

“THE PARTNERSHIP”



CAYUGA COUNTY SAFE SCHOOLS/ HEALTHY STUDENTS PARTNERSHIP

Key Findings from the Independent Evaluation

November 2002

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PARTNERSHIP SIGNIFICANTLY EXPANDS CAPACITY TO PROVIDE PROGRAMS AND SERVICES TO STUDENTS AND FAMILIES

INTRODUCTION

Across the country, schools and districts are well-into a new academic year. In specific communities, staff from law enforcement, social services, health, and state and local government, as well as parents and students, are continuing work begun several years ago under the *Safe Schools/Healthy Students Initiative* to identify and implement proven prevention and intervention strategies and to maximize efforts to keep the nation's young people safe, healthy, and drug-free. These efforts will strengthen the national goal, exemplified in the No Child Left Behind legislation, of ensuring that every child is able to learn and grow.

The Cayuga County Safe Schools/Healthy Students Partnership (The Partnership), initiated in the Spring of 2000 is a comprehensive, community-wide collaboration dedicated to fostering the healthy development of children and youth in the Auburn, Port Byron, and Cayuga-Onondaga BOCES School Districts in Upstate New York – from infancy through secondary school. It involves public education, mental health, human services, health, and local law enforcement agencies that act in close consultation with a Community Advisory Board comprised of parents, students, and community-based organizations. The

Partnership balances and integrates resources devoted to a safe school environment with resources that address the needs of high-risk, individual students.

The Partnership is funded through a grant from the federal Departments of Education, Health and Human Services, and Justice and has been renewed annually for the maximum three years. Early on, it identified a number of evidence-based programs and services to implement across participating schools and community agencies, and their implementation over the last three years is the focus of this issue of *The Partnership* newsletter, which periodically updates audiences on the activities and impacts of this initiative.

ABOUT THE EVALUATION...

MAGI Educational Services, Inc. is conducting the external evaluation of the Cayuga County Safe Schools Healthy Students Partnership. The data used to report evaluation findings presented in this newsletter come from monthly program reports to the Partnership Executive Committee.

POSITIVE ENVIRONMENT

The Partnership is working to create a positive environment in Cayuga County schools that promotes learning, safety, and socially appropriate behaviors. A positive school environment is characterized by mutual respect, cooperation, courtesy, and support among students, teachers, parents, and the community. Several Partnership programs are designed to help schools move toward this goal. These programs are oriented to fostering positive relationships, addressing the social and emotional needs of students, and promoting meaningful parental and community involvement. These programs fall into three categories: 1) universal prevention curricula, 2) supplemental social, recreational & academic programs, and 3) parental involvement programs.

UNIVERSAL PREVENTION CURRICULA

Violence prevention curricula are designed to promote a positive, peaceful norm and to teach students life skills such as anger management, social problem solving, and empathy. As implemented by the Partnership, all students (K-12) have at least one violence prevention curriculum incorporated into their classrooms.

BUILDING RELATIONSHIPS IN GREAT HARMONY TOGETHER (BRIGHT) —

The primary objective of this program, integrated into the 11th & 12th grade health curricula, is to help teens develop a model of healthy strategies for handling anger and conflict in dating relationships by addressing topics such as coercive behavior between dating partners, peer aggression, sexual coercion, conflict resolution, and anger management.

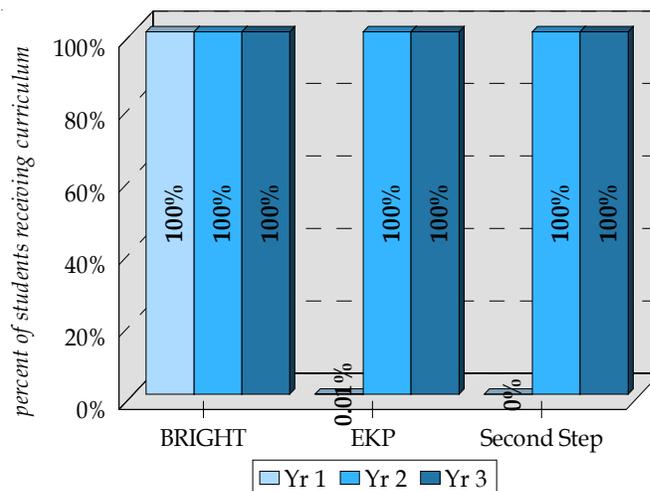
EDUCATIONAL KARATE PROGRAM (EKP) —

This program, offered in all physical education classes, promotes non-violent problem solving and emphasizes the importance of both physical and mental well-being. Students learn better attitudes toward self, respect for others, and basic physical and mental self-defense techniques.

SECOND STEP — This curriculum, offered to all elementary and middle school students, teaches empathy, impulse control and problem solving, and anger management. Students learn to practice pro-social behavior in 30 minute lessons once or twice a week.

FIGURE 1.

Percent of targeted buildings, grade levels and classrooms implementing Universal Prevention Curricula



All of the Partnership’s violence prevention curricula were fully implemented by Year 2.

- All elementary and middle school students receive Second Step in their classrooms.
- All students receive EKP in their physical education classes.
- All 11th & 12th graders receive BRIGHT in their health curricula.

SUPPLEMENTAL SOCIAL, RECREATIONAL & ACADEMIC PROGRAMS

Without structured, supervised activities in the after-school hours, youth are at greater risk of being victims of crime, or participating in anti-social behaviors. After-school and summer hours are a critical time for youth. These times can represent either an opportunity to learn and grow, through quality after-school programs, or a time of risk to youth's health and safety. Various Partnership programs provide safe, structured learning opportunities that give students alternatives to substance abuse and violence.



KEY FINDING

The Partnership has significantly increased supplemental social, recreational & academic program offerings in the Auburn and Port Byron school districts, providing students at all levels productive and positive environments for learning and recreation (see Figures 2 & 3).

AFTER SCHOOL PROGRAMS —

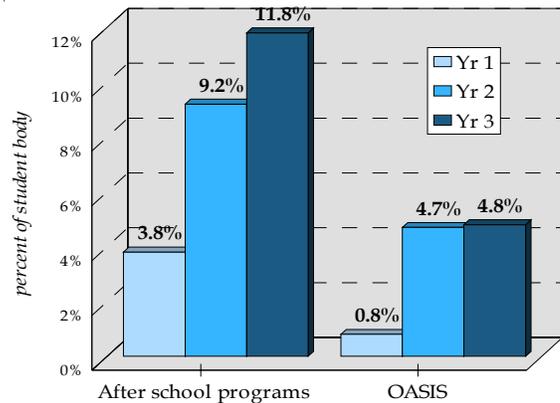
After-school programs provide safe, structured activities that promote healthy lifestyles, improve educational performance, and provide pro-social alternatives to risk-taking behavior at strategic times during the week when many children are otherwise unsupervised.

OPPORTUNITY FOR ACADEMIC SUCCESS IN SCHOOL (OASIS) —

This intensive, 5-week preparatory summer program offers elementary students assistance in the language arts and math skills they will need for the next grade level. These students are recommended for the program because they are struggling academically.

FIGURE 2.

Percent of Student Body Participating in Supplemental Programs

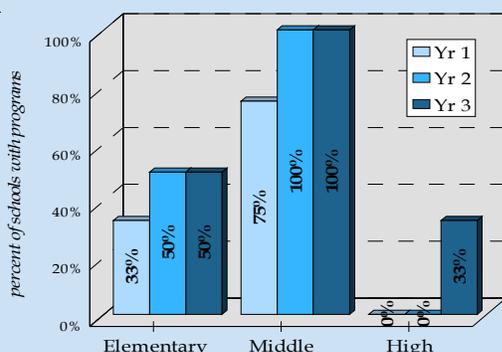


The Partnership shows a greatly increased capacity to serve students in supplemental social, recreational & academic activities.

- Total after school program capacity has more than tripled over three years.
- OASIS served six times as many students in Years 2 & 3 as it did in Year 1.

FIGURE 3.

After School Programs by School Level



The Partnership has significantly amplified after school program offerings in Auburn and Port Byron. Students at all levels have greater access to after school programs.

- After school programs are available at all middle schools, providing the most programming to students with the highest needs.
- For the first time, an after school program is available for high school students.

PARENTAL INVOLVEMENT PROGRAMS

Increasing parent and community involvement is an especially important component of ensuring safe and drug-free schools. Partnership programs that establish an open dialogue between parents, students, and schools for the expression of needs, fears, expectations and commitments help build a positive school environment.



KEY FINDING

Over the course of three-years, the Partnership has substantially increased the number and age-level of parents participating in the New York State-validated *Every Person Influences Children* (EPIC) parenting workshops (see **Figures 4 & 5**).

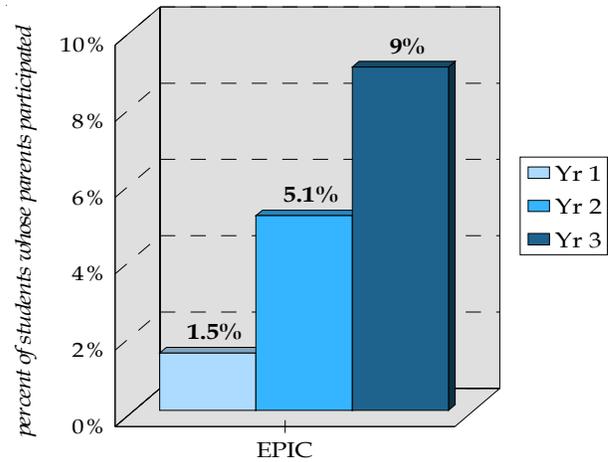
EVERY PERSON INFLUENCES CHILDREN (EPIC) —

This program consists of workshops for parents designed to enhance parental involvement in the educational lives of their children. Participants meet in supportive discussion groups that address parents' concerns and help improve parenting skills and communication among children, their parents, and school personnel.



FIGURE 4.

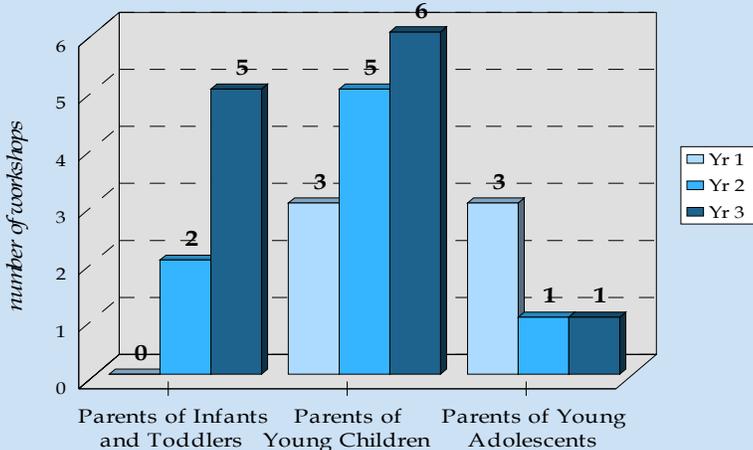
Percent of Parents Participating in EPIC Workshops



- Over three years, the Partnership has reached the parents of a growing percent of the students population. To date, parents of almost 10% of Auburn and Port Byron students have participated in EPIC.

FIGURE 5.

Parent Workshops by Age Level



Over three years, EPIC workshops have become increasingly available for parents in Cayuga County.

- There has been a significant increase in workshop offerings for parents of younger children.
- Workshop offerings for parents of older children are limited due to the difficulty of gaining their interest in participating.

TARGETED PREVENTION & INTERVENTION

Many children and adolescents have mental health needs but are unable to access appropriate high-quality mental health services. Such children are frequently victims of violence and/or witnesses to violence. Some of these children and adolescents have conduct disorders and related problems, exhibit aggressive antisocial behavior, or abuse drugs. Other children suffer from depression and are at increased risk for suicide or self-inflicted violence, but may not have easy access to appropriate mental health services and may not have been identified as in need of services.

Schools traditionally have not had sufficient

resources to identify children and adolescents who are at risk of violence and negative mental health outcomes and to ensure that they receive the services and other assistance that they need. Several Partnership programs provide children at risk of emotional and behavioral problems with appropriate mental health preventive and treatment services. These programs are coordinated in a way that is intended to maximize available service resources by reducing duplication, improve the effectiveness of services by enhancing their continuity, and promote an ongoing collaboration between public and community-based providers.

EARLY INTERVENTION PROGRAMS

Early intervention programs that focus on positive development of mental and physical health early in a child's life have enormous potential for buffering the negative impact of multiple environmental and individual risk factors and interrupting the cycle of violence for high-risk children and families. The Partnership has made available a core network of services and supports to high-risk families with young children not yet enrolled in school and to high-risk mothers prior to the birth of the child.



KEY FINDING

Over the course of three-years, caseloads in the Partnership's early intervention programs have risen dramatically. These programs are currently serving almost twice as many clients as they served when they first began (see **Figure 6**).

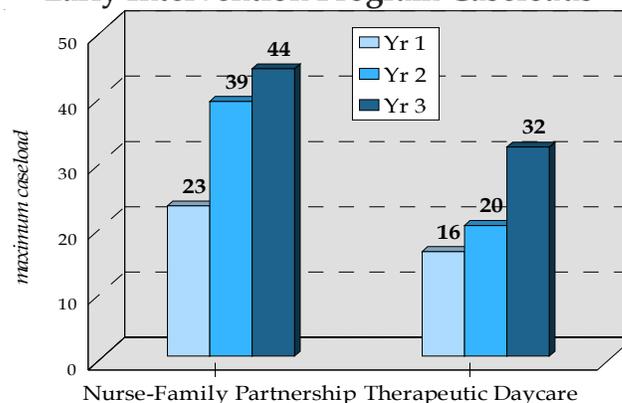
NURSE-FAMILY PARTNERSHIP –

This program enhances parent-child attachment and parenting skills for young at-risk mothers through home visits conducted by a registered nurse beginning during pregnancy and continuing until the child's second birthday.

THERAPEUTIC DAY CARE —This program uses appropriate, early mental health interventions based on a wide range of best early childhood policies and practices to maximize the therapeutic impact in natural settings and thereby enhance the capacity and skills of day care staff.

FIGURE 6.

Early Intervention Program Caseloads



- Caseloads in the Partnership's early intervention programs have risen dramatically. These programs are currently serving almost twice as many clients as they served when they began.

SCHOOL-BASED ASSESSMENT AND TREATMENT

Because the Partnership has a strong prevention emphasis, schools are providing early mental health screening and preventive services to reduce risk of onset or delay the onset of adverse mental health outcomes. Partnership programs are identifying children at-risk and responding to those children who already have serious emotional disturbances with appropriate referral, treatment, and follow-up.



KEY FINDING

As a result of the Partnership’s efforts, the capacity of participating schools to assess for and to address the mental health needs of young children and youth has been greatly enhanced (see **Figures 7 & 8**).

THE MOBILE OUTREACH SERVICES

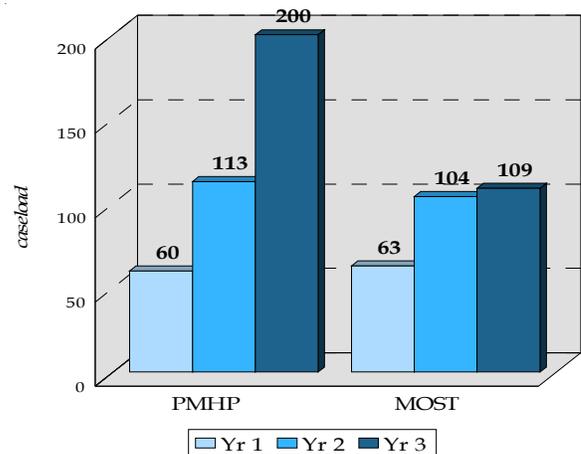
TEAM (MOST) – During and after school all throughout the year, trained clinicians assess adolescent mental health and substance abuse problems and provide students appropriate preventive and intervention treatment, post-crisis debriefing, and referral and follow-up services.

PRIMARY MENTAL HEALTH PROJECT

(PMHP) – Kindergarten and 1st grade students are screened for social, emotional, behavioral and adjustment problems. At-risk students receive services through an individualized program involving parents, teachers, trained classroom associates and mental health professionals. Each child in need is paired with a child associate for weekly sessions in a safe and welcoming playroom environment.

FIGURE 7.

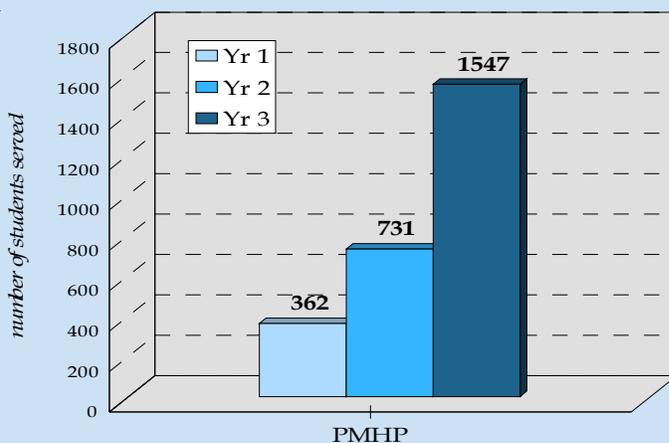
School-Based Treatment Program Caseloads



- Over the course of three years, caseloads in the Partnership’s school-based treatment programs have risen dramatically. These programs are now able to serve two to three times as many students as they served when they began.

FIGURE 8.

School-Based Screening Capacity



- The capacity for school-based mental health screening has increased more than fourfold over the course of three years.

FAMILY STRENGTHENING

The Partnership recognizes the impact of family functioning on outcomes such as family bonding, conduct disorders, school bonding and adaptation, choice of peers, and later delinquency in youth. Several Partnership programs are aimed at improving parenting practices and the family environment in an effort to reduce later youth problem behaviors and alcohol and drug abuse.



KEY FINDING

The number of families receiving needed therapeutic services to support successful family interactions has increased steadily over the course of the 3-years of the Partnership (see Figure 9).

FUNCTIONAL FAMILY THERAPY (FFT) –

This in-home intervention program helps families with school-age children improve their problem-solving skills, decrease at-risk behaviors, and boost mental health.

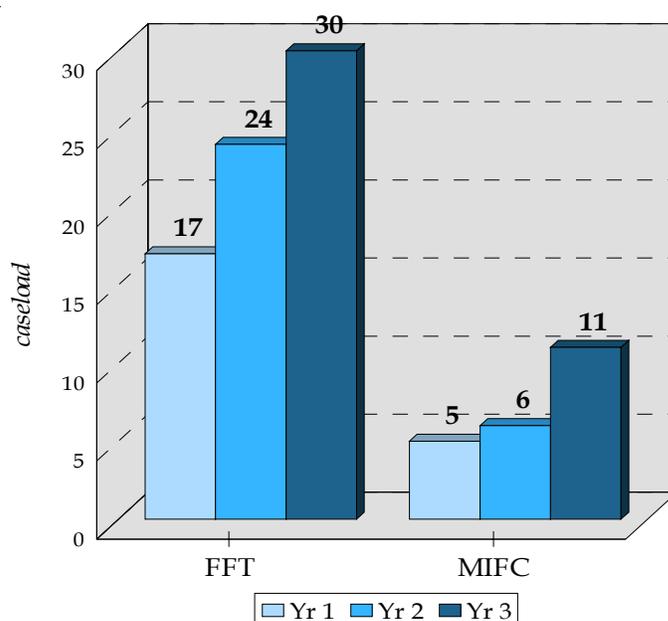
MULTI-SYSTEMIC INTENSIVE FOSTER CARE (MIFC) –

This enhanced foster care program for pre-adolescent children at risk of being placed in residential settings has been shown to be therapeutically effective and to reduce juvenile delinquency. Selected foster care families receive specialized training and support services.



FIGURE 9.

Family Strengthening Program Caseloads



- Over the course of three years, caseloads in the Partnership's family strengthening programs have risen steadily. These programs are now able to serve almost twice as many students as they served when they began.

FAMILY GROUP CONFERENCING – This intervention supports and guides families, including extended family members, as they provide their own resolutions when there is a risk of foster care placement. The model focuses on a family's strengths, resources, culture, and relationships to encourage family members to assume more

responsibility in providing care and protection for their children.

- To date, 14 family group conferences have been held, and as a result, 2 placements have been averted and 3 children have been transitioned from foster care back to their families.

JUVENILE JUSTICE

The Partnership supports the safe and successful reintegration of violent, delinquent and unruly youth into the community. Not only are effective reintegration programs cost effective, but they also provide the benefit of teaching these youth to function in the community successfully.



KEY FINDING

The Intensive Supervision/Conditional Discharge Program has been fully utilized since its inception in the Fall of 2000 (see **Figure 10**).

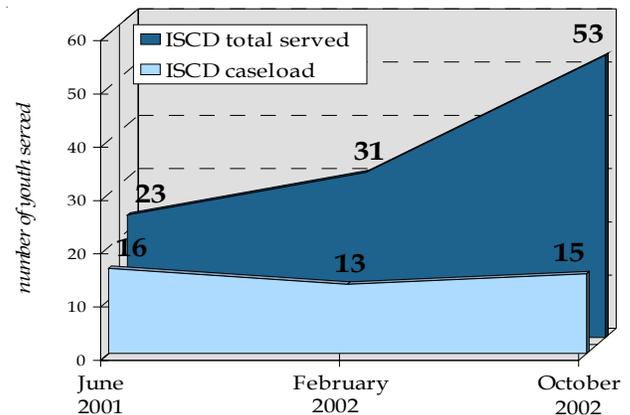
INTENSIVE SUPERVISION/CONDITIONAL DISCHARGE (ISCD)

DISCHARGE (ISCD) – This community-based rehabilitation program provides an alternative for children aged 18 and under who are at risk of placement in a youth detention facility or jail. A team of mental health professionals and caseworkers work with the youth and his or her family toward the goal of reintegration into pro-social settings at school, home, and the community.



FIGURE 10.

Number of Youth Served by ISCD



- Within the first month of program development, the ISCD program reached a maximum caseload of five clients per therapist. Since that time, full utilization of the program has been maintained.

SUMMARY

The Partnership has demonstrated a consistently and significantly greater capacity to provide programs and services to students and families now – near the end of Year 3 – than they did at the end of Year 1. A variety of programs show increased capacity to create a positive environment in which all children and youth can function and learn:

- Violence prevention curricula are fully implemented and truly universal.
- Three to six times as many students currently participate in supplemental social, recreational & academic activities compared to Year 1.
- Parents of almost 10% of students have participated in a parent involvement program.

Other programs show increased capacity to provide additional, targeted support at the

individual level to the most vulnerable students to help them develop the pro-social skills and behavior necessary to function well in school:

- Early intervention programs are currently serving almost twice as many clients.
- Capacity for school-based mental health assessment has increased fourfold.
- Caseloads in the Partnership's school-based mental health treatment programs have risen dramatically.
- Family strengthening programs are now able to serve almost twice as many students.
- The juvenile justice program caseload has remained stable, while the total number of youth served has almost doubled.