

research brief

november 2023

REDWOOD CITY SCHOOL DISTRICT MENTAL HEALTH COUNSELING PROGRAM: YEAR 2 IMPLEMENTATION STUDY

Kristin Geiser, Victoria Ren, Derric Heck, Albert Lowe

INTRODUCTION

As the nation transitions from responding to the height of the COVID-19 pandemic to navigating its ongoing impact on youth and their communities, K-12 students continue to experience mental health and wellbeing challenges. In the fall of 2021, Redwood City School District (RCSD) placed a full-time, district-employed mental health counselor in each of its twelve schools in order to bolster district capacity to support mental health and wellbeing. As a long-time research partner, Stanford's John W. Gardner Center for Youth and Their Communities (Gardner Center) conducted a qualitative implementation study that first year, designed to describe the role of the counselors, conditions that affect their practice, and general domains of impact that could inform program improvement and future evaluation efforts (Geiser et al., 2022).

During the program's second year of implementation (2022-2023), the Gardner Center conducted a follow-up study to document its evolution, specifically, how administrators and counselors perceive and operationalize the counseling role and what they observe to be early indicators of impact. This study aims to identify strategic opportunities for understanding and advancing the counseling program's impact as it moves into its third year. With these goals in mind, this research brief will describe our findings related to three questions:

1. What is the role of RCSD's school-based mental health counselors?
2. What are early signals or "lead indicators" of the value or impact of the counseling program?
3. What considerations might further improve the program as it moves into Year 3?

To answer these questions, we conducted 19 interviews with district administrators, site administrators, and mental health counselors; and 22 participant observations of meetings related to the counseling program and student services more broadly. While the research team employed qualitative data analysis software (Dedoose 9.0.90) to facilitate the coding of qualitative data, the

analysis of coded data followed a more traditional, iterative approach, moving between deductive and inductive reasoning (Merriam, 1998). This research brief summarizes key findings and offers considerations for leveraging the counseling program to strengthen a district-wide, coordinated system of support for mental health and wellbeing and developing a theory-based evaluation of impact during Year 3 of program implementation.

DISTRICT CONTEXT

RCSD's twelve schools serve a diverse population of 6,322 students in grades TK-8. According to district documents, Hispanic/Latino students make up the largest ethnic group at 68%; 22% of students are white; six percent are Asian/Pacific Islander; one percent are African American; and students speak more than 35 different languages at home, including Arabic, Mandarin, Polish, Russian, Samoan, Spanish, and Vietnamese. Schools vary in the number of students they serve (332-751), grade levels served (elementary, middle, and combination), and overall program design (e.g., community schools). Student demographics in each school also vary, with the population qualifying for free and reduced meals ranging from less than one percent to 88.2%; and students designated as English Learners ranging from less than one percent to 67.3%. With such a diverse student population, RCSD and its students experience a wide range of strengths and challenges related to mental health and wellbeing.

In Year 1 of implementation, counselors focused on developing relationships with students, families, teachers, staff, and administrators within their respective school communities, addressing student needs through individual and small group sessions, supervising part-time clinicians, contributing to the development of a district-wide counseling program, and improving district-wide data collection efforts. The Year 1 Implementation Study concluded that even in its first year of implementation, the counseling program employed a variety of strategies designed to build student/family, school, and district capacity to support mental health and wellbeing.

In Year 2, all of the original counselors returned, and an additional counselor was hired to allow for the lead district clinician position to expand from a part-time to a full-time position. With the program still in an early stage of implementation, district leaders expressed interest in revisiting questions about implementation to understand how the counseling role is evolving—a prerequisite for defining potential areas of impact and developing a plan for formative and summative evaluation. With this as the backdrop for Year 2, we will turn to discuss our findings.

ROLE OF DISTRICT MENTAL HEALTH COUNSELORS

RCSD's mental health counseling program is part of the district's Multi-Tiered System of Supports (MTSS), a comprehensive framework for creating a coordinated system of universal (Tier 1), supplemental (Tier 2), and intensive (Tier 3) supports that promote students' academic, behavioral, and social-emotional growth and development. District leaders view the counseling program as a key strategy within the MTSS for building district capacity to "reduce or eliminate the barriers mental health challenges pose to student learning and achievement" (Geiser et al., 2022, p. 2). This not only involves improving the district's ability to connect students with timely, targeted and tailored supports, but involves creating the conditions within each setting (school)

and the broader system (district) that optimize collective efforts to support students and their families (see Figure 1). In the following section, we provide an overview of our findings regarding how counselors invest in the provision of tiered support to students and their families, as well as how they are working toward building school and district capacity.

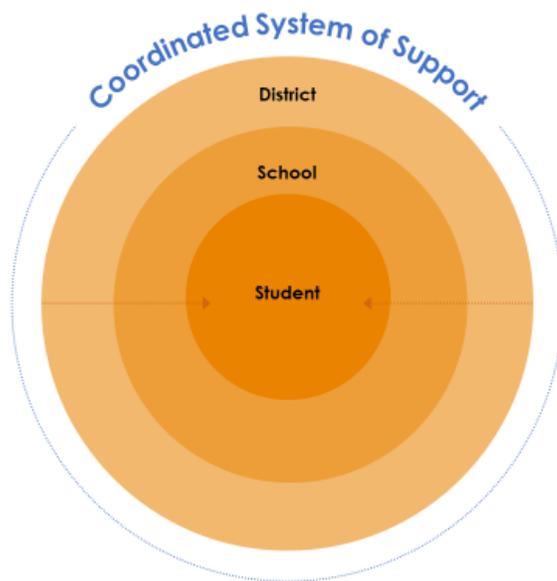


Figure 1. A tri-level lens highlights the relationship between a student’s experience and the school- and district-level conditions that impact their experience. Creating a coordinated system of support requires attending to district-level conditions that in turn shape school-level conditions, all of which then impact student experiences and outcomes. Thus, building district capacity to support mental health and wellbeing requires attending to all three of these levels.

Student and Family Support: Tier 1

Relative to the district’s MTSS, Tier 1 supports promote the development of knowledge, skills, and habits that foster mental health and wellbeing, create opportunities for early identification of students who may benefit from additional evaluation and/or support, and function as a key strategy for crisis prevention. In RCSD, counselors’ Tier 1 strategies focus on introducing students and their families to the knowledge, language, strategies, and services they can use to recognize, express, and address their needs. Counselors provide Tier 1 support through:

- **Check-ins.** Check-ins are brief conversations with the counselor that are initiated by the students, families, teachers, counselors, or other members of the school community. These may be planned (e.g., a counselor checks in with a student at teacher request) or unplanned (e.g., a caregiver checks in with a counselor following morning drop-off). These conversations provide students and/or their families with the opportunity to receive timely and targeted support or a touchpoint between counseling sessions or while wait-listed for services.

- **Tangential opportunities.** Tangential opportunities, like “lunch bunch,” morning drop-off, and afternoon pick-up, are sub-spaces carved out of standard components of the school day when students/families and counselors have the opportunity to develop familiarity and rapport with one another as members of the school community. These interactions provide students and families with the opportunity to get to know the counselor as a caring adult on campus, without any formal referral or engagement.
- **Social emotional learning opportunities (SEL).** Counselors, sometimes alongside other staff members, develop and provide SEL lessons during student assemblies or class time. These lessons provide students with direct instruction, guided practice, and peer interaction designed to help individual students understand how to navigate their social and emotional experiences in ways that support their learning and engagement.
- **School-wide communication and caregiver education.** Through mediums such as morning announcements, “Cafecitos,” and monthly newsletters, counselors share information on specific topics related to mental health and wellbeing with students and families and, in so doing, establish that such topics are part of—not separate from—the school’s focus on teaching and learning.

Student and Family Support: Tier 2

Tier 2 supports provide additional assistance to students and families through targeted and tailored interventions designed to address specific challenges related to mental health and wellbeing that may be interfering with a child’s learning. Typically identified through referral (e.g., teacher or caregiver referral, Student Success Team (SST) or 504 processes, or student self-referral), counselors assess students’ needs and connect them with the service best aligned with their circumstances. The key strategies counselors employ to deliver Tier 2 support include:

- **Conducting individual counseling sessions with students.** Individual counseling typically occurs weekly for 10-12 weeks. According to district counseling data, the average length of engagement for students receiving individual counseling during the 2022-2023 school year was 11 weeks.
- **Designing and leading small group counseling sessions with students.** Small groups are designed to support a particular clinical need that is well-served through a combination of counseling support and peer-to-peer interactions or community building (e.g., a group for students experiencing grief or a group for students experiencing challenges related to making and sustaining healthy friendships).
- **Coordinating school-based care.** Counselors play an instrumental role in coordinating the care a child receives at school. For example, counselors determine which students will be supported by part-time counselors, supervise the part-time counselors, and serve as the liaison between the part-time counselor and the student’s teacher, family, and/or SST or 504 team. In addition, counselors often play a key role in following up with students and

teachers to ensure students utilize the accommodations and support included in their SST or 504 plans.

- **Facilitating continuity of care a student receives across different settings.** Counselors often engage caregivers and/or teachers as partners in supporting students who are receiving individual or small group counseling. For example, if a counselor is meeting with a student in a small group focused on improving social skills, they may encourage teachers and caregivers to reinforce certain strategies in the classroom and at home.
- **Providing referrals and warm hand-offs to additional service or support providers.** If students and/or their families would benefit from off-campus support such as Care Solace or community-based service or support, counselors help facilitate referrals and warm hand-offs to additional providers.

Student and Family Support: Tier 3

Tier 3 supports are provided to students with the most chronic, complex, and/or acute mental health needs. To address such needs, counselors conduct safety assessments and mental health evaluations; take the lead on identifying and coordinating an appropriate response; and support students, families, teachers, staff, and administrators during and following a crisis. Tier 3 includes:

- **Conducting safety assessments and mental health evaluations.** When anyone in the school community (student, caregiver, teacher, staff member, or administrator) is concerned that students may pose a threat to themselves or others, they will typically reach out to a counselor who may determine that it is appropriate to conduct a threat and/or safety assessment. Counselors then interpret the results and provide guidance regarding an appropriate response and follow-up (e.g., develop a safety plan and schedule a check-in with the student).
- **Leading response to crisis.** When student crises require transport to psychological emergency services, the counselor typically spends considerable time (e.g., 2-4 hours) with the student and their family to provide guidance and practical assistance. Data indicate that the counselor's clinical expertise, availability to spend an extended period of time with the student and their family, and capacity to remain calm and steady, are key to the provision of such Tier 3 support.
- **Understanding and addressing the needs of students facing acute, chronic, or complex mental health situations.** Following the immediate response to a student's crisis, counselors typically work in conjunction with others in the student's support network, including families, teachers, healthcare professionals, and other support providers on and off campus, to develop a personalized, comprehensive, and coordinated plan of care that may include elements such as the development of a safety plan, regular check-ins, participation in individual or group counseling, or family support (via an off-campus provider).

Investing in School Capacity

In addition to promoting student mental health via direct and tiered services for students and families, RCSD is committed to ensuring that all twelve district schools create school or “setting” level conditions (e.g., policies, practices, organizational culture, and adult capacity) that promote mental health and wellbeing. In Year 1 of implementation, we observed counselors engaging in activities designed to advance these conditions in their schools. Some of these efforts are connected to Tier 1 support. For example, when a counselor teaches a classroom SEL lesson, they are engaging in a Tier 1 student support strategy. However, when a counselor co-designs and co-facilitates a SEL lesson with a teacher, they are also making an effort to build adult capacity and, in turn, school capacity to promote mental health and wellbeing through curriculum and instruction. In Year 2, we observe counselors investing in four areas of school-level capacity building that are known in the literature to support mental health and wellbeing.

- **Adult capacity.** Research shows that adults play a critical role in supporting youth mental health and wellbeing (e.g., Joshi et al., 2015 and Frederick et al., 2023). Our data indicate RCSD’s mental health counselors employ four strategies to build adult capacity: (1) providing formal professional development tailored to the particular needs of their school community; (2) engaging in individual coaching, consultancies, and thought partnership more informally, via scheduled and unscheduled check-ins initiated by teachers, staff, and administrators who are seeking support related to a particular child or classroom dynamic; (3) collaborating with a classroom teacher to design and teach SEL; and (4) modeling the behaviors that promote student mental health and wellbeing (e.g., empathic listening, skillful self-regulation, and reflective questions).
- **Early identification and attention to root causes.** One of the challenges schools often experience with regard to the provision of student support is creating effective processes for early identification of and response to factors that create barriers to learning (Mental Health America, 2021). When challenges are quickly identified and causes are accurately understood, support strategies are more likely to be effective. Counselors actively participate in 504 meetings, SSTs, administrative team meetings, and (in some schools) grade-level team meetings. As a member of these teams, the counselor plays three important roles. First, they often provide clinical insight into the potential source(s) of a child’s distress and/or barriers to learning. Second, the counselor’s therapeutic approach facilitates and supports those present, often including family members, to participate in the conversation. This in turn improves the likelihood that all present are able to contribute to the development of an accurate understanding of the factors potentially contributing to the barriers the child is experiencing, including root causes. Third, when the recommended supports include mental health counseling, the counselor can discern the best source for that support (e.g., support from a part- or full-time school based counselor or referral to outside resources), which facilitates both appropriate care for the student and effective use of school resources.
- **School culture and climate.** Research has found that one of the key barriers to improved mental health and wellbeing is the stigma many associate with the topic in general (e.g.,

Beers N. & Joshi S. V., 2020). While there are variations in how different families approach mental health, schools are uniquely positioned to create a culture that supports mental health and wellbeing for all members of the school community, including students, families, teachers, staff, and administrators. Counselors are investing time and energy into activities that are designed to normalize attention to mental health and wellbeing as an important aspect of overall health. For example, while SEL supports individual students, it also facilitates shared language and common strategies throughout a classroom, a grade level, or even the school which in turn has the potential to shape school norms, practices, and culture. In addition, counselors organize and lead initiatives such as Kindness Campaigns and other awareness programs to create a positive and supportive school environment. These efforts aim to reduce stigma, encourage open dialogue, and foster a culture of wellbeing among students and staff.

- **Continuous learning and improvement.** RCSD's full-time counselors and lead district clinician are actively involved in the process of program learning and improvement. To understand program outcomes, they collect quantitative and qualitative data regarding utilization of services, the context of students' needs and progress over time, and the perspectives of students and teachers related to their experience with the counseling program. Further, counselors collaboratively reflect on data during bi-weekly team meetings, supervision (bi-weekly 1:1 meetings between each counselor and the district's lead clinician), and extended meetings dedicated to data analysis, reflection, and planning (typically in spring and at the start of the new school year).

By engaging in these various activities, counselors are making an intentional effort to build each school's capacity to support mental health and wellbeing. In addition to the efforts made at individual school sites, our findings related to Year 2 echo what we observed in Year 1, which is that counselors engage in additional activities that are specifically intended to strengthen district capacity to support mental health and wellbeing.

Investing in District Capacity

Under the direction of and in collaboration with the lead district clinician, the counseling program contributes to district capacity in three key areas:

- **Leadership.** Under the direction of the director of community schools and partnerships, the lead district clinician oversees all aspects of program implementation related to the counseling program, including but not limited to the supervision of the district's counselors. She is also a member of the district leadership team focused on advancing district policies, practices, and norms that support multi-tiered mental health supports for students and families. In this leadership capacity, she collaborates with district leaders to ensure the counseling program is connected to broader district efforts to understand and address the needs of students and families (e.g., MTSS and Community Schools). Further, the lead district clinician has been a leader and collaborator in efforts to sustain a long-term focus on mental health and wellbeing via board engagement (e.g., annual reports to the school board), expanded data practices (discussed further below), and expanded funding

sources (e.g., via grant writing and upcoming Medi-Cal billing opportunities). All to say, the lead district clinician attends to the present, overseeing the day-to-day implementation of the counseling program, and the future, laying the foundation for continued funding and evidence-based decision-making.

- **Data practices and systems.** Prior to the implementation of the counseling program, district data related to mental health and wellbeing were largely limited to data gathered through student survey data (e.g., Panorama and California Healthy Kids Survey) which were de-identified, meaning that they could not be linked to information related to student utilization of mental health services or early indicators related to student learning and engagement (e.g., attendance). To improve in-house capacity for evidence-informed efforts to support mental health and wellbeing, the lead district clinician and counseling team work closely with district leaders, site leaders, contracted providers, and Stanford partners to improve data collection and utilization related specifically to the counseling program. We see this, for example, in the lead district clinician's efforts to expand data collection (including service utilization data, surveys of students and teachers related to school-based mental health services, and counselor narratives), analysis, and annual reporting to clinicians, site leaders, and district leaders including the school board.
- **Crisis response.** The counseling program invests in district capacity to respond effectively to a crisis in two ways. First, the lead district clinician attends to district policies and practices related to crisis response: in the first two years of program implementation, she has revised and expanded all of the district crisis response protocols, inclusive of creating materials and conducting trainings for district and school staff. Second, the counseling program functions as an in-house crisis response team in which counselors are embedded in schools enough to swiftly respond to a crisis within their assigned school community, yet agile enough to support other schools if needed. For example, when a crisis exceeds the capacity of site staff (e.g., when a tragic accident impacts a school community), the lead district clinician can quickly mobilize additional counselors to that site, ensuring that those in crisis receive the timely support they need.

LEAD INDICATORS OF VALUE OR IMPACT

The intention of studying the first two years of the counseling program's implementation was threefold: (1) to contribute to continuous learning and improvement; (2) to establish the groundwork for developing a solid theory of action for the program, including measurable outcomes; and (3) to inform the development of an evaluation framework to guide implementation and impact evaluation going forward.

The ability to evaluate the impact of any program or practice hinges on identifying reasonable domains of impact that are aligned with the strategies being implemented. Once general areas of impact are identified, one can define specific outcomes within each of those areas that are (a) valid (strategy-aligned, context-attuned, and reasonable within the given time frame); (b) measurable; and (c) meaningful to an array of interested, invested, and impacted parties. Two years into the implementation of the counseling program, we have a deeper understanding of the

counseling role and the specific activities in which counselors are engaged. When we consider what we heard from interviewees, we observe a few promising domains of impact at the individual, setting, and system level:

Lead Indicators: Individual Level

At the individual (student and family) level, our data indicate counselors are providing a variety of tiered supports that reach a large number of students. According to district data, during the 2022-2023 academic year, counselors provided a total of 14,043 services (e.g., check-ins, classroom lessons focused on social emotional learning, individual therapy, group therapy, or crisis interventions), which is an increase from 9,918 the prior year. Looking at individual or small group counseling alone during the 2022-2023 year, the district reports that 2,280 students—or 36% of the district’s students—received such support, up from 1,353 the prior year. Our qualitative data suggest that one of the primary themes in counselors’ Tier 1 and Tier 2 work with students is building their capacity to understand and navigate their emotions in ways that support them to thrive within the school community. One counselor described it this way:

I [talk with students] about when we have big feelings...we shut down and it's normal to not be able to...think clearly, solve problems...there are things that we can do to calm ourselves. I find that students are capable of taking in that information really well.

Without attempting to make any causal statements regarding the impact of such support, our findings provide an abundance of evidence that school faculty and staff observe students developing knowledge, skills, and language that facilitate and support their mental health and wellbeing. For example, staff observe students using strategies they have learned in their counseling sessions when they are in the classroom or on the playground. One staff member gave the example of a student who, experiencing distress on the playground, was able to effectively express their feelings and their needs in the very way they had practiced with the counselor, which enabled the student to resolve the situation without adult intervention or support. Faculty and staff also report that students seem more comfortable seeking and receiving support. Simply put, faculty and staff report that students are learning to be supported and supportive.

Lead Indicators: Setting Level

We have already noted that our data indicate that counselors are contributing to each school’s capacity to (a) provide timely, targeted, and tailored supports to students and their families; and (b) coordinate care across various providers over time. Importantly, we observe indicators that counselors are building school capacity by contributing to adult mental health and wellbeing. Interviewees (teachers and administrators) deeply value the counselors’ contribution to the school setting, noting specifically the relief they feel knowing that someone with mental health expertise is on campus, accessible to students and families, and present as a thought partner to faculty and staff. One school administrator put it this way:

Having a counselor on site gives me peace of mind. I'm not an expert in wellbeing and counseling and risk assessments and those types of things, and it just gives me peace of mind knowing that I can ask someone to either consult with, support with, or just having that expertise available to other staff is really beneficial emotionally for myself.

Given the many challenges teachers and staff—including administrators—are navigating in the wake of COVID-19, it is not insignificant that interviewees emphasized the value of increased “peace of mind,” often referring to the counseling program as an effective district strategy for supporting teacher and staff mental health and wellbeing. As another site administrator noted:

I don't know what I need to say to make sure these positions don't go away... this is one of the most important positions on campus in terms of...making sure that we have a proactive approach to mental health as opposed to what I would say we had before, which is a reactive approach to mental health. ... There's no amount of money that can be put on that. I know how much they cost, and they're well worth it.

Lead Indicators: System Level

Our data suggest that the counseling program is contributing to a number of improvements at the district (or system) level, such as its capacity to operationalize a multi-tiered system of support and improve data systems. With that said, one area of impact at the system level stands out, and that is the way in which the counseling program is building district capacity to effectively respond to a crisis. Specifically, our data highlight that the counseling program is (a) leveling up the quality and continuity of care students and their families experience throughout the district during and following a crisis; and (b) strengthening the school-family connection in the midst of a crisis—a situation that might otherwise complicate that connection. For example, a site administrator described a situation in which a child’s assessed risk of suicide warranted immediate support via transport to emergency psychological services. The administrator noted how critical it was to have the counselor there to conduct the assessment, interpret the results, and support the student and their family without being “pulled away for anything administrative,” adding, “it would've been a much different outcome had [the child and the family] not had someone dedicated to help them through that.”

In another example, a counselor described a situation in which they evaluated a child presenting symptoms consistent with a mental health crisis yet determined that their circumstances did not warrant emergency services but could be well-served through other means. This included the development of a safety plan, a meeting with the child’s family and core teachers, a conversation with someone else on the child’s care team (outside of school) and weekly check-ins with the school counselor. In describing that situation, the counselor note, “If I wasn't here, [the school staff] would've called the police... and done the whole assessment themselves and then made the decision to take the student [to emergency psychological services].”

Our findings highlight the role counselors play in building district capacity to provide a skillful child- and family-centered response to the most challenging situations and, in so doing, are likely

improving the outcomes not only for the child experiencing the crisis, but also for others who may be impacted by the crisis, such as siblings, classmates, teachers, staff, and administrators.

Lead Indicators: Connection to Teaching and Learning

While the various domains of potential impact are important to consider at the individual, school, and district level, one key finding that cuts across all three levels is the way site administrators, teachers, and counselors describe the relationship between the counseling program and improved conditions for teaching and learning, specifically, the quality and quantity of instructional time. For example, as students and teachers build their capacity to recognize early signs of dysregulation or distress and effectively address them, they report that there are fewer class disruptions and fewer incidences in which students need to leave class or leave school altogether. Further, many interviewees observe that when a student's distress interferes with their learning, the student is typically able to connect quickly with a counselor and, after a brief conversation, return to class ready to re-engage. As one administrator put it, "By having a counseling program, students...find solutions that ultimately get them back in the classroom and help their brains and help their bodies feel ready to learn."

And in those cases in which a student needs more intensive or ongoing support or when there is a crisis, interviewees report that counselors skillfully attend to the needs of the student and their family, thus minimizing the disruption to teaching and learning and optimizing the ways in which the student engages in and with school.

In summary, site administrators and counselors perceive that the counseling program's contributions at the individual, school, and district level translate into improved conditions for teaching and learning, specifically: (1) fewer classroom disruptions; and (2) improved quality of adult and student presence in the classroom conducive to teaching and learning.

CONSIDERATIONS

Given the findings regarding the role of counselors and emerging domains of impact, we will offer three considerations that could inform district efforts to further advance the impact of the counseling program.

Expand Implementation of Tier 1 Strategies via Mechanisms Beyond the Counseling Program

Our data indicate that counselors employ a number of strategies designed to deliver Tier 1 support to students and families. Some of those supports are experienced by all students and families (e.g., morning announcements), others are experienced by some students and families (e.g., SEL classes taught to a particular grade level). Our findings suggest that there is an opportunity for schools to implement additional Tier 1 strategies that systematically reach all students and families via mechanisms beyond the counseling program. This would, in turn, bolster Tier 1 offerings while allowing counselors to invest more of their time in Tier 2 and 3 supports. For example, the district could increase Tier 1 support without placing additional pressure on the

counselors' workloads by expanding existing strategies such as [Positive Behavioral Interventions and Supports](#) (PBIS), a research-based program already implemented to varying degrees in some of the district's schools. District-wide Tier 1 support could also include the implementation of new strategies, such as expanding the district's school registration process to include a more intentional screening or intake process followed by a warm hand-off to school-based mental health and wellbeing supports.

Expand District Capacity to Evaluate Outcomes

Now that the scope of the counseling role and domains of potential impact are clearer, it would be appropriate to develop a theory of change inclusive of long-term goals and short-term outcomes. This would, in turn, enable the district to design and conduct a theory-driven evaluation. Such an evaluation would also require improved data collection practices that would make it possible to examine questions regarding the relationship between well-supported mental health, learning, and achievement. Given the diversity of the district's students and families, we also want to highlight the importance of evaluating the strengths and limitations of the counseling program with regard to the degree it is culturally attuned. This could, for example, include gathering student, family, and teacher perspectives or disaggregating counseling utilization data.

Deepen Integration of Counselors into Each School Community

While we observe that each counselor is well integrated within their respective school community, we encourage all involved in the implementation of the counseling program to continue deepening this work. The relational trust needed to optimize the counselors' effectiveness is cultivated intentionally—and over time. Research suggests that this may be particularly true for communities that have historically reported low levels of utilization of mental health services. For example, Vera and Conner (2007) report utilization rates among Latinx communities may be lower than white communities even when access to services is similar. Deepening integration of counselors into each school community, then, has the potential to further reduce stigma and improve the ease with which district students and families seek and receive support. Thus, we encourage framing efforts to integrate counselors into the school community not only as essential during the early stages of implementation, but also throughout the life of the counseling program.

CONCLUSION

We began this report by noting that K-12 students are grappling with an array of mental health challenges that function as barriers to learning and achievement. Our public discourse tends to locate this challenge within the individual (e.g., a young person experiences challenges related to mental health), which in turn invites solutions that focus on supporting the individual (e.g., provide young people with access to timely and appropriate mental health support). While this focus on the individual is essential, it is not sufficient. The prevalence and intensity of our nation's youth mental health crisis also invite—or perhaps require—attention to the way in which the very settings and systems designed to serve young people may also need to change in order to optimize their mental health and wellbeing. Our findings suggest that Redwood City School District's counseling

program is well-positioned to build the capacity of students and their families (individuals), schools (settings), and the district (system) to support mental health and wellbeing. Our data provide early indicators of progress in each of these areas. Importantly, our data also suggest that these benefits may come together in ways that contribute to the quality and quantity of instructional time that school faculty, staff and administrators hypothesize has real potential to translate into observable improvements in learning and achievement. As this program enters its third year, there are opportunities for many who are invested, engaged, and impacted by the counseling program to ensure that the work is not only supported and sustained, but also continues to advance the capacity of individuals, settings, and the system itself to support mental health and wellbeing.

This research was conducted as part of the [Stanford Redwood City Sequoia School Mental Health Collaborative](#), a partnership including Redwood City School District, Sequoia Union High School District, Stanford's Center for Youth Mental Health and Wellbeing, and Stanford's John W. Gardner Center for Youth and Their Communities to build district capacity to support mental health and wellbeing. This work is generously funded by Stanford's Office of the Provost through the Office of Community Engagement.

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