Community Partnerships to Support Youth in Need

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Secondary Education and Student Support
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Executive Summary

Students come to school from different backgrounds and experiences: some idyllic, some horrific. Although statewide numbers are difficult to find, a 2010 study of Spokane students showed that nearly one in five had at least a traumatic event (such as abuse, neglect or poverty) in their lives.

Many studies have linked childhood traumatic events to health risks, including disease and early death. For students, effects include falling behind in education, leading to higher dropout rates. So how can we help those students?

One way is through a coordinated and collaborative approach. It is crucial for schools and communities, private and public agencies, all develop partnerships to help school staff and other community stakeholders recognize the signs of troubled youth and help schools and other stakeholders help students who are at risk.

To help achieve coordination and collaboration, the Office of Superintendent of Public Instruction convened a temporary task force in 2013. The hope is that a positive culture and climate within schools, supported by communities and other agencies, can be created.
Introduction
As defined in House Bill 1336 (2013), Section 7, the Office of the Superintendent of Public Instruction (OSPI) has convened a temporary task force. The task force met October 8, 2013, to become acquainted with the components of the bill, understand the intent behind Section 7, and set forth recommendations to better understand what currently exists across Washington State.

The task force began the work of identifying best practices, model programs, and successful strategies for school districts to form partnerships with qualified health, mental health, and social services agencies in the community to coordinate and improve support for youth in need. The task force also began to identify and develop resource documents to be posted on the School Safety Center website.

To achieve a common language, it is necessary to define “youth in need.” In this report, it is a student adversely impacted by events or circumstances outside of education who lacks the tools to deal with those circumstances.

Current task force members include:

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3. Mike Donlin, Office of Superintendent of Public Instruction (OSPI)
4. Sigrid Reinert, Department of Health (DOH)
5. Karyn Brownson, Youth Suicide Prevention Project
7. Ace Bulger, Family Member and National Alliance for the Mentally Ill representative
8. Corey Kelman, University of Washington
9. Sue Eastgard, University of Washington
10. Sarah Butzine, OSPI
11. Caitlin Safford, DOH
12. Judy Hall, DSHS
13. Dixie Grunenfelder, OSPI
14. Randy Town, ESD 105
15. Wendi Gilreath, ESD 121
16. Vicki Wagner, Youth Suicide Prevention Project
17. Sandy Mathewson, ESD 112
18. Jerry Bender, Association of Washington State Principals
19. Mari Earl, advocate
20. Dr. Paul Quinnett, QPR Institute
21. Mike Hubert, OSPI
22. Tina Burrell, DSHS-DBHR
23. Dr. Jennifer Stuber, Forefront, Innovations in Suicide Prevention
24. Dr. James Mazza, University of Washington
25. Cindy Duncan, ESD 171

Initial recommendations of the task force are noted on page 11 of this document.

The task force also realized that it was important to review past and current efforts to address troubled youth in schools. The following is a brief summary of some of those efforts.
For many years, Washington State has made efforts to address the needs of struggling youth. Partnerships among the Department of Social and Health Services, the Department of Health, the Department of Early Learning, the Office of Superintendent of Public Instruction and others (including non-profits, institutions of higher learning, local agencies and individuals), have had varying degrees of success and we have developed “pockets of excellence” in some districts. Unfortunately, these efforts have largely existed in silos and have not been well coordinated and troubled youth have slipped through the gaps of available services and supports.

**Barriers**

A number of barriers exist that complicate multi-agency partnerships. One example is jurisdictional boundaries. Regional Support Networks – used to administer regional publicly-funded mental health services – are divided into 11 areas. Educational service districts – which deliver regional education services to the state’s 295 school districts – are divided into 9 areas. How and where the two systems overlap take time to understand.

Other barriers include different rules and regulations for each agency and different privacy laws by which each agency is bound. More fundamentally is a lack of knowledge: schools in not understanding the mental health needs of students, and schools and public health systems in not understanding each other.

With funds from the Washington State Mental Health Transformation Grant, OSPI in 2007 contracted for a study to better understand the coordination between schools and public mental health systems.

When asked, many principals identify the unaddressed mental health needs of students as one of the largest barriers to learning. A student who is preoccupied with distress in their lives will not be able to concentrate on their learning and further more may turn to mood altering substances to deal with that distress. For them, daily survival trumps learning and this creates a challenge for educators who are responsible for student and school achievement. The ripples can generate through an entire student body and affect every student’s ability to learn.

Therefore, schools are becoming aware of the holistic education of their students and realizing that education is not just about ensuring that students do well in school but also about ensuring that they have a good life upon leaving school.

The study includes, in part:

“If we are to be true to what parents and professionals have told us, one major finding defines where we are and how we need to move forward to create and expand collaborative responses to the mental health needs of children in schools. Existing solutions to mental health and school collaborations are uniquely local. There is no state level “cross-system” response to the mental health needs of school age children. Financing, eligibility standards, and the scope of problems each system is mandated to address, limit the points of mutually supportive effort on behalf of children with mental illnesses.”

Schools today have more potential social and health infrastructures to build on the approach to holistic education, such as Positive Behavioral Interventions and Supports, Response to Intervention (RTI), some parent engagement programs and enrichment activities for youth. However, there are differences in expertise, application and effectiveness for these in each school.

Better supporting troubled youth is not the sole responsibility of the mental health system. The health needs of these youth span many aspects of their life: Some may need support with substance abuse, delinquent behavior, developmental disabilities, etc. To help families function, they may need help with job and career development.

Physical health also plays a role in the wellbeing of students and coordination with local health jurisdictions is required. The Department of Health officials believe that students who drop out of school to be a public health issue. The Department of Early Learning believes that the earlier interventions occur in the life of a child and his/her family, the better chance there is to have a positive effect on improving lifelong outcomes. Therefore, to prepare our students to live a safe and healthy life, education of school and community stakeholders and early intervention become vital. An increasing body of research shows an association between adverse childhood experiences (ACE) such as trauma, violence, or abuse, and school performance. Learning to understand the dynamics of these experiences can help educators and community members provide supports to students and families and serves to lessen the exposure to chronic ACEs and also helps build resiliency in the lives of students and their families.

Children and teens spend a significant part of their lives in school. Teachers and other school staff who interact with students daily are in a prime position to recognize the signs of emotional or behavioral distress and make appropriate referrals. School staff are often first responders and need effective training to help build the skills and confidence to assist youth in seeking help.

Educators are not uniformly trained to address significant social, emotional, or behavioral issues exhibited by youth. Rather, best practice guidelines suggest that school districts should form partnerships with qualified health, mental health, and social services agencies to provide these necessary supports and to provide a culture and climate within the school systems that can promote that support as well as academic learning.

The 2007 report also states:

“Given funding constraints, and the statutory responsibility of the system to focus exclusively on individuals with the most serious and chronic diagnosable illnesses, any vestige of capacity to participate in the delivery of expanded services or early intervention no longer exists through the Medicaid financing system. Where capacity has been built, it has depended on alternative solutions developed at the local level.”

Past Efforts
Readiness to Learn
The Readiness to Learn (RTL) program existed with a statewide infrastructure until July 1, 2013. Since that time, RTL has been subsumed into the Learning Assistance Program (LAP) and schools are allowed to use as much as 5 percent of their LAP funding to support RTL activities.
The former statewide Readiness to Learn program provided an infrastructure for school/community/family partnership. The program provided substantial support to significantly at-risk students and their families by rigorously combining school and community-based resources as a means to reduce barriers to learning, bolster student engagement, and ensure that all children are able to attend school, ready to learn. The statewide RTL program provided:

- Intensive outreach for families
- Tutoring and mentoring services
- Mental health and substance abuse services
- Case management
- Parent support and education
- Transportation and financial support
- Health services
- Food, clothing, housing, and employment assistance
- Individual, group, and community activities and services
- Gang diversion
- Extended learning and enrichment

Families are at the core of family-school partnerships. For children to succeed, families must succeed. Families’ strengths and abilities should be recognized. Across Washington State, there are several local standing and non-profit programs that not only involve parents as advocates for their own children but also as leaders to advocate for other struggling parents. These programs are considered best practices and are highly valuable to the schools and communities that have fostered their development. Schools that invite family involvement and engagement, create an opportunity for capable families to act as mentors and role models. This is especially true when language and culture are barriers to understanding these systems.

How the RTL program will be articulated under LAP is uncertain at this time. During this first year of transition, schools who wish to utilize funding for RTL purposes must follow past RTL guidelines.

**Current Efforts**

In 2011, 2SHB 1163, an act Relating to Harassment, Intimidation and Bullying, created the Anti-HIB Work Group. There were nine areas which that work group was mandated to cover. Item (d) called on the work group to identify curriculum and best practices for incorporating instruction about mental health, youth suicide prevention, and prevention of bullying and harassment. In addition, Section 3 of that legislation mandated that the OSPI work with state agency and community partners to develop pilot projects to assist schools in implementing youth suicide prevention activities. The work group and the coordinated efforts with community partners continue today.

**The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success**

The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success is a 246 page publication written by OSPI and Western Washington University in 2009 to be used by schools and agencies who wish to adopt a compassionate/trauma informed approach to youth and student learning.

The purpose of the book is to inform, validate, and strengthen the collective work of educators and others to support students whose well-being and learning is adversely affected by chronic stress and trauma. This book provides current information about the effects of trauma and learning, self-care, classroom strategies, and building parent and community partnerships that work.
The book includes many case studies and vignettes from classrooms as well as an introduction to the Compassionate Schools Initiative which has been successfully implemented in several schools across Washington State.

**Compassionate School Initiative**

A Compassionate/Trauma Informed School is a pedagogical framework of understanding that begins with rigorous professional development focused on students impacted by trauma. Trauma and adversity, medically and scientifically, are found to be barriers to effective learning and academic achievement, predominantly while the brain is in developmental stages; thus putting students at academic risk. However, this initiative does not support lower expectations for students impacted by trauma. Rather it provides education and training to bolster a system of supports to help these students achieve at their highest learning potential. As a principal of a Washington State elementary school once said, "We must not lower our expectations, we must raise our understanding.”

The Compassionate/Trauma Informed School Initiative provides a systemic approach to develop strategies and infrastructure that supports at-risk students and their families. This initiative pays close attention to the development and improvement of a positive climate and culture within each school in order to achieve an optimal learning environment for all students.

The Compassionate Trauma Informed School Initiative promotes an infrastructure in schools that:
- Raises awareness of the effects of trauma in the lives of children and their families
- Utilizes data to employ strategies that mitigate the effects of trauma
- Creates a context for change in the school environment
- Makes teaching more enjoyable
- Informs relevant policy development

Schools across Washington State are recognizing the impact of trauma and ACEs on student learning and are taking steps to provide professional development for their staff to provide meaningful support for struggling students. In addition, schools are partnering with community stakeholders, families, and students to mitigate the negative effects of these impacts and improve academic performance.

Research demonstrates that optimal learning potential is supported by:
- A safe, supportive, and nurturing environment that fosters resiliency
- A meaningful relationship with at least one adult
- A vision of a positive future

A compassionate/trauma informed school supports children in being resilient, self-regulated, and appropriately relational with adults and peers. It also supports executive function, physical and emotional health, academic achievement, and necessary skills for a successful life.

A Compassionate/trauma informed school:
- Maintains high expectations for all students
- Provides specific support for students who have been impacted by trauma – however, all students benefit from a compassionate climate and culture
- Engages in rigorous training and learning for all school staff regarding the effects of trauma on learning, as well as strategies to mitigate its effects
- Encourages strategies that promote student/staff wellness and self-care
• Adopts a school wide infrastructure that supports the diversity of the school and meets the needs of students and families
• Partners with communities and families and addresses the mental health needs of students

Systems of Care
The Washington State Systems of Care Implementation Project is funded for four years beginning in 2012 from the Substance Abuse Mental Health Services Administration. It will expand systems of care (SOC) across Washington State and develop a consistent approach across local and state child/family service delivery systems (including education) to support SOCs, with an emphasis on developing an infrastructure for state-level funding, policy and practice changes. This approach began with the development of four area Family/Youth System Partnership Roundtables (FYSPRTs) to ensure activities are family-driven and youth-guided and locally controlled and to provide cross system regional communication to state leaders. Partners with these local roundtables include but are not limited to local ESD’s, mental health providers, regional support networks, local Department of Health representatives, family leaders, youth leaders, local probation and parole staff, tribal leaders, regional DDA representatives. Expansion will occur across Washington’s 39 counties and 29 federally recognized tribes (13 counties and 4 tribes already have SOC pilots and demonstrations).

The SOC will focus primarily on youth ages 13–18 with serious emotional disturbances (SED), out-of-home placement, and/or juvenile justice/child welfare histories (2.8 percent of the youth in Washington State and 5 percent of DSHS-served youth). The project will extend to reach youth with co-occurring disorders, younger children in need and youth at-risk. Over 40 percent of these children are children of color, with over-representation among African American and American Indian children.

The need is framed by the three core premises of the project: (1) Develop Systems of Care as the foundation for health-homes for children with SED served across multiple systems; (2) Rebalance “deep-end” resources; and, (3) Take wraparound, based on the National Wraparound Initiative (NWI), to scale with statewide expansion of SOC.

Our goals are to:

1) Develop common definitions and a clear cross-agency strategic plan for Systems of Care and wraparound implementation in Washington State;
2) Strategize at high levels to encourage blending of funds within existing authorities, so resources can be more flexible at the local levels;
3) Create a state training program that reflects all levels and practice models of SOC and wraparound implementation and that has the capacity to train and support individuals who can function in key roles at all these levels, inclusive of families and youth; and
4) Foster a statewide understanding of the value of family and youth peer-to-peer support partners, as well as family and youth advocacy organizations to better support their work.

The core system objective will be to redesign statewide structures and contracts to develop regional care management entities as the current carved-out mental health care plans are integrated with expanded Medicaid health plans. These goals are intertwined with Washington’s broader objectives to address trauma and adverse childhood experiences (ACEs) more effectively and to achieve the aims of health reform.
Conclusion and Next Steps

There are many options to consider with regard to helping schools be better prepared to provide support for the academic achievement of at-risk and troubled youth.

The task force feels that the most important consideration is the continuation of the task force. Although temporary in nature, the task force has much more work to do.

A second consideration is a close look at research. The evidence from emerging research is consistent, positive, and convincing. Families have a major influence on their children's achievement in school and through life. The fourth edition of Evidence confirms that the research continues to grow and build an ever-strengthening case. When schools, families, and community groups work together to support learning, children tend to do better in school, stay in school longer, and like school more. How are the many ways that families are engaged in their children's education related to achievement?

Many studies found that students with involved parents, no matter what their income or background, were more likely to:

- earn higher grades and test scores, and enroll in higher-level programs;
- be promoted, pass their classes, and earn credits;
- attend school regularly;
- have better social skills, show improved behavior, and adapt well to school; and
- graduate and go on to postsecondary education.

Several studies also found that families of all income and education levels, and from all ethnic and cultural groups, are engaged in supporting their children's learning at home. White, middle-class families, however, tend to be more involved at school. Supporting more involvement at school from all parents may be an important strategy for addressing the achievement gap.

The task force generated an initial set of recommendations after the first meeting. The temporary task force felt it was important to:

- Recognize past, current and standing efforts such as the Readiness to Learn program, the Compassionate Schools Initiative and Systems of Care.
- Bolster and recognize the accomplishment and the work of the Systems of Care program (breaking down the silos)
- Focus on ACEs (House Bill 1965 [2011] and Section 1 of House Bill 1336 [2013])
- Realize that there are many points that intersect in the lives of students. Integration and coordination across student needs is vital. For a student who feels his/her life is under siege, survival trumps learning.
- Focus on building resiliency for students and families.
- Build a state and local agency infrastructure so that needed mental health services reach the school district level.
- Make certain the focus on both mental health AND substance abuse, along with general health and wellbeing, isn't lost.
- Focus on “recognizing” rather than “screening” for suicide risk
- Work out Mental Health First Aid implementation plan
• Enhance implementation and outcome success – Keep it simple so that adoption and fidelity are certain.
• Bring in high-level school representation from districts to provide guidance as to what would be helpful.

Finally, the task force recognizes that no dedicated staff person at OSPI exists to support ongoing efforts. The group hopes that in the future one can be funded.
References

“Publicly Funded Mental Health and School Coordination Resource Manual for Washington State.” OSPI

“A New Wave of Evidence” Henderson and Mapp

“Full Service Community Schools” Joy G. Dryfoos, Sue Maguire. 2002
APPENDICES

Appendix A: Resources for use by youth and families

General Teen Health (includes depression and suicide):
http://teenshealth.org/teen/

Mental Health online:
http://www.headroom.net.au/
http://www.tuneinnotout.com/
http://us.reachout.com/
http://www.121help.me/
http://www.childline.org.uk/Pages/Home.aspx (hotline, message boards, email and IM chat)
https://www.eheadspace.org.au/ (online counseling)
http://www.getconnected.org.uk/ phone helpline, email, text, chat)
http://www.itgetsbetter.org/ (videos, blog, LGBT)
http://strengthofus.org/ (online community, blogs)
http://youarenotalonenetwork.org/ (native youth)
http://www.yourlifeyourvoice.org/Pages/default.aspx (email, chat, call)
http://www.childline.org.uk/Pages/Home.aspx (crisis line and online chat)
http://youthinbc.com/about-us/
https://www.imalive.org/
http://www.crisischat.org/chat
http://youthspace.ca/ (chat, forum, email, phone)
http://mindyourmind.ca/

Online e-mental health services:
http://unsuicide.wikispaces.com/Youth+sites

Online Referral System:

Online suicide help:
http://unsuicide.wikispaces.com/Online+Suicide+Help

Peer support online:
http://www.onyourmind.net/ (hotline, chat)
http://www.thesite.org/community/thesocial/chat

Text Support:
http://www.txt4life.org/studentshowtousetxt4life.php (suicide prevention counseling text-line)
Twitter:
http://www.twitlonger.com/show/l69kfu (twitter service when feeling bullied)
https://twitter.com/unsuicide


**United States Resources:** [http://www.crisischat.org](http://www.crisischat.org) Crisis Chat is from the US and is provided in a partnership between the National Suicide Prevention Lifeline and CONTACT USA. Like the National Suicide Prevention Lifeline, it connects users to volunteers at a number of accredited crisis centers across the country.

**Canadian Resources:** [http://crisiscentrechat.ca](http://crisiscentrechat.ca) for adults and [http://youthinbc.com](http://youthinbc.com) for youth.

**New Zealand Resources:** thelowdown.co.nz
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