



Seattle Department of
Education & Early Learning

Student Mental Health Needs Assessment Report

Conducted by:

The Seattle Department of Education and Early Learning

Assessment Team

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Summary: In response to recent City Council Budget actions allocating \$4.0M to the Seattle Department of Education & Early Learning (DEEL) for expanded student mental health services, DEEL and partners are extending and expanding the existing Student Mental Health Supports pilot, first launched in January 2023 in five schools (*Aki Kurose MS; Chief Sealth International HS; Denny International MS; Ingraham HS; Rainer Beach HS*). DEEL has identified four additional schools eligible to apply for funding through a comprehensive needs assessment process conducted in partnership with key stakeholders. Pilot history, and details and methodology for the new school selection process, are described below.

Background/Context: Through multiple City Council Budget Actions ([CBA DEEL-002-A-001-2023](#); [CBA DEEL-603-A-001-2023](#)), DEEL will implement a total of \$4.5M to expand student mental health services in Seattle Public Schools (SPS). In SY 2022-23, DEEL initially received \$500,000 in CBA funding, with an additional \$4M added for SY 2023-24 and SY 2024-25 in the 2023 Adopted and 2024 Endorsed Budgets.

2022 Funds	2023 Funds	2024 Funds
\$500,000	\$2,000,000	\$2,000,000

In partnership with Public Health- Seattle King County (PHSKC) and SPS, DEEL used the 2022 funding to launch a Student Mental Health Supports pilot focused on providing mental health and wellness supports at five schools across a range of programming within the student mental health supports continuum:

Student Mental Health Supports Continuum:¹

The student mental health supports continuum ranges from direct clinical care to social-emotional learning interventions, defined as follows:

- **Direct clinical care** provided by licensed mental health clinicians (ex. Mental health counselors within School Based Health centers; Community Mental Health Agencies).
- **Mental and emotional health screenings and referrals** to mental health supports and care services (ex. Student & family re-entry case management; SPS Strength and Difficulties Questionnaire; SPS Screening, Brief Intervention, and Referral To services -SBIRT- program).
- **Social-Emotional Learning (SEL)** in schools through dedicated time within the school-day where students can, “acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions”²(ex. SEL curriculum/framework training for teachers;³ Affinity-based mentorship for students from adult mentors with similar cultural backgrounds and lived experiences).

¹ The interventions described within the Student Mental Health Supports Continuum should all be grounded within a Culturally Specific and Responsive (CSR) approach, with mental health supports across the continuum specifically targeted to BIPOC youth that are “rooted in cultural awareness, sensitivity, humility and BIPOC lived experience that responds to cultural needs to feel understood and validated.”

² [Fundamentals of SEL - CASEL](#)

³ For more information on professional development and learning for adults that supports high-quality SEL implementation in the classroom, see pages 23-25 in [Navigating Social and Emotional Learning from the Inside Out \(wallacefoundation.org\)](#).

The \$4M in additional City funding is being used to extend the Student Mental Health Supports pilot for currently participating schools (*Aki Kurose MS; Chief Sealth International HS; Denny International MS; Ingraham HS; Rainer Beach HS*) and **expand the pilot to include additional schools in SYs 2023-24 and 2024-25**, moving the project from the initial pilot phase of the investment to implementation of a Student Mental Health Supports Network (SMHSN), with the following investment goals:

- **Goal 1:** Leverage the expertise of trusted community-based partners to offer CSR mental health supports across the continuum (see continuum information above) by providers who share BIPOC students' identities and who have similar lived experiences, inclusive of family engagement centered on CSR family supports that are multilingual, asset-based, and welcoming.
- **Goal 2:** Identify and address root causes and indicators of student mental health issues (risk factors), including substance abuse, disconnection from school and ongoing truancy and absenteeism, and unhealthy relationships, while providing experiences and environments that can sustain and improve student mental health (protective factors), including delivering professional development that promotes adult learning to support students and creating opportunities for student-led decision-making by authentically sharing power and investment resources with youth.
- **Goal 3:** Embed and implement culturally-responsive healthcare and hiring practices within clinical care supports and SBHCs to increase language access, referral for services, trauma-informed approaches, and person-centered healthcare.⁴

Landscape Study

To inform selection of additional schools to receive mental health funding, DEEL engaged stakeholders and reviewed youth mental health research to generate a needs assessment framework. DEEL then developed quantitative measures based on this framework to rank schools by need and identify those that will benefit most from mental health interventions.

Stakeholder Engagement

- **The Student Mental Health Supports Learning Community** was the primary site of stakeholder engagement, with participation from pilot school staff, community and institutional partners, and students. In addition to four monthly convenings that took place March-June, activities included follow-up surveys and worksheets, and site visits at each school to gain greater insight into implementation of current support services, identify successes and challenges, and continue conversations, dialogue, and activities with school and community partners that were seeded within the Learning Community convenings. Synthesized learnings from the Learning Community provided the Culturally-Specific Responsive (CSR) foundation for the Landscape Study and affirmed the Needs Assessment framework. These learnings are also informing the emerging Student Mental Health Investment Framework and the recommended interventions and student supports schools should consider for SY 2023-24 (see Appendix D).
- **Public Health- Seattle King County (PHSKC)** participated in the Learning Community, met with DEEL weekly, and was a key thought partner in identifying and gaining access to source data, defining measurable student mental health outcomes and risk/protective factors in the Needs Assessment Framework, and providing guidance on how to prioritize the various scoring and selection factors in the final analysis.

⁴ King County Best Starts for Kids School-Based Health Center (SBHC) Enhancement goal

- **SPS** was also part of the Learning Community and a key collaborator in identifying and gaining access to source data and affirming the student mental health outcomes and risk/protective factors in the Needs Assessment Framework.
- **Students** were engaged through a multi-tiered approach that included capturing student voice through student-led advocacy sources⁵ and dialogue with trusted adults relaying student insights, listening sessions with students from the five pilot schools and the Seattle Student Union (SSU), and participating in the Learning Community representation through the Student Expertise Sub-Committee. Students informed and affirmed the CSR investment focus, helped to identify student needs and assets, and provided direct feedback on the Needs Assessment framework and how different risk/protective/demographic factors should be prioritized in the final analysis.

Research and Literature Review

DEEL consulted a variety of sources (see Appendix A) such as the CDC, National Institutes of Health, and academic journals, to explore the following:

- Measures for observing youth mental health **outcomes**,
- Measurable **predictors** of youth mental health status,
- **Best practices** for sustaining positive youth mental health, particularly in school settings,
- **Local and national trends** in youth mental health, and
- **Available data** to observe mental health outcomes and predictors at the school level.

Needs Assessment Framework

The landscape study produced the following key parameters for investing in school-based mental health supports and prioritizing schools for funding:

- **Culturally Specific & Responsive (CSR⁶) Focus:** A key learning from the stakeholder engagement was identifying a critical gap in service for Black, Indigenous, People of Color (BIPOC) students in receiving effective, healing-centered, CSR mental health supports. Addressing this gap requires a multi-faceted strategy that delivers supports for BIPOC students in a variety of ways, inclusive of both clinical and non-clinical approaches, that are culturally responsive, localized to their communities, and directly informed by youth and family needs. Because of the explicit CSR focus of the emerging investment framework, the Needs Assessment weighted a school’s demographic population to prioritize services to the largest possible number of BIPOC students and multilingual students who are English Language Learners.
- **Higher Risk Among Secondary students:** PHSKC recommended a secondary school focus based on available student mental health data, with research and data analysis showing high levels of adverse mental health outcomes and associated risk factors among secondary students. In King County, suicidal ideation and attempt rates among youth ages 10 – 24 were highest in the 14-17 age group⁷. This data and research is also supported with anecdotal reports from School-Based Health Centers (SBHC).

⁵ [Rainier Beach Town Hall Call-to-Action](#), [FEEST Student Mental Health Youth Fellows](#) ; student letters and emails

⁶ **Culturally Specific and Responsive (CSR)** mental health supports specifically targeted to BIPOC youth provide that are “rooted in cultural awareness, sensitivity, humility and BIPOC lived experience and respond to cultural needs to feel understood and validated.”

⁷ [Mental Health Among Youth and Young Adults in King County, WA](#)

- Prioritize Comprehensive, Non-option⁸ High Schools:** Adding additional schools expands the investment footprint across a diversity of geographic regions within SPS, fostering opportunity for community learning to be applied to a broad range of schools over an extended period to inform systemic approaches to mental health supports for BIPOC students across the district. While [SPS option schools](#) are an excellent source of targeted supports for specific student populations and do offer valuable opportunities to learn about effective interventions, that learning may be limited in its applicability to neighborhood comprehensive high schools and their ability to implement or replicate the same type of supports in their buildings.

Needs Assessment Criteria

DEEL drew from five data sources to measure student mental health outcomes, risk, and protective factors across individual Seattle public schools—the Washington State Healthy Youth Survey⁹ (HYS); Office of the Superintendent of Public Instruction (OSPI) Report Card; SPS administrative data; SPS School Climate Survey; and the Seattle Police Department Crime Statistics Map.

The table below outlines the indicators used to score and prioritize schools for expanded mental health funding. In addition to mental health outcomes (measured at the student level), DEEL included mental health risk and protective factors that reflect individual student experiences and mindsets, school environment, and community-level factors in its model. Scoring criteria relied on the data sources listed above.

Table 1: Mental Health Needs Assessment Criteria

Composite Scores <i>(average score of multiple indicators)</i>	Indicators & Data Source <i>(school-level percentage)</i>
Mental Health Outcome Score: Adverse mental health outcomes that this investment seeks to improve.	<ul style="list-style-type: none"> • Suicidal ideation (HYS) • Depression (HYS) • Anxiety (HYS)
Risk Factor Score: Lived experiences that can have a negative impact on student mental health, and behaviors that can be symptoms of poor mental health.	<ul style="list-style-type: none"> • Adverse experiences - <i>sexual violence, abuse, homelessness, and economic insecurity</i> (HYS; OSPI) • Community-level violent crime rates (SPD Crime Map) • Risky behavior - <i>substance use</i> (HYS) • Disengagement from school - <i>chronic absence</i> (SPS admin)
Protective Factor Score: Lived experiences and environmental factors that can sustain and improve student mental health.	<ul style="list-style-type: none"> • Social-emotional well-being – <i>hope</i> (HYS) • School Climate - <i>equity, safety, belonging and relationships</i> (SPS School Climate) • Trusted adult in community to turn to for support (SPS School Climate; HYS)
Demographic Priority Score: A school’s percentage of BIPOC students, and multilingual students who are English Language Learners.	<ul style="list-style-type: none"> • BIPOC student population (OSPI) • ELL student population (OSPI)

⁸ SPS identified [option schools](#) with continuous enrollment offer unique services, opportunities, and learning environments to meet individual student needs. Students may request assignment to these schools or may be referred to one. These schools do not have geozones.

⁹ Learn more about the Healthy Youth Survey on the Washington State Department of Health website: <https://doh.wa.gov/data-statistical-reports/data-systems/healthy-youth-survey>.

Scoring & Selection Methodology: DEEL applied needs assessment scores to SPS high schools, and used the following selection process to identify priority schools who will be invited to apply for funding:

1. Include comprehensive, non-option high schools in analysis.
2. Rank school-level results for each indicator by generating deciles (1-10).¹⁰
3. Generate Mental Health Outcome, Risk Factor, Protective Factor, and Demographic Priority composite scores by averaging indicator decile scores in each category.
4. Generate a Total Mental Health Need score for each school by averaging Mental Health Outcome, Risk Factor, and Protective Factor decile scores. A higher average decile indicates a higher school need.
5. Exclude schools with a Demographic Priority score below 4.
6. Select up to seven schools with a Total Mental Health Need score of 4 or above.

Scoring & Selection Results

Seven high schools met the selection criteria, three of which are already receiving funding through the 2022-23 mental health pilot. Four additional schools (Nathan Hale, Garfield, Cleveland, and Franklin) will be invited to apply for funding through a competitive process.

School	Student Count (2022-23)	Total Mental Health Need Score	Mental Health Outcome Score**	Risk Factor Score	Protective Factor Score (Inverse)	Demographic Priority Score
Ingraham High School*	1454	7.0	8.0	5.7	7.2	5.0
Chief Sealth High School*	1292	6.4	5.3	6.2	7.8	7.5
Nathan Hale High School	1100	4.9	4.0	5.0	5.8	4.5
Garfield High School	1628	4.8	4.8	5.0	4.6	5.0
Rainier Beach High School*	819	4.5	2.3	5.6	5.6	9.5
Cleveland High School	902	4.2	4.0	4.1	4.6	6.5
Franklin High School	1177	4.0	3.3	4.4	4.4	8.5

Ranked in order by Total Mental Health Need score.

**Already participating in 2022-23 pilot.*

***A high score indicates a higher rate of adverse mental health outcomes.*

¹⁰ Deciles are compiled by ranking percentage scores for each school from lowest to highest and splitting this range into 10 equal subsections: from the 10th percentile to the 100th percentile. A decile rank assigns a number from 1-10 to each decile.

Through the Landscape Analysis and Needs Assessment process, DEEL determined that a competitive process is needed due to:

- **Limited Resources** - The SMHSN builds off the work of the existing pilot, launched in January of the 2022-23 SY, with each participating school receiving \$125k (minus SPS indirect). Because the pilot launch occurred mid-school year, schools implemented services during the second semester of SY 2022-23 only; therefore, the funding threshold was set at a \$250k maximum per school for SYs 2023-24 and 2024-25. The \$250k maximum was based on the learning that emerged from Year 1 implementation, which established this as the dollar amount needed to implement a full school year's worth of services and not scale back existing efforts, which would run counter to the goals of the investment to build upon promising practices and offer students increased mental health supports. This funding threshold only allows for an additional two to three schools to be added to the Network, based on the resources allocated (\$3.75M - \$1.875M in 2023; \$1.875M in 2024¹¹).
- **Wide-Spread Need:** With research showing a rise in student mental health challenges within schools across the City, state, and nation (see Appendix A), it is important to acknowledge that the need for student mental health supports is widespread and cuts across City regions and demographics. The landscape analysis and needs assessment uncovered that every school in the district has some type of mental health supports need. To focus the scope and purpose of the needs assessment and subsequent selection process, DEEL and partner stakeholders established an initial selection and eligibility criterion for the SMHSN prior to conducting the analysis described in Appendix A. This criterion narrowed the pool of eligible applicants, but more schools were identified as having a need than there are resources available, making a competitive process necessary.
- **School Readiness:** As stewards of public funding, DEEL has a responsibility and obligation to ensure these pilot schools are successful in the design and implementation of their mental health services to students. While the needs assessment surfaced the schools with the highest level of need, it could not measure a school's capacity and readiness to implement services to meet this need. A competitive process allows DEEL to collect information and develop evaluation criteria that can be used to score school proposals and determine a school's readiness. Readiness refers to a school's ability to successfully implement the proposed intervention across a range of readiness factors that include a strategic vision for how Culturally Specific and Responsive (CSR) student mental health supports fit into the broader landscape of student services offered at their school, collective "buy-in" from school leadership and staff on this vision, and ability to effectively partner with community, family, and students to accomplish the vision. If schools are not required to engage in a competitive process, DEEL may not be able to determine if schools are ready to effectively implement services with the funding and/or spend the funding in alignment with the parameters DEEL has set in the investment design. Additionally, a lack of school readiness, particularly with the sensitive nature of providing Culturally Specific and Responsive focused supports for BIPOC students, can potentially cause more harm to students if work is implemented without intentionality, accountability, and understanding of the student population they intend to serve.
- **Network Learning** – DEEL continues to take a phased-in learning approach centered on the findings of the pilot to establish a student mental health investment framework based on examining ways that mental health supports can be targeted with a CSR focus. The pilot expansion creates opportunity for community learning to be applied to a broad range of schools to inform systemic approaches to mental health supports across the range of available funding

¹¹ \$250K already awarded to Ingraham in SY 2022-23 and taken out of the \$4M in total funding.

sources available, including SPS operating-fund budget, Federal and County sources, Washington State’s General Fund, and philanthropy. The Readiness factors described above will be key in ensuring Network learning is able to be captured, understood, and shared effectively to leverage all existing funding sources.

Next Steps

The four schools identified as eligible to apply for funding will be invited to submit proposals in Fall 2023. A review panel consisting of DEEL staff and current Student Mental Health Supports Learning Community representatives will evaluate applications using the Investment Application Scoring Criteria (see Appendix C for a detailed scoring rubric). Proposal scores and review panel discussions will inform review panel recommendations for funding awards and final funding decisions, to be announced by October 20, 2023.

As the pilot expands to include additional SPS schools, the Learning Community will also expand to form the Student Mental Health Supports Network. While the purpose and charge of the Learning Community was to inform pilot expansion, the purpose of the Network will be to continue this learning and relationship building to strengthen coordination among partners (schools; community-based partners; students and families), each leveraging their own expertise to provide more coordinated and streamlined care to students and families while fostering opportunity for community learning to be applied to a broad range of schools over an extended period to inform systemic approaches to CSR student mental health supports throughout the continuum.

This pilot expansion to the Student Mental Health Supports Network has the following benefits:

- Extending the pilot **allows for stabilization**. The current pilot did not launch until January 2023, and there has not been enough time to fully implement and understand impact.
- The SMHSN allows CBA funding to be applied broadly to acknowledge the complex circumstances, trauma, and stressors that lead to youth violence and ensures that we are taking a **preventive public health approach**.
- It also provides an opportunity to connect the dots across the multiple efforts that various stakeholders are involved in related to student mental health and youth violence prevention and to **ensure the response is coordinated, systemized, and done in partnership with students**.
- It allows for a localized approach that is **community-driven and that empowers schools to implement a variety of mental health supports**, from clinical approaches that increase funding to SBHCs, to Restorative Practices and SEL supports and interventions that **leverage community partners to better position schools to meet the CSR mental health supports gap** for BIPOC students and families.

A more comprehensive report detailing Year 1 pilot learnings and the emerging investment framework will be released in Fall 2023, after the school selection and proposal development process is complete.

Appendix A: References

- Agnafors, S., Barmark, M., & Sydsjö, G. (2020). Mental Health and Academic Performance: A Study on selection and causation effects from childhood to early adulthood. *Social Psychiatry and Psychiatric Epidemiology*, 56(5), 857–866. <https://doi.org/10.1007/s00127-020-01934-5>
- Alegría, M., Chatterji, P., Wells, K., Cao, Z., Chen, C., Takeuchi, D., Jackson, J., & Meng, X.-L. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services*, 59(11), 1264–1272. <https://doi.org/10.1176/ps.2008.59.11.1264>
- Andermo, S., Hallgren, M., Nguyen, T.-T.-D., Jonsson, S., Petersen, S., Friberg, M., Romqvist, A., Stubbs, B., & Elinder, L. S. (2020). School-related physical activity interventions and mental health among children: A systematic review and meta-analysis. *Sports Medicine - Open*, 6(1). <https://doi.org/10.1186/s40798-020-00254-x>
- Bentivegna, F., & Patalay, P. (2022). The impact of sexual violence in mid-adolescence on Mental Health: A UK population-based longitudinal study. *The Lancet Psychiatry*, 9(11), 874–883. [https://doi.org/10.1016/s2215-0366\(22\)00271-1](https://doi.org/10.1016/s2215-0366(22)00271-1)
- Caldwell, D. M., Davies, S. R., Hetrick, S. E., Palmer, J. C., Caro, P., López-López, J. A., Gunnell, D., Kidger, J., Thomas, J., French, C., Stockings, E., Campbell, R., & Welton, N. J. (2019). School-based interventions to prevent anxiety and depression in children and young people: A systematic review and network meta-analysis. *The Lancet Psychiatry*, 6(12), 1011–1020. [https://doi.org/10.1016/s2215-0366\(19\)30403-1](https://doi.org/10.1016/s2215-0366(19)30403-1)
- Centers for Disease Control and Prevention. (2022, September 28). *School connectedness helps students thrive*. Adolescent and School Health. https://www.cdc.gov/healthyyouth/protective/school_connectedness.htm
- Centers for Disease Control and Prevention. (2023, April 27). *YRBSS Data Summary & Trends Report*. Youth Risk Behavior Survey. https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm
- Centers for Disease Control and Prevention. (2022, June 3). *Data and Statistics on Children’s Mental Health*. <https://www.cdc.gov/childrensmentalhealth/data.html>
- Cook, B. L., Barry, C. L., & Busch, S. H. (2012). Racial/ethnic disparity trends in children’s mental health care access and expenditures from 2002 to 2007. *Health Services Research*, 48(1), 129–149. <https://doi.org/10.1111/j.1475-6773.2012.01439.x>
- Copeland, W. E., Wolke, D., Angold, A., & Costello, E. J. (2013). Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence. *JAMA Psychiatry*, 70(4), 419. <https://doi.org/10.1001/jamapsychiatry.2013.504>
- Duffy, A., Keown-Stoneman, C., Goodday, S., Horrocks, J., Lowe, M., King, N., Pickett, W., McNevin, S. H., Cunningham, S., Rivera, D., Bisdounis, L., Bowie, C. R., Harkness, K., & Saunders, K. E. (2020). Predictors of mental health and academic outcomes in first-year university students: Identifying prevention and early-intervention targets. *BJPsych Open*, 6(3). <https://doi.org/10.1192/bjo.2020.24>

Fergusson, D. M., & Woodward, L. J. (2002). Mental health, educational, and social role outcomes of adolescents with depression. *Archives of General Psychiatry*, 59(3), 225.
<https://doi.org/10.1001/archpsyc.59.3.225>

Gini, G., & Pozzoli, T. (2013). Bullied children and psychosomatic problems: A meta-analysis. *Pediatrics*, 132(4), 720–729. <https://doi.org/10.1542/peds.2013-0614>

Griggs, S., & Crawford, S. L. (2019). Differences in hope, Core Self-evaluations, emotional well-being, and Health Risk Behaviors in freshman university students. *Nursing Forum*, 54(4), 505–512.
<https://doi.org/10.1111/nuf.12364>

Hallfors, D., Waller, M., Ford, C., Halpern, C., Brodish, P., & Iritani, B. (2004). Adolescent depression and suicide risk association with sex and drug behavior. *American Journal of Preventive Medicine*, 27(3), 224–231. [https://doi.org/10.1016/s0749-3797\(04\)00124-2](https://doi.org/10.1016/s0749-3797(04)00124-2)

Healthy People 2030. (n.d.). Social Determinants of Health. <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Public Health Seattle & King County. (2021, November 16). *Mental Health Among Youth and Young Adults in King County, WA: January 2019 – October 2021*. <https://kingcounty.gov/depts/health/covid-19/data.aspx>

Public Health Seattle & King County. (2017). *Mental health services in Seattle School-Based Health Centers: A Quantitative Analysis of Utilization Patterns*. [2015-16-quantitative-analysis-of-mh-utilization-report.pdf \(wordpress.com\)](https://www.puhs.org/wp-content/uploads/2017/06/2015-16-quantitative-analysis-of-mh-utilization-report.pdf)

Rose, I. D., Lesesne, C. A., Sun, J., Johns, M. M., Zhang, X., & Hertz, M. (2022). The relationship of school connectedness to adolescents' engagement in co-occurring health risks: A meta-analytic review. *The Journal of School Nursing*, 105984052210968. <https://doi.org/10.1177/10598405221096802>

The U.S. Surgeon General's Advisory. (2021). Protecting youth mental health. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf?ftag=MSF0951a18>

University of Washington. (n.d.). *February 2023 the case for school mental health*. School Mental Health Assessment Research & Training Center. https://smartcenter.uw.edu/wp-content/uploads/2023/02/Case-for-School-Mental-Health_2023-Update.pdf

University of Washington College of Education. (2023). *School Mental Health Assessment Research Training Center*. UW School Mental Health Assessment, Research, and Training Center. <https://smartcenter.uw.edu/>

Washington State Healthy Youth Survey . (n.d.). Interpretive guide - Washington HYS Adverse Childhood Experiences. [https://legacy.askhys.net/Docs/HYS Interpretive-Guide ACEs 2021 FINAL 1 13 22.pdf](https://legacy.askhys.net/Docs/HYS%20Interpretive-Guide%20ACEs%202021%20FINAL%201%2013%2022.pdf)

Youth.gov. (n.d.). *Risk and protective factors for youth*. <https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth>

Datasets

City of Seattle. (n.d.). Census tract City of Seattle GIS Map. Retrieved from <https://seattlecitygis.maps.arcgis.com/>

Seattle Police Department. (n.d.). *Crime dashboard*. Retrieved from <https://www.seattle.gov/police/information-and-data/data/crime-dashboard>

Seattle Public Schools. School Climate Survey. Retrieved from [Panorama Education](#)

Washington State Department of Health. (2021). *Washington State Healthy Youth Survey: 2021 Results*. Retrieved from [Healthy Youth Survey Results - Healthy Youth Survey \(askhys.net\)](#)

Washington State Department of Health. (2021). *Washington State Healthy Youth Survey: 2023 questionnaire for secondary students*. Retrieved from [DRAFT HYS 2023 Secondary Student Survey \(askhys.net\)](#)

Appendix B: Mental Health Needs Assessment Results

School	Total Student Count	Mental Health Need Composite Score	Mental Health Composite Decile**	Risk Factors Composite Decile	Protective Factors Composite Decile - Reversed	Student Demographics Composite Decile
Rainier Beach High School*	819	4.5	2.3	5.6	5.6	9.5
Franklin High School	1,177	4.0	3.3	4.4	4.4	8.5
Chief Sealth High School*	1,292	6.4	5.3	6.2	7.8	7.5
Cleveland High School	902	4.2	4.0	4.1	4.6	6.5
Ingraham High School*	1,454	7.0	8.0	5.7	7.2	5
Garfield High School	1,628	4.8	4.8	5.0	4.6	5
Nathan Hale High School	1,100	4.9	4.0	5.0	5.8	4.5
Lincoln High School	1,653	6.0	7.3	4.0	6.8	3
West Seattle High School	1,335	4.6	3.8	4.1	5.8	2.5
Roosevelt High School	1,533	4.5	2.5	4.6	6.4	2
The Center School	245	8.1	10.0	7.2	7.2	1
Ballard High School	1,585	6.5	8.3	4.3	7.0	1

Ranked in order by Student Demographic Composite Decile. Schools shaded in gray did not meet the 4.0 Student Demographic Composite Decile benchmark.

*Already participating in 2022-23 pilot.

**A high score indicates a higher rate of adverse mental health outcomes.

Appendix C: Scoring Criteria

Criteria	Description	Total Points
Proposed Intervention	<ol style="list-style-type: none"> 1. Proposal includes a clear description of intervention activities, participants, and timeline. 2. Proposal demonstrates thorough understanding of the school mental health climate and challenges being addressed by the intervention, including evidence such as data points and input from students, families, and/or staff. 3. Proposal specifies how the intervention addresses these challenges to support student mental health and demonstrates alignment with one or more SMHSN goals. 4. Proposed intervention is supported by an evidence base (examples of evidence include research and student and community input), or a concrete plan to incorporate learning and community involvement to inform development of the program. 	20
Culturally Specific & Responsive Strategies	<ol style="list-style-type: none"> 1. Proposal clearly articulates different subgroups of students being engaged in the intervention (specific race/ethnicities, gender identities, etc.) 2. Proposal describes how implementation of the intervention is differentiated based on the strengths and cultural assets of the student populations identified. 3. Culturally specific and responsive strategies are clearly described and integrated into multiple aspects of the proposed intervention (such as outreach, staffing, etc.) 4. Youth/community feedback and/or supporting research is included to support the proposed culturally specific and responsive strategies. 	20
Progress Monitoring	<ol style="list-style-type: none"> 1. School articulates a target mental health outcome that is clearly aligned with the proposed intervention. 2. School describes anticipated changes in student mindsets, behavior, or school climate that are associated with progress toward the outcome. A strong response will demonstrate an understanding of risk and protective factors that influence student mental health. 3. Proposed plan for tracking progress toward intended outcomes includes potential measures and data sources. 4. Proposal describes a planned or current process for supporting continuous improvement of the mental health intervention, including use of data and/or participant engagement (e.g., students, families, partner organizations). 	20
Readiness	<ol style="list-style-type: none"> 1. Proposed plan for staffing and administration of the intervention is clear and commensurate with the intended scale or effort. 2. School demonstrates presence of existing student support systems (such as student support staff, community partnerships, related initiatives and funding) to bolster the mental health intervention. 	40

	<p>3. School describes concrete actions (past or planned) that demonstrate leadership and administration support for the mental health intervention.</p> <p>4. Proposal provides clear details about how engagement and partnership with community (students, families, organizations) will support the implementation of this mental health intervention. A strong response will demonstrate recent success engaging stakeholders (students, families, partner organizations) to develop and support this or a similar intervention.</p>	
Budget	<i>Not scored, mandatory submission to be considered for review</i>	
Total		100

Appendix D: Recommended Interventions

Based on compiled learnings from the SY 2022-23 pilot, inclusive of stakeholder engagement with students and Learning Community members at LC convenings, spring site visits, and within student listening sessions, the following is a list of recommended interventions across the student mental health supports continuum. *Note: Schools are not confined to this list.*

Identified Student Need	Proposed Intervention	Intervention: Protective Factors	Continuum
Supporting healthy family dynamics for students of color	Therapy Sessions: Offer individual students and their families the opportunity to receive a designated number of therapy sessions with therapists of color and/or local private practitioners of color.	School Climate: Support/positive relationships with adults at school; Identity affirming and antiracist environment	Clinical; Mental and emotional health screenings and referrals
Supporting healthy family dynamics for students of color & LGBTQ+ youth	Family Support Workshops: Provide workshops for families to strengthen familial support and increase families' understanding of different systems they may encounter; the opportunity to learn about the school system, intergenerational communication, bicultural parenting skills, and raising bicultural youth; supporting parents of QTBIPOC/LGBTQ youth.	School Climate: Support/positive relationships with adults at school; Identity affirming and antiracist environment	Clinical
Provide identity affirming, safe spaces for LGBTQ+ youth	Offer services and spaces specifically for LGBTQ+ Youth, centered on the youth's assets, strengths, cultures, identities, and their capacity to own their futures.	School Climate: Support/positive relationships with adults at school; Identity affirming and antiracist environment	Clinical; Mental and emotional health screenings and referrals
Support students with depression, anxiety, low self-esteem	Clinical counseling: Provide clinicians of color to work full time at the school and offer both 1:1 and drop-in group counseling.	School Climate: Support/positive relationships with adults at school	Clinical; Mental and emotional health screenings and referrals
Support in diagnosis and treatment to address MH concerns. Provide DBT groups and learning	Provide Dialectical Behavior Therapy (DBT) ¹² Groups or other mental health support groups to be run during the school day and afterschool.	School Climate: Feeling safe at school, and like adults take action to address conflict at school; Support/positive relationships with adults at school	Clinical

¹² [Dialectical behavior therapy \(DBT\)](#) is a modified type of cognitive behavioral therapy (CBT). Its main goals are to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others.

Addressing & preventing dating or domestic violence	Offer a youth violence prevention curriculum in a designated elective class, designed specifically to be relevant to youth culture and that teaches them how to advocate to their peers.	School Climate: Feeling safe at school, and like adults take action to address conflict at school; Support/positive relationships with adults at school	SEL; Youth Violence prevention
Support students in finding outlets, belonging, and spaces to simply have fun	Organized activities such as exercise groups, art/crafting, meditation, sports intramural leagues.	School Climate: Support/positive relationships with adults at school	SEL
Support students in finding outlets, belonging, and spaces to simply have fun	Offer designated safety and wellness rooms in schools that are designed for youth and create more break times during the school-day for students to access these spaces, build community, and relax.	School Climate: Feeling safe at school, Identity affirming and antiracist environment	SEL
Support student mental health, wellness and belonging	Grade Level Mental Health Days: Work with students in each grade level via ASB and other student groups to plan and implement specific grade-wide activities which are healing and/or restorative in nature where students are able to engage with one another to develop relationships and strengthen community.	School Climate: Feeling safe at school, and like adults take action to address conflict at school	SEL; Youth-led
Train teachers & school staff to support a variety of student mental health needs, including mindfulness, self-compassion, handling emotions, empathy, and others	Implement evidence based SEL curricula (e.g. SEE Learning, etc.) in the classroom through staff training (includes curriculum, licensing, and/or facilitator training).	School Climate: Feeling safe at school, and like adults take action to address conflict at school; Support/positive relationships with adults at school	SEL
Train teachers & school staff on SEL & restorative practices to implement in the classroom	Community Circles: Staff trained to facilitate community circle meetings in their classrooms through facilitated professional development	School Climate: Feeling safe at school, and like adults take action to address conflict at school; Support/positive relationships with adults at school	SEL
Train teachers & school staff on Trauma Informed practices for students who need Tier 2 & 3 services	Trauma Informed Practices PD and Curricular Materials: Engage staff in a series of PD trainings with local mental health providers on trauma informed instructional practice.	School Climate: Feeling safe at school, and like adults take action to address conflict at school; Support/positive relationships with adults at school	Clinical

Disconnection from school for Black, Indigenous, Latinx students; Student of color	Address root causes of chronic absenteeism, including disconnection chronically absent students feel from the school community and the lack of solid, positive relationships with each other and with adults in the building, by intentionally focusing on relationship building through restorative practices.	School Climate: Feeling safe at school, and like adults take action to address conflict at school; Support/positive relationships with adults at school; Identity affirming and antiracist environment	Mental and emotional health screenings and referrals
Disconnection from school for Black, Indigenous, Latinx students & families; Student and families of color	Student & family re-entry case management. Connect the work happening with students to their families to achieve more wrap-around support for the students. Include and maximize family support to identify the barriers to attendance and find realistic ways to address these barriers for students and families.	School Climate: Feeling safe at school, and like adults take action to address conflict at school; Support/positive relationships with adults at school; Identity affirming and antiracist environment	Mental and emotional health screenings and referrals
Disconnection from school for Black, Indigenous, Latinx students; Student of color	Focus on ancestral, intergenerational, interpersonal trauma, healing, joy, and resiliency, applicable to all areas of students' lives. Engage students in traditional practices of health and healing.	School Climate: Feeling safe at school, and like adults take action to address conflict at school; Support/positive relationships with adults at school; Identity affirming and antiracist environment	Clinical
Support students through the development of their understanding of their community and cultural identity and action plans for individual and collective healing	Create safe and affirming spaces where students can develop and expand their understanding of their community and cultural identity and learn and place into action individual and collective healing modalities that include coping strategies and considerations for mental health care.	School Climate: Support/positive relationships with adults at school; Identity affirming and antiracist environment	SEL
Substance abuse support	Provide Substance Use Disorder services to students who self-refer or are referred by staff, families, partners, or behavioral health screening. Services may include outreach, assessment, outpatient treatment, groups, family engagement, and staff collaboration. Offer a consistent on campus	School Climate: Support/positive relationships with adults at school	Clinical

	provider to remove barriers to services such as insurance, transportation.		
Support the increase of the school based support team which covers and supports the role of addressing Mental Health.	School Social Worker: trained mental health clinicians who provide an integral link between school, home, and community in helping students achieve academic and social success. This is accomplished by removing barriers and providing services that include: Mental health, social-emotional learning, crisis prevention, and intervention, professional case management, and advocacy support for students and parents. SSWs work on-site in individual schools to provide wrap-around support services that include positive behavioral support, academic, and classroom support, consultation with teachers, parents, and administrators as well as provide individual, and group counseling/therapy.	School Climate: Support/positive relationships with adults at school	Clinical
Provide Healing Circles, One on One Mentoring for students	Restorative Practices & Mentoring: Leverage and train staff to work with the students in mentoring and facilitating Healing Circles and provide mentoring and case management to support students in healing.	School Climate: Support/positive relationships with adults at school	SEL