

HEALTH & WELLNESS IN MARIN COUNTY SCHOOLS

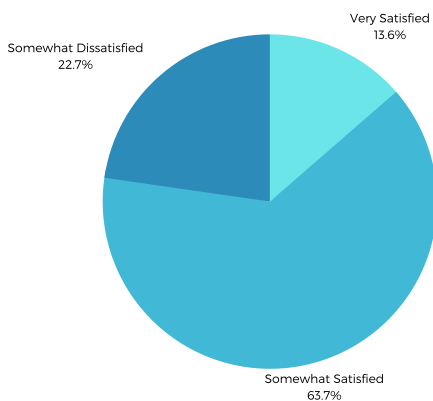
FINDINGS & RECOMMENDATIONS

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RxSafe Marin is a cross-sector initiative that was established to reduce prescription drug misuse and abuse in Marin County. The Youth Action Team, an action team of RxSafe Marin, is dedicated to serving young people and uplifting the youth voice. Led by youth and adult allies, the Youth Action Team initiated **a needs assessment to understand the state of health and wellness in Marin County public high schools and middle schools.**

Using surveys and interviews conducted with school principals and counselors, the process assessed programs and services, policies, barriers and successes in school-based health. Inquiry focused on mental health, substance use, and sexual health, areas identified as core to adolescent well being. Twenty-four schools participated in the research, a 73% response rate that includes 14 middle schools and 10 high schools.

Importantly, Marin County schools and the community organizations that support them reflect a commitment and desire to shape health-promoting schools, and the following report details the results of the research, highlighted findings, and recommendations that may be used to support schools as they develop visions and action plans for school health.



staff satisfaction with
school health initiatives

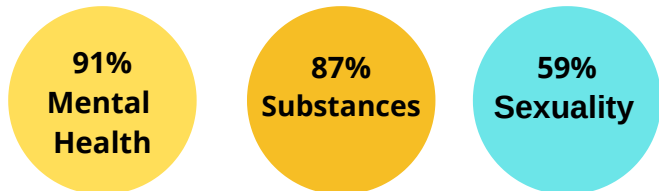
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CLASSROOM EDUCATION

TEACHING & CONTENT

A majority of schools reported providing educational workshops on mental health (91%) and substance use (87%)
Fewer schools (59%) reported implementing sexuality education.

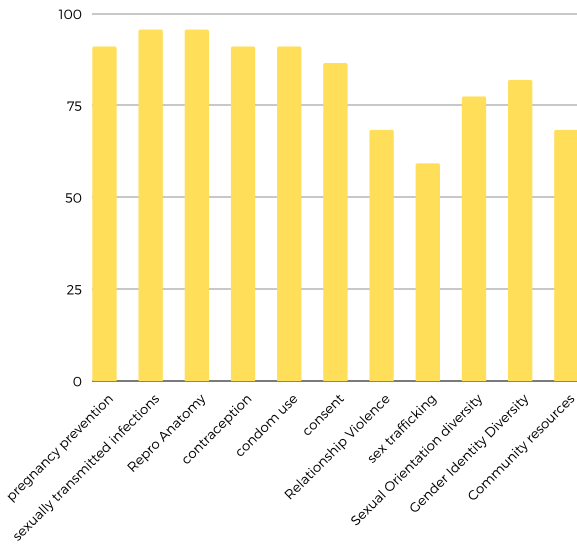


Variation in the content and delivery of curriculum was reported across all health areas. Comprehensive content was most likely to be taught in schools that a) used external facilitators to lead workshops, or b) identified an evidence-based curriculum for teaching by school-based staff. For curriculum used by school staff, respondents indicated far more options related to mental health than for substance use or sexual health. Below are curricula used by school staff as well as external facilitators used by schools, with a \$ indicating an associated cost.

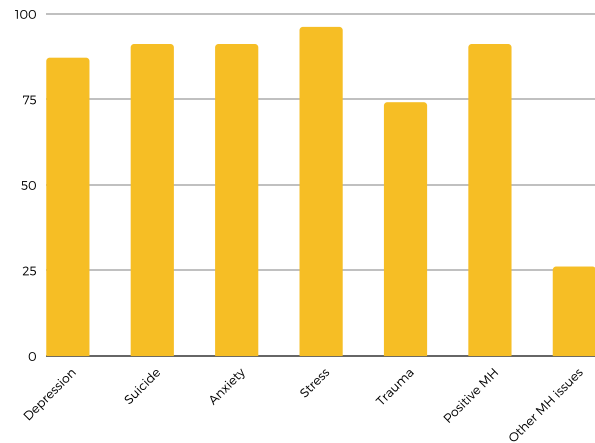
CURRICULUM USED BY SCHOOL STAFF

Mental Health	Substance Use	Sexual Health
Signs of Suicide \$ Beyond Differences Second Step \$ Move This World \$ Kognito \$ Safe Schools Everfi Changing Perspectives \$ Habitudes \$ Common Sense Media Great Kindness Challenge The Compassion Project CASEL Toolbox \$ No Bully \$ Social Thinking \$ Say Something Kimoichis \$	Stanford Tobacco Toolkit Safety First Botvin's Life Skills \$	Be Real Be Ready Advocates for Youth
EXTERNAL FACILITATORS		
Mental Health	Substance Use	Sexual Health
Soul Shoppe \$ Challenge Day	Being Adept \$ Huckleberry Youth Programs \$ BACR	Huckleberry Youth Programs \$ North Marin Community Services Nursing students Independent contractors \$ Planned Parenthood \$ Spahr Center

% of schools teaching specific content, out of the schools that teach **sexuality education**



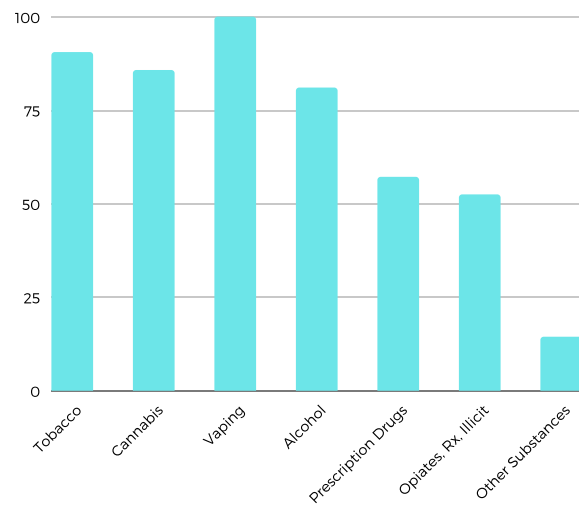
% of schools teaching **mental health**-specific content



The **California Healthy Youth Act** requires schools to provide comprehensive sexuality education at least once in middle school and once in high school, and includes a framework for implementing curricula in accordance with the act

The widest variation in content was reported in substance use education. The most comprehensive content, addressing all categories of substances, was reported in schools that utilized the program Being Adept, to facilitate classes. No comprehensive substance use curricula were noted as teaching tools by internal school staff, although substance-specific lessons were reported.

% of schools teaching **substance use** content



The only substance use content area to be reported at 100% of schools was vaping. Opioid and "other" substances were taught at the fewest schools.

The high reporting rate for vaping education is likely due to the fact that Marin County Office of Education holds the TUPE grant (Tobacco Use Prevention Education) that supports districts throughout Marin to implement tobacco prevention initiatives, which are heavily focused on vaping.

"So many people think we don't have issues here [with opioids], and we do."

CHALLENGES

Major barriers to implementing comprehensive prevention education include finding instructional minutes, staff capacity, and the cost of expert external facilitators.

“Being Adept was previously used but cost was a challenge for having the partnership this year again.”

“Cost has caused us to only use Adept for 8th grade. We would prefer to offer to all grades.”

“If I had an ask, it would be nice if there were more things that came from the county that we could take advantage of that didn’t need to be part of a budget. Like providing the educator, the speaker, the program for the school. Sponsoring the events and people.”

“We’d like to get instructional minutes which is so hard to do, to do more mental health and SEL education and the prevention work. There will never be enough therapists and fundamentally the biggest hole we are seeing is in Tier 1 SEL.”

HIGHLIGHTS

classroom education

- Although the majority of schools address some content in all areas assessed, comprehensive and evidence-based prevention education is not consistently provided.
- MCOE leadership and funding on prevention education may provide the motivation and guidance needed to implement comprehensive curriculum.
- There is a notable gap in options for comprehensive substance use education, with external options not affordable to all schools and a lack of comprehensive curriculum and professional development for school-based teachers.
- Opiate and prescription drug education is under-addressed.
- Although the CA Healthy Youth Act mandates and guides comprehensive sexuality education, it is not implemented fully in all middle and high schools.

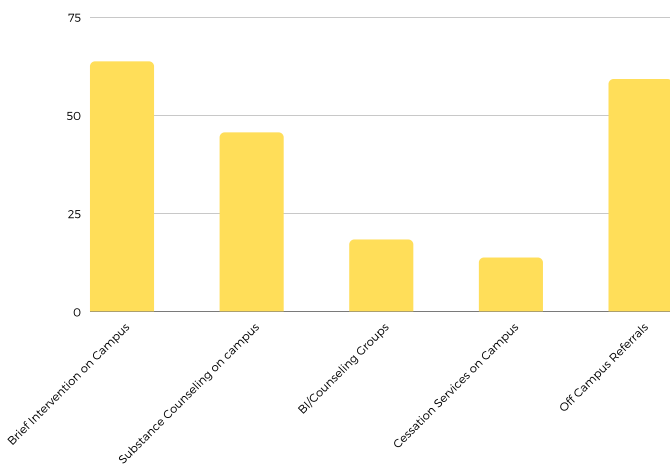
COUNSELING & GROUPS

SERVICES

91% of schools reported mental health counseling services available on campus to students. 65% reported counseling groups and 74% reported non-therapy groups, such as those designed to provide support or identity development.

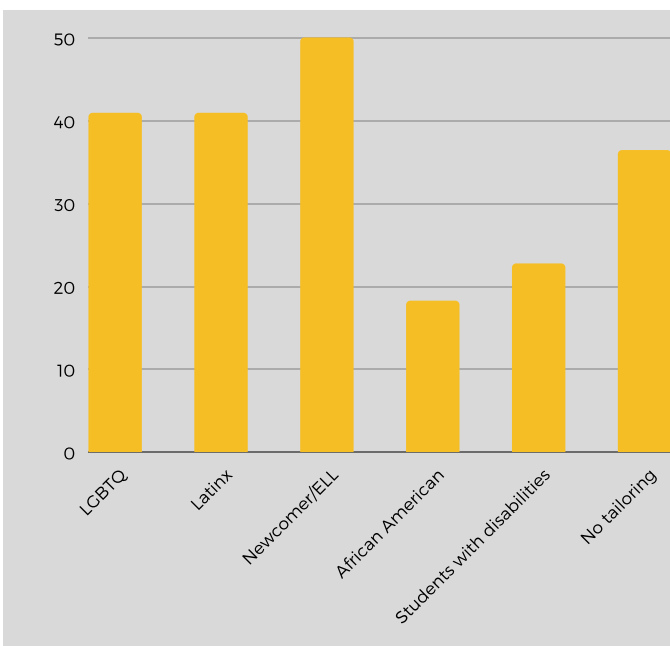
The most commonly identified providers of mental health counseling included Bay Area Community Resources (36%), Huckleberry Youth Programs (50%), and County of Marin Health & Human Services (59%).

91% of schools provide on-campus counseling



Substance Use intervention strategies for students who are using substances reflect that substance use services are not as widely available on campus as mental health counseling.

% of schools offering substance use intervention strategies



Targeted strategies for specific student populations were reported most frequently for Newcomer students (50%), Latinx students (41%), and LGBTQ students (40%).

SCREENING & ASSESSMENT

53%

of schools provide school-wide screening for mental health

39%

of schools use standardized assessments and screening tools with individual students*

*An additional 8% of schools report that partner mental health agencies use standardized assessments with students on campus.

CHALLENGES

Staffing volumes, staff capacity, and the related cost were often-cited challenges. Counselors reported feeling unable to attend to the full mental health/substance use needs of students, or feeling persistently stressed by the work. This was especially true in schools with higher needs and fewer resources.

"I feel the unmet need and sense the reactivity of our approach."

"We are swamped."

"[We need] more counselors and social workers for prevention."

"We need bodies to do the work."

"There will never be enough therapists."

Some schools reported the challenges of equitably attending to mental health needs of students of color and/or students in continuation or alternative schools.

"It's really hard to hire a Spanish-speaking therapist on the salaries we offer."

"[There are] issues of stigma and parental consent. It's complicated. Black and brown communities have not historically trusted the system."

"There is a real lack of diversity in providers. They are mostly white."

"The solution is not always more therapists."

This sentiment was echoed by respondents for varying reasons including:

- A prioritized desire for Spanish-speaking case managers for high need populations
- The expressed need for a health coordinator or outreach position that manages health initiatives throughout the school and supports clinical staff in intakes and closed-loop referral
- A desire for greater prevention strategies to mitigate the need for clinical intervention

SUCCESSSES

Many schools noted the successes of their mental health intervention work.

"We've managed to consistently hire really decent human beings, in terms of therapists."

"We have a strong counseling team."

"We have really solid community partnerships for providing mental health support."

"With three full time counselors, we have the ability to see every single kid for an annual assessment."

"What's been really successful is layering the American School Counseling Association model on top of what we are already doing."

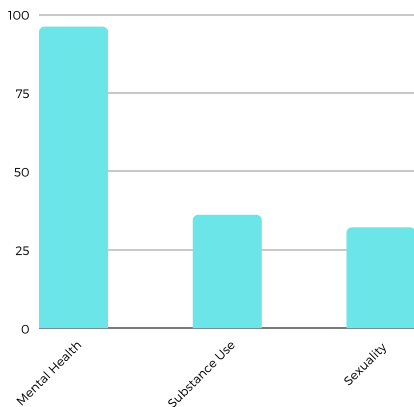
"Our strength is a comprehensive counseling department with lots of ways of connecting and the opportunity to do leadership and prevention work and not just crisis intervention. That is easier in middle school. High School work used to feel like all crisis."

HIGHLIGHTS

counseling & groups

- The majority of school-based therapists report feeling overwhelmed by the volume of the work.
- All therapists reported the importance of prevention work, regardless of the degree to which they or their schools were able to provide prevention education and outreach.
- Substance use counseling expertise in schools is not wide spread.
- There is a need for health-focused staff that are not therapists or school counselors.

PROFESSIONAL DEVELOPMENT & COLLABORATION



% of schools providing content-specific professional development

Professional development for school staff is provided at 96% of responding schools on the topic of mental health, 36% on substance use and 32% on sexuality.

"[A challenge is] making sure staff are comfortable with the content and standards being taught so that they do not inadvertently makes students feel uncomfortable learning these topics."

"We get very little ongoing outside training to allow us to stay current, relevant and able to continue to address the ongoing growth of social and emotional issues like RACE, INEQUALITY and ANXIETY."

Schools reported participating in community coalitions and/or committees to address health issues. The most schools reported involvement in a coalition related to mental health (52%), followed by substance use (30 %) and sexuality (23%)

"MCOE training programs have been great. Jessica Colvin is a star for sharing her knowledge from TUHSD. And the Wellness Collaborative has been huge for the sharing of resources."

HIGHLIGHTS

professional development & collaboration

- While schools are widely involved in professional development and community collaboration involving mental health, there are fewer opportunities to address substance use and sexuality in training and coalitions.
- Leadership from Marin County Office of Education has been meaningful in coordinating opportunities

POLICIES & PROTOCOLS

The most consistent policies and protocols in support of student health were reported in the area of mental health, with 91% of schools reporting that they maintain policies that govern their response to student mental health and 65% have policies regarding staff training on mental health issues.

Responses to policies on substance use and sexual health were more variable. 100% of schools reported consequences and/or response to student possession and use of substances on campus, whereas only 77% of schools reported maintaining policies or protocols to govern those responses.

Family notification occurs at 100% of schools, with the next most frequently reported response being suspension, at 68% of schools. In interviews, a majority of respondents pointed to policy as the reason for suspension, with comments such as **"We have to suspend because of Ed Code"** or **"Ed code mandates suspension."**

California Education Code 48900 Paragraph V states that superintendents and principals may choose an alternative to suspension.

The most variation was found for policies and protocols related to sexual health. In particular, California mandates confidential handling of absences for sensitive services appointments, including sexual health. 73% of schools are aware of or maintain that policy, although less than half (46%) have clear processes for managing these absences. Those processes are key in determining access.

"We spent a considerable amount of time developing our system for getting students to access in person confidential services and making sure our front office staff knows what to do when a student requests a leave for a visit."

HIGHLIGHTS

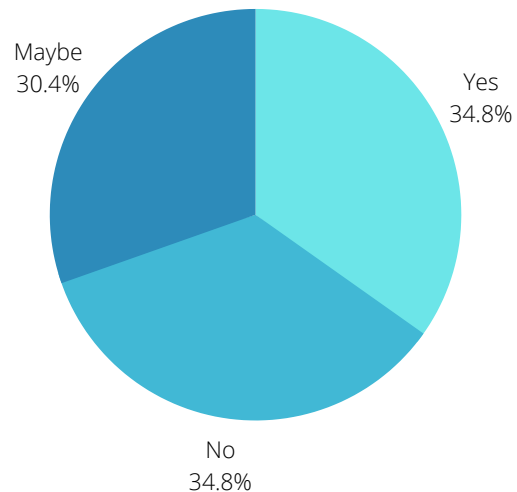
policies & protocols

- Some schools are lacking compliance with, and/or systems to implement, California law meant to assure teens greater access to sexual health services.
- School leadership and staff may not be aware of article V in Ed Code that creates a path for superintendents and principals to pursue alternatives to suspension for substance use and/or possession on campus.

SYSTEMS OF COORDINATION

Schools report varying approaches to coordination for mental health and substance use services, with each school or district designing and following its own process. Few schools reported a particular framework or model that guided their approach. One such model was the American School Counselors Association National Model. TUHSD has developed its own highly coordinated model for service delivery.

Respondents were asked if their school has a coordinated model or process for managing student health and wellness needs and initiatives. Importantly, this question referred to all health and wellness needs and not just counseling services. Nearly a third of participants responded "Maybe" and another third responded "No", indicating a lack of coordination or a lack of clarity around processes and structure at a majority of schools.



"We need MCOE to be clear that a well thought out wellness model is imperative in each district. Nobody would build a house without a foundation."

HIGHLIGHTS

Systems of Coordination

- There is a need for greater structure in the coordination of school-based health initiatives.
- There is a desire for guidance on models or approaches that could make implementation of health initiatives easier and more effective
- A clear framework for organization and coordination may positively impact other areas of school health and wellness, such as curriculum development, professional development, and availability of services.

A SHIFT IN PARADIGM

health & wellness integrated in schools

Drawing from best practices in school-based health and wellness, a shift in paradigm is underway to meet the needs of school communities. This new approach calls for greater collaboration, integration, and a more comprehensive perspective on the definition and outcomes of health initiatives in schools.

TYPICAL APPROACH

- Addresses health issues one by one
- Individual health initiatives are not aligned with an overall vision of health
- Focus on classroom education
- Responds to health issues rather than prevent them
- Considers health needs of only students
- Focus only on school
- Health is the responsibility of delegated staff without shared knowledge or culture across the school
- Lack of collaboration between schools or districts

VISION FOR HEALTHY SCHOOL COMMUNITIES

- Integrates health issues into a coordinated program of developing health literacy and life skills
- Generates a health promoting and socially supportive environment
- Looks at all aspects of the school community in considering health and wellness
- Promotes health and prevents health issues
- Considers school in context of community
- Considers the health of everyone in the school community including parents and teachers
- Aligned with a framework that is understood and shared by everyone in the school community



schools have or have planned, Wellness Centers or dedicated physical spaces that prioritize student wellness.

Promising Practices: Tamalpais Unified High School District Wellness

The following features of Tamalpais Unified High School District's Wellness Centers offer a template for promising practices in shifting schools to health promoting environments.

- Wellness Centers that act as both service and coordination hubs, staffed by health and social service professionals
- Coordination of all student health and wellness services through a Wellness Center Coordinator
- Creation of safe and brave Wellness spaces for students to get connected to care, self refer, refer a friend and de-escalate during the school day
- Community partners who provide student services such as therapy, substance use counseling support, sexual health clinics, and peer group facilitation
- Active peer educator programming and the inclusion of student voice in the direction of Wellness
- Campus-wide events and campaigns to focus on prevention and shape a culture of wellness
- Shared knowledge and transparency across campus and district wide health initiatives and school staff who implement them
- Educational programming for parents and caretakers
- Policies that promote health and follow latest research on best practices, for example, alternatives to suspension
- Data management systems and evaluation of all Wellness programs

KEY FINDINGS

School Health is an Equity Issue

Both between schools and within individual schools, student needs, access to services, and staff capacity is impacted by racial and economic inequities. The schools with the highest level of student and family need also face the largest gaps in resources.

Leadership Matters

Schools and/or health initiatives that have been the most successful have strong, vocal, and visible leadership from school site leadership, districts and/or Marin County Office of Education.

Marin Schools are (Mostly) Lacking in Framework or Cohesive Vision

In general, health initiatives are conducted in a piecemeal fashion, without a coordinated or cohesive vision or overall plan. At the same time, schools report a desire for a culture of health, a vision grounded in best practices, and a roadmap to get there, pointing towards a need for clearly articulated frameworks for school health.

Prevention Needs More Investment

School staff reported that prevention strategies are the most successful and the most desired approach for school health. Yet issues of cost, time, staff capacity, and instructional minutes are barriers to fully realizing the potential of prevention efforts.

Schools are Operating in Silos

In general, most schools are building their health and wellness programming and vision without the benefits of collaboration. The School Wellness Collaborative has been beneficial for school-based mental health providers, and further collaboration across health and wellness will benefit schools through the sharing of best practices, resources, and approaches.

The Time for Wellness Centers is Now

The Wellness Center model has been touted for its impact on student health and a health-promoting school culture. More schools in Marin County are initiating their own wellness spaces, with varying practices and staffing structures. The current push towards Wellness Centers in schools can be leveraged to pave the way for more Wellness Centers, with guidance and training offered to ensure maximum efficacy.

RECOMMENDATIONS

Principals, District leadership, and MCOE must champion the importance of wellness, and can do so through several actionable strategies, including:

- Resource acquisition and allocation
- Coordination of strategic planning for school health
- Policy that supports health promoting schools
- Professional development
- Supporting alternatives to suspension and the use of restorative practices

Develop recommendations and tools based on best practices that may guide schools to shape health promoting campuses, including, for example:

- Evidence-based, low- and no-cost health education curriculum and content standards that are comprehensive and address current gaps in content
- Frameworks and models for planning and implementing health promoting schools
- Strategies to enhance a culture of wellness

Consider ways to increase capacity, including:

- Staff positions to coordinate and implement school health and wellness
- Relationships with CBOs providing services on and off campus
- Professional development opportunities for faculty and staff
- Attention to staff stress and burn-out, particularly for mental health providers and school counselors
- Cultures of shared responsibility for health and wellness
- Transparency and communication for all school staff to understand health issues and health strategies

Increase collaboration among schools in Marin County to achieve:

- A shared vision for school health and wellness
- Effective strategies for implementing and sustaining school health and wellness
- Shared language and definitions
- Efficient and non-duplicative use of resources

Identify and address issues of inequity in school-based health, including:

- Resource availability and distribution
- Tailored programming
- Barriers in access
- School involvement in community-wide efforts to address social determinants of health

Special thanks to

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