

STAYING CONNECTED:

Hamilton-Wenham Schools and Mental Health Systems

1. **Significance**

(a) *The likelihood that the proposed project will result in system change or improvement.*

Massachusetts has endorsed the Coordinated School Health Program Model, which the Massachusetts Department of Public Health hails as the “gold standard in the Commonwealth”. The Massachusetts model is multi-faceted, including: health education, family and consumer science education, physical education, health services, nutrition services, counseling, psychological and social services, healthy school environment and family/community involvement. Since 2004, Hamilton-Wenham Regional School District (HWRSD) has embraced this model and uses the Massachusetts Health Curriculum Frameworks as guidelines to insure inclusion of all elements of the program:

- * “To Assess Risks, to consider potential consequences ... to make health enhancing decisions.”
- * “To assist students to understand and communicate health information clearly for self-management and health promotion.”
- * “To work in a positive manner with families, school staff, peers and community members to enhance personal health and create A Safe and Supportive Environment...”
- * “Collaboration and partnerships among all components of the coordinated school health program and other subjects.” (Massachusetts Health Curriculum Frameworks)

HWRSD will work from the model of the Coordinated School Health program to ensure that all aspects of mental health services are well integrated into the schools and communities of the two towns. HWRSD has named this project, **Staying Connected: Hamilton-Wenham Schools and Mental Health Systems**. One of the key objectives of **Staying Connected** will be to set up a

System of Care, including family advocates, representatives from mental health, education, child welfare, juvenile justice, vocation counseling, recreation, substance abuse and other organizations. With **Staying Connected**, mental health providers and systems both in and outside of the HWSRD will communicate and collaborate to achieve the common goals of this grant.

In 2003, HWSRD received an Early Childhood Mental Health (ECMH) planning grant from the Massachusetts Department of Education to survey and assess the mental health needs of children in PreK to grade 2 in the Hamilton-Wenham Regional School District as well as local private preschools and day care providers. This one-year grant resulted in the award of an ECMH implementation grant for the 2004-05 school year. The ECMH grant established the Mental Health Coordinating Team to oversee the collaborative efforts of the district and local providers. One of the key goals of the **Staying Connected** project will be to expand the ECMH Coordinating Team to include representation from all grades, PreK-12, as well as local mental health services, such as HES, DMH and individual service providers. Collaborative efforts linking school-based mental health and health services with community-wide mental health service systems will improve prevention, detection, diagnosis and treatment services for HWSRD students. The **Staying Connected** project director will work closely with existing community and school groups and councils.

The Hamilton-Wenham Mental Health Coordinating Team will conduct outreach and collaboration within the greater community in a variety of ways. The composition of the Coordinating Team will provide a means to connect with local service providers as well as professionals who work with children and their families. The Coordinating Team already includes representatives from each of the three elementary schools as well as one representative from the Community Partnerships for Children as participants. Elementary school members of the team have worked for many years in Hamilton and Wenham, are strongly connected with the

broader community and have contacts with mental health professionals as well as health care providers. The existing ECMH Team has been successful in accessing resources and presenters who could thoroughly address the issues and concerns raised in the mental health survey. The ECMH Team participants are also vibrant members of the staff of the elementary schools and meet regularly with teachers. They are precisely in tune with the needs and concerns of the school staff, parents, and children. As members of the Coordinating Team they will continue to serve as links between the education, parent, and mental health communities.

(b) The extent to which the proposed project is likely to build local capacity to provide, improve, or expand services that address the needs of the target population.

The Hamilton-Wenham Health Advisory Council (HAC), which was formed over ten years ago through a Massachusetts Health Protection grant, has remained in place on a volunteer basis, despite funding loss. The HAC is a community based council that includes community representatives; teachers, administrators, parents, an after-school program director, college professors, fire and law enforcement representatives, physicians, nurses, health agencies and clergy. Programs created and implemented by the task forces of the Health Advisory Council address the risky behavior identified in the Youth Risk Behavior Survey (YRBS) results through parent/community education. HWRSD also collaborates closely with Health and Human Services (HES), contracted services provider for the Massachusetts Department of Mental Health (DMH).

HWRSD and, in particular, the Health Advisory Council (HAC) recognize that in order to best serve the needs of youth in the school community, it is necessary to learn about and fully understand the current risks and behaviors they face. HAC requests that the Youth Risk Behavior Survey (YRBS) be completed every other year and is responsible for actively educating the community when the results are available. In 2001, 2003 and in March of 2005, HWRSD health staff administered the Youth Risk Behavior Survey (YRBS) to all students in grades 9-12. The

results of these surveys, especially as compared with state and national results, produced some startling data. H-W teens are significantly more prone to suicide and depression and use drugs and alcohol more dangerously than their counterparts. The HWRSD Health Advisory Council (HAC) has thoroughly examined the HWRSD 2003 comparative data (the most recent available):

- 28% of students reported feeling sad or hopeless every day for 2 weeks or more in a row - 20% above Massachusetts average; close to the national average of 30%.
- 21% of students reported having thoughts about suicide; 14% reported having attempted suicide within the past 12 months (up from 7.9% in 2001) – both 20% above the Massachusetts average; and 4% above the national average.
- 20 % of students reported making a plan to attempt suicide in the past 12 months in both; above the national average of 17%.
- 8% of students reported attempting suicide, 2001 and 2003; close to the national average.
- 32% of students reported that there was no teacher or other adult in school they could talk to if they had a problem.

HWRSD school nurses report that:

- Numerous incidents have been reported of students with cutting behaviors.
- 11% of middle school students are taking prescription medications for depression, anxiety and attention disorders.

And school adjustment counselors state that:

- Counselors and staff have recorded an increased incidence of oppositional behavior disorder, school phobia, eating and Bipolar disorders.
- Increasing numbers of intervention plans (created with team of private therapist, parents, school administrators, counselors and/or nurse) are in place for students with mental health issues.

- HWRSD students diagnosed with Attention Deficit Disorder, ADHD, and Autism have increased sharply in the last few years.

Moreover, our school district has participated in the regional CHNA (Community Health Network Association) whose goal is suicide prevention, though the local prevention center has closed and the center located in Lawrence is reorganizing. The prevention center was in the process of gathering data to be used to effectively provide programming addressing suicide prevention education in the regional communities. However, this work has been indefinitely suspended.

The results of the YRBS clearly indicate a disconnection between students' understanding of the risks involved in certain activities and their actual reported behavior. In high-risk areas such as sadness and depression, students, staff and parents need targeted education and information. Over the last two years, through Early Childhood Mental Health, Safe and Drug-Free schools and local education fund grants, some HWRSD K-5 staff have been trained in The Responsive Classroom® model. The Responsive Classroom® is a research based, social competency curriculum that develops and strengthens student social skills, such as cooperation, responsibility, empathy and self-control. It is the goal of the **Staying Connected** project to expand the Responsive Classroom® program throughout all the elementary grades, as well as into the middle school. This we will create a continuum of assumptions and understanding for staff, parents and students in the three areas identified by the ECMH survey:

- Positive classroom situations in which children learn self regulation and healthy interpersonal skills in conjunction with creative cognitive development;
- A connected community where problems are addressed; and
- Support for families in the normal process of raising children, as well as in times of need.

Further successful initiatives are the “ It Takes a Village” home-based discussions hosted by a member of the HAC, the “ Sean and Betsy “ presentation sponsored by HAC, activities organized by the middle school Young Minds Creating Alternative Activities (YMCAA) students and the Students Acting For Each Other (SAFE) group at the high school, and the Sports and Activities Alliance. The Drinking and Driving Task Force and the Emotional Health Task Force have presented material on mental health and social/emotional development. The Hamilton-Wenham Community House which sponsors after-school programming for students K through Grade 7 has become more actively involved in focusing on activities and programs that support the needs of students, including activities for at-risk students in their programs. Members of the Community House staff participate regularly on the Health Advisory Council as well as the newly organized Hamilton-Wenham Committee for Tolerance and the Early Childhood Partners. All of these successful and well-received programs, which have grown organically in our communities, will receive support through **Staying Connected** to grow and expand.

Finally, HWRSD administrators and school adjustment counselors have designed and hope to institute a new program to address the needs of students transitioning from middle school (8th grade) to high school. All too often many students, especially those with mental health risks, “fall through the cracks” when they enter high school. The transition from the nurturing connections of the middle school to the greater independence and anonymity of the high school may be more than some students can handle. Middle and high school staff report that many high school freshman, already at risk for depression, anxiety, school or social phobia, for example, who were able to manage their conditions in middle school, end up in crisis in their first year. Anecdotally, HWRSD school adjustment counselors report that while there seems to be a high rate of depression, anxiety and other reported mental health issues in suburban communities, it is often harder for suburban families to access or ask for help, due to a stigma about getting counseling.

Adjustment counselors at the middle and high school levels hope to “inoculate” at-risk students by providing a two-tiered mentoring system as part of the **Staying Connected** project. In the spring, a limited number of high school juniors will be identified and would receive training as mentors. At the same time, a number of 8th graders who would be identified as “at risk” would be referred by the middle school Student-Staff Assistance Team to participate in the program. The juniors would meet with the 8th graders in the spring for a day of adventure-based teambuilding and discussion about teen issues. This day would be led by HWRSD counseling and physical education staff. In the following school year, the juniors, now seniors, and incoming freshman would meet for lunch once a week to share experiences and challenges of negotiating the high school experience. Simultaneously, another, smaller group of incoming freshman who had been identified by the middle school team as “high risk” would be placed with a counselor once a week for a special study hall, in which mental health and school adjustment issues can be discussed, as well as study skills, time management and stress reduction taught. HWRSD is committed to expanding, updating and re-designing existing programs, which have been successful for our population, as well as creating new programs that fit with our school community.

2. Quality of the Project Design

(a) *The extent to which the proposed project will establish linkages with other appropriate agencies and organizations providing services to the target population.*

The **Staying Connected** program will address all six absolute priorities of the Grant to Integrate Mental Health Systems:

Priority #1: Enhance, improve or develop collaborative efforts between school-based service systems and mental health service systems to provide, enhance, or improve prevention, diagnosis, and treatment services to students.

As part of its Coordinated School Health Program model, Hamilton-Wenham Regional School District (HWRSD) has made a commitment to the implementation of a carefully planned, coordinated mental health project, to be called **Staying Connected**. This project will address student risk behaviors by utilizing the state survey tool (YRBS), working with local police, documenting substance use and violence incidents in school through administrators, school nurses and counseling staff and, collaborating with our regional Prevention Center, local private schools, the Health Advisory Council, the Early Childhood Mental Health Team, the Physical Education and Health Education Curriculum and Instruction Task Force, the Hamilton- Wenham Community House, the Sports and Activity Alliance, Young Minds Creating Alternative Activities (YMCAA), Students Acting For Each Other (SAFE), Gordon College and Hamilton-Wenham Committee for Tolerance. Representatives and the organizations listed above are regularly consulted regarding the design and development of school health, including mental health, programs and the coordination of school health activities conducted in the community. In addition, each school in the district collects data on behavior of students that require intervention for the continued academic, social and emotional growth of all students in this district.

In addition to the above organizations, over the last ten years, HWRSD has developed excellent working relationships with local juvenile justice authorities and public mental health agencies, as well as other local community service agencies and individual mental health providers. The Community Collaborative Initiative (CCI), which includes representation from the Essex County district attorney and probation office, the Department of Social Services (DSS) the Department of Mental Health (DMH), the Hamilton police and HWRSD high school administration, meets monthly to consider a range of juvenile offender issues within the school district. Most recently, in the last six months, the Hamilton-Wenham Youth Substance Abuse Prevention Coalition has been formed. Its mission is “to maintain a coordinated effort to heighten community awareness and promote an effective response to youth substance abuse...to measurably reduce youth

substance abuse through community partnerships, prevention, and access to support services. With the active participation of parents, students, community members, high school faculty and coaching staff, school adjustment counselors, school committee members, youth ministers, public health specialists, physicians and mental health specialists, substance abuse prevention specialists as well as representatives from police and fire departments, this coalition promises to be the most inclusive group to focus on youth risk issues in the HWRSD. The Coalition's clearly articulated mission and goals, three Strategic Planning Subcommittees: Community Awareness; Policy Review and Implementation; Education, Intervention and Support Services, provide a model for the expanded Mental Health Coordinating Team to emulate.

As an integral component of **Staying Connected**, HWRSD proposes to strengthen and enhance the existing collaborations within the district. It will be the role of the **Staying Connected** project director to co-chair the Mental Health Coordinating Team, as well as to attend regular meetings of the Health Advisory Council, the Community Collaborative Initiative and the HWRSD Health Education Curriculum and Instruction Task Force. As important as these coalitions have been for community planning and program implementation, one of the difficulties has been keeping a strong connection to coordinate efforts and communicate both successes and challenges. The project director will serve as the single point of contact for these significant alliances, enabling the Mental Health Team to remain focused on enhancing and improving prevention, diagnosis and treatment services for students.

Priority #2: Enhance the availability of crisis intervention services, appropriate referrals for students potentially in need of mental health services, and ongoing mental health services.

The **Staying Connected** project director, supervised by the expanded Mental Health Coordinating Committee, will review the results of the bi-yearly YRBS with HES and DMH to make plans and provisions to increase the availability of crisis intervention services, make appropriate referrals for

students potentially in need of mental health services, and ensure the availability of ongoing mental health services. The project director will also be in close communication with HWRSD school administrators and adjustment counselors, and the HWRSD Coordinated School Health Committee to provide ongoing connection to community services. Moreover, mental health risk information will be shared broadly with the Community Collaborative Initiative, published in local Hamilton-Wenham community newspapers and distributed to local individual service providers through an email contact list. The continuum of communication and information sharing which this network will engender will begin to create a System of Care, as advocated by the U.S. Department of Health and Human Services. All of the components of a complete System of Care, including: mental health, social, educational, health, family, substance abuse, vocational, recreational and operational services, will be brought together through the **Staying Connected** project. The creation of such a System of Care by the **Staying Connected** project will greatly expand the ability of all mental health service providers as well as related services to meet the crisis intervention service needs of HWRSD students, PreK-12, as well as ensure appropriate referrals for students potentially in need of mental health services, and to improve access to ongoing mental health services. The **Staying Connected** project director will, in effect, provide case management for those students not already in the mental health system, making referrals as needed, ensuring follow-through, and staying in contact with schools, families and providers.

Priority #3: Provide training for school personnel and mental health professionals who will participate in the program.

A recent informal poll of HWRSD PreK-12 school adjustment counselors found that the greatest part of their time is currently spent meeting with individual students, working on anger management, management of anxiety and stress, friendship issues, conflict resolution and problem-solving. The next largest part of their jobs is leading small support groups on a variety of topics, such as social skills training, communication and divorce at the elementary level and

Healthy decision-making, relationships, and depression in the higher grades. These same counselors report a huge need for more group work at all levels and on an even wider range of topics. **Staying Connected** proposes to train HWRSD adjustment counselors through one of our interagency partners, Health and Education Services, to lead more of these groups. This training will increase the ability of HWRSD counselors to lead groups on a broader range of topics, as well as increase the number of students served. At the same time, HWRSD administrators, school nurses and physical education teachers have identified a sharp increase over the last several years in incidences of anxiety, school and social phobias, oppositional and eating disorders and depression. Any staff person, including custodians, coaches, nutrition staff and classroom aides may be the first to hear about a student mental health issue. Consequently, there is a critical need for more training for all staff on mental health issues, such as: recognizing symptoms of depression, dealing with anxiety (including acute anxiety attacks), knowing staff limitations, making appropriate referrals, identifying suicidal ideation as well as when to intervene. **Staying Connected** proposes to secure training for HWRSD adjustment counselors to serve as trainers in these and other mental health areas. Consequently, all HWRSD staff will be able to be trained by in-house trainers on a regular basis. This model will substantially increase the capacity to provide quality mental health staff training and, at the same time, to insure that students have a wide range of adults to access for prevention, detection, crisis intervention and referral resources.

Over the past two school years the Early Childhood Mental Health grant has provided training for eighteen PreK-3rd grade staff members in the Responsive Classroom® (RC) model, which includes the following principles:

- The social curriculum is as important as the academic curriculum.
- The greatest cognitive growth occurs through social interaction.

- There is a set of social skills children need in order to be successful academically and socially: cooperation, assertion, responsibility, empathy, and self-control.
- Knowing the children we teach—individually, culturally, and developmentally—is as important as knowing the content we teach.
- Knowing the families of the children we teach and inviting their participation is essential to children's education.
- How the adults at school work together is as important as individual competence: Lasting change begins with the adult community.

At the same time RC workshops on topics such as understanding behavior, improving communication, self-control, positive discipline, bullying, selecting children's literature and self-esteem have been presented to the PreK-2 school community. The **Staying Connected** project will expand the use of RC throughout the elementary grades, PreK-5 by training several staff members as RC trainers. This strategy will allow rapid training of staff members, as well as workshops on a variety of topics for PreK-5 parents. Not only will this enable the RC model to be spread throughout the PreK-5 school community, but staff members, students and parents will also benefit in use of a common language and set of understandings. At the same time, with on-site HWRSD RC trainers, it will be possible to tailor the program to the precise needs of the Hamilton –Wenham community. For instance, a compelling need exists at the middle school level for a similar program for teachers of grades 6-8. While Responsive Classroom® does not officially offer a middle school program, other local Massachusetts districts have been able to fashion a home-grown version of the program, along RC principles, which has been very successful. HWRSD adjustment counselors will research what these other districts have created and bring that training to the middle school staff.

Priority #4: Provide technical assistance and consultation to school systems and mental health agencies and families participating in the program.

In order to provide the highest quality and most comprehensive services to students and families in the Hamilton-Wenham communities, HWRSD school adjustment counselors and special education providers will receive monthly consultation with a school psychologist, behavior specialist or social worker. Staff have indicated that this consultation could occur in “care groups” of adjustment counselors at the elementary, middle and high school level. The consultant may also provide workshops on general student mental health-related topics to be identified by the care groups, such as: stress reduction, media issues and Internet influence. Workshops on specific diagnoses, their detection and care, may also be requested, such as: bipolar disorder, behavior management issues and attention disorders. The **Staying Connected** project director will serve as liaison between HWRSD staff and the consultant, setting up workshops, as needed.

Another new and promising program, initiated within the last eight months, is Creating Lasting Family Connections (CLFC), a U.S. Department of Education SAMHSA Model Program which was funded by the Governor’s Safe and Drug Free Schools Grant in Fall, 2004. Its developers describe CLFC as “a comprehensive family strengthening substance abuse and violence prevention curriculum, serving a target population of high-risk children 9 to 17 years of age and their families.” CLFC includes parent and students training modules to address substance use, personal and family responsibilities, and communication and refusal skills. The modules enhance parents’ abilities to develop and implement expectations and consequences for their children in all areas of concern. Problem Identification and Referral are also an essential part of the CLFC program, using early intervention and case management services to connect families to community resources. Further, Skill Development is incorporated in the program to establish new The 20-week program design is focused on “increasing community, family and individual youth protective factors that would delay the onset and reduce the frequency of substance use.” and highly effective patterns of interaction between the program’s youth and their families.

Key goals of the CLFC program are:

1. Creating, orienting and training a small cadre of community volunteers to advocate for youth and their families in high-risk environments, and recruiting and helping retain those families in the program;
2. Recruiting youth and families in high-risk environments who are willing to participate in the program;
3. Administering six highly interactive training modules, three each to both parents and youth, separately (i.e., one module on substance use issues, a second on personal and family responsibilities, and a third on communication and refusal skills);
4. Providing early intervention services and follow-up case management services to connect families to community resources and appropriate alternative activities when necessary;
5. Facilitators to include experienced adjustment and guidance counselors to provide early intervention and case management services, as needed.

Six CLFC facilitators were trained in a five-day session in January to present the program; thirty-one HWRSD middle and high school students and 20 of their parents participated in the program for 12-14 weeks this winter and spring. While many of the components of this program were well-received, particularly the parent sessions, the CLFC grant coordinator and facilitators are eager to have the opportunity to re-design the model to more exactly suit the needs of the Hamilton-Wenham communities. In particular the coordinator and facilitators felt that the program did not meet the needs of the HWRSD high school population. The **Staying Connected** grant would allow stipends for staff, with the help of the volunteer facilitators, to closely examine the aspects of the program that were successful and to re-think the aspects that did not work as well. HWRSD is fortunate to have talented, creative adjustment counselors with the ability to work with an existing model and shape it into a program that will be highly successful at all grade levels, 6-12.

Priority #5: Provide linguistically appropriate and culturally competent services.

As stated in the Caring for Every Child’s Mental Health: Communities Together Campaign fact sheet on “Systems of Care”:

“‘Cultural competence’ is an important goal in systems of care. It means that each provider organization must show respect for and respond to individual difference and special needs. Services must be provided in the appropriate cultural context and without discrimination related to race, national origin, income level, religion, gender, sexual orientation, age, or physical disability, to name a few. **Culturally competent caregivers are aware of the impact of their own culture in their relationships with consumers and know about and respect cultural and ethnic differences. They adapt their skills to meet each family’s values and customs.**”

Hamilton and Wenham are fairly homogeneous communities in terms of race, religion and ethnicity; the greatest barriers to be considered regarding access to activities and resources are income level and physical or mental/emotional disabilities. In communities such as ours, which have a high level of homogeneity, these differences are often overlooked. However, it is incumbent upon the majority to attend minority group needs. Therefore we have established the following guidelines for linguistically appropriate and culturally competent services:

- **Language:** There are a very few parents and children whose first language is not English; by and large these students and families are graduate students at local area graduate schools. Support will be offered through agreements with the graduate schools that the parents attend and/or through HWRSD to facilitate communication. If parents need language support to access parenting information, interpreters in their native language will be provided.
- **Child Care:** Parents and childcare workers often need childcare to attend presentations. HWRSD will offer childcare funded through the grant during presentations.
- **Attendance:** HWRSD will encourage attendance of both parents and childcare workers by offering babysitting and refreshments.

- **Comfort Level:** All parents need to feel comfortable and welcome. HWRSD school and community staff work to create relationships to allow parents to feel comfortable attending presentations, visiting schools, and accessing resources. Parents are encouraged to participate in a partnership with educators to provide the best support for their children.

Priority #6: Evaluate the effectiveness of the program increasing student access to quality mental health services, and make recommendations to the Secretary about sustainability of the program.

HWRSD has developed an informal understanding with a local professional evaluator to design, produce and assist in the execution of a full evaluation process for the **Staying Connected** program. Please see Section 4, Quality of the Project Evaluation, for further details.

In terms of sustainability, HWRSD has several recommendations for the Secretary. First of all, the expansion of the Responsive Classroom® (RC) model, as adapted for the Hamilton-Wenham community, into the higher elementary and middle school grades will create a long lasting effect, as families and students learn and practice skills over multiple years. Training existing HWRSD staff as RC trainers will enable the district to sustain the effort to promote and fully utilize the RC program over the long term. Each year the RC trainers will be able to train new staff, continuing to grow and refine the program. In the same way, facilitators who have been trained in the Creating Lasting Family Connections (CLFC) program can train others to lead new groups of students and parents each year. As the CLFC facilitators and coordinator refine and re-design the program to better meet HWRSD high school needs, these new learnings can be transmitted organically within the district, without need for further professional training. Existing successful SAMHSA model programs which already exist in the elementary schools at HWRSD, such as “Second Step”, “Kids and Company” and “Respect and Responsibility”, will continue to be run by trained in-house staff, as they have for several years.

Graduate internship/practicum programs with Harvard Graduate School of Education, Gordon College and Gordon-Conwell Seminary are in the process of being explored and expanded. Graduate interns can be an excellent resource for public school like Hamilton-Wenham to expand their offerings to students. In past years graduate students at HWRSD have led topic-focused groups, worked with individual students and led information workshops. This partnership with local colleges and universities is a fruitful way for the district to build capacity to serve greater numbers of students and to sustain both new and existing mental health initiatives.

In the past year, the Early Childhood Mental Health grant has enabled HWRSD to present numerous workshops on mental health topics to parents. Offerings have included:

- Empowering Your Child with Safety Messages
- Working Together to Raise Responsible Children
- Books that Help Foster Emotional and Social Understanding in Young Children
- An Introduction to the Responsive Classroom
- The Evolving Development of Emotional Intelligence in Young Children
- Helping Calm Children's Fears about School or Early Intervention
- How the Mind/Body Connection Influences Self-Control in Young Children

HWRSD expects the ECMH grant to be funded by the Massachusetts Department of Safe and Drug-Free Schools for at least one more year. However, even without that continued funding in place, these workshops have been attended by HWRSD counseling staff who will now be prepared to carry on this work in the future. District-wide, all HWRSD counselors are in agreement about the importance and effectiveness of these workshops for district parents and will work with the district on scheduling and funding issues to ensue their continuation.

It has been a project of the district school adjustment counselors over the 2004-05 school year to develop a Resource Directory of local mental health service providers. The counselors have created entries for over seventy local providers, including their contact information, agency affiliation, insurance coverage, and specialties. The counselors have also met with local mental health group providers and included their information as well. This directory will be completed by the end of the school year and distributed to all schools in the district. The directory will be a lasting resource that will provide invaluable information for school counselors, administrators and other staff who may be assisting students with mental health issues.

3. Quality of the Management Plan

(c) The adequacy of the management plan to achieve the objectives of the proposed project on time and within budget, including clearly defined responsibilities, timelines, and milestones for accomplishing project tasks.

The management plan for the HWRSD **Staying Connected (SC)** project includes the following participants, roles and general responsibilities:

SC Project Supervisor: Maryellen Duffy, Ed.D., HWRSD Assistant Superintendent for Curriculum and Instruction, serves as the Supervisor/Director of the Safe and Drug-Free Schools and Communities grant as well as serving on the Health Advisory Council. Dr. Duffy also chairs the Early Childhood Mental Health team, sits on the district Leadership Team and works closely with all district leadership groups. She will co-chair the Mental Health Coordinating Committee.

SC Project Director – To be identified upon receipt of the grant. The ideal candidate will have both mental health and administrative experience. The project directors will co-chair Mental Health Coordinating Committee; serve on the Health Advisory Council, the Hamilton-Wenham Youth Substance Abuse Coalition and the Community Collaborative Initiative. This person will also meet monthly with the district adjustment counselors, provide case management, as

necessary, set up workshops and trainings, hire and work with the project evaluator, attend the mental health grant national conference and complete all grant reports.

SC Project Evaluator: To be identified upon receipt of the grant. The ideal candidate will have extensive experience evaluating federal grants and mental health programs.

Mental Health Coordinating Team Members: This team will include representatives from all HWRSD grade levels, elementary to high school, as well as local mental health services, such as HES, DMH and individual service providers.

**“STAYING CONNECTED”
MANAGEMENT PLAN**

Goal # 1: To increase the percentage of schools served by the grant that have comprehensive, detailed linkage protocols in place. [Grant Priority #1]

Objective # 1: By December 2005, 100% of HWRSD schools will have provided detailed input to the Mental Health Coordinating Team on comprehensive linkage protocols.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Gather mental health linkage input from HWRSD elementary, middle and high school counselors and administrators	September 2005 to March 2006	Input data from each school recorded and reported to MH Coordinating Team	Mental Health Coordinating Committee Co-Chairs

Objective # 2: By December 2005, 100% of HWRSD schools will have finalized linkage protocols with mental health system and juvenile justice providers in place.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Prepare and secure signatures on agreement to establish linkage protocols	April 2006 to August 2006	Final Interagency Agreement signed by all parties	SC Project Director

Goal # 2: To enhance the availability of crisis intervention services, referrals for students in need of mental health services, and ongoing mental health services. [Grant Priority #2]

Objective # 1: Set up expanded linkages with all local Hamilton-Wenham mental health providers, group and individual.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Creation of Hamilton-Wenham “System of Care”	September 2005 to June 2006	Linkages set up with all local Hamilton-Wenham mental health providers	SC Project Director and Mental Health Coordinating Team

Goal # 3: To increase the percentage of school personnel trained to make appropriate referrals to mental health services. [Grant Priority #3]

Objective # 1: Establish hierarchy of mental health training needs and priority of HWRSD staff to be trained in school years, 2005-06 and 2006-07.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Gather information from HWRSD school administrators regarding staff training needs and priorities	September to December 2005	Information reported to MH Coordinating Team	Mental Health Coordinating Committee Co-Chairs

Objective # 2: Mental health Training of Trainers for identified needs will be set up.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Plan and contract for mental health Training of Trainers for all identified priorities	February to December 2006	Mental health Training of Trainers scheduled for two school years.	SC Project Director

Objective # 3: By the end of the grant period, February 2007, HWRSD school personnel trained to make appropriate referrals to mental health services will have doubled.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Increase the number of HWRSD staff trained to make MH referrals by 100%.	February 2006 to February 2007	Mental health training attendance tracked and reported to MH Coordinating Team	SC Project Director and HWRSD Mental Health Trainers

Goal #4: Technical assistance and consultation provided to school systems, mental health agencies and families participating in the program. [Grant Priority #4]

Objective # 1: Assess technical assistance and consultation needs of schools, mental health agencies and families participating in the **Staying Connected** program.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Technical assistance and consultation needs of schools, mental health agencies and families to be surveyed.	September to December 2005	Survey results reported to MH Coordinating Team	Mental Health Coordinating Committee Co-Chairs

Objective # 2: Technical assistance and consultation provided to schools, mental health agencies and families participating in the **Staying Connected** program.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Technical assistance workshops and professional consultation to schools, mental health agencies and families provided, according to survey results.	February 2006 to February 2007	Attendance at workshops and consultation sessions documented and reported to MH Team.	SC Project Director

Goal #5: Linguistically appropriate and culturally competent services to be provided.

[Grant Priority #5]

Objective # 1: Assess and plan for language and cultural needs of families participating in the **Staying Connected** program.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Pre-program survey of language and cultural needs of families in Staying Connected program	October to December 2005	Survey results reported to MH Coordinating Team	Mental Health Coordinating Committee Co-Chairs

Objective # 2: Assess ability of **Staying Connected** program staff to meet language and cultural needs of participating families.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Post-program surveys of language and cultural needs of families in Staying Connected program	November 2006 and February 2007	Survey results reported to MH Coordinating Team	Mental Health Coordinating Committee Co-Chairs

Goal #6: Evaluate effectiveness of the program increasing student access to mental health services and make recommendations to the Secretary about sustainability of the program.

[Grant Priority #6]

Objective # 1: Gather evaluation data and create report on effectiveness of the program.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Gather evaluation data [see Section 4. Quality of the Program Evaluation, part (b)]	January to February 2007	Evaluation results reported to all grant stakeholders (schools, community members, MH agencies, grant program officials)	Mental Health Coordinating Committee Co-Chairs

Objective # 2: Make recommendations to the Secretary about sustainability of the program.

PROJECT TASK	TIMELINE	MILESTONE	PERSON RESPONSIBLE
Create report to Secretary regarding Training of Trainers, Graduate internships, ongoing MH workshops and Resource Directory	February 2007	Report to Secretary submitted	SC Project Director

(d) *How the applicant will ensure that a diversity of perspectives are brought to bear in the operation of the proposed project, including those of parents, teachers, the business community, a variety of disciplinary and professional fields, recipients or beneficiaries of services, or others, as appropriate.*

As mentioned previously in this document, (under Section 1, Significance), the Hamilton-Wenham Youth Substance Abuse Coalition was formed last fall as a response to the disturbing statistics illuminated by our most recent Youth Risk Behavior Survey. The enthusiasm and energy of the group's founder, HWRSD high school assistant principal, Allison Brown-Collins, has elicited a highly active and dedicated constituency over the last eight months. With the energetic participation of parents, students, business leaders, high school faculty and coaching staff, school adjustment counselors, school committee members, youth ministers, public health specialists, physicians and mental health specialists, substance abuse prevention specialists as well as representatives from police and fire departments, this coalition is easily the most inclusive group to focus on youth risk issues in the Hamilton-Wenham communities.

The coalition is keenly interested in the issues brought forward by the **Staying Connected** project. The **SC** project director will attend monthly coalition meetings, present results of **SC** program surveys, obtain feedback from coalition members on the operation of the **SC** project, and report recommendations of the coalition back to the Mental Health Coordinating Team. At the same time, several members of the coalition also serve on the Health Advisory Council, the Community Collaborative Initiative and the current Early Childhood Mental Health team. These individuals will create linkages to the **Staying Connected** project between the various initiatives.

4. Quality of the Project Evaluation

- a. The extent to which the methods of evaluation are appropriate to the context within which the project operates.*

HWRSD will seek bids for evaluation services for the **Staying Connected** project for the eighteen months' duration of the grant, September 2005 through February 2007. The evaluation

will be a comprehensive assessment of the project's six Goals, as outlined in Section 3, Quality of the Management Plan. The evaluation will assess both process and outcome components and will be guided by two process measurements:

1. Has the percentage of the schools served by the grant that have comprehensive, detailed linkage protocols in place increased?
2. Has the percentage of school personnel served by the grant who are trained to make appropriate referrals to mental health services increased?

As the import of the Grants to Integrate Schools and Mental Health Systems is the development of strong collaborations, a key component of the evaluation activities will be the Borden and Perkins **Collaboration Checklist**. As described in the Journal of Extension (v.37, No. 2, April 1999), this tool is “a self-assessment exercise allowing groups to rate their collaboration on key factors... includ[ing] goals, communication, sustainability, evaluation, political climate, resources, catalysts, policies/laws/regulations, history, connectedness, leadership, community development, and understanding community. With this tool, collaborative groups identified strong factors and challenging factors, that is, factors that need to be worked on. The identification of the challenge factors facing the group can assist in the development of strategies to address these issues, thus allowing the group to move forward and accomplish their goals. In all cases, the self-evaluation tool can be used to strengthen the collaborative group... Establishing a group's strengths and challenges can serve as a springboard to building a more effective collaborative group.”

The following is a description of the **Collaboration Check-list**. Each of the following factors influences the collaborative process. After reading a brief description for each of the areas respondents place an X in the box that best reflects their opinion of how the collaboration is

functioning in each of the areas using the following scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree or Disagree, 4 = Agree, and 5 = Strongly Agree.

1. Communication - the collaboration has open and clear communication. There is an established process for communication between meetings;
2. Sustainability - the collaboration has a plan for sustaining membership and resources. This involves membership guidelines for terms of office and replacement of members;
3. Research and Evaluation - the collaboration has conducted a needs assessment or has obtained information to establish its goals and the collaboration continues to collect data to measure goal achievement;
4. Political Climate - the history and environment surrounding power and decision making is positive. Political climate may be within the community as a whole, systems within the community or networks of people;
5. Resources - the collaboration has access to needed resources. Resources refer to four types of capital: environmental, in-kind, financial, and human;
6. Catalysts - the collaboration was started because of existing problem(s) or the reason(s) for collaboration to exist required a comprehensive approach;
7. Policies/Laws/Regulations - the collaboration has changed policies, laws, and/or regulations that allow the collaboration to function effectively;
8. History - the community has a history of working cooperatively and solving problems;
9. Connectedness - members of this collaboration are connected and have established informal and formal communication networks at all levels;
10. Leadership - the leadership facilitates and supports team building, and capitalizes upon diversity and individual, group and organizational strengths;

11. Community Development - this community was mobilized to address important issues.

There is a communication system and formal information channels that permit the exploration of issues, goals and objectives; and,

12. Understanding Community - the collaboration understands the community, including its people, cultures, values and habits.

Additional **Staying Connected** evaluation activities will include:

- Development of the analytic design in collaboration with project staff.
- Implementation of the analytic design, including the coordination and supervision of data collection.
- Development of surveys, as needed.
- Coordination of data entry and analysis, and formulation of findings.
- Preparation of annual reports of findings.
- Preparation of final project report.
- Consultation and technical support as needed.

The evaluator will be regularly available during the initial development phase of the grant and later, on an as-needed basis.

- b. The extent to which the methods of evaluation will provide performance feedback and permit periodic assessment of progress toward achieving intended outcomes.*

Each of the six Goals of the Staying Connected project relates to one of the six absolute priorities of the Grant to Integrate Schools and Mental Health Systems, as outlined in Section 3, Quality of the Management Plan. Each Goal will be evaluated in the following manner, to provide performance feedback and allow periodic assessment of progress:

Goal # 1: To increase the percentage of schools served by the grant that have comprehensive, detailed linkage protocols in place.

Method of Evaluation:

The Collaboration Checklist, as described above, will be utilized to assess the strength of the HWRSD collaboration with mental health agencies and juvenile justice partners. Each participant will fill out the twelve item questionnaire. Ratings of 15 or higher for each dimension will be considered to indicate a strong factor; ratings of 8 or less will indicate a challenging factor that needs extra attention. Given at intervals, three times during the eighteen months' duration of the grant, the Checklist will indicate increased effectiveness of collaborations and improved linkages.

Goal # 2: To enhance the availability of crisis intervention services, referrals for students in need of mental health services, and ongoing mental health services.

Method of Evaluation:

Project Director will track numbers of referrals made to crisis intervention services by school staff. Number of referrals completed will also be tracked.

Goal # 3: To increase the percentage of school personnel trained to make appropriate referrals to mental health services.

Method of Evaluation:

Project Director will track number of staff trained; participation in workshops will be tracked.

Goal #4: Technical assistance and consultation provided to school systems, mental health agencies and families participating in the program.

Method of Evaluation:

The Project Director will track number of consultations by a qualified mental health professional consultant. Participation in workshops for families will also be tracked.

Goal #5: Linguistically appropriate and culturally competent services provided.

Method of Evaluation: Results of pre- and post-program surveys of language and cultural needs of families in Staying Connected program will be tabulated.

Goal #6: Evaluate effectiveness of the program increasing student access to mental health services and make recommendations to the Secretary about sustainability of the program.

Method of Evaluation: By the end of the eighteen months of the grant's duration, a strategic plan will have been formulated for sustained effort to continue the **Staying Connected** project. This will be both a goal and a high priority throughout the life of the grant. The plan will be submitted to the Secretary for review.

