger Communities. The report findings conclude that the presence of four components of Core Capacity (having a school health coordinator, conducting health-focused self-assessment, having a school health advisory group, and health related school improvement plan goals and objectives) was generally associated with healthier school policies and practices, healthier student factors, fewer attendance and disciplinary problems and improved graduation rates. OHA estimated the potential return for statewide investment in the development in Core Capacity (represented by the salary of a half-time school health coordinator in every secondary school) and found that the economic value of improving graduation rates by even just 1% far outweighs the estimated costs for building Core Capacity.[8]

[8] Barbour, I., Chaumeton, N., Dilley, J., Nystrom, R., Ramowski, S., Thorne, E. (2013). Investment in School Health

Spotlight 6(a): Bend-La Pine Schools and Deschutes County Local Public Health Authority

Program Contact: Aimee Snyder, Deschutes County Healthy Schools Prevention and Health Promotion Supervisor; HealthySchools@deschutes.org

The Deschutes Healthy Schools program embeds Healthy Schools Public Health Specialists (PHSs) in every high school and middle school within the Bend-La Pine School district at 1.0 FTE for each high school and the middle schools that feed into that high school. The PHS primary role is to serve as a school health coordinator and implementer for mostly Tier 1 (universal) primary prevention activities and to coordinate systems/policy/program change for Tier 2 (selective early interventions) and Tier 3 (indicated interventions/treatment). The program also provides a program supervisor who serves as a district coordinator for district-level health initiatives, a linkage between the school-level and district-level health initiatives, and a central coordinator for the PHS work across high and middle schools. The program formally began in July 2021, but the work builds on existing collaborative work of many years prior.

This model allows for seamless public health service integration within schools. Given public health staff work full-time in school buildings, they can seamlessly integrate their work into school operations, which prevents this work from becoming "another new thing" school staff need to plan to do.

Upon program launch, Deschutes County and Bend-La Pine Schools program leaders reviewed existing data (Oregon Student Health Survey, Youth Truth, and the district's 2019 equity assessment for the Student Success Act) and held listening sessions with an array of stakeholder groups to identify the joint goals, targeted outcomes and metrics aimed at reducing disparities by income, race/ethnicity, and sexual orientation/gender identity. They identified the following program goals:

1. Increase social, mental, emotional, and physical health supports in schools.
2. Increase students reaching Positive Youth Development benchmarks.
3. Reduce unmet physical and mental/emotional health needs among students.
4. Reduce disparities by race/ethnicity, gender/sexual orientation, and income levels.
5. Increase on-time graduation rates.

Capacity: Payoffs in Health, Achievement and Stronger Communities. Oregon Health Authority. https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/HKLB/Documents/Report_SHC.pdf

6. Improve student health outcomes in the following focus areas:
    - Suicide
    - Substance Use
    - Sexually transmitted infections
    - Teen pregnancy
    - Immunizations
    - Positive youth development (including social and emotional learning)

Funding Model

The program is funded through a 50/50 partnership between Bend-La Pine Schools using Student Investment Account funding and Deschutes County general fund. Blended funding (SIA and general fund) allows flexibility to focus on local needs and accommodate emerging needs as they arise. For example, the PHSs were able to adjust their program plan midway through the 2021 school year to accommodate how COVID-19 was impacting school staff. The PHSs were able to pivot from conducting the assessment and planning process as one school health team to holding listening and planning sessions with school staff, students, and parents/families individually or in small affinity groups. This adaptation ultimately reduced the burden on the school staff and included more diverse, representative data/perspectives.

School Team Quotes

"[Our Public Health Specialist] almost seamlessly joined our school's multi-tiered system of supports MTSS group and provided valuable insight about resources available for students. I'm glad to have someone on campus to provide extra resources, ideas and support for students and staff."

-Teacher

"[Our Public Health Specialist] jumped right into our school, learning the staff, students, culture, needs and strengths. She has embedded herself so beautifully in our school, especially in a hard year. Her systems lens is much needed, and we are so grateful for her!!!"

- School Counselor

"The Healthy Schools program has been a positive addition to [our school] and [our] community. I have worked with various groups in [our area], and pre- COVID-19, facilitated a community group focused on creating partnerships between the schools, the community, and local resources/services. One of the biggest challenges was connecting health-related services to the schools and providing resources for our students, families, and community. Our Public Health Specialist has worked diligently to understand the community and identify resources to meet the health-related needs of the community. I look forward to continuing this partnership to ensure services and

resources are accessible to the entire community [in our area] and strengthen the school and community relationship."

– Assistant Principal

Strategy 7: CTE career pathways for healthcare and for mental and behavioral health careers through exposure and mentoring

To provide the care young people need, sectors must work together to build the workforce necessary to care for those who need help. This strategy area is focused on increasing capacity for career training and mentoring to ensure that more young people representing diverse perspectives have exposure to careers in mental and behavioral health and healthcare disciplines post high school and college. To coordinate effectively, schools and districts can dedicate funding for personnel to coordinate career technical education (CTE) and partnerships with post-secondary education to support middle school and high school students enter behavioral health careers or other careers in the health sciences.

Districts can create positions to support partnership capacity with state and regional partners working on preparing the next generation of culturally responsive providers. Districts and post-secondary institutions can create career pipelines and pathway programs, as part of a long-term regional investment in communities and economic development. Through this strategy area, schools and districts can:

- Develop specialized, engaging CTE curriculum through partnerships with higher education institutions to cultivate strong curricula, internships and mentorship relationships between college students gaining degrees in the behavioral health field, and middle school and/or high school students.
- Develop "grow your own" programs in which districts create pathways for unlicensed or uncertified district employees and school community members to get education, on-site training and certification/licensure in a health profession. These programs can require a commitment to work in or for the school district throughout the training program and/or after completion certification/licensure. These types of development strategies can also provide career pathways and incentives for a more culturally and linguistically responsive and diverse workforce.

Spotlight 7(a): Salem-Keizer School District's Behavioral Health and Human Services CTE Program

Program Contact: Sarah Rambeck; Email: rambeck_sarah@salkeiz.k12.or.us

Oregon is experiencing a shortage of behavioral health and human services providers. There are grants and grow-your-own programs that exist throughout the state to help expand the workforce. Salem Keizer School District is investing in Oregon's Behavioral Health and Human services workforce by supporting high school students to become behavioral health and human services providers.

Salem-Keizer, Oregon's 2nd largest school district has a Career Technical Education Center (CTEC) with ten CTE programs of study. The newest one is the Behavioral Health and Human Services (BHHS) program. The program's mission is to prepare the next generation of helping professionals for the future of the behavioral health workforce and ensure that students graduate with a competitive advantage through gaining industry related skills, knowledge, and values that empower individuals and communities towards improved behavioral health and well-being. The hope is to expose students to the variety of careers available in settings like addiction treatment, child welfare, personal support, or mental health therapy.[8] The program is designed as a two-year program with capacity for sixty first-year students and sixty second-year students. The program currently has two cohort groups for a total of fifty-five students. Next year the program will have first- and second-year students.

The program's goals are to prepare students for success in a career in human services and behavioral health settings. Students are supported in developing tools and strategies to support longevity in the field by understanding and utilizing self-care and coping skills. Students learn to identify which areas of the BHHS field they want to enter direct service as a paraprofessional (peer delivered services provider), pursuing higher education as a certified drug and alcohol counselor, associates' level qualified mental health associate, bachelor's level work such as skills training, case management, or master's level work such as a qualified mental health professional, social worker, or counselor. The program teaches students about culture competence and the importance of providing culturally specific services, lessons on diagnoses, treatment modalities, developmental stages of life, and suicide prevention trainings like ASIST and QPR.

Funding Model

Funding for the start-up costs of the program came from grants and donations. After completion of the second year, Pathway funds will be available as well. Teachers' salaries are from Salem-Keizer Public Schools funds.

Spotlight 7(b): Columbia Health Services and St. Helens School District

Program Contact: Sherrie Ford, Director, Columbia Health Services, sford@columbia-health.org Scot Stockwell, Superintendent, St. Helens School District scots@sthelens.k12.or.us

Columbia Health Services (CHS) operates a School-Based Health Center (SBHC) at St. Helens High School and has encountered recruitment challenges for all levels of the SBHC's staffing. In their recruitment and retention efforts, the organization found the most success when they recruited people who are invested in the community and call Columbia County "home". Based on this need and the CTE needs of the school district, CHS and St. Helens High School started collaborating on a CTE program for medical professionals, including Certified Nurse Aid (CNA) certification. The district and the organization hope students leave high school career ready, or at least ready to gain clinical experience, and become more informed and experienced for application to nursing or medical school. In addition, they hope that students build relationships with the medical professionals in the county's SBHCs and gain career coaching and mentorship. The program would particularly support lower-income, rural students with achieving a strong foundation to a career path.

In 2022, CHS received a grant from the Oregon Health Authority to support a Nurse Coordinator (registered nurse) position to develop the CNA program/classroom instruction materials and to act as an instructor on behalf of St. Helen's High School. The school district provided space and a co-instructor. CHC worked with high school administrators and the district's Portland Community College Coordinator to complete course descriptions and to attain teaching certifications for the nurse coordinator. In February of 2023, the district launched the course for the spring semester: 31 students enrolled in the orientation class. For the fall of the 23-24 school year, the program forecasted 49 students participating.

The engagement in the program allowed Columbia Health Services to build a strong relationship with the school district, so much so that the school district is providing bridge funding for course instruction until additional workforce development funds are attained. In addition, relationships were established with the local workforce development board to provide resources to the CTE students to cover start-up, certification, and testing costs in their new careers. The workforce development board and CHS are also applying for funding to add an EMT/Paramedicine option to the Health Careers CTE program. Finally, the CTE program is promoting career growth and retention among CHS staff. For example, a licensed practical nurse in the SBHC clinic (who is a CTE graduate from another local high school) became interested in the St. Helens Program, got her teaching certification, and is now set to be an instructor for the course.

Funding Model

St. Helens funded the initial instruction and course development through one-time public health capacity funds from the Oregon Health Authority. St. Helen's provided space and a co-instructor for the classroom instruction. As the program has grown, St. Helens School District is providing bridge funding for the program as the workforce development board and CHS apply for additional workforce development grants.

School Team Quotes

"The collaboration and ownership that the students have exhibited has been inspirational. The students are clearly interested in and appreciative of the opportunity for school and partner support for their career dreams."
-CHS Administrator

"It is not only developing the skills of the high school students -- it is also creating career advancement and retention of staff within the school-based health center."
-CHS Administrator

4. Conclusion

As district and school leaders digest community engagement and staff feedback, review disaggregated data, and meet the other planning requirements outlined in Aligning for Student Success: Integrated Guidance for Six ODE Initiatives, there is an important window of opportunity to review and make strategic investments in student health, mental and behavioral health, and overall well-being. This resource is a pragmatic offering with the goal of putting forward examples of dynamic work and partnerships happening across the state.

Hopefully this document provides some inspiration and resources and meets the moment by not just describing conceptually what needs to be done but help show a path forward for how districts can ensure their budget planning is in direct relationship to community input, data and needs assessment processes.

5. Definitions

Addictive Behavior
Any activity, substance, object, or behavior that becomes the major focus of a person's life to the exclusion of other activities, or that has begun to harm the individual or others physically, mentally, or socially.

Behavior
The way in which someone conducts oneself or behaves. Classroom behavior is a phrase used to describe the ways in which students conduct themselves in the classroom. Classroom behavior is influenced by teacher readiness, school climate and culture, classroom structure or environment, the individual ages and developmental stages of students in the classroom, as well as their social, emotional, and regulatory capacity. It is also affected by sociocultural factors including access to food, stable housing, health care, physical and emotional safety, and family and community stress.

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.

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.

Behavior vs. Behavioral Health

The word "behavior" and "behavioral health" are likely to mean different things to classroom educators than to health professionals. The SIA offers allowable uses to address both. We've taken the time to sharpen and share definitions in hopes that districts, communities, and health partners might also be able to actively discuss what is needed to address challenges related to addiction and to the conditions which need to be addressed to have healthy and well-functioning classroom learning environment.

Substance Use
Refers to the use of drugs or alcohol and includes substances such as cigarettes, illegal drugs, prescription drugs, inhalants, and solvents.

Substance Misuse
Is the harmful, excessive, or inappropriate use of substances like alcohol or drugs. The term "substance misuse" often refers to illegal drugs, however, legalized substances can also be misused.

Trauma-Informed Care
Trauma is defined as an experience in which a person's internal resources are not adequate to cope with external stressors. Trauma Informed Care (TIC) is an approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff.