Promise Zone Sites: Current Status – March 2011

Buffalo

Participants Include

Change Agents United Way & Erie 1 BOCES; Local Not-for-Profit MH provider Spectrum Services, Buffalo Public Schools (BPS), Buffalo Closing the Gap initiative, and Erie County Mental Health.

Targeted Schools

Effort moving along nicely in the 4 targeted schools in South Buffalo

- Hillary Park #27 – Pre-K – 8.
- Lorraine Elementary #72 – Pre-K – 8
- Southside Elementary #93 – Pre-K – 8
- South Park High School #205 – 9 – 12

Total Enrollment

2,876

Key Points Include

- PZ Leadership Team membership has been clarified and includes: EC Dept of Mental Health (Phil Endress), Buffalo Public Schools (Diane Cozzo), Erie 1 BOCES (Jane Ogilvie), and United Way of Buffalo & Erie County (Jill Robbins-Jabine).
- PZ Leadership Team MOU has been drafted. Awaiting comments from ECDMH to finalize.
- PZ Coordinator job description has been finalized and position is posted. Leadership Team to interview final candidates and make selection. This position will be funded under DCJS grant.
- Initiative’s Evaluation:
  - BPS hiring Hedy Chang to do an attendance study that will address suspensions, excused and unexcused absences to address data that average daily attendance by itself does not provide. The report is due in April.
  - Consultant Karen Finn worked with Leadership Team members, providing an overview on Results Based Accountability (RBA) that provides framework for achieving outcomes, data and follow-through. Members of PZ Leadership Team have been trained in RBA (train the trainer).

Student Support Team

Goal continues to be a full-time SST in schools with a consistent protocol for building bridges between school and community services. United Way of Buffalo & Erie County convenes and facilitates Afterschool Network of WNY and can assist PZ schools with access to provider network. Closing the Gap is a critical and well integrated partner. Next steps:

- Continued SST training (see attached list). Includes training on behalf of PZ Leadership Team to support implementation efforts.
- Explore linkages with afterschool providers to assist District in achieving improved attendance.
• PZ Leadership Team to revisit Advisory Committee members to insure alignment with revised goals.

On-going Efforts and Next Steps
  o Roles and responsibilities documentation (SST Manual) is in development and will also include policies and procedures.
  o Included with policies and procedures will be development of universal MOU (between partner providers) and consent (for parents).
  o BPS SST/PBIS Tier 2 & 3 leadership team established and meeting monthly.
  o Universal screening at PZ School #27 implemented with integrity
  o Spectrum Services has worked with Clinic Plus to provide mental health screenings in all PZ schools
  o Development, oversight and implementation of all training efforts
  o PZ Leadership Team to hold PZ Principal breakfast (after Spring break)
  o Review plans and goals
  o Outline plans for resource mapping and gap analysis
  o Continued exploration of linkages with Afterschool providers to assist District in achieving improved attendance.
  o Still awaiting information from State identifying regional/local staff (e.g., OASAS) to act as contact person and participant.

New York City/Turnaround

Participants Include
NYC DOH/MH leadership and Turnaround for Children leadership working as the Change Agent.

Targeted Schools include two cohorts in the Bronx
  • North/Central Bronx: PS 46, PS 85, PS 279, MS 117, MS 118 and MS 391
  • South Bronx: PS 18, PS 130, PS 385, MS 286, MS 325 and HS 560 (Bronx Academy)

Total Enrollment
8,902

Key Points Include
  • MOUs with MH partners are in place in 14 schools (includes 3-5 PBIS schools). MH providers (i.e., NY Foundling, Communilife and Institute of the South Bronx) have received approximately 140 referrals, of which over 1/3 was successfully taken into treatment and 1/3 is still completing the referral process.
  • Evaluation Instruments are being finalized. Working on identifying the data points/outcomes.
  • Strengthening the Student Intervention Teams is a goal. Making them the focal point of integration through a number of coordination/collaboration activities including “cohort” meetings. A Community Resource Coordinator is being set up through other funding. Student
Engagement

Intervention and Instructional Support Teams have developed interventions to support over 300 students. Additional funding will also be used to set up a common electronic database for school and family relevant resources.

Expansion of Community Partners

- Resource Guide is being developed and efforts dovetail well with Juvenile Justice grant (see below) to develop community networks. Involves Protective services, after-school services and a Family Court connection that is focused on how to improve communication with probation officers, especially at middle schools. Also working with Good Shepherd Services and the Greater NY Hospital Association.
- We have hosted a site visit at a Promise Zone school (MS 117) for staff from Vera Institute and discussed how Turnaround supports truancy intervention and prevention, as well as opportunities to partner with the juvenile justice system (courts, probation, etc.).

- Working with ACS to target ACS workers in schools and link them more effectively with Student Intervention Teams.
- Evaluation Instruments are being finalized. Working on identifying the data points/outcomes.

Progress on the New York State Division of Criminal Justice Services Promise Zone/School Engagement Grant

- Finalized documentation associated with the grant from the New York State Division of Criminal Justice Services. Under this grant Turnaround has contracted with New York City Department of Health and Mental Hygiene to build school capacity to:
  - Improve the identification of high-risk students in need of mental health and other community support services
  - Improve access to available mental health and other community support services
  - Improve behavior management
  - Create a more engaging school culture
- Identified outside consultants who will work to develop training materials and lead professional development sessions.
- Scheduled professional development trainings in behavior management strategies in six schools; training has already occurred in 3 schools. These trainings address de-escalation techniques, social and emotional learning strategies and concepts in child and adolescent development. Approximately 20 staff from each school will attend each training session.
- Life Skills Crisis Intervention training (LSCI) has been scheduled for a spring session (6 training days); a second set of training sessions will be scheduled for fall, 2011.
- Compiled an initial list of hospitals, resource centers and community based mental health and social service providers for inclusion in the Access to Care Resource Guide.
- Met with representatives from The Health Information Tool for Empowerment (HITE) to discuss using their site as an on-line platform for the Access to Care Resource Guide developed as part of the grant from the New York State Division of Criminal Justice Services. HITE is an online directory of health and social services specifically for low-income, uninsured and under-insured New Yorkers. Making the resource guide available on-line will ensure all school staff have
access, as well as allow for the easier and timelier updating of contact information and addition of new providers. Further, in partnering with HITE Turnaround can ensure the Access to Care Resource Guide includes a greater number of services located throughout New York City which are available to families living in Promise Zone communities. First planning meeting with HITE scheduled for mid-April.

Assistance Needed
State partners help needed in identifying local/regional staff (e.g., OASAS).

New York City/PBIS
Participants Include
NYC DOH/MH leadership, NYC Dept. of Education PBIS Leadership (Change Agent) and NYCDOE Director of School Mental Health Services.

Targeted Schools (all in the Bronx)
PS/MS 194 (Pre-k – 8, SE), PS 25 (Pre-k – 5, SE), PS 41 (K-5, SE), PS 72 (Pre-k – 5, SE) and PS 119 (Pre-k – 5, SE).

Total Enrollment
4,507

Key Points Include
- MH component is up and working. External Partners/resource need established. Next steps will be establishing protocols on how to work together.
- PBIS is working with the Visiting Nurse Service of New York as mental health partner for the five schools. VNS has begun to provide services (i.e., has identified youngsters in need of service, and making linkages).
- Week of 1/31 ACS liaisons are meeting and will work on protocols.
- NYC Dept. of Ed., Education Supervisor will continue to meet with Principals and has provided support.
- Evaluation is focused on engagement and includes drop outs.
- Link to PBIS Tier 3 is clear, establishing fidelity to the model. PBIS leadership holds workshops training school staff on next steps, establishing where you’re at and where do you want to go.
- Working on assuring that fidelity to the model is maintained, including team functioning, administrative support, data driven, etc.
- Community linkages beyond MH: Expansion of the structure beyond MH is planned but not there as yet. Still looking at what the schools identify as their needs. Family Resource Centers are a key part. Linking with the OMH Regional Office for support in establishing this component.
- Connection to Buffalo and Syracuse PBIS has been established. The 5 Buffalo schools are experiencing similar needs re: connecting building capacity for school teams to connect with agencies. NYC, Buffalo and Syracuse PBIS will establish ongoing conference calls to share and learn about implementation as the pilot moves forward.
Help Needed
- Information on resources available through the State agencies.

PBIS Promise Zone Teams met twice since January meeting with state
- Success stories were shared
- Challenges need to be addressed include roles, coordination, and monitoring of progress
- Follow-up meetings to address these are scheduled

Syracuse
Participants Include
Onondaga County MH, Syracuse Say Yes to Education (Change Agent), OnCare (Onondaga County System of Care), Syracuse City School District, Contact Community Services, Inc. & MHA of Onondaga, and CBO coordinating group.

Targeted Schools:  Syracuse City School District (district wide effort). 15 Elementary schools, 6 Middle Schools, 6 K-8 schools and 5 High Schools.

Enrollment
20,184

Key Points Include
- Bob Putnam from the May Institute will be assisting on Syracuse’s Student Support Team structure, including meeting with Teams, Principals, Say Yes, etc.
- Have met with MH clinics in the county and each school (37) will have a clinic. Currently planning indicates that there are 14 now, with 13 more to be added in 2011 and 2 more in 2012.
- The focus will be on Elementary and Middle Schools. High Schools are part of the plan but are hindered by “no show” rates.
- Additional student supports are being contracted out through the student assistance program using Masters level clinicians and a blend of substance abuse/MH training professionals.
- MH clinician’s roles are established and implemented 5 days/week for consistency:
  - Direct service upon referral
  - Part of the SST (Identify needs and referrals)
- Training for Student Support Teams will be conducted over the next 18 months to focus on roles & responsibilities, support circles established, determining appropriate referrals, etc. Helping principals and teachers identify service needs is also included.
- New Schools: Need to work with Principals on scheduling of key staff and other items to prepare them for when the change occurs. Target date of 9/1/11 for all schools will be trained and ready for SST.
• Jennifer will meet with Steve Gramet to coordinate alignment of System of Care as well as working with the System of Care Education Committee to link with RTI, Homebound instruction, etc.
• Data/Evaluation: Schools and Say Yes are working on data needs. They will focus on outcome measures and not process.
• SPOA has been streamlined with Juvenile Justice and Child Welfare with the goal of establishing a more family friendly, responsive, cross systems intake process for children with serious behavioral/emotional challenges.