

A Call to Action

Presented by the 2020 Vision Mental Health and Well-Being Work Group Executive Summary of Recommendations

Introduction

Public schools exist to educate all children to reach their highest potential. Parents place their children in school with a profound trust that the school will fulfill that promise. Federal mandates such as No Child Left Behind (2001) hold schools accountable for reaching all children and removing any barriers to learning. One barrier that is often overlooked is mental health and well-being, and the powerful influence it has on student learning.

Mental health and well-being in children is receiving increasing national attention. In 2000 the U.S. Surgeon General released a report emphasizing the importance of a national plan to address the mental health needs of our children. Prevention of mental health problems and collaboration among agencies are cornerstones in both the Surgeon General's blueprint and the President's New Freedom Commission on Mental Health (2003). The New Freedom Commission specifically recommends increasing the public school's role in promoting the mental well-being of our children and emphasizes that schools are in a unique position to detect needs and connect families with appropriate support.

Understanding the Need

The World Health Organization (WHO, 2001) describes mental health as a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Child mental health ranges from effective prevention (such as fostering nurturing relationships in infancy) to effective response (such as access to services for children with persistent mental health disorders).

Recently released information highlights the need for a coordinated system to promote well-being and respond to identified mental health needs:

- Twenty-five percent of individuals develop one or more mental or behavioral disorders in their lifetime (WHO, 2001).
- Half of all lifetime mental disorders begin by the time the individual is 14 years old and three quarters have begun by age 24 (Kuehn, JAMA, 2005).
- 1 in 5 children will experience mental health problems with 5% to 9% of children experiencing severe mental illness (NIMH, 2001).

A Vision for Change

The Mental Health and Well-Being Work Group proposes a seamless system of care in which all schools actively promote positive mental well-being and offer coordinated care for mental health services. Since millions of students spend a significant part of their day in school, and schools are accessible to most families, they are an ideal place for promoting the well-being of children and responding to mental health needs should they arise (Huang, 2005; WHO, 2001).

To promote mental well-being, FCPS needs child-friendly and parent-friendly schools with welcoming environments and safe, effective school-wide practices. Children who are emotionally connected to their school and who have mastered social competencies perform better academically, have fewer discipline problems, and engage in less high-risk behavior. Schools that adopt practices to increase school connectedness and promote the development of a range of skills to foster social competence achieve these desired goals (Blum, 2005; WHO, 2001).

To effectively respond to mental health needs, FCPS needs to develop expanded school mental health services, using models from the Center for School Mental Health Assistance (CSMHA, Univ. of Maryland) and the School Mental Health Project (UCLA). By removing social and mental health barriers to learning, such approaches can lead to improved test scores and attendance, and a reduction in referrals for

misbehavior (Jennings, Pearson, & Harris, 2000; New Freedom Commission Report, 2003; Tolan & Dodge, 2005).

Given the growing national awareness, the identified need, and demonstrated benefits, the Mental Health and Well-Being Work Group recommends that FCPS, together with family and community partnerships, begin to implement the following recommendations. By implementing these recommendations, we believe we that we will be able to confidently assert that we truly strive to fulfill each child's potential and have left no child behind.

Mental Health and Well-Being Work Group Table of Recommendations

Group Recommendation 1 : All Fayette County Public Schools will promote mental health and well-being for all students, at all grade levels, in order to foster school connectedness and teach social competencies.

This recommendation may be achieved by implementing the following 3 recommendations. A rationale, resources and implementations steps for each of the 3 are provided in subsequent pages.

- **Specific Recommendation 1-A:** Every Fayette County Public School will provide an inviting learning community where children feel safe, cared for and connected to the school, and parents feel welcomed and involved with the school in fulfilling their child's potential. The sense of safety, caring and connectedness must extend to the student's travel to and from school.
- **Specific Recommendation 1-B:** Fayette County Public Schools teachers, administrators, support staff, and bus drivers will have the knowledge and skills to establish positive 1:1 relationships with students, recognize and promote positive behavior, effectively supervise students to prevent and/or address student misbehavior, and promote students' strengths.
- **Specific Recommendation 1-C:** Fayette County Public Schools will support the development of talents, resilience and social competencies in students and work to prevent conditions or practices which are detrimental to the well-being of youth. Approaches will address: participation in extracurricular activities, teaching skills in social interactions, problem solving, handling strong emotions, transitioning into the work force, and resisting detrimental influences such as alcohol, tobacco and other drug (ATOD) use, adverse effects of media.

Group Recommendation 2 : The Fayette County Public Schools (FCPS) will establish a seamless system of coordinated, effective mental health care for students at risk of developing mental health symptoms or who have already been identified as having a need for services.

This recommendation may be achieved by implementing the following 4 recommendations. A rationale, resources and implementations steps for each of the 4 are provided in subsequent pages.

- **Specific Recommendation 2-A:** The Fayette County Public Schools (FCPS) will establish a position of Coordinator for Learning Support Resource Teams (LSRT), with coordinators in each school, and provide a district-level Director of LSRT Coordinators.
- **Specific Recommendation 2-B:** The FCPS will establish a means to identify our "at risk" children, make staff aware of their needs, and develop programs and approaches to work with those children and their families to maximize the children's learning and well being.
- **Specific Recommendation 2-C:** The FCPS will establish a continuum of school-based services and programs to educate children and youth with targeted and intense mental health needs in order to prepare them to be socially competent and live responsible, productive lives in the community
- **Specific Recommendation 2-D:** The FCPS collaborate with community partners to increase awareness in the community, especially among health care providers, parents, and educators, about the prevalence of childhood and youth mental health problems, their early signs and symptoms, and their impact on academic, intellectual, emotional, and social development of children. The awareness program should work to reduce stigma and emphasize the benefits of early identification and intervention for mental health problems among children.

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Work Group: Mental Health and Well-Being Final Report

Group Recommendation Number 1

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Group Recommendation 1:

All Fayette County Public Schools will promote mental health and well-being for all students, at all grade levels, in order to foster school connectedness and teach social competencies.

Specific Recommendation 1-A:

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(This recommendation is directed to the well-being of all students in the Fayette County Schools).

Elements of this recommendation appear to be echoed in the work of several other committees:

- Community Partnerships and Mentoring
- Family Involvement
- High School Reform
- Middle School Reform
- Physical Health and Well-Being
- School Safety and Alternative Placements

Research Rationale For How This Change Will Help Kids:

Supportive school environments respond to the realities of children through strong connections between school, child, and family. They encourage creativity, problem solving and self-confidence in children. "Child-friendly" and "parent-friendly" schools promote a sound and safe psychosocial environment which encourages a celebration of diversity, fairness, active involvement and cooperation, positive approaches to discipline, and effective bully prevention.

The Wingspread Declaration of June 15, 2003, based on a detailed review of research and in-depth discussions among an interdisciplinary group of education leaders, concludes that students are more likely to succeed when they feel connected to school. School connection is the belief by students that adults in the school care *about their learning* as well as *about them as individuals*. The critical requirements for feeling connected include students experiencing:

- High academic expectations and rigor, coupled with support for learning
- Positive adult-student relationships
- Safety: both physical and emotional

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The Add Health study also found that “feeling connected to school” related positively to adolescent mental health, while “believing students at school to be prejudiced” was negatively related with adolescent mental health (Blum, n.d.). There is evidence that school connectedness also promotes a number of important behaviors including:

- Greater classroom engagement
- Improved attendance;
- Reduced violence, disruptive behavior, substance abuse, emotional distress, and early sexual activity.

Smaller class size and smaller school size may also promote connectedness (see Raywid and especially the School Redesign Network (www.schoolredesign.net/)).

The Mental Health and Well-Being Work Group notes that many of the above references involve strong school-parent collaboration and wishes to reaffirm the importance of parent/family involvement as emphasized in the Parent/Family Involvement Policy of the Fayette County School Board, the *One Community One Voice* report, and the work of the 2020 Vision Parent Involvement Committee.

References and Resources:

The Foundations Program promoted by Randy Sprick’s Safe and Civil Schools is currently in use by some schools in Fayette County. The Foundations program includes a number of principles consistent with this recommendation.

The Wingspread Declaration available at www.allaboutkids.umn.edu

The September 2004 special issue of the *Journal of School Health*, 74, 7 details the Wingspread Declaration, the supportive research, and the recommendations.

A 20 page monograph describing the Wingspread concepts and strategies in more detail, soon to be available from the Division of General Pediatrics and Adolescent Health of the University of Minnesota.

“News You Can Use” draft monograph on Caring and Connected Schools by Dana Cunningham, Center for School Mental Health Analysis and Action (Oct. 2005)

The Comer School Development Program (www.ed.gov/pubs/OR/ConsumerGuides/comer.html and info.med.yale.edu/comer/) has demonstrated success in improving school atmosphere and academic performance.

[Joyner](#), E. T., [Ben-Avie](#), M., & [Comer](#), J. P. (Eds.). (2004). *Transforming School Leadership and Management to Support Student Learning and Development : The Field Guide to Comer Schools in Action* Thousand Oaks, CA: Corwin Press.

Cleary, M. & English, G. (2005). Small schools movement: Implications for health education. *Journal of Schools Health*, 75, 243-247.

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Fayette County Schools grant application *Every day counts: Schools for all kids and all kids in school*. Provides a program for increasing school connectedness with the specific goal of reducing truancy.

Raywid, M. A. (1999). *Current literature on small schools*. Charleston, WV: ERIC Clearinghouse on Rural Education and Small Schools.

The *School Redesign Network* at Stanford University is a website rich in information regarding the advantages of smaller schools, the features of effective design, and how to achieve them (www.schoolredesign.net/).

Related references that may be considered include Henry Levin's Accelerated Schools Program and Robert Slavin's Success for All Program.

Blum, R.W. & Rinehart, P.M. (n.d.). *Reducing the risk: Connections that make a difference in the lives of youth*. Division of General Pediatrics and Adolescent health. University of Minnesota, Box 721, 420 Delaware St., S.E. Minneapolis, MN 55455. Also, published in Resnick, M. D. et al. (9/10/97). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health." *Journal of the American Medical Association*.

Mind Matters (Australia's national resource for promoting well-being for all schools with secondary enrollments)

Emphasizes Well-being, connections, and diversity.

www.curriculum.edu.au/mindmatters

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Implementation Steps for Recommendation 1-A	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
In the spirit of more personal and welcoming schools the Fayette County Schools should consider schools that are divided into smaller semi-autonomous units consistent with the "Smaller Learning Communities" or "School Within a School" model. FCPS should also promote schools with smaller class size.	A committee of key school personnel as well as community members and representatives from site-based decision making councils. This should include persons working with the Foundations Program and the Smaller Learning Communities Office.	Listed above in the Research and Resources section of this recommendation and staff already working with Foundations and Smaller Learning Communities in the FCPS.	January 2006	Aug 2006
Fayette County Public Schools will review a range of programs and suggestions for improving school connectedness for both children and families and develop a list of "best practices" to be encouraged in every school. Recommendations should include specific means of ensuring that every child can identify an advocate in the schools who knows and cares about him or her and that the parents also have a connection to that person.	A committee of key school personnel as well as community members and representatives from site-based decision making councils. This should include persons working with the Foundations Program and the Smaller Learning Communities Office.	Listed above in the Research and Resources section of this recommendation and staff already working with Foundations and Smaller Learning Communities in the FCPS.	January 2006	Aug 2006
Welcoming schools should include programming in diversity education that helps children respond positively to diversity, thus reducing feelings of prejudice.	Implementation committees for each school.	Office of Civil Rights, Student Support Services	May 2006	August 2006
Fayette County schools prepare to implement the new "best practices"	Implementation committees for each school.	The "best practices" guidelines developed in the prior recommendation.	May 2006	August 2006
Fayette County Schools review means of extending the spirit of this recommendation to school busses as well as the areas through which children walk or ride to school. All complaints about school bus safety or behavior should be documented with a copy of the complaint and action taken sent to the person making the complaint. These forms can identify dangers and systemic problems and can be used as a measure of quality improvement for school busses.	A committee of transportation, parents, and appropriate school personnel will prepare and implement a plan for optimum school safety and a positive tone for travel to and from school.	There are numerous school bus safety websites and materials from federal and state governments as well as private programs, i.e., Bus Discipline from Safe & Civil Schools	January 2006	Mar 2006

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Implementation Steps for Recommendation 1-A	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
Each Fayette County School will consider ways of making their school registration process more welcoming, informative and more family friendly.	Site Based Decision Making Councils.	See attached draft for improving school registration process (on next page)	January 2006	Jul 2006
The registration process should help identify programs which have previously helped the student and match them with similar programs as needed. FCPS will outline a process for each school to follow by which needed programs may be accessed for the enrolling student within one month of registration.	Fayette County Public School		January 2006	July 2006

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Proposed (DRAFT) Modified Registration Process

2020 Vision: Mental Health and Well-Being Work Group

Rationale

In the course of our work a committee member visited an elementary school to obtain a registration packet. All the materials had to do with administrative or legal issues (who is entitled to pick up the child; family responsibility for lost library books; etc.) The committee feels that the registration process must be more welcoming and should provide an opportunity for the family to communicate important information to the school. *A question that should be asked on all registration forms is whether the parents speak English, and if not, what language is spoken in the home. .*

We suggest that a welcoming statement and several questions be added to elementary school registration forms. Different questions could be developed for middle school or high school. Examples are given below. The parents in the group liked the idea of asking for information about their child but felt that completing a questionnaire in a thoughtful manner as part of the registration process could make the process even more hectic. Therefore we recommend that the questionnaire be provided to parents and returned to the child's teacher separately. Registration materials, the questionnaire, and the welcoming statements should be in the primary language of the parent.

Sample Welcoming Statement

We look forward to working together for your child's education in this coming year. Please feel free to contact us with any concerns you have. You are welcome in the school at any time and we encourage you to visit your child's classes or to periodically join your child at lunchtime. To assure that you come at a good time for your child, we prefer that you call ahead or make arrangements for your visit with the teacher. For safety purposes all adults entering the school first go the office to identify themselves and to sign in. The names and telephone numbers of school staff you may wish to contact are given below along with their telephone numbers and e-mail. You can add the information you need to contact your child's teachers and keep this in a convenient place at home.

The sample questionnaire which follows would go to the parent at registration with a request to return it to the child's teacher during the first week of school. If the third item describing a child's problems was answered "yes" and problems that might require special attention were described in a way that requires more than classroom support and management, a copy of the questionnaire would be forwarded to the Learning Support Resource Team Coordinator.

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Sample Questions for Registration:

No one knows your child better than you. Do you have information about your child that you want to share in order to help us meet your child's needs? For example, a child may be friendly, curious, and imaginative, like to help and love music. A child might also have trouble changing from one task to another or be frustrated easily. If we have this kind of information we may be of more help to a child. Please feel free to complete this questionnaire and return it to your child's teacher.

What are your child's talents and interests? _____

Under what conditions does your child show their best behavior? _____

Are there situations that your child may find challenging and will need help? _____
If so, what approach to do you find most helpful at home? _____

Does your child have any problems which may require special support from the school? _____
If yes, please describe, please include things that were helpful in a previous school. _____

What can we do to help you support your child in his/her efforts to learn and develop? _____

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Group Recommendation 1:

All Fayette County Public Schools will promote mental health and well-being for all students, at all grade levels, in order to foster school connectedness and teach social competencies.

Specific Recommendation 1-B:

Fayette County Public Schools teachers, administrators, school-based support staff, and transportation personnel will have the knowledge and skills to:

1. Establish positive one to one relationships with students.
2. Recognize and promote positive behavior (so negative behavior does not become the means of getting noticed).
3. Effectively supervise students to prevent and/or address student misbehavior.
4. Promote student's strengths.

(This recommendation is directed to the well-being of all students in the Fayette County Schools).

Research Rationale For How This Change Will Help Kids:

Research has shown that school connectedness is lower in schools with difficult classroom management climates. Classroom management can be greatly enhanced through improved teacher effectiveness regarding empathy, consistency (expectations in classroom rules and structure), discipline (teaching students self-management) (McNeely, Nonnemaker, Blum (April, 2002).

The *One Community One Voice* report (Discipline ad hoc Subcommittee) proposed strategies for positive and pro-active solutions to discipline. These were endorsed by the Fayette County Schools Safe School's office and are supported by preliminary data from implementation of Foundations and CHAMPs in many Fayette County Schools.

Resources and Research:

The Safe and Civil Schools Program (www.safeandcivilschools.com/) CHAMPs and Foundations models.

Office of Special Education Programs-Technical Assistance Center on Positive Behavioral Interventions and Supports (www.pbis.org/).

National Association of School Psychologists (www.NASPCenter.org)

McNeely, Nonnemaker, Blum (April, 2002). Journal of School Health. Promoting School Connectedness: Evidence from the National Longitudinal Study of Adolescent Health.

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Implementation Steps for Recommendation 1-B	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
Promote the "Smaller Learning Communities" or "School Within a School" approach to increase teachers ability to form positive and lasting 1:1 relationships with students	FCPS Board of Education	Northwest Regional Educational Lab web site for Smaller Learning Communities www.nwrel.org/scpd/sslc US Department of Education Smaller Learning Communities web site at http://www.ed.gov/programs/slcp/index.html	January 2006	Aug 2006
Conduct regular school and district assessments to evaluate the effectiveness of social competency (or character education) efforts.	School-based implementation teams	Resources such as "Character Education Quality Standards" (by the Character Education Partnership)	January 2006	Aug 2006
Increase training in classroom management for teaching staff to improve efforts in: Classroom organization Teaching expectations for different classroom activities Motivating individuals and groups Corrective procedures to address student misbehavior	District level specialists who are equipped to provide high quality and effective Professional Development for teachers	CHAMPs; Foundations, First Days of School www.safeandcivilschool.com	January 2006	Aug 2006
Increase training of in-school "coaches" from among skilled teachers and staff who can assist teachers in using positive approaches in classroom management.	District level specialists who are equipped to provide high quality and effective Professional Development for teachers	Safe Schools Office, CHAMPs; Foundations, First Days of School www.safeandcivilschool.com	January 2006	Aug 2006
Provide training for teachers in effective supervision of students in classroom, and especially in less structured common areas (arrival, dismissal, hallways, cafeteria, playground, restrooms, etc.);	District level specialists who are equipped to provide high quality and effective Professional Development for teachers	Effective strategies are included in Randy Sprick's Foundations model	January 2006	Aug 2006
Implement effective prevention programs to increase teachers' (and all school personnel's) awareness and effectiveness in preventing and addressing bullying	District level specialists who are equipped to provide high quality and effective Professional Development for teachers	Effective resources include Stop Bullying Now, Bully Proofing Your School, Empower	January 2006	Aug 2006

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Implementation Steps for Recommendation 1-B	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
Research, and then implement effective strategies to promote positive 1:1 adult-student relationships.	District level specialists who are equipped to provide high quality and effective Professional Development for teachers	Based on Blum's research, to assure that adults have a genuine interest in students <i>as individuals</i> , and interest in students <i>in their learning</i>)	January 2006	Aug 2006

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Group Recommendation 1:

All Fayette County Public Schools will promote mental health and well-being for all students, at all grade levels, in order to foster school connectedness and teach social competencies.

Specific Recommendation 1-C:

Fayette County Schools will support the development of talents, resilience and social competencies in all students, and will work to prevent conditions or practices which are detrimental to the well-being of youth.

- Talents development is encouraged when:
 - Teachers recognize skills and provide children with opportunities to use them.
 - Children have the opportunity to participate in a range of curricular or extracurricular activities that enhance their talents and interests (clubs, volunteering, music, art, athletics, etc.)
- Resilience and social skills are promoted when:
 - Students learn to initiate positive social interactions with peers
 - Students have mastered effective problem solving skills
 - Students have skills for handling strong emotions
 - Students learn how to seek trusted adults for help in handling difficult situations
 - Students acquire interpersonal skills for transitioning beyond high school to the work force or continuing education.
 - Schools promote self-esteem, celebrate diversity, and recognize the gifts of all children.
- Detrimental conditions and practices are prevented when:
 - Schools have effective prevention programs addressed to substance abuse, alcohol, and nicotine use.
 - Children become aware of, and can resist, the influence of media (especially in advertising) which create unrealistic social expectancies, emphasize appearance over substance, and even make fun of persons who are different or who have weak social skills.

(This recommendation is directed to the well-being of all students in the Fayette County Schools).

Elements of this recommendation appear to be echoed in the work of several other committees:

Community Partnerships and Mentoring
High School Reform
Middle School Reform
Physical Health and Well-being (under Positive Youth Development)

Research Rationale For How This Change Will Help Kids:

Having one's talents and strengths recognized is critical for a sense of well-being and feeling connected to a school. Students should have opportunity to use and develop their strengths in both classroom and extracurricular activities. A range of activities should be available. To promote student interests, explore future careers, and build self-esteem. It has also been shown that children who have recognized talents, connections to a special

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person or mentor, or have the social skills to mobilize social resources are more resilient in the face of adversity. Some students lack the social skills to function well with peers or engage others effectively. Peer rejection is a powerful predictor of poorer outcomes—in academic performance as a youth and in social relationships, mental health, and employment as an adult.

The Search Institute in Minnesota is a research group that looks at means of developing more resilient youth. At the heart of the institute's work is the framework of *40 Developmental Assets*, which are positive experiences and personal qualities that young people need to grow up healthy, caring, and responsible.

The first 20 Developmental Assets focus on positive experiences that young people receive from the people and institutions in their lives. Four categories of external assets are included in the framework:

- **Support**-Young people need to experience support, care, and love from their families, neighbors, and many others. They need organizations and institutions that provide positive, supportive environments.
- **Empowerment**-Young people need to be valued by their community and have opportunities to contribute to others. For this to occur, they must be safe and feel secure.
- **Boundaries and expectations**-Young people need to know what is expected of them and whether activities and behaviors are "in bounds" and "out of bounds."
- **Constructive use of time**-Young people need constructive, enriching opportunities for growth through creative activities, youth programs

The community's responsibility for its young people does not end with the provision of external assets. Caring adults must make a similar commitment to nurturing the internal qualities that guide positive choices and foster a sense of confidence, passion, and purpose. Young people need this wisdom to make responsible decisions about the present and future. The framework includes four categories of internal assets:

- **Commitment to learning**-Young people need to develop a lifelong commitment to education and learning.
- **Positive values**-Young people need to develop strong values that guide their choices.
- **Social competencies**-Young people need skills and competencies that equip them to make positive choices, to build relationships, and to succeed in life.
- **Positive identity**-Young people need a strong sense of their own power, purpose, worth, and promise.

Media literacy is an important skill in an "information" society. Children spend many hours in front of TV's and even adults spend about 10 hours a day in contact with some form of media—radio, TV, internet, newspapers, magazines. We are flooded with ads, images, and competing political messages. It is as important today to learn how to access information and process it critically as it is to retain information gained in coursework. The MHWB Work Group is concerned about the communication of social values through the media that can negatively impact a child's self esteem. Ads for everything from hair products to cosmetic surgery emphasize unrealistic standards of physical attractiveness and fashion over "the content of one's character." Since even pre-school children are targeted by media advertising, media literacy needs to occur at many developmental levels. This can be challenging and it is likely that experiential learning is most effective. Examples such as teens developing materials to debunk smoking ads, and using them with younger children as in the TATU Program (Teens Against Tobacco Use) offer the promise of a double payoff.

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Resources and Research:

Brendtro, L. & Larson, S. (2004). The resilience code: Finding greatness in youth. *Reclaiming Children and Youth*, 12, 194-200.

Brendtro, L., Brokenleg, M., & Van Brockern, S. (2002). *Reclaiming youth at risk: Our hope for the future* (Rev. ed.). Bloomington, IN: National Educational Service.

Peterson, C., & Seligman, M. E. P. (2004). *Character, strengths, and virtues: A handbook of classification*. New York: Oxford University Press.

The Search Institute (www.search-institute.org).

The Center for Media Literacy (www.medialit.org) has excellent materials and links for exploring media literacy.

Substance Abuse and Mental Health Services Administration (SAMHSA) <http://modelprograms.samhsa.gov>

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Implementation Steps for Recommendation 1-C	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
Integrate recommendations from multiple 2020 Vision Work Groups that discuss ways in which classroom learning and extracurricular learning can be expanded (Arts, Music, Community Partnerships, Critical Thinking, Middle and High School Reform, World Languages, and Student Leadership and Service Learning)	Representatives from the various committees with community support need to develop an overall list of expanded curricular and extracurricular options to be developed by the FCPS.	2020 Vision recommendations, FCPS staff and key 2020 committee members.	January 2006	March 2006
Social learning goals need to be defined in relation to social learning curricula. Instruction should involve experiential learning. Ideally teachers will become skilled in working with the basics so students can be guided in regular classrooms and more sophisticated skills may be taught as part of social science and health curricula.	To be jointly developed by health, mental health, social science, and other key staff with parent representatives.		January 2006	May 2006
Implement programs which have demonstrated effectiveness to enhance social competencies. The skills needed include (but are not limited to): <ul style="list-style-type: none"> • problem-solving • critical thinking • communication • interpersonal skills • empathy • methods to cope with emotions • seeking help from adults 	School-based personnel, will support and leadership from district level specialists who are equipped to provide high quality and effective Professional Development	http://modelprograms.samhsa.gov Substance Abuse and Mental Health Services Administration; sample programs: PATHS, Second Step, Project ACHIEVE, (CDP) Child Development Project, Reconnecting Youth	January 2006	May 2006
Research and develop approaches to teaching which create an environment which searches out student strengths and reaches out to vulnerable students	Administrators, MH staff, and teachers should work on preparing this approach in conjunction with efforts to improve connectedness in Recommendation 1-A.	Search Institute & Brentro Materials.	January 2006	May 2006

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Implementation Steps for Recommendation 1-C	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
Implement effective programs across grade levels to promote resiliency and resistance to alcohol, tobacco and other drugs (ATOD), while recognizing that some prevention programs are not solely focused on ATOD, but on promoting effective decision-making, critical thinking, and other social competencies	School-based personnel, will support and leadership from district level specialists who are equipped to provide high quality and effective Professional Development	Sample programs include: Teens Against Tobacco Use (TATU), ALL STARS, Here's Looking at You 2000, Life Skills Training Program, Prime for Life, Project ALERT, Project Northland, Reconnecting Youth, Second Step	January 2006	May 2006
Locate or develop curriculum to teach media literacy across grade levels, with particular emphasis on how marketing can influence self-esteem with respect to physical appearance and material products	School-based personnel, will support and leadership from district level specialists who are equipped to provide high quality and effective Professional Development	Center for media literacy; www.medialit.org	January 2006	May 2006

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Group Recommendation Number 2

Group Recommendation 2 : The Fayette County Public Schools (FCPS) will establish a seamless system of coordinated, effective mental health care for students at risk of developing mental health symptoms or who have already been identified as having a need for services.

This recommendation may be achieved by implementing the following 4 recommendations. A rationale, resources and implementations steps for each of the 4 are provided in subsequent pages.

- **Specific Recommendation 2-A**: The Fayette County Public Schools (FCPS) will establish a position of Coordinator for Learning Support Resource Teams (LSRT), with coordinators in each school, and provide a district-level Director of LSRT Coordinators.
- **Specific Recommendation 2-B**: The FCPS will establish a means to identify our “at risk” children, make staff aware of their needs, and develop programs and approaches to work with those children and their families to maximize the children’s learning and well being.
- **Specific Recommendation 2-C**: The FCPS will establish a continuum of school-based services and programs to educate children and youth with targeted and intense mental health needs in order to prepare them to be socially competent and live responsible, productive lives in the community
- **Specific Recommendation 2-D**: The FCPS collaborate with community partners to increase awareness in the community, especially among health care providers, parents, and educators, about the prevalence of childhood and youth mental health problems, their early signs and symptoms, and their impact on academic, intellectual, emotional, and social development of children. The awareness program should work to reduce stigma and emphasize the benefits of early identification and intervention for mental health problems among children.

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Group Recommendation 2:

The Fayette County Public Schools (FCPS) will establish a seamless system of coordinated, effective mental health care for students at risk of developing mental health symptoms or who have already been identified as having a need for services.

Specific Recommendation 2-A:

The Fayette County Public Schools (FCPS) will establish a position of Coordinator for Learning Support Resource Teams (LSRT), with coordinators in each school, and provide a district-level Director of LSRT Coordinators.

- The LSRT will replace the current Student Assistance Teams although they will maintain their functions (receiving referrals for children that may need special help or services). The LSRT will also
 - Compile data across students and from teachers to analyze school needs
 - Consider the adequacy of resources in the school and the community
 - Assess the coordination, integration, and quality of current school and community services
 - Identify the most pressing program needs of the school
 - Establish priorities for strengthening, redeploying, or establishing new programs.
 - Plan and facilitate ways to meet those priorities.
 - Make the school community aware of the school needs and the LSRT plans and proposals
- The Learning Support Resource Teams (LSRT) will be facilitated by a LSRT Coordinator, a professional in each school, or for every 500 to 1000 students, if a school is large (LSRT Coordinator Job Description attached). Besides chairing the LSRT, the Coordinator will serve as a “single point of entry” to ensure that children who are identified as in need of targeted programs or who need mental health services can access well coordinated school-based services or are referred to appropriate resources in the community.
- The membership of the LSRT may change depending on their focus, but when dealing with the functions listed above, membership should be expanded and include a principal or assistant principal and key stakeholders in the issues discussed—teachers, representatives of agencies involved regularly with the school, and student representatives for the upper grades.
- In support of the LSRTs the FCPS will identify ‘experts’ who know the mental health resources of the community. These “experts” could be drawn from among existing staff and may be accessed from throughout the school system. For example, a school might have expertise with children with autism or eating disorders. These staff would be designated as resources to assist other staff in finding the best services. Identified experts would be updated regularly in the FCPS computer network.
- To empower LSRTs the FCPS will develop standard systems of data collection and analysis (e.g., truancy, participation rates for children referred to target programs, changes in academic performance for children receiving school-based mental health services, etc.). School staff, parents, service providers and evaluators (possibly using UK faculty) should develop a plan to provide quality assurance and to evaluate mental health services in the schools and in the community from the perspective of parents, children served, teachers, and administrators. Individual schools might wish to supplement the standard data to assess local needs and mental health programs.

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Research Rationale For How This Change Will Help Kids:

The specific recommendations above are based both on research and programmatic descriptions:

- Models employed in other districts (i.e., Los Angeles) point to the efficacy of using "single point of entry" to coordinate mental services for students. This would appear to yield less service redundancy and to coordinate services for optimal impact. This would also yield more collaboration among the schools and other agencies serving children and adolescents. A special issue of *Clinical Psychology Review* (November, 1999) discussed benefits and issues in school/mental health collaboration. *This closely parallels a recommendation of the 2004 FCPS Mental Health Task Force.*
- Programs in the schools and the community should 1) be consistent in program implementation and delivery; 2) include relevant parties (teachers, parents, administrators, peers) in the implementation of treatment programs; 3) employ multiple modalities in the development of treatment programs; 4) be sensitive to the needs of children in the classroom and the help teachers may provide in working with such children; 5) be developmentally appropriate; and 6) utilize empirically validated approaches as principal treatment options. These are among elements to be included in any measures of quality assurance in school mental health programs
- Any mental health programs offered by, or within, the schools must be evaluated at least annually. This evaluation should involve input from all key stakeholders and a team which represents those stakeholders—school personnel, parents, children served, and providers. The presence of the University of Kentucky in the community should provide an excellent source of help with the development of program evaluation. The evaluation team should also work with school administrators to press for quality mental health services in the community. For example, Ridge Hospital is critically important as the primary psychiatric hospital for children in the region. The Bluegrass Regional MHMR Board is the largest provider of children's mental health services in the region. The schools have a major stake in such institutions and the quality of their services just as such institutions have a stake in the quality of the schools. The schools, as the major institutional source of child and youth referrals, are in the position of having a unique overview of community needs and the response of community agencies.

Research and Resources:

Report to FCPS (May, 24, 2004) Fayette County Public Schools' Task Force of Mental Health in School *Clinical Psychology Review*, Special Issue, November, 1999.

Mash, E. J., & Hunsley, J. (Eds.) (2005) Special Section: Developing guidelines for the evidence-based assessment of child and adolescent disorders. *Journal of Child Clinical and Adolescent Psychology*, 34, 362-558.

The Annual report of Seven Counties Services in Louisville provides an example of an effort to evaluate and establish a base for quality improvement for and extended school mental health program.

Center for Mental Health in the Schools at UCLA, Los Angeles, provides models for single-point-of-entry practice and coordination of services with outside agencies.

Center for School Mental Health Assistance at the University of Maryland, Baltimore, provides models for quality assurance in school-based mental health programs.

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Implementation Steps for Recommendation 2-A	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
<p>Plan for development of LSRT Coordinator position including finalizing job description and budgeting, and plan for phasing position in. It is recommended that ultimately there be at least 1 LSRT position for every 500 students in a school.</p> <p>(See attached sample Job Description)</p>	<p>FCPS Superintendent will appoint a group to pursue this recommendation.</p>	<p>Center for Mental Health in the Schools at UCLA, Grants and foundations may help fund some of these positions, but it is important that some be funded from existing budget resources.</p>	<p>January 2006</p>	<p>First positions by August 2006; in all schools by 2009.</p>
<p>Establish district-level LSRT Coordinator to provide system-wide leadership and support for school-based LSRT Coordinators</p>	<p>FCPS Superintendent will appoint a group to pursue this recommendation.</p>	<p>UCLS Center for Mental Health in Schools</p>	<p>January 2006</p>	<p>August 2006</p>
<p>Identify "experts" among the array of Fayette County Public Schools. Develop a computerized resource list of experts available to all school mental health Determine gaps in knowledge and experience in which staff expertise is needed.</p>	<p>Directors of Psychology, Social Work, and School Counselors in FCPS; Newly created District LSRT Coordinator</p>	<p>School Mental Health, Counseling and Social Work staff</p>	<p>January 2006</p>	<p>July 2006</p>
<p>Development of a committee to look at quality assurance and program evaluation for mental health programs in the FCPS.</p>	<p>Superintendent will appoint such a committee with recruitment of outside help from FCPS MH staff.</p>	<p>Center for School Mental Health Assistance at the University of Maryland Seven Counties Services Louisville</p>	<p>January 2006</p>	<p>March 2006</p>

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Proposed (DRAFT) Job Description: LSRT Coordinator

2020 Vision: Mental Health and Well-Being Work Group

Title: Learning Support Resource Team Coordinator (LSRT Coordinator)

Reports To: Principal and/or Director of Learning Support Resource Team Coordinators

Supervises: NA

General Responsibilities: The LSRT Coordinator will organize all referrals for the LSRT and act as a point of contact for all students who need behavior/mental health support and/or interventions. The Coordinator will serve as liaison to staff from outside agencies offering mental health services in the school. The Coordinator will assist the school in the identification of interventions and strategies needed to provide a safe, civil, and responsible learning environment and culture where all students are connected to the school in a positive and productive manner. This will include both school-wide programs and interventions as well as individual support for students and teachers who need extra help. The Coordinator will develop or broker for Professional Development as needed, and work with Community Agencies and other LSRT Coordinators to provide a continuum of services within a given cluster of schools.

Specific Duties:

- Develop an effective LSRT program at the school and coordinate all referrals, and be an active facilitator/member of the LSRT.
- Assist in the identification of students who are at risk for behavior/mental health types of problems and who may need further support and intervention.
- Serve as the point of contact for all students who may need extra support in the areas of behavior and/or mental health.
- Serve as liaison to staff from outside agencies offering mental health services in the school.
- Help identify needed programs to enhance the effectiveness of the school's culture and climate, such as, Foundations, CHAMPs, Counseling, Bully Proofing, Conflict Resolution, etc.
- Assist the Leadership Team in developing and/or providing needed Professional Development (PD) training to implement strategies, interventions, and programs similar to those listed above.
- Provide or secure support for individual teachers with students who need extra help in the areas of behavior/mental health needs.
- Work with other LSRT coordinators and community agencies to provide a continuum of services and wrap around services as needed within the school or a given cluster of schools.
- Facilitate good communication within the school and with community agencies regarding the needs of the child (or between schools if the child transfers during the school year) and the sharing of plans and needs of the child as the child moves from grade to grade and through the different levels of the school system.
- Stay up to date on programs, strategies, and interventions that are designed to help students feel connected to the school in a positive and productive way.
- Be an active advocate for all students in the school who need extra help to be successful because of behavior and/or mental health challenges.
- Perform other related duties as directed by the principal or supervisor.

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Qualifications: Masters Level Degree in School Psychology, Special Education, Social Work, or other related field. Three to five years of experience working in a school setting with students who have had behavior or mental health type problems. A strong desire to learn, work with students and adults, and work as part of a team.

Other: Needs to be a full time position (12 months).

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Group Recommendation 2:

The Fayette County Public Schools (FCPS) will establish a seamless system of coordinated, effective mental health care for students at risk of developing mental health symptoms or who have already been identified as having a need for services.

Specific Recommendation 2-B:

Fayette County Public Schools will establish a means to identify our "at risk" children, make staff aware of their needs, and develop programs and approaches to work with those children and their families to maximize the children's learning and well being.

(Risk factors which the committee feels should be addressed, how they might be identified, and recommended actions are attached).

Research Rationale For How This Change Will Help Kids:

Many children in the FCPS are in circumstances that place them "at risk" for poor social or academic outcomes. Outside their families, children spend more time in school than anywhere else. Schools must enter an active partnership with a child's guardians to work for the social, emotional and academic welfare of the child. When families are stressed or in crises the children are affected. When children suffer from illnesses, traumas, or emotional conditions their potential to learn and develop is threatened. In such situations the role of the school is crucial. Families that have developed a trust in the school can share critical information and worries when their child needs extra help. Schools can also screen children for "risk" factors and invite collaboration with families of children at risk.

It is our position that screening should involve parents and should be systematic, proactive, and respectful. It should occur at regular intervals as well as when children present clearly observable problems. Many risk factors can be readily identified from information the school already obtains (sometimes with minor modifications of registration forms).

Younger children can be quite variable in their behavior from day to day. The use of tests or screening instruments can result in falsely identifying children as having problems that are only the result of a "bad day." For this reason initial screening of children in the earlier grades should be done by teachers who have the opportunity to observe children over time and who are trained to assess both strengths and problems to discuss with families. When children have difficulties, their parents can be notified and a joint plan for further screening developed. Teachers will need training in how to present screening information and how to facilitate a positive alliance with families to help a child. When teachers and parents are in agreement about problems that need to be addressed, it is easier to refer a child if further professional evaluation is needed and to mobilize resources to help the child. The next level of screening should include an instrument that can capture strengths as well as problems and can be completed by parents and others with detailed knowledge of the child.

For older youth, the use of a questionnaire or screening instrument may be helpful, especially in identifying risks associated with depression, anxiety, or potentially dangerous behaviors. Specific parental permission should be obtained for all such screening. The process of obtaining such permission can also serve to educate families about the mental well-being needs of youth and the services the schools can provide to help.

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The 2004 Fayette County Public Schools' Task Force of Mental Health in Schools used national incidence data to estimate the number of children with particular problems that are likely to be in the Fayette County Schools. Based on those estimates there would be:

- 3200 Children suffering from anxiety disorders
- 2280 Children with control problems expressed as conduct disorders
- 1950 Children struggling with depression
- 1630 Children seeking to cope with variations of attention and hyperactivity disorders

In-school targeted and clinical services must be able to address these most common problems.

A number of programs have been identified as effective in early intervention with young children with behavior problems. The Incredible Years Program may be the "Cadillac" of early group intervention programs for young children with aggressive behaviors and academic problems. It focuses heavily on parent training. A range of professionals (including teachers) can be trained as trainers, but the training is expensive and time consuming. This might be offset if FCPS collaborated with local MH agencies, developed both a corps of trainers, and became a regional training site. The Extended School Mental Health model in Baltimore has a grant to begin using the Incredible Years, but currently uses Lochman's program. Excellent evidence-based programs for children who are anxious or depressed are also described in the Kazdin and Weisz volume (cited below for Lochman's and Webster-Stratton's work). Kazdin's recent work on Parent Management Training is also an excellent resource. Russell Barkley and William Pelham have detailed programs for assisting children diagnosed with ADHD.

Resources and Research:

Barkley, R. A. (in press) *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment*. New York: Guilford.

The *FRIENDS for Children 7-11 years* and *FRIENDS for youth 12-16 years* has been developed in Australia (www.friendsinfo.net) based originally on the well researched *Coping Cat* program developed at Temple University by Phillip Kendall for children who are anxious or and phobic. This program is used extensively in the Baltimore Expanded School Mental Health Program and recommended by staff of the Center for School Mental Health Assistance.

Hibbs, E. D., & Jensen, P. S. (2005). *Psychosocial treatments for child and adolescent disorders: Empirically based strategies for clinical practice 2nd Ed.* Washington, DC: American Psychological Association.

Hops, H., & Walker, H. M. (1988). *CLASS: Contingencies for Learning Academic and Social Skills*. Seattle, WA: Educational Achievement Systems.

Kazdin, A. E. (2005). *Parent management training*. New York: Oxford University Press.

Kazdin, A. E., & Weisz, J. R. (Eds.) (2003) *Evidence-based therapies for children and adolescence*. (pp. 263-281). New York: Guilford.

Kupersmidt, J. B., & Dodge, K. A. (2004). *Children's peer relations: From development to intervention*. Washington, DC: American Psychological Association.

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Lochman, J. E., Barry T. D., & Pardini, D. A. (2003). Anger control training for aggressive youth. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based therapies for children and adolescence*. (pp. 263-281). New York: Guilford.

Pelham Jr., W. E. et al. (2005) Evidence based assessment of ADHD in children and adolescents. *Journal of Child Clinical and Adolescent Psychology*, 34, 449-476.

President's New Freedom Commission on Mental Health (2003). *President's New Freedom Commission on Mental Health, Achieving the promise: Transforming Mental Health Care in America*. Rockville, MD: Author

Robinson, K. E. (2004). *Advances in School-based Mental Health Interventions*. Kingston, NJ: Civic Research Institute

Report to FCPS (May, 24, 2004) Fayette County Public Schools' Task Force of Mental Health in School

Walker, H. M., & Severson, H. H. (1990). *Systematic screening for behavior disorders (SSBD)*. Longmont, CO: Sopris West.

Webster-Stratton, C. (2000). *How to promote social and academic competence in young children*. London: Sage

Webster-Stratton, C., & Reid, M. J. (2003). The Incredible Years parents, teachers, and children training series: A multifaceted treatment approach for young children. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based therapies for children and adolescence*. (pp.224-240). New York: Guilford.

Substance Abuse and Mental Health Services Administration (SAMHSA)-Caring for Every Child's Mental Health

U. S. Surgeon General (2003) *Surgeon General's Report on Children's Mental Health*.

Minnesota has a useful website as well (education.state.mn.us/html/intro)

Australia has some very advanced systems accessible at auseinet.flinders.edu.au/

Center for Mental Health in the Schools at UCLA, Los Angeles, provides models for single-point-of-entry practice and coordination of services with outside agencies.

Center for School Mental Health Assistance at the University of Maryland, Baltimore, provides models for quality assurance in school-based mental health programs.

Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005) Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist*, 60, 628-648.

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Implementation Steps for Recommendation 2-B	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
<p>Have teachers identify vulnerable elementary age children for further screening. Choose an instrument for screening those identified children which captures strengths as well as problems. Select an instrument for screening older children (12 and above) especially to capture internalizing disorders and potential violence towards self or others. Teacher screening should occur systematically at grades K, 4, 6, and 9 and any time a teacher has cause for concern.</p>	<p>Psychology staff FCPS</p>	<p>Adapt Hill Walker's Systematic Screening for Behavioral Disorders (SSBD; Walker & Severson, 1990) for use in elementary school. The Child Behavior Checklist (CBCL) or the Behavioral and Emotional Rating Scale-2nd Ed. (BERS-2) which is briefer and strength based might be used in a second level of screening. The Columbia Teen Screen is suitable for older children.</p>	<p>January 2006</p>	<p>May 2006</p>
<p>Consider intervention programs for children with behavioral problems, including parent trainings. Maximize the availability of these programs in foreign languages, especially Spanish, for programs that involve parents.</p>	<p>A special committee of School Administrators, Mental health personnel (including community partners), parents and school staff should explore the feasibility of introducing appropriate, evidence based intervention programs into the schools. Programs might be piloted as part of an assessment.</p>	<p>The works by Hibbs & Jensen, Kazdin, Kazdin & Weisz, and Kupersmidt & Dodge listed above are excellent resources. Also material in Robinson book may help. The PEACE program at Deep Springs Elementary</p>	<p>January 2006 Piloting July 2006</p>	<p>June 2006 June 2007</p>
<p>Consider Summary of Risk Factors which can help prioritize children for family outreach from family resource programs or for access to resilience programs and mentors.</p>	<p>School mental health staff and data management persons should collaborate so the task of recording and summarizing risk factors can be computerized as much as possible to reduce clerical time. A spreadsheet of risk factors could be provided to the LSRT Coordinator sorted in terms of the highest sum of risk factors.</p>	<p>Mental Health and IT staff</p>	<p>January 2006</p>	<p>June 2006</p>

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Table of Risk Factors, Rationale and Recommendations				
Risk Factor	School Level	How Identified	Reason Help is Needed	Recommended Interventions
1 Removed from home and placed by the Kentucky Cabinet for Health and Family Services	Elementary Middle High	The staff of Kentucky State Agencies responsible for these children must take a major role in helping the schools identify these children. They may also be identified as in foster care when registering for school.	Children in state care have often suffered loss of a parent or may have suffered trauma, neglect, or abuse.	All children in state custody should be known to the school's Student Assistance Team and State workers and foster parents must assist the schools in addressing their needs.
2 Being raised by grandparents, a sibling, or other arrangement outside child's immediate family	Elementary Middle High	Identified at School Registration or by caretakers at the time of change. Some schools ask simply for the name of the child's mother and father, even though a minority of students will grow up in a conventional family with both their biological parents in the home. We would prefer to ask who are the child's caretakers and for the relationship to the child to be indicated.	Being cared for by persons other than one's natural parents is often an indicator of past or current family stresses. 65,000 children in KY being raised by their grandparents who may need extra support as they tackle the task of raising a second generation when they are older.	Teachers must be aware of these children and utilize the help of Student Assistance Teams, Family Resources Centers, and other school staff as needed to help these children meet their developmental and educational goals.

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Table of Risk Factors, Rationale and Recommendations					
	Risk Factor	School Level	How Identified	Reason Help is Needed	Recommended Interventions
3	Low income family	Elementary Middle High	Qualifies for free school lunch	A large volume of research indicates that children from lower income families are at greater risk for academic failure and a range of social problems. Kentucky is one of 11 states with over 20% of its children living in poverty. See National Center for Children in Poverty (www.nccp.org) and Kentucky Youth Advocates (www.kya.org)	Teachers must be aware of these children and utilize the help of Student Assistance Teams, Family Resources Centers, and other school staff as needed to help these children meet their developmental and educational goals.
4	Chronic health problems	Elementary Middle High	Provided by parent, School Physical, School Nurse	These children will have special health needs but also typically have significant emotional and learning needs as well.	Collaboration with parents, medical staff, and other support services as needed to assist these children.
5	Developmental disabilities	Elementary Middle High	Provided by parent, School Physical, School Nurse, or identified in course of school screening	Service gap for families with developmentally disabled youth. Language.	

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Table of Risk Factors, Rationale and Recommendations					
Risk Factor	School Level	How Identified	Reason Help is Needed	Recommended Interventions	
6	Present early signs of externalizing or internalizing behavioral problems	Elementary Middle	Information from systematic screening by teachers at regular intervals and as needed and based on information from parents or a transferring school. For older children where depression, suicide, or potential violence may be a concern, a formal screening instrument might be used with parental permission.	Research indicates that youth who show early signs of externalizing (aggressive, oppositional, and antisocial) behavior (ages 5-8) are at major risk for becoming antisocial as youth and adults. Research also suggests that children with internalizing problems (depressed, anxious, seriously underconfident) are too often undetected in the early grades because they aren't disruptive.	Early school-based intervention for such children should be a priority for the FCPS. Possible intervention programs are included in the implementations steps of this recommendation.
7	Family is in crisis	Elementary Middle High	Hopefully families will have sufficient trust and awareness to inform school staff of crises. For some issues such as domestic violence, liaison with the courts may inform the school	Children who are stressed by family crises need extra support and resources. Research indicates these children are likely to suffer academically. Crises may vary from illness or legal troubles in the family, to violence, or alcoholism.	Refer children known to be in crisis to the appropriate helping resource in the school and provide help as needed for the teacher (who may want guidance before discussing a parent's incarceration or a sibling's terminal illness with a child).
8	Homeless or from highly mobile families	Elementary Middle High	Hopefully parents will inform school. Address may be indicator of likely mobility based on the school's experience. In some cases the receiving school may be the school that is first aware of the move.	These children were targeted by the <i>One Community One Voice</i> report (p.9), based on a UK study of student mobility which highlighted the needs of these children.	The <i>One Community One Voice</i> report suggested giving parents transportation options to avoid switching schools and developing "clear communication strategies between schools for children who move."

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Table of Risk Factors, Rationale and Recommendations				
Risk Factor	School Level	How Identified	Reason Help is Needed	Recommended Interventions
9 Children in who come from an immigrant or refugee families including children in English Language Learners (ELL) programs or whose parents do not speak English.	Elementary Middle High	It should be easy to identify children in ELL programs but many children in regular classes may have parents who do not speak English. Language spoken at home should be a question asked at time of registration.	These children will need extra academic support. The large number of Hispanic parents who do not speak English and who have not had access to much education themselves means that many parents do not know how to support or help their children academically or how to help with school issues. Youth from immigrant families, especially those who enter school in the later grades, are at high risk for dropping out.	The FCPS are making efforts to help Hispanic families as reflected in the Leadership and Academic Support Pilot Program and in efforts to find more bilingual social work and counseling staff. The availability of all parent material in Spanish and special outreach to Hispanic parents is critical. Efforts to help immigrant and ELL students maintain their native tongue and progress to read and write in that tongue can help them recognize their native language skills as a strength. The schools should have a list of interpreters for various languages and the University international student organization may also be a source of help.

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Table of Risk Factors, Rationale and Recommendations				
Risk Factor	School Level	How Identified	Reason Help is Needed	Recommended Interventions
10 Substance abuse (SA)	Elementary Middle High	All children should receive preventive education regarding substance abuse. Children who are actively abusing substance can only be identified if the information comes to school staff because of use in school or from caretakers, but school staff should be alert to youth who regularly associate with known abusers.	The dangers of substance abuse to health, mental health, and academic performance are well documented. It is important to realize that all the steps to promote school connectedness and to support academic success can also help prevent substance abuse.	The Substance Abuse and Mental Health Services Administration (SAMHSA) provides extensive information on prevention and intervention programs for SA abuse and schools are a primary site for prevention efforts. The schools should take an active role in insisting on treatment for known abusers and advocating for responsive, quality community treatment programs.
11 Poor Social Skills	Elementary Middle High	Children with poor peer relationships should be identified systematically by alerting teachers and parents of programs available to improve social skills and asking teachers or parents to nominate children for such programs. The consideration of socio-metric measures in the third or fourth grade to identify children at risk might be considered.	Children who are rejected because of poor social skills or aggressive behaviors are at high risk for future maladjustment, poor academic performance, and dropping out. School-based intervention, especially in elementary and middle school can enhance social skills and reduce rejection and alienation from school.	There are several social skill programs which we recommend exploring including FRIENDS, and ...
12 Chronically truant and tardy	Elementary Middle High	Readily identified from attendance data.	Clearly students with attendance problems are at risk of poor performance, failure and dropping out.	Need recs

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Table of Risk Factors, Rationale and Recommendations					
Risk Factor	School Level	How Identified	Reason Help is Needed	Recommended Interventions	
13	Pregnancy	Middle High	May be identified by caretakers or young woman who is pregnant	Risk of dropping out or poor academic performance. Pregnant teens need lots of extra support. Special attention to pre-natal care(high risk for premature births w/consequent risks). Need help with parenting.	Schools have run such programs in the past. Donna George, Dr. Burcham, Health Department, UK College of Nursing, Family Care Center are among resources.
14	Involved with the Juvenile Court	Middle High	Although Juvenile Court involvement and charges are confidential, family and youth service workers can recognize that youth referred to the court are at risk and identify needs that the schools may address.	Juvenile Court involvement is often associated with poor academic performance and reading difficulties.	The schools should have strong liaison with youth service staff to address the needs of youth receiving services because of Juvenile Court involvement.
15	One or more Mental Health Diagnoses	Elementary Middle High	Children with mental health diagnoses should be identified to the school by the family in an effort to maximize help and collaboration from the schools.	Most MH diagnoses have implications for learning and school success. Some, such as attention deficits, may have their major impact on school performance.	Schools must determine which children can be served primarily in the schools and what collaboration is needed when children receive mental health services outside the schools. School staff should be proactive in collaboration with outside service agencies.
16	Children with multiple risk factors	Elementary Middle High	A system of recording and aggregating risk factors is needed to identify youth with exceptional risks.	If each of these risk factors may have adverse consequences for children, multiple factors pose even greater risks.	Teachers and designated school staff must be aware of children with multiple risk factors.

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Group Recommendation 2:

The Fayette County Public Schools (FCPS) will establish a seamless system of coordinated, effective mental health care for students at risk of developing mental health symptoms or who have already been identified as having a need for services.

Specific Recommendation 2-C:

Fayette County Public Schools will establish a continuum of school-based services and programs to educate children and youth with targeted and intense mental health needs in order to prepare them to be socially competent and live responsible, productive lives in the community.

Research Rationale For How This Change Will Help Kids:

"Kids do well if they can; if they don't do well, it is our responsibility as adults to figure out why and help them." Greene, R. (1998). *The Explosive Child*. New York: Harper-Collins.

"It is not enough to say that all children can learn or that no child will be left behind; the work involves achieving the vision of an American education system that enables all children (and youth) to succeed in school, work and life" (2002, Council for Chief State School Officers). There are many complexities that create barriers to learning for children (see MHWB Recommendation 2-B). Research indicates that children and youth who grow up in safe and supportive families and communities and who are educated in safe and supportive learning environments are better prepared to become responsible, contributory citizens. Barriers to positive development and learning can be dramatically improved by building a structured system of learning supports that includes a full continuum of services for all children, including those with specific and intense mental health needs.

National research on school based programs shows they are more successful than clinic based programs. Weist, Myers, Hastings, Ghuman, and Han (1999) punctuate this point in their work with minority youth and youth with internalizing mental health issues. Research is also very clear in pointing out the benefit of on the spot school based interventions with children and youth with externalizing disorders (Barkley, 2000). Students who behavioral difficulties make better progress if interventions are made at the time disruptions occur rather than delaying intervention through referrals to community based therapy. Reports indicate that school-based mental health programs have lower number of missed appointments. Thus, in-school and after-school based mental health services receive thumbs up in effecting positive change with children and youth who suffer from both internalizing and externalizing mental health issues.

When services are based in the schools, they are more likely to include teachers and school staff in the efforts to help the child and to include a focus on a child's educational needs. While there is evidence that various individual interventions are effective (e.g., behavioral interventions, individual and group counseling), reviews have indicated that school-based treatments that are broader, collaborative/consultative in nature, and include multiple components are likely to be most effective. Increasingly, there are empirically-based interventions for children and adolescents (e.g., see special issue of *Journal of Child Clinical and Adolescent Psychology*, September, 2005), although most of the research on specific treatments is not school-based.

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Research and Resources:

The Model of Expanded School Mental Health (ESMH) utilized by the Center for School Mental Health Assistance offers promise for expanding mental health services in the schools. This model, developed by the University of Maryland in Baltimore offers promise for expanding mental health services in the schools. The No Child Left Behind Act of 2001 and the President's new Freedom Commission on Mental health (2003) both support providing mental health services in the schools.

In Louisville, Kentucky, Seven Counties has a well established ESMH program which touches 51 schools. The Bluegrass Regional Mental Health and Mental Retardation Board, Inc. currently has school-based clinics in three Fayette County schools. Community collaborators (e.g. the Department of Outpatient Psychiatry at the University of Kentucky, Samaritan Hospital, the Comprehensive Care Center of the Bluegrass) are possible sources of services that could be sought to bring mental health services to the schools.

The Bluegrass Regional MHMR Board, Inc. has school based clinics in 3 Fayette County schools with plans to expand to a fourth. The Department of Psychiatry at UK is another possible source of ESMH programming for the schools. The UK College of Social Work, Educational, Counseling Psychology, and Clinical Psychology programs, Nursing, and Family Studies are all potential resources for supplementing school services.

The ESMH model of care must supplement and not duplicate programs in the schools (Pavola, Carey, & Cogg, 1996; Waxman, Weist, & Benson, 1999). The ESMH programs should be tailored to fit individual schools or clusters of schools. Individual schools typically do not have the resources to response to the complex range of mental health needs exhibited. While a single school may not offer a complete array of services, clusters of schools may provide such an array by developing and sharing the skills of their collective staff. Less common diagnoses and complex mental health issues might require collaboration with individuals with specific training.

Clearly, those children with internalizing mental health issues (such as trauma, depression, and anxiety) often exhibit issues that interfere with school functioning and need treatment outside of the traditional school day in order to heal and make progress. They may also require time during a school day to engage in processing to get back on track and manage the school day. Children and youth with externalizing disorders often need intense intervention at the point of their issues during the school day in order to be engaged learners. Additionally, some children and youth have disabilities that require psychiatric consultation in order to establish stable mental health.

Barkley, R. A. (in press) *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment*. New York: Guilford.

Report to FCPS (May, 24, 2004) Fayette County Public Schools' Task Force of Mental Health in School

Pavola, J.C., Carey, K., & Cobb, C. (1996). Interdisciplinary school practice: Implications of the service integration movement for psychologists. *Professional Psychology: Research and Practice*, 27, 34-40.

President's New Freedom Commission on Mental Health (2003). *President's New Freedom Commission on Mental Health, Achieving the promise: Transforming Mental Health Care in America*. Rockville, MD: Author

Robinson, K. E. (2004). *Advances in School-based Mental Health Interventions*. Kingston, NJ: Civic Research Institute

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Waxman, R.P., Weist, M.D., & Benson, D.M. (1999). Toward collaboration in the growing education-mental health interface. *Clinical Psychology Review, 19*, 239-253.

Weist, M. D., Myers, C. P., Hastings, E., Ghuman, H., & Han, Y. (1999). Psychosocial functioning of youth receiving mental health services in the schools vs. community mental health centers. *Community Mental Health Journal, 35*, 69-81.

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Implementation Steps for Recommendation 2-C	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
Provide leadership at the district level to build capacity among the staff to provide specialized services and interventions to those children with targeted and intense mental health needs.	FCPS District Leadership and Mental Health Staff; Director of Learning Support Resource Team Coordinators	District level professionals/community services providers/other experts; UCLA Center for Mental Health in Schools	April 2006	July 2006
Train all staff in the county about the nature of mental health issues and the need for specialized interventions.	FCPS District Leadership and Mental Health Staff; Director of Learning Support Resource Team Coordinators		Aug 2006	On-going
<p>Each school have a designated point of entry contact that will have several responsibilities to serve children and youth with significant mental health needs (new LSRT position referenced in Recommendation 2-A).</p> <p>The primary initiative is to oversee the development and evaluation of "laser-focused" interventions to students or student groups. The nature of services may vary from school to school depending upon student needs.</p>	FCPS District Leadership and Mental Health Staff; Director of Learning Support Resource Team Coordinators	Fayette County Public Schools' Task Force of Mental Health in School		

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Implementation Steps for Recommendation 2-C	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
<p>Develop school-based mental health support clinics among school clusters, based on need; One strategy for increasing the initial reach of school based mental health programs would be to establish them in each high school and to refer children and youth from elementary and middle schools to the nearest center.</p> <p>The clinic should be open at designated times after school for children and families to access care by community based mental health professionals such as psychiatrists, psychiatrist nurses, psychologists, and/or other mental health treatment professionals. The clinic should also be available to provide support during the school day for children suffering from mental health issues that interrupt the learning process.</p>		<p>The University of Maryland Expanded School Mental Health (ESMH) model; the Seven Counties School-based program in Louisville. Potential funding resources are listed, Chapter XX in Robinson, funding paper from Center for School MH Analysis and Action.</p> <p>Identify and fully collaborate with community based resources, especially looking to expand the Comprehensive Care school-based programs, and negotiating with other agencies and practitioners for pro-bono-time or a part of their regular practice time-based in the schools. Emphasize the need for services to be available in Spanish.</p>	March 2006	August 2006
<p>Invest time, energy and money into researching effective practices, implementing those practices and evaluating outcomes within in the FCPS.</p>				

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Group Recommendation 2:

The Fayette County Public Schools (FCPS) will establish a seamless system of coordinated, effective mental health care for students at risk of developing mental health symptoms or who have already been identified as having a need for services.

Specific Recommendation 2-D:

Fayette County Public Schools will collaborate with community partners to increase awareness in the community, especially among health care providers, parents, and educators, about the prevalence of childhood and youth mental health problems, their early signs and symptoms, and their impact on academic, intellectual, emotional, and social development of children. The awareness program should work to reduce stigma and emphasize the benefits of early identification and intervention for mental health problems among children.

Research Rationale For How This Change Will Help Kids:

Recommendation 2-D was also a recommendation of the 2004 FCPS Mental Health Task Force.

There is abundant research demonstrating that many children, youth, and adults, are vulnerable to mental health problems. Without intervention mental health problems can create additional and more serious problems for the child, the family, and others. Because early intervention is most helpful it is important that parents, school staff, and members of the Fayette County community recognize situations that may create risk for development of a mental health problem or mental disorder in children, youth, and adults and know the early warning signs of mental health problems and mental disorders. Acting on such knowledge can improve help-seeking and reduce the negative impact that untreated mental health problems and mental disorders will have on the children's academic, intellectual, emotional and social development. Well-informed families, staff, and community members will actively support strategies to screen, evaluate, and treat mental health problems and mental disorder in children and youth.

The stigma too often associated with mental health problems, even acknowledging the negative effects of stress, can deter children, families, and teachers from seeking the support or help they need. The net results are frequently poor educational outcomes for children. Efforts must be made to be more open about the effects of stress and problems and to make early and preventive use of supports and services.

The Numbers

- Twenty-five percent of individuals develop one or more behavioral disorders in their life time (WHO, Mental health problems: the undefined and hidden burden).
- 4 of the top 10 leading causes of disability in the US are mental health problems including—major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder (NIMH, The Numbers Count: Mental Disorders in America, 2001).
- Half of all lifetime mental disorders begin by the time the individual is 14 years old and three quarters have begun by age 24 (Kuehn, 2005).
- 1 in 5 child will experience mental health problems with 5% to 9% of children experiencing severe mental illness.
- Research suggests that nearly 25% of children experience a significant trauma by age 16 (Costello, Erkanli, Fairbank, & Angold, 2002). The literature consistently documents their increased risk for a range of psychopathology and impairments including posttraumatic stress disorder (PTSD) (Cicchetti & Toth, 1995). Abused children and children exposed to domestic violence are at greater risk of exposing the next generation to violence (Ehrensaft, et al. 2003)

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The Treatment

- Stigma, lack of awareness, knowledge and understanding leads to mental health problems being under recognized, under diagnosed and untreated.
- One in five adults and one-third of all children with mental health problems will receive needed mental health care (National Institute of Mental Health, 2001).
- Twenty-one percent of children ages 9 to 17 receive mental health services in a year (Surgeon General's Report on Mental Health, 1999).
- Mental illnesses are not diagnosed or treated because the majority of patients are not aware that they need treatment (Takeuchi, Uehara, & G. Maramba. 2000).
- Evidence based reports show that many patients suffering from mental illness often do not receive quality (effective) care (National Institute of Mental Health, 2001. Wells, Sherbourne, Schoenbaum, Duan, Meredith, Unützer, Miranda, Carney, & Rubenstein. 2000).
- Reasons for lack of treatment is related to stigma, inadequate recognition, unfair treatment by third party payers, and a fragmented health care system (New Freedom Commission on Mental Illness, 2003).
- Increased awareness and acknowledgment of mental health needs leads to decrease stigma, increase recognition, and improve access and help-seeking.
- Effective screening, assessments, and treatment exist.

Research and Resources:

Cicchetti, D., & Toth, S. L. (1995) A developmental psychopathology perspective on child abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 541-565.

Costello, J. E., Erkanli, A. Fairbank, J. A., & Angold, A. (2002). The prevalence of potentially traumatic events in childhood and adolescence. *Journal of Traumatic Stress*, 13, 99-112.

Ehrensaft, M. K., Cohen, P., Brown, J., Smailes E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20 year prospective study. *Journal of Consulting and Clinical Psychology*, 71, 741-753.

Kirkwood, A. D., & Stamm, H. (2004). Confronting stigma in Idaho—An Idaho community-based social marketing campaign. In K. E. Robinson (ED.) (2004). *Advances in School-based Mental Health Interventions*. Kingston, NJ: Civic Research Institute.

National Institute of Mental Health (NIMH) (2001). *The Numbers Count: Mental Disorders in America, 2001*. Washington, DC: Author

President's New Freedom Commission on Mental Health (2003). *President's New Freedom Commission on Mental Health, Achieving the promise: Transforming Mental Health Care in America*. Rockville, MD: Author

Surgeon General (1999). *Surgeon General's Report on Mental Health*. Rockville, MD: US Department of Health and Human Services.

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Takeuchi, D. T., Uehara, E., & Maraba, G. (1999). Cultural diversity in mental health treatment. In T. Scheid & A. V. Horowitz (Eds.). A handbook for the study of mental health. New York: Cambridge University Press.

Wells, K., Sherbourne, C., Schoenbaum, M., Duan, N., Meredith, L., Unützer, J., Miranda, J., Carney, M. F., & Rubenstein, L. V. (2000). The impact of disseminating quality improvement programs for depression in managed primary care: A randomized controlled trial. *Journal of the American Medical Association*, 283, 212-220.

World Health Organization (2001). Mental Health Problems: The undefined and hidden burden, Fact Sheet 218.

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Implementation Steps for Recommendation 2-D	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
<p>Develop a community awareness campaign to improve understanding regarding mental health and well-being; the campaign should be addressed toward parents, students, community leaders and decision makers, school administrators, educators, and staff.</p> <p>Content should include:</p> <ul style="list-style-type: none"> • Definitions of mental health, mental health problem, mental disorders • Promoting positive mental health in children, youth, and adults • Recognizing situations that create for mental health problems • Recognize early warning signs of mental health problems • Benefits of prevention, early intervention and treatment to reduce long-term negative impact on child/youth • How to find help or make a referral 	<p>A committee of school mental health staff and parents with community and professional association assistance.</p>	<p>School Mental Health Professionals; Bluegrass Regional MHMR Board, Inc.; University of Kentucky; Kirkwood & Stamm in reference above. Associations of Mental Health Professionals in KY (psychologists, social workers, psychiatrists, nurses; professional counselors and family therapists) Federation of Families for Children's Mental Health (www.ffcmh.org) Kentucky Partnership for Families and Children (www.kypartnership.org) American Academy of Child and Adolescent Psychiatry (www.aacap.org) See list of websites in supporting materials</p>	<p>March 2006</p>	<p>June 2007</p>

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Implementation Steps for Recommendation 2-D	Person Responsible for Completing Steps	Possible Resources	Start Date	End Date
<p>Develop training and awareness materials to help educators make informed decisions about strategies and systems of screening, in-school services, community-school collaboration (directed toward school administrators, educators, and staff);</p> <p>Content should address: Current status of mental health needs and services within the schools and the community Efficacy and benefits of different models Legal, ethical, and policy issues related to changes Family, community support, and school collaboration and liaison Confidentiality, privacy, and HIPPA considerations</p>	A committee of school mental health staff with community assistance.	See resources listed in above recommendation	March 2006	June 2007
<p>Help teachers feel comfortable accessing resources when they are stressed (especially new teachers). Include a site for teacher support resources on the FCPS server.</p>	Administrative and school staff, EAP program for FCPS.	Australia has systems of teacher support that are interesting at www.auseinet.flinders.edu.au	April 2006	April 2007
<p>Develop a program to reduce the stigma of child mental health problems</p>		Chapter 21 of Robinson book above – Confronting Stigma in Idaho	March 2006	June 2007