

Addressing Students' Social, Emotional, and Health Needs:  
Guidance and Promising Practices

Guidance – June 1, 2010

The Department of Elementary and Secondary Education has developed initial guidance to assist districts in addressing Students Social, Emotional and Health Needs. At the end of three years, every Level 4 School must meet the following Essential Condition for School Effectiveness:

Students' social, emotional, and health needs: The school creates a safe school environment and makes effective use of a system for addressing the social, emotional, and health needs of its students that reflects the behavioral health and public schools framework.

The following guidance is intended to assist district, school, and community leaders in planning:

**1. Effective Components of Student Support.....1**

- A summary of the elements common across successful models of integrated student support

**2. Integrated Comprehensive Resources in Schools, 2009.....3**

- An executive summary of a state partnership to provide student supports that led to rapid improvement in three schools

**3. The Impact of Boston Connects, 2008-2009..... Attached**

- An evaluation of one successful model to provide student supports that includes a description of the program

## EFFECTIVE COMPONENTS OF STUDENT SUPPORT

### 1. The Program Serves Each and All Students

- The school has a formal Student Support process in place that is well defined, understood by the entire school community, and is documented.
- The Student Support process has dedicated staff with defined roles and responsibilities, which is aligned with the mission and goals of the Student Support structure. There is a decision-making process and authority within a school that oversees and manages the effective distribution of resources consistent with verified needs of children and families.
- The Student Support process serves each and every student. This includes students who present little or no risk for academic achievement and healthy development, students who demonstrate mild to moderate risk, and students who are at significant risk.
- The process is evidence-based in the academic and social/emotional domains, and provides professional development and ongoing support to staff to ensure fidelity with adopted programs.

### 2. The Program Assesses All Students in Key Academic and Non-Academic Areas

- The school has clearly defined indicators in each of the following areas: Academic, social / emotional (behavior), health and family.
- Each student is reviewed on the indicators at least yearly by a team of professionals.
- The review process identifies both strengths and needs of each student in all five areas.
- Once assessed, students are identified as benefiting from prevention, enrichment, early intervention and / or coordinated intensive services.<sup>1</sup>

### 3. The Program Tailors a Plan for Each Student Based on Individual Needs and Personal Development.

#### This Plan is Benchmarked and Followed-Up at Specific Intervals

- The student plan has goals that are specific, measurable and developed from student's perspective.
- The student plan tailors resources to the student's unique strengths and needs.
- Within the student plan timeframes and benchmarks are identified.

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<sup>1</sup> Commonly used methods for identifying student needs utilize a three tiered approach (Lewis & Sugai, 1999; Sugai et al., 2000; Walker et al., 1996; Interim Report to the Legislature: The Behavioral Health and Public Schools Task Force December, 2009),

- Each student plan has specified follow-up procedures.

**4. The Program has a Range of Resources to Tailor the Student Services from Both Within the School and the Larger Community. The Range of Services Include Prevention, Enrichment, Early Intervention and Intensive / Crisis Response Services.**

- The school has an ongoing resource analysis (inventory) process in place.
- The resource analysis identifies services from within the school and within the community across the five areas of academic support, social / emotional development, family and health.
- Formal partnerships are established with community-based agencies.
- There is an ongoing process to assess the quality of services provided by the community-based agencies.
- Options and opportunities for family engagement, parent education, information and referral support for parents, and activities that promote independent problem solving and effective resource use by families are in place
- An “Interagency Coalition” is convened comprised of school and community leaders who meet routinely to assess implementation progress, resolve challenges and problems, address questions and information exchange, communication, and confidentiality, generate Memoranda of Agreement documents among agencies, and explore and discuss management structures that promote and sustain student support goals

**5. The Program is Data Driven**

- The Student Support Program has a formal process of collecting and recording data on each and every student.
- Data is used to identify resources to be made available for teachers and students
- The goal of data collection is to evaluate outcomes and to inform and adjust practice.
- Data is shared with the school community on a yearly basis.

## **Executive Summary**

Contemporary science on child growth and development has firmly established that viewing the school and its surrounding community as the unit of support and intervention for promoting child and family well being holds infinite promise for future investments. In an earnest attempt to apply this universe of knowledge in a practical, concrete manner, the ***Integrated, Comprehensive Resources in Schools (ICRS)*** initiative was launched to test the feasibility and desirability of creating an integrated system of education, support, and care using the assets of schools, behavioral health organizations, state agencies, and community based organizations (CBOs).

The conceptual framework of the ***ICRS*** model involves three integrated components as its nucleus: academic support, community partnerships, and family engagement. Peripheral to this core are two facilitating forces: human capital development and the integration of the behavioral health system. Sixteen school districts served as target implementation sites in FY 2009. While common program implementation data were gathered in all communities, three schools were selected for a more thorough examination due to their advanced status on the implementation of ***ICRS*** concepts. Major discoveries in these schools were as follows.

### ***S. Christa McAuliffe School Lowell, MA***

The S. Christa McAuliffe School is a large elementary school (i.e. 520 preschool-Grade 4 students) in Lowell. Seventy percent of the enrolled population qualifies for Free/Reduced lunch, 46% have been identified as LEP, and 15% receive some form of special education service.

With a backdrop of distributive school leadership, a wide array of programs, initiatives and supports have been launched that focus on academic and social competence in children, parent engagement and collaboration, and sustained investments in classroom teachers that promote instructional competence as well as the ability to nurture social skills development in children. Data gathered have revealed:

- **Within the last four years, the percentage of students in Grade 4 scoring “Advanced” and “Proficient” on the MCAS ELA subtest doubled, and in Math, the percentage of students in these categories increased three-fold. Furthermore, while McAuliffe scored lower than its sister schools in Lowell in**

2005, MCAS scores were equal to (Math) and exceeded (ELA) the performance of Lowell students in the aggregate in 2008.

- For student social behavior, the number of Office Discipline Referrals has decreased from 222 to 10 in a two year period. School suspensions have been reduced by 50%.
- Regarding school climate, teachers reported that the current, overarching context of the school promotes student academic success, appropriate social behavior and relationships, parental trust and support, and improved teaching in the classroom.

*Carlos Pacheco School  
New Bedford, MA*

The Carlos Pacheco School enrolls 316 students from preschool through Grade 5. The school population presents significant challenges including: (1) a high rate of family poverty (93%); (2) 60% of students reside with non-English speaking families; (3) 20% of enrolled students receive special education services; and (4) 10% of students are enrolled in total or sheltered LEP programs. Additionally, students contend with rival gang violence, nutritional deficiencies, absence of routine medical and dental care, unstructured time after school, and limited opportunities for experiential learning in the community.

The Pacheco School has experienced a remarkable transformation over the last decade. Beginning with prevailing circumstances of academic underachievement, disruptive student behavior, discouraged teacher attitudes, and low parental perceptions of school, positive trends and reversals have been noted. **More specifically, in contrasting literacy performance data for SY 2000 vs. 2009, results revealed that while 6% of Grade 4 students scored >50<sup>th</sup> percentile in 2000, this number dramatically increased to 44% in 2009. A similar trend was evident in math (i.e. percent of students scoring > 50<sup>th</sup> percentile increased from 14% to 89%).**

**Within the area of school participation, similar impressive trends were evident in that the average number of missed school days has decreased by approximately 50% over the last decade. Furthermore, while one of every ten students (11.4%) at Pacheco was suspended from school in 1999, the number currently is < 1%. Finally, the number of**

**Office Discipline Referrals, student conduct cards, and number of CHINS cases have also decreased over the last five years.**

***School and Behavioral Health Partnership  
Beverly Public Schools***

The Beverly School Department and the Center for Family Development (i.e. a unit within HES, Inc.) have entered into a partnership to enhance the capacity of schools to respond to the social emotional needs of children. The core of the partnership has three components: (1) classroom-based teacher consultation for children with documented behavioral challenges; (2) professional development for school staff; and (3) information, guidance, and direct intervention for families. Behavioral health clinicians are integrated into the fabric of a school and maintain a presence of 6-8 hours per week (i.e. LICSW/LMHC clinician and MSW or MA Counseling graduate intern).

**In reviewing the outcomes of consultations provided to individual teachers, data revealed significant reductions in disruptive classroom behavior and in poor self-regulation and emotions management skills. Classroom teachers disclosed substantive benefits from this behavioral health affiliation. More precisely, teachers indicated that their ability to create strategies to resolve problematic behaviors prior to escalation has dramatically improved. Moreover, their ability to become a more insightful interpreter and observer of behavior has also increased.**

With respect to parent support, a wide array of information brochures and discussion sessions were offered to families which received highly positive reviews. Examples of topics addressed included: “Childhood Anger: Techniques to Avoid the Buildup”; “Psychotropic Medications: Rewards and Risks”; “Using a Continuum of Discipline Approaches”; and “How Parents Can Enhance the Behaviors and Learning Skills Needed for School”.

In summary, dominant headlines that emerge from this comprehensive evaluation study are as follows.

***A Deep Commitment by School Leadership is Essential if the Capability of the Human Service System is to be Integrated Into the Context of Schools.***

Given that the core components of the *ICRS* model touch all aspects of school operations (i.e. curriculum development, student support services, human capital development, family engagement, community partnerships), meaningful and sustainable commitments from school

leadership are critical. While this clearly includes the Superintendent, other key individuals include administrators of curriculum and instruction, pupil personnel services, special education, and budget and finance. The successful implementation of *ICRS* concepts necessitates program, procedural, policy, and financing changes and as such, the core leadership team in a school district must participate in and oversee the execution of these changes.

***School Principals and Classroom Teachers Create the Pathway for Achieving a Truly Integrated System of Education, Support, and Care.***

Data gathered in this evaluation study underscore the pivotal role of principals and classroom teachers in successful resource integration efforts. Characteristics that exert enormous influence include:

- Strong beliefs in a systems-based approach to student success and family well being.
- Willingness to experiment with new ideas that are created from current science on child growth and development.
- Willingness to invite and actively engage community partners into the process of public education.
- Robust beliefs that all children can be and want to be successful, and that families are assets, not liabilities, to favorable outcomes.
- Commitment to ongoing, professional self-growth and development.

***The Most Significant Challenge in Service Integration is Not the Implementation of Any Single Program But Rather the Process and Method Used for Creating the Tapestry.***

Data gathered in this study have suggested that single resource investments are insufficient to produce substantive and sustainable changes in children, families, and school climate. Alternatively, the totality of the investment portrait, and the manner in which each component links with and strengthens other components, is the key to understanding and achieving positive outcomes for children and families.

***Collateral Benefits Are a Significant By-Product and Inherent Within Service Integration.***

Data gathered herein imply that linear relationships do not exist between investments and outcomes, and that collateral benefits are often observed. For example, development of an initiative in child social competency and/or family engagement may be associated with

improvement in academic areas. As such, in assessing the impact of any specific program or resource, data must be collected in ancillary areas that may demonstrate more significant change than the narrow target originally specified.

***No Single Indicator or Index Will Accurately and Fully Disclose the Merits of Service Integration.***

Data examined in this study revealed that despite intense, comprehensive, and sustained commitments to specific skill areas (e.g. literacy), the trajectory of change and growth is positively accelerated but also very gradual over time. Moreover, since different indicators measure different skills, even within the same area, caution must be exercised in over or under-estimating program effects on the basis of any single index.

***The Availability of Financial Resources is a Necessary But Not Sufficient Condition to Achieve Service Integration.***

While a solid, varied, and extensive financial foundation is essential for service integration, it is interesting to note that communities in this project which have advanced most rapidly are not necessarily those with the largest reservoir of funds. As such, continued evaluation effort must be committed to uncovering the subtle interactions between financial assets and other equally significant program and human capital resources.

***Public Schools, the Behavioral Health System, and Institutions of Higher Education Must Achieve Common Ground on Their Respective Views of the Role and Function That Behavioral Health Assumes in Schools.***

In examining the partners within school and behavioral health relationships, data suggest that varying views prevail concerning how these systems should be integrated. While public schools and behavioral health agencies are the principal parties to collaboration, institutions of higher education exert influence in that they develop and nurture attitudes and skills in teachers, school leaders, and behavioral health clinicians. While new opportunities in children's mental health will be created by Court-Ordered stipulations and perhaps other initiatives crafted by the Massachusetts Legislature, unless there is a receptive context in which these options can be used productively, system enhancements are likely to be uneven and variable in quality.

In summary, three governmental agencies in Massachusetts have collaborated to embark on a bold, ambitious initiative to create an integrated education and human service system. While early evidence suggests that progress has been achieved over the last 24 months,

significant challenges must be addressed if the concept of systems creation is to be fully tested. Massachusetts has made enormous financial investments in public education and the human services industry. As resources become scarcer, economic conditions become more perilous, and academic and social/emotional challenges of children increase, it is imperative to craft strategies that guarantee the prudent expenditure of resources on verified, favorable outcomes. The *Ready for 21<sup>st</sup> Century Success* plan recently released by Governor's Commonwealth Readiness Project includes imperatives in public education that are directly linked with the **ICRS** initiative. The authors of this plan, the taxpayers of Massachusetts, and the children and families needing the ideal dose of preventive and supportive resources urge that this project be successful.

## Common Expectations Among ICRS Schools

- Assess the comprehensive needs (met and unmet) of all children and families within a school.
- Develop a detailed inventory of all resources within a school (e.g. programs intended to promote academic and social competency, remedial programs, family engagement efforts, child health and wellness programs, and after school and out-of-school programs).
- **Develop a detailed inventory of all resources in the community (e.g. youth recreation/socialization, adult mentoring programs for youth, behavioral health resources, family support programs, and child safety and health).**
- Create a decision making process and authority within a school that oversees and manages the effective distribution of resources consistent with verified needs of children and families.
- Re-distribute and re-deploy resources such that duplication is eliminated, unmet needs are addressed, and enhanced commitments to universal prevention are created.
- Identify and implement evidence-based programs in the academic and social/emotional domains, and provide professional development and ongoing support to staff to ensure fidelity with adopted programs.
- **Create and implement a wide array of options and opportunities for family engagement, parent education, information/referral support for parents, and activities that promote independent problem solving and effective resource use by families.**
- **Establish an Interagency Coalition comprised of school and community leaders who meet routinely to assess implementation progress, resolve challenges and problems, address questions of information exchange, communication, and confidentiality, generate Memoranda of Agreement documents among agencies, and explore and discuss management structures that promote and sustain ICRS goals and expectations.**

