

MENTAL HEALTH SUPPORTS IN ALASKA'S SCHOOLS

PHASE TWO:

The State of Student Mental Health & Promising Approaches

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Research | Strategy | Impact

The Stellar Group served as the consultant team for the research and development of this report.

A NOTE ABOUT TERMINOLOGY

This report discusses topics and conditions related to behavioral and mental health.

- » **What is Mental health?** *Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.¹*
- » **What is Behavioral health?** *Behavioral health means the promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.²*

Both terms are used throughout this report and generally reflect the language identified in the data and sources used for the research. Mental health is used more frequently as the overarching term to refer to supports and services in a school-based setting.

OVERVIEW

Recognition of the mounting mental health crisis among youth in the United States continues to grow both nationally and in Alaska. The negative impacts of the COVID-19 pandemic on youth mental health placed additional urgency on providing students with a more comprehensive system of supports to treat and prevent issues.

One year into the pandemic, in December of 2020, the Alaska Mental Health Trust (Trust) and partners from the State of Alaska Departments of Education & Early Development (DEED), and Department of Health (DOH) invited a group of statewide stakeholders to a conversation on visioning and working towards improved mental health supports and services for Alaskan students. A primary takeaway was a collective need for more information on the landscape of current school mental and behavioral health activities and services around the state to help project partners determine how to best focus their efforts.

In partnership with a group of collaborators from DEED, Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse, and DOH, the Trust contracted with the Stellar Group to complete a landscape analysis of current mental and behavioral health efforts in Alaska school districts. Mental Health Supports in Alaska Schools [Phase One: A Landscape Assessment](#) was completed in June of 2021, along with [school district profiles](#) detailing specific mental health supports and services offered in each participating school district.

Phase one of Mental Health Supports in Alaska Schools established that while Alaska's schools are facing significant challenges, efforts are underway across the state to explore, implement, and sustain mental health support services. Many of the programs and approaches leverage strategic partnerships between school districts and their state and community partners.

This report builds on the phase one research with a series of case studies of promising approaches for providing mental health supports in Alaska's schools and communities. It also includes information on relevant policies and student mental health data. This analysis is intended to equip school district, state, and community education stakeholders with findings to inform and improve the status of student mental health.

The report is divided into 4 sections:

1. **THE ROLE OF SCHOOLS IN YOUTH MENTAL HEALTH** reviews how schools are positioned in the nation's response to the youth mental health crisis.
2. **MENTAL HEALTH IN SCHOOLS CASE STUDIES** highlights promising mental health programs and approaches from rural and urban school districts of varying enrollments.
3. **THE STATE OF YOUTH MENTAL HEALTH** analyzes youth mental health indicators.
4. **PROGRESS TOWARD A COMPREHENSIVE SYSTEM** discusses activities supporting the advancement of Alaska's school mental health supports and services.



THE ROLE OF SCHOOLS IN YOUTH MENTAL HEALTH

PHASE TWO:

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& Promising Approaches**

THE ROLE OF SCHOOLS IN YOUTH MENTAL HEALTH

Schools are integral to youth's first interactions with and experiences of their community, society, and the government. Many experts agree that schools are a logical location for these different factors and social actors to come together, collaborate, and address the issues of youth mental health.³ The 2021 U.S. Surgeon General's Advisory Protecting Youth Mental Health identifies schools as one of the institutions that play a role in supporting youth mental health.⁴

*"Mental health challenges in children, adolescents, and young adults are real, and they are widespread. But most importantly, they are treatable, and often preventable."
– Protecting Youth Mental Health: The U.S. Surgeon General's Advisory*

Providing mental health services where youth spend most of their day is crucial in reducing barriers and providing direct access to care for more effective prevention, early intervention, and intensive support. Barriers to care could include local provider shortages and waitlists, distance to treatment, and insurance status, among others.⁵

NATIONAL GUIDANCE

School mental health support services are guided by local, state, and federal governing bodies and policies. On a national level, there has been a move away from fragmented interventions toward integrated school and community behavioral health supports.

In the 2019-2023 Strategic Plan, the Substance Abuse and Mental Health Services Administration (SAMHSA) listed "Addressing Serious Mental Illness and Serious Emotional Disturbances" as one of its top priorities to be addressed, in part, by services expansion, outreach, and engagement, as well as closing the gap between what works and what is offered.⁶ Relevant recommended strategies include:

- » Expanding, through collaborations with the U.S. Department of Education and state and local education stakeholders, student access to and engagement in the continuum of mental health support services in primary and higher education settings.
- » Prioritizing the early identification and intervention for children, youth, and young adults by promoting best practices for mental health and substance use screening in schools and supporting mental health consultation and training of the youth-serving workforce.
- » Increasing the delivery of systems of care for children, youth, and families affected by serious mental illness and serious emotional disturbance by expanding transition-age youth services, child trauma services, school-based care, early childhood services, and efforts for young people who are at clinically high risk for developing psychosis.

ALASKA SCHOOL SUPPORT SERVICES WORKFORCE

Mental health provider shortages create challenges for increasing school mental health services. Recruiting and retaining workforce is particularly challenging in Alaska due to the rural and remote geography of some of the communities in the state. Workforce challenges were identified as a theme from interviews with school district staff in phase one of [Mental Health Supports in Alaska Schools](#).

STAFFING RATIOS AND ROLES

The American School Counselor Association (ASCA) and the National Association of School Psychologists (NASP) provide recommendations for staff to student ratios for school psychologists and school counselors. Alaska's ratios exceed the national recommendations, but national averages indicate school districts across the country are facing similar staffing challenges.

SCHOOL SUPPORT SERVICE PROVIDER RATIOS			
	NATIONAL RECOMMENDATIONS	NATIONAL AVERAGES	ALASKA RATIOS
School psychologists	1:500 students	1:1,211 students	1:1,537 students
School counselors	1:250 students	1:415 students	1:419 students

National Association of School Psychologists (2019-2020) & American School Counselor Association (2020-2021)

ASCA recommends that school counselors should spend a minimum of 80% of their time in student services, such as:⁷

- » **Direct services:** Instruction, appraisal and advisement, counseling
- » **Indirect services:** Consultation, collaboration, referrals

Phase two of Mental Health Supports in Alaska Schools included a survey on school support services. School support service providers (i.e., school counselors, school social workers, school psychologists, etc.) were invited via a DEED email listserv to respond to a survey. In total, 117 individuals responded.

“There are way too many needs right now for one person to cover. The school I work at has [more than 250] students with one counselor. In the past, this may have been okay, but with the high amount of anxiety and suicidal ideation it is tough to meet the needs of the majority of the students.” – school support services survey respondent

Generally, survey respondents indicated they were performing activities that are defined by ASCA as appropriate for school counselors, including 97% (n=107) that reported providing student counseling and consulting with staff and administration as part of their weekly activities.⁸

ACTIVITIES PERFORMED BY SCHOOL SUPPORT SERVICES SURVEY RESPONDENTS		
Activity	# of Respondents	% of Respondents
Providing student counseling (individual or small group)	107	97%
Consulting with staff & administration	107	97%
Working with families	95	86%
Delivering counseling program curriculum to students	77	70%
Providing academic counseling	75	68%
Coordinating student referrals, IEPs, 504 plans, etc.	70	64%
Doing non-counseling duties such as covering classes or supervising in classrooms or common areas	64	58%
Coordinating student paperwork / scheduling (transcripts) and data entry	63	57%
Providing career / postsecondary counseling	58	53%
Administering / proctoring state testing	32	29%
Other	23	21%
Performing disciplinary actions	15	14%

n=110

Forty-one percent of respondents (n=41) ranked student counseling as the activity they spend the most time performing on a weekly basis. However, more than half of respondents (n=64) reported performing non-counseling duties such as covering classes or supervising classrooms and common areas.

Survey respondents described how alignment and prioritization of social emotional learning and mental health from school leadership facilitates or inhibits the time committed to student services, a theme that emerged in [phase one of Mental Health Supports in Alaska Schools](#).

"I love my job and believe that as a professional school counselor, we need to be respected as such and not be [given] other duties as assigned that do not help students. I have worked hard to be able to do what I do, but not all my colleagues in some of our neighborhood schools are as lucky." – school support services survey respondent



MENTAL HEALTH IN SCHOOLS CASE STUDIES

PHASE TWO:

**The State of Student Mental Health
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MENTAL HEALTH IN SCHOOLS CASE STUDIES

The [school district profiles](#) developed for phase one of Mental Health Supports in Alaska Schools provided a high-level overview of support services across Alaska's school districts. This phase two report provides more in-depth information on how school districts and community partners are implementing and sustaining their programs.

The case studies that follow revisit some of the support services identified through interviews with school districts during Mental Health Supports in Alaska Schools phase one. Topics for the case studies were selected to highlight a range of care delivery models, staffing structures, and funding mechanisms as well as school districts of varying enrollments and locations. School district staff and community partners participated in a second round of interviews from April to May of 2022. The second round of interviews addressed questions about approaches, funding, and staffing for a specific mental health service or support within their school district. A more detailed methodology is provided in **APPENDIX A**.

The case studies describe how school districts are building and sustaining mental health services and supports. The school districts vary in enrollment and location, including some of Alaska's most remote communities. The programs showcase various care delivery and staffing models, including:

» **TELEHEALTH SCHOOL COUNSELING:**

Kuspuk School District's partnership with a telehealth company to provide counseling support in remote village schools

» **ONSITE COMMUNITY MENTAL HEALTH CLINICIANS:**

Matanuska-Susitna Borough School District's embedded clinicians, provided through a partnership with a local foundation

» **TRAUMA-ENGAGED SCHOOLS:**

Juneau School District's introduction of Alaska's unique trauma-engaged approaches throughout its school communities

» **SCHOOL SOCIAL WORKERS:**

Lower Kuskokwim School District's continuous commitment to its school social work program

» **SCHOOL-BASED HEALTH CLINICS:**

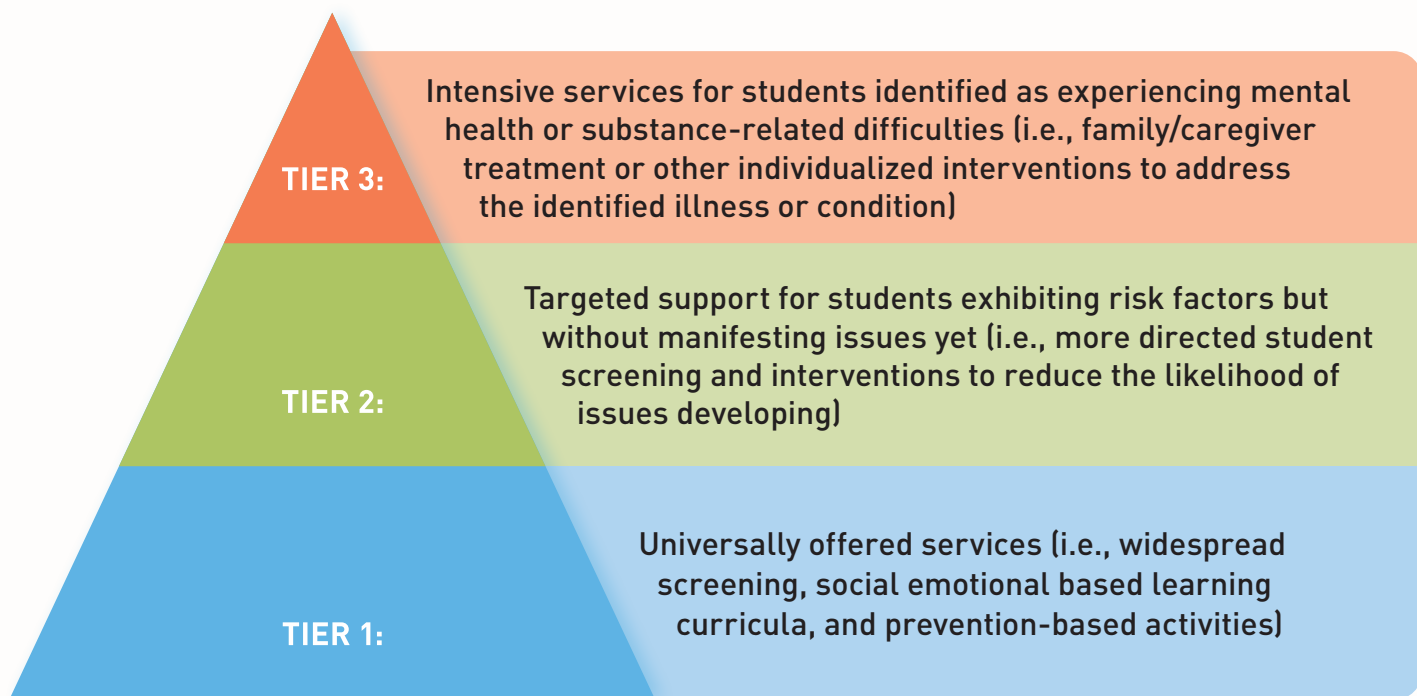
Kodiak Island Borough School District's long-standing partnership with the island's hospital system to offer school-based services

» **COMMUNITY ADVOCATES:**

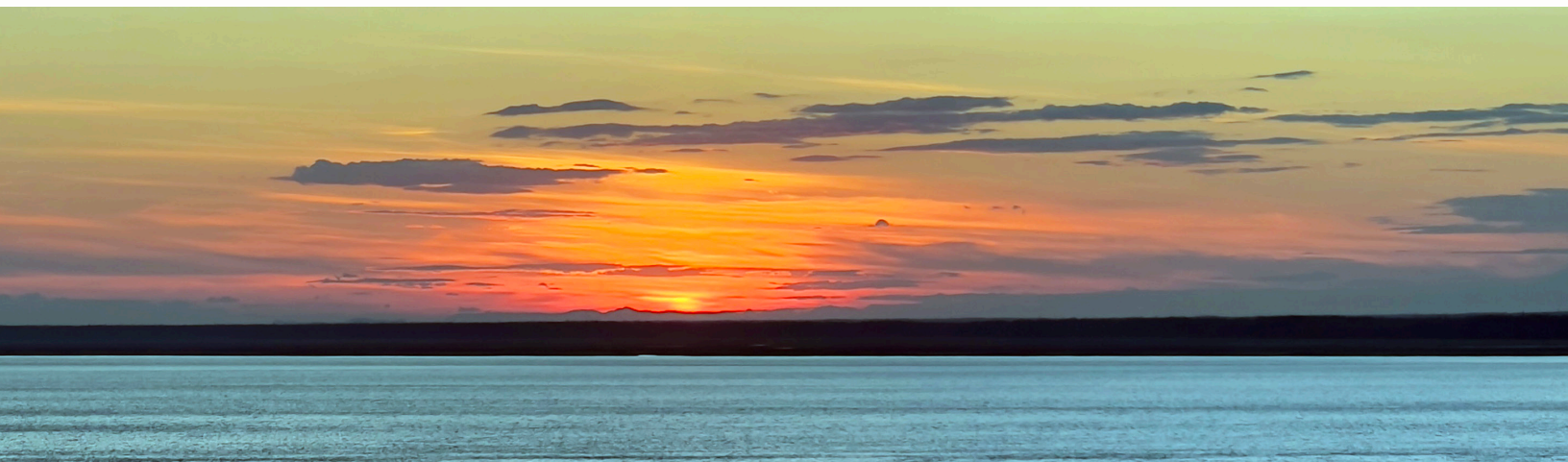
Lower Yukon School District's work with local experts to provide culturally relevant supports through community human service providers

CONTINUUM OF SUPPORT SERVICES

A standard framework for discussing and understanding support services in schools is the Multi-Tiered System of Supports (MTSS). The MTSS was introduced in phase one of [Mental Health Supports in Alaska Schools](#) research and is revisited throughout phase two. SAMHSA outlines the MTSS through the framework's three tiers:⁹



The case studies include examples of how districts are approaching services at each tier of the MTSS framework through district programs, community provider programs, or a combination of both.





CASE STUDY: TELEHEALTH SCHOOL COUNSELING

Kuspuk School District (KSD) covers more than 12,000 square miles of southwestern Alaska and serves students in nine remote villages. It includes villages along the mid-Kuskokwim River from Lower Kalskag to Stony River, eight of which are only accessible by air and river travel. The school district office is in Aniak.

PROGRAM OVERVIEW

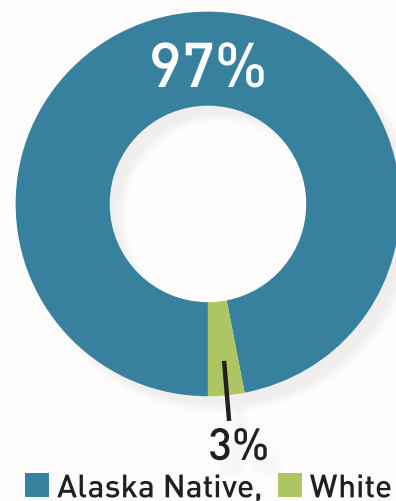
KSD partners with a telehealth company to offer students and staff a full-time school counselor that provides mental health services at all tiers of the Multi-Tiered System of Supports (MTSS). The grant-funded program provides KSD's school communities access to virtual services such as social emotional learning lessons, individual counseling, and crisis assessments. The grant also reduces the funding and workforce barriers typically associated with hiring onsite mental health providers in Alaska's remote communities.

Kuspuk School District

- » 359 students
- » 9 schools

Demographics

- » 97% Alaska Native, 3% White
- » 96% free and reduced lunch
- » 14% students with disabilities



BARRIERS TO CARE IN REMOTE COMMUNITIES

Like other school districts across the country experiencing the youth mental health crisis, the need among KSD's communities is acute. Suicides, traumatic events, and other mental health crises directly impact many community members. Due to the challenges of providing mental health services in remote Alaska, school communities in KSD have limited resources to respond to student and community mental health crises.

DEVELOPING A TELEHEALTH SOLUTION

In the fall of 2019, KSD started building a foundation to fill the gap in school mental health supports and services. At the time, the school district did not have funding for school counselors. A leadership team member took on the role of school district champion and laid out a vision for increasing the availability of services through telehealth.

The school district contracted with [DotCom Therapy](#), a telehealth company that provided [remote speech therapy services](#) for the school district. The KSD team leveraged DotCom Therapy's telehealth expertise during the implementation and sustainment of the program. DotCom Therapy provided a Licensed Clinical Social Worker for part-time telehealth school counseling services. The role continued to expand and is now a full-time contracted position. The telehealth school counselor is based outside of Alaska but works the same school day hours as the onsite staff.

Services provided by the counselor include:

- » Student individual and small group counseling sessions
- » Staff counseling sessions
- » Crisis assessments
- » Social emotional learning classroom lessons
- » Staff professional development

Committing to broad staff and student access

KSD prioritizes broad access to the program. Services are available to staff, enrolled students, and students in transition—including students who may temporarily drop out and later return to school. Regardless of a student's status, the school district tries to maintain “that line of contact” between the counselor and students. All counseling services are free to students and staff. This broad availability was essential to the program's early growth.

“It's serving these communities and that's what we're here for.” – KSD leadership

Establishing a referral process

Initially, student referrals to telehealth counseling services came through the Special Education Department. The program now allows teachers to work directly with the counselor to facilitate faster evaluation and, if needed, access to services. Typically, the teacher will meet with the counselor during the counselor's office hours to discuss observed student behaviors and potential needs. The counselor completes a brief student assessment and then collaborates with the teacher to send consent forms home to the student's family. If the family consents to their child participating, the student begins individual sessions with the counselor.

Focusing on place-based programming

The school district champion and the counselor intentionally built an Alaska-specific telehealth program that includes cultural-based resources. The school district champion explained wanting,

“something that’s special for our population.” KSD provided the counselor with [Transforming Schools: A Framework for Trauma-Engaged Practice in Alaska](#) as an introductory resource. The counselor also participates in DEED webinars and engages in ongoing self-education about Alaska and Alaska Native culture. For example, the counselor invests time in learning about the Yup’ik language and the unique seasonal events that are part of students’ subsistence cultures. They adapt student materials and social emotional learning lessons to include relevant imagery and examples that better connect with life in western Alaska. Serving as an outside clinician employed by an external organization has also afforded the counselor the ability to focus explicitly on providing mental health support services without other responsibilities to the school.

BENEFITS AND CHALLENGES OF A TELEHEALTH DELIVERY MODEL

Unlike an itinerant school counselor, the telehealth service delivery model allows the counselor to regularly engage with each school site. KSD leadership noted that maintaining the same counselor year over year has been critical to relationship and trust-building with students and staff at the various school sites. However, the school district champion emphasized that telehealth cannot replace the experience of in-person counseling support. The counselor also spoke about the impact a trained local community member could have in a similar role. Building connections with students’ families is particularly challenging without an onsite presence.

Expanding technology hardware and infrastructure

While there are constraints to a telehealth model, KSD tries to replicate the experience of walking down the hall to see an onsite school counselor as much as possible. At first, counseling sessions were on school-issued laptops that the school district provided to students using COVID-19 relief

“If this can be done at nine remote villages in Alaska, I think it can be done almost anywhere - as long as you have just a little bit of importance placed on it and find the right person or the right group to connect and contract with.”
– KSD leadership

funds. Utilizing school-issued laptops proved a challenge since students did not always bring their devices to school. The school district leadership adapted and collaborated with the KSD technology department to create telehealth stations, which provide reliable device access in a private space. KSD is also piloting a new telehealth facilitator role at their Aniak school site. The telehealth facilitator coordinates individual and small group counseling sessions, including helping younger students to and from their counseling sessions to reduce the burden on classroom teachers.

A second adaptation was improving internet access. The school district identified limited internet bandwidth as a barrier to expanding the program. During the 2021-2022 school year, KSD updated its internet contract to increase speeds. The improved bandwidth allowed for video counseling sessions, an enhancement that the school district champion described as “an incredible change.” For classroom social emotional learning lessons, the counselor started joining the students via Zoom and their classroom teacher or an aide served as the onsite facilitator.

Internet access does continue to be an issue outside of the school buildings. This limits the counselor's ability to communicate with school staff and students outside of school hours. The counselor regularly reminds students about phone crisis services for after-hours support. They recently hosted a lesson for students modeling how to use **Careline, Alaska's crisis intervention and suicide prevention line 877-266-HELP or dial 988.**

GROWING AND SUSTAINING THE TELEHEALTH PROGRAM

In year one, the school district champion applied for and received funding for the telehealth program through three local grants: an education grant from Rasmuson Foundation, the YK & Northwest Arctic Health Fund from Bethel Community Services Foundation, and the GCI Suicide Prevention Grant. The three grants allowed KSD to contract with DotCom Therapy for part-time therapy services without requiring funds from the school district's general budget. When the COVID-19 pandemic struck, KSD began using federal COVID-19 relief funds to cover the program's costs through 2024. Their vision is to eventually fund the telehealth counseling program through the school district's general budget, independently of grant dollars.

Persistent engagement with school district leadership and staff

When the program launched, the school district champion decided to start small and focused on building out crisis response services. They presented a vision and action plan to the KSD School Board. The first proposal was a scaled telehealth crisis response and individual counseling program. During the first year, program participation started to increase. The counselor started offering more preventative services and supports, such as Tier 1 social emotional learning classroom lessons.

"The biggest thing is that our boots-on-the-ground people are all connected and on the same page and if we can function that way, then we can bring in the outside people on the teleservices, and it works really well." – KSD leadership

The school district champion regularly updates the board on program metrics, such as the number of:

- » Individuals served
- » Individual and small group counseling sessions
- » Class lessons
- » Hours worked by the counselor

"Just start out as a cheerleader. Even if you don't have a program going, talk about a vision for a program and talk about what you see and get them to buy in." – KSD leadership

There was a concentrated effort from the school district champion and the counselor to keep the program top-of-mind for school district leadership. The school district champion described creating a web of stakeholder support as an integral part of the program's success. They offered the following advice to other school districts interested in launching a similar program: "Start small."

KSD's district champion hopes to reinforce the telehealth counseling program with sustainable funding and school board policy. The school district is also preparing to re-launch [Satchel Pulse](#), a universal social emotional learning assessment, to measure the program's impact.



CASE STUDY: ONSITE COMMUNITY MENTAL HEALTH CLINICIANS

Matanuska-Susitna Borough School District (MSBSD) is located in the Matanuska-Susitna Borough and covers significant geography. The school district includes more than 25,000 square miles and serves a diverse student population. The school district office is in Palmer.

PROGRAM OVERVIEW

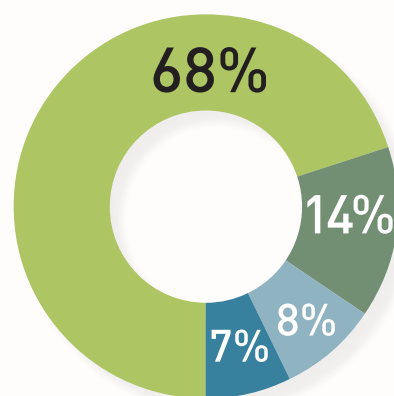
MSBSD offers onsite community mental health clinicians in some of its schools through a grant-funded partnership with the [Mat-Su Health Foundation](#) (MSHF), a local philanthropic organization that offers financial and strategic support for health-related problems impacting the citizens of the Mat-Su Borough. Together, MSBSD and MSHF collaborate with contracted clinicians who provide more targeted and intensive mental health services to MSBSD students. Regular convenings and ongoing process improvements among the MSHF, MSBSD, and the clinicians have allowed the program to evolve and sustain.

Matanuska-Susitna Borough School District

- » 19,443 students
- » 47 schools

Demographics

- » 42% qualify for free or reduced lunch
- » 14% have a disability



- White,
- Two or more races,
- Hispanic,
- Alaska Native

THE NEED FOR ONSITE SERVICES

Around 2014, a small group of MSBSD principals individually identified and acted upon a gap in mental health services for their students. Each of these principals had participated in Trauma Sensitive Schools cohorts led by the National Council for Behavioral Health (now the National Council for Mental Wellbeing) and then considered an avenue for bringing needed services to where their students spend their days: at school. At the time, support within the school district was limited. Mental health services were primarily accessed through outside community agencies, which presented barriers to student access, such as:

- » Need for transportation to and from appointments
- » Provider waitlists
- » Perceived stigma of accessing mental health services
- » Student insurance status

Seeking an option beyond referring students to outside services, the principals sought partnerships with community agencies to provide mental health clinicians in their school buildings. The principals each requested individual school site grant funds from MSHF. Around the same time, the MSHF heard and learned about similar trends and identified a systems gap for local behavioral health services through a series of the foundation's [Behavioral Health Environmental Scans](#) and reinforced through feedback at convenings of local behavioral health providers.

DEVELOPMENT OF THE BEHAVIORAL HEALTH IN SCHOOLS INITIATIVE

Initially, the MSHF provided individual grants to each school site that had requested funding, allowing the schools to bring community mental health clinicians onsite to provide services. By 2018, the MSHF moved to formalize the individual grants under a behavioral health in schools initiative that is part of the foundation's [Healthy Families](#) and [Healthy Minds](#) focus areas. After funding the individual schools, the MSHF shifted its approach and began funding the community mental health agencies directly. As of the 2021-2022 school year, the program serves 13 MSBSD schools with contracted mental health clinicians who are onsite two days per week for 12 hours weekly at the majority of schools.

Applying the Multi-Tiered System of Supports (MTSS) framework

Throughout the program's history, MSBSD, the MSHF, and the clinicians revisited the MTSS framework to adjust services in response to observed student needs. For example, the MSHF helped to integrate the school-based MTSS framework into terminology and processes that are more traditional for a community-based mental health services model. Initially, the program was designed to serve students in need of targeted Tier 2 interventions. The focus on Tier 2 services was in part to connect with students who may not qualify for an Individualized Education Program (IEP) but could still benefit from services. As the program progressed, the clinicians and school staff pointed to an unmet need for more intensive Tier 3 services and expanded to provide those services. Today, the program is open to all students with an identified need who receive parental consent to participate. Receiving services is contingent upon the clinicians having space in their schedules. When capacity is not available, students are added to a waitlist.

The clinicians estimate that about 75% of their work is individual counseling sessions. As capacity allows and as needs arise, they also provide:

- » Family counseling
- » Small group counseling
- » Crisis assessments

A Core Implementation Team manages the referral process at each school site. The team typically includes school administrators, school counselors, and school nurses. Team structure varies

depending on a school's staffing, such as in some of MSBSD's elementary schools that do not have school counselors on staff. Teachers, families, and students can identify individuals for the program, but the Core Implementation Teams determine which students receive referrals. Typically, the teams prioritize referrals for students who are not already receiving mental health care outside of school.

Convening and adding capacity through a community partner

The MSHF is very active as a project manager for the program and is responsible for identifying and bringing on community agencies—including filling gaps in the workforce when an agency leaves the program. The MSHF oversees activities such as:

- » Managing grant and contractual agreements with the community provider agencies
- » Identifying and securing community agencies for the clinician workforce
- » Convening the clinicians and MSBSD for regular program meetings

Facilitating the convenings has been important to bridge the gap between community mental health services and education services, which the MSHF notes are very different systems.

Measuring academic and mental health outcomes

The feedback on the program from school sites is overwhelmingly positive. The MSHF, clinicians, and MSBSD are engaged in various efforts to quantify the success. The MSHF has regularly worked with an external evaluator to review the program, which they note is a critical objective participant in the program that has helped to continuously track the impact. Other data sources include:

- » Reviewing attendance, disciplinary referrals, grades, and state testing scores
- » Surveying parents and students

THE ROLE OF COMMUNITY CLINICIANS IN SCHOOL ENVIRONMENTS

For clinicians who have been with the program from the start, their longevity and relationship building have been crucial to their success. Those involved with the program spoke to the unique skill set required for a community clinician operating in a school environment versus a clinical setting.

"It's not just a clock in, clock out job for us." – MSBSD community clinician

"We've really invested in the evolution of this." – MSBSD community clinician

In addition to youth mental health training, multiple individuals involved with the program also described the importance of partnering with clinicians who are passionate about the work.

Outreach and collaboration with school staff

At the beginning of each school year, staff in-service days include introductions to the clinicians. The initial introduction helps familiarize teachers with the program and establish an awareness of why students receiving services need time away from class to attend their counseling sessions.

One key learning from the staff introductions is to provide a clear definition of the clinicians' roles and scope of services.

For example, when one of MSBSD's schools introduced the clinicians to the school staff, there was a misconception that all mental health issues should be referred to the clinicians. In practice, the clinicians' roles are to complement, not replace, the role of a school counselor by providing more targeted and intensive services and supports. Outreach from the school counselor helped clarify the program's intent. As part of the Core Implementation Teams, school counselors are also positioned alongside administrators to evaluate if a student would benefit from meeting with the clinicians before recommending follow-up services.

"Every time I see a kid walk out of [the clinician's] room, they have a smile on their face . . . and I have not once . . . had a teacher ever complain that they were pulled out of their class. Not one time."
– MSBSD leadership

"For the staff, it's a breath of fresh air. It's like they can breathe, and they know that those kids are getting taken care of." – MSBSD leadership

The flow of students between the school counselors and the clinicians has helped increase the capacity for school counselors to focus on delivering the short-term mental health supports that are appropriate within the scope of services as defined by ASCA [Ethical Standards for School Counselors](#) and [National Model for School Counseling Programs](#). An MSBSD counselor involved in the program reflected that it has helped reduce the workload of school counselors.

Navigating physical and process logistics

The clinicians, the MSHF, and the MSBSD partner to adapt and improve processes and logistics as the program evolves. MSBSD is one of the multiple school districts that spoke to the challenges of securing space in school buildings for mental health services. Identifying a private room within the school building is an important first step. A private space also serves the practical purpose of stationing the clinicians in a consistent location where school staff can find students or check in with the clinicians as needed.

Some of the participating school sites have also refined the student intake and family consent process. One school site introduced a shared online document to track students' progress in completing the intake process. The team also transitioned from a large paper intake packet to a digital version. School administrators noted that the digital version significantly reduced the intake process. It also allows school staff to follow up when families do not complete the intake forms and to introduce the program.

"The paperwork . . . I can't even explain enough about how it has just kind of revolutionized the process of getting a kid in immediately when they need help."
– MSBSD administrator

CAPACITY CONSTRAINTS AND LONG-TERM SUSTAINMENT

When asked about what would make the program ideal, one school district employee noted that every school could use a program like this. The level of student need continues to outpace the availability of services. The agencies and schools involved in MSBSD's program have worked to increase the number of spots available to meet student needs. Making these adjustments to provider capacity requires proactive and transparent communication with the schools and families.

"If there's a clinician at every school who could be there and could meet that mental health need, I think . . . it would change the community." – MSBSD leadership

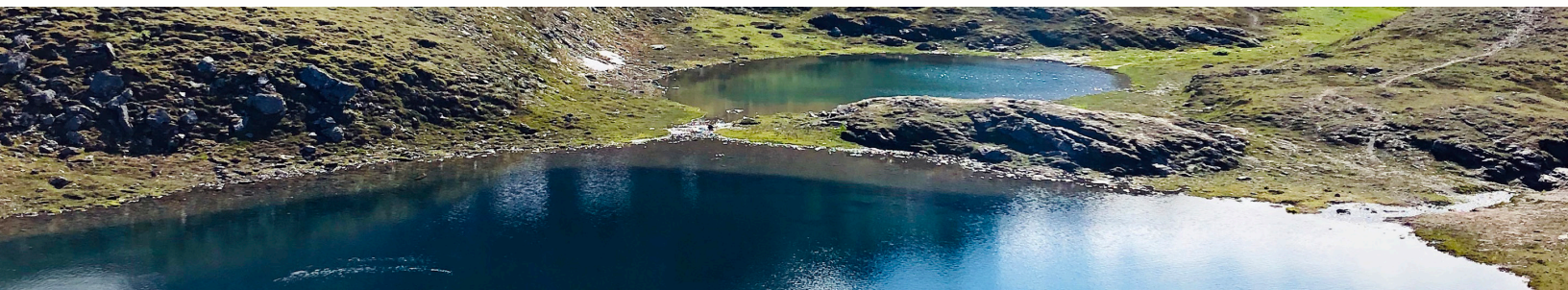
The clinicians also work with families to identify community-based care as needed. This support could include finding alternative services if a school's program is at capacity or referring students to care beyond the clinician's scope, such as assessing students for prescription medication needs.

Sustaining the program

As the program evolves, the MSHF and MSBSD will continue to review aspects of the program that can be managed internally by the school district. The MSHF is also engaged in a broader exploration of how Medicaid billing can be applied to the program.

While the MSHF is unique to the Mat-Su region, its role is one that a community agency or health system with available funding could play for school districts in other parts of the state. For school districts interested in exploring similar programming, they recommend starting with data on student mental health needs, such as the environmental scans conducted by the MSHF during the program's inception. They also discussed taking an inventory of potential community- and school-based resources and partners. School district leadership is also critical for advocating with the school board and bringing the evidence and vision for implementing mental health services for students. Acceptance and trusts of the clinicians and agencies that have been brokered/assigned to their schools is also essential.

Sustainability resides not just in funding but with a qualified, willing, and available workforce, particularly workforce skilled and passionate to work with children and adolescents and who can be flexible for a non-clinical setting.





CASE STUDY: TRAUMA-ENGAGED SCHOOLS

Juneau School District (JSD) serves a diverse student population in Alaska's capital city. While the city is only accessible by air and sea travel, it operates as a hub for many of southeast Alaska's smaller communities. The school district office is in Juneau.

PROGRAM OVERVIEW

JSD is more than five years into introducing trauma-engaged programs to its schools. Various partnerships and grant opportunities allow the school district to offer multiple mental health positions and practices focused on integrating trauma-engaged approaches into school community cultures. School sites are adapting to continue implementing this work amidst the challenges presented by the COVID-19 pandemic.

Juneau School District

- » 4,372 students
- » 14 schools

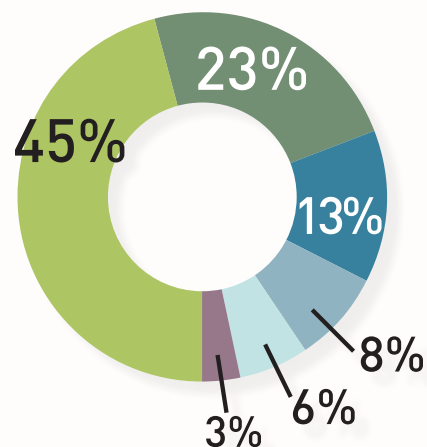
Demographics

- » 20% free and reduced lunch
- » 20% students with disabilities

THE IMPACT OF TRAUMA ON STUDENT PERFORMANCE

During ongoing reviews of academic data, JSD began to identify that students were struggling despite efforts to improve achievement. At the time, the school district was using Response to Intervention for reading and math and began to look for ways to expand into student behavior.

Together with the Alaska Department of Health, the school district identified a need to address social emotional learning, student trauma, and academic performance. JSD started to introduce a series of trauma-engaged approaches and programs to its schools.



- White,
- Two or more races,
- Alaska Native
- Hispanic,
- Asian
- Native Hawaiian / Pacific Islander

PROGRAMS AND FUNDING FOR TRAUMA-ENGAGED APPROACHES

Building a foundation in trauma-engaged approaches has been a multi-year effort for JSD. Initially, school district leadership participated in a trauma-sensitive schools working group with the [Association of Alaska School Boards](#) (AASB). Since then, the school district has rolled out multiple trauma-engaged pilots and programs, including:

- » Ongoing professional development in three Title I schools focused on integrating trauma-engaged approaches into practice through the [Collaborative Learning for Educational Achievement and Resilience](#) (CLEAR) Project funded by the Alaska Mental Health Trust Authority
- » Introduction of a school-district level Trauma Engaged Specialist position and early-childhood to secondary student supports through the [Supporting Transitions and Educational Promise Southeast Alaska](#) (STEPS Alaska) managed by AASB
- » Addition of Mental Wellness Clinicians and Family Advocates at four Title I elementary schools through funding from the [Juneau Community Foundation](#) (JCF), [Alaska Children's Trust](#) (ACT), and school district funding.
- » Addition of Mental Wellness Clinicians at three secondary schools through the [Project Advancing Wellness and Resiliency in Education](#) (Project AWARE) through national grant funds managed by Alaska Department of Education & Early Development (DEED)

Building the workforce

The CLEAR Project launched first in 2017, followed by the STEPS Alaska grant. The CLEAR Project was designed as a pilot and the onsite professional development and reflective consultation services for teachers provided through the project has ended. Funding from STEPS Alaska allowed JSD to create a new Trauma Engaged Schools Specialist position. Establishing a full-time position for the trauma-engaged work was critical to providing a primary point of contact for the programs and for signifying JSD's commitment to advancing the trauma-engaged work.

Awarded to DEED in 2020, Project AWARE provides five-year grant funding for three school-based full-time licensed mental wellness clinicians in three of JSD's five secondary schools. The clinicians provide staff and student individual counseling sessions.

JCF and ACT funding provide ongoing funding for four school-based mental health positions known as family advocates. The family advocates are part-time mental health support positions in elementary schools that focus on co-regulation practices with students and case management support for families.

"Having the clinician, even just having the title and the role says to everyone that . . . this is important to us. Money has been placed to it." – JSD administrator

The family advocates serve in a non-clinical role that helps bridge the gap for students who may not qualify for an IEP or a 504 Plan for students with a disability. “I think it is opening the door for shifting the way that we see the bigger picture and recognizing how we can implement care,” one JSD family advocate said in describing how their engagement with families is helping them address student needs.

Adapting and Sustaining Through COVID-19

JSD further reinforced its trauma-engaged work and community-based partnerships in the school district’s [2020-2025 strategic plan](#). Shortly after introducing the new strategic plan, the COVID-19 pandemic started. The pandemic disrupted the school district’s rollout of the trauma-engaged approaches and created a strain on staff capacity to introduce and sustain programming — a challenge for school districts across the nation.

At the same time, the mental health impacts of the pandemic increased student needs. During this time, some schools expanded their focus on continuing their trauma-engaged programming once they were able to return in person. One of the secondary schools involved in Project AWARE expected increased student needs and initially started offering intermittent social emotional learning lessons for students on topics such as recognizing conflict versus bullying. They quickly saw the value of the lessons and increased the frequency to weekly.

The pandemic has also created immense stress for school staff. One school administrator described the importance of slowing down as needed and taking a thoughtful approach to programming to help teachers continue building on the broad foundational work of trauma-engaged approaches while recognizing the challenges of the last few school years. “We have the increased needs coming out of the isolation of COVID and just the increased stress on the system and on everyone . . . that prioritization ends up really important, where we intentionally validate the frustrations and the feelings of people,” said one school administrator.

EMBEDDING TRAUMA-INFORMED APPROACHES

Building on the district-wide commitment and momentum from those initial programs, JSD is now further integrating and sustaining its trauma-engaged approaches in school culture. Engaging staff in the work is critical.

Ongoing training to build consistent practices

JSD has provided district-wide professional development on trauma-engaged approaches. School leadership has found it impactful when they can commit full days to the district-wide professional development instead of spreading it out over multiple short training opportunities. On a school site level, retraining and reminders are important for building consistency and sustaining the approaches daily. School administrators also play a role in helping staff link and prioritize trauma-engaged approaches with academics.

“I think the implementation now, once you introduce trauma-informed practice, is to remind staff that it’s not only good for the students, but it’s good for all staff,” one family advocate explained. “It helps us manage [secondary] trauma.”

Day-to-day application of the approaches can take a variety of forms, such as:

- » Applying a trauma-engaged lens to school discipline practices
- » Adapting classroom environments to allow for student self-regulation
- » Introducing restorative practices to students as a conflict-resolution option
- » Providing de-escalation spaces for students

Starting with place-based resources and school district support

While funding through state and community partners catalyzed JSD's trauma-engaged approaches, they recognize that not all school districts have the same resources or are large enough to devote a full-time staff member to this work. They pointed to Alaska's extensive trauma-engaged resources, including the [Transforming Schools: A Framework for Trauma-Engaged Practices in Alaska](#), as a starting point for school districts.

"Go in eyes wide open that there is work that needs to be done. It's important work, it's challenging work. It's affirming to have the resources to take on that challenging work."
– JSD administrator

School staff pointed to the value of school district-level support not just for the program delivery but as a resource for questions and the facilitation of a peer network of school staff engaging in trauma-engaged approaches. This peer network includes several schools in the district as well as around the state who have clinicians and administrators engaged in the same programs. These peer networks can serve as a community for one another as they work through the programs. Support through peers and school district trainers is an important aspect of addressing staff mental health and emotional regulation so that they in turn can apply trauma-engaged approaches in their classrooms.





CASE STUDY: SCHOOL SOCIAL WORKERS

Lower Kuskokwim School District (LKSD) serves students across a massive 22,000 square miles and has the largest student enrollment among Alaska’s rural off-road school districts. The school sites are in southwest Alaska along the Kuskokwim River and Bering Coast and are only accessible through air, boat, or snowmachine travel. The school district office is in Bethel.

PROGRAM OVERVIEW

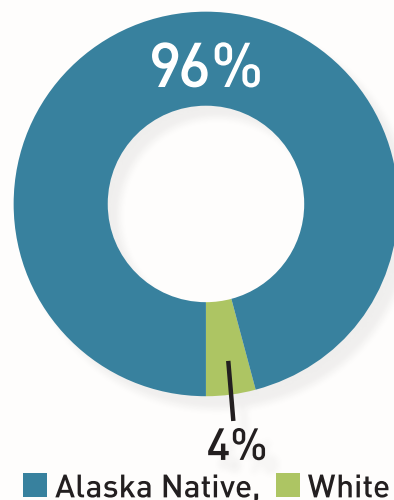
The LKSD school social work program is a long-standing mental health program. Staffed by itinerants and funded by the school district’s general funds, the social work team provides each of LKSD’s remote school communities with access to in-person supports and services at each tier of the MTSS framework. Community-based partnerships provide connections to mental health training opportunities and a growing statewide network of school social workers.

Lower Kuskokwim School District

- » 3,963 students
- » 29 schools

Demographics

- » 96% Alaska Native, 4% White
- » 91% free and reduced lunch
- » 13% students with disabilities



A DECADES-OLD PROGRAM DRIVEN BY FAMILY SUPPORT

LKSD has had a [school social work program](#) for more than three decades. The program started within the Special Education Department, where the social workers focused on providing counseling services as part of student Individualized Education Programs (IEPs). Families began to seek services for students without IEPs, and school leadership responded by moving the social workers into the Student Services Department. The program continued to expand and has become a highly valued, permanent part of LKSD’s school communities.

WRAPAROUND SUPPORTS TEAM

Today, LKSD's school social workers serve in primarily itinerant roles, except for Bethel Regional High School, Gladys Jung Elementary School, and Mike Inguut Elitnaurviat School, which each have a full-time social worker on site and are all Bethel-based schools.

The social workers provide services at all tiers of the MTSS framework, including:

- » Prevention education
- » Individual counseling
- » Group counseling
- » Case management
- » Crisis intervention

Outside of the large school sites in Bethel, the schools do not have a formal student support team. Instead, school staff and families identify students more informally for the program. Teachers are the first line of contact with families before services begin. Ongoing individual counseling or group work requires parental consent.

The social workers refer to and coordinate with community agencies, including building and maintaining relationships with community partners like tribal organizations and law enforcement. They occasionally partner on prevention education with their local community clinics, local community partners, and tribal health corporations and also rely on these groups for referrals for more intensive Tier 3 services. This support for Tier 3 services, including crisis intervention, is important to help maintain the boundaries set forth by the social work team as a school day role. Ensuring that their social workers are not on-call positions has helped with the program's sustainability and avoiding provider burnout.

School counselors and school community advocates

LKSD also has itinerant school counselors and locally-based school community advocates that work closely with the social workers. The school counselors focus on academics and career-readiness services and some short-term mental health services. For ongoing needs, they will refer to the school social workers.

*"Something that LKSD is excellent at . . . is providing a strong student support network outside of the classroom."
– LKSD social worker*

*"We have found in the school social work . . . that when we are not onsite, the school community advocates tend to be the safe place in the school where a student might take a break to self-regulate."
– LKSD leadership*

The team also has a classified position called a school community advocate at most of the school district's sites except for some of its smallest schools. The school community advocates support student attendance, family engagement, and student self-regulation.

Measuring program success

Despite the long tenure of the program, evaluating and measuring program outcomes is still challenging. A school social worker noted that this is partly because of the nature

of social work services. For example, an increase in reports of suicidal ideation, while concerning, could be seen as an indicator that people are aware of and accessing support services. The social work team keeps data on the types of interventions they provide to identify year-over-year themes.

LONG-STANDING DISTRICT ENDORSEMENT

Staffing and supporting an itinerant workforce have required school district leadership’s ongoing vision and commitment. Three school board policies guide the social work program and services elements, including policies on [at-risk youth](#), [intervention for early warning signs of violent behavior](#), and [guidance and counseling services](#). LKSD leadership consistently prioritizes flying their itinerant workforce to the school sites, which can require significant funding. LKSD funds the program through the school district’s operating budget, Title I funds, and Indian Education funds. Previously, the school district has used grant funds to expand its school counseling services. LKSD later incorporated funding for school counselor roles into the operating budget.

The school social work program has always been supported, even during challenging budget periods. Years ago, there was a time when LKSD considered drastically reducing the number of social workers to accommodate budget cuts. The school communities—including families, students, and social workers—rallied in support of the program and its added value to the lives of students and their families. LKSD recognizes that funding could be a challenge for smaller school districts. They also noted that alternatives outside of general funds, such as billing Medicaid for services, can be challenging to implement due to the staffing expertise required and working within the confines of reimbursable mental health services.

For school districts considering a similar approach, LKSD recommended starting by obtaining support from the school board. If a school district lacks relevant data, they recommend conducting a needs assessment to collect information to establish a vision for the program. They also recommend considering staffing structures and sustainable funding models beyond initial grant dollars.

The importance of spending time onsite

The ability to consistently travel to spend time onsite in school communities is central to the relationship-building aspect of the program. School social workers can attend community events and build personal connections with community members.

Six of the nine school social workers have been in their roles for more than five years. With the longevity of the program and the consistency of the in-person visits, families and students seem to value the relationship building with the school social workers and appreciate the opportunity to receive services in-person in their communities.

“There’s that expectation now that people are waiting for you at the door when you get there.”
– LKSD social worker

“Many of us live here, and this is home, and [we’ve] raised families here.”
– LKSD social worker

For community-based behavioral health services, families typically must fly to Bethel and be away from their homes for days or weeks. With the onset of COVID-19, community providers started offering more services in the villages via telehealth.

LKSD has also introduced telehealth services for its most remote village school sites. The social workers started weekly telehealth meetings with students, which has facilitated the ability to provide services more frequently to those remote school sites.

BUILDING THE WORKFORCE AND TRAINING SUPPORT

LKSD has built multiple partnerships with state education programs that support the skill-building of current and new staff serving in mental health positions.

Training their existing workforce

Some of the LKSD support staff are going through the University of Alaska Fairbanks [Rural Human Services](#) (RHS) program. A cohort of school staff comes to Bethel for weeklong monthly RHS training. The school district pays staff for their time, and UAF has a grant to cover all other program-related expenses for the cohorts. Most of the staff members who have gone through the RHS program are the school community advocates, but the school district is considering opening it up to more roles. The social work team also leverages their expertise to provide ongoing training for their school community advocates.

Fostering new mental health expertise in the state

LKSD also has a relationship with faculty at the [University of Alaska Anchorage \(UAA\) School of Social Work](#). UAA has connected new social workers with the LKSD team to work through the supervision requirements for recent social work graduates entering the workforce. The school district expanded their social work position to individuals with a Bachelor of Social Work, a career path two of their school community advocates have pursued. Part of the intent for hiring individuals with a bachelor's level degree is to bring more locals into their workforce and reduce the barriers associated with obtaining a Master of Social Work.

Collaboration across school districts is also valuable. For example, LKSD offered supervisor support for a new school social work role in another district. The other school district was able to hire for the role but did not have a clear outline or support system for the position. The new hire was able to connect with the LKSD team to fulfill supervision requirements and establish a peer support system. The LKSD team is also engaged with the new Alaska school social work chapter under the [School Social Work Association of America](#) and hopes to facilitate more shared support and learning through this network of statewide social workers.





CASE STUDY: SCHOOL-BASED HEALTH CLINICS

Kodiak Island Borough School District (KIBSD) is on a 3,600 square mile island in the Gulf of Alaska. Six of KIBSD's schools are in the City of Kodiak and five are in rural villages accessible only by boat or small plane. The school district office is in Kodiak.

PROGRAM OVERVIEW

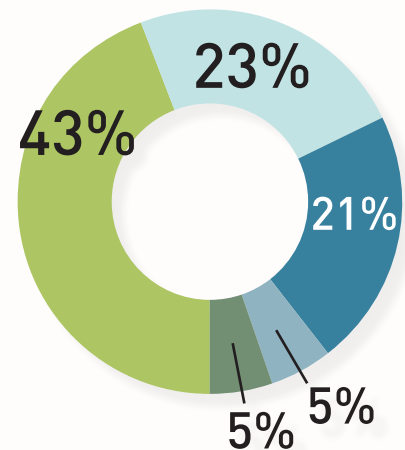
Providence Kodiak Island Counseling Center (Providence) provides clinicians for KIBSD's school-based health clinics. Full-time onsite mental health clinicians serve the school district's city-based middle and high school students and primarily provide more targeted Tier 2 and intensive Tier 3 services, as well as connections and referrals to more intensive community-based care as needed.

Kodiak Island Borough School District

- » 2,275 students
- » 12 schools

Demographics

- » 30% free and reduced lunch
- » 13% students with disabilities



- White,
- Asian,
- Alaska Native,
- Hispanic,
- Two or more races

STABILIZING THE LOCAL CRISIS RESPONSE NETWORK

KIBSD, Kodiak Island Borough, and Providence have collaborated to provide mental health clinicians in schools for more than 15 years. The program emerged in part around a shared concern from KIBSD and the borough about the level of student crises in their communities and the lack of school counselors on staff to help students. The borough contracted with Providence to provide school-based mental health clinicians and address the need for mental health resources for youth.

ELEMENTS OF A SCHOOL-BASED PROGRAM

KIBSD currently has two full-time Providence mental health clinicians through the Mental Health in Schools Program. School board policy for the [counseling program](#) and [mental health services](#) supports the work by directing the school board to provide a counseling program and by guiding the scope of services. KIBSD uses general funds and an in-kind budget agreement with the borough to fund the Mental Health in Schools Program. The clinicians are onsite at the middle school and high school in the City of Kodiak and supervised by a team lead at the Providence counseling center, who reports up through Providence's regional behavioral health program. Previously, clinicians provided itinerant support to KIBSD's village schools. After a decline in enrollment at those school sites, the two city-based clinicians now provide virtual and in-person risk assessments and response for students in crisis at village schools and will refer students to [Kodiak Area Native Association](#) (KANA), the community-based provider.

Clinicians spoke to the importance of the school district and the healthcare system aligning on the vision and purpose for the program. This includes:

- » *Clearly defining student populations for the program's services*
- » *Interventions within the clinician's scope of work*
- » *How the school district and healthcare system employer will collectively support the clinicians*

Prioritizing prevention

The clinicians provide services and supports for students with and without an IEP, including:

- » *Individual counseling sessions*
- » *Crisis response and assessment*
- » *Emotional support and regulation skills*

While the clinicians primarily provide more targeted and intensive Tier 2 and Tier 3 interventions, KIBSD is shifting to offer support across the MTSS tiers and integrate more prevention supports from the clinicians. School district leadership describes an intent to equip students early with social emotional skills to improve long-term outcomes and potentially reduce the need for ongoing care throughout their lives. KIBSD also noted that the resources required to meet the level of need for intensive one-on-one services would likely continue to be a challenge due to provider shortages and general challenges around prioritizing. Shifting to offer more of the early prevention supports and services is a potential approach for reducing the emergence of more long-term intensive needs among students.

"I want [the clinicians] on the playground teaching kids how to have social skills. I want them in the middle of everything . . . using what they know about how to help kids be as healthy as they possibly can be." – KIBSD leadership

Some of this work is underway at KIBSD's middle school, where the clinician partners with the school counselor to provide more targeted supports. The clinician hosts multiple weekly "Lunch Bunch" social skills groups that bring together small groups of students on specific topic areas or needs.

Trauma-engaged care and family engagement

Over the years of the program, Providence has focused on creating a trauma-engaged approach to the care their clinicians provide and how school staff responds to student classroom behavior. Providence initially led in-service training on trauma-engaged approaches. KIBSD now manages the trauma-engaged trainings.

The clinicians also spoke about their role as providers who are not employed by the school district and the anonymity that affords to the relationship with students and their families. It helps break down some of the cultural and financial barriers families may face seeking care in other settings outside of the school-based clinicians.

“We know these students, and we know their parents, too,” one of the clinicians shared. “We really try to join with the parents and work as a team.” The clinicians also see immense value in getting onsite in the school building with students each day and the trust-building the setting allows for that may be harder to build with an outside provider.

“You just build such strong connections with the kids, knowing their life and their world and their friends that it really helps to lend to a lot of ability to really help them.” – KIBSD Providence clinician

NAVIGATING TWO COMPLEX SYSTEMS

KIBSD and Providence put significant effort and collaboration into managing risk and ensuring the care processes and protocols reflect both organizations’ individual needs. School district leadership plays an active role in this relationship, including coordinating and taking part in bi-monthly meetings to review everything from program protocols and procedures to specific student cases. Regular convenings, cross-training, and maintaining open communication are crucial to the program’s success. Even with these efforts prioritized, it can still be a challenge to find adequate time to coordinate across each aspect of the program.

“So much of it is about aligning two different agencies’ ways of approaching a problem, an education-based way of problem-solving or addressing something versus a mental health side of clinical intervention. It takes a lot of time to marry.” – KIBSD leadership

The clinicians are also a link to outside community providers, both at Providence and KANA. Their relationships with community providers are vital when students need a referral for more intensive care. School district leadership has also observed the complementary relationship between their high school counselors’ academic advising expertise and the clinicians’ mental health knowledge coming together to serve students in unstable situations who can benefit from post-secondary planning and wraparound supports.

“It’s not just about knowing how Providence works. It’s about knowing how our local Kodiak area Native referral system works and who you call over there. If you need something, [the clinicians] are great at connecting to outside resources.” – KIBSD leadership

Alignment within the schools

KIBSD’s middle and high schools also have Care Teams, a group of KIBSD school counselors, administrators, nurses, and clinicians that meet weekly. School psychologists and the school social worker also join as needed. This weekly meeting time brings together the primary student services and care providers to review student cases and ensure the interventions are appropriate to student needs. The clinicians and the school counselors also meet weekly as part of a smaller care team.

Critical trust-building with teachers

While the clinicians are Providence employees, their workspace and day-to-day activities all occur within the school buildings. The onsite relationships between the clinicians and school staff are foundational to the program’s success. Teachers are often the first point of connection for families considering the program for their students. “If a teacher doesn’t believe in the integrity or quality of [the program], it can make or break an entire system,” school district leadership reflected.

When clinicians take an active role in the school community, it helps build relationships within their building. It is also important that the clinicians can access KIBSD’s digital communication channels and tools that are in place for students, staff, and families. Outside of these practical considerations, the clinicians also expressed a passion for serving youth and applying their mental health skillset in a school-based setting.

“It’s really so relationship based in small communities in particular. The school-based Providence mental health clinicians are as successful as they are . . . because they have been around and they have really good relationships within the entire school, which then helps them be stronger when it comes to referrals.” – KIBSD leadership

APPLYING OUTCOMES MEASURES

Data such as the number of referrals, parent and teacher consults, and other program activities are currently collected. KIBSD leadership is partnering with regional leaders at Providence to establish new outcome measures and metrics for the program, including establishing a more extensive data collection system.

For school districts looking to build out their mental health programs, the clinicians recommended starting with existing research and exploring the data on student outcomes and indicators.



CASE STUDY: COMMUNITY ADVOCATES

The Lower Yukon School District (LYSD) includes 11 schools across 10 villages in western Alaska. The school district covers more than 22,000 square miles along the lower portion of the Yukon River. The school district office is in Mountain Village.

PROGRAM OVERVIEW

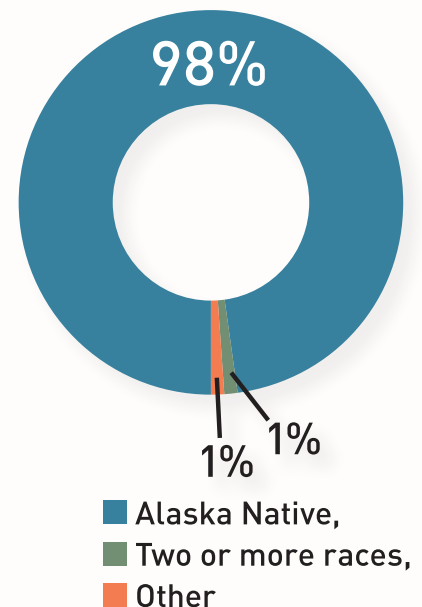
LYSD's Community Human Service Provider (CHSP) position utilizes a community-based staffing approach that is deeply rooted in the school district's focus on creating culturally relevant school climates. Since introducing the position in 2017, LYSD has secured grant funding to support numerous local, state, and regional training opportunities for the CHSPs that pair social emotional and mental health approaches with traditional Yup'ik teachings.

Lower Yukon School District

- » 1,995 students
- » 11 schools

Demographics

- » 98% Alaska Native
- » 100% free and reduced lunch
- » 12% students with disabilities



BUILDING A LOCAL WORKFORCE

For LYSD, recruiting and staffing school counselors was a challenge. The school district knew some local people had natural talents for the role. Still, most community members did not have the training required to serve as a school counselor. In 2017, in response to this gap, they created the CHSP position through the school district's Title I funds. The CHSP role provides support to students, serves as a primary liaison between schools and their local communities, and helps fill the gap in social emotional services and supports for school sites.

"We need to find local people who have the skills, who have the training, who have the knowledge to be good at providing the kids a place to go and [a person] to talk to." – LYSD administrator

BUILDING STRUCTURE FOR A NEW POSITION

Today, LYSD has four CHSPs on staff at their Kotlik, Emmonak, Scammon Bay, and Hooper Bay schools. The CHSPs also provide crisis response support to other school sites in the district. Two of the four CHSPs have been in their roles since the program's start. Some are working toward or have already obtained higher education degrees through online programs while serving in their roles.

Defining the Role

At the start, the CHSP positions needed additional support and direction. The program had funding, but the vision and goals were not well known, and the day-to-day duties of the CHSPs' were unclear. LYSD also recognized a broader need to equip the CHSPs with relevant social emotional training. School district leadership expanded an existing partnership with [Association of Alaska School Boards](#) (AASB) to participate in the KAYULI (Strong Person) Grant. The grant provides relevant training, support, and tools to allow CHSPs to expand their skill sets by pairing new knowledge with traditional Yup'ik teachings.

As their roles have evolved, the CHSPs now provide:

- » *Student individual and small group counseling sessions*
- » *Prevention activities*
- » *Culturally responsive lessons and activities*
- » *Crisis response*
- » *Family outreach and engagement*
- » *Career and post-secondary support*
- » *Connections to community-based resources*



CHSPs work with students and their families and can help connect them with more targeted or intensive mental health services through [Yukon-Kuskokwim Health Corporation](#) (YKHC) and other community-based organizations and providers.

The CHSPs also work closely with teaching staff — primarily individuals from out of state — to introduce them to Yup'ik culture and enhance place-based education approaches for curriculum and classroom activities. They also engage with Elders and community members to bring them in to support student activities and experiences. School district leadership described some of their work as thinking “outside of the box” in addressing student mental health needs. One of the CHSPs also leads a Cultural Team consisting of a classroom teacher, paraprofessional, Yup'ik teacher, and administrator to support the school district's monthly cultural activities.

Leveraging Training Resources With Cultural Relevance At the Core

Partway into the grant, the school district introduced a new Yup'ik Language and Culture Director role to partner with the CHSPs, specifically focusing on the area of cultural relevancy. In addition to providing training through this new leadership position, the school district also leveraged local, state, and regional resources to get the necessary training, skills, and tools in place for the CHSPs.

“Having those connections to the regional programs was vital in making this program successful.”
– LYSD administrator

LYSD worked with organizations and programs such as YKHC, [Association of Village Council Presidents Healthy Families](#), [First Alaskans Institute](#), and the [UAF Qungasvik ‘Toolbox’](#) to introduce new trainings and approaches to the CHSPs. Throughout the community- and school district-led trainings, school leadership is continuously focused on maintaining Yup’ik culture and knowledge at the core of the CHSPs work.

“In our Yup’ik culture, we always focus on the positive side of building strong minds, what can we do to heal and move forward, looking at our strengths and relying on those strengths to help support each other, especially those that are experiencing trauma or have had lost loved ones due to suicide or violence.”
– LYSD leadership

LYSD’s work to build culturally relevant practices in their schools continues. For example, the school district is currently developing a referral form and assessment that builds on traditional Yup’ik practices of oral traditions.

IMPORTANCE OF SUPPORTING LOCAL COMMUNITIES

While some CHSPs have pursued higher education, there is potential to continue expanding the possible career tracks for the role. One of the expectations for the position is to participate in the [University of Alaska Fairbanks Rural Human Services Program](#) or a similar career development program. The school district hopes to see more CHSPs pursue this option.

While additional training is valuable, school district leadership also spoke to the innate passion and skills the CHSPs bring to their roles. They explained that the school district is then positioned to help build on this passion and skillset with additional support and training.

“The CHSPs - they’re local people, and they’re here year-round. And the students and the youth see them out in communities, they interact with them . . . It just builds for a stronger relationship and a trusting relationship between school and community.”
– LYSD leadership

School administrators emphasized how important it is to hire an individual who knows their community and has the relevant background to provide social emotional elements of the role. Finding an individual who fits the school’s culture has been crucial to the program’s success.



THE STATE OF YOUTH MENTAL HEALTH

PHASE TWO:

**The State of Student Mental Health
& Promising Approaches**

YOUTH MENTAL HEALTH IN ALASKA

The findings from phase one of [Mental Health Supports in Alaska Schools](#) suggest that the MTSS can be more effective with the involvement of families and the community. This section compiles some behavioral health indicators that provide deeper context to mental and behavioral health in schools on national, state, and regional levels. Starting with student demographics and academic performance, this section then looks at both risk and protective factors to identify areas of concern and improvement, as well as opportunities for more targeted interventions.

Overall, protective factors have been fairly consistent with little significant change across recent years, even after 2020 and the COVID-19 pandemic. At the same time, numerous risk factors have changed significantly, especially during the COVID-19 pandemic, often trending negatively. This suggests that while the national youth mental health crisis gets more serious, the protective mechanisms currently in place may not be enough to respond to the growing needs of Alaska's students.

The negative trends during the COVID-19 pandemic were reinforced by themes from the survey on school support services. As one respondent stated, "I know for sure, or at least feel strongly that [COVID-19] has increased feelings of isolation, loneliness and accelerated mental health issues for our kids who have been trapped at home and lacked connections and much of the social learning they would get with their peers."

DEMOGRAPHICS

Alaska is the largest state in the United States. With a land area of 570,641 square miles, it is around one-fifth the size of the contiguous United States. Alaska has 19 organized boroughs and 11 census areas. For the purposes of assessing behavioral health systems, Alaska DOH groups them into 11 Behavioral Health (BH) Systems Regions.¹⁰ Each region contains at least 20,000 individuals. This system complies with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule for public dissemination of the number of individuals who received behavioral health services. This report provides data on a BH region level whenever possible.

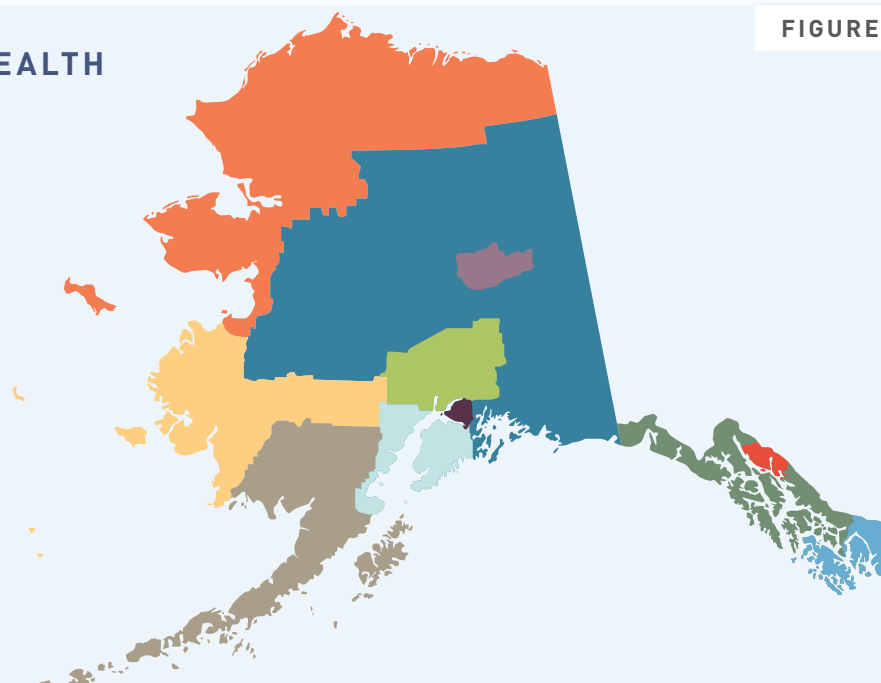
POPULATION

According to 2021 Census population estimates, Alaska has a total state population of 732,673.¹¹ Of the total state population, 130,442 (18%) are students enrolled in pre-k through grade 12 in 2021-2022, according to Alaska DEED. These students are spread throughout 54 school districts and approximately 500 schools. As of May 2021, there were 8,670 classroom teachers in pre-k through grade 12.¹² As of 2022, the pupil-to-teacher ratio in Alaska was 17:1 compared to the national average of 16:1.¹³

The following map illustrates where students are enrolled in school across the state by behavioral health regions.

FIGURE 01

THE BEHAVIORAL HEALTH SYSTEMS REGIONS OF ALASKA.



2021-2022 ALASKA PRE-K THROUGH GRADE 12 STUDENT ENROLLMENT

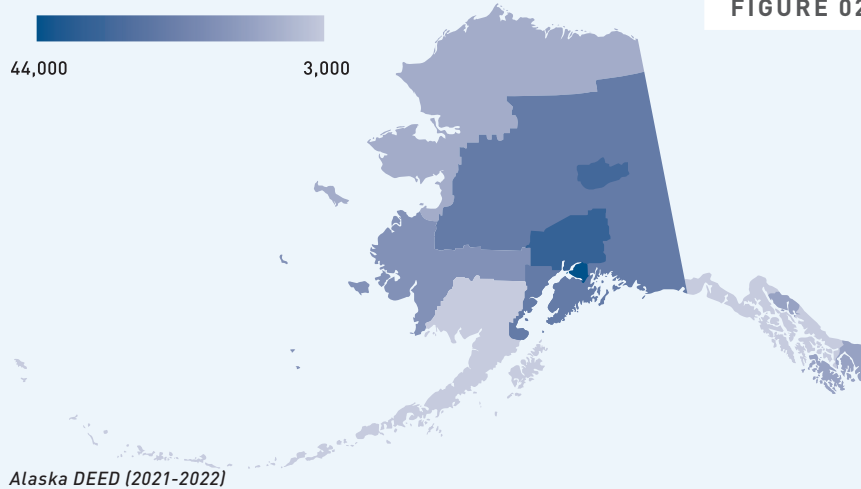
Behavioral Health Region	# of Children Enrolled PK-12	% of All AK Students in BH Region	# of School Districts in BH Region
Municipality of Anchorage	43,749	34%	3
Matanuska-Susitna Borough	19,443	15%	1
Fairbanks North Star Borough	15,775	12%	2
Other Interior Region	13,669	10%	11
Kenai Peninsula Borough	8,495	7%	1
Y-K Delta Region	7,299	6%	6
Northwest Region	6,511	5%	4
City and Borough of Juneau	4,372	3%	1
Southwest Region	4,363	3%	8
Other Southeast Region - Southern	3,709	3%	7
Other Southeast Region - Northern	3,057	2%	10
TOTAL IN ALASKA	130,442	100%	54

RACE AND ETHNICITY

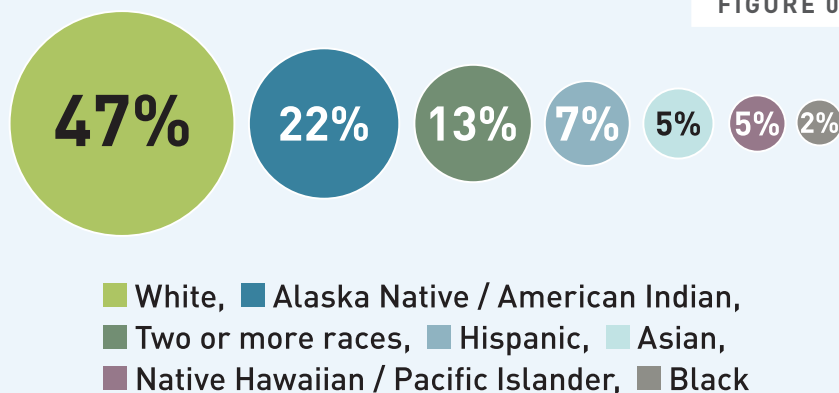
As of school year 2021-2022, most students enrolled in pre-k through grade 12 are White (47%) or Alaska Native/American Indian (22%). Alaska's overall population is 15% Alaska Native/American Indian, indicating a higher percentage of youth in the Alaska Native/American Indian population of the state. As such, it is important to design interventions that are culturally appropriate to the students, especially with the deep and complicated legacy of Alaska's education system as a means of dispossessing and assimilating the Alaska Native population.¹⁴

Alaska consistently had the highest percentage of its total population identifying as Alaska Native/American Indian compared to all other states.¹⁵ Alaska Native/American Indian people face long-term social and economic disparities and lower rates of educational attainment.¹⁶ This is often rooted in the historical trauma they have experienced of violent colonization, assimilation, and dispossession.¹⁷ The 2022 State of Mental Health in America report also revealed that nationwide, Alaska Native/American Indian youth who experienced a major depressive episode (MDE) in the past year were among the least likely to receive specialty mental health care. Instead, they were more likely to receive non-specialty mental health services, mostly provided in schools.¹⁸

Students are most concentrated in Anchorage Municipality and its vicinity.



Most students enrolled (2021-2022) are White or Alaska Native/American Indian.



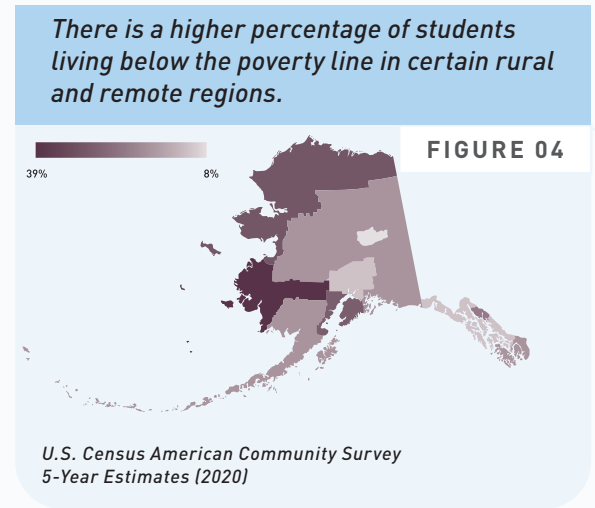
"We need to hire more people of color. Our staff does not represent the diversity of our state. Students need to see themselves represented in teachers, principals, and counselors."
– school support services survey respondent

POVERTY AND UNEMPLOYMENT

Socioeconomic status takes into account a family's income, educational attainment, and occupation, alongside other social factors. Research has linked low socioeconomic status with higher levels of emotional and behavioral difficulties, and less access to specialized behavioral healthcare.¹⁹

This map illustrates the proportion of youth living below the poverty line in each behavioral health region in 2020. The darker the shade indicates a higher percentage of that region's youth living in poverty. Poverty is especially high in the Yukon-Kuskokwim Delta region (39%) and the Northwest region (24%).²⁰

A UAA study noted that despite these regions being rich in natural resources, the types of jobs available in remote and rural Alaska don't often match the local labor supply, leading to high unemployment rates among residents, while at the same time about 40% of workers are non-locals, either from other areas of Alaska or outside the state.²¹ This can lead to socioeconomic disparities for locals. It must also be noted that a majority of the Alaska Native population lives in rural Alaska* (59% as of the 2020 census).²² At the same time, socioeconomic status may leave out the significance of Alaska Native/American Indian subsistence activities not only as a positive aspect of local economy but also a source of cultural strength.²³



PROTECTIVE FACTORS

Despite significant barriers as well as challenges posed by the COVID-19 pandemic, Alaska school districts have been using a range of approaches and resources to address student mental health and provide some level of social emotional learning.²⁴ The School Climate & Connectedness Survey (SCCS)²⁵ captures statewide trends regarding several protective factors. Overall, the survey data has been fairly consistent across the years,** with older students having lower percentages of protective factors, which may suggest they may not perceive such protective factors in their lives as much as younger students.

“Incorporating SEL into school culture is very important. Understanding the importance of mental health is crucial to school success.” – school support services survey respondent

* The [First Alaskans Institute](#) defines Alaska's rural areas as those outside the five census areas covering Alaska's largest cities and its outskirts: Juneau City and Borough, Anchorage Municipality, Kenai Peninsula Borough, Fairbanks North Star Borough, and Matanuska-Susitna Borough. Alaska Native Population (2004).

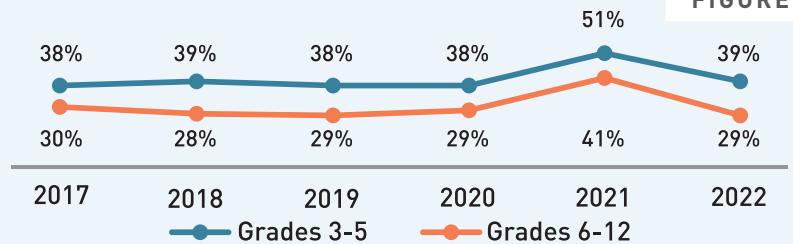
** A word of caution: responses from the 2021 SCCS may display discrepancies in comparison to other years, possibly caused by its sample size. While all other survey iterations received an average of around 36,500 responses each year, the 2021 survey had a significantly smaller sample size of 23,244. Overall, the smaller sample size and inconsistent district participation may not be completely representative of the whole student population in Alaska.

PEER CLIMATE

A positive peer climate can positively affect students' mental and behavioral health. Student respondents' perceptions of how respectful students are to one another have stayed consistently low since 2017, with less than half of students reporting a positive peer climate.

Students' perceptions of respect among their peers have stayed consistently low since 2017.

FIGURE 05



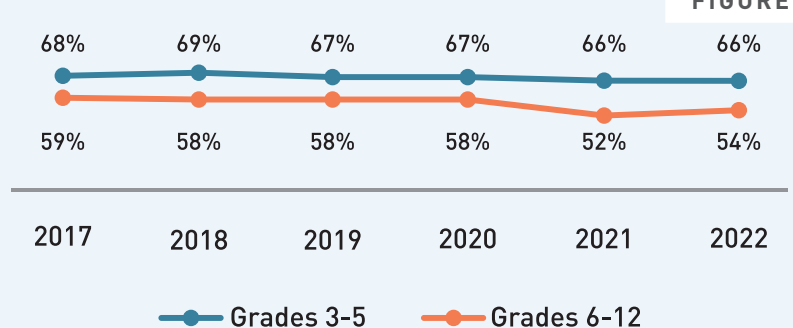
Alaska School Climate & Connectedness Survey (2015-2022)

CARING ADULTS IN SCHOOL

It is also important for students to have supportive adults in school. Consistently, more than half of students feel they have at least one adult at school they can talk to. This tends to be lower among older students.

Younger students are more likely to say they have at least one adult at school they can talk to.

FIGURE 06



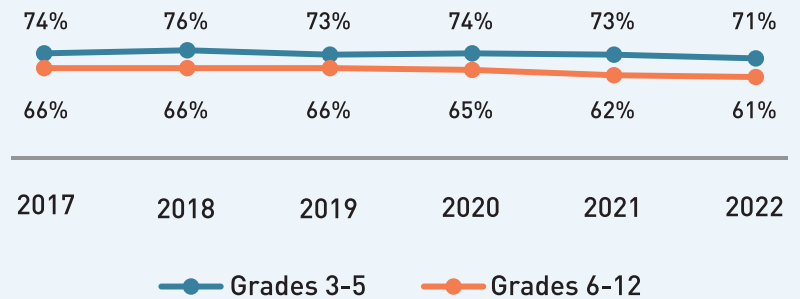
Alaska School Climate & Connectedness Survey (2015-2022)

FAMILY AND COMMUNITY SUPPORT

Having supportive and involved parents can significantly improve students' health and educational outcomes. According to a version of the survey sent to students' families, about 1 in 2 Alaskan parents reported helping their child with schoolwork daily. When asked about support in their community, at least 6 in 10 students can name at least five adults who care about them.

Younger students are more likely to be able to name at least five adults who care about them.

FIGURE 07



Alaska School Climate & Connectedness Survey (2015-2022)

"We also do personal interviews with students and their families to figure out what has been a barrier in the past to being successful and how we can support them not only in school but in all areas of their lives. This helps us develop a strong connection with the student and their families from the beginning." – school support services survey respondent

BEHAVIORAL HEALTH RISK FACTORS

The 2022 Mental Health America Report ranked Alaska among the lowest (46th out of 50 states and DC), with a high prevalence of mental illness and low access to care among youth.²⁶ Risk factors affecting Alaska's youth include mood disorders, substance abuse, suicide, and adverse childhood experiences.

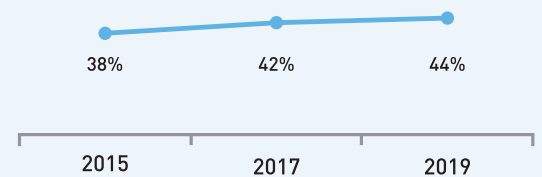
DEPRESSION, ANXIETY, AND MOOD DISORDERS

People diagnosed with a mood disorder feel its impacts in their relationships and everyday life.²⁷ Since 2016, the National Survey of Children's Health (NSCH) has found that nearly a quarter of youth aged 3 to 17 years have been diagnosed with a mental, emotional, developmental, or behavioral problems nationwide, with comparable numbers in Alaska.²⁸ This still does not take into account undiagnosed cases. Moreover, this data precedes COVID-19.

According to findings from the Youth Behavioral Risk Survey (YRBS), which was distributed to both traditional and alternative high schools, an increasing percentage of students in Alaska are experiencing depressive feelings each year.²⁹ As with the NSCH, this data precedes COVID-19.

Students are increasingly feeling sad or hopeless since 2015.

FIGURE 08



Alaska Youth Risk Behavior Survey (2015-2019)

Even if kids are not getting diagnosed, an increasing percentage report feelings that may be related to mood disorders.

Clinical data from DOH's Health Analytics and Vital Records Section (HAVRS) reveals a more troubling trend. An increasing number of medical inpatient and outpatient discharges due to mood disorders (excluding rehab facility hospitalizations) involve youth aged 5-14,³⁰ suggesting that an increasing number of younger children are experiencing mood disorders serious enough to get hospitalizations. There was an unexplained drop in 2020, which could be a result of the COVID-19 pandemic and resulting limited access to services.

School districts interviewed for phase one of Mental Health Supports in Alaska Schools frequently identified anxiety and depression as the most pressing needs among students. This theme was reinforced through the phase two school support services survey, with numerous respondents citing anxiety and depression as the most pressing mental health needs that students are now facing at an "unprecedented" level, as one respondent described.

ADOLESCENT SUBSTANCE USE

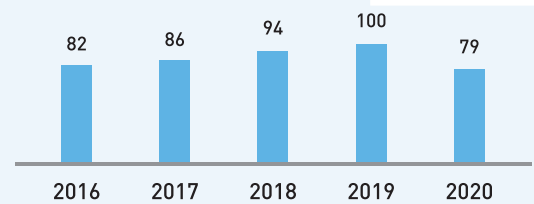
Mood disorders commonly co-occur with substance use disorders.³¹ According to the 2020 National Survey on Drug Use and Health Report, adolescents aged 12 to 17 who had a major depressive episode (MDE) in the past year were more likely to use substances compared with their counterparts who did not have an MDE.³² According to the 2019 Alaska YRBS, 61% of respondents reported having consumed alcohol at least once in their life. This is followed by marijuana, which 47% of students reported having used at least once in their life.

In recent years, student exposure to alcohol before age 13 years has changed very little, while the number of students first using marijuana before age 13 dropped slightly.

Data from DOH-HAVRS indicates that the number of medical inpatient and outpatient discharges of Alaska youth aged 5 to 21 due to alcohol-related disorders was relatively stable prior to the COVID-19 pandemic, then dropped considerably in 2020. This may suggest a decrease in access to service, but also reduced opportunities to socialize and drink.

Prior to 2020, youths aged 5-14 had more hospital encounters (per 100,000 population) due to mood disorders.

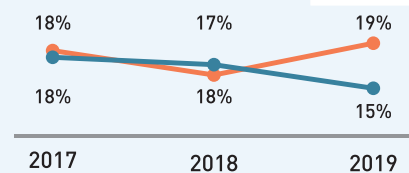
FIGURE 09



Alaska DOH Health Analytics and Vital Records Section

The number of students using marijuana before age 13 has slightly decreased.

FIGURE 10



— First drink of alcohol before age 13 years
— First used marijuana before age 13 years

Alaska School Climate & Connectedness Survey (2015-2022)

"Our students really struggle with hopelessness and limited skills to address emotional stresses. They often turn to substances to numb out their bad feelings."
— school support services survey respondent

It may also be possible that youth with alcohol disorders are not getting the services they need during the pandemic. But even before COVID-19, Alaskans (age 12 and over) have for many years needed both substance misuse and mental health services above national averages.³³

Anecdotally, school support service staff who responded to the phase two survey are observing substance use among students and would like to receive more professional development on the topic. Vaping is top-of-mind for school staff and was noted, along with alcohol use, among pressing student needs. One respondent shared, “Students are vaping (even at the middle school) at a rate that [I’ve] never seen before.” The 2019 YRBS found 26% of Alaska high school students vape and 781 students were suspended for tobacco use, which includes vaping.³⁴

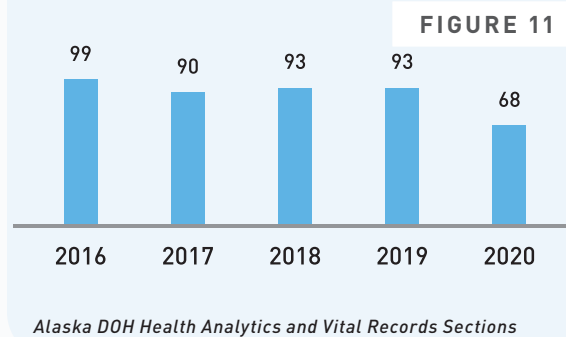
SUICIDE & SUICIDE ATTEMPTS

According to the American Foundation for Suicide Prevention, suicide is the 12th leading cause of death in the US.³⁵ Alaska has the second highest suicide death rate in all the states and has been trending upward in recent years.

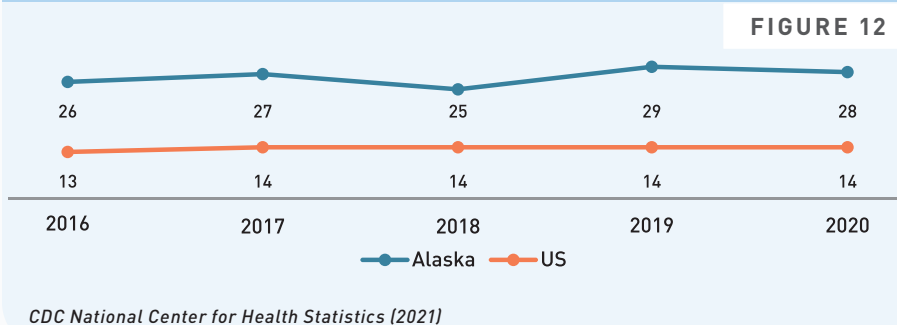
According to Alaska DOH-HAVRS, the number of deaths due to suicide has been trending upwards in recent years. Broken down by gender, a majority of these deaths in all age groups due to suicide were male.

Beyond the suicide rates, according to syndromic surveillance data from the Division of Public Health, the number of Emergency Room visits by youth aged 5 to 21 due to suicide attempts has also increased at an alarming rate, especially during the COVID-19 pandemic when suicide attempts increased by 44% between 2019 and 2021.³⁶

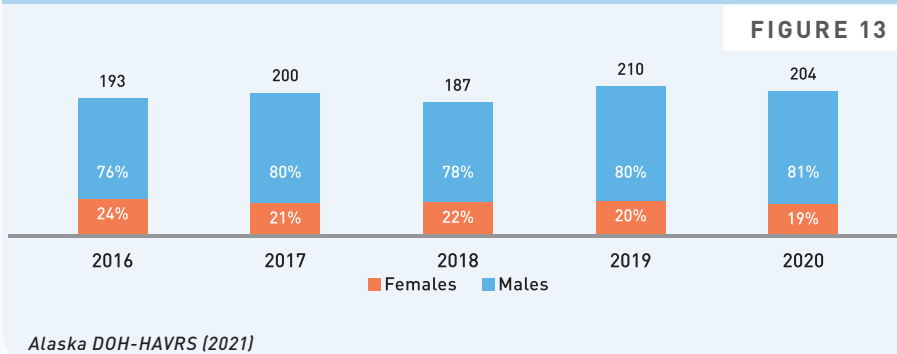
Alcohol-related hospital encounters among Alaska youth (per 100,000 population) dropped considerably in 2020.



Alaska has among the highest rates (per 100,000 population) of suicide mortality in the country.



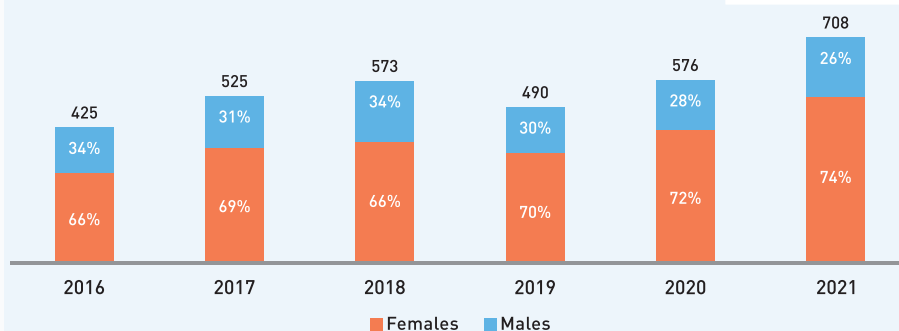
Suicide mortality is higher among males in Alaska.



While death due to suicide is more likely among male youth, most hospitalizations for youth who attempt suicide and survive, attempts are female youth, mirroring national trends.³⁷ Youth who have previously attempted suicide have a higher risk of suicide dying by suicide. Other risk factors associated with suicide are mental and behavioral disorders, family factors, and adverse life experiences such as bullying, abuse, or abrupt changes in interpersonal relationships.³⁸

Suicide attempts among Alaskan youth (age 5-21) are on the rise, and nearly three-quarters are female.

FIGURE 14



Alaska DOH Division of Public Health (2021)

ADVERSE CHILDHOOD EXPERIENCES

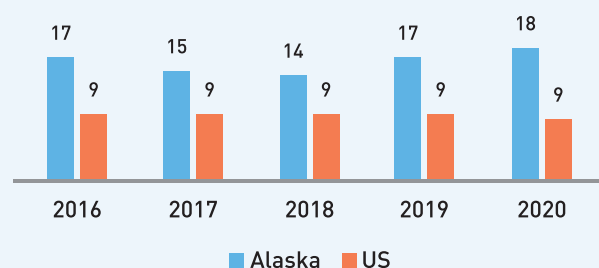
Adverse childhood experiences (ACEs) are events that may impair the development of children's brains and bodies so profoundly that the effects persist throughout a person's life and are passed on to the next generation.³⁹ ACEs can include abuse (physical, sexual, or emotional), living with someone with mental illness, living with someone with substance abuse, separation or divorce, living with someone who went to jail or prison, or witnessing domestic violence. Studies have related ACEs to indicators previously mentioned, such as socioeconomic status, and suggested they can result in an increased risk of various chronic health problems, especially mental and behavioral disorders.⁴⁰

ACEs are a significant issue in Alaska, where the rate (per 1,000) of substantiated cases of child maltreatment ranks 14th in the nation.⁴¹ In 2020, the rate of child maltreatment was 18 children per 1000 children, more than double the national average of 8.4 children per 1000. Thirty-nine percent of children born in Alaska will be reported to OCS before the age of 10, and 13% of children will have a substantiated report of harm.⁴²

Children experiencing a first report to OCS were less likely to meet kindergarten readiness goals on the Alaska Developmental Profile, and more likely to be chronically absent (32% of children with a report vs 20% of children without a report).⁴³ The isolation brought about by the early stages of the COVID-19 pandemic has also been linked to a rise in domestic violence cases which have direct impacts on children's mental health.⁴⁴

Child maltreatment rates (per 1,000) in Alaska hover around twice national rates.

FIGURE 15



National Child Abuse and Neglect Data System (2016-2020)

*"...our school is a Trauma Informed school, so most employees have a basic understanding of ACE scores and the role adults play in Healing Centered Engagement. We also have a cultural component, integrating ingenious language and culture."
– school support services survey respondent*

FOSTER CARE

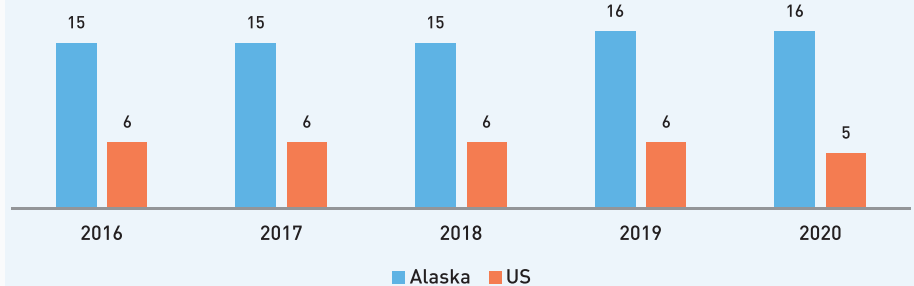
When a child has been determined to be in an unsafe home environment and is at a high risk of maltreatment, the state often steps in and places the child in foster care. Youth in foster care are at high risk of poor health throughout their life.⁴⁵ In Alaska, the Department of Family and Community Services (DFCS) Office of Children's Services (OCS) investigates allegations of child maltreatment and oversees the state's foster care system.

According to the OCS, as of May 2022, 2,977 youth in Alaska were in foster care.⁴⁶ Compared to other states, Alaska has one of the highest prevalence of children in foster care. Data compiled by the Annie E. Casey Foundation's Kids Count Data Center show that prior to the pandemic, rates (per 1,000) of children in foster care in Alaska have consistently been around three times that of nationwide rates.⁴⁷

Such prevalence is very concerning since youth in foster care have significantly more exposure to trauma and the behavioral issues associated with trauma can impact the stability of their placements.⁴⁸ Moreover, such issues can also greatly affect their academic performance, and results from regional and national studies consistently find lower graduation rates among youth in foster care.⁴⁹

Rates (per 1,000) of children aged 0 to 17 years in foster care in Alaska are triple that of nationwide rates.

FIGURE 16



Annie E. Casey Foundation Kids Count Data Center (2022)

"Students have parents who are also suffering and don't know how to provide the support their students need."
– school support services survey respondent

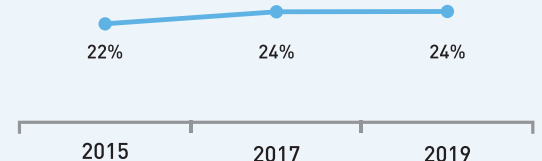
STUDENT SAFETY AND DISCIPLINE

SCHOOL BULLYING

Besides the need for youth to feel safe at home, they also need to feel safe among their peers and in school. That is why bullying—the negative behavior directed by someone exerting power and control over another person—is a major concern in schools across the US. According to the National Bullying Prevention Center, one in five (20%) students nationwide report being bullied.⁵⁰ Alaska has slightly higher prevalence rates, though YRBS data shows that prior to the pandemic, the prevalence of bullying on school property has remained fairly stable, perhaps indicating that current interventions (such as punitive disciplinary action) is ineffective in solving the problem.

The percentage of students who report being bullied on school property has not changed much from 2015 to 2019.

FIGURE 17



Alaska Youth Risk Behavior Survey (2019)

“For elementary students, the most pressing mental health concern is the lack of emotional awareness and regulation. Students are often missing foundational skills for both awareness and regulation as there are no district-wide curriculum focused on these topics at the elementary school[.] [Outside] counseling services are backed up for significant amounts of time, and lessons are not being taught in the homes of students.” – school support services survey respondent

Students who bully often have underlying reasons for their behavior. Abuse, neglect, as well as poor parental support can be strong risk factors for bullying.⁵¹ In Alaska, as with the rest of the US, getting caught bullying is subject to punitive punishment such as suspension and even expulsion, though this does not usually solve the problem, but only exacerbates it.⁵²

SUSPENSIONS AND EXPULSIONS

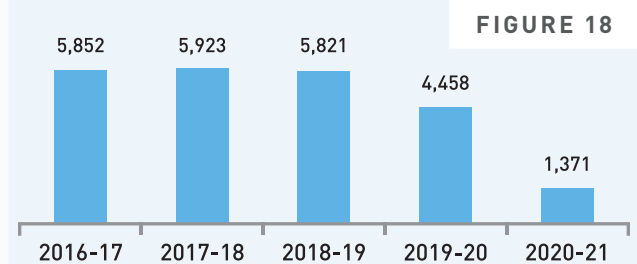
Suspension is defined as the removal of a student from the classroom for disciplinary reasons for a set amount of time, while expulsion is the long-term (a semester or more) removal or denial of admission of a student from school due to either severe offenses or persistent violations of school.⁵³ In Alaska, grounds for suspension or denial of admission may include willful disobedience or defiance, behavior that can undermine the safety of others in school, a physical or mental condition that can render the child unable to reasonably benefit from programs available, and conviction of a felony.⁵⁴

Suspensions may be in-school or out-of-school. It is important to note that this data is the number of suspensions overall, and that some students may be suspended multiple times.

Looking at annual statewide totals, the number of suspensions in Alaska from PK to grade 12 seems to be fairly stable prior to the COVID-19 pandemic. However, this can mask certain disparities based on different factors.

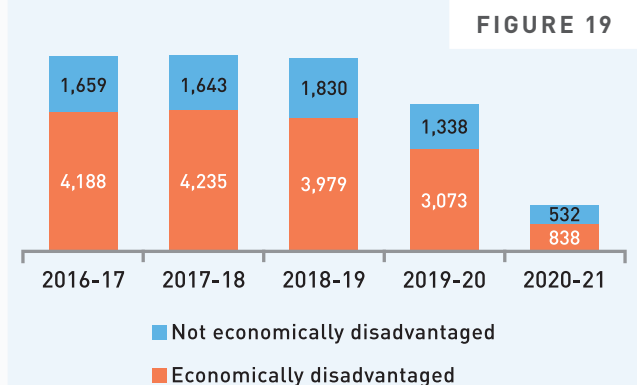
Overall, in Alaska, data from DEED shows that most school suspensions involve economically disadvantaged students.⁵⁵ As noted by the United States Department of Education, youth of color and youth with disabilities nationwide are disproportionately impacted by suspensions and expulsions. In 2014, students nationwide who receive special education services represent 12% of total students. However, they make up 19% of students getting suspended, 19% of students expelled from school, and 23% of students referred to law enforcement.⁵⁶

The number of suspensions remained relatively stable prior to the COVID-19 pandemic.



Alaska Department of Education & Early Development (2021)

Students who are economically disadvantaged are more likely to be suspended.



Alaska Department of Education & Early Development (2021)

In terms of PK-12 expulsions in recent years, the overall number peaked in school-year 2017-2018. Almost all expulsions occurred in Anchorage and Fairbanks North Star Borough school districts. When taken into consideration alongside graduation rates (discussed later), this may suggest that while few students are formally being expelled from school, many are still not graduating within four years.

Suspensions, expulsions, and other punitive school punishments in Alaska have to be considered alongside other risk factors such as students' socioeconomic status, ACEs, mental and behavioral health status, and access to services and supports. As noted in a study on suspensions and expulsions, many education and mental health professionals agree that such disciplinary actions may only exacerbate already dire health outcomes of students, instead of understanding and resolving any underlying issues.⁵⁷

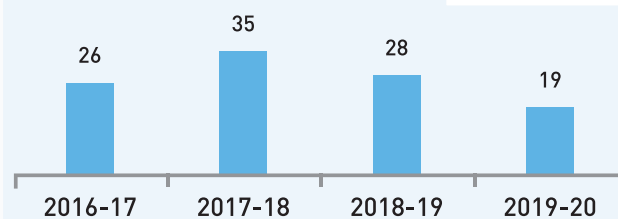
DIVISION OF JUVENILE JUSTICE YOUTH REFERRALS

When Alaska youth commit offenses serious enough to warrant further investigation and be detained from further harming themselves or others, they are often referred to the DFCS Division of Juvenile Justice (DJJ) to hold them accountable for their behavior and assist them and their families in developing skills to prevent crime.⁵⁸ While DJJ referrals have generally trended down during the COVID-19 pandemic, until 2019 DJJ referrals were more common, with most of them being youth aged 15 to 18. At the same time, the percentage of referrals related to domestic violence (over total referrals) has increased steadily across the years, jumping up considerably from 2020 to 2021.

Some research has drawn connections between punitive school policies and youth involvement in the juvenile justice system, sometimes described as the “school-to-prison pipeline” or “school pathways to the juvenile justice system.”⁵⁹ It has been found that students who drop out or are expelled from school are 3.5 times more likely to be incarcerated than their peers who complete high school.⁶⁰

The number of expulsions peaked in school-year 2017-2018.

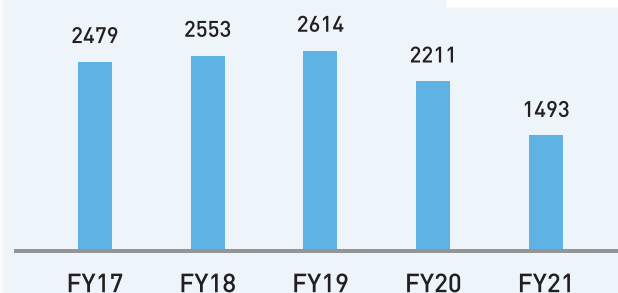
FIGURE 20



Alaska Department of Education & Early Development (2021)

DJJ referrals decreased in FY20 and 21.

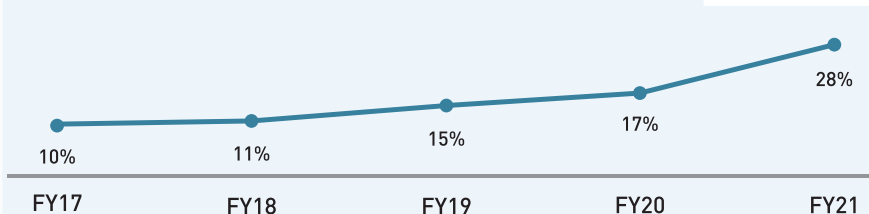
FIGURE 21



Alaska DFCS Division of Juvenile Justice (2021)

The percentage of DJJ referrals related to domestic violence has been on the rise.

FIGURE 22



National Center for Education Statistics (2019) and Alaska DEED (2021)

GRADUATION RATES

The Four Year Adjusted Cohort Graduation Rate (ACGR) is a federally mandated methodology for reporting public high school graduation rates across the country.^{***} The US Department of Education has only published ACGRs until school year 2018-2019.⁶¹ However, it had been trending upward up until 2019. As can be seen in the same figure, Alaska's graduation rate has consistently been lower than the national average.

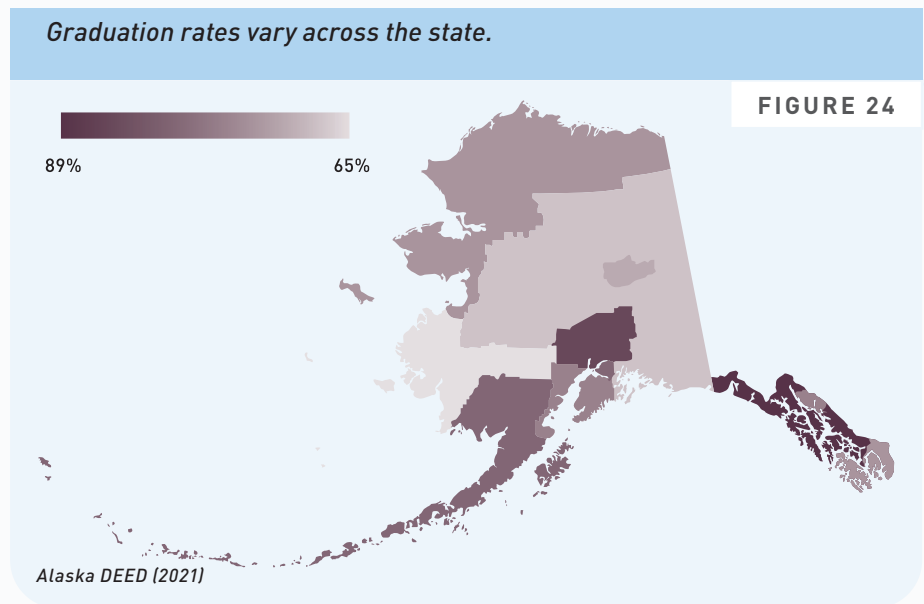
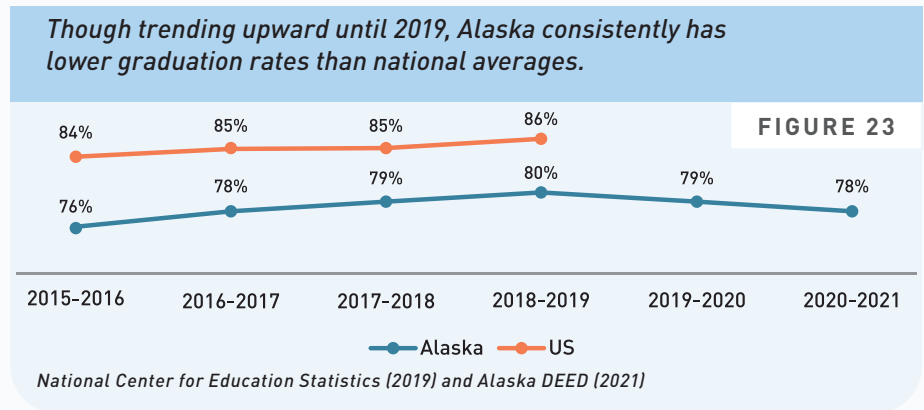
Breaking down the statewide graduation rates in 2020-2021 by behavioral health region, however, shows clear disparities, with southern regions in general exhibiting higher graduation rates, while regions in the interior, west and northwest have lower graduation rates.

Even within regions, ACGRs can be highly variable. In the Yukon-Kuskokwim Delta Region, for example, Kashunamiut School District had a graduation rate of 85%, while Kuspuk School District only had a 44% graduation rate.

This section looked at different factors and indicators of student mental health that are especially relevant in the context of the State of Alaska. Protective factors such as peer climate and supportive adults are essential to a comprehensive system of care, but current approaches have not made significant progress in improving student mental health outcomes. At the same time, risk factors such as mood disorders, substance abuse, suicide ideation, and adverse childhood experiences have trended negatively even before the COVID-19 pandemic. Punitive disciplinary practices have done little to curb these risk factors, and have perhaps even worsened the situation.

It is clear that what is currently in place may not be enough to respond to the growing mental health needs of Alaska's students. The next section looks at actions currently being done to address this.

^{***} The ACGR is calculated by first assigning a cohort graduation year to each ninth-grade student in the fall of initial entry, then getting the percentage of this cohort who graduated within four years.





PROGRESS TOWARD A COMPREHENSIVE SYSTEM

PHASE TWO:
**The State of Student Mental Health
& Promising Approaches**

PROGRESS TOWARD A COMPREHENSIVE SYSTEM

As the case studies in this report exhibit, school districts across Alaska are responding to the increasing level of student need through an array of funding streams, approaches, and partnerships. For programs still in the early stages of development, sustainable funding sources and policy changes can help continue the program's impacts in school communities.

RECENT FUNDING OPPORTUNITIES

At the height of the pandemic, the Coronavirus Aid, Relief, and Economic Security (CARES) Act provided funding to support mental health and suicide prevention efforts. Following CARES, two additional acts were signed into law that provided additional funding for Alaska schools: the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act and the American Rescue Plan (ARP). DEED hosts an [Alaska K-12 Education COVID-19 Federal Relief Funding Dashboard](#) with details on how Alaska's federal funding is being distributed, as well as information on how funds are spent at the school-district level. For some school districts, the federal COVID-19 funding has helped to catalyze and maintain mental health services and supports.

SUSTAINMENT THROUGH MEDICAID

Beyond the limited timeframe of the COVID-19 funding, Medicaid is another source of funding for some school-based services. The Centers for Medicare and Medicaid Services (CMS) is a federal agency that is part of the US Department of Health and Human Services (HHS) and works with states to administer Medicaid and Children's Health Insurance Programs (CHIP). Eligibility for Alaska's CHIP program, Denali KidCare, is determined by the Division of Public Assistance and the program is administered through the Division of Health Care Services.

Alaska's youth make up a significant proportion of the state's Medicaid-eligible population. During fiscal year (FY) 2019, more than half of children and youth (age 0-19) in Alaska were enrolled in Medicaid for some or all of the year.⁶² As of January 2020, the proportion of Alaska's youth receiving Medicaid or Children's Health Insurance Program (CHIP) services was 44 percent.⁶³ That proportion is expected to steadily increase in the years to come, with projections that it could reach 51% by FY40.⁶⁴

CMS plays a significant role in determining the types of locations and services that are allowed for reimbursement under Medicaid, including support services that may take place in schools. The agency has issued guidance in recent years aimed at improving the access and quality of school-based healthcare services.⁶⁵ Currently, Alaska's State Medicaid program has not expanded to include the full range of school-based services covered under Medicaid.

Alaska's covered school-based services include:⁶⁶

While school-based behavioral health services are included, the state's program does not cover these services for Medicaid-eligible students if the services are not part of an IEP.⁶⁷ A 2021 paper prepared for DHSS outlining recommendations for Alaska Medicaid budget savings and systematic Medicaid program reform included recommendations for how school-based services could impact state savings.⁶⁸

During COVID-19 as more services moved to telehealth, federal authority allowed healthcare providers to be reimbursed by insurance carriers licensed by the State of Alaska for services delivered via telehealth and also added behavioral health services as one of the Medicaid-covered school-based telehealth services.^{69,70} In FY21, providers submitted more than \$7.5 million in claims for health services provided to Medicaid-eligible youth ages 0-21 via telehealth or onsite at schools.⁷¹ More than 95% of the charged amounts were for telehealth services.⁷² Over the course of FY21, more than 4,500 youth were served via telehealth.⁷³ Twenty percent of Medicaid billing for telehealth was for 60-minute therapy sessions.⁷⁴ Executed properly, telehealth can reduce barriers such as transportation costs, can increase the availability of services, and can provide more immediate support.

REINFORCING THROUGH POLICY CHANGE

At the federal level, [S.2938 the “Bipartisan Safer Communities Act” recently passed in June 2022 during the 117th Congress \(2021-2022\)](#).⁷⁵ The bill includes investment in children and family mental health services, as well as funding to expand mental health and support services in schools.⁷⁶

State policy also serves as a lever for addressing the funding and delivery of student mental health services in schools. Alaska has existing policies supporting school mental health, including requiring school staff to complete suicide prevention and substance use trainings.^{77,78}

The Alaska State Legislature has introduced multiple bills concerning student mental health. During the 32nd Alaska State Legislature (2021-2022) House Bill 60 (“An Act relating to mental health education”) and Senate Bill 80 (“An Act relating to mental health education; and providing for an effective date) were introduced.^{79, 80} The bills stated the intent of the legislature that the Board of Education and Early Development create guidelines for instruction in mental health in consultation with representatives of mental health organizations and regional tribal health organizations. Senate Bill 157 (“An Act relating to health and personal safety education; and providing for an effective date), also introduced during the 32nd Legislature, included guidelines for health and personal safety education curriculum.⁸¹

Interviews with school districts for Mental Health Supports in Alaska Schools [Phase One: A Landscape Assessment](#) indicated that the absence of statewide social emotional learning standards was one example of the challenges associated with aligning systems and policies with social emotional learning and mental health services and supports. Attention at a state policy level holds the potential to influence local school board policy and set forth foundations for school districts to establish and sustain new and existing mental health programs to support the well-being of Alaska’s school communities.

- » *Evaluation, Screening, Assessment (if outcome indicates a need for services in the IEP or IFSP)*
- » *Audiology Services*
- » *Occupational Therapy*
- » *Physical Therapy*
- » *Speech-Language Pathology*
- » *Behavioral Health Services*
- » *Nursing Services*

APPENDIX A: METHODOLOGY

REPORT BACKGROUND AND POLICY ANALYSIS

The Mental Health Supports in Schools Group worked with The Stellar Group to establish areas of interest for the report background and policy analysis. The background information and policies synthesized for this report were identified through literature reviews, topical webinars, and other local, regional, and state resources. Review and synthesis took place from December 2021 through June of 2022.

CASE STUDIES

Case studies were developed based on data collected through interviews with school district staff and community partners. A total of 17 interviews took place virtually from April to May of 2022 and followed a general discussion guide. Questions from the discussion guide were modified as needed based on the specific role or experience of the interview participant. School district leadership was invited to an initial interview. The need for follow-up interviews was determined based on the structure of the program. Subsequent interview participants were identified through recommendations from the prior interviews. School district enrollment totals, school site counts, and student ethnicity data is from the DEED Data Center reports for the 2021-2022 school year and includes students pre-Kindergarten through grade 12. Free and reduced lunch data is from the DEED Child Nutrition Program Free and Reduced Price Meals Report for the 2022 program year. Students with disabilities data is from DEED Special Education District Data Profiles and is reflective of percentage of students with a disability based on total student enrollment for the 2020-2021 school year.

SCHOOL SUPPORT SERVICES SURVEY

The Stellar Group and the Mental Health Supports in Schools Group created a school support services survey. Responses from the school support services survey were collected via Survey Monkey. The survey was distributed via the Alaska School Counselors email listserv managed by DEED. The listserv includes school counselors, as well as other school staff in support service provider roles (i.e., school social workers, school psychologists, etc.).

INDICATORS

Indicator data was assembled by accessing and requesting data from surveillance surveys such as the Youth Risk Behavior Survey and AASB's School Climate and Connectedness survey. State agencies provided additional indicator data that was analyzed and synthesized for this report.

END NOTES

- ¹ US Department of Health and Human Services. (2022, February 28). *What is Mental Health?* MentalHealth.Gov. <https://www.mentalhealth.gov/basics/what-is-mental-health>
- ² Substance Abuse and Mental Health Services Administration. (n.d.). *SAMHSA – Behavioral Health Integration*. <https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf>
- ³ Davies, S. C. (2015). Mental health integration and collaboration within communities. In R. H. Witte, & G. Mosley-Howard (Eds.), *Mental health practices in today's schools: Issues and interventions* (pp. 37- 59). New York, NY: Springer Publishing Company.
- ⁴ United States, Public Health Service, Office of the Surgeon General. (2021). *Protecting youth mental health: The US. Surgeon General's Advisory*. Office of the Surgeon General. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- ⁵ Centers for Disease Control and Prevention. (2022). *Improving access to children's mental health care*. <https://www.cdc.gov/child-mentalhealth/access.html#ref>
- ⁶ Substance Abuse and Mental Health Service Administration. (2021, June 24). *Strategic plan FY2019 - FY 2023*. https://www.samhsa.gov/sites/default/files/samhsa_strategic_plan_fy19-fy23_final-508.pdf
- ⁷ American School Counselor Association. (n.d.). *ASCA national model: Executive summary*. <https://www.schoolcounselor.org/getmedia/bd376246-0b4f-413f-b3e0-1b9938f36e68/ANM- executive-summary-4th-ed.pdf>
- ⁸ Alaska Department of Education and Early Development. (2021). *School reentry considerations: Supporting student social and emotional learning and mental and behavioral health amidst COVID-19*. <https://education.alaska.gov/tls/SafeSchools/pdf/ASCA%20SchoolReentry.pdf>
- ⁹ McCance-Katz, E., & Lynch, C. (2019, July 1). *Guidance to states and school systems on addressing mental health and substance use issues in schools*. Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-school-guide.pdf>
- ¹⁰ State of Alaska, Department of Health. (n.d.). *Alaska health profiles geography: Behavioral health systems regions*. https://dhss.alaska.gov/dph/InfoCenter/Pages/ia/geo_bhs.aspx
- ¹¹ US Census (2021, July 1). *Quick facts*. <https://www.census.gov/quickfacts/AK>
- ¹² US Bureau of Labor Statistics. (n.d.). *Occupational employment and wage statistics*. <https://data.bls.gov/oes/#/home>
- ¹³ Public School Review. (2022). *Average public school student:teacher ratio*. <https://www.publicschoolreview.com/average-student-teacher-ratio-stats/national-data>
- ¹⁴ Newland, B. (2022). *Federal Indian boarding school initiative investigative report*. Bureau of Indian Affairs. https://www.bia.gov/sites/default/files/dup/inline-files/bsi_investigative_report_may_2022_508.pdf
- ¹⁵ Estus, J. (2021). *US Census explains American Indian, Alaska Native numbers*. Indian Country Today. <https://indiancountrytoday.com/news/us-census-explains-american-indian-alaska-native-numbers>
- ¹⁶ Probst, J. and Ajmal, F. (2019). *Social determinants of health among rural American Indian and Alaska Native populations*. Rural & Minority Health Research center. https://www.sc.edu/study/colleges_schools/public_health/research/research_centers/sc_rural_health_research_center/documents/socialdeterminantsof-healthamongruralamericanindianandalaskanativepopulations.pdf
- ¹⁷ Substance Abuse and Mental Health Services Administration. (2014). *Understanding Historical Trauma when Responding to an Event in Indian Country*. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4866.pdf>
- ¹⁸ Reinert, M., Fritze, D. and Nguyen, T. (2021, October). *The state of mental health in America 2022*. Mental Health America, Alexandria VA.
- ¹⁹ American Psychological Association. (2010). *Children, Youth, Families and Socioeconomic Status*. <https://www.apa.org/pi/ses/resources/publications/children-families>
- ²⁰ US Census. (2020). *American community survey*. https://data.census.gov/cedsci/table?q=anchorage%20municipality%20children%20poverty&tid=ACS_ST5Y2020.S1701
- ²¹ Goldsmith, S. (January 2008). *Understanding Alaska's remote rural economy*. UAA Institute of Social and Economic Research. https://iseralaska.org/static/legacy_publication_links/research-summ/UA_RS10.pdf
- ²² US Census. (2021, July 1).
- ²³ Thornton, T. F. (1998, September). *Alaska Native Subsistence: A Matter of Cultural Survival*. Cultural Survival. <https://www.cultural-survival.org/publications/cultural-survival-quarterly/alaska-native-subsistence-matter-cultural-survival>
- ²⁴ Alaska Mental Health Trust. (2021, January). *Mental health supports in Alaska schools*. <https://alaskamentalhealthtrust.org/wp-content/uploads/2021/08/Mental-Health-in-Alaska-Schools-Landscape-Assessment-FINAL-2021.08.05.pdf>
- ²⁵ Association of Alaska School Boards. (2021). *School Climate & Connectedness Survey*. <https://aasb.org/2021-school-climate-connectedness-survey-sccs-results-now-available/>
- ²⁶ Reinert, Fritze, and Nguyen. (2022).
- ²⁷ National Alliance on Mental Illness. (2021). *Mood disorder survey*. <https://www.nami.org/Support-Education/Publications-Reports/Survey-Reports/2021-Mood-Disorder-Survey>
- ²⁸ Data Resource Center for Child & Adolescent Health. (n.d.). *The National Survey of Children's Health*. <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>
- ²⁹ State of Alaska, Department of Health. (n.d.) *Alaska Youth Risk Behavior Survey*. <https://dhss.alaska.gov/dph/chronic/pages/yrbs/default.aspx>
- ³⁰ State of Alaska, Department of Health-Health Analytics and Vital Records Section. (2022, January 4). *Alaska resident non-military hospital and ambulatory surgery center discharges by year, CCS group, behavioral health region, sex, race, and age (2016 - 2020)*. [Data file]. Received via data request.
- ³¹ Quello, S. B., Brady, K.T. and Sonne, S.C. (2005). *Mood disorders and substance use disorder: a complex comorbidity*. Science & Practice Perspectives 3(1):13-21. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2851027/>
- ³² Substance Abuse and Mental Health Service Administration. (2021, October). *Key substance use and mental health indicators in the United States: Results from the 2020 national survey on drug use and health*. https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPFDFWHTMLFiles2020/2_020NSDUHFFR1PDFW102121.pdf
- ³³ State of Alaska, Department of Health (2021). *Alaska scorecard: Key issues impacting Alaska Mental Health Trust beneficiaries* (2021). <https://dhss.alaska.gov/Commissioner/Documents/MentalHealth/scorecard/AlaskaScorecard.pdf>
- ³⁴ State of Alaska, Department of Health. (2021, November). *Alaska Tobacco Facts: E-cigarette use, suspension, and academic outcomes among Alaska high school students*.
- ³⁵ American Foundation for Suicide Prevention. (2022, February 17). *Suicide statistics*. <https://afsp.org/suicide-statistics/>

- ³⁶ State of Alaska, Division of Public Health. (2022, January 10). *Suicide attempts (limited to ages 5-21) by age groups, gender, and race*. [Data file]. Received via data request.
- ³⁷ American Foundation for Suicide Prevention. (2022, February 17).
- ³⁸ Biltsen, J. (2018). *Suicide and youth: Risk factors*. Front Psychiatry 9(540). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6218408/>
- ³⁹ State of Alaska, Department of Health. (n.d.). *Adverse childhood experiences in Alaska*. <https://dhss.alaska.gov/abada/ace-ak/Pages/default.aspx>
- ⁴⁰ State of Alaska, Department of Health. (2015, January). *Adverse childhood experiences: Overcoming ACEs in Alaska*. <https://dhss.alaska.gov/abada/ace-ak/documents/acesreportalaska.pdf>
- ⁴¹ State of Alaska, Department of Health. (2021). *Alaska Scorecard*.
- ⁴² State of Alaska, Division of Public Health. (2021, March 15). *Alaska Longitudinal Child Abuse and Neglect Linkage Project*. https://health.alaska.gov/dph/wcfh/Documents/mchept/Key%20Findings_03_2021.pdf
- ⁴³ Rittman, D.S. and Parrish, J.W. (2020, March). *Pre-Birth and Early Life Indicators of School Performance*. <https://health.alaska.gov/dph/wcfh/Documents/mchept/Pre-Birth%20and%20Early%20Life%20Indicators%20of%20School%20Performance.9.30.2020.pdf>
- ⁴⁴ Nikos-Rose, K. (2021, February 24). *COVID-19 isolation linked to increased domestic violence, researchers suggest*. University of California-Davis. <https://www.ucdavis.edu/curiosity/news/covid-19-isolation-linked-increased-domestic-violence-researchers-suggest>
- ⁴⁵ Yi, M., Edwards, F., and Wildeman, C. (2020). *Cumulative prevalence of confirmed maltreatment and foster care placement for US children by race/ethnicity, 2011–2016*. American Journal of Public Health. <https://pubmed.ncbi.nlm.nih.gov/32191517/>
- ⁴⁶ State of Alaska, Office of Children's Services. (2022, June 13). *Statistical information*. <https://dhss.alaska.gov/ocs/pages/statistics/default.aspx>
- ⁴⁷ Kids Count Data Center. (2022, April). *Children 0 to 17 in foster care in the United States*. <https://datacenter.kidscount.org/data/tables/6242-children-0-to-17-in-foster-care?loc=1&loct=2#-detailed/2/2-53/false/574,1729,37,871,870,573,869,36,868,867/any/12985,20455>
- ⁴⁸ Papovich, C. (2019, July 10). *Trauma & Children in Foster Care: A Comprehensive Overview*. <https://www.csp.edu/publication/trauma-children-in-foster-care-a-comprehensive-overview/>
- ⁴⁹ Casey Family Programs. (2003, December 10). *Assessing the Effects of Foster Care: Early Results From the Casey National Alumni Study*. https://caseyfamilypro.wpengine.netdna-ssl.com/media/AlumniStudy_US_Report_Full.pdf
- ⁵⁰ National Bullying Prevention Center. (2020, November). *Bullying statistics*. <https://www.pacer.org/bullying/info/stats.asp>
- ⁵¹ Smith. (2016). *Bullying: Definition, types, causes, consequences and intervention*. Social and Personality Psychology Compass, 10(9), 519–532. <https://doi.org/10.1111/spc3.12266>
- ⁵² National Education Association (2021, September 10). *School suspensions do more harm than good*. <https://www.nea.org/advocating-for-change/new-from-nea/school-suspensions-do-more-harm-good>
- ⁵³ Open Minds. (2017, July 31). *Suspension & expulsion: School-based mental health services needed*. <https://openminds.com/next-generation-forum/blog/suspension-expulsion-school-based-mental-health-services-needed/>
- ⁵⁴ National Center on Safe Supportive Learning Environments. (n.d.). *Alaska school discipline laws & regulations: Grounds for suspension or expulsion*. https://safesupportivelearning.ed.gov/discipline-compendium?state=Alaska&sub_category=Grounds%20for%20Suspension%20or%20Expulsion
- ⁵⁵ State of Alaska, Alaska Department of Education & Early Development. (2022, January 26). *Suspension & expulsion student counts by state and district*. [Data file]. Received via data request.
- ⁵⁶ US Department of Education. (2014, January). *Guiding principles: A resource guide for improving school climate and discipline*. <http://www.cde.state.co.us/mtss/usdoeresourceguideimproving-school-climate2014>
- ⁵⁷ Open Minds. (2017, July 31).
- ⁵⁸ Division of Juvenile Justice. (n.d.). *Division of Juvenile Justice*. <https://dhss.alaska.gov/djj/Pages/GeneralInfo/mission.aspx>
- ⁵⁹ Mallett, C. (2016). *The School-to-Prison Pipeline: A Critical Review of the Punitive Paradigm Shift*. Child & Adolescent Social Work Journal, 33(1), 15–24. <https://doi.org/10.1007/s10560-015-0397-1>
- ⁶⁰ Ellison, J., Owings, W., & Kaplan, L. (2017). *State Fiscal Effort and Juvenile Incarceration Rates: Are We Misdirecting our Investment in Human Capital?* Journal of Education Finance, 43(1), 45–64.
- ⁶¹ National Center for Education Statistics. (n.d.) *Digest of Education Statistics*. <https://nces.ed.gov/programs/digest/>
- ⁶² Helvoigt, T.L. & McMillan, N. (2022). *Long-term forecast of Medicaid enrollment and spending in Alaska: FY2020–FY2040*. Evergreen Economics. <https://dhss.alaska.gov/fms/Documents/Medicaid-Forecast/AK-Long-Term-Medicaid-Forecast-FY2020-FY2040.pdf>
- ⁶³ Ibid.
- ⁶⁴ Ibid.
- ⁶⁵ Centers for Medicare & Medicaid Services. (2014). *Medicaid payment for services provided without charge (free Care)*. <https://www.medicare.gov/federal-policy-guidance/downloads/smd-medicaid-payment-for-services-provided-without-charge-free-care.pdf>
- ⁶⁶ Conduent State Healthcare. (2019). *Alaska medical assistance provider billing manuals*. http://manuals.medicaidalaska.com/docs/dnld/School-Based_Services.pdf
- ⁶⁷ Alaska Admin. Code, tit. 7, § 115.600(c). (2021).
- ⁶⁸ Public Consulting Group. (2021). *Alaska Medicaid strategy: Recommended reform principles and savings initiatives*. <https://dhss.alaska.gov/HealthyAlaska/Documents/PCG-AK-Medicaid-Strategy-Final-Report.pdf>
- ⁶⁹ Alaska Stat. § 21.42.422. (2020).
- ⁷⁰ Alaska Stat. § 47.05.270. (2021).
- ⁷¹ State of Alaska, Division of Behavioral Health, Medicaid Provider Assistance Services Section. (2020–2022). *Telehealth in schools output*. [Data file]. Received via data request.
- ⁷² Ibid.
- ⁷³ Ibid.
- ⁷⁴ Ibid.
- ⁷⁵ Bipartisan Safer Communities Act, S.2938, 117th Cong. (2022). <https://www.congress.gov/bills/117th-congress/senate-bill/2938>
- ⁷⁶ *Bipartisan safer communities act*. (2022). https://www.warner.senate.gov/public/_cache/files/0/4/04b9bf7d-7ecf-46f9-beb8-41d7431c21b2/2A074ADF3CCC3F35E8285B71E87AF9E4.bipartisan-safer-communities-act-summary.pdf
- ⁷⁷ Alaska Stat. § 14.30.362. (2020).
- ⁷⁸ Alaska Stat. § 14.20.680. (2020).
- ⁷⁹ An Act relating to mental health education, H.B. 60, 32nd Alaska State Leg. First Sess. (2021). http://www.akleg.gov/basis/Bill/Detail/?Root=HB%2060#tab6_4
- ⁸⁰ An Act relating to mental health education; and providing for an effective date, S.B. 80, 32nd Alaska State Leg. First Sess. (2021). http://www.akleg.gov/basis/Bill/Detail/?Root=SB%2080#tab6_4
- ⁸¹ An Act relating to health and personal safety education; and providing for an effective date, S.B. 157, 32nd Alaska State Leg. Second Sess. (2022). <http://www.akleg.gov/basis/Bill/Detail/?Root=SB%20157>



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