



School Services Report September 2024—June 2025

Background

All seven school districts in Whatcom County provided behavioral health services during the 2024/2025 school year using local Behavioral Health Funds. These contracts made it possible to deliver needed services in all areas of the county, especially in areas where little or no services previously existed. In fact, **75% of all services (1,944 out of 2,582)** were provided outside of Bellingham, helping to improve access to services throughout the county. **Over half of all services (1,301)** were provided outside of the I-5 corridor.

These services are designed to address local needs. Healthy Youth Survey Results have shown mental health to be an ongoing concern with substance use also negatively impacting many youth and families.

Why do these services matter?

In a class of 30 students in grade 10 in Whatcom County:

- 19** are dealing with anxiety
- 9** are dealing with depression
- 5** have contemplated suicide
- 5** have made a suicide plan
- 2** have attempted suicide

Source: Healthy Youth Survey 2023

Childhood trauma also affects Whatcom youth and families. Adverse Childhood Experiences (ACE's) impact the lifespan, and 10th grade youth in Whatcom County already report impacts of physical abuse (31%), emotional abuse (20%), and sexual abuse (15%).

School and community partners also repeat that there is a high demand for services that often exceeds available services. As one mental health counselor pointed out, **"I run across students all of the time who are not on my caseload who could use the extra support. It is the ones that I don't know about who worry me the most."** These services work to provide essential services and fill some of those critical gaps.

Benefits of Services

Services delivered through the Behavioral Health Fund are designed to impact substance use and mental health. Reducing risk in these areas also impacts other 'life-indicators,' such as improving school performance and social functioning.

Figures in this report reflect services that were provided to individuals, small groups, families, and the larger community. These services demonstrate:

- **Cost Savings to the community**
- **Improved behavioral health outcomes**
- **Leveraged resources**

Cost-benefit estimates show that effective school-based programs can save **\$18 for every \$1 spent on these programs**. See page 10 for more information on prevention science that drives these services.

Overview of Services

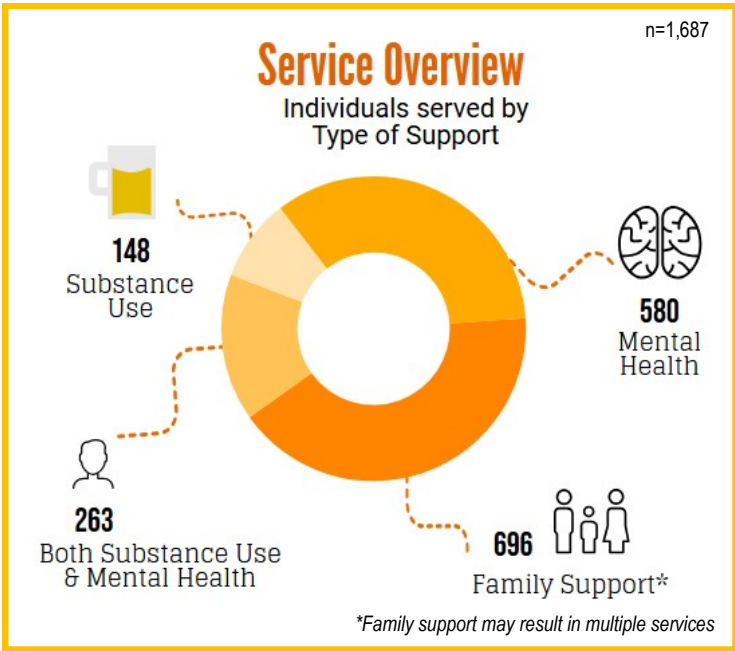
This report contains a summary of services through the ongoing "Behavioral Health Service" contracts and the one-time "Mental Health Expansion" contracts that began in the Fall of 2023. Services were tracked separately and are separated throughout this report. School district and Educational Service District (ESD) staff use separate reporting processes and that information is displayed separately throughout this report.

Combined Service Snapshot			
	Number Served	Number Sessions	Number Reached Large events*
Behavioral Health Services			
District staff	1,687	11,635	14,651
ESD staff	82	527	6,490
Mental Health Expansion			
District staff	532	6,005	6,564
ESD staff	281	4,871	NA
Totals	2,582	23,038	27,705

**Includes Tier 1 supports that can included community events, training, etc., and can include duplication across events.*

Behavioral Health Services

Services detailed here summarize reports provided by district staff through their ongoing Behavioral Health contracts for the 1,687 individuals served. ESD staff report into a separate required system. For more information on ESD services, see the Student Assistance Program spotlight on the next page.



Family Engagement Matters

Schools have been actively working to engage families in supporting students. Research shows that when families are engaged in services and providing critical support, young people positively benefit. Parent or caregiver involvement is also a key component of the Multi-Tiered System of support (learn more on page 9).

Last year, **952 families** were involved in supporting youth through school and/or community-based services. Although not every caregiver or family has the capacity or willingness to participate in services, schools conduct this outreach as part of regular business and often have great success. Through this work, additional needs of families can emerge and support can be offered directly to parents and caregivers.

Number of Families Engaged

Community services	96
School services	258
Both Community and School services	598

Service Reach & Intensity

- **14,651** were reached through community events and training (may include duplicates across events)
- **1,687 Cases** were supported through individual or group services reaching:
 - **1,485 Youth** recipients in services
 - **668 Parent** recipients in services
- **11,635** total **professional contacts** were provided to youth and families during the year
- An average of **6** contacts were made for each youth/family during the year

Success Shorts

Ferndale: During this reporting period I have noticed a decrease in the amount of substance related disciplinary action taken against the boys groups that I run. They have also had fewer late arrivals and are staying at school for more periods than they were previously.

Bellingham: Since our initial meeting, the students have become proactive about their progress, often stopping me in the hallways to give updates before we've even scheduled a session. While their main goal has been to reduce drinking, they've shown consistency in meeting their goals and have developed a strong awareness of the triggers that impact their substance use.

Blaine: All of my graduating students wanted me to be there for graduation and their parents had tears of joy and gratitude for the work I have done with their child. I was truly caught off guard as I didn't recognize it along the way. On one hand it feels really good but on the other hand I have a tremendous sense of responsibility to do the best I can and not let anyone down.

Bellingham: Peer Centered Outreach students attending the Peer 2 Peer training and presenting at Fairhaven to the 8th graders about substance use prevention and wellness was a big success this year. The students are very excited about the program and are looking forward to going back to Fairhaven in the Spring to present to the 7th graders.

Lynden: To briefly follow up on the two high school seniors previously mentioned who had significantly struggled with attendance and failing grades as 9th graders and who have engaged in in-person mental health supports all 4 years they have been in high school, they have both graduated and are each enrolled in community college classes for fall '25. Both are excited about the possibilities of what lies ahead!

Bellingham: Changes to the policy for self-carry of Narcan in schools was a huge success this year as well. No disciplinary action will be taken, and Narcan/Naloxone will not be confiscated if found on a student. Students have been working toward this change for a few years now!

Accessing Substance Use Disorder Treatment

A success story that comes to mind is a sophomore who started high school this year. Student has multiple risk factors, family in active substance use, history of overdoses, unhealthy relationships, unstable living situation, poor school attendance and current use of substances. Student's attendance has been very low, so I have not been able to check-in with student regularly, however, early in the school year the student reported interest in restarting medication for Opioid Use Disorder. I contacted Sea Mar MAT (medication-assisted treatment) program, and I was able to schedule her for a medication evaluation. After multiple missed appointments, finally she is currently accessing care in that program. Last time I met with student, right before winter break, she was looking a lot healthier, able to process her recovery and ways to establish a healthier lifestyle "I'm so glad I told you that I needed to get my medication again... I still get cravings but I'm working with my doctor..." During our last meeting, she also reported interest in mental health treatment, so I submitted a referral for our school-based Compass health program. She also said she wants to start taking care of her teeth, and together we call Unity Care for a dental appointment. She shared that she has been attending a self-help group "is a weekly group where we talk about our recovery...I really like it and I'm going to try to go more regularly" She is still working on regular attendance in school and I encouraged her to talk to her academic counselor to come up with a plan. Academically, student has not shown much improvement but I see she is working on building a solid foundation of a healthier lifestyle, evidence by her enrollment in the MAT program, being interest in finding a mental health counselor "... I might even want to do like outpatient for like drugs...I think that would help me" I'm hopeful that student will continue to work on her recovery and will start working on her academic responsibilities.

Graduating through Adversity & Planning Toward the Future

The biggest success from this year was watching my Seniors graduate, quite a few of whom did not think they would be alive to see graduation. This year was my first class graduating that I was able to work with all four years of their high school journey. Two that stick out the most struggled with fentanyl use and experienced multiple overdoses their sophomore and junior years. One now has two years clean, the other just over a year. Watching their growth especially during their senior year has been so amazing. They both put in the work this year, and were motivated to make up missed credits, pass all their classes, and were talking about future plans, which had not seemed attainable for them before.

Another senior struggled with severe depression and suicidal ideation. Their medication journey was full of frustration and defeat, and they missed multiple school days this year attempting a new treatment opportunity. Watching their face light up when talking about college, and that they were going to walk at graduation when they didn't think they would be alive, was one of the most amazing things I got to experience.

Spotlight on Student Assistance Program

Student Assistance Professionals provide substance use disorder prevention, intervention, referrals to treatment, and aftercare support. Their work can include prevention education, one on one case management, small group activities, and also broader school supports.

These positions can be found across Whatcom County, and provide critical youth supports. This section highlights services provided by North West Educational Service District staff in the Nooksack School District.

A total of **82** students were served. The outcomes provided here detail changes from 'before' and 'after' the program for 57 students who had matching pre/post responses.

Madison provides an unparalleled level of service to NVMS. Her caseload numbers and outcomes are some of the best we've ever seen, and she continues to expand and refine her methods of service delivery. She has made the role her own, and has helped our team expand the scope of what an SAP can accomplish.

—ESD Supervisor

Perceived Risk



- Percent in change in students perceiving increased risk from substance use ranged from 44% (heavy/ binge drinking) to 100% trying marijuana

Substance Use: Percent change in number of users



- Of alcohol (decreased 66.7%)
- Of marijuana (decreased 57.1%)
- Of electronic cigarettes (decreased 71.4%)

Antisocial Behavior



- Trouble at school (decreased 69%)
- Skipping school (decreased 31.6%)
- Been in a physical fight (decreased 62.5%)

Satisfaction with Program

- Overall, 94.6% of students reported this program was "very important" to them.
- 98.2% reported they were glad to they participated in the program
- 65% reported they were more likely to attend school because of the program (the remaining students indicated this did not apply as they already attend school regularly).

Hope Measures



- 87.5% increase "When I have a problem, I can come up with lots of ways to solve it."
- 92.6% increase reporting "Even when others want to quit, I know that I can find ways to solve the problem."

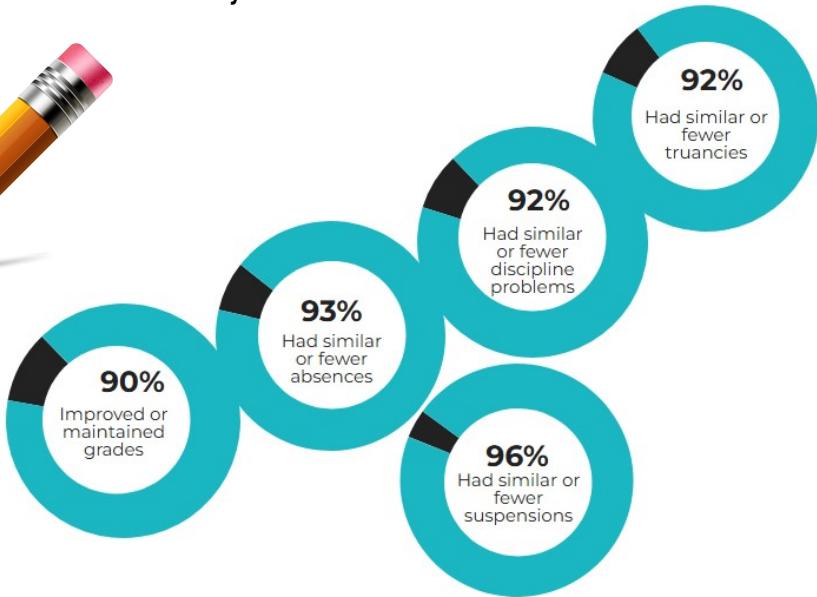
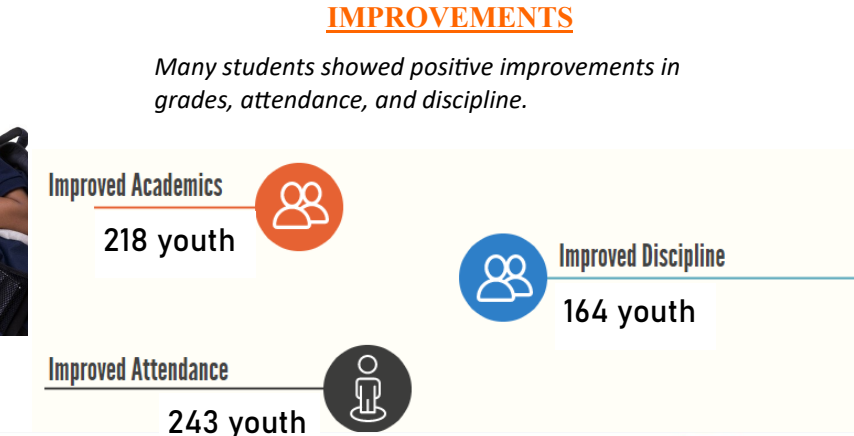


Success At School

Interventions can take time to produce positive behavior change, but many youth have already experienced benefits at school. School records and staff reports show progress made among students who received services

SUCCESS IN MAINTAINING

Success can also mean stabilizing and preventing problems from escalating. The majority of students tracked by schools showed positive results in multiple areas. n=754



Partnering with Community Providers and Other School Districts

An ongoing success continues to be the positive working relationships with the community-based partners. The clinicians we have coming into the middle and high schools easily have their caseloads at capacity, and they continue to integrate well into the school rhythm overall.

We also continue to partner well with the other districts in the county. We have ongoing collaborative meetings to talk with each other and with community providers about our collective efforts to support the mental health needs of all our students. This includes the ongoing work of the Community Mobile Response Team, as well as work with the Mobile Crisis Outreach Team (MCOT) available through Compass Health for acute mental health needs, like instances of persistent suicidal ideation. Compass Health continues to offer support from the Child Youth Family and Crisis Team (CYFCT) for short term (8-week) support for students and families.

Frequency of Services

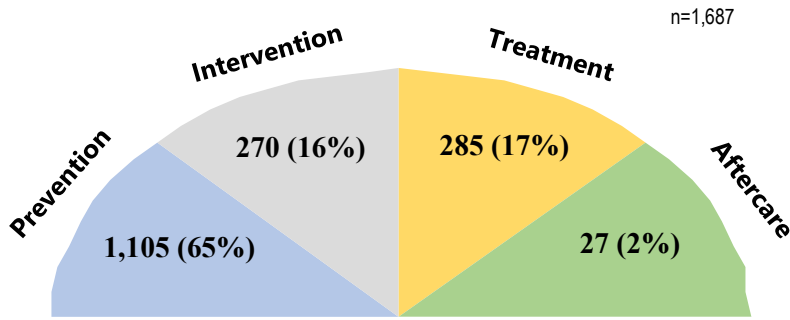
Services are tailored to meet individual needs. While some youth may require just one or a few contacts to meet their needs, some may require more intensive services. **Nearly one in five youth** served had more than 10 contacts with school or community professionals. Some youth needed as many as 109 contacts during the year.

Provider Contacts	Individuals Served	% of served
1-10	1,356	80%
11-19	205	12%
20+	126	8%

n=1,687



Individuals Served by Primary Area of Service



NEED FOR BEHAVIORAL HEALTH TREATMENT

Schools deliver services based on the Prevention, Intervention, Treatment, and Aftercare (PITA) Continuum of Care. Some youth are involved in preventive efforts, some may only need time-limited interventions, but others may need more intensive services, such as substance use disorder or mental health treatment services.

REFERRALS TO TREATMENT

452 Mental Health

22 Substance Use Disorder

CONNECTED TO TREATMENT

414 Mental Health

15 Substance Use Disorder

Engagement in treatment may be unknown due to confidentiality

Housing: Ongoing Needs & Impact

I want to highlight some of our students who have struggled with being displaced from their families, or experienced homelessness this year. The past two years I have seen an uptick in students needing to leave their homes for safety concerns, or due to parental substance use/financial issues. The resilience these students have shown by continuing to show up, focus on themselves, and reach out for help has been amazing to see. A handful of my students who are living with other families were able to focus in on their school work and grades this year in order to secure their college pathways, changed unhealthy communication and relationships with peers and parents, engaged in mental health therapy, and showed so much growth in how they were approaching life situations. It's amazing to see what these kids can do, despite some of the hardships they experience.

The following is true for the children in all families, but especially in these families, stable housing means a renewed ability to focus on their education without the stress of displacement. The certainty of having a safe and permanent home allows students to fully engage in their learning, build strong peer relationships, and develop a sense of belonging within their school communities.

Feedback from Recipients

Individuals across the county share thoughts about the impact of services

Responses

"Kelsey has been wonderful for my child, she has given her tools, help, an open ear & so friendly. She has been in constant contact with updates and phone calls. She truly cares & has made the school year so much smoother." -Parent

"Thank you for always being there for me and believing in me...thank you for not nagging me about my grades but always asking me how you could help me pass my classes... there were times when I thought I was not going to graduate but you always encouraged me to keep going...I never thought I could be here wanting to go to college..."

"I think she genuinely saved my life a few times and took me through the year."

"She has helped me make better choices about myself and my life. I've been meeting with her for 3 years now and she's one of the only adults at high school who I really trust."

"Talking to her throughout the year has helped me regulate the way I feel so much. Even if she's not actively giving me advice, its nice to have someone like her to talk to. I always feel comfortable with her. She is my favorite and most trusted adult in the school."

"Life isn't only about the little things though. If I only experience the joy of life myself, it'll feel cheap and dull, so I want to be able to give people back the happiness that I take. One person comes to mind in particular when I try to think of examples to lead by. Ms. Burks, the prevention counselor here, helped me see that life was truly worth living and that no obstacle was too large for me to overcome. At times when I felt so small and helpless, she was able to spark a new hope in my heart. I want to do exactly that and help kids who struggle with things like addiction and situations that feel so much bigger than themselves."

Reported Challenges from the Field:

Increased resources have resulted in reaching more individuals. Unfortunately, even with expanded services a lot of gaps remain and many needs left unsevered. Some common challenges expressed by districts this year include:

- High demand for services that often exceeds the available time slots, leaving some students unable to access consistent therapy
- Overall increase in the number of families that need assistance
- Office space for community-based providers
- Community provider's ability to secure therapists
- Lack of a Family Resource Center
- Sustainability of programs, services, and funding
- Uncertainty with district budgets
- Compassion fatigue, vicarious trauma, and battling burnout
- Scheduling challenges
- Being spread too thin across multiple buildings
- Affordable housing

Ongoing needs:

- I've observed that many students struggle with healthy coping mechanisms, building positive peer relationships, effective communication, and emotional regulation skills.
- There are caregivers who are overwhelmed, depressed, using substances and just trying to survive the next 12-24 hours.
- This year I felt a noticeable increase in overall needs for support school wide. There is such a high need for mental health prevention/intervention and crisis intervention. I also worked with students with unsafe family situations that required more reporting, on top of an increase in unsafe substance use (students, and adults in the family) it has been difficult to manage the needs of everyone. Between court, individual meetings, groups, daily crisis drop-ins, supporting the middle school, parental support and contact, and continued loss in our community our positions and continued support are needed now more than ever.
- The packed schedule leaves little time for thorough documentation, case management, and follow-up tasks, this impacts my ability to remain up-to-date and feel a sense of balance. There have been many hours spent at home, off the clock trying to get caught up/ maintain necessary documentation and communications.

Impacting Substance Use

In December, we were made aware that a student who recently transferred to a new school had an opioid overdose. When he came back to school, we were able to meet and talk with him about his goals for his future and how he can overcome his circumstances. We were able to get him from school to an appointment where he was prescribed Suboxone for his withdrawal symptoms. This allowed him to get back to a healthier place before winter break so he could be home safely with his family. His sobriety has continued, family reports that his mental health is much better, and in contrast to the past, he is enjoying attending school.

Elementary Success Story

A kindergarten student started towards the end of the year last year (23/24). This student had a hard time being in class for more than 20 minutes at a time before spiraling out of control. Staff helped him a lot with classroom removal and getting work done in a safe place. Staff funded by the mental health expansion grant supported in his 1st grade classroom to support him, and several other behavioral students. Now, this student rarely leaves the room, can be on task most of the time and is doing very well academically. The class has also improved in many ways from the beginning of the year. The proactive approach staff are taking with certain students has helped immensely. This student now needs minimal check-in support and staff's goal is to follow this student into 2nd grade to support them and their teachers where needed.

Social Supports

Individuals were connected to other essential social supports (housing, tutoring, basic needs, etc.) in addition to mental health and substance use services.

- 1,235** individuals were referred to additional school or community support services during the year
- 1,192** individuals were connected with additional supports
- 1,924** total referrals were made for other school or community support services
- 1,781** referrals resulted in a connection to other school or community support services



92% Of referrals resulted in connection to other social supports

Profile of Supports

The need for additional social supports showed up in a variety of ways. Some of the most common needed supports included:

- Mentoring
- Peer support
- Care Team
- Tutoring
- Basic needs
- Housing
- School Counselors
- Food Assistance





Mental Health Expansion

Whatcom County Council approved new service contracts with all seven school districts in September/October of 2023 to expand mental health services. These services were in response to “Youth Mental Health” identified as a priority in the Community Health Improvement Plan. The efforts listed in this section represent services offered in the second year of the 3-year contracts. While these efforts have increased the number of youth directly receiving services, it has also expanded the capacity of districts to build up systems of care for students and families.

Total Served: 813

Direct Services (District Staff)

- **532 individuals** served by district staff
 - 6,005 total service sessions provided
 - quantity of sessions ranged from 1-65
- **426 referrals** were made for other social supports
- **322 connections** were made for other social supports
- **6,564 individuals** were reached through large events (e.g., community events, trainings)

Direct Services (ESD Staff)

Site	# Served	# Sessions
Bellingham	33	692
Blaine	35	529
Ferndale	38	692
Ferndale	26	550
Lummi	28	492
Meridian	33	613
Meridian	25	482
Meridian	25	246
Nooksack	38	575
Totals	281	4,871

Service Details:

- Average of 17 sessions per person
- 88% served were outside of Bellingham

Capacity Building

Key capacity building has expanded existing networks:

- **16** new programs/services created
- **20** new partnerships among school partners
- **21** new partnerships with community partners
- **12** Staff positions expanded
- **12** MOU's/agreements developed for services
- **611** additional students served by community providers
- Increased capacity to use data to identify needs and target interventions
- Increased capacity to mentor and supervise new clinicians, counselors, and staff
- Increased ability to conduct long-term planning, including sustainability

Leveraging & Braiding Resources

Behavioral Health Funds are used to strategically fill gaps and support a continuum of care for youth and families. Whatcom County has benefitted from resources that have enhanced the availability of services, and many positions require support from a variety of sources. Locally, benefits have come from, but certainly not limited to:

- The Northwest Educational Service District #189 wrote, received, and manages a \$10.4 million dollar grant to provide mental health supports in the 5-county North Sound Region. The ESD has assigned 9 mental health professionals to Whatcom County. Behavioral Health Funds help to support portions of these positions.
- The Stronger Connections Grant serves most districts and will bring \$490k in resources to districts participating in the consortia next school year.
- Local school districts invest in services through their general funds, grant funds, utilization of state or federal funds, and other alternative sources. Districts commonly need to leverage district resources to cover increased staffing and operating costs over time.

Frequency of Services

A total of 6,005 sessions were delivered to individuals. **One in three youth** served experienced more than 10 contacts with school or community professionals. Some individuals needed as many as **65** contacts during the year.

Provider Contacts	Individuals Served	% of served <small>n=532</small>
1-10	357	67%
11-19	68	13%
20+	107	20%

Individuals Served by Primary Area of Service

MHE services saw a 70% focus on Intervention and Treatment, doubling rates from BH contracts.

- **Prevention** 29% (156)
- **Intervention:** 37% (194)
- **Treatment:** 33% (177)
- **Aftercare:** 1% (5)

Improved Attendance in Blaine

Many of the students that I work with have improved attendance and less behavioral referrals. Just one example of this is a 5th grade student that I work closely with. His behavior has improved dramatically. Last year he had 11 major referrals. This year he has 0!!!! I also have created a great relationship with the family which has helped tremendously.

Benefits at Mt. Baker

I have successfully engaged in mental health support services to at least 62 students in our District. Many of these students were at risk for not graduating, for substance use, engaging in reckless and impulsive behaviors, and many endorsed Suicidal Ideation and engaged in self-harming behaviors. I have witnessed growth in most of the students that I work with including an increase in self-awareness and insight allowing them to create connections and an understanding of how their thoughts and feelings affect their behavior and the choices they make. I saw a reduction of impulsive behaviors and an increase in healthy and effective coping strategies that were taught throughout our time together. Emotion Regulation, Distress tolerance and Interpersonal skills were improved. Several students were able to connect with their primary care physicians or mental health providers in the community as well as with our school-based Health Clinic through Sea Mar.

Social Emotional Learning in Nooksack

This school year, in collaboration with our district Director of Teaching and Learning, I have helped to implement the cross-district use of the Social Emotional Learning framework from BELONG Partners. BELONG stands for Building Equitable Learning Opportunities and Nurturing Growth. BELONG partners with schools to create equitable communities where young people have dignity, voice, and agency by transforming the ways adults teach, parent, and care for youth. This is the first time our district has moved forward with this type of learning across all schools. We are implementing BELONG as follows:

- All elementary school teachers, paraeducators, counselors, and administrators are receiving 14 hours of professional development throughout the year, called Rooted Relationships. The Rooted Relationship training helps teachers develop and strengthen equitable, trauma-responsive, and brain-based mindsets to nurture student growth in skills pertaining to self-regulation, relationships, problem-solving, and communication.

- All elementary schools are implementing the delivery of BELONG's classroom lessons, small groups, and individual interventions. This framework includes the curriculum, Positive Discipline in the Classroom, which is rooted in the ideas that a misbehaving child is a discouraged child and that students do best with both high expectations and high support.
- At our middle and high school, we are inviting a team of lead learners to take the Rooted Relationships Training in 2025.
- Mid-way through this year, we are already seeing the positive impact of having common mindsets and language for promoting the positive social emotional development of our students across our entire district. Our district-wide improvement goals for the year include 1) Increasing student's capacity to solve problems as indicated by our SEL skill screener and 2) Increase student self-report indicating that they are experiencing a positive learning environment as indicated by the Center for Educational Effectiveness survey.

Supportive Learning Environments:

In this school, there is at least one adult at school who knows me and cares about me.

- Everson Elementary School: 7% growth
- Nooksack Elementary School: 13% growth
- Sumas Elementary School: 19% growth

I feel safe at school.

- Everson: 15% growth
- Nooksack: 22% growth
- Sumas: 38% growth

I enjoy coming to school

- Everson: 12% growth
- Nooksack: 10% growth
- Sumas: 27% growth

Critical Thinking/Problem Solving Skills

Composite Critical Thinking Growth

- Everson: 10% growth
- Nooksack: 24% growth
- Sumas: 36% growth

I am good at figuring out the best solutions to problems I am facing.

- Everson: 10% growth
- Nooksack: 34% growth
- Sumas 38% growth

I solve problems by breaking them into smaller steps.

- Everson: 11% growth
- Nooksack: 15% growth
- Sumas: 37% growth

Expanding and Improving Mental Health Systems in the Lynden School District

The Mental Health Expansion (MHE) funding has been instrumental in sustaining and expanding critical support services for students and families in need. Through this funding, we have been able to maintain a strong collaboration with our Mental Health Coordinator, Jordan, ensuring that real-time crisis interventions and individualized support plans are implemented effectively.

By working together, we have adopted a proactive and coordinated approach to mental health care, addressing student crises as they arise while simultaneously

developing long-term strategies to support students experiencing emotional and behavioral challenges. This includes providing both community-based and school-based treatment, ensuring that students have access to the comprehensive mental health services they need, where they need them most.

This integrated approach has significantly enhanced the effectiveness of therapy, intervention efforts, and wraparound services, allowing students and families to receive immediate and meaningful

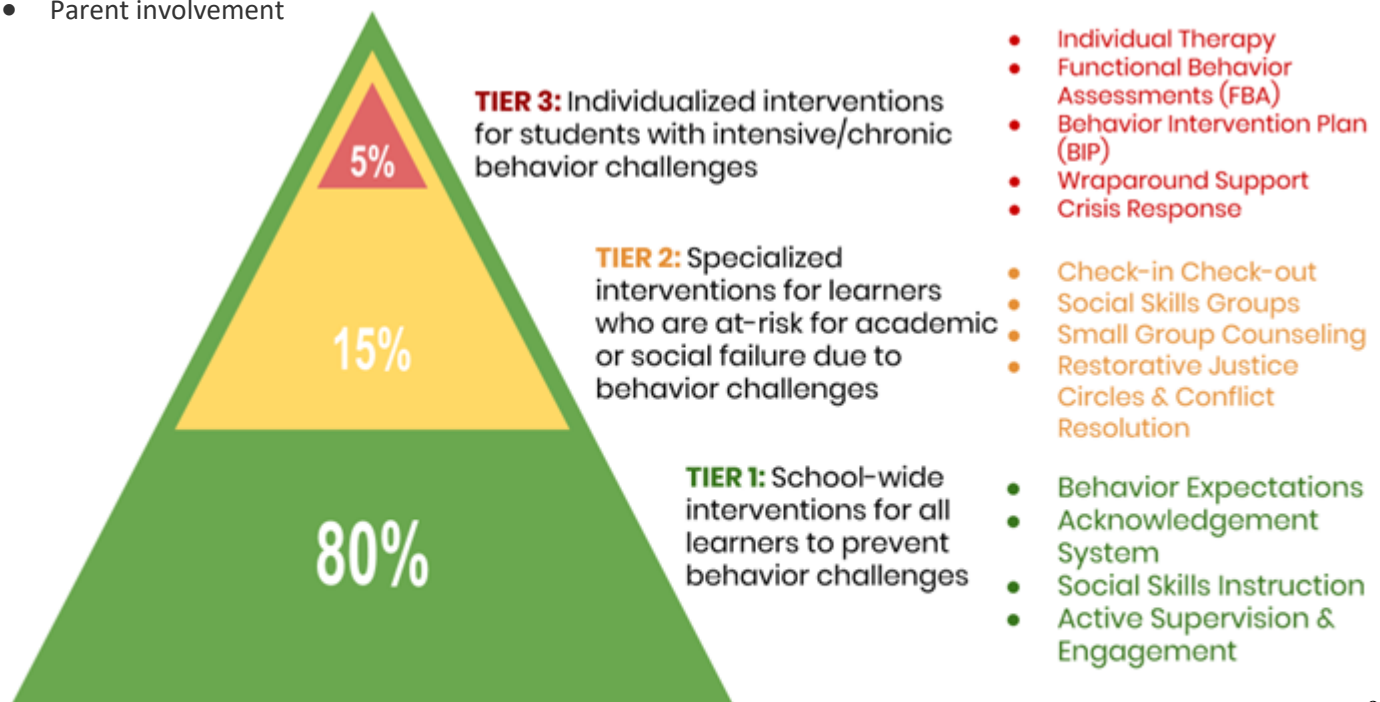
support during critical moments. By strengthening mental health accessibility and crisis response, we are fostering a more resilient and supportive environment for our school community.

We are deeply grateful for the MHE program funds, as they have created opportunities to expand access to mental health care, sustain wraparound services, and promote early intervention. The ability to continue these efforts ensures that students receive the necessary care to thrive academically, socially, and emotionally, reinforcing our ongoing commitment to student well-being and family stability.

Multi-Tiered System of Supports (MTSS)

Many schools use a framework of interventions and supports designed to address behavioral and academic challenges. This framework, known as MTSS, helps schools to identify struggling students early so that they may receive assistance quickly. The key components of MTSS include:

- Universal screening of all students early in the school year
- Tiers of interventions that can be amplified in response to levels of need
- Ongoing data collection and continual assessment
- Schoolwide approach to expectations and supports
- Parent involvement





Services Created from the Science!

Prevention services rely on a large body of research spanning decades. By implementing evidence-based services that are designed to reduce risk, communities experience positive behavioral health impacts **and** economic benefits.

Age Matters

Prevention can be beneficial to people of all ages, but services can make the biggest impact when serving younger individuals. Reducing risks and building key protective factors in the early years creates life-long positive benefits.

According to the World Health Organization, **half of all mental health conditions start by 14 years of age.** Substance use initiated in the early years also contributes to much higher rates of substance use disorders as an adult. In fact, **a two year delay in the initiation of alcohol use can reduce problems as an adult by 50%.**

The data is also very clear that early childhood traumas, known as Adverse Childhood Experiences (ACE's), play a significant role in adult substance use and poor mental health, as well as a variety of physical health problems.

Investments Matter

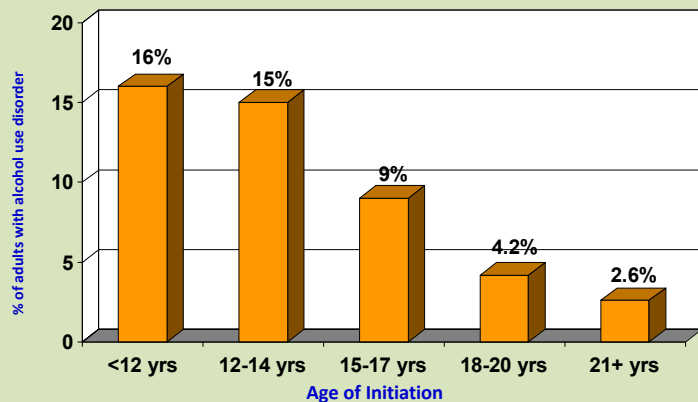
According to the Substance Abuse & Mental Health Service Administration, cost-benefit estimates show that **effective school-based programs could save \$18 for every \$1 spent on these programs.** The Washington State Institute on Public Policy (WSIPP) has also calculated individual program cost-benefit ratios, many services of which are reflected in Whatcom County. Early services help to mitigate costlier interventions down the road.

Science Matters

Not all programs, strategies, and interventions are created equally. Hundreds of Evidence-based Best Practices (EBP's) have gone through rigorous evaluation to demonstrate and replicate effectiveness. Programs are available for a range of populations, settings, and levels of risk, but implementation of EBP's must be done with fidelity.

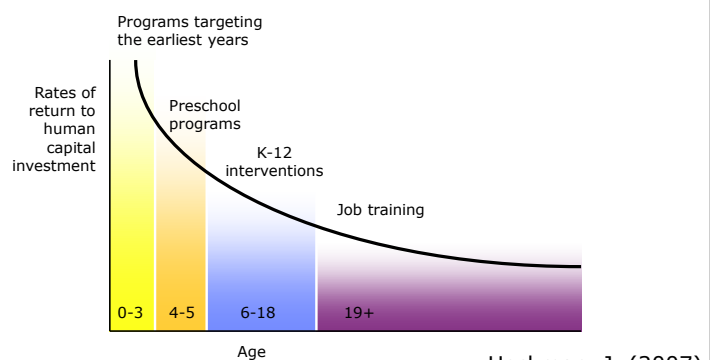
While effective prevention services do reduce substance use and improve mental wellness, they often simultaneously reduce risk for delinquency, teenage pregnancy, school drop out, violence, and other problem areas.

Percentage of Past Year Alcohol Use Disorder*
Among Adults Aged 21 or Older
by Age of First Use



*Abuse or Dependence
(Source: SAHMSA, 2005)

Preventive Intervention is More Efficient and
Produces Higher Returns than Later Remediation



Heckman, J. (2007)



WHATCOM COUNTY
HEALTH AND
COMMUNITY
SERVICES

