

research brief

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REDWOOD CITY SCHOOL DISTRICT MENTAL HEALTH COUNSELING PROGRAM: YEAR 1 IMPLEMENTATION STUDY

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[The counselor's] presence here has been invaluable this year. There is no way to quantify it. I could try. But she's the right person in the right place at the right time. And I've told her this a million times this year. This service has made such a tremendous difference in the amount of support that we can give, not only the students, but the staff and the parents.

- MTSS Coordinator

INTRODUCTION

The incidence of mental health challenges among youth, already of national concern in recent years, has increased at an accelerated rate during the COVID-19 pandemic, prompting an advisory from the U.S. Surgeon General, an action reserved for “significant public health challenges that need the nation’s immediate awareness and action.”ⁱ Data show mental health challenges impact youth across all demographics, yet they also highlight that there are some whose vulnerability, due to a number of social, economic, and environmental factors, may be disproportionately elevated, such as those who are socioeconomically disadvantaged, lesbian, gay, bisexual, transgender, or queer (LGBTQ+) and/or Black, Indigenous, or persons of color (BIPOC).ⁱⁱ How systems respond to the mental health challenges of youth, including those most vulnerable, will have lasting impacts on communities.

Redwood City School District (RCSD) has a long history of attending to the needs of its students and their families, and it has responded to this moment of crisis by setting a goal that by June 2024, every student will receive “appropriate social-emotional supports designed to meet their needs.”ⁱⁱⁱ The plan for achieving this goal includes placing a full-time, district-employed, licensed clinical mental health counselor in each of its twelve schools for the 2021–22 and 2022–23 academic years, and dedicating a portion of one counseling position to the role of “lead counselor” responsible for overseeing program design, development, and implementation. The mental health counseling program is part of a broader initiative known as the 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.

This implementation study, conducted as part of a long-term partnership between Stanford University and RCSD,^{iv} aims to describe the role and contribution of RCSD's mental health counselors and identify opportunities for improvement as the program moves into its second year of implementation. With these goals in mind, our study is designed to address three questions:

1. What is the role of RCSD's school-based mental health counselors?
2. What are early indicators of the counseling program's strengths and challenges?
3. What conditions help and hinder the work of mental health counselors?

To answer these questions, we conducted a qualitative implementation study from October 2021–May 2022 focusing on data collected via 23 interviews with district and site administrators, teachers, MTSS coordinators, community school coordinators, and mental health counselors; 51 participant observations of meetings related to the counseling program and student services more broadly in which school and district staff, board members, and parents participated; and more than 100 district-produced program documents related to MTSS and/or the counseling program. This research brief summarizes key findings and identifies strategic opportunities not only for improving the counseling program, but for leveraging the program to advance a district-wide, coordinated system of support that effectively promotes mental health and wellbeing.^v

DISTRICT CONTEXT

RCSD's twelve schools serve a diverse population of 6,400 students in grades TK–8, 88% of whom are BIPOC. According to district documents, Hispanic/Latino students make up the largest ethnic group at 68%; 22% of students are white; 6% are Asian/Pacific Islander; 1% 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 (378-765), grade levels served (elementary, middle, and combination), and overall program design (e.g., community schools, Spanish immersion). Student demographics in each school also vary, with the population qualifying for free and reduced lunch ranging from 6.7% to 94.6%; and students designated as English Learners ranging from less than one percent to 69.7%. With such a diverse student population, it is not surprising that students experience a wide range of strengths and challenges related to mental health and wellbeing.

ROLE OF DISTRICT MENTAL HEALTH COUNSELORS

While the primary intention of the counseling program is to reduce or eliminate the barriers mental health challenges pose to student learning and achievement by providing timely and high-quality support to students, our study finds that counselors engage in activities directed toward building a more robust, coordinated and comprehensive system of support. The key difference between a collection of services and a system of support hinges on the degree to which the different components are intentionally knit together in the service of a shared goal. In the context of schools, this requires strengthening the alignment between district-level activities (e.g., strategic

planning, policy setting, staffing), school-level activities (e.g., addressing individual students' needs, coordinating school-based resources), and specific goals related to student experience and outcomes. With this in mind, we analyzed the data using a “tri-level lens” in order to examine how mental health counselors' activities are directed toward building the capacity of students, schools, and the district (see Figure 1).

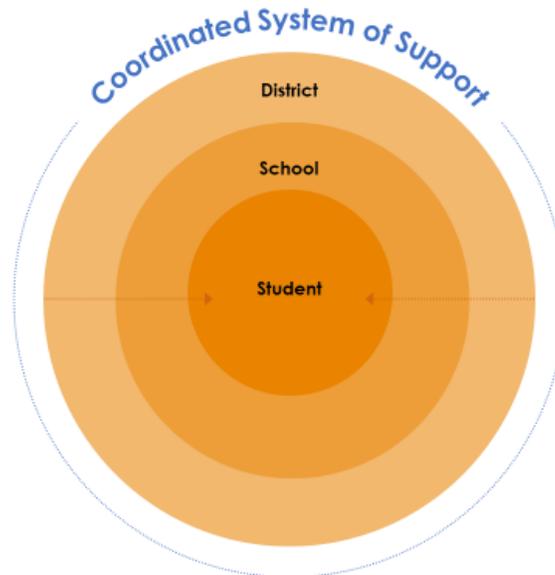


Figure 1. A tri-level lens highlights the relationship between a student's experience and the school- and district-level conditions that mediate their experience. Creating a coordinated system of support therefore requires attending to district-level conditions which in turn shape school-level conditions which in turn impact student experiences and outcomes.

Using this tri-level framework to inform our analysis, we find counselors are:

Providing students with direct services that span multiple tiers of support^{vi}

During the 2021–22 academic year, 1,353 students—or 20% of the district's TK–8 students—received direct mental health services in the form of an informal check-in, individual counseling session, group counseling session, or SEL lesson.^{vii} Students in grades 3–8 (range of 164-246) received more services than those in grades TK–2 (range of 18-136). TK students received a total of 18 services—fewer than any other grade level; and sixth graders received a total of 246 services—more than any other grade level. Counselors across all twelve schools provided a total of 9,918 direct services to students across three “tiers” . According to data collected by the district, 47% of the services provided directly to students were Tier 1 supports, 53% were Tier 2, and 13% were Tier 3.

- Tier 1 supports include promoting mental health and wellbeing and preventing mental health related crises through strategies such as making presentations at student

assemblies, providing SEL classroom instruction, hosting “lunch bunch,” checking in with students, and meeting with students who drop-in to the counselor’s office for support without an appointment or a referral.

- Tier 2 supports include providing more targeted or intensive support, such as meeting with individual students for 10-12 counseling sessions, facilitating a series of 5-10 small group meetings for students who can benefit from group counseling on topics such as developing healthy peer relationships, navigating grief, or managing anxiety.
- Tier 3 supports include addressing the most acute or complex needs of students by providing longer-term individual counseling (typically more than 12 weekly sessions, often supplemented with additional check-ins and small groups) and responding to a crisis that requires an immediate and individualized response, such as a threat of harm to self or others.

In addition to providing students with direct services across all three tiers, counselors provide significant support through case management. Case management duties include following up with students between individual or group sessions; checking in with waitlisted students to ensure they are not progressing toward a more acute situation while awaiting services; touching base with teachers and families; facilitating referrals and “warm hand-offs” to additional school-based and community-based supports; and participating in Screen Teams and Student Study Teams, which provide a form of collaborative case management for students who need support across multiple domains (e.g., academic and mental health). Case management is a particularly important strategy for supporting students with complex needs who receive services from multiple providers on and off campus; in such cases, the counselor helps ensure the student receives, as one counselor describes it, “a coordinated response from her school support team to help monitor and navigate these complex medical systems.”

Investing in school capacity to support mental health and wellbeing

In addition to providing students with direct services, the counseling program provides students with indirect services by investing in the school’s capacity to support mental health and wellbeing. They do this primarily by:

- Providing site administrators, teachers, staff, and families with psychoeducation, coaching, thought partnership, and consultations. This occurs through traditional professional development forums, such as making a presentation at a staff meeting or a parent education event, but more often than not, it happens through impromptu day-to-day interactions and informal requests for support.
- Coordinating part-time school-based counselors employed by outside agencies. During the 2021–22 school year, ten of the twelve schools in the district had one or more additional mental health counselors on campus. These providers tend to be interns

earning clinical hours toward their certification or early-career counselors who, prior to the implementation of the RCSD counseling program, operated largely as independent contractors. RCSD's full-time counselors take on the role of coordinating mental health services at their school sites, which includes trouble-shooting the schedule when a provider is unexpectedly absent, assigning caseloads to part-time providers that are aligned with their expertise (which is usually more limited than that of the full-time school counselor), and attending to the care of students when part-time providers are not on campus.

- Normalizing attention to mental health and wellbeing in the school setting by making presentations at student assemblies and staff meetings, contributing content to school newsletters, connecting with students and families at school drop off and pick up, and leading campus-wide events, such as a “kindness challenge,” designed to foster a culture of inclusion, belonging, and care.
- Centering mental health in the context of student services by participating in Screen Teams and Student Study Teams and helping such teams identify, understand, and attend more skillfully to the role mental health plays in the context of a student’s social, emotional, behavioral, and academic development.

Investing in district capacity to support mental health and wellbeing

In addition to investing in the school’s capacity to support mental health and wellbeing, the counseling program also attends to the district’s capacity to promote mental health and wellbeing by:

- Situating school-based counseling within a district-wide strategy for supporting mental health and wellbeing. While counselors have the autonomy to develop the specific scope of their practice in collaboration with their site administrator and in response to the particular needs of their school community, they also function as a member of a district-wide team of counselors. This team, under the leadership of a lead counselor, follows common protocols for their practice and work in concert with one another to support mental health and wellbeing throughout the district. They do this, in large part, by participating in weekly meetings and periodic data sessions with the district-wide counseling team led by the lead counselor; following norms, policies, and protocols established by the lead counselor; and engaging in regular individual check-ins with the lead counselor.
- Recording and analyzing data regarding program utilization. Counselors complete daily logs that allow the lead counselor to track basic descriptive information regarding program utilization within and across schools (e.g., number of services provided, number of students served, number of students on the waitlist for services). The lead counselor oversees every aspect of this process, from the vetting of software and initial training of counselors regarding recording requirements to ongoing oversight of data quality and mid- and end-of-year analysis and reporting.

- Integrating mental health expertise within district leadership’s efforts to strengthen a coordinated system of student support. This happens most notably through the lead counselor’s participation in the MTSS District Leadership Team, the SEL Working Group, and the Stanford Redwood City Sequoia School Mental Health Collaborative. Through their engagement in these teams, the lead counselor ensures that such leadership conversations are informed by counselors’ experiences and insights, and, conversely, that the counseling program is aligned with district leadership’s effort to create a coordinated system of student support.

EARLY INDICATORS OF PROGRAM STRENGTHS AND CHALLENGES

Program Strengths

While it is premature to evaluate the impact of the mental health counseling program, it is not too soon to look for early indicators of the outcomes the mental health counseling program may be most likely to affect as it matures. Interviewees consistently and enthusiastically expressed appreciation for counselors’ impact not only on students, but on a number of individuals who are invested in and impacted by student mental health. Many echoed these words spoken by three site administrators:

There's never going to be a time when these services are not going to be well-utilized and valued. And so hopefully the district hearing that, just how much it has taken a strain off of administrators, off of MTSS... It's healthy for our students, first and foremost, but for every other stakeholder.

Having a mental health counselor on campus, which is something that we didn't have in the past, it has given us a structure that we needed to have, in order for us to continue to maintain a peaceful, safe environment on campus. And that's a huge, huge gain. I've heard from teachers, especially teachers in middle school, that our kids are a lot softer around the edges. They seem more focused. They are doing academically well. And they're willing to take risks because they feel that this is a safer environment.

It's made a world of difference as far as... when issues come up that we need support on understanding with students [or] if there's a crisis, I feel like she's the person we could just go to. I could text her, I can go right to her office, or go find her on campus.

Returning to the tri-level framework, school and district staff members describe early indicators of program benefits:

Students

- Students in every school have access to a full-time, licensed, school-based mental health counselor.
- Compared to prior years when some students had access to part-time counselors employed

by outside agencies, students are more familiar with their school counselor, more comfortable seeking their support (both formally and informally), and more expressive regarding their interest in connecting with the counselor.

- Staff observe that students who engage with the school counselor demonstrate improved attendance, engagement, and positive relationships with teachers and peers.

Schools

- Every school has expanded Tier 1-3 offerings of school-based mental health support. For example, during the 2021–22 school year, the district reports that counselors from StarVista and One Life, the organizations with whom RCSD contracts to provide part-time counselors at some school sites, served a total of 672 students, and that the district counselors served an additional 1,186 students, almost tripling the total number of individual students who receive direct mental health support.
- Schools have greater capacity to coordinate school-based mental health support partners which, staff report, translates into more effective use of resources, more intentional caseloads, and improved quality of care.
- Teachers, staff members, and site administrators are more aware of and reportedly more confident in the school's ability to support student mental health, and they, in turn, are experiencing improved self-efficacy.

The district

- RCSD has, for the first time, a lead counselor who, through close collaboration with the Director of Community Schools and Partnerships, improves the district's capacity to implement a coordinated system for supporting mental health and wellbeing.
- RCSD has a district-wide strategy for supporting mental health and wellbeing that is implemented in all 12 schools.
- The district has improved capacity to respond skillfully to mental health crises, inclusive of attending effectively to all impacted parties (e.g., student, families, peers, teachers/staff).
- The district has, for the first time, a preliminary data set regarding utilization of mental health resources.

Challenges

In addition to these strengths, our data also reveal a few challenges worth attending to as the program moves into its second year of implementation:

- While it is true that students in every school now have access to a full-time, licensed mental health counselor, mental health needs within the district exceed the capacity of the current counselors, as evidenced by waiting lists for services at most schools and the challenge of addressing student needs when counselors are absent (e.g., due to illness). This is particularly true in the eight schools serving students in grades 6–8.

- It is not clear if all students, especially those with elevated vulnerability, experience access to and benefit from the school-based counseling program. For example, the degree to which the counseling program is addressing the needs of RCSD's most vulnerable youth, including those who are socioeconomically disadvantaged, LGTBQ+, and/or BIPOC, is unclear. Similarly, it is not clear if students whose attendance, behavior, and academic performance do not prompt concern are being identified and supported in the way that they need.
- The data highlight the value in having the lead counselor role filled by an individual with a breadth and depth of clinical expertise, including program development and implementation. However, the data also show that there are challenges inherent in asking one individual to split their time between two roles (serving as a school site counselor and leading the district-wide counseling program). In a district the size of RCSD, program leadership requires more than a .5 FTE allocation.
- While the counselors collect a preliminary data set related to mental health services, this process of data collection and analysis is currently disconnected from other district administrative data (e.g., attendance, behavior, and academic) and processes (e.g., cycles of inquiry, learning, and improvement) which places a significant burden on the lead mental health counselor to oversee collection and analysis and limits the utility of the data.
- In order to provide a student with Tier 2 or 3 support that is not crisis-related, counselors must obtain consent from the student's parent or guardian. While most families are comfortable providing consent for their children to receive support, counselors do spend time (in some cases 4-6 months of conversation with parents) obtaining consent, which delays the provision of services. While the consent process needs to be implemented at the school site level, it is possible there may be steps the lead counselor and district could take to improve this process.

CONDITIONS IMPACTING IMPLEMENTATION AND IMPACT

As RCSD leadership looks ahead to year two of implementation, it is helpful to understand, sustain, and strengthen the conditions that facilitate implementation and impact:

- **District champions.** District leadership's explicit and consistent support for the counseling program via the superintendent's messaging, the school board's support, inclusion in the district's Local Control and Accountability Plan (LCAP), and provision of two years of funding have been instrumental in supporting the first year of program implementation. Designing the program from scratch was a big lift for all involved, and doing so with a very short runway meant that they were, as several interviewees described it, "*building the plane while they were flying.*" This took time, energy, and faith that the work would be well-received and supported—and the district champions are key to the program unfolding as smoothly as it is. In the words of one interviewee, one of the

conditions supporting the success of this program is that it is “*not top-down, but top-supported.*”

- **Program leadership.** The lead counselor, in collaboration with the Director of Community Schools and Partnerships, brings the knowledge, skills, and expertise needed to skillfully attend to every aspect of program design, implementation, and continuous learning and improvement. The Director of Community Schools and Partnerships helps ensure that the new counseling program is well aligned and integrated within district-wide efforts to promote a coordinated system of student support; and the lead counselor provides essential leadership for the counseling program, overseeing all aspects of program development and implementation, from the development of program policies and practices to the supervision and mentoring of each counselor.
- **Embedding counselors in school communities.** The full-time, school-based, district-employed nature of the counselor’s role facilitates their consistent presence at each school site, which in turn strengthens the relational trust and rapport that enables counselors to provide students, teachers, staff, administrators, and families with effective support. This design is further enhanced by ensuring counselors have a space suitable for individual and small group meetings on each campus and are intentionally and continually integrated into the school community.
- **Culture of collaboration.** RCSD’s culture of supporting the whole child/whole student through partnerships provides a strong foundation upon which to build a program such as this. School and district leaders embrace the notion that students and their families will be well served by interdisciplinary and interprofessional collaboration. We see this in the way staff collaborate with the counselors in the school settings, as well as in the ease with which district leaders partner with Stanford University’s John W. Gardner Center and Center for Youth Mental Health and Wellbeing in the service of building the district’s capacity to support mental health and wellbeing.

STRATEGIC OPPORTUNITIES

Our findings point to several strategic opportunities for strengthening the mental health counseling program and leveraging it to advance the district’s broader capacity to support mental health and wellbeing. While the full report includes an extensive list of opportunities, we will highlight five in this research brief:

- **Secure funding to sustain and expand the program beyond June 2023, inclusive of a full-time lead counselor.** Waiting lists for individual and group support indicate student needs for support exceed the capacity of the current counseling staff, especially in schools serving grades 6–8. Consider creative solutions to providing additional support, such as hiring 2-3 additional RCSD counselors with responsibility for serving a cluster of 2-3 schools/each.^{viii} Floaters would also be well-positioned to cover for counselors in their cluster when they are absent and provide additional support during a crisis. As program

leadership grows to assume more responsibility for integration with MTSS, district leadership is encouraged to ensure the lead counseling position is expanded to a full-time position. In addition to exploring funding opportunities for mental health programming specifically, it may also be helpful to pursue state and federal opportunities for additional funding that could be obtained and coordinated in a systematic way to support the counseling program within the context of the district's MTSS.

- **Develop theory of change and strengthen data systems to measure short-term outcomes related to student mental health and wellbeing, inclusive of attention to strengths, student/family perspectives, and the relationship between wellbeing and student attendance, engagement, and achievement.** Engage department leads connected to both student services and district data systems (e.g., student services, IT, special education, discipline, wellness) in a collaborative effort to ensure data on mental health and wellbeing are integrated with district data systems. Engage key mental health partners (e.g., Star Vista, One Life, Child Mind Institute, Peninsula Healthcare District, RCEF) in a collaborative effort to streamline data practices inclusive of asset-based indicators and improve collective understanding of program implementation and impact.
- **Implement a district-wide Tier 1 strategy focused on building teacher, staff, and family capacity to support student mental health and wellbeing (e.g., Kognito).** While counselors are effectively building the capacity of many district families and staff to promote mental health and wellbeing through formal and informal instruction, coaching, and consultation, they do not have the capacity to provide what would constitute a “Tier 1” strategy that would systematically reach every district family and staff member. Implementing a district-wide Tier 1 strategy such as Kognito would equip district families and staff with a shared foundation of skills and knowledge which the counselors are well-positioned to reinforce, build upon, and leverage to support student mental health and wellbeing in their particular schools.
- **Expand development and implementation of program assets.** There are opportunities for the counselors and lead counselor to develop and update various program assets, such as:
 - protocols for suicide prevention and threat assessment
 - screeners or other tools teachers can use to identify students who may benefit from further evaluation and support
 - a library of content ready to share in a “wellbeing spotlight” to be included in school newsletters or morning announcements
 - slide decks for teacher, staff, and parent education modules on specific topics related to mental health and wellbeing

Beyond the development of such assets, there is also an opportunity to support the adaptation and utilization of assets within each school community.

- **Build capacity to ensure the counseling program effectively supports the district’s most vulnerable students.** As the program matures, and efforts are made to ensure the program is aligned with, reaching, and effectively supporting such students, the counseling program will be well-positioned to advance district capacity to support positive and equitable student learning, growth, development, and achievement. One interviewee puts it this way: “...we luckily have Spanish speaking therapists [in our school] ...but making sure that things are as equitable as possible...how can we even go even a level higher in making sure things are as accessible as possible?” There are three key opportunities here: (1) adopt a framework for positive youth development throughout the district that includes explicit attention to positive cultural identity, such as Project Cornerstone’s Asset 41,^{ix} (2) examine the strengths and limitations of the counseling program through an equity lens, and (3) expand the referral process, perhaps inclusive of a screener or “pulse check,” to identify students who may not present visible signs of distress yet may still be in need of support.

CONCLUSION

After just one year of implementation, evidence suggests that RCSD’s mental health counseling program is well utilized in all 12 schools, and early indicators suggest it is providing students with much-needed counseling support, contributing to school capacity to support mental health and wellbeing and building district capacity to achieve its goal of providing each student with the support they need to reduce or eliminate the barriers mental health challenges pose to their learning and achievement. Thanks to several factors, including district champions for the program, skillful program leadership, and a district-wide culture that embraces collaboration as a key strategy for meeting the holistic needs of students and their families, the program is off to a strong start. This would be a significant accomplishment in any academic year—but in this year of all years, when mental health challenges are rising to a level where the U.S. Surgeon General must call for “immediate awareness and action,” advancing a program such as this that supports students, staff, teachers, administrators, and families is particularly important.

As the district turns to year two of implementation, it has the opportunity to build on this foundation as it attends to strategic opportunities for improvement, specifically (1) expanding the program in order to meet the needs of more students, including those who are most vulnerable, (2) linking data systems in order to understand the relationship between the counseling program and educational outcomes, and (3) securing funding to expand and sustain the program beyond June 2023. As the program matures, and efforts are made to ensure it is aligned with, reaching, and effectively supporting the district’s diverse students, the counseling program will be well-positioned to advance district capacity to support positive and equitable student learning, growth, development, and achievement.

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ⁱ Meade, 2021; Silliman Cohen & Bosk, 2020; United States Public Health Service Office of the Surgeon General, 2021; Yard et al. 2021

ⁱⁱ Reiss, 2013; Wilkinson & Pickett, 2009

ⁱⁱⁱ Redwood City School District, 2022b

^{iv} For more information on the Stanford Redwood City Sequoia School Mental Health Collaborative, please visit the project overview provided by the [John W. Gardner Center for Youth and Their Communities](#) or the [Center for Youth Mental Health and Wellbeing](#).

^v For a more extensive discussion of our findings, please see the full report (Geiser et al., 2022).

^{vi} The California Department of Education’s definition of Multi-Tiered System of Support (MTSS) is organized around three “tiers” of support. Because Redwood City School District situates its counseling program in the context of its MTSS, we have aligned our discussion of counselors’ support of students with this tiered approach. For more information, see California Department of Education (n.d.).

^{vii} Quantitative data cited in this research brief are drawn from RCSD’s Mental Health Data, (Redwood City, 2022a).

^{viii} If RCSD were to expand the number of counselors by increasing its contracts with outside agencies who provide part-time clinicians rather than hiring additional full-time counselors, the data suggest (a) RCSD would need to work with the partner agencies to ensure the clinicians placed in schools have the expertise needed to address the needs of their students, and (b) the district-employed counselor at each site would need to devote additional time to coordination and oversight of these part-time clinicians.

^{ix} See, for example, Project Cornerstone’s Asset 41 Resources (Project Cornerstone, n.d.).