A CASE STUDY OF THE PROCESS OF FORMULATING A STRATEGIC PLAN FOR THE

DELIVERY OF MENTAL HEALTH SERVICES IN AN URBAN SCHOOL DISTRICT

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ABSTRACT

A mental health committee was formed in an urban public school district to formulate
and conduct a district-wide needs assessment in order to provide school district
administrators and board of education members with a set of guidelines for improving the
delivery of mental health services. A total of 962 school district employees completed
the district-wide needs assessment survey. Participants consisted of regular, bilingual
and special education teachers, school support staff, and administrators throughout the
district.   The purpose of this project was threefold: (1) to identify the needs of students,
parents, and staff within the school district as they relate to the delivery of mental health
programs and services, (2) to determine the extent of interest and readiness in improving
the delivery of these programs and services, and (3) to understand the relevant context of
the school district in which the target population and their needs are embedded. Through
this case study, the process of forming a committee, utilizing a program planning
framework, conducting a needs assessment, and developing a comprehensive mental
health plan was examined.   Results indicated an interest to design programs that address
student needs at the multiple service delivery levels, as well as parent and staff programs.
Program development areas identified included: (a) school-wide positive behavior
support; (b) character education; (c)anti-harassment and bullying programs; (d)
increasing the availability of individual and group counseling services for regular
education students; (e) coordinating comprehensive services for high-risk students; and
(f) parent training and staff development programs. Areas for school and district-wide
improvement prior to engaging in program design, implementation, and evaluation
activities included securing financial resources, identifying locations to carry out

programs, and gauging the impact of New Jersey State directed budget cuts on personnel,

district finances, and the development of new programs. The comprehensive mental

health plan also is presented. Results from this project highlight the importance of

school-based mental health services and the value for school districts in assessment of the

delivery of these services. Future research should include the direct assessment of

student and parent opinions as well as including these populations in the program

planning process.

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION AND OVERVIEW

Abstract

The information included this chapter provides the reader with the rational for this dissertation project. More specifically the information contained within includes the a description of the urban school district in terms of the organization and demographic information, characteristics of the target populations of student, parents, and school staff, the needs of the organization as they relate to the target populations, and an overview of the delivery of mental health services within the district. Also included in the chapter is a brief outline of the dissertation task and framework used to carry out the project.

Description of an Urban School District

Organization Information

The primary organization on which this dissertation was focused was a small public urban school district located in New Jersey. At the time of the project, there were approximately 10,000 students enrolled in the school district in preschool through 12th grade programs. The district has operated as a Type 2 District (i.e., a local school district component of a supervisory union sharing a superintendent and administrative services with other local school districts) with three preschools that offer pre-kindergarten

programs for three and four year olds, five elementary schools, two middle schools for 5-8th grades, and one high school for 9th through 12th grades. In addition, there were four private preschools and several parochial schools in the city that are affiliated with the school district, but independently operated. The district also housed a comprehensive adult school program and a county vocational and technical high school. In the year 2000, an $80 million school renovation was completed in which both middle schools were renovated, two elementary schools were renovated and expanded, and two new replacement elementary schools were constructed. Plans to build a new high school have been postponed indefinitely. However, in an attempt to relieve overcrowding, of the approximately 2500 students enrolled, the high school relocated 400 students from the main campus to temporary classroom units and a former parochial school that has been rented by the district. Since this project began, a second early childhood center was built and construction of a new pre-k through 4th grade elementary school is under way.

The school district is one of several "Abbott" districts in New Jersey. Out of litigation filed in 1981 on behalf of children residing in New Jersey's most economically disadvantaged cities, a series of New Jersey Supreme Court decisions identified 31 school districts in New Jersey as "Abbott Districts." These districts received financial assistance from the state and were mandated to implement "specific remedies" to improve students' mastery of the New Jersey Core Curriculum Content Standards (New Jersey Department of Education, 2009). The major focus in these districts has been the development of early literacy skills with an equally strong emphasis for early mathematics mastery. Each district was expected to align district curriculum with core curriculum content standards, provide instructional materials and software that are

consistent with district curriculum, and organize professional development opportunities for administrators and teachers.

City Demographics

The city in which the school district is located was founded in 1683 and has both maritime and industrial roots. The city has an extensive history that dates back to the early 1700s. With a population of close to 50,000, the city has a multi-ethnic population and has been the entry point for many new immigrants. United States census data reporting demographic information indicated that Latino cultures accounted for 76% of the city's population. Individuals of Caucasian (14.6%) and African American (7.6%) dissent only consisted of a small percentage of the city's total population (U.S. Census, 2000). The median age of the city's residents was 32 years (median age for New Jersey, 38.2; for the US, 36.8) with families (i.e., non-single residences) representing approximately 74% of the population. The median household income in the city was a little over $47,000 per year which was considerably less than the median household incomes for Middlesex County, NJ ($86,000 per year) and the nation ($60,000 per year) (U.S. Census, 2000).

Characteristics of the Target Population

The target population, for the purpose of this dissertation, consisted broadly of students, parents and school district employees who work directly with these populations. The following sections describe each of these populations individually.

Students

Students attending school within this district ranged in age from 3 years to approximately 18 years. Across all age ranges, there were students identified as either native born (i.e., born in the US) or of immigrant status (i.e., born outside of the US). Most students who were not born in the continental United States originated from either Puerto Rico or the Dominican Republic and many have relatives that remain within their countries of origin. As a result, there has been a tendency for many families to travel back and forth between the United States and their homeland; which has created a highly transitory population within the city. For some students, this has meant being taken out of school and then returned to school at different points throughout the year. For other students, it has meant separation from their biological parents and living with extended family members for long periods of time. It was not uncommon to find students being raised by their grandparents and extended families, within the foster care system, or temporarily housed in local shelters. With most parents working full-time jobs, as students aged they often became responsible for the care of their younger siblings.

Within the district, students are either placed in general education, bilingual education, or special education classrooms depending on their academic abilities. External to the district, students who required services that were not readily provided within the district (i.e., medical care, behavioral or therapeutic supports) might have been placed in short-term or long-term facilities that addressed their needs. Support services available to all students included before or after school tutoring, access to afterschool programs, and depending on the grade, participation in vocational school, athletic teams, school choirs and bands, and school plays. Most students lived within walking distance

to their home schools. As a result, transportation to and from school was limited to students with special needs. Students who have graduated from high school have gone on to attend community colleges and/or four year colleges, however many enter directly into the workforce or the military.

Parents

Parents of students attending school in the district were typically younger in age and consisted mostly of working class status. Most parents worked full-time with some taking on additional work to supplement their main incomes. The highest level of educational obtainment for most parents was a high school diploma. Many parents also attended school within the district and many were employed by the district in secretarial, custodial, food service, and paraprofessional positions. Parents within the district were generally responsible for raising several children at any given time as well as caring for their own parents and other extended family members. Types of households included (1) intact families (i.e., two parent households), (2) single-parent families (i.e., one parent households), (3) grandparent/extended family guardianship, and (4) homeless families. Due to a number of stress related factors, child abuse and domestic violence have increased over the past several years.

Parental involvement in the education of students within the district has always been limited with more involvement at the preschool and elementary levels. Typically, there has been a noticeable decrease in parental involvement when students move on to attend middle school. Low parental involvement has been attributed to employment

status, lack of transportation, language and cultural barriers, and limited understanding of the school system.

School Staff

Staff employed by the school district resided both in and outside of the city limits and consisted of multiple ethnicities. There were approximately 1500 employees in the school district, a portion of which made up the target population of school personnel. These individuals included school administrators (i.e., superintendent, assistant superintendent, directors, supervisors, principals, and vice principals), regular education teachers, bilingual education teachers, special education teachers, paraprofessionals, guidance/school counselors, child study team members (i.e., School Psychologists, Learning Consultants, Social Workers), speech and language therapists, crisis counselors, physical therapists, occupational therapists, reading specialists, math specialists, school nurses, and security guards.

Years of experience among school personnel varied from less than five years to more than 25 years. The education level also varied among school personnel ranging from high school diplomas to doctoral level degrees. There was also variability among the level of experience that school personnel had in relation to working with students with special needs and emotional and behavioral difficulties. Teacher turnover remained relatively low; whereas higher rates had been observed among support staff, particularly child study team members. Relatedly, staff burnout tended to be higher due to the increased needs of students and their families over the years.

Identification of the Organization's Needs

Student Needs

Student success in school has often been measured by the degree to which they develop academic, social and emotional skills. Students attending school within the district can be considered "disadvantaged" across cognitive, behavioral, emotional, and environmental domains (District Department of Special Services). The deficits within each of these areas have placed students in the district at-risk for developing poor coping skills, maladaptive behaviors, and mental health problems. For several years, there has been a significant increase in students requiring both academic and psychological intervention services. For example, adequate yearly progress (AYP) in 2007, as measured by state mandated standardized testing under the No Child Left Behind Act of 2001, indicated that one elementary school, both middle schools, and the high school did not meet proficiency standards (New Jersey Department of Education, 2009). Both middle schools and the high school have been classified as "In Need of Improvement," as well as the district as a whole. In addition, from 2005 to 2008, there was a 63% increase in the number of students hospitalized due to mental health issues (District Department of Special Services, 2009).

The needs of the students within the district have been generally viewed within the context of larger systemic areas that exist within students' home, school, and community environments. These areas included low socioeconomic status, low parental involvement, increased neighborhood violence and gang involvement, poor nutrition, exposure to environmental toxins, alcohol and substance use, exposure to domestic violence, poor development of social and emotional skills, cultural and linguistic barriers,

and a general lack of resources across the aforementioned environments. Depending on the degree to which any of these areas have impacted development, ideally students should be provided with support services to assist in addressing the gap between their current skills and abilities and a level of optimal performance.

Parent Needs

For parents to partake successfully in their child's development and school success, they need to develop strong parenting skills, good communication skills, model appropriate behavior, increase involvement in school activities, and provide safe and nurturing environments. In many cases within the school district, the opposite of this scenario has been a more reasonable assessment of the current situation. Parents in the district have struggled on a daily basis to meet the needs of their children. Most of the time, this is not due to a lack of interest or caring on their part, but rather the many constraints that come with working full-time or multiple jobs at minimum wage while trying to support their families. Parents in the district have strived to provide their children with a better standard of living than was afforded to them in their own childhoods. However, given their financial circumstances, lack of education and external supports, and cultural and linguistic barriers, this has not always been possible.

Staff Needs

In order for school staff in the district to be effective in the delivery of academics and support services, they need not only to be trained in their areas of expertise, but they also need to be trained in positive behavior supports, social and emotional learning,

mental health problems experienced by students, developmental stages across childhood

and adolescence, and the delivery of prevention and intervention services in the school

setting. This is another area where the school district continued to struggle. There

appeared to be a tremendous need for programs and services in two areas; those that were

geared toward staff (i.e., professional development, continues education) and those that

were delivered by staff (i.e., student programs, parent workshop, in-service trainings).

Teachers and school personnel have experienced high levels of stress in order to meet the

goals outlined by the core curriculum content standards and academic proficiency

through mandated testing and benchmark assessments. On top of this, they also have had

the added responsibility of addressing students' behavioral, social, and emotional

development. Meeting these objectives has not been possible without continuous

professional development and staff support services.

Delivery of Services

Student Services: 3-Levels of Intensity

     Prevention Services. Prevention services for the purposes of this dissertation are

defined as programs and services that are provided to all students within a school to assist

in the development of knowledge, skills, and abilities that are perceived as necessary for

educational success. Within the school district, some students appear to be more resilient

than others and have demonstrated the ability to excel without intervention services

(District Department of Special Services). For these students, additional programming

beyond the boundaries of what would be considered appropriate for general education

students has not been seen as necessary. For the most part, this population of students

has navigated through the school system with little to no difficulty.   However, while

these students are not in immediate need, they still must develop effective coping and

problem solving skills, positive peer relationships, and confidence in their ability to

succeed. Thus, services at this level would assist in fostering and maintaining the

aforementioned knowledge, skills, and abilities for all students. In relation to prevention

services, the school district has only offered these types of services to a small group of

students.

Intervention Services. Intervention services for the purposes of this dissertation

are defined as programs and services that are provided to students when they no longer

respond to prevention services at the previous level and require a more individualized

level of intervention. Students at-risk for developing more severe mental health

symptoms have been perhaps the most vulnerable group of students. These are generally

students who have been identified as needing some level of intervention, be it academic

or behaviorally-based, in order to succeed in school. Within the school district, students

identified in need of services at this level span across all grades with an increased number

of students being referred for emotional and behavioral problems at the preschool and

elementary levels. Further, over the past four years, across all grade levels, there has

been an increase in incidents of suicidal and homicidal ideation, physical aggression

toward staff and students, and the inability of students to self-regulate their behaviors and

emotions that warrant intervention services.

Problems within the school district in delivering intervention services at this level included a continuous increase in the number of students referred annually, lack of staff understanding and training in managing emotional and behavioral difficulties in the school setting, lack of time and resources, poor treatment fidelity, and a lack of evaluation of procedures. Further, there has been no standardized system in place within the school district to monitor the implementation of programs and services for students who have been referred.

Wraparound Services. Wraparound services for the purposes of this dissertation are defined as the most intense level of intervention programs and services that are coordinated based on the specific academic, social, emotional, and behavioral needs of the student. These services usually extend beyond the school environment and often include both school and community-based programs and services. Broadly defined, these programs and services work to support the student and their family as well as school staff working directly with the student. The primary goal of services at this level is to develop comprehensive interventions that either prevents students from being placed out-of-district or coordinates support for students returning to the district. Program and service coordination at this level are time consuming and require a significant amount of resources on the part of the school district and staff. Further, staff must be ready, willing and able to coordinate a level of service that generally goes beyond the typical limits of the school district and staff responsibility.

Students who are placed out-of-district due to emotional and behavioral problems, chronic levels of disability, or incarceration have consumed a large portion of the school

district's funding. As of March 2009, the school district had 144 special education students placed out-of-district. At an average cost of $60,000 per student, approximately $8 million dollars per year is incurred for these placements. These numbers have been steadily increasing over time. For example in the 2007-2008 year, 14.45% (N=153) of students with disabilities were placed out-of-district compared to the 12.1% (N=130) in 2005-2006 year (District Department of Special Services, 2009). Problems within the school district at this level included lack of coordination of services prior to exiting or returning to school, limited funding and opportunities for professional development, and lack of trained staff to provide this intense level of service.

Support Services for Parents

Within the district, support services for parents beyond what would be appropriate included parent training workshops, teacher conferencing, and the occasional coordination of services. These services, however, are not uniform across schools and parental involvement has generally been low. It is important to note that parents who typically have taken advantage of these services also tended to be the same parents who fully participated in their child's education. Unfortunately, many parents within the school district lack the education that would enable them to better understand the social, emotional and behavioral problems their children have experienced. Without exposure and education in these areas, parents do not have the knowledge to recognize when their children are exhibiting social and emotional distress, the skills to correctly identify the problem, or the ability to provide appropriate assistance for their children. Service

delivery barriers in this area included lack of time, problems with transportation,

linguistic and cultural differences, and poor communication between schools and parents.

Professional Development Services for Staff

Professional development is essential to the delivery of school-based mental

health services. Throughout the school year there have been many opportunities for staff

to participate in academically-based professional development. In contrast, professional

development focusing on school-based mental health issues has been limited. When

these opportunities have arisen, school child study teams, guidance staff, and crisis

counselors are the only personnel required to participate. Training in mental health for

administrators, teachers, paraprofessionals and other staff has been nonexistent. Without

these training opportunities, the development of knowledge related to mental illness,

skills to identify students who are exhibiting signs of distress, and the ability of staff to

intervene are severely limited. Given that teachers spend more time with students than

any other district employee, it only stands to reason that teachers receive training in these

areas. Problems in providing school district staff with training opportunities related to

mental health included lack of time and funding, increased value placed on standardized

testing, and limited space within daily school routines to incorporate training.

Dissertation Task and Framework

Purpose

The purpose of this dissertation was to (1) identify the needs of relevant target

populations (i.e., students, parents, and staff) within the school district as they related to

the delivery of school-based mental health programs and services, (2) demonstrate a discrepancy between the current state of affairs and the desired state of affairs with regard to the delivery of these programs and services for students, parents, and staff, and (3) understand the relevant context of the school district in which the target population and their needs are embedded. This last area included understanding the specific factors within the district that either assist in facilitating or prohibiting change as well as assessing the school district's readiness for change. The results of this dissertation were assembled in the form of a comprehensive mental health plan that was presented to the school district.

Assessment of Relevant Content

When proposing to change the way programs and services are delivered within an organization, in this case an urban public school district, it was important for the organization to identify the different levels of need that existed within the organization as a first step to improving the delivery of services. Likewise, it was essential for the school district to understand that the needs of its students, parents and staff exist on different levels and as such programs should be developed according to these levels. In addition, it was also vital to the process of program planning and evaluation to have identified factors that may either facilitate or prohibit change as well as understanding how and why this was the case. As part of this stage, having a sound comprehension of the school district's readiness to change was a necessity.

Program Planning and Evaluation Framework

Utilizing the program planning and evaluation framework developed by Maher (2000), the following tasks were carried out:

1. Described the target population.

2. Identified the needs of the target population.

3. Delineated the relevant context of the school district.

4. Developed and conducted a district-wide needs assessment.

5. Analyzed the results of the district-wide needs assessment.

6. Created a set of district guidelines, in the form of a comprehensive mental health plan, for the provision of school-based mental health services.

Chapter Summary

The urban school district in which this dissertation focused on presented with significant mental health related needs at the student, parent and school staff service delivery levels. These needs range from the development of students social, emotional and behavioral skills, increased parental support and training, and professional opportunities to train staff in assisting students and parents in developing the aforementioned skills. Service delivery modes identified for students included prevention, intervention and wraparound levels. The overall purpose of this dissertation was to (1) identify the needs of the target populations related to the delivery of school-based mental health services, (2) demonstrate the need to develop new programs and services, and (3) gain a better understanding of the relevant context of the school district in which the target populations and their needs are embedded.

CHAPTER II

LITERATURE REVIEW

Abstract

The following chapter presents background literature related to student mental health, school-based mental health services and the three levels of student services: (1) prevention, (2) intervention, and (3) wraparound. The last section of the chapter reviews literature related to the case study research methodology utilized to complete this dissertation.

Background Information on Student Mental Health

Students classified as emotionally disturbed, or identified as at-risk for developing an emotional or behavioral disorder, experience impairments in psychosocial adjustment and school performance that can warrant services through district special education departments or community mental health agencies. However, unless a student has been formally classified via a special education evaluation, they are not usually seen as eligible for therapeutic services (Greenberg, Domitrovich, & Bumbarger, 2000). In relation to educational outcomes, students with severe emotional and/or behavioral problems have the lowest grades and the highest rate of restrictive and out-of-district placements. As a result, these students have the highest drop-out rates when compared to both general

education and special education students (Eber, Nelson, & Miles, 1997). While emotional and behavioral disturbance only accounts for a relatively small number of children attending school nationwide, it is by far the most costly disorder for school districts and the most disruptive to the educational environment (Eber, Sugai, Smith, & Scott, 2002).

A recent study by Walter, Gouze, and Lim (2006) found that 50% of the teachers surveyed felt that disruptive behaviors were the greatest mental health problem within their schools with a lack of training cited most frequently as a barrier to preventing these problems. The researchers also stated that teachers who indicated they had taught students with a mental health related issue also indicated that they had minimal mental health training, less consultation with mental health professionals, and were less confident in their ability to manage mental health problems in their classrooms (Walter, Gouze, & Lim, 2006).

Mental Health has been defined as "the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and cope with adversity" (U.S. Department of Health and Human Services, 2001). Individuals who have achieved positive mental health are able to operate in their daily lives with little to no difficulties. Individuals without this capacity lack these skills and experience a decline in their ability to cope with life's challenges. Onset of mental illness occurs when these faculties within an individual continue to suffer over long periods of time such that daily functioning is severely impaired (Skalski & Smith, 2006).

Over the last decade, the number of children and adolescents receiving mental health related diagnoses and services have increased steadily from year to year. In the

year 2000, there were more than 130,000 short-term (30 days or less) psychiatric

hospitalizations for children and adolescents under the age of fifteen where a mental

disorder was listed as the primary diagnosis (Best, Hauser, Bakker, Allen, and Crowell,

2004). According to the U.S. Surgeon General, it is estimated that 1 in 5 children suffer

from a mental illness that is both identifiable and treatable (U.S. Department of Health

and Human Services (1999). In the annual report to congress by the US Department of

Education (2002), in the 2000-2001 year, there were over 470,000 children and

adolescents receiving special education and related services under the classification of

Emotional Disturbance. Across the United States, school districts are reporting annual

increases in the number of students diagnosed with emotional and behavioral disorders.

According to the US department of Health and Human Services (1999) in the course of

one year, 20% of students exhibit mental health symptoms and 75% to 80% of these

students do not receive appropriate services. These statistics are important when one

considers the limitations that exist in relation to the school-based mental health services

currently available to students.

School-Based Mental Health Services

The school setting is often considered an appropriate place to provide mental

health services due to the availability of a variety of service providers such as school

psychologists, social workers, crisis staff, counselors and intervention specialists

(Dryfoos, 1994; Knoff & Batcsche, 1990). Students with severe emotional and

behavioral problems need structured learning environments, independent learning

strategies, opportunities for peer-mediated learning, and teachers with sufficient

background in behavior management skills to assist students in decreasing disruptive behaviors (Wagner et al., 2006). However, the systems of care in place within these settings are generally inadequate. Routinely, schools have adopted a "wait to fail" approach where warning signs are largely ignored until emotional and behavioral problems reach a level of disruption where they can no longer go unattended. Students identified with severe emotional and behavioral disorders are often placed out-of-district in short-term psychiatric hospitals, day treatment programs or long-term residential facilities that are deemed as better suited to manage their illness. In some cases, when students make sufficient progress and are considered stable, they are then discharged and returned to school. Unfortunately, many schools do not have adequate reintegration systems in place that provide different levels of support for these students (Easterson-Rock, Rosenberg, & Carran, 1994). The result is that these students spend a significant amount of time re-acclimating to the school environment and in the process become frustrated due to the lack of support. Eventually, these students begin the downward spiral and much of what was learned prior to returning to school is lost. Within months of their return, behavioral and emotional problems can increase to a point that is perceived as uncontrollable and the student will most likely be returned to the out-of-district placement. From this, a circular pattern, commonly referred to as "the revolving door syndrome," emerges that puts strain on the child, family, and school. This situation is all too common and will generally cost school districts more money overtime.

In many cases, these outcomes may have been preventable by providing support services when the initial signs of distress were manageable. Recent research related to prevention and intervention programs support wide use of prevention and intervention

services and highlights the importance of addressing the needs of students as early as possible (Weist and Paternite, 2006; Wilson, Lipsey, & Derzon, 2003). As this scenario is being realized at a rapid rate in schools across the nation, there is a general consensus among school professionals that there needs to be a continuum of school-based mental health services available for students and their families (Quinn & Lee, 2007; Wagner, et al., 2006). Further, it is also agreed that these school-based services consist of programs that deliver both prevention and intervention assistance and that there is an attempt to put these supports in place prior to making decisions to place students out-of-district (Quinn & Lee, 2007). However, researchers also caution that implementation, sustainability and integration of these types of programs continues to be a problem with mental health related programs remaining largely ignored in school routines (Weist and Paternite, 2006; Wilson, Lipsey, & Derzon, 2003).

Most students exhibit early signs that they are in need of support. However, in many cases due to inadequate coordination of services, lack of staff training and limited resources, these needs go largely ignored. In many urban school districts, it is not uncommon that the first intervention services a student receives are the direct result of a major event that triggered the involvement of administrators and school personnel. Even at this stage, an initial event is generally not seen as serious until a blatant pattern of misconduct forms. However, in many cases, once this pattern forms it is too late. What is even more crucial to understand is that this group of students only represents those who externalize their emotions and behaviors. Students with more internalized problems like anxiety and depression are virtually invisible and are typically not attended to until there is a mental breakdown or the threat of suicide.

There is a general consensus among researchers and professionals that students are not getting what they need in terms of mental health services. If schools had better coordinated mental health programs in place, students could be identified through early screening and provided early intervention services while still in elementary school.   If done correctly to meet the needs of a particular district, it might be possible to keep the number of out-of-district placements to a minimum as well as increase the academic success of students. In doing so, districts have the potential to save a tremendous amount of money which can then be spent on creating better services within the schools.

There are generally three levels of services that exist within any school setting that are distinguishable from one another based on the level of intensity with which services are offered. The first service level encompasses all students attending school regardless of grade level, program placement, or special education classification. The second service level includes students who are identified as needing individualized interventions that are above and beyond those services offered at the previous level. The third service level provides the most intense level of services to a small group of students who have been identified as not responding to the interventions provided at the previous service level.   The following section provides a more detailed look at these student service levels.

Three levels of Student Services

Prevention Services

It has always been a goal of educators and parents for children and adolescents to succeed academically and in other aspects of life. According to Dryfoos (1994), many

children in the United States fail to grow into contributing adults (i.e., able to enter the workforce, become effective parents, participate in the political process) unless there are significant changes in the way they are taught and nurtured. Traditionally, families and schools have assumed the task of raising and educating children. However, given the fact that society has changed dramatically over the past few decades, parents and educators now require a new skill set in order to continue to successfully carryout these tasks (Dryfoos, 1994). More specifically, new kinds of school and community programs and services are needed to support the development of youth into responsible, healthy, productive workers, and citizens. According to Dryfoos (1997), although approximately 35% of students maneuver through the education system with little to no engagement in problem behaviors, this population of students requires strong and consistent support to avoid maladaptive behaviors.

Schools, with the support of parents, typically adopt multiple programs that focus on preventing disruptive behaviors, school violence, drug use, sexual behavior, or student dropout (Payton, Wardlaw, Graczyk, Bloodworth, Tompset, & Weissberg, 2000). With the best intentions, many of these programs have been hastily selected and poorly implemented in schools across the nation creating a wave of staff disinterest and disbelief that these programs will effectively address students' needs (Payton, Wardlaw, Graczyk, Bloodworth, Tompset, & Weissberg, 2000). Some researchers believe that the goal of addressing problematic behaviors by developing programs that target these behaviors is a limited goal because only a select group of students would be the focus of such interventions (Masten & Coatsworth, 1998; Perry, 1999). Rather creating programs and services that promote the positive development of all students is seen as more efficacious.

Programs and services that focus on this level of prevention involve two major goals: (1) reducing the incidence of psychological and health problems and (2) enhancing social competence and health in children and adolescents (Weissberg, Kumpfer, and Seligman, 2003). Further, these types of programs focus on individuals who have virtually no mental or health related problems and fall under the category of prevention services. The main goal here is to prevent problems from developing in the future rather than focusing on individuals with previously identified behavioral problems or those at greater risk for negative psychological outcomes (Weissberg, Kumpfer, and Seligman, 2003).

One example of a prevention program that has been relatively successful in the school setting is social and emotional learning (SEL). Over the past several years, the concept of SEL and its application as a prevention model has received a significant amount of attention and support in the research literature. Programs and services that incorporate SEL provide planned classroom instruction that enhances children's ability to self-regulate their emotions, assists in understanding and seeing value in the viewpoints of others, establishes prosocial goals, coping and problem solving skills, and teaches students to utilize their interpersonal skills (Payton, Wardlaw, Graczyk, Bloodworth, Tompset, & Weissberg, 2000; Merrell, 2002; Greenberg, Weissberg, O'Brian, Zins, Resnik, & Elias, 2003; Greenberg, 2004). A goal of SEL programs in the school setting is to teach these skills in such a way that the information is extended and applied to environments external to the classroom setting. SEL programs also attempt to graduate students who are knowledgeable, responsible, and caring. This is seen as a gateway to academic success, healthy growth and development, maintaining positive relationships, and generating motivation toward community involvement (Payton, Wardlaw, Graczyk,

Bloodworth, Tompset, & Weissberg, 2000; Merrell, 2002; Greenberg, Weissberg,

O'Brian, Zins, Resnik, & Elias, 2003; Greenberg, 2004)

A recent research study by Fleming, Haggerty, Catalano, Harachi, Mazza, and

Gruman (2005) support the inclusion of SEL based prevention programs in the

educational setting. Results indicated that social-emotional ability, decision making

skills, attention regulation, and commitment to school, as reported by teachers, parents

and students, predicted both students' standardized test scores and grades. In addition,

early disruptive and anti-social behavior (including the anti-social behavior of peers) had

a predictive relationship with academic outcomes (Fleming, Haggerty, Catalano, Harachi,

Mazza, and Gruman, 2005). The researchers concluded that programs which incorporate

SEL increase student's ability to stay focused in the classroom, improve school bonding,

and are likely to improve academic performance. Learning these skills while in the

primary grades may also reduce the potential for disruptive and antisocial behavior

during middle school by teaching students how to manage their aggression and form

more positive peer networks (Fleming, Haggerty, Catalano, Harachi, Mazza, and

Gruman, 2005).

Intervention Services

Students at-risk for developing more severe mental health symptoms are perhaps

the most vulnerable group of students. These are students who have been identified as

needing some level of intervention, be it academic or behaviorally-based, in order to

succeed in school. School-based intervention services for this group of students

typically focus on the needs of the individual where school support professionals work

with students, teachers and other school staff to develop and implement programs and

services that specifically target the identified area(s) of need. This type of intervention

service is commonly referred to as collaborative consultation and is defined specifically

as "a process by which a trained, school-based consultant, working in an egalitarian, non-

hierarchical relationship with a consultee, assists that person in their efforts to make

decisions and carry out plans that will be in the best educational interests of the students"

(Kampwith, 2003). The primary goal of the collaborative consultation approach is

problem solving. Other goals include improving the functioning of the student while

enhancing the skill set of the teacher and to increase the frequency of student success in

the general education classroom (Kampwith, 2003). In most school settings, the usual

protocol followed consists of teachers referring students to a school-based intervention

team or qualified professionals for some degree of intervention planning and progress

monitoring. Referrals are generally based on a consistent decline in grades, observation

of disruptive behaviors, noncompliance with classroom assignments or homework, and

frequent violation of school codes of conduct.

Through collaborative consultation, the delivery of intervention services at this

level generally relies on a behavioral consultation model where school support staff (i.e.,

school psychologists, counselors, social workers) work closely with teachers and other

school staff to accomplish four specific tasks (1) problem identification, (2) problem

analysis, (3) plan implementation, and (4) problem evaluation (Bergan & Kratochwill,

1990, Bergan 1995). While this problem-centered approach is widely accepted in the

research community, the same is not true within the school setting. Reasons to limited

adoption by teachers include additional work related to data collection on student

behavior, teachers having to change their own behavior, the need for individualized

programs in the classroom setting, the perception of behavioral reinforcement as bribery,

and lack of teacher training in behavioral techniques (Axelrod, Moyer, & Berry, 1990;

(Kampwith, 2003). Other reasons cited for lack of success of the behavioral approach in

the educational setting include a lack of consultant specific training, lack of

understanding of the role of the consultee (in most cases a teacher) in the consultation

process, problems related to identifying target behaviors, unrealistic application of

intervention plans, and relational problems between the consultant and consultee

(Kratochwill and Van Someren, 1995).

Another component of this consultation model that has become relatively

important overtime is the inclusion of family members, particularly parents, in the

planning process. Researchers highlight the importance of including family-centered

contingencies that bridge the gap between home and school environments where parents

also serve as the consultee (Sheridan & Kratowill, 1992, Sheridan & Colten, 1994).

Unfortunately, inclusion of parents at this level is not always followed in the school

setting or may not be possible on the part of the parents.

The degree to which intervention services are deemed successful largely depends

on whether or not a program was implemented as outlined by individuals other than the

consultant (Noell & Witt, 1996, Sheridan & Gutkin, 2000). Accurate implementation

within the school setting continues to be problematic and empirically based procedures

for accurate implementation have not been clearly delineated (Noell & Witt, 1999;

Sheridan & Gutkin, 2000). Other challenges related to successful intervention services

include the large number of students being referred annually, poor follow-up at the

implementation and evaluation stages, poor treatment fidelity, lack of staff training in managing emotional and behavioral difficulties in the school setting, and time limitations. When these challenges accumulate over time, service providers at this level of intervention become overwhelmed and as a result, overlook many students in need of services. Students who are not provided this level of intervention services or fail to respond to intervention programs and services altogether become eligible for a more intense level of service.

<div align="center">Wraparound Services</div>

In the mid 80's, the concept known as "system of care" was developed as a way to provide community-based services that integrated multiple professionals and agencies in a collaborative relationship to serve families in need (Eber, Sugai, Smith, & Scott, 2002). This was seen as a collaborative, team-based approach that would focus on providing children and families in need with service planning and support needed to meet their goals. The core assumption of a system of care is that if the needs of a child and their family are met, it is likely that they will have a good or at least improved life (Eber, Sugai, Smith, & Scott, 2002). Out of the system of care philosophy emerged the approach known as wraparound; which gained significant attention in the mid 1990's as a way to carry out a system of care. This evidence-based practice was initially seen by researchers as a way to provide comprehensive services to children suffering from severe mental illness. "Wraparound is commonly defined as "a planning process which incorporates a family-centered and strength-based philosophy of care to guide service planning for students with emotional and behavioral disorders and their families (Eber,

Sugai, Smith, & Scott, 2002)". At the core of wraparound, the team consists of the child and family who are then joined by a wraparound facilitator, mental health professionals, educators, representatives from community agencies, other family members and friends. In general, team members are determined by the family through the assistance of the wraparound facilitator and once in place, the team meets regularly to design, implement, and monitor the individualized service plans.

Although wraparound was originally created as an initiative for mental health and child welfare systems, it has been reported as showing positive outcomes when applied within the school settings (Eber, 1996; Eber & Nelson, 1997). Wraparound has been used for general education students who have been identified as being at-risk for developing chronic behavioral problems as well as special education students who exhibit chronic levels of risk that require more intense levels of intervention (Eber, 1996; Eber & Nelson, 1997).

The most notable school-based wraparound program is currently in operation in the City of LaGrange, Illinois. This wraparound program is run by the LaGrange Area Department of Special Education Emotional and Behavioral Disorders Network and addresses the needs of children in grades K-8 with emotional and behavioral disorders (Eber & Nelson, 1997; Eber, Nelson, & Miles, 1997; Potter & Mulkern, 2004). The main purpose of the program is to reintegrate students who have been placed in self-contained classrooms into general education classrooms. Once students were moved out of the self-contained classrooms, they were provided services via an individual wraparound team. In addition, wraparound services were also used as a preventative approach that provided support for children who had been identified as at-risk for a developing emotional and

behavioral disorder. In 1999, the LaGrange wraparound program was successful in eliminating all eight self-contained classrooms that served K-8 grade students and has been adopted state-wide (Burns & Goldman 1999, as cited in Potter & Mulkern, 2004).

Another program, the Alaska Youth Initiative (AYI) is known for reintegrating students, particularly those with severe emotional disturbance, who had been placed out-of-state beginning in the mid 1980's. As more and more students were returned to in-state schools, the programs focus became more preventative as a way to eliminate future out-of-state placements. Initially funded through grants from the Child and Adolescent Service System Program (CASSP), AYI developed individualized programs to meet the needs of students within the context of their home communities (Potter & Mulkern, 2004). Although the program was discontinued in 2003, Vermont, Washington State, and Idaho have adopted the AYI model as a template to design their own programs (Potter & Mulkern, 2004).   Overall, researchers have reported that wraparound is useful in building positive relationships and supports among students with emotional and behavioral disorders, families, teachers and other caregivers because it goes beyond the school setting to connect the different contexts of the child's life. Wraparound has also led to improvements in behavioral functioning, increased academic achievement, and social and emotional functioning.

A summary of wraparound research by Potter and Mulkern (2004) indicated mixed results. In general, most of the research conducted on wraparound programs has lacked rigorous experimental designs and there are few research experiments that have done comparative analysis between different wraparound programs. Overall, the majority of research studies report positive outcomes that include increased functioning

related to family, school, community and social domains, increased participation in less restrictive settings, and reduced spending (Potter & Mulkern, 2004). In addition, improvement in parent functioning was reported, but was not significant across all programs. Most programs reported a decrease in spending, however, this was dependent on the length of time the child and family participated in the program (Potter & Mulkern, 2004). One quasi-experimental study, commissioned by the Department of Defense concluded that there was no difference in treatment outcomes for the wraparound and usual care groups (Potter & Mulkern, 2004). This finding has been questioned by advocates of wraparound because the researcher's wraparound model did not adhere to the essential components of wraparound. Researchers agree that more sound experimental studies need to be conducted that explore the effects of wraparound in relation to program design, operational models of wraparound, and the stability of outcomes.

Careful and systematically planned wraparound within the school setting can lead to an increased likelihood that it will be adopted, implemented and sustained. Researchers have identified several reasons why school environments are the ideal setting in which to implement wraparound. These reasons include providing students with (a) structure and daily routines; (b) daily opportunities to interact positively with their peers; (c) consistent communication with parents; (d) a variety of support services; (e) individual planning process through special education; (f) inclusive learning environments; and (g) access to positive adult role models (Eber, Sugai, Smith, & Scott, 2002). Utilizing the characteristics of the school environment, wraparound can be implemented as a first level of intervention as well as a more intense level intervention.

In this regard, wraparound is utilized to develop comprehensive and individualized service plans to assist the school district in providing support services for students identified as at-risk for being placed out-of-district and for reintegrating those students who are currently placed in short-term psychiatric hospitals, day treatment schools, or long-term residential facilities.

In recent years, the amount of funding for school-based mental health programs has decreased, while the total number of students in need of services continues to rise. In addition, the proliferation of budget problems within school districts has forced districts to assess the necessity of out-of-district placements opting to return students back to their home schools as a way to cut costs. Further, with the reauthorization of the Individuals with Disabilities Act to align better with the laws outlined within No Child Left Behind, there is a major focus on inclusive education, identifying and assisting students at-risk for school failure, and to educate students in the least restrictive environment. The overall consensus is that there needs to be better services within schools to assist students and their families in leading more positive and productive lives.

Research Methodology

Participant observation is a type of qualitative method that is commonly used in studies where the researchers are attempting to learn about the target population under study. This type of data collection assumes that there are many different perspectives within a population and efforts are made to understand the physical, social, and cultural contexts in which the target population lives (Donlyres, 2008). Other areas of interest to the researcher are the relationships among and between the participants, the context with

which they exist, and the ideas, norms, and events in which individuals participate. Observations of behavior are essential to this process, as well as exploring what the participants do from day-to-day, how frequently they do it and with whom they spend their time are the basic questions the researcher attempts to answer (Donlyres, 2008).

The field or natural environment in which the target population exists is the research setting in which participant observations take place (Dooley, 2001). In general, the researcher begins this process by gaining access to a group. Once this has been successful, the researcher works to define a role for themselves within the new group that will allow them to make inquiries about the target population (Dooley, 2001). In general, the inquiry process is informal and over time the participant observer becomes more accepted. With this continued acclimation into the context of those being observed, the participants become more comfortable and begin to reveal more about themselves and their environment. There is some discussion in this field of research as to whether or not the researcher should conceal their intentions or reveal their purposes to those under study (Dooley, 2001). Concealment of the researcher's identity and purposes raises ethical questions. For these reasons, it is recommended that the researcher reveal all necessary information regardless of the initial impact. Overtime, the participants will become more at ease and behave in ways that are genuine and authentic.

Strengths of participant observations include being able to gather information about a population, their behavior, context, and relationships in a way that would never be possible in the laboratory setting (Donlyres, 2008). It also allows for the study of problems and situations in real time. Weaknesses of this method include the fact that it is time consuming in nature given that the researcher needs to remain in the setting for an

extended period of time. However, it is the only way that the researcher would be able to gather a sufficient amount of information in order to make statements about the population with a certain level of confidence (Dooley, 2001). Another drawback of participant observations is that the documentation relies on memory and strict discipline on the part of the researcher to record field notes accurately and in a timely manner. The importance of these notes is so that they can be used as a check against the researcher's subjective experience (Donlyres, 2008). Lastly, this method requires a high level of vigilance on the part of the researcher to record information objectively. Given the nature and scope of this dissertation, participant observation is the qualitative method that has been chosen to collect data in relation to the mental health needs of the students, parents, and staff attending school in this urban district.

Chapter Summary

Children with mental health disorders and related problems experience impairments in psychosocial development and typically lag behind their peers in school performance. Mental health services for children and adolescents has been rising steadily from year to year and school districts are reporting yearly increases in the number of students diagnosed with emotional and behavioral disorders; many of which are not receiving services. Although schools are considered an appropriate place to provide mental health services, schools are typically not properly equipped to deliver these services. As a result, school districts spend significant amounts time and staff resources to provide services for these students. Unfortunately, many of these students will eventually be placed-out of district; costing the district thousands of dollars for each

placement. Efforts toward developing services at the prevention, intervention and wraparound levels can limit the number of students requiring out-of-district placements. These services can also assist in the transition of students returning to their home district from external placements. Through the use of the case study approach, this dissertation explored these service options in an urban district.

CHAPTER III

DESCRIPTION OF THE PLANNING PROCESS AND APPROACH

Abstract

This chapter outlines the program planning and evaluation utilized to carry out this dissertation. A description of Maher's (2000) Program Planning and Evaluation Framework is provided. Operating off this framework, the process of forming a mental health committee, developing a needs-assessment survey, conducting a needs assessment, assessing the relevant context of the organization, and creating a set of guidelines in the form of a strategic plan are described.

Primary Product

Using the Program Planning and Evaluation (PPE) Framework developed by Maher (2000) as a guide, this dissertation involved conducting a district-wide needs assessment and formulating a set of guidelines in the form of a strategic plan for the provision of school-based mental health services. Although Maher's program PPE framework consists of a four phase process: (1) Clarification Phase, (2) Design Phase, (3) Implementation Phase, and (4) Evaluation Phase—this dissertation only utilized the framework addressed within the Clarification Phase and certain aspects of the Design Phase to create the strategic plan. Due to the extended timeframe necessary to fully carryout all four phases of the PPE framework, it was determined that the latter three

phases in their entirety would not be feasible for the scope of this dissertation. The

following sections describe in detail the primary product of this dissertation and the

mental health committee process.

Prior to beginning the Clarification Phase, a taskforce of school personnel (i.e.,

teachers, support staff, administrators) was be formed for the purpose of investigating the

current state of school-based mental health services within the district. As the facilitator

of this mental health committee, the author guided mental health committee members

through the PPE framework. The primary product of this process was in the form of a

strategic plan for the provision of school-based mental health services as identified

through a district-wide needs assessment. Within the strategic plan was a set of

guidelines outlining the procedures in which the district might choose to adopt as part of

their plan to improve school-based mental health services.

Content of the Primary Product

The main goal of the Clarification Phase of the PPE framework was to gain a

clear understanding of the school-based mental health needs as perceived by the client, in

this case a mental health committee made up of key opinion leaders within the district

and other relevant stakeholders (i.e., teachers, support staff, administrators). In doing so,

the strategic plan outlined potential programs, products, and services that have the

potential to add value to the district and which can then be developed to ensure that

effective evidence-based prevention and intervention methods are implemented.

The Clarification Phase consists of three key areas that include identifying the

target population, determining the needs of the target population, and delineating the

relevant context within the organization (Maher, 2000). The target population was identified and defined as those individuals within an urban school district who are in need of programs and services related to school-based mental health. Individuals within this group included all students attending school within the district, parents of students, teachers, support staff, school principals and vice-principals, and district administrators. Once this was completed and documented, the next step was to identify the needs of the target population. These needs were identified via interviews with mental health committee members out of which a needs assessment survey was developed and disseminated to all staff throughout the district.

After results of the needs assessment were analyzed using descriptive statistics, the strategic plan was developed. The first step in this process was the delineation of relevant context using the eight steps outlined in Maher's (2000) AVICTORY approach. This step provided the mental health committee and other relevant stakeholders with information about the readiness of the organization for change and identified a clear path for future school-based mental health program planning within the district. This information was gathered via focus groups of school district personnel. Included in this assessment was information about current programs in the district, identification of gaps in services and suggestions for possible program areas. The final stage of this process was the creation of a set of guidelines for how the district should proceed in the planning process and outlined the necessary steps to enhance current programs as well as designing new ones. These guidelines were submitted to all relevant stakeholders.

Mental Health Committee Process

The following section briefly outlines the process in which various school staff members were identified and selected, introduced to the program planning and evaluation process, the format of committee meetings, and the activities the committee engaged in order to develop the district-wide needs assessment and strategic plan.

1. Selection of Mental Health Committee:

    a. Initial selection of mental health committee members was determined by the author with guidance from the Director of Special Services, Director of Guidance, and building principals.

    b. Once a list of potential members was identified, the facilitator (i.e., the author) contacted each person via email and made arrangements to meet with them to discuss the project and their participation on the mental health committee.

    c. Upon receiving confirmation of those individuals interested in participating, meeting dates and locations were set and secured, respectively.

2. Orientation of Mental Health Committee Members:

    a. Prior to the first meeting, an email was sent to all the mental health committee members welcoming them to the project and outlining how the group would proceed. A list of meeting dates including start time and location was also included.

    b. Prior to all meetings, the facilitator sent out a meeting reminder at least 5 days before the meeting and on the morning of the meeting.

c. Prior to all meetings, the facilitator emailed all members of the mental health committee a copy of the minutes from the previous meeting and an agenda for the current meeting.

d. Other correspondence related to the project occurred between mental health committee members as needed in between meetings.

3. Mental Health Committee Meetings:

a. Mental health committee meetings took place approximately every three weeks beginning shortly after the winter break and no later than the first week of February 2009.

b. Meeting lengths varied according to content and ranged from one to one and a half hours in length if needed.

c. The format and content of the meetings was outlined in each agenda and generally consisted of the following:

   i. Reviewed of the minutes from the previous meeting.

   ii. Discussed the items listed on the current agenda.

   iii. Summarized the topics the next meeting would address.

4. Mental Health Committee Name and Mission:

a. At the first meeting, the facilitator presented the mental health committee with a draft mission statement and a list of potential mental health committee names.

b. The facilitator solicited changes or additions to the mission as well as other potential mental health committee names.

    c. Finalization of the mission and mental health committee name occurred no later than the third meeting. A vote was utilized in both instances for mental health committee approval.

5. Implementation of Clarification and Needs Assessment Activities:

    a. It was anticipated that this step would be the most time consuming given that it consisted of the first two areas of the Clarification Phase as well as the development and dissemination of the needs assessment and analysis of the results.

    b. Identification of the target population and school district needs occurred via input from the members of the mental health committee.

    c. Utilizing the needs as identified by the mental health committee, the facilitator developed a needs assessment survey that served as an indicator of whether or not the larger population of teachers, support staff and administrators were in agreement with these perceived needs.

    d. The needs assessment survey was reviewed by the mental health committee and changes were made accordingly.

    e. The finalized survey was disseminated in an online version to all school staff via the Assistant Superintendent.

    f. Results were analyzed by the facilitator and discussed by the mental health committee. During this time, a preliminary list of potential programs was generated.

g. Through discussions with the mental health committee, interviews with Director of Special Education and the Supervisor of Guidance and a small focus group with school personnel, the relevant context of the district as a whole was delineated using the AVICTORY approach.

h. The facilitator compiled all the information gathered during this phase and developed a draft of the strategic plan.

6. Draft of the Strategic Plan:

a. A draft copy of the strategic plan, created by the facilitator with input from the mental health committee, was submitted to all mental health committee members. This draft included information across all service delivery levels (i.e., students, parents, and staff).

b. The draft was submitted no later than two weeks prior to the next scheduled meeting.

c. Mental health committee members were asked to read through the entire plan and offer feedback to improve the plan during the next scheduled meeting.

d. After discussion of feedback and changes, the facilitator revised the plan and resubmitted it to the mental health committee for final approval.

7. Finalization of the Strategic Plan

a. The final version of the strategic plan was submitted no later than two weeks prior to the next scheduled meeting.

      b. Finalization of the plan required full agreement of all mental health

          committee members.

8. Presentation of Strategic Plan to Relevant Stakeholders

      a. The final version of the strategic plan was submitted to the District

          Superintendent and the Director of Special Services.

Chapter Summary

Using the Program Planning and Evaluation (PPE) Framework developed by Maher (2000) as a guide, this dissertation involved conducting a district-wide needs assessment and the formulation of a set of guidelines in the form of a strategic plan for the provision of school-based mental health services. The steps taken to form the mental health committee and the process in which the committee adhered to was described in detail including committee member selection and orientation, the format of committee meetings, name selection, implementation of Clarification and needs assessment activities, and the development of the strategic plan.

CHAPTER IV

DESCRIPTION OF THE PROCESS

Abstract

The following chapter describes at length the actual steps taken to create the mental health committee and the phases that committee followed in identifying the needs of the target population, developing the needs assessment survey, disseminating the district-wide needs assessment, analyzing the data, and developing the strategic plan. The chapter also describes meeting formats, decision making processes, and communication and participation among committee members. Lastly a brief summary of each committee meeting is included describing the actual activities as they occurred at each meeting.

Creation of a Mental Health Committee

The selection process for the mental health committee occurred during the month of January, 2009. Initial staff members were identified by the Director of Special Services, the Director of Guidance, and building principals. It was jointly decided that representatives should be selected across disciplines at the preschool, elementary, middle school, high school and administration levels. (i.e., administrators, regular/special education teachers, support staff). Assuming that some of the individuals chosen would decline to participate or initially volunteer their time but not attend all meetings, a list of

twenty-five staff members was generated. Next, each person was contacted via email or a phone call by the facilitator. Individual meetings were scheduled with each staff member to discuss the mental health committee, its purpose, and their participation in the committee. If there was more than one staff member in a building contacted, joint meetings were arranged. Meetings generally took place in the buildings where the individuals were located and lasted between 30 to 60 minutes. Of the twenty-five staff members, only two declined to participate. Reasons cited for not participating included prior commitments and child care. The final committee consisted of three district level supervisors, two high-school supervisors, four elementary principals, one middle-school principal, one middle school vice principal, two school psychologists, one school counselor, three crisis counselors, two regular education teachers, two home-school liaisons, and two special education teachers. After these initial meetings were completed, a follow-up email was sent to all those who agreed to participate thanking them for their commitment and indicating that a meeting schedule including times, dates, and locations would be sent shortly.

Format of the Mental Health Committee Meetings

Meetings were scheduled approximately every three weeks. The meetings were scheduled on Tuesday or Thursday afternoons starting at 3:30. Meeting length varied, but lasted on average approximately one and a half hours long. Meeting locations alternated, depending on availability of space. The locations were between the Board of Education office and one of the elementary schools. Two reminder emails were sent out prior to each meeting. The first was sent a week prior to the meeting to remind staff of

the upcoming meeting and to solicit any items for the meeting agenda. The second

reminder email was sent the day before the meeting. At the beginning of each meeting,

those in attendance were required to sign-in on a sheet provided by the meeting

facilitator. Committee meetings began with a review of the minutes from the prior

meeting and any announcements. Meetings continued with open discussion of agenda

topics, with guidance from the facilitator.

Meeting Agendas and Minutes

Agendas were utilized each month to provide structure to the committee meetings.

With the exception of the first committee meeting; successive meetings were often based

on the activities of the prior gathering. The development of the all the agendas

(Appendix A) was the responsibility of the facilitator. However, committee members

were solicited prior to each meeting for agenda items they would like discussed during

the upcoming meeting. The facilitator generated minutes within the week after each

meeting. The facilitator highlighted the key points of each meeting and outlined any

responsibilities that may have been assigned to a committee member. Both meeting

agendas and minutes were sent the day before each meeting to allow task-force members

to review the information ahead of time. The facilitator also distributed copies of both

the agenda and minutes to any members who did not have copies with them at the time of

the meeting. Minutes and agendas were reviewed at the beginning of each meeting by the

facilitator. It is important to note that agendas were utilized as guidelines for meeting and

as such were not always adhere to strictly.

Decision Making

At the first committee meeting, the facilitator explained that this project would be a collaborative process and asked that all committee members be respectful of the opinions of other members. Throughout this process, all decisions were made collaboratively though detailed discussions among committee members. The facilitator maintained responsibility for guiding discussion and directing decision making activities. It was also explained that the facilitator would seek out all decisions as close to total agreement as possible from all committee members. In the event that a final decision could not be reached, a vote would be taken.

Communication and Participation

Communication between the facilitator and committee members primarily took place in the form of emails. At times, communication also occurred via phone calls and face-to face conversations. At the start of the project the facilitator created a distribution list for all committee members to be able to communicate with each other in between meetings. The idea was for the mental health committee members to be able to exchange ideas and opinions about relevant topics. All committee members were encouraged to place the distribution list in their email contact list and to always "reply all" when participating in a discussion.

Phases of the Process

A total of eight committee meetings were held over a period of five months from February to June. The tasks of each meeting varied and were often determined based on the accomplishments of the previous meeting. These tasks included the development of a project title, mission statement, committee objectives, identification of the target population, the needs of the target population, development of the needs assessment, decisions related to data collection, data analysis and interpretation, and the development of guidelines outlining a district-wide strategic plan. The subsequent sections provide an overview of each of these tasks and a summary of the activities of each committee meeting.

Problem List and Identification of the Needs

The problem list was used as a vehicle to identify the needs of the district. When the committee was presented with the question, "What are the needs of the district in terms of mental health?" the immediate responses were "everything" or "where do we begin?" It was necessary to take time to look at what committee members perceived as problems within the district. Once an exhaustive list was generated, it gave the committee a starting point for grouping common problems and specifying the districts needs. The facilitator worked between meetings to consolidate the list and place items into four separate domains focusing on student, parent, staff and district needs. During committee meetings each domain area was reviewed and adjustments were made based on committee feedback. This process enabled the committee to arrive at a final list of district needs.

Development of the Needs Assessment

The district-wide needs assessment survey was developed out of the finalized district needs list. This process entailed numerous discussions, reviews, and revisions before the final survey was agreed upon by committee members. The steps involved with this process included identifying the areas in which the committee wanted information gathered, transforming the district needs into meaningful survey questions, organization, format and dissemination decisions, and piloting the survey to ensure problems with completing the survey were corrected prior to submitting the survey to all staff throughout the district. The goal of the committee at this stage was to develop a needs assessment that would not only assess staff's perception of the district needs, but also provide information that could be used to make improvements and develop programs in the future.

Data Analysis

Data analysis was conducted by the facilitator prior to the meeting in which this information was reviewed. The facilitator exported the results from Survey Monkey to Microsoft Excel and then to the Statistical Program of the Social Sciences (SPSS) software for statistical analyses. The facilitator performed basic descriptive statistic analysis to obtain means and frequencies for all data questions. Given that SPSS output files may be confusing to the layperson, the results of these analyses were placed into simplified tables created by the facilitator for presentation at the meeting.

Strategic Plan

Once all data had been collected and analyzed, the facilitator presented the

information to the committee for discussion and decisions regarding recommendations

for improvement of mental health services to the Superintendent and Board of Education.

To guide this process, the committee decided to focus recommendations on no more than

three areas for improvement within each domain (i.e., students, parents, staff, and

district). The three areas within each domain were determined based on the results of the

district-wide needs assessment. Recommendations for areas in which the district would

need to make improvements prior to developing programs came from the results of the

interviews and focus group. Once the committee finalized the plan, the Director of

Special Services and the facilitator met with the Superintendent to present the plan.

During this meeting, a request was made to submit the plan to the Board of Education for

review. The following sections contain a brief overview of each committee meeting;

highlighting the focus and pertinent outcomes for each meeting.

Summary of Meetings

Committee Meeting #1 (02/03/09)

The focus of this first meeting was to determine a project title, familiarize

committee members with the project, determine the committee's objectives, mission

statement, and target populations, and introduce the committee to the process of program

planning. The meeting began with welcoming remarks from the facilitator followed by

committee member introductions.

Project Title, Mission Statement, & Committee Objectives

The facilitator provided the committee members with a copy of a pre-written

mission statement, committee objectives, and a possible project title. This was used as a

starting point for the committee to discuss these areas openly and to jointly make final

decisions. Initial discussion of the project title solicited many different suggestions from

the committee members. As a group, the committee decided that they would like to have

a week or two to generate a list of names and then vote for the final name. The facilitator

would be responsible for emailing the committee over the next two weeks for

suggestions. The mission statement presented to the committee was approved

unanimously. The review of possible committee objectives (Appendix B) included a

description of committee members roles and responsibilities, specific objectives, and the

steps the committee would be utilizing to conduct a needs assessment and develop a

strategic plan to improve mental health services throughout the district. In reviewing

these steps, the facilitator also provided a brief description of the program planning

process. This included defining the target population, determining the needs of the target

population, development of the needs assessment, analysis and interpretation of the data,

and developing a set of guidelines for how to move forward and meet the needs of the

district.

Target Population

To get started, the facilitator directed the committee members to a discussion of

the target population for the project. The facilitator realized quickly that this was a

difficult question for the committee to answer given their opinion that all school staff,

students, and parents should be included. Reasons for including all three groups were fixed on the committee's opinion that there were significant needs at all levels that should be addressed, no matter how daunting the task seemed. There was some discussion surrounding the notion that student outcomes might be indirectly impacted by providing training and support directly to teachers. The facilitator added that there are many different levels contained within the label "support" and posed the question of whether or not this would also include school administrators. Various committee members also stated that the only way to increase student performance and success would be to develop programs that exist for staff, students, and parents. Other committee members expressed concern that the needs of these three groups were so significant that it would make more sense to focus on one group at a time. The facilitator shifted the committee to identify the "needs" for each of the groups. In doing so, the committee was able to see if there were areas of greater or less need depending on the group.

Problem List

The committee spent the remainder of the meeting discussing the overall needs of the district; highlighting where possible the target populations impacted. The initial problem list (Appendix C) included forty items; several of which included subareas of concern. As anticipated by many of the committee members, there were several problem areas that could be identified for all three groups. As a group, the committee quickly realized that it would be virtually impossible to address all these areas. The facilitator suggested taking the list and attempting to combine areas based on common domains such as student needs, parent needs, and service delivery (school staff/district) needs.

During the course of the three week period until the next committee meeting, the facilitator regrouped the list and sent a copy to all committee members to review and provide feedback.

<div align="center">*Committee Meeting # 2 (02/26/09)*</div>

The second committee meeting began with introductions of committee members; as new members were in attendance who were not present at the first meeting. Next, a small amount of time was spent reviewing the minutes from the previous meeting. The main focus of this meeting was to (1) review the consolidated problem list and (2) finalize the target population including the identification of relevant characteristics. If time permitted, a final goal of the meeting was to begin formulating the needs assessment.

Organization of the Problem List

Since the first meeting, the problem list was consolidated into three areas: (1) Student Problems, (2) Parent Problems, and (3) Service Delivery Needs & Gaps (Appendix D). Student needs were initially consolidated into fifteen areas. Throughout the course of this meeting, the committee reviewed the problem list in each area and decided to either add specific items to a list or change the wording of the items already on the lists. The original list of parent problems only consisted of eight items. Discussion during this meeting increased the parent problem list to sixteen items. Staff related problems were grouped into twenty-two service delivery needs and gaps. The list remained at twenty-two with only minor changes made to the wording of six items. The

final list of parent problems increased from eight to sixteen items. Once all the lists were

reviewed, the facilitator adjusted for all the changes and resubmitted the lists to the

committee for review and final comments via email, in the time between the third and

fourth committee meeting. Refer to Table 1, 2, and 3 for finalized lists for all three areas.

Table 1
Student Problem List

Student Problems
1. Lack of self-regulation skills/increase in the number of students exhibiting anger management issues, disruptive behavior disorders (Oppositional Defiant Disorder, Conduct Disorder, Intermittent Explosive disorder), and emotional disturbance.
2. Increase in the number of students experiencing depressive symptoms, suicidal/homicidal ideation, and other related mood disorders (Bipolar Disorder).
3. Increase in the number of students participating in self-mutilation.
4. Increase in the number of students experiencing anxiety disorders, including high performance students who encounter increased academic stress resulting in mental health issues.
5. Alcohol and drug use and abuse/ Children born with addictions.
6. Increase of weapons brought on school facilities
7. Poor social skills development.
8. Increase in the number of students with neurological problems related to lead poisoning.
9. Increased exposure to domestic violence and abuse (i.e., sexual, physical, emotional abuse and neglect).
10. Decrease in neighborhood safety—Exposure to gang violence and gang involvement.
11. Increase in the number of students diagnosed with Autism Spectrum Disorders, including Asperger's Syndrome.
12. Increase in the number of students diagnosed with Tourette's Syndrome.
13. High incidents of Post Traumatic Stress Disorder/Complex Trauma as a result of traumatic life events that impacts development over time.
14. Poor student knowledge of sexually transmitted diseases including HIV and teen pregnancy prevention.
15. Increase in the number of female and male students with eating disorders.
16. Poor self-esteem.

Table 2
Parent Problem List

Parent Problems
1. Poor parenting skills, poor understanding of common psychological disorders and medication management.
2. Increase in discord between parents and their children- Abdication of parental authority
3. Poor life skills.
4. Poor living arrangements-overcrowding-inclusion of extend family.
5. Lack of knowledge of special education.
6. Increased dysfunction related to familial roles.
7. Increase in parents with mental health related illness.
8. Modeling behaviors
9. Parent alcohol and drug use and abuse.
10. Low parental involvement in the middle school (particularly 6th and 7th grade) and high school.
11. High incidents of domestic violence.
12. Lack of Neighborhood safety—Exposure to gang violence and parent involvement in gangs (common of preschool parents).
13. Increase in divorce rate and child custody issues.
14. Parent education and training in Autism Spectrum Disorders.
15. Parent education on the developmental impact of traumatic life events (complex trauma, PTSD).
16. Low parental involvement in teaching sex education, knowledge about sexually transmitted diseases including HIV and teen pregnancy prevention.

Table 3
Service Delivery Needs and Gaps

Needs and Gaps
1. Lack of staff knowledge and ability to identify clinical disorders/risk factors common in childhood and adolescence:
a. Suicidal/homicidal ideation
b. Self Mutilation
c. Anxiety
d. Depression/Bipolar Disorder (particularly with younger students)
e. Sexual Orientation
f. Student Harassment & Bullying
g. Disruptive behavior disorders (Oppositional Defiant Disorder, Conduct disorders, Intermittent explosive disorder, Anger issues)
h. Attention & executive functioning problems
i. Domestic Violence
j. Autism Spectrum Disorders
k. Tourette's Syndrome
l. Post Traumatic Stress Disorder/Complex Trauma as a result of traumatic life events
m. Seizure Disorders/Traumatic Brain Injury
n. Eating disorders
2. Limited knowledge about identification & reporting of sexual, physical, and emotional abuse and neglect.
3. Lack of knowledge about grief counseling.
4. Lack of sensitivity among staff.
5. Staff training in legal and ethical guidelines.
6. Lack of understanding and support for differences in family dynamics:
a. Grandparents
b. Single family households
c. Extend family households
d. Students in shelters, foster care
e. Students raised by designated guardians
f. Homelessness
g. Children raising children
h. Same sex parents
7. Lack of provider support, student support, and parent support.
8. Lack of knowledge and training to work with students with Autism Spectrum Disorders.
9. Lack of effective sex education programs focusing on sexually transmitted diseases, including HIV and teenage pregnancy prevention.

Table 3 Continued-- Service Delivery Needs and Gaps

10. Lack of Crisis Intervention planning including a district-wide policy and procedure using a team approach.
11. Lack of reintegration planning for out-of-district placements.
12. Lack of comprehensive and centralized resource guide.
13. Lack of coordinated services for students and families with severe mental illness/in crisis.
14. Lack of wraparound services—afterschool and home.
15. Lack of universal screening for mental health problems-Mental health "check-ups."
16. Lack of inter-agency collaboration, no follow-up from partial hospitalization staff.
17. Lack of staff training in legal and ethical guidelines.
18. Lack of prevention programs and services targeting mental health, emotional and social problems.
19. Lack of intervention programs and services targeting mental health, emotional and social problems.
20. Need for increased professional development.
21. Poor coordination of external resources/agencies.
22. Lack of parental education training programs focusing on parenting skills, understanding of disorders common in childhood and adolescence, Medication management, and behavior modification.

Target Population (revisited from the committee meeting on 2/03/09)

The target population for the project was revisited during the second committee meeting. As a group, the committee was decided that the target population should include all three groups: (1) Students, (2) Parents, and (3) Staff. After finalizing the problem lists in all three areas it was clear that there was a significant amount of overlap between the three groups. For example, the committee agreed that students and parents experience depressive symptoms, suicidal/homicidal ideation, anxiety and other mental illnesses and that staff lack training in these areas. As a result, the committee agreed that identifying the needs across all three domains would be most beneficial to future program planning tasks and decisions.

The committee then worked to outline the relevant characteristics of each of the three groups. It then further segmented each of the groups into more specific subgroups. Table 4 outlines the target population including all segmented subgroups. Students were segmented into subgroups of regular education students and special education students. Parents (legal guardians) were divided into several subgroups that included two-parent and single parent households, students being raised by their grandparents or extended family members, foster care parents, homeless parents, and teen parents. When it came to making decisions about which staff to include, the committee decided to include only those staff members who spent a significant amount of time working with students and their families. As such, it was decided to omit building secretarial staff and custodial staff from the target population. In addition, staff working at the district level in the business, payroll, human resources, information technology, transportation, food service, and buildings and grounds personnel were also excluded.

Table 4
Target Population of the Urban School District

Target Population
Group 1: All students attending school in Perth Amboy (preschool thru 12th grade)
1. General education students
2. Special education students
3. Bilingual education students
Group 2: Parents/Guardians of students attending school in Perth Amboy (preschool thru 12th grade)
1. Intact families (two parents households)
2. Single parent homes (one parent households)
3. Grandparents and extended families
4. Foster parents
5. Students raised in shelters
6. Homeless families
7. Teen parents
Group 3: District/School Staff (preschool thru 12th grade)
A. Teachers
1. General education teachers
2. Special education teachers
3. Paraprofessionals
B. All Support Staff
1. School Psychologists
2. School Social Workers (regular education and special education)
3. School Counselors (Guidance Department)
4. School Nurses
5. Crisis Counselors
6. Learning Consultants
7. Occupational Therapists
8. Physical Therapists
9. Speech Therapists
10. Academic Specialists
11. Security Guards
12. Home-School Liaisons-Attendance Officers
C. Administration -- preschool thru 12th grade
1. Superintendent & Assistant Superintendent
2. Directors
3. Supervisors
4. Principals
5. Vice-Principals

Administrators at both the district and building levels were included. Although some district level administrators have less direct contact with students than building level administrators, this subgroup was included because they are responsible for decision making that directly impacts students, parents, and staff. Furthermore, district level administrators are often involved with student and parent issues that are more serious in nature. So while their contact may be less direct, their involvement in more high profile cases warrants their inclusion in the target population.

Formulation of the Needs Assessment

Toward the end of the meeting, a small amount of time was spent discussing the formulation of the needs assessment. The facilitator provided the committee with an explanation of this process including the necessity of conducting a context assessment. The committee decided that the most efficient way to collect the needs assessment data would be through an online survey. The context assessment would be conducted through a focus group of support staff (i.e., school psychologists, school social workers, crisis counselors, and school counselors) who work directly with students, parents and staff. During the time between this meeting and the next meeting, the facilitator would work to develop a draft survey and submit it to the committee for review and feedback.

Committee Meeting # 3 (03/19/09)

Project Title Vote

After minutes from the previous meeting were reviewed, the next item on the agenda was the vote for the project title. Since the first committee meeting, the facilitator

gathered multiple lists of possible project titles gathered via email from committee

members. A total of 14 choices were generated and a preliminary vote was sent to all

committee members asking them to pick their top five choices and then to rank those

choices from 1 to 5 (1 being their first choice, 5 being their fifth choice). This was done

to narrow the list to the top five choices. After the results were tallied, the final voting

ballot was created which included a total of six choices. The additional choice was

included due to a tie in the number of votes between two of the choices. The final ballot

was presented to the committee members present at this meeting. The committee

members who were not present at the meeting were sent an online ballot. Once all the

votes were tallied, the facilitator emailed the result to all the committee members.

District-Wide Needs Assessment-Feedback

Prior to the meeting, a draft copy of the district-wide needs assessment was

created by the facilitator and emailed to all the committee members. Committee

members were asked to review and complete the survey in its entirety, note the time

taken to complete the survey, make comments on the survey, and bring the copy to the

meeting. It was anticipated that committee members may not complete the

aforementioned prior to the meeting, so the facilitator brought blank copies to the

meeting. Those who did not complete the survey beforehand were given time complete it

once they arrived. The facilitator recorded start and stop times for each of the committee

members. On average the draft needs assessment took approximately 10 minutes to

complete. The specific sections of the survey included demographic information,

professional development, student-focused programs and interventions, family-school

partnerships, and district policies and procedures. Next, Committee members reviewed

the organization and format of the survey. Suggestions for improvement included

grouping together or modifying like questions, making sure questions within each section

were formatted to fit on the same page, making changes to the rating scale procedure so it

became less confusing, and utilizing a user online survey company to generate the survey

rather than using a Microsoft Word document. The benefits of this online service

included creating a more user friendly survey, linking the dissemination of the survey to

staff emails, and an automatic data collection system built into the online service. The

facilitator agreed to look into the possibilities and would report back at the next meeting.

Other changes included adding a question asking about the grade level taught, omitting a

question about when staff members graduated from college/graduate school, changes to

how questions were worded, and adding operational definitions where needed. A

significant amount of discussion time was spent reworking the section focused on crisis

policy and procedures. The main issue here was how to separate out the different levels

of crisis and how best to group items. Overall, the rating scale items were separated into

(1) Youth Crisis (i.e., student with suicidal thoughts, student with homicidal thoughts,

student disclosure of sexual/physical abuse, and death of a family member), (2) School

Crisis (i.e., death of a teacher/student, school fire, school violence, and (3) District-Wide

Crisis (i.e., natural disaster, school shooting, gang violence). The facilitator noted all

changes and would make the modifications the committee agreed upon. An updated

version would be emailed to everyone for review prior to the next meeting.

Committee Meeting # 4 (04/02/09)

In response to the final project title, some committee members expressed the possibility of removing the district name from the title. Prior to the meeting, the facilitator emailed the committee to solicit their opinions on leaving it in or taking it out of title. The majority of the committee agreed that the district name should remain in the title. Since there was some discord among committee members, the beginning of the meeting began with a brief discussion and a final decision to leave the name in the title.

District Wide-Needs Assessment-Feedback

The majority of the meeting was spent reviewing the survey, noting feedback and making decisions regarding specific changes. The most significant change made to the survey was transforming it from a Microsoft Word document to an online format via Survey Monkey. In addition, a cover page was added that outlined the purpose of the study including consent to participate, a question about the grade level taught was added to the demographic section, a final question asking for information that may not have been addressed through the survey, and statements thanking staff for their participation and indicating that their responses will be kept confidential. Feedback was provided concerning the format of some of the questions and the information included in the policy and procedures section. More specifically, questions requiring staff to rate selections were confusing in format and required simplification. The policy and procedures section, which focused on individual, school and district crisis levels, were expanded to include more specific questions in relation to staff crisis response in specific situations. Once

revisions were completed, the facilitator made arrangements to pilot the online version of the needs assessment with committee members.

Survey Dissemination

The remaining time was devoted to decision making related to the method in which the survey would be disseminated district-wide. It was decided that support was needed from school principals to encourage staff within all buildings to complete the survey. It was also decided, if possible, that the initial dissemination of the needs assessment be sent via the Assistant Superintendent. The Director of Special Services along with the facilitator made arrangements to meet with the Assistant Superintendent to solicit her support.

Committee Meeting # 5 (04/28/09)

District-Wide Needs Assessment-Format Changes, Crisis Section, Finalize

The final version of the survey was piloted during this meeting. Arrangements were made to hold this committee meeting in the computer room in an elementary school for the purpose of providing committee members with the experience of taking the survey online. This was useful in that it allowed the facilitator, with the guidance of the committee members, to make any final adjustments to the survey. Committee members completed the survey in approximately 15 minutes. This change was largely due to the expansion of the policy and procedure section. A decision was made to take out the question asking staff what grade level they teach and replace it with a question asking their location within the district (i.e., which school, building). In doing so, the question

still provides the level with which school staff work, but also allows for data analysis

across different schools and locations throughout the district. Questions that required

staff to rate their previous choices continued to pose problems. The committee decided

to place these questions on a separate page, to simplify the directions, and to limit the

possible responses (only allowed 5 responses, can only use a number once) in order to

eliminate response errors. Committee members then attempted to answer these questions

a second time to ensure ease of response. The final version of the survey can be found in

Appendix E.

Survey Dissemination (revisited from the committee meeting on 04/02/09)

The meeting with the Assistant Superintendent was held in the time between

meetings. The Assistant Superintendent agreed to send the initial request for staff to

complete the district-wide needs assessment via her district email account as well as any

necessary follow-up emails and reminders. The facilitator would work with the

information technology department to allow staff access to the survey through the district

network and upload staff email addresses into a Survey Monkey database. Memos

drafted by the facilitator and approved by the Assistant Superintendent accompanied the

needs assessment and included a request for all staff to complete the survey, a statement

of confidentiality, an internet link to the survey with directions, deadline for completion,

and the facilitator's contact information in the event participants had any questions

(Appendix F). Data collection would begin on Monday, May 4th, 2009.

Committee Meeting # 6 (05/19/09)

Data Collection Update

The facilitator reviewed the steps taken to disseminate the district-wide needs assessment including problems encountered and a data collection update. Within the first week staff experienced problems accessing the survey through the internet link provided in the initial email. Concern on the part of the facilitator that this problem would continue throughout the data collection process led to inactivating the survey link until the problem could be fixed. This delayed data collection for one week and as a result when the new link was emailed to staff, the deadline was extended an additional week. Reminders to complete the survey were sent weekly via the Assistant Superintendent's email. All staff questions were deferred to the facilitator.

Committee Meeting # 7 (06/11/09)

The focus for this meeting was to analyze the data from the district-wide needs assessment and determine which areas would be the focus of the strategic plan. The committee decided that based on the results, the organization of the plan should focus on three domains: (1) Student Supports, (2) Parent Supports, and (3) Staff Supports. Within each of these domains, suggested services would address the three service delivery levels (i.e., prevention, intervention, and wraparound services). In addition there would also be a section designated to district improvements needed prior to the design and implementation of any programs.

Data Analysis

At the beginning of the meeting, committee members were presented with aggregated results in the form of tables and summary paragraphs. The facilitator reviewed the information section by section. It was then suggested by the facilitator that committee members begin to identify the three most important areas within each domain to make recommendations for improvement. These decisions for the areas within the first three domains were largely based on the district-wide needs assessment data which indicated the top five areas that staff rated as most important. An additional area for staff improvement came from the staff crisis response section on the needs assessment survey. In reviewing the data results in this section, the committee members decided that areas in need of improvement would include the following:

1. In the Staff Crisis Response section, the top five areas that staff rated their preparedness between the "Somewhat Prepared" and "Not Prepared" (scores in the range from 4 to 5) levels were identified as in need of immediate improvement. Areas where staff rated their level of preparedness as "Prepared, "Very Prepared" or "Highly Prepared" (scores in the range from 1 to 3) were considered sufficient and not in need of immediate improvement.

2. In the Knowledge of Crisis Response section, any areas where staff rated their knowledge between the "Disagree" and "Strongly Disagree" levels (i.e., scores in the range from 4 to 5) were identified as in need of immediate improvement. Areas where staff rated their level of knowledge as "Neutral, "Agree" or "Strongly Agree" (scores in the range from 1 to 3) were considered sufficient and not in need of immediate improvement.

Data was analyzed based on these criteria and then decisions were made in relation to

recommendations for district-wide improvements related to crisis response.

Planning for Mental Health Improvements

Utilizing the results from both the needs assessment and context assessment,

committee members generated a tentative list of recommendations for each domain area

that addressed the prevention, intervention, and wraparound service delivery levels. It

was decided that the facilitator would work in the time between meetings to generate a

completed version of the mental health improvement plan. This plan would be reviewed

at the next meeting in which revisions would be made.

Committee Meeting # 8 (06/18/09)

Strategic Plan

This meeting was solely focused on reviewing the strategic plan, committee

members provided feedback, revisions, and finalized the plan. Chapter six will provide a

more detailed discussion of the strategic plan. In addition, a tentative plan regarding how

to submit the improvement plan to the Superintendent and Board of Education were also

discussed. It was decided that when the plan was complete the Director of Special

Services and the facilitator would request a meeting with the Superintendent. A copy of

the plan would be submitted to the Superintendent prior to the meeting so that he may

have time to review the plan. At the time of the meeting, the Director of Special Services

would request that the plan be submitted to the Board of Education and that approval be

obtained for the committee to move forward in carrying out the recommendations of the plan.

Chapter Summary

Mental health committee members were recommended by the Directors of Special Services and Guidance and school building principals that represented all grades, administration levels and disciplines throughout the district. There were a total of 23 staff members who volunteered to participate and attend eight committee meetings from February 2009 to June 2009. Meeting agendas and minutes were presented at each meeting by the committee facilitator. Face-to-face communication between the facilitator and committee members primarily took place during monthly meetings. In between meetings communication occurred via email utilizing the distribution list created by the facilitator or via phone calls. Decision making was a collaborative process in which all committee members engaged in discussion until agreement among all committee members was reached. In the event that disagreement was present, the facilitator would lead the committee members to vote for a final decision. The committee initially identified a rather large problem list that was transformed into the needs of students, parents and staff within the school district. This information was then converted to the district-wide needs assessment survey. Once dissemination of the survey and data collection was complete, the committee jointly analyzed the results and created a set of guidelines in the form of a strategic plan.

CHAPTER V

RESULTS

Abstract

This chapter presents the results of the district-wide needs assessment and the assessment of the relevant context of the organization. Demographic information about the urban school district, students, parents and school staff are reported. The step-by-step process of determining the needs of the target population and the development of the needs assessment survey are outlined in detail. Data collection including participants, methods, instrumentation, and procedures are reported as well as data analysis and methods of interpretation. Results of the needs assessment are communicated in terms of staff knowledge and professional development, student-focused programs and interventions, family-school partnerships, and staff knowledge of crisis response policies and procedures. Lastly, outcomes of the relevant context assessment are presented based on Maher's (2000) AVICTORY framework.

Introductory Information

The primary organization on which this dissertation is focused was a small public urban school district located in New Jersey. There were 10,118 students enrolled in the school district in preschool through 12th grade programs. The district operated with three preschools that offered pre-kindergarten programs for three and four year olds, five

elementary schools, two middle schools for 5-8th grades, one high school for 9th through 12th grades, and an alternative/adult school for students who had dropped out and wanted to earn their GED's.

A committee focusing on the improvement of mental health services for the district was formed in February of 2009. The committee consisted of administrators, teachers, and support staff that represented all education levels (i.e., preschool, elementary, middle, and high school) throughout the district. For the purposes of improving the delivery of mental health services, the major task of the committee was to identify the target population and their needs and conduct a needs assessment. The information gathered during this process could then be utilized in the future to create new programs and services. The steps employed to develop the district-wide needs assessment, instruments, procedures in data collection and analysis, and the results of the needs assessment are also indicated below.

Target Population Description

Relevant Characteristics

The target population, for the purpose of this dissertation, consisted broadly of students, parents and school district employees who work directly with these populations. Within each of these areas the target populations were further segmented into specific smaller populations which are described below. In addition, where information was available, the exact sizes of these target populations are reported.

Students

There were a total of 10,118 students attending school within this district who ranged in age from 3 years to approximately 21years (New Jersey Department of Education, Application for State School Aid Summary). Across all age ranges, there were students who were identified as either native born (i.e., born in the US) or of immigrant status (i.e., born outside of the US). Most students who were not born in the continental United States originated from either Puerto Rico or the Dominican Republic. This was a transient population that may return to their homeland at any given time during the year. For some students this meant living with extended family members for long periods of time. It was not uncommon to find students to be raised by their grandparents and extended families, within the foster care system, or temporarily housed in local shelters. With most parents working full-time jobs, as students aged they often became responsible for the care of their younger siblings.

Within the district, students were either placed in general education, bilingual education, or special education classrooms depending on their academic abilities. An additional population of both general and special education students attended school in out-of-district placements. Most students lived within walking distance to their home schools. As a result, transportation to and from school was limited to students with special needs. Students who have graduated from high school have gone on to attend community colleges and/or four year colleges, but many have entered directly into the workforce or the military. Table 5 includes the total number of regular education students, bilingual students, special education, and out-of-district placements.

Table 5
Target Population: Students

Program	Preschool	Elementary School	Middle School	High School	Total
Regular Education Students	920	3,493	2,445	2,313	9,344
Special Education Students	173	322	227	225	774
					10,118
Bilingual Students	N/A	609	543	459	1,521
Out-of-District Placements					159

Parents

Parents of students attending school in the district were typically younger in age and consisted mostly of working class status. Most parents worked full-time with some taking on additional work to supplement their main incomes. The highest level of education obtained for most parents was a high school diploma. Many parents also attended school within the district and many were employed by the district in secretarial, custodial, food service, and paraprofessional positions. Parents within the district were generally responsible for raising several children at any given time as well as caring for their own parents and other extended family members. Types of households included (1) intact families (i.e., two parent households), (2) single-parent families (i.e., one parent households), (3) grandparent/extended family guardianship, and (4) homeless families. Due to a number of stress related factors, child abuse and domestic violence have increased over the past several years.

Parental involvement in the education of students within the district has always been limited with more involvement at the preschool and elementary levels. Typically, there has been a noticeable decrease in parental involvement when students move on to attend middle school. Low parental involvement has been attributed to employment status, lack of transportation, language and cultural barriers, and limited understanding of the school system. It was difficult to estimate the number of parents present in the district because students come from a variety of different living arrangements and have multiple siblings throughout the district such that estimates could not be made with any degree of certainty.

School Staff

Staff employed by the school district resided both in and outside of the city limits and consisted of multiple ethnicities. There were 1,567 employees in the school district, a portion of which made up the target population of school personnel. These individuals included school administrators (i.e., Superintendent, Assistant Superintendent, directors, supervisors, principals, and vice principals), regular education teachers, bilingual education teachers, special education teachers, paraprofessionals, guidance counselors, child study team members (i.e., School Psychologists, Learning Consultants, Social Workers), speech and language therapists, crisis counselors, physical therapists, occupational therapists, reading specialists, math specialists, school nurses, and security guards. As mentioned previously, several employees of the district also attended their primary and secondary educations in the school district.

Years of experience among school personnel varied from less than five years to more than 25 years. The education level also varied among school personnel ranging from high school diplomas to doctoral level degrees. There was also variability among the level of experience that school personnel had in relation to working with students with special needs and emotional and behavioral difficulties. Teacher turnover remained relatively low; whereas higher rates had been observed among support staff, particularly child study team members. Relatedly, staff burnout tended to be higher due to the increased needs of students and their families over the years.

Needs of the Target Population

Needs Assessment Domain and Questions

The following section contains the needs assessment domains and needs assessment questions that were utilized for the purpose of developing the district-wide needs assessment survey. Table 6 provides an overview of the structure of the needs.

1. To what extent do teachers and school staff have knowledge and training about certain behavior conditions experienced by the students attending school in the district?

2. To what extent do teachers and school staff believe students would benefit from programs and interventions targeting common social, emotional, and behavior problems?

3. To what extent do teachers and school staff believe parents would benefit from services addressing common social, emotional, and behavior problems experienced in childhood and adolescence?

4. To what extent are teachers and school staff prepared and knowledgeable about

   school/district crisis response policies and procedures?

Table 6
Structure of the Needs

	Needs Assessment Question	CSA	DSA
1	To what extent do teachers and school staff have knowledge and training about certain behavior conditions experienced by students attending school in the district?	Teachers and school staff do not have sufficient knowledge and training about certain behavior conditions experienced by students in the district.	Teachers and school staff have sufficient knowledge and training about certain behavior conditions experienced by students in the district.
2	To what extent do teachers and school staff believe students would benefit from programs and interventions targeting common social, emotional, and behavior problems?	Students do not benefit from programs and interventions targeting common social, emotional, and behavior problems.	Students benefit from programs and interventions targeting common social, emotional, and behavior problems.
3	To what extent do teachers and school staff believe parents would benefit from services addressing common social, emotional, and behavior problems experienced in childhood and adolescence?	Parents do not benefit from services addressing common social, emotional, and behavior problems experienced in childhood and adolescence.	Parents benefit from services addressing common social, emotional, and behavior problems experienced in childhood and adolescence.
4	To what extent are teachers and school staff prepared and knowledgeable about school/district crisis response policies and procedures?	Teachers and school staff are not prepared and knowledgeable about school/district crisis response policies and procedures.	Teachers and school staff are prepared and knowledgeable about school/district crisis response policies and procedures.

Operational Definitions of Data Collection Variables

1. <u>Difficulties related to self regulation:</u> The inability for students to control their emotions, focus their attention and manage impulsivity.

2. <u>Developmental Disabilities:</u> Include major disorders of childhood and adolescence such as Autism, Asperger's Syndrome, Tourette's Syndrome.

3. <u>Anxiety:</u> Nervousness, concern or worry that impedes functioning and includes stress related to academics.

4. <u>Depression:</u> Persistent feelings of unhappiness and hopelessness. Includes issues related to grief, bipolar disorder, other mood related problems.

5. <u>Self-Injurious Behaviors:</u> Includes thoughts of suicide and/or attempts, self-mutilation/cutting, eating disorders, and any other behavior that results from a compulsion to inflict pain on oneself.

6. <u>Disruptive Behaviors:</u> Includes oppositional and disrespectful attitudes toward authority, defiance, explosive outbursts, and aggression toward others.

7. <u>Other Health Impairments:</u> Includes more medically based disorders and illness such as seizure disorders, traumatic brain injury, chronic health problems, and asthma.

8. <u>Abuse:</u> Includes physical, sexual, and emotional abuse and neglect.

9. <u>Exposure to Environmental Problems:</u> Events that exist within the environment or are due to environmental situations such as lead poisoning, gang violence/involvement, domestic violence.

10. <u>Issues Related to Puberty:</u> Includes sexually transmitted diseases, pregnancy, and students questioning their sexual orientation.

11. Social Skills and Developing Positive Peer Relationships: The ability for students to follow school and/or classroom rules, acting appropriately with peers and adults and developing suitable friendships.

12. Parenting Skills: Increasing parent knowledge in areas related to behavioral techniques, importance of parent involvement, addressing familial conflict, student problems related to divorce/custody issues.

13. Life Skills: Includes the development of self-help skills, communication skills, advocating for both the parent and their child.

14. Understanding the Education System: Includes addressing barriers and understanding parental and student rights.

Data Collection Variables

1. Teachers and school staff have worked with and are knowledgeable about certain behavior conditions experienced by students in the district:

   a. Difficulties Related to Self Regulation (i.e., controlling emotions, attention problems, and impulsivity)

   b. Developmental Disabilities (Autism, Asperger's Syndrome, Tourette's Syndrome, etc.)

   c. Anxiety (including stress related to academics)

   d. Depression (including issues related to grief, bipolar disorder, other mood related problems)

   e. Self-Injurious Behaviors (suicide, self-mutilation/cutting, eating disorders, etc.)

  f. Disruptive Behaviors (oppositional and disrespectful to authority, defiance, explosive outbursts, aggression toward others)

  g. Other Health Impairments (seizure disorders, traumatic brain injury, chronic health problems, asthma, etc.)

  h. Abuse (physical, sexual, emotional, and neglect)

  i. Alcohol and Substance Use/Abuse

  j. Harassment and Bullying

  k. Exposure to Environmental Problems (i.e., lead poisoning, gang violence/involvement, domestic violence)

  l. Issues Related to Puberty (i.e., sexually transmitted diseases, pregnancy, students questioning their sexual orientation)

2. Teachers and school staff believe students would benefit from programs and interventions targeting the following common social, emotional, and behavior problems:

  a. Difficulties Related to Self Regulation (i.e., controlling emotions, attention problems, and impulsivity)

  b. Developmental Disabilities (Autism, Asperger's Syndrome, Tourette's Syndrome, etc.)

  c. Anxiety (including stress related to academics)

  d. Depression (including issues related to grief, bipolar disorder, other mood related problems)

  e. Self-Injurious Behaviors (suicide, self-mutilation/cutting, eating disorders, etc.)

f. Disruptive Behaviors (oppositional and disrespectful to authority, defiance, explosive outbursts, aggression toward others)

g. Other Health Impairments (seizure disorders, traumatic brain injury, chronic health problems, asthma, etc.)

h. Abuse (physical, sexual, emotional, and neglect)

i. Alcohol and Substance Use/Abuse

j. Harassment and Bullying

k. Exposure to Environmental Problems (i.e., lead poisoning, gang violence/involvement, domestic violence)

l. Issues Related to Puberty (i.e., sexually transmitted diseases, pregnancy, students questioning their sexual orientation)

m. Social Skills and Developing Positive Peer Relationships

n. Development of Self-Esteem

o. Development of Coping Skills

3. To what extent do teachers and school staff believe parents would benefit from services addressing the following common social, emotional, and behavior problems experienced in childhood and adolescence:

a. Difficulties Related to Self Regulation (i.e., controlling emotions, attention problems, and impulsivity)

b. Developmental Disabilities (Autism, Asperger's Syndrome, Tourette's Syndrome, etc.)

c. Anxiety (including stress related to academics)

d. Depression (including issues related to grief, bipolar disorder, other mood related problems)

e. Self-Injurious Behaviors (suicide, self-mutilation/cutting, eating disorders, etc.)

f. Disruptive Behaviors (oppositional and disrespectful to authority, defiance, explosive outbursts, aggression toward others)

g. Other Health Impairments (seizure disorders, traumatic brain injury, chronic health problems, asthma, etc.)

h. Abuse (physical, sexual, emotional, and neglect)

i. Alcohol and Substance Use/Abuse

j. Harassment and Bullying

k. Exposure to Environmental Problems (i.e., lead poisoning, gang violence/involvement, domestic violence)

l. Issues Related to Puberty (i.e., sexually transmitted diseases, pregnancy, students questioning their sexual orientation)

m. Parenting Skills (including behavioral techniques, importance of parent involvement, addressing familial conflict, student problems related to divorce/custody issues)

n. Life Skills (self-help skills, communication skills, advocating for self and child, etc.)

o. Understanding the Education System (addressing barriers and understanding parental and student rights)

    p. Understanding Emotional and Behavioral Problems that Impact Parent and Child Wellness

    q. Understanding the Importance of Medication Management for their Children's Health

    r. Knowledge of and Access to Community Resources

4. To what extent are teachers and school staff prepared and knowledgeable about school/district procedures during the following crisis situations:

    a. Student with Suicidal Thoughts

    b. Student with Homicidal Thoughts

    c. Student Disclosure of Physical/Sexual Abuse

    d. Student who Lost a Family Member or Classmate

    e. Death of a Student

    f. Death of a Teacher

    g. School Fire

    h. School Violence (i.e., fighting, weapons, hate crimes)

    i. School Shooting

    j. Gang Related Violence

    k. Bomb Threats

    l. Natural Disaster

5. To what extent are teachers and school staff prepared and knowledgeable about school/district policies and procedures related to the following:

   a. Basic School Safety

   b. School Crisis Team

   c. Crisis Response Procedures

   d. Fire Drills

   e. Lockdowns

   f. Building Evacuations

   g. Parent Contact Procedures During a Crisis

Data Collection

School staff were recruited to participate in a district-wide needs assessment for the purpose of (1) identifying the needs of students, parents and staff within an urban district as they relate to the delivery of school-based mental health services, (2) demonstrating a discrepancy between current services and desired programs and services, and (3) understanding the relevant context of the school district in which students, parents, and staff and their needs are embedded.

Participants. The mean age of the participants (2.89, on a 5 point scale) was reported between the age ranges of 20 to 29 and 30 to 39 with the majority of participants being female (81.1%). Education levels ranged from high school diplomas to doctoral degrees with the highest percentage (46.9%) having earned a Bachelor's degree. Participants held positions in locations throughout the district including preschool (11.5%), elementary (41.1%), middle (24.1%), high (18.9%) and alternative (1.6%)

schools as well as district level (2.9%) positions (i.e., Superintendent, Director,

Supervisor, etc.). Positions held within the district included teachers, support staff, and

administrators. An "other" category was also included on the survey which captured an

additional 10.3% of district staff. These positions included student assistance counselors,

bilingual and English as a second language teachers, academic specialists and coaches,

home school liaisons, intervention specialists, learning consultants, librarians, and

security guards. Years in current position ranged from less than 5 to more than 25 years

with the mean years (2.44, on a 5 point scale) falling between the range of years between

5 to 9 and 10 to 14. Years employed in the district ranged from less than 5 to more than

25 years where the mean years (2.89, on 5 point scale) also fell between the range of

years between 5 to 9 and 10 to 14.   Complete demographic information for participants

is included in Table 7 below.

Table 7
Demographic Information (Means in Parentheses)

	N	Percent
Age (2.89)		
20 to 29	148	15.4
30 to 39	230	23.9
40 to 49	239	24.8
50 to 59	268	27.9
60 and older	77	8.0
Gender (1.19)		
Female	780	81.1
Male	182	18.9
Education Level (3.31)		
High School	28	2.9
Some College	72	7.5
Bachelors	451	46.9
Masters	394	41.0
Doctorate	17	1.8

Table 7 Continued--Demographic Information (Means in Parentheses)

Current School (6.90)		
2 Preschools	110	11.5
5 Elementary	395	41.1
2 Middle School	232	24.1
1 High School	182	18.9
1 Alternative School	15	1.6
District Level Positions	28	2.9
Current Position (2.09)		
Regular Education Teacher	532	55.3
Special Education Teacher	102	10.6
Paraprofessional	110	11.4
School Psychologist	8	.8
School Counselor	24	2.5
School Social Worker	18	1.9
Crisis Counselor	9	.9
School Nurse	19	2.0
Speech Therapist	7	.7
Occupational Therapist	1	.1
Administrative Position	33	3.4
Other	99	10.3
Years in Current Position (2.44)		
Less than 5	324	33.7
5-9	301	31.3
10-14	131	13.6
15-19	74	7.7
20-24	62	6.4
More than 25	70	7.3
Years in the District (2.89)		
Less than 5	221	23.0
5-9	273	28.4
10-14	162	16.8
15-19	113	11.7
20-24	86	8.9
More than 25	107	11.1

Methods. A list of all district staff representing the target population was obtained through the districts Human Resources Department. Staff members were included based on the degree to which they interact with students and their families on a regular basis. Thus, those excluded from the participating in the survey included secretarial, custodial, and food service staff within each building. In addition, staff working at the district level in the business, payroll, human resources, information technology, transportation, and buildings and grounds were excluded. The staff list was then cross referenced with district emails obtained directly from the district's computer network and distribution lists for the survey were created. These distribution lists were then uploaded to Survey Monkey for the purposes of emailing the survey link to the 1184 staff members who met the inclusion criteria for the study. A series of memos (Appendix F) were created that would accompany the initial dissemination of the survey to staff members as well as all follow-up reminders for staff to complete the survey. The memos were sent by the both the Assistant Superintendent and the mental health committee facilitator (i.e., the author). The initial memo included an introduction to the committee, the purpose of the survey, a request for 100% staff participation, the timeframe to complete the survey, and the facilitator's contact information in case problems arose. Subsequent emails included modified versions of the same information and were sent out weekly during the month of May. Once the survey was emailed to all the distribution lists, the facilitator, monitored incoming surveys, managed staff questions and problems, and sent follow-up emails reminding staff to complete the survey.

Instruments. A district-wide needs assessment survey was developed based the needs identified by the district's mental health committee in conjunction with the data collection variables listed in the previous section. The survey included 117 questions split up over nine sections. The survey was created in such a way that little to no questions required a detailed response from the participants. As such, most of the response options consisted of multiple choice and rating scale items. The last question provided an opportunity for staff to make personal comments and required a typed answer.

The demographic section contained seven questions in total. The information requested in this section included items about age, gender, education level, current location in the district, current position, number of years in current position, and number of years employed in the district. Age was gathered by range rather than specific year (i.e., 20 to 29, 30 to 39, etc.). For items about location and current position in the district, an additional "other" option was included in the event that the fixed response choices did not include a participant's answer.

The professional development section consisted of two sections and included a total of 24 questions. The first section asked for participants' experience in working with students with different behavioral conditions.   The second section asked if participants had received training in the last five years in any of the behavioral conditions listed in the first section. Items included behavioral conditions such as difficulties related to self-regulation, developmental disabilities, anxiety, depression, self-injurious behaviors, disruptive behaviors, other health impairments, abuse, alcohol/substance use/abuse, harassment and bullying, exposure to environmental problems, and issues related to puberty.

The important training area section asked participants to choose the five most important areas, of those listed in the previous section, which they believed the school district should develop staff training programs. Participants were only able to choose five areas and were required to assign a number from 1 to 5 signifying the most important (1) to the least important (5) for each area chosen.

The student-focused programs and interventions section included a total of 15 questions. Participants were asked to indicate whether or not they believed that students would benefit from programs and interventions addressing common social, emotional and behavior problems. Items included social, emotional and behavior problems such as difficulties related to self-regulation, developmental disabilities, anxiety, depression, self-injurious behaviors, disruptive behaviors, other health impairments, abuse, alcohol/substance use/abuse, harassment and bullying, exposure to environmental problems, issues related to puberty, social skills and positive peer relationships, self-esteem, and coping skills.

The important student program areas section asked participants to choose the five most important areas, of those listed in the previous section, which they believed the school district should develop programs and interventions for students. Participants were only able to choose five areas and were required to assign a number from 1 to 5 signifying the most important (1) to the least important (5) for each area chosen.

The family-school partnerships section included a total of 18 questions. Participants were asked to indicate whether or not they believed that parents would benefit from workshops addressing common social, emotional and behavior problems experienced in childhood and adolescence. Additional items were aimed at building

parent knowledge in the areas of parenting skills. Items included social, emotional and

behavior problems such as difficulties related to self-regulation, developmental

disabilities, anxiety, depression, self-injurious behaviors, disruptive behaviors, other

health impairments, abuse, alcohol/substance use/abuse, harassment and bullying,

exposure to environmental problems, issues related to puberty, parenting skills, life skills,

understanding the education system, understanding emotional and behavioral problems

that impact parent and child wellness, medication management, and knowledge of and

access to community resources.

The important parent workshop areas section asked participants to choose the five

most important areas, of those listed in the previous section, which they believed the

school district should develop parent training services. Participants were only able to

choose five areas and were required to assign a number from 1 to 5 signifying the most

important (1) to the least important (5) for each area chosen.

The staff crisis response section consists of 37 questions utilizing a 5-point Likert

scale. Questions in this section focused on staff preparedness and knowledge about

school/district policies and procedures in specific crisis situations such as student

suicidal/homicidal thoughts, disclosure of physical/sexual abuse, loss of a family member

or classmate, death of a student or teacher, school fire, school violence, school shooting,

gang related violence, bomb threats, and natural disasters. Similar questions were asked

about procedures related to basic school safety, crisis teams and response procedures, fire

drills, lockdowns, and emergency evacuation procedures and parent contact procedures.

Procedures. In order to carry out this assessment, 1184 participants were

recruited to complete an online survey during the month of May (Table 8). Of the 1184

recruited, 1009 completed or partially completed the survey; representing an 85%

response rate.   There was incomplete data for a total of 47 surveys or 4.7% of the 1009

participants. Review of these cases did not reveal any unusual patterns within the data.

Incomplete responses can most likely be attributed to the time of year in which the survey

was completed. For staff in many school districts, the month of May represents a very

busy time as they begin to prepare for the end of the school year. As such, it is likely that

those individuals were simply unable to return to their computers to complete the survey

as a result of a lack of time in their daily schedules. For the purpose of this dissertation,

only the completed data reported from 962 participants was included.

Table 8
Urban School District Employees by Discipline

Discipline	Number of Employees
General Education Teachers	531
Bilingual/ESL Teachers	79
Special Education Teachers	93
Paraprofessionals	207
All Support Staff	
School Psychologists	10
School Social Workers	17
School Counselors (Guidance)	27
School Nurses	22
Crisis Counselors	10
Student Assistance Counselors	3
Learning Consultants	4
Occupational Therapists	5
Physical Therapists	5
Speech Therapists	8
Academic Specialists/Intervention Teachers	64
Security Guards	38
Home-School Liaisons/Attendance Officers	13

Table 8 Continued-- Urban School District Employees by Discipline

Administrators	
Directors	4
Supervisors	16
Principals	11
Vice-Principals	17
Total	1184

Methods and Procedures for Data Analysis and Interpretation

All data was collected on Survey Monkey, exported to a Microsoft Excel

spreadsheet and then reformatted (i.e. column headings) for compatibility with the

Statistical Package for the Social Sciences (SPSS) software. Once, reformatting was

complete, the data was transferred to SPSS for statistical analysis. All survey items were

coded using a numerical point system (i.e., 1=female, 2=male) and specific values were

defined within SPSS. Data was checked for errors and missing data. All analyses were

computed with only completed survey data. Initial data analysis for all areas consisted of

computing means, standard deviations and percentages. In order to determine the results

per grade level throughout the district, the variable indicating staff members' location in

the district was transformed to collapse the data into groups by grade level (i.e.,

preschool, elementary, middle school, and high school). For this process, all schools

were placed into one of four areas: (1) preschool, (2) elementary school, (3) middle

school, and (4) high school. The alternative/adult school was grouped with the high

school because the students attending this program are of high school age. Lastly, the

district level category remained intact. Once the transformation was complete, means

were compared for each of the items listed on the survey and school level to determine

the areas of need by grade level. Outcomes of the needs assessment are reported in detail

in the results section below.

Once statistical analysis was performed, the committee reviewed the results and

made decisions with respect to determining the top five areas in which the district should

focus their attention when deciding which new programs for student, parents and staff

should be developed. Selection of the most important items consisted of determining

which items staff rated most frequently. Once the items were ranked according to frequency, the items rated as "most important" were identified and chosen as the top five areas to develop programs. This selection process was utilized for each section of the needs assessment in which the committee needed to determine the five most important areas to develop programs and services.

Guidelines for Communication and Use of the Needs Assessment

Results of the needs assessment were summarized into written and tabular form in which means, standard deviations, percentages, and/or frequencies were reported. The summary included how the data was manipulated and analyzed. This information was submitted to the committee for review during a meeting in June for the purpose of making decisions regarding the strategic plan.

Roles, Responsibilities, and Timelines

The delineation of individual roles throughout the project was largely based on the roles and responsibilities of the committee members. Since the author was the facilitator of the mental health committee, a majority of the task-oriented responsibilities were designated to the facilitator. The role of the committee members was to provide the insight and feedback with regard to the program planning activities of the project. Responsibilities of committee members included attending committee meetings and providing information in relation to the target populations, their needs and assist in making decisions about the development of the district-wide needs assessment, data collection and analysis, interpretation of the results and the development of the strategic plan.

Results of the Needs Assessment

Results from the needs assessment were calculated utilizing the complete data from 962 participants employed in the school district during the month of May 2009. Results from the needs assessment are provided in detail below.

Staff Knowledge and Professional Development

Participants were asked to indicate the extent to which they have experience working with students who have certain behavior problems and whether or not they have received training within the past five years in the same behavior areas. Item response choices included "Yes," "No," and "Not Sure." Results indicated that the majority of school staff had familiarity working with students experiencing many of the behavior conditions listed. Similarly, staff reported attending professional development workshops in many of the same behavior areas. When comparisons were made between the two areas it is clear that staff training experiences match or exceed the degree to which staff interact with students exhibiting the same behaviors. However, there are some areas in which the frequency of student problems exceed the degree to which staff has received professional development. Ninety-six percent of the participants (n=924) indicated that they interact most frequently with students experiencing "difficulties related to self-regulation," however, only 59.3% (n=570) of staff indicated that they have had training in this area within the past five years. Similarly, 93.9 % (n=903) of staff reported that they work with students with "disruptive behaviors," yet only 57.2% (n=550) have been to a training in this area within the past five years. Additional areas that have comparable results between staff exposure to a behavior condition and their

training experience include "anxiety" with 80.1% (n=771) versus 39.5% (n=380); "other

health impaired" with 77.8% (n=748) versus 28.8% (n=277); and "issues related to

puberty" with 41.9% (n=403) versus 20.3% (n=195), respectively. There were a few

important areas where the percentage of staff that had not had training in certain areas

over the past five years may be of major concern. These areas include "abuse" (49.8%,

n=479), "alcohol and substance use/abuse" (52.8%; n=508), and "issues related to

puberty" (73.7%; n=709). "Harassment and bullying" was reported as the one area in

which the majority of staff have received training (87.9%; n=846) and the only area

where training exceeds exposure. Overall, there was a small percentage of staff in each

area that was not sure if they had worked with students with certain behavior conditions

or had received training in the past five years.

Staff were also asked to choose five of the behavior conditions listed that they

believe to be the most important areas for the district to develop staff training programs

and rank them on a 5-point Likert scale from the most important to the least important

(i.e., 1=most important, 2=more important, 3=important, 4=less important, 5=least

important). A total of 85 % of staff (n=818) chose "disruptive behaviors" as an

important area for training and 37.8% then indicated it as the most important area for

training (M=2.08; SD=1.25). The next important area, "difficulties related to self-

regulation," was chosen by 81.5 % of staff (n=784) of which 29% indicated that it was

the most important area for training (M=2.29; SD=1.31). The third important area

selected for training, "abuse," was chosen by 47.8% of the participants (n=460) of which

5.9% indicated that it was the most important area for training (M=3.38; SD=1.32). The

fourth important area selected for training, "harassment and bullying," was chosen by

44.9% of the participants (n=432) of which 5.4% indicated that it was the most important

area for training (M=3.16; SD=1.26). The last important area, "self-injurious behavior,"

was chosen by 29.3 % of staff (n=282) of which 5.3% indicated that it was the most

important area for training (M=3.30; SD=1.49). Table 9 includes this data in detail.

Table 9
Comparisons between Teacher's Experience Working with Student's Certain Behavior
Conditions and Their Professional Development in the Past five years

Behavioral Conditions	Worked with students with…				Have had training in…			
	Mean (SD)	Percent(n)			Mean (SD)	Percent(n)		
		Y	N	NS		Y	N	NS
Difficulties Related to Self-Regulation	1.05 (.255)	96.0 (924)	3.0 (29)	.9 (9)	1.46 (.588)	59.3 (570)	35.9 (345)	4.9 (47)
Developmental Disabilities	1.49 (.641)	58.7 (565)	33.3 (320)	8.0 (77)	1.50 (.559)	53.4 (514)	43.5 (418)	3.1 (30)
Anxiety	1.28 (.597)	80.1 (771)	12.1 (116)	7.8 (75)	1.66 (.585)	39.5 (380)	54.6 (525)	5.9 (57)
Depression	1.42 (.697)	69.6 (670)	18.3 (176)	12.1 (116)	1.58 (.594)	47.7 (459)	46.9 (451)	5.4 (52)
Self-Injurious Behaviors	1.67 (.702)	46.2 (444)	40.2 (387)	13.6 (131)	1.53 (.573)	51.2 (493)	44.8 (431)	4.0 (38)
Disruptive Behaviors	1.07 (.275)	93.9 (903)	5.5 (53)	.6 (6)	1.47 (.580)	57.2 (550)	38.5 (370)	4.4 (42)
Other Health Impairments	1.27 (.534)	77.8 (748)	17.8 (171)	4.5 (43)	1.77 (.535)	28.8 (277)	65.9 (634)	5.3 (51)
Abuse	1.52 (.774)	65.8 (633)	16.7 (161)	17.5 (168)	1.65 (.614)	42.8 (412)	49.8 (479)	7.4 (71)
Alcohol and Substance Use/Abuse	1.89 (.746)	33.9 (326)	43.2 (416)	22.9 (220)	1.67 (.603)	40.1 (386)	52.8 (508)	7.1 (68)
Harassment and Bullying	1.33 (.601)	74.5 (717)	18.4 (177)	7.1 (68)	1.14 (.390)	87.9 (846)	10.4 (100)	1.7 (16)
Exposure to Environmental Problems	1.56 (.774)	61.7 (594)	20.7 (199)	17.6 (169)	1.41 (.558)	62.1 (597)	34.5 (332)	3.4 (33)
Issues Related to Puberty	1.68 (.650)	41.9 (403)	47.8 (460)	10.3 (99)	1.86 (.493)	20.3 (195)	73.7 (709)	6.0 (58)

Student Focused-Programs and Interventions

School staff was asked to indicate the extent to which they believe that students would benefit from programs and interventions addressing common social, emotional, and behavioral problems.   Item response choices included "Yes," "No," and "Not Sure." For the most part, staff agreed that students would benefit from programs in most every area. Results indicated that the a large portion of school staff believe that "difficulties related to self-regulation" (97.0%, n=933), "disruptive behavior" (95.7%, n=921), "self-esteem" (95.6%, n=920), "social skills and positive peer relationships" (95.5%, n=919), "coping skills" (95.5%, n=919), "abuse" (92.9%, n=894), and "anxiety" (91.6%, n=881) are among the greatest areas of need for students in terms of the development of new programs and interventions.   The three areas where staff were felt less strong about program and intervention development were "issues related to puberty" (78.9%, n=759), "developmental disabilities" (60.5%, n= 582), and "other health impairments" (60.1%, 578).

Staff were also asked to choose five of the common social, emotional, and behavioral problem areas, listed in the previous section, that they believe the school district should develop programs and interventions and rank them on a 5-point Likert scale from the most important to the least important (i.e., 1=most important, 2=more important, 3=important, 4=less important, 5=least important). A total of 69.0% of staff (n=664) chose "disruptive behaviors" as an important area for student programs and services. Of that total, 26.0% then indicated this area as the most important area for training (M=2.38; SD=1.38). The next important area, "difficulties related to self-regulation," was chosen by 67.2 % of staff (n=646) of which 25.5% indicated that it was

the most important area for training (M=2.33; SD=1.39). The third important area

selected for training, "self-esteem," was chosen by 44.8% of the participants (n=431) of

which 8.3% indicated that it was the most important area for training (M=3.11;

SD=1.45). The fourth important area selected for training, "harassment and bullying,"

was chosen by 45.6% of the participants (n=439) of which 6.9% indicated that it was the

most important area for training (M=3.23; SD=1.37). The last important area, "coping

skills" was chosen by 39% of staff (n=375) of which 6.2% indicated that it was the most

important area for training (M=3.25; SD=1.41). Table 10 includes these results in detail.

Table 10
Program and Intervention Areas to Support Student Wellness

Social, Emotional, and Behavior Problem Areas	Students would benefit from programs and interventions in…		
	Mean (SD)	Percent(n)	
		Y	N	NS
Difficulties related to self regulation	1.05 (.315)	97.0 (933)	0.6 (6)	2.4(23)
Developmental Disabilities	1.63 (.841)	60.5(582)	15.8(152)	23.7(228)
Anxiety	1.14 (.474)	91.6(881)	3.1(30)	5.3(51)
Depression	1.17 (.520)	89.0(856)	4.7(45)	6.3(61)
Self-Injurious Behaviors	1.30 (.669)	81.8(787)	6.3(61)	11.9(114)
Disruptive Behaviors	1.07 (.349)	95.7(921)	1.5(14)	2.8(27)
Other Health Impairments	1.63 (.836)	60.1(578)	16.6(160)	23.3(224)
Abuse	1.12 (.460)	92.9(894)	1.9(18)	5.2(50)
Alcohol and substance use/abuse	1.20 (.553)	87.7(844)	4.9(47)	7.4(71)
Harassment and bullying	1.07 (.343)	95.2(916)	2.3(22)	2.5(24)
Exposure to Environmental problems	1.21 (.573)	87.2(839)	4.7(45)	8.1(78)
Issues related to puberty	1.33 (.679)	78.9(759)	9.1(88)	12.0(115)
Social Skills and Developing Positive Peer Relationships	1.07 (.356)	95.5(919)	1.6(15)	2.9(28)
Development of Self-Esteem	1.07 (.329)	95.6(920)	2.1(20)	2.3(22)
Development of Coping Skills	1.07 (.360)	95.5(919)	1.5(14)	3.0(29)

Family-School Partnerships

School staff was asked to indicate the extent to which they believe parents would benefit from services addressing common social, emotional, and behavioral problems experienced in childhood and adolescence. Item response choices included "Yes," "No," and "Not Sure." For the most part, staff agreed that parents would benefit from programs in most every area. With the exception of "anxiety" (89.7%, n=863), "other health impairments" (79.6%, n=766), and "developmental disabilities" (79.0%, n=760), staff reported in upwards of 90% agreement for services to be provided in all the other areas listed. A small percentage of staff was unsure of the benefits of new parent programs across all items.

Staff were also asked to choose five of the common social, emotional, and behavioral problem areas experienced in childhood and adolescence, listed in the previous section, that they believe the school district should develop parent workshops and rank them on a 5-point Likert scale from the most important to the least important (i.e., 1=most important, 2=more important, 3=important, 4=less important, 5=least important). A total of 64.1% of staff (n=617) chose "parenting skills" as an important area for the development of parent workshops. Of that total, 23.5% then indicated this area as the most important area for training (M=2.52; SD=1.45). The next important area, "disruptive behaviors," was chosen by 56.1 % of staff (n=540) of which 18.6% indicated that it was the most important area for training (M=2.53; SD=1.41). The third important area selected for training, "difficulties related to self-regulation," was chosen by 48.3% of the participants (n=465) of which 16.7% indicated that it was the most important area for training (M=2.56; SD=1.49). The fourth important area selected for

training, "understanding emotional and behavioral problems that impact parent and child

wellness," was chosen by 50.0% of the participants (n=481) of which 7.8% indicated that

it was the most important area for training (M=3.11; SD=1.38). The last important area,

"life skills," was chosen by 36.9% of staff (n=355) of which 4.4% indicated that it was

the most important area for training (M=3.07; SD=1.31). Results are shown in Table 11.

Table 11
Parent Workshops Addressing Common Social, Emotional, and Behavior Problems
Commonly Experienced in Childhood and Adolescence

Social, Emotional, and Behavior Problems	Parents would benefit from the following workshop areas…			
	Mean (SD)	Percent(n)		
		Y	N	NS
Difficulties related to self regulation	1.08 (.384)	95.5(919)	.8(8)	3.6(35)
Developmental Disabilities	1.36 (.725)	79.0(760)	6.2(60)	14.8(142)
Anxiety	1.17 (.531)	89.7(863)	3.3(32)	7.0(67)
Depression	1.13 (.463)	92.6(891)	2.2(21)	5.2(50)
Self-Injurious Behaviors	1.16 (.513)	91.0(875)	2.5(24)	6.5(63)
Disruptive Behaviors	1.06 (.321)	96.9(932)	.6(6)	2.5(24)
Other Health Impairments	1.34 (.705)	79.6(766)	6.8(65)	13.6(131)
Abuse	1.09 (.417)	95.2(916)	.3(3)	4.5(43)
Alcohol and substance use/abuse	1.11 (.443)	94.2(906)	.8(8)	5.0(48)
Harassment and bullying	1.08 (.385)	95.1(915)	1.4(13)	3.5(34)
Exposure to Environmental problems	1.11 (.438)	93.7(901)	1.7(16)	4.7(45)
Issues related to puberty	1.17 (.536)	90.2(868)	2.5(24)	7.3(70)
Parenting Skills	1.04 (.287)	97.5(938)	.5(5)	2.0(19)
Life Skills	1.07 (.362)	96.0(924)	.7(7)	3.2(31)
Understanding the Education System	1.11 (.431)	93.7(901)	1.9(18)	4.5(43)
Understanding Emotional and Behavioral Problems that Impact Parent and Child Wellness	1.06 (.343)	96.6(929)	.5(5)	2.9(28)
Importance of Medication Management	1.15 (.495)	91.5(880)	2.5(24)	6.0(58)
Knowledge of and Access to Community Resources	1.08 (.364)	95.5(919)	1.4(13)	3.1(30)

Mean comparisons were performed utilizing a new variable that was created to collapse the data into four categories: preschool, elementary school, middle school, and high school in order to determine the areas in which programs should be created for each grade level across the student, parent and teacher domains. Table 12 below displays the areas of need at all education levels.

Table 12
Top Program Areas for the Development of Programs and Services by Grade Level and Domain

Most Important Program Areas		
	Students	Parents	School Staff
Preschool	1. Self-Regulation 2. Disruptive Behaviors 3. Developmental Disabilities 4. Self-Injurious Behaviors 5. Anxiety	1. Anxiety 2. Parenting Skills 3. Disruptive Behaviors 4. Self-Regulation 5. Developmental Disabilities	1. Self-Regulation 2. Disruptive Behaviors 3. Developmental Disabilities 4. Harassment and Bullying 5. Anxiety
Elementary School	1. Disruptive Behaviors 2. Self-Regulation 3. Self-Injurious Behaviors 4. Depression 5. Developmental Disabilities	1. Developmental Disabilities 2. Self-Regulation 3. Parenting Skills 4. Disruptive Behaviors 5. Anxiety	1. Disruptive Behaviors 2. Self-Regulation 3. Developmental Disabilities 4. Abuse 5. Harassment and Bullying
Middle School	1. Disruptive Behaviors 2. Self-Regulation 3. Self-Injurious Behaviors 4. Harassment and Bullying 5. Developmental Disabilities	1. Disruptive Behaviors 2. Parenting Skills 3. Self-Regulation 4. Self-Injurious Behaviors 5. Life Skills	1. Disruptive Behaviors 2. Self-Regulation 3. Harassment and Bullying 4. Self-Injurious Behaviors 5. Developmental Disabilities

Table 12 Continued--Top Program Areas for the Development of Programs and Services by Grade Level and Domain

| High School | 1. Disruptive Behaviors
2. Self-Regulation
3. Anxiety
4. Exposure to Environmental Problems
5. Coping Skills | 1. Parenting Skills
2. Disruptive Behaviors
3. Self-Regulation
4. Anxiety
5. Self-Injurious Behaviors | 1. Disruptive Behaviors
2. Self-Regulation
3. Exposure to Environmental Problems
4. Harassment and Bullying
5. Self-Injurious Behaviors |

Staff Knowledge of Crisis Response Policies and Procedures

School staff was asked to indicate the extent to which teachers and school staff are knowledgeable about school/district crisis response policies and procedures. Staff were asked to rate their level of preparedness in specific crisis situations (i.e., thoughts of suicide, death of a student, school shooting, etc.) on a 5-point Likert scale from highly prepared to not prepared (i.e., 1=highly prepared, 2=very prepared, 3=prepared, 4=somewhat prepared, 5=not prepared). Overall, there is a relatively small amount of staff who reported that they are "very prepared" to "highly prepared" across all situations. Less than half of staff indicated that they were "prepared" in all situations. In many of the situations presented, more than half of the staff indicated that their knowledge falls within the "somewhat prepared" to the "not prepared" range.

There were five areas where more than half of staff indicated their level of preparedness in the "somewhat prepared" and "not prepared" ranges. When these groups are combined, staff feel least prepared to respond when a student presents with homicidal thoughts (62.5%, n=601), in situations of gang related violence (60.1%, n=578), in the event of a natural disaster (57.7%, n=555), in the event of a school shooting (56.4%, n=543), and when students present with suicidal thoughts (50.4%, n=485). Results are shown in Table 13.

In the area of staff response, staff was also asked to indicate their knowledge in relation to crisis response policies. Using a 5-point Likert scale, staff indicated how strongly they agreed or disagreed (i.e., 1=strongly agree, 2=agree, 3=neutral, 4=disagree, 5=strongly disagree) with a series of statements relating to crisis policies (i.e., "If my school were to have an evacuation drill, I would know what to say to my students to

prepare them for it," "I know what to do and say if I encounter a person in my building who is unfamiliar to me and is not properly identified as a visitor," etc.). Of the 25 items presented staff responses ranged from "agree" to "strongly agree" on all items with the mean range being 1.39 (SD=.553) to 2.85 (SD=1.23).

Table 13
Staff Knowledge of Crisis Response Policies and Procedures

Crisis Response Events	Mean (SD)	Percent (n)				
		Highly	Very	Prepared	Somewhat	Not
Student with suicidal thoughts	3.39 (1.13)	7.1 (68)	13.9 (134)	28.6 (275)	33.5 (322)	16.9 (163)
Student with homicidal thoughts	3.73 (1.15)	4.9 (47)	10.4 (100)	22.2 (214)	31.7 (305)	30.8 (296)
Student disclosure of physical/sexual abuse	3.15 (1.15)	10.1 (97)	17.4 (167)	32.4 (312)	27.7 (266)	12.5 (120)
Student who lost a family member or classmate	3.04 (1.11)	10.6 (102)	19.2 (185)	33.9 (326)	28.2 (271)	8.1 (78)
Death of a student	3.33 (1.13)	7.7 (74)	14.1 (136)	31.6 (304)	30.6 (294)	16.0 (154)
Death of a teacher	3.20 (1.09)	8.6 (83)	14.2 (137)	37.1 (357)	28.4 (273)	11.6 (112)
School Fire	2.55 (1.07)	20.3 (195)	25.9 (249)	36.0 (346)	14.6 (140)	3.3 (32)
School Violence (i.e., fighting, weapons, hate crimes)	3.11 (1.10)	9.6 (92)	17.0 (164)	36.2 (348)	27.1 (261)	10.1 (97)
School Shooting	3.57 (1.11)	5.2 (50)	11.2 (108)	27.1 (261)	34.1 (328)	22.3 (215)
Gang Related Violence	3.65 (1.06)	4.0 (38)	10.0 (96)	26.0 (250)	37.2 (358)	22.9 (220)
Bomb Threats	3.36 (1.09)	6.0 (58)	15.2 (146)	30.9 (297)	32.8 (316)	15.1 (145)
Natural Disaster	3.60 (1.07)	4.2 (40)	11.2 (108)	26.9 (259)	36.1 (347)	21.6 (208)

Relevant Context Information

Information gathered to determine the relevant context was obtained through interviews with the Director of Special Services and the Director of Guidance and a small focus group consisting of support staff. Both the Directors and the focus group participants were asked the same 10 questions (Appendix G). In addition, information was also gathered through the author's participant observations as a district employee. This information provided the mental health committee with important information related to the districts readiness to design and implement new programs in order to meet the needs of students, parents, and staff as identified through the needs assessment.

Ability of the District to Commit Resources

Human Resources. In assessing the district's ability to commit resources to the design, implementation, and evaluation of new programs, it was apparent that investment of human resources may be possible in some areas, but not others. Staff resources were readily available in each building to form a committee that could work to design programs that meet the needs of students, parents, and staff. Many schools had such committees already in place and required staff to commit to participating in at least one throughout the school year. In general, committee members met every two to four weeks to work together to identify areas of need and develop programs and services to meet those needs. Committee members typically assumed various roles and responsibilities in implementing programs. Depending on the types of services and programs being proposed, the committee provided an avenue for designing and implementing new programs.

On the district level, creating a committee was typically a volunteer responsibility since the only common time for members to meet was after school hours. In these instances, committee members did not get paid for their time. Involvement in these types of committees is directly linked to the motivation level of the committee members and their willingness to participate. Those staff members who were vested and committed to the goals of the committee continued to actively participate regardless of the time commitment or lack of pay. While other committee members who were not as vested may have failed to show up to meetings on a regular basis or carry out tasks in between meetings. Non-vested committee members may have joined the group for reasons other than a common goal or interest such as improving their social status within the organization or wanting to provide support of a colleague's initiative.

The types of programs and services that might be created based on the results of this dissertation most likely would require professionals, such as psychologists, social workers, and counselors who have been trained in the area of mental health. Support staff within the district currently have tremendous workloads; particularly at the high school and middle school levels. Child study team members (i.e., psychologists, social workers) at these levels typically had on average 70 students to case manage each year; not accounting for initial referrals and new-to-district students that arise throughout the school year. As a result, by the end of the year, these numbers have the potential to increase significantly. School counselors had student caseloads that range from one hundred students at the elementary level to over three hundred students at the high school. In order for new services and programs to be designed and implemented, it appeared that additional staff would need to be hired for the purpose of either

implementing the new programs or relieving current staff from certain responsibilities in order to implement the new initiatives. It is possible, however, that consultants hired throughout the district may be utilized to help reduce the caseloads of involved staff. Furthermore, consultants have already been utilized as an acceptable solution in some buildings. Beyond the building level, supervisors and administrators are generally not available or able to commit a significant amount of time to program planning.

Technological Resources. Overall, the district had a significant amount of technology available to students and staff. Computers were readily available in every classroom, library, and office space throughout each building. In addition, each building was equipped with computer labs that housed multiple computer stations. Equipment such as overhead and digital LCD projectors, laptop computers, copy machines, phones, and fax machines were available for use within the district. Internet and wireless access was available district-wide. Depending on the types of programs developed, there may be little difficulty accessing these items. However, things like software, video media, or pre-developed programs would come at a cost to the district. In the past, it has been common practice for the district to apply for technology-based grants. For example, a grant was obtained recently that equipped a group of middle school teachers with smart boards and laptop computers for the all the students and each teacher. In this capacity, the district has had some experience acquiring technological support from outside sources.

Physical Resources. Availability of space during daytime hours was limited within the district for programs. Both the middle schools and the high school were managing issues related to overcrowding. For example, the high school had acquired

trailers and an off-site space to assist in keeping their overpopulation in control. For the high school, this problem has been the direct result of students not completing grade level requirements on time and thus failing to graduate within the appropriate time frames. For the majority of initiatives planned and implemented in the future, it is highly probable that these programs would need to occur either later in the day when more space is available or in the early evening when all buildings in the district are virtually empty. Another way to manage this problem would be to integrate new programs into the daily operations of the school building. However, this type of school-wide program would have to be adopted by key stakeholders within the building, beginning with the school principal.

Within the community surrounding the school district, there were organizations such as the local YMCA in which space for programs may be arranged. In addition, for a rental fee, the district may also be able to acquire space in other community organizations for the purposes of implementing programs. For example, space in a local church has been rented in the past to house a small preschool program.

Informational Resources. While the district does have experience in the area of program planning, it appears that there was no formal program planning process followed to ensure that target populations and their needs have been clearly identified and that programs were aligned with these areas to ensure their effectiveness. In addition, implementation for some programs seemed to be rushed and not always carried out according to the original planning. Evaluation of programs appeared to be the greatest area of need in relation to the program planning phases. Many programs lack formal procedures as well as clearly delineated steps to gather this information accurately and in

a timely manner. Formal procedures would allow the district to evaluate program effectiveness, the ability to judge the initiatives value, and to make improvements if necessary. To this end, the district would need to be guided through the program planning and evaluation process through the supervision of a staff member or a consultant trained in this area.

Financial Resources. Financial resources available for new programs were generally limited. Funding for school programs comes from several sources. On the federal level funding has been available through the No Child Left Behind Act of 2001 through Title 1, Title 2a, Title 2d, Title 3 and Title 4 for regular education programs. Special education programs including preschool special education programs were provided funding on the federal level through the Individuals with Disabilities Improvement Act of 2004. At the state level, The American Recovery and Reinvestment Act have provided one time state aide for both special education and regular education students. Additional funding was provided at the state level for programs through the Educational Adequacy, Equalization Aid and categorical special education aid. At the local level, additional funds for programs come from levy and miscellaneous revenue and other sources. Overall, most of this funding has been accounted for in the yearly planning for all mandated programs. While a surplus did exist at the local level, access to this source has been halted in light of the current political climate at the state level. It appeared that the only viable option for funding at this point would be in the form of grants and private funding sources. The option of cycling resources may not be possible given the impending budget cuts in the district. Most likely the district will be utilizing this option to limit the amount of job loss the district will sustain. Reliability on funding

within the district was not stable and the extent to which this will impact all programming needs in the district was not entirely clear at the moment.

Temporal Resources. Time for the design, implementation, and evaluation of new programs would largely depend on the type of program created. Time spent on new programs designed for individual school buildings would largely depend on the extent to which building principals believe that the program was necessary and aligned with the mission of the building. If programs meet these requirements, then there would be the potential to schedule time for staff members to participate in the planning, implementation, and evaluation processes. If programs are not supported in this capacity, then there was less likelihood that these staff arrangements would be made.

Programs designed, implemented, and evaluated at the district level required a more complex level of coordination of time. In general, these programs needed to have the support of district directors and supervisors, as well as the superintendent and assistant superintendent. Since time for program planning on the part of administrators was limited due to other responsibilities, the level of motivation to invest time into new programming needs to be significant. Otherwise, daily job responsibilities tend to take precedence over program planning activities. Lastly, at a cost to the district, independent consultants and agencies have been hired in the past to provide these services.

Values of District Members

Overall, district administrators and staff are highly concerned for the well-being of students and their parents. At the same time, they are also highly concerned about students' academic success and their ability to develop into productive adults. The

balance between these two areas has not always been equal. Over the past year however, there has been a shift in focus by certain key administrators who have banded together to express their concerns for student and family well-being. As such, this group has stressed the impact of student mental health issues on school achievement. While this has been a slow process, other administrators are beginning to pay more attention to the social, emotional, and behavioral problems frequently experienced by students. However, this focus remains at the awareness level and has not expanded to a level where action has been common practice. It is important to note that these issues remain largely in the domain of the general education population of students and staff working directly with these students. As mandated by federal law, the Department of Special Services has attended to the needs of classified students through individualized education programs and related services. Given the increase in the number of general education students requiring hospitalizations and out-of-district placements, it appears as if administrators at the district and building levels have become more vested in meeting the emotional needs of these students. The potential for support of new programs was present. However, the degree to which this exists was not entirely clear at this point in time.

Ideas of District Members about the Situation

Although several programs were implemented yearly throughout the school district, administrators and school staff have minimal experience with the systematic process of program planning and evaluation. It has not been uncommon for programs to be developed without staff input and involvement in the process or without evaluation procedures developed as part of the program design. In general, there was an awareness

that problems existed within the district impacting all levels of the target population. School administrators believed that there has been some progress being made in terms of developing better programs and services; however, staff working directly with students often felt little has been done to address the needs of students, parents, and staff. To that end, there may be a lack of understanding on the part of district/school administrators about the degree to which the needs of the target population have impacted student outcomes, parent relationships and daily operations within the district.

Circumstances in the District with Respect to its Structure and Direction

Key leadership within the district has remained in their current positions for at least five years or longer. With the exception of a small portion of these individuals nearing retirement age, occupation of these positions appeared to be stable. While staff appeared to be relatively stable, changes occurred more often in the year-to-year operations of the district and schools due to new programming and alterations to curriculum. District and school operational plans as written will be carried out during the current school year. Changes to these plans from year to year largely depended on the schools and the district as a whole making adequately yearly progress. From year to year, district and school initiatives have had a tendency to change depending on educational trends and the focus of district and building administrators. While there have been some personnel changes each year, for the most part, staff turnover remains relatively low.

Timing of Using a Programmatic Approach in the District

Time allotted to program design, implementation, and evaluation depended on the perceptions of key administrators in regard to the importance of particular programs. However, if a rational justification was made in favor of the usefulness and potential outcomes of a given program, it was more likely that initial support will be granted. In general, if a program was given this initial support and there was someone in a leadership role willing to take on the responsibility of facilitating the program planning and evaluation process, including locating funding sources (i.e., grants, private funding), it was highly probable that time needed to carry these activities would be granted.

Most staff and administrators agree that the time for programs that meet the needs of students, parents, and staff has been long overdue. Many staff members, particularly those working most closely with students experiencing social, emotional, and behavioral difficulties agreed that the creation of programs focusing on these areas was a necessity. Furthermore, these staff members also welcomed programs focused on providing professional development opportunities that would help them to work better with and be more supportive of these students.

Key administrators agreed that the development of new programs providing emotional support and behavioral services to students, parents, and staff was necessary. In addition, these attitudes are timed well with certain educational trends such as educating students in the least restrictive environments and returning students back to their home schools. Some administrators saw this trend as a way to shift resources. Funds from returning students or decreasing the annual number of students placed out-of-district could be utilized for creating new programs.

Currently, the district has been experiencing a shift in Board of Education members and has recently held elections for three positions. It was anticipated that additional elections would occur within the next two to three years. It was the belief of certain key stakeholders that these changes would positively impact the development of programs geared toward addressing the social, emotional, and behavior needs of students, parents, and staff. Unfortunately, the election of a new Governor has impacted the district in terms of potential budget constraints. It remains unclear at this point to what extreme this would impact the development of new programs.

Obligation of Individual Groups

Supporters of the development of new programs included the Assistant Superintendent, the Director and Supervisors of Special Services, Director of Guidance, Supervisor of Nurses, school administrators (i.e., principals and vice principals), general and special education teachers, and school support staff (i.e., School Psychologists, School Social Workers, crisis counselors, Learning Consultants, school counselors, nurses, paraprofessionals, and security staff). Lack of support for new programs stemmed from Board of Education members who perceive the cost of these programs as outweighing the benefits, school staff who perceived new programs as additional responsibilities, and individuals who may unintentionally be excluded from the program planning process.

Resistance Expected by Individuals and Groups

Resistance may be expected from teachers and school staff who perceive new programs as additional work or who have been promised change in the past via a new program, but were disappointed when the proposed changes did not occur. There would most likely be a portion of the staff who would view new programs as a direct reflection on their inability to effectively carry out their job responsibilities. Resistance could also occur if programs required teachers to stabilize and maintain disruptive students within the classroom environment, rather than being removed on a temporary or more permanent basis. Lastly, issues related to lack of following through on the part of the program implementers could also create a certain level of resistance. Thus, excluding staff from the planning process, inadequate training of staff on program procedures, and limited access to technical assistance once programs have been implemented could also decrease program participation.

Yield, or Value of the Information and Change that May Result from a Programmatic Approach

The perceived benefits of new programs addressing the social, emotional, and behavioral needs of students, parents, and staff varied across each and are presented below.

Students. The benefits of creating new programs and interventions for students included (1) access to consistent mental health services, (2) decreased social, emotional, and behavioral difficulties, (3) increased academic success, (4) increased coping and

decision making skills, (5) increased self-esteem and confidence, and (6) education in the least restrictive environments and with their peers.

Parents. The benefits of creating new programs and services for parents included (1) increased in support from school staff and administrators, (2) increased in knowledge and skills related to the social, emotional, and behavioral problems commonly experienced in childhood and adolescence, (3) increased parenting skills and the ability to advocate for their children, (4) the development of positive relationships with their children, (5) increased access to mental health, school-based, and community-based services, and (6) increased knowledge of the education system.

School Staff. The benefits of creating new professional development opportunities for staff included (1) increased knowledge and skills in social, emotional, and behavioral problems commonly experienced in childhood and adolescence, (2) increased ability to identify students in need of early mental health intervention services, (3) increased support from school administrators and support staff, (4) decreased staff burnout, and (5) increased ability to be preventative rather than reactive to students needs.

School District. The benefits of creating new programs and services throughout the district included (1) decreased dependence on outside agencies for student services, (2) state recognition for developing innovative programs to support the well-being of students, parents and staff, (3) potential to become a model for other urban districts, (4) possible decreased out-of-district placements, (5) the potential for increased funding for new programs, and (6) and increased overall student achievement.

Drawbacks in terms of the development of new services and programs district-wide include (1) new programs being viewed negatively because, in general, with increased knowledge and skills comes increased responsibility, (2) the lack of immediate results that is common when implementing new programs may lead to the abandonment of programs or increased resistance, (3) implementers may have a difficult time getting teachers and school personnel to adopt new programs, (4) students, parents, and staff who struggle with making changes or responding to interventions may become discouraged over time, (5) increased staff frustration, burnout, and turnover, and (4) the school district may spend more money and resources for little change.

Chapter Summary

Areas of improvement related to mental health services within school districts often go unchanged largely due to the priority of providing students with an education and meeting yearly educational standards. In the typical urban district, where quality mental health services are much needed, these service issues are often exacerbated by many systemic problems. By taking the time to assess the mental health needs of students, parents, and staff, districts have the opportunity to improve the overall well-being of these populations and in doing so can improve student academics, parent involvement, and organization function.

As outlined previously, there were four questions proposed with regard to identifying the mental health needs of students, parents and staff in this district. Within each of these areas, the results identify a discrepancy between the current availability and the desired availability of programs and services that support the improvement of mental health services district-wide. Since program areas were identified at the district, as well

as grade levels, this information will be useful to target programs based on the specific developmental levels of students and the operational levels within which parents and staff interact. Further, these results also highlight key areas where the district may be vulnerable such as responding to student disclosure of abuse and staff crisis response.

Staff responses to the first question, "To what extent do teachers and school staff believe that students would benefit from programs and interventions targeting common social, emotional, and behavior problems?," indicated that district staff perceived several areas that warrant the development of new services. Information gathered suggest that there are five areas of need in which the district should focus their attention for student programs. In order of importance, these new program and intervention services should focus on improving (1) disruptive behaviors, (2) difficulties related to self-regulation, (3) student self-esteem, (4) student advocacy skills as a way protect students against harassment and bullying, and (5) student coping skills. Developing new programs and services in these areas will most likely decrease the number of disciplinary actions (i.e., detention, in-school suspensions, and out-of-school suspensions), decrease the number of out-of-district placements, improve school climate, improve student behavior, and ultimately improve academic progress.

The results to the second question, "To what extent do teachers and staff believe parents would benefit from services addressing common social, emotional, and behavioral problems experienced in childhood and adolescence?," supported the development of parent programs and services that focus on skill building and increasing parent knowledge. More specifically, the areas indicated for improvement with regard to parent needs include improving (1) parenting skills, (2) managing disruptive behaviors,

(3) understanding of student difficulties related to their inability to self-regulate emotions and actions, (4) understanding emotional and behavioral problems that impact parent and child wellness, and (5) life skills of the parent so they may better support their children. Perhaps the greatest benefit to developing programs in this area is increasing parents' involvement in the education of their children. Research has significantly documented the importance of parents in the academic success of students. While the district has had some success with this at the elementary level, attention should be given to the middle school and high school levels.

Results to the third question, "To what extent do teachers and staff have knowledge and training about certain behavioral conditions experienced by students in the district?," indicated that professional development opportunities be developed focusing on improving staff knowledge and skills in (1) managing disruptive behaviors, (2) assisting students to regulate their emotions, focus their attention and control their actions, (3) identifying and reporting abuse and neglect, (4) mediating in situations of harassment and bullying, and (5) understanding and responding to students who engage in self-injurious behaviors. Benefits to improvements in the area of staff development and training will equip school staff with the necessary tools to manage students with social, emotional and behavioral problems, reduce staff burnout, and create a more supportive working environment in which staff feel they are valued. Since teachers are the primary vehicle for the delivery of educational services, it seems important that efforts be made to provide a working climate that is collaborative and accommodates the needs of teachers and staff.

Results to the last question, "To what extent are teachers and school staff prepared and knowledgeable about school/district crisis response policies?" indicated several areas of need. The specific crisis response training needs identified include responding to (1) students who present with homicidal thoughts, (2) gang related violence, (3) a natural disaster, (4) a school shooting, (5) and students who present with suicidal thoughts. In addition, staff was confident in their knowledge of policy and ability to respond in situations of basic safety, fire drills, lockdowns, and emergency evacuations. It will be important for school administrators to review this information closely as the information places the district, school staff and students at risk for harm should a real-life situation similar to the ones listed in the survey occur.

While these results provided a significant amount of insight into the state of mental health services, they also presented the district with a couple of implications that should be taken seriously. In addition to the aforementioned on crisis response, a large portion of school staff indicated that they have not been trained in situations of abuse and neglect. This also poses a serious problem for the district in that professionals who work with children are considered mandated reporters and by law are required to report incidents or suspected incidents of abuse. If staff members lack knowledge in identifying and reporting abuse, they are placing themselves and the district at-risk for legal ramifications. In the same manner, results indicated that staff also lacks knowledge related to alcohol and substance use/abuse. This is another area where the lack of training puts staff members at-risk for legal recourse. For example, if a staff member suspected a student was under the influence while at school and did not report the incident and later that day the student needed to be rushed to the hospital for overdosing,

that staff member would be liable. Educating staff members about policies and procedures, state laws, and their responsibility in certain situations protects all parties from harm.

As previously mentioned, there are several areas listed above where the results from this study have the potential to affect positive changes in the form of new programs and services. While highlighting these areas of need and vulnerability may not appear to be productive given the level of improvement efforts that will be needed in order to make significant change, this research study should be seen as a first step to becoming a proactive district rather than a reactive one. In that light, the district can begin to shift current practices from a wait-to-fail model to new practices that represent a paradigm shift for improving academic achievement that is supported by improving the delivery of much needed mental health services for its students, parents, and staff.

CHAPTER VI

STRATEGIC PLAN

Abstract

The information contained within this chapter outlines a comprehensive set of guidelines for the improvement of mental health services in the urban school district. The guidelines are presented in individual sections for the target populations of students parents, and school staff. Furthermore, these recommendations are based on the prevention, intervention and wraparound service delivery levels. The last section of the chapter provides the school district with 10 areas that need to be considered for improvement prior to designing and implementing new programs and services.

Overview

Results from the district-wide needs assessment that was conducted by the Mental Health Committee have been analyzed and interpreted for their usefulness in providing the school district with a set of guidelines, contained herein, for the improvement of the districts mental health related programs and services. The information is organized in sections that provide a summary of the results of the needs assessment and guidelines for planning services that focus on the needs of the students, parents, and staff. To that end, the recommended program development areas will address these needs across three levels of service delivery: (1) Prevention Services, (2) Intervention Services, and (3)

Wraparound Services. At each level, recommendations will be labeled for the grade level they are intended or if they are recommended as a district-wide program. The last section of the improvement plan contains recommendations for the district in terms of its readiness to design, implement, evaluate, and sustain programs over time. These recommendations will highlight areas of improvement that if corrected, will enable the district to develop effective programs that meet the needs of its students, parents, and staff and will ultimately improve the mental well-being of these populations.

<div align="center">Explanation of Service Delivery Levels</div>

As mentioned in the previous section, there are three levels at which the school district can deliver these services: (1) Prevention, (2) Intervention, and (3) Wraparound. At the prevention level programs and services will be provided to address the needs of all those who meet the criteria for inclusion in the target population. The purpose of any type of program or service provided at this level is to present the target population with the necessary knowledge and skills in order to prevent the likelihood that maladaptive behaviors will develop in the future.

Programs and services that represent the intervention level are typically designed for those individuals within the target population that failed to respond to the programs and services provided at the prevention level. The hallmark of programs and services at the intervention stage are to provide assistance on a much more individualized level. As such, interventions will be designed to meet the specific needs of the individual, rather than the shared needs of the target population. The purpose of programs and services at this level is to intervene and provide the individual with the supports necessary to stop

the further development of maladaptive behaviors so that they may eventually respond to the programs and services at the prevention level. Once the individual has stabilized and has made enough progress, programs and services at this level may be terminated. The individual will not be without supports, however, since they will still have access to the services and programs provided at the prevention level.

Programs and services delivered at the wraparound level should be utilized when all efforts at the prior two levels have been exhausted. Typically these programs and services are reserved for the individuals at greatest risk for developing more severe social, emotional, and behavioral problems. Delivery of interventions and supports at this level are highly coordinated, individualized, and comprehensive. Individuals, who have met the qualifications for interventions at this level, generally are experiencing a level of crisis in which they are not capable of managing on their own. The focus at this level is to stabilize the individual by forming an intervention team (including the individual in crisis) that assists in the coordination of services that will address both the immediate and long-term needs of the individual. As with the previous level, the goal is to stabilize the individual while providing them with the necessary supports so they may function independently of the support team and receive the supports available at the intervention and prevention levels.

The recommendations provided within this improvement plan will address the needs at each of these levels only where the results of the needs assessment indicate they are necessary. In addition, the improvement plan will include recommendations for all of the areas identified through the results of the needs assessment. However, whether any, all or only portion of these recommendations are adopted for program development is at

the discretion of those responsible for making systemic level decisions within the district. The information contained herein is presented for the sole purpose of providing the district with a set of recommendations that when acted on will assist them in the improvement of mental health services.

Summary of the District-Wide Needs Assessment Results

In May of 2009 a district-wide needs assessment was conducted for the purpose of identifying the areas in which programs and services might be developed to improve the mental health services currently provided to students, parents and staff. A mental health committee was formed for this purpose and was responsible for carrying out the data collection, data analysis, and the development of this improvement plan.

Results from the district-wide needs assessment provide several areas for the district to improve its delivery of mental health services to students, parents, and staff. With the exception of the staff level, five areas were identified for improvement. An additional area related to crisis response policies and procedures was added to the staff section of the needs assessment and is addressed in its own section within this plan. Lastly, in order for the district to begin designing new programs and services, a context assessment was conducted to determine the districts readiness for developing, implementing, and evaluating such programs. Areas that require improvement must be addressed before any program planning and evaluation activities begin. This will ensure optimal efficiency at each stage of program planning and allow the district to develop effective programs that meet the needs of students, parents, and staff. Table 14 below

provides a brief overview of the areas identified for improvement. Each of these areas

will be described in detail in the "Recommendations for Improvement" section.

Table 14

Mental Health Improvement Areas by Domain and Grade Level

Mental Health			
	Students	Parents	School Staff
Preschool	1. Self-Regulation 2. Disruptive Behaviors 3. Developmental Disabilities 4. Self-Injurious Behaviors 5. Anxiety	1. Anxiety 2. Parenting Skills 3. Disruptive Behaviors 4. Self-Regulation 5. Developmental Disabilities	1. Self-Regulation 2. Disruptive Behaviors 3. Developmental Disabilities 4. Harassment and Bullying 5. Anxiety
Elementary School	1. Disruptive Behaviors 2. Self-Regulation 3. Self-Injurious Behaviors 4. Depression 5. Developmental Disabilities	1. Developmental Disabilities 2. Self-Regulation 3. Parenting Skills 4. Disruptive Behaviors 5. Anxiety	1. Disruptive Behaviors 2. Self-Regulation 3. Developmental Disabilities 4. Abuse 5. Harassment and Bullying
Middle School	1. Disruptive Behaviors 2. Self-Regulation 3. Self-Injurious Behaviors 4. Harassment and Bullying 5. Developmental Disabilities	1. Disruptive Behaviors 2. Parenting Skills 3. Self-Regulation 4. Self-Injurious Behaviors 5. Life Skills	1. Disruptive Behaviors 2. Self-Regulation 3. Harassment and Bullying 4. Self-Injurious Behaviors 5. Developmental Disabilities

Table 14 Continued--Top Program Areas for the Development of Programs and Services by Grade Level and Domain

High School	1. Disruptive Behaviors 2. Self-Regulation 3. Anxiety 4. Exposure to Environmental Problems 5. Coping Skills	1. Parenting Skills 2. Disruptive Behaviors 3. Self-Regulation 4. Anxiety 5. Self-Injurious Behaviors	1. Disruptive Behaviors 2. Self-Regulation 3. Exposure to Environmental Problems 4. Harassment and Bullying 5. Self-Injurious Behaviors
District-Wide	1. Disruptive Behaviors 2. Self-Regulation 3. Self-Esteem 4. Harassment and Bullying 5. Coping Skills	1. Parenting Skills 2. Disruptive Behaviors 3. Self-Regulation 4. Emotional and behavioral problems that impact parent and child wellness 5. Life Skills	1. Self-Regulation 2. Disruptive Behaviors 3. Abuse 4. Harassment and Bullying 5. Self-Injurious Behaviors

1. *Note.* Disruptive behaviors are defined as oppositional and disrespectful attitudes toward authority, defiance, explosive outbursts, and aggression toward others; self-regulation is the ability of individuals to control their emotions, attention and impulsiveness; developmental disabilities includes Autism, Asperger's Syndrome, Tourette's Syndrome, and severe cognitive impairment as well as other severe mental illness, such as Anxiety, Major Depression, Bipolar Disorder, and Schizophrenia; self-injurious behaviors include suicide attempts, self-mutilation/cutting, eating disorders or any other behavior that results from a compulsion to inflict pain on oneself; parenting skills include understanding of behavioral techniques, teaching the importance of parent involvement, techniques for effectively addressing familial conflict, and increasing understanding of student problems related to divorce/custody issues; life skills include self-help skills, communication skills, and advocating for themselves and their child; exposure to environmental problems include lead poisoning, gang violence/involvement, and domestic violence.

Recommendations for Improvement

Student Services and Programs

The purpose of the questions contained in this section of the needs assessment were to determine the degree to which students would benefit from programs and interventions addressing certain social, emotional, and behavior problems. The results demonstrate that the district should strongly consider developing new programs and interventions that address the following student needs:

1. Decrease student disruptive behaviors such as oppositional and disrespectful attitudes toward authority, defiance, explosive outbursts, and aggression toward others.

2. Increase students' ability to self-regulate their emotions, attention, and impulsivity.

3. Increase student confidence levels and overall self-esteem.

4. Decrease the prevalence of student harassment and bullying.

5. Increase students' ability to utilize coping skills in challenging situations.

Proposed Guidelines for the Development of Student Programs and Interventions

Prevention Services

District-wide and grade level results indicate that disruptive behaviors and difficulties related to self-regulation were the two greatest areas of need at each grade level and district-wide. As such it is recommended that programs to meet these needs be designed and implemented district-wide. Developing programs that are embedded into the culture and system of the district and individual schools will enable service delivery to the entire target population of students. Furthermore, providing prevention services is a proactive approach that attempts to teach students the skills they need in order to prevent them from behaving in inappropriate ways and developing poor habits. The development of the following school-wide and/or district-wide preventative programs are strongly recommended:

1. A district/school-wide positive behavior support program.

2. A character education program focused on elementary, middle and high school levels.

3. An anti-bullying program to be implemented district-wide.

Whether the district decides to adopt one or more of these programs, each one can be developed separately for individual schools or a district-wide program that is uniform in all schools. However, if a uniform program is chosen, caution will need to be taken to ensure that the program(s) is developmentally appropriate for each of the different grade levels. Lastly, these prevention programs should be accessible by all students regardless of whether they are in regular education, bilingual, or special education programs.

Intervention Services

It will be important for the district to develop intervention level services that address the needs of students who are at-risk for developing more severe levels of social, emotional, and behavior problems. Students who will participate in this level of service are generally those who do not respond or only partially respond to services provided at the prevention level. Services at the intervention level are generally more individualized and tailored to the specific needs of the student. The interventions recommended in this area focus on individual and group counseling and should be provided only to regular education and bilingual students. Special education students are excluded from this level of intervention because these students have access to crisis counselors whose sole purpose is to provide individual and group counseling as per their individualized education plans. These services should be provided at the preschool elementary, middle and high school levels as this was an area of need that was identified specifically at those levels. Specific recommendations are included in the section below.

1. Development of individual counseling programs that focus on addressing the needs of individual students as well as the targeted student needs outlined above. Individual counseling may be better suited for those students who present with self-injurious behaviors such as suicide attempts, self-mutilation/cutting, eating disorders or any other behavior that results from a compulsion to inflict pain on oneself. Individual counseling should also focus on reducing the symptoms of anxiety and depression that may also be present. Although self-injurious behaviors was not identified at the district level analysis, it is included because

individual grade level analysis revealed it as an area of need for preschool, elementary, and middle school levels.

2. Development of group counseling program(s) that focuses on targeting the development of confidence, self-esteem, and coping skills. Groups can be created to service a wide variety of student needs and can be expanded beyond the areas previously specified. For instance, programs can focus on one topic area such as developing coping skills or can be expanded to include problem solving and decision making skills. This is at the discretion of those involved in the program planning process and will depend largely on the needs of the students attending group counseling.

Wraparound Services

In the event that students fail to respond to the above prevention and intervention measures, the wraparound level of comprehensive services can be facilitated by school support staff. A student at this level is most likely experiencing a level of distress that may be well beyond the scope of the services provided at the school level. In the event that this situation occurs, the district needs to develop a systematic way of addressing the needs of these students in a way that supports the student and their family while working to coordinate services within the surrounding community. In this capacity, the district serves as a liaison between the student and their family and the mental health community. Furthermore, time and resources spent developing comprehensive service plans that are designed based on the specific needs of the student will aid in decreasing the number of out-of-district placements per year and the financial cost of these placements over time.

1. Development of a system to assist in the coordination of outside services for students with severe mental illness, such as major depression, bipolar disorder, and schizophrenia that are typically difficult to manage in the school setting as well as other areas such as developmental disabilities such as Autism, Asperger's Syndrome, Tourette's syndrome, and severe cognitive impairment. Efforts on the part of district staff fall more to working with the students' parents and community agencies in the coordination of services rather than the delivery of direct services. This will also require that the district work closely with and develop working relationships with the community agencies that will be providing these services.

Parent Programs and Services

The purpose of the questions in this section of the needs assessment were to determine the degree to which parents would benefit from services addressing common social, emotional, and behavior problems experienced in childhood and adolescence as well as parental difficulties. The results demonstrate that the greatest areas of need for the district to develop new programs and workshops for parents include the following:

1. Improvement of parenting skills including increasing understanding of behavioral techniques, teaching the importance of parent involvement, techniques for effectively addressing familial conflict, and increasing understanding of student problems related to divorce/custody issues.

2. Increasing parents understanding and effectiveness in managing disruptive behaviors such as oppositional and disrespectful attitudes toward authority, defiance, explosive outbursts, and aggression toward others.

3. Increasing parents understanding of the difficulties students experience related to an inability to self-regulate their emotions, maintain their attention, and control instances of impulsivity.

4. Understanding emotional and behavioral problems that impact child and family wellness.

5. Increasing life skills such as self-help skills, communication skills, and advocating for themselves and their child.

Proposed Guidelines for the Development of Parent Programs and Services

Prevention Services

District-wide and grade level results indicate that developing programs that focus on increasing parenting skills would be most beneficial. It is recommended that a series of workshops be created to increase parent knowledge in several areas. While the district does have some parent programs in operation at the preschool and elementary levels, it will be important and necessary to explore avenues to motivate and engage parents of middle school and high school students. The development of a recognition program for parents in which they are rewarded for their efforts is one suggestion. It is highly recommended that parents be part of this planning process in order to ensure that the program truly meets their needs. Recommendations for these areas are included below.

1. Development of a series of parent workshops that address a variety of topics, such as basic parenting skills, life skills, management of behavior problems, understanding the difficulties related to a child's problems with inattention and impulsivity, how emotional and behavior problems impact child and family wellness, and improvement of family communication skills in which parents attend regularly throughout the school year and graduate with a certificate. These programs should be developed at all grade levels.

2. Development of various support groups for parents of children with specific developmental disabilities such as Autism, Asperger's Syndrome, Tourette's Syndrome, and severe cognitive impairment as well as other severe mental illness, such as Anxiety, Major Depression, Bipolar Disorder, and Schizophrenia that are typically difficult to manage in the school setting. Through these support groups parents can share their common experiences, knowledge, and have an outlet to express their feelings and frustrations within a supportive and nonthreatening environment.

Intervention Services

A key component of improving student wellness is to provide opportunities for the parent and student to engage in therapy together as a way to learn appropriate ways to interact and solve problems such that the family is able make positive changes in their relationship. In addition, this type of program gives each person in the family an opportunity to express their feelings and frustrations in a safe environment. This process provides both parents and students with immediate feedback and encourages families to practice what is learned outside of the therapy sessions.

1. Development of a program that provides family therapy services to parents and their children. A core focus of this type of program is that it should teach problem solving skills and model/guide family members to engage with each other in ways that are appropriate and respectful.

Wraparound Services

Parents of students in the district are faced with many challenges beyond raising their families. Many families in the district are poor, have limited educational backgrounds that prevent them from securing higher paying employment, and are often responsible for caring for multiple children as well as extended family. In addition, both cultural and language barriers exist that further prohibit parents from being able to advocate for themselves and their children. At the wraparound level, services should be developed to assist parents in overcoming the challenges in securing services for themselves and their children. It should not however, be created in such a way that it takes the responsibility away from parents. Rather it should teach and empower parents so that when faced with these challenges in the future, they are able to meet their own needs with little to no outside support.

1. Develop a program that assists parents in securing community services for themselves and their families while teaching parents how to advocate for themselves and their families. One component could be to inform parents about their rights and the laws that apply in different situations. Another component could be exposing parents to the different agencies in the community and the ways in which they can acquire services.

Staff Programs and Services

The purpose of the questions in this section of the needs assessment were to determine the degree to which staff would benefit from the professional development opportunities that would address certain behavior conditions experienced by students. The results demonstrate that the areas of greatest areas for the district to develop professional development programs for school staff include the following:

1. Increase staff understanding and management of disruptive behaviors such as oppositional and disrespectful attitudes toward authority, defiance, explosive outbursts, and aggression toward others.

2. Increase staff understanding of student difficulties related to issues of self-regulation such as the inability to control emotions, and minimize attention and impulsivity problems.

3. Increase staff knowledge of and response to abuse regardless of the type (physical, sexual, emotional, and neglect).

4. Increase staff understanding of harassment and bullying among students and appropriate ways to respond to the situation.

5. Increase staff understanding of self-injurious behaviors such as suicide attempts, self-mutilation/cutting, eating disorders or any other behavior that results from a compulsion to inflict pain on oneself.

Proposed Guidelines for the Development of Professional Opportunities for Staff

Prevention Services

District-wide and grade level results indicate that disruptive behaviors and self-regulation are the two greatest areas where staff requested training. Another area where staff training was indicated as important was abuse. Prevention programs created for staff should focus heavily in these areas.

1. Development of short-term learning communities programs geared toward training multiple groups of staff on basic behavior theory, data collection, development of student behavior plans, how to monitor student progress, and useful behavior management techniques to utilize in the classroom who . The program should focus on small groups of staff and work toward the larger goal of training all staff. A "Train the Trainers" model should be utilized where those who have been trained and show mastery of the material are then assigned their own group of staff to train.

2. Development of a year-long course offered to staff yearly that focuses on teaching staff about common disorders of childhood and adolescence. This would be a voluntary course offered to staff at no cost. Staff should be able to earn some type of graduate course credit that could be applied toward their prior credits earned and utilized for lateral move across the district pay scale.

3. Develop a program that would be offered yearly that reviews the signs of physical, sexual, emotional abuse and neglect. This program should include staff responsibility in reporting as they pertain to state laws, how and where to report

incidents, and the district/schools policies and procedures for reporting abuse and neglect.

Intervention Services

Programming at the intervention level should focus on providing support for the development of programs for support staff who are struggling with students experiencing certain behavior conditions. In this capacity, intervention services are supportive to school staff in that they provide direction in a given situation and enable the staff member to learn useful strategies and techniques that they can utilize in the future when similar situations arise.

1. Develop a consultation program where access to support staff trained in addressing students social, emotional, and behavioral needs is available to teachers when needed. This program should be tailored to assist in building staff skills rather than managing the problem for the individual making the request. A component of this program might include providing small groups of staff with in-service training when a group of students in a building present with the same problems.

Wraparound Services

Teachers and school staff have a tremendous responsibility in preparing students for their futures. In this capacity, there are not always supports available for staff struggling with their own problems and challenges. Furthermore, teachers who have challenging students are often required to operate beyond their level of training. This

ultimately sets up a situation that is likely to fail. Thus, in addition to training in these areas it is also important to provide staff access to similar services that are offered to students and parents such as individual or group counseling and support groups.

2. Develop a counseling referral program where teachers and staff can be directed when they are in distress and it is apparent that they are struggling to maintain an optimal level of functioning during the school day. These referral services must be confidential in nature, provide staff with options.

3. Develop support groups for staff that allow them a safe place to meet with other staff members who share similar challenging students. In this capacity, staff support each other and are able to share their frustrations and struggles in a nonthreatening environment. These groups should be assembled in such a way that staff members are not attending the same group in which their supervisors are also members.

Training in Crisis Response Policies and Procedures

This portion of the needs assessment was focused on determining the degree to which staff are knowledgeable of policies and procedures and prepared to respond in specific crisis situations. Overall, staff was confident in their ability to follow policy and procedures during a fire drill, lockdown, or in the event that an emergency evacuation needed to take place. In addition, they were also sufficiently knowledgeable in relation to procedures when an unidentified individual was present, how to contact parents during a crisis, and which staff members were are on the building's crisis team. Areas of concern were revealed when staff was asked about their knowledge and preparation in specific crisis situations such as the death of a student or teacher, bomb threats, and

students with suicidal thoughts. The top five areas in which more than half of the staff

surveyed (n=962) felt the least knowledgeable and prepared include the following:

1. Students presenting with homicidal thoughts (62.5%, n=601).

2. Situations related to gang violence (60.1%, n=578).

3. In the events of a natural disaster (57.5%, n=555).

4. In the event of a school shooting (56.4%, n=543).

5. Students presenting with suicidal thoughts (50.4%, n=485).

It is important to note that while these were the top five areas according to staff

ratings, other areas are still of concern. Areas such as responding to bomb threats, the

death of a student or teacher, student disclosure of physical or sexual abuse, school

violence, and loss of a family member or a classmate ranged from 48% (n=461) to 36%

(n=349) of staff expressing feeling a lack of knowledge and preparation.

Proposed Guidelines for the Improvement of District/School Crisis Response

1. Create a committee for the purposes of conducting an evaluation of the current

   district/school policies and procedures for training school staff to respond to crisis

   situations and determine which areas need improvement. Once this is done the

   district should work to design or redesign the district crisis policies and

   procedures where necessary.

2. Develop a yearly crisis response policy and procedures in-service that occurs

   during staff development in the beginning of each school year. During this

   meeting district and school crisis team members should be introduced and basic

   procedures should be reviewed.

3. Develop a training program that is ongoing throughout the year in which district and school crisis teams meet to discuss policies and procedures and any crisis that has occurred.

Areas for Improvement Prior to Developing New Programs and Services

In order for new programs and services to be developed, the district will need to improve certain areas to ensure that the new programs and services function at the level of support for which they are developed. The following is a list of areas in which improvement would foster programs being implemented as designed and increase the likelihood of positive program outcomes:

1. Secure funding for additional staff or develop ways in which resources and responsibilities can be shifted so that staff is made available to participate in the design, implementation, and evaluation tasks of program planning.

2. Ensure that there is proper space available for implementing programs. Since space is limited within the district during the day, this may limit the types of programs that are created. The lack of space also supports focusing program planning efforts on prevention programs offered to all members of the target population and those which can be embedded with the day-to-day operations of the school. Decisions will need to be made in relation to the cost-benefit of the district spending financial resources for additional space available within the community.

3. Given the current situation with state-wide school budget cuts, it may not be feasible to spend money for the development of new programs. It is

recommended that the district research other sources of funding such as federal and state grants; as well as private funding to support new program needs. The review of the effectiveness of current programs and the elimination of those that are no longer yielding positive results may be another way to cycle resources. Lastly, it is recommended that a partnership be developed with a local university to expand the pool of funding to include research grants.

4. Assess the ratio of administration support for new programs throughout the district. A recommendation to proceed here with caution is necessary and to only design new programs in which the majority of administration is in agreement. Without this support from key stakeholders, programs will be difficult to bring to scale.

5. Prior to beginning the program planning process, it will be important to secure a facilitator who is trained in the area of program planning and evaluation or to hire a consultant to facilitate the process. It is important to note that this would be a one-time cost if the consultant trained a group of staff who could then step into the role of facilitator.

6. Given the current political climate and its impact on the education system state-wide, decisions regarding program planning may be impacted by changes in positions of key stakeholders within the district who may or may not support the proposed programming recommendations. This needs to be taken into consideration when deciding whether or not to proceed.

7. The timing of new programs and services within the district that focus on improving the delivery of mental health services seems to be appropriate. It is

clear that the majority of staff agree that the need for new programs has existed

for some time. Once again, however, the current political climate has created a

conflict with the timing of new programs, regardless of the necessity of the

programs. Decisions need to be made by key stakeholders about how to proceed.

Securing external funding sources may be the best solution to this problem.

8. As with any new programs there will be some staff who support the programs

   while others will not. Throughout the process of program planning and

   evaluation, steps will be needed in order to address this resistance. Efforts should

   be included to involve key stakeholders and organization champions to assist the

   majority of staff within the district/building to adopt the program.

9. Prior to developing all new programs and services, a cost-benefit analysis needs

   to be completed to determine whether or not the benefits of a program developed

   to address the needs at a particular level outweighs the cost. If the consensus is

   that it does not, then a decision needs to be made about whether or not to move

   forward with designing the proposed program.

10. Program recommendations contained within this plan are numerous and will

    require a significant amount of resources, district/school staff effort, and funding

    to design and implement every single one. As recommendations, these program

    suggestions are presented to guide the district in making improvement decisions

    and all areas are included to provide the district with several options for that

    undertaking. As a district, decisions will need to be made about what areas to

    focus on and address first. Priorities in program planning will have to be

    delineated along with timeframes for completion. This plan is by no means a

directive for improvement, but merely a guide and should be utilized in this capacity.

Chapter Summary

Across the preschool, elementary school, middle school, high school and district levels, the top five areas for improvement were presented. While these areas varied across levels, there were some areas that were the same across most levels. At the student level, these areas included self-regulation, disruptive behaviors, self-injurious behaviors, and developmental disabilities. At the parent level, these areas included parenting skills, self-regulation, disruptive behaviors, and anxiety. At the school staff level, these areas included, self-regulation, disruptive behaviors, harassment and bullying, self-injurious behaviors, and developmental disabilities. Recommendations for improvement at the student level included a district-wide programs in positive behavior supports, character education, and anti-bullying and harassment, the development of individual and group counseling programs, and the development of a comprehensive service planning program for students exhibiting severe mental illness and severe developmental disabilities. Recommendations for parent services included the development of parent workshops, support groups, a family therapy program, and a training program to assist parents of students with severe mental illness and severe developmental disabilities to secure community services and advocate for their children. Recommendations for school staff included the development of short-term learning communities, development of a year-long course covering common disorders of childhood and adolescence, a yearly program that reviews the identification and reporting

procedures for child abuse, a consultation program to support teachers and staff, a counseling referral program to support school staff mental health needs, and staff support groups. In the area crisis response policies and procedures, it was recommended that an evaluation of current district/school crisis policies and procedures be conducted, develop a yearly in-service to review crisis policies and introduce the crisis team to school staff, develop an ongoing training program for school crisis teams in which training occurs throughout the school year.

Areas for the district to improve prior to designing and implementing new programs were also presented. It was recommended that the district address these areas prior to engaging in any program planning and evaluation activities. These 10 areas included (1) securing funding for new programs, (2) providing adequate space for programs to operate, (3) researching areas for funding outside the usual modes, (4) assess the ratio of administration support for new programs throughout the district, (5) secure a facilitator who is trained in program planning and evaluation, (6) assess the impact of the current political climate on school budgets and personnel, (7) determine how to proceed in the development of service programs dedicated to the improvement of student mental health, (8) address the potential of staff resistance of new programs and services, (9) conduct a cost-benefit analysis for all new programs and services, and (10) decisions need to be made as to which program area take priority over others.

CHAPTER VII

EVALUATION OF THE APPROACH

Abstract

The following chapter presents the authors personal reflection of the dissertation project and the experience of being a participant observer. Maher's (2000) DURABLE (i.e., discussion, understanding, reinforcement, acquisition, building, learning and evaluation) framework was adapted as a guide for this reflection. The author reflects on these areas as they pertain to the dissertation project and process. An evaluation of the case study methodology is also presented that includes the strengths and limitations of the approach as well as future research needs.

Personal Reflection of the "Process"

I remember the first time I thought about doing something to improve the delivery of mental health services in the district. I was working in a self-contained classroom consulting with a teacher about a few students in her classroom with behavior problems. A new student had just been transferred to her classroom from another school in the district because, as the teacher stated, "they were not able to handle his behaviors." The student's new teacher was known for her ability to work with the most difficult students. She supplied me with the student's background; physically abused, witness to adult

sexual activity, and left abandoned in an apartment by his mother. He was placed in the

care of his grandmother, where he has remained for several years. The teacher explained

that he seemed to be doing okay; kept to himself, completed all his work. In her opinion,

he was too advanced academically for her classroom. Within two weeks, he began to

show signs of duress and was having explosive episodes in the classroom, to the point

where he would need to be restrained in the classroom. On several occasions, I was

witness to these episodes and was shocked. Over the next week or so, these episodes

began to escalate to the point where the student appeared to lose touch with reality. His

grandmother was called on every one of these occasions and by the end of that week she

had decided to place the student in a partial day treatment facility for approximately the

next three months. This was not his first stay at the facility.

When the student returned within the next month, the episodes began again. In

reviewing his file, I learned that the student had been in and out of different facilities over

the previous two years, had been placed on multiple medications, and received roughly

seven different diagnoses within the same time frame from different psychiatrists and

psychologists. I was appalled. This child had become part of a failing system that

seemed unable to meet his needs. I remember wondering at that moment if it might be

possible for the school district do any better for this student. When the student returned,

that is exactly what we attempted to do. We succeeded in working to support the student

in the classroom and other school environments, assisting his grandmother to get a

comprehensive psychiatric evaluation completed and the student placed on the proper

medication, communicating with his therapists, and supporting his teachers and staff

through training and consultation. While I realize that our collective efforts were most

likely the result of many factors that aligned in such a way to allow for our success and fully acknowledge that most cases would not unfold in the same manner, it was all I needed to move forward. I began to observe any and all things mental health related in the district and to see where improvement might be possible. After a while and a few more severe cases similar to the one described above, I decided it was time for action. I was then and still am now convinced that the school district has the capability to provide quality mental health services to its students, parents, and staff.

By nature, I have always been a problem-solver. As I have matured over the years, I have learned to be organized and strategic in my approach to any program. Thus, as eager as I was to jump in head first and be the hero, I knew that I needed to figure out who would be the key players in this process and how I would gain access to those people. I spent time in the beginning speaking with faculty members with experience and sought out their guidance in how to proceed. After spending time observing and identifying key stakeholders, I decided to approach the Supervisor of Child Study Teams. My relationship with her had always been one of mutual respect and support. In addition, we had spent hours the previous year working on a very difficult case that the district had been struggling with for years and together we were able to shift the course of the case to a much more positive direction. I set up a meeting with her to discuss a few students and planned to discuss my project proposal at the end of that meeting. At the meeting, when it was time, I started talking about my ideas and before I knew what happened, she picked up the phone and called the Director of Special Services. Within the matter of a minute, we were in the Director's office and I was pitching my proposal. Little did I know that I was about to tap into an agenda that the Director had been trying to facilitate during her

time in the position; roughly seven years. Much of this discussion centered on the issues

the district was facing in terms of supporting students and addressing their mental health

needs as well as the severity to which the problem had progressed over time. In the end,

we had set up a follow-up meeting with the Supervisor of Nurses who had championed a

similar plight to provide students with easier access to basic medical care. Before long, I

had written a formal proposal, presented to the Superintendent and received Board of

Education approval to conduct a district-wide needs assessment exploring the delivery of

mental health services. The following sections provide information pertaining to the

process I experienced in creating the mental health committee, working with committee

members through the program planning process and the development of the strategic

plan.

The Importance of Communication

From the beginning of this process, I recognized the importance of

communicating with not only committee members, but anyone who had an interest in

hearing about the project. During these discussions, it was essential to express the

importance of the project for the purpose of gaining support across various levels of the

organization, but also because I knew there would be a time in the future when I would

ask staff members to complete the needs assessment. For this reason, I needed to ensure

that the majority of staff would participate. In addition, communicating with key

administrators and updating them on the progress of the project was essential, as I would

need their support when it came time to disseminate the needs assessment. This was a

continuous part of the process and required a significant amount of time and attention.

From the beginning of the project I met regularly with the Director of Special Services, the Supervisor of Child Study Teams, and the Supervisor of Nurses to discuss the possibilities of the project and to selecting possible committee members. Once we decided on pool of staff to ask, I then took on the responsibility of meeting with each person to discuss the project and solicit their participation. Although, this was extremely time consuming, it was one of the most important tasks of this project. In carrying out this task, I was able to align the views and efforts of several staff members and was able to get a sense how important a project like this was to others.

The process of facilitating the committee required the same amount of vigilance of communication that spanned several different levels. On one level, the process required a very structured way of disseminating information such as communicating the focus of upcoming meetings, reviewing previous meetings, and communicating pertinent information between meetings. On another level, communication focused on taking the committee through the process of program planning. In doing so, I was required to inform the committee of the procedure for identifying the target population and their needs, the purpose and means with which an assessment of relevant context would be conducted, and then lead them through the steps of developing and conducting the needs assessment. Throughout this process I needed to remind myself frequently that most of the committee was new to the program planning framework that I was using to guide committee activities. In doing so, I was able to maintain a level of communication that was not complicated and supported their knowledge development of the process. Other areas of communication included several presentations to school administrators and even extended beyond the walls of the school district. In this capacity, I began entering into

discussion with community agencies with regard to the availability of resources and issues impeding the process of service delivery to students and their families. Lastly, it is important to note that the efforts put forth by the committee have increased the awareness of the mental health problems district-wide. There is now a significant amount of attention being given to student mental health needs and conversations on the topic have increased.

Information Highway: Understanding the Organization and the People

The major reason for carrying out this project was to understand the current situation within the district with respect to the delivery of mental health services, and to transform the information gathered from the needs assessment into programs, that when implemented, would improve the delivery of these services. Needless to say, a large portion of this project has been centered on collecting information. For example, the process of identifying the target population and making decisions regarding whom to include in the target population, segmenting the target population into smaller groups and describing their relevant characteristics were all information gathering activities. The process of identifying the needs of the target populations required gathering a significant amount of information from committee members. The information gathered was then utilized to develop a needs assessment survey that would ultimately be used to gather even more information. Another mode of gathering information came from conducting the interviews. This information was then used to identify the relevant context within the organization that would either support or prevent the district from developing and implementing successful new programs.

Throughout this process there were also many times in which there were informal exchanges of information. These instances most often occurred in passing when I would be in a building for a meeting or to see a student. I would often be stopped by a co-worker in the hallway. During these conversations, once staff would hear about the project, opinions would be offered in relation to what they felt needed to improve in district. These informal situations were important for me in validating the importance of what I was doing and useful in that I began thinking about all the different perspectives held by various staff members in the district. Another informal exchange of information would occur when I sat in on parent meetings with other staff. Although, the information gathering purposes of this dissertation were limited to staff perceptions, there were times when simply listening to a parent describe the challenges they face in relation to finding services for their child, issues with insurance coverage, or not being able to refill medication would provide information relevant to the target population or the project as a whole.

Lastly, as an employee of the district, there were times in which my own experiences as a "staff" member assisted in gathering information in relation to the staff portion of the target population. Being employed by the district also aided the acceptance process of the project. This school district is very loyal and staff members tend not to trust those from the outside. Being part of the organization allowed me to wade past the resistance I would expect that a researcher from outside the district would experience. However, even though I am a district employee, there were still a few individuals who were clearly under the assumption that I would collect the information I need to advance myself and then leave the district. These individuals, while few and far between, do

represent a portion of the district's culture that is not easily managed if you're from the outside. Being embedded in the system and respected for my work with students with behavior problems allowed me to gather information from staff in a much more fluid manner.

The Power of Reinforcement

Involvement by committee members and their roles and responsibilities was outlined from the beginning of the project. For many, including myself, being a part of this project has been highly rewarding. From my perspective, the fact that a large number of staff and administrators have supported my efforts from the beginning has been extremely reinforcing. This support has been a source of motivation and has driven me to stay focused. A project of this magnitude can certainly be draining on one's resources; however, the support has given me the strength to sustain the project over time. For the directors and supervisors with whom I worked closely on the project, this experience has been the catalyst to renew their hopes that change is possible within the district. For the majority of staff, there is a reinforcing quality to being heard; particularly when the information being conveyed serves the purpose of improvement. It is not often that staff members have been consulted on the current problems within the district nor asked for their opinions related to the development of new programs.

Overall, the committee members were vested from the beginning and while some did not participate as much as others, meeting attendance was consistent based on a core group of staff. In a discussion at the last committee meeting, members were asked about their experience and what they gained from being part of the process. The majority of the

members reported that it was a positive experience, that the process was motivating in that they felt like they were part of a movement. Some members also added that it was important to them to be a part of something that has the potential to make a difference. Many had also reported that they had never been a part of a committee before and wanted to see what it was like.

Time and Effort

Support for this project was sought out almost a year prior to forming the committee. During this time, I spent countless hours meeting with directors, supervisors, principals, vice-principals, teachers and support staff talking about the issues present in the district. Time was also spent speaking with faculty at Rutgers University about the possibility of change in the district, possible steps to take, and the importance of becoming aligned with key stakeholders in the school district. Once I was able to present the project idea to the director of special services and the supervisor of child study team, plans were made to formally present the project to the Superintendent. From there, the Superintendent took the proposal to the Board of Education for approval to conduct a district-wide needs assessment and develop a mental health improvement plan. Next, the project was also presented at the Superintendent's monthly meeting and the Assistant Superintendent's monthly supervisors meeting. At this point, I was going around selling the idea to anyone that would listen. It was at the Superintendent's meeting that I gained support from several supervisors and many school principals.

By January of the next year, the committee was formed and by April we were well on our way to accomplishing our goal of conducting the district-wide needs

assessment. As the facilitator of the project, I took on the responsibility of carrying out

most of the program planning activities between meetings. This entailed working on

projects between meetings based on the information provided during the meetings,

whether it was factual information like the problem list or feedback from the committee

on something that was presented at a prior meeting. I would also send out minutes from

prior meetings, agendas for upcoming meetings, and documents for committee members

to review in between meetings. In addition, I would often send brief research articles,

internet links with interesting related information, professional development

opportunities, and anything else related to mental health that I thought might be

beneficial to committee members. Other than these more informal activities, time spent

in between meetings was generally focused on program planning activities in relation to

the development of the needs assessment survey, dissemination of the survey, data

collection, data analysis, and writing the mental health improvement plan. Past that

stage, time was spent with the Director of Special Services and Superintendent discussing

the results of the needs assessment.

If You Build It…They Will Come

I believe that this initial program planning phase helped me to shift the way

people think about mental health issues in the district. Although I have been given a

voice in the district, certain expectations have also been placed on me as a result. I have

had a tremendous amount of support throughout this initial phase and believe staff will

continue to join me in my efforts and the efforts of the committee.   It has been important

for me as the facilitator to maintain momentum and enthusiasm for the project. As the

facilitator of the group, I noticed early on that when I was discouraged, the committee would also get discouraged. In turn, when I was excited and enthusiastic, they would be too. Maintaining this attitude was important throughout the process and set the tone for the project. Although I was responsible for completing most of the tasks, I recall feeling very supported by the committee's attendance and their commitment to the project. Even when a snow storm hit the morning of a meeting, many members still came to the meeting. I felt a sense of relief when people arrived and remember thinking that their actions indicated a serious level of commitment.

The Learning Curve

This project served many purposes besides gathering data for the process of program planning. From my perspective, it was also an opportunity to learn about systems level change within a large organization through the application of a program planning framework geared toward this purpose. This project also allowed me to practice my skills in this area and to learn from my own participation in the process. Learning to work with the many different personalities that are present within a large organization was a challenging task. Further, interacting with a large number of administrators who would each have their own opinions was also somewhat of a challenge. I did learn a significant amount about the interactions between the differing levels within the organization and the intergroup relations that presented at each level. These relationships often dictated how a person would act in different situations. For example, the Assistant Superintendent running a meeting with district supervisors in attendance is authoritative and demanding; however, upon the arrival of the Superintendent, the Assistant

Superintendent quickly assumed a more submissive role and remained as such for the rest of the meeting. There was often a push and pull in decision making processes within the committee meetings. Although most difference were easily resolved, it was important to observe these types of interactions.

Evaluation of the Process

Overall, I think the project was a success for several reasons. First, since I began the project over a year ago, administrators and school staff are more aware of the mental health needs of the students and parents. To some degree, the focus of solely improving academics has shifted a small amount to include the social, emotional, and behavioral well-being of students; particularly if academic improvement is expected. While this increase in awareness has been positive, there have been times when it has not. Now that there is an increased awareness of the mental health needs of students, parents, and staff, there is also an expectation that something will be done about those needs. While this is the logical next step, it is easier said than done and is largely dependent on the district's readiness to design and implement new programs. Further, given the current political climate throughout the state, there is a general level of uncertainty related to budget cuts, particularly as they relate to a reduction in staff.

A second reason for its success is the fact that the committee is still intact and has maintained involvement from a core group of supervisors and administrators. Regardless of the budget issues, this core group is still providing the committee with support to continue. Further, these supervisors and administrators are willing to work with the committee in looking at alternatives sources of funding for the purpose of developing

new programs and services in the upcoming year. More importantly, to some extent it appears that the mission of the committee and the committee itself has become, to some extent, embedded into the organization's system. Not to the extent it will need to be sustained over time, but at least to the extent to which staff members are aware of the project and are interested in the possible outcomes. Lastly, I am committed to supporting the longevity of this project and making a significant impact in the delivery of mental health services throughout the district.

Evaluation of the Case Study Approach

Strengths

The major strength of the case study approach to improving the delivery of mental health services with the school district lies in the usefulness of the data that has been collected and the information that was learned about the process. Prior to conducting the needs assessment there were only assumptions made based on the experience of a small group of individuals about the extent to which services were being provided to students, parents and staff. As a result of the needs assessment, there is concrete information regarding the types of mental health services needed within the district. Further, the data collected can be utilized to directly design, implement and evaluate new programs and services within the district. The data collected provides information that is of value to the district and will allow key stakeholders to make informed decisions about the target populations and the ways in which the district will work to meet their needs.

Another strength of the case study approach is that it allows for research on real-time situations that would not otherwise be possible to reconstruct within a laboratory

setting. Research involving entire organizations, such as a school district, are not possible to conduct outside of the natural setting in which the organization exists as the information gathered in this manner is authentic to the individuals within the organization. This type of research also allows for exploration of unique situations that are not possible to replicate in any setting other than the one in which the individuals under study exist.

Limitations

The major limitation of the case study is that the information gathered and the outcomes of the study cannot be generalized to populations outside of those who participated in the study. Further, due to limited access to students and parents, the results of this study only represent the perceptions of school staff and do not include information obtained directly from students and their parents. However, the large sample size provides a level of reliability to the results that is generally not present in most case studies.   Another limitation of the study, related to the omission of students and parents in the sample is the possibility that staff perceptions and information provided by staff about students and parents may be somewhat skewed based on their interactions with students and parents. Given that the needs assessment focused on many areas that may be viewed negatively such as disruptive behaviors or a lack of parenting skills by staff, as these issues directly impact their ability to perform their jobs effectively, and the reality that staff experience these issues regularly during the school year, this may have inadvertently caused them to respond in a more negative manner.

One of the key components to a case study approach is the use of participant observation in which the researcher in also a member of the organization being researched. As such, the researcher has the potential to influence the outcomes of the study. However, since the majority of data collected was quantitative in nature and consists of a large sample size, the likelihood that the researcher could influence a large number of the participants is low. Further, all surveys were submitted online reducing the contact between the researcher and the participants.

A fourth limitation is that case study designs are typically difficult to replicate. The likelihood of finding a population that closely matched the one used in this study may be somewhat possible, but highly improbable. Further, in trying to replicate this study, the committee members would need to be matched and differences in personality and life experience would create a set of extraneous variables that may or may not impact outcome of the study.   Lastly, case studies are generally very time consuming to conduct and further decrease the likelihood of replication.

Future Research

Future research in the area of identifying the needs of the specific target populations such as students, parents and staff should include methods and procedures for data to be obtained directly from these sources. While including these steps in the study will most likely lengthen the time taken to carry out this type of research, the information gathered would provide more sound evidence of the needs for these populations.   Thus program and services created from this information will presumably be designed in a way that would effectively address their needs.

In order to develop valid and reliable ways to identify the mental health needs of students, parents, and staff in other school districts as an avenue to develop better programs and services, research should focus on developing a standardized mental health needs assessment survey. This would allow districts to design, implement and evaluate program more efficiently by eliminating the initial step of developing a needs assessment survey. Given today's ever changing demographics, the survey would need to be normed on several populations and particularly those most vulnerable for developing mental health problems, such as low income urban communities and across many ethnicities.

Chapter Summary

The author reflects on the process and experience of creating a mental health committee, working with committee members through program planning activities, and the development of a strategic plan. The author describes the communication process and the vigilance required to take committee members through various program planning activities, of which most were not familiar. The author also describes the process of learning about the organization and its people, formal and informal exchanges of information, the experience of being an employee of the district while carrying out this project, how the participation in the project was reinforcing, district support for the project, building momentum and motivation within the district, and learning about the potential for systems level change within the district. In evaluating the case study approach, strengths of the approach included the direct application of the results to improvement within the district and the allowance of research on a real-time situation

that would not be possible in the laboratory setting. Limitations included the lack of generalizability of the results to other school districts, the lack of direct input from students and parents, the potential of the researcher, who is also a participant, to influence the outcomes of the study, and the unlikelihood that this study can be replicated. Future research needs included obtaining the opinions of students and parents and developing standardized ways to assess mental health needs across school districts.

CHAPTER VIII

PROJECT SYNOPSIS

Abstract

This final chapter briefly summarizes the completed project including soliciting support from school administrators, teachers, support staff and other school personnel, creating a mental health committee, developing the district-wide needs assessment, data collection and analysis, the development of a strategic plan, and the process of taking all these activities to scale.

This case study exploring the perceptions of school district staff was conducted for the purpose of determining the mental health needs of an urban school district. The process began with the formation of a committee in which staff members throughout the school district representing various organizational levels participated. Administrators, supervisors, support staff, and teachers all worked together toward a common goal; improving the delivery of mental health services for students, parents and staff. Although the committee consisted of staff from multiple levels, when together as a group members shed their titles and existed as a collaborative group. Discussions were carried out respectfully and decisions were made by weighing all the options and accounting for everyone's opinions. This was particularly salient when it came to developing the needs assessment and the improvement plan.

Another area where there was a significant amount of support for this project was the participation of school staff in the needs assessment. Typically, when there is any type of survey that requires staff participation, the return rate is relatively low. One thing that helped in this area was having the Assistant Superintendent join the efforts of the committee in distributing the survey. The needs assessment was, however, also a way for staff to anonymously express their feelings and frustrations. Since staff are rarely asked for input in relation to any kind of program planning activities, this opportunity was probably somewhat cathartic for many staff members.

Through the data collection and context assessment processes, the committee was able to identify several areas for mental health improvement efforts across all three domain areas: students, parents, and staff. Recommendations to the district put forth in the strategic plan attempted to address improvements in all the identified areas. While the district-wide needs assessment clearly delineated target areas for improvement, results of the context assessment were less straight forward. Themes from the context assessment in terms of areas in which the district needs to make adjustments include determining whether or not it will be possible to secure financial, human, and physical resources for the design and implementation of new programs. In addition, some work still needs to be done with regard to aligning the districts mission with the mission of the committee. Part of this process will be for the committee to continue to forge relationships with those in key positions in the district. Unfortunately, even if resolution were possible in all of these areas, the current political climate and its impact in the education system is not entirely clear at the moment. As long as the issue is present, it creates a significant challenge for any future program planning efforts. Although the

committee still continues to meet, no permanent decisions have been made thus far with regard to the improvement plan other than the decision to move forward on improving the staff's crisis response.

Overall, this project has been largely successful in meeting the committee goals of identifying the target population, the needs of the target population, relevant context, developing the needs assessment and mental health improvement plan. The study was also successful in showing a discrepancy between the program and services currently available in the district and those desired. However, with regard to the participants, the study is limited to the perception of staff members and has not taken into account the perceptions of students and parents. Future research should work to include all levels of the target population so that the information gathered would be even more valuable. In addition, while the nature of this study delegated the majority of the activities in between meetings to the responsibility of the facilitator, there were times when other staff members volunteered to help. Future projects and program planning activities should work to engage all the committee members in shared responsibilities both during and in between meetings. The single most important benefit of doing this would be laying the groundwork toward sustaining the committee over time as well as its efforts to improve mental health services, regardless of how often members change.

Chapter Summary

This case study explored the perceptions of urban school district staff in order to identify areas in which the delivery of mental health services needs to improve. Through program planning activities, a mental health committee was formed in which a district-

wide needs assessment was developed and disseminated to staff throughout the district. Results of the needs assessment identified several areas for the improvement of mental health services for students, parents, and staff. A context assessment was also conducted and provided additional information highlighting the need for the district to improve certain areas such as securing resources and gaining a clear understanding of the impact of the current political climate on new programs and services. Recommendations were made with respect to engaging committee members in shared responsibility for future projects and program planning activities during and between meetings and working toward sustaining the committee and its efforts to improve mental health services over time.

REFERENCES

Axelrod, S., Moyer, L., & Berry, B. (1990). Why teachers do not use behavior modification procedures. *Journal of Educational and Psychological Consultation, 1(4),* 309-320.

Bergan, J. R. (1995). Evolution of a problem solving model of consultation. *Journal of Educational and Psychological Consultation, 6(2),* 111-124.

Bergan, J. R., & Kratochwill, T. R. (1990). *Behavioral consultation and therapy.* New York. Plenum.

Best, K.M., Hauser, S.T., Gralinski-Bakker, H., Allen, P.J., & Crowell, J. (2004). Adolescent psychiatric hospitalization and mortality, distress levels, and educational attainment. *Pediatrics and Adolescent Medicine, 158,* 749-752.

Donlyres, R. (2008). Qualitative research methods: A data collector's field guide (Module 2) *Participant Observer.* Retrieved from http://www.fhi.org.

Dooley, D. (2001). Qualitative research: Participant observation. *Social Research Methods (pp. 246-262).* Upper Saddle River, New Jersey: Prentice Hall.

Dryfoos, J. (1994). *Full service schools: A revolution in health and social services for children, youth, and families.* San Francisco: Jossey-Bass.

Dryfoos, J. (1997). The prevalence of problem behaviors: Implications for programs. In R. P. Weissberg, T. P. Gullotta, R. L., Hampton, B. A., Ryan & G. R. Adams (Eds.), *Healthy children 2010: Enhancing Children's Wellness* (pp. 17-46). Thousand Oaks, CA: Sage.

Easterson-Rock, E., Rosenberg, M. S., & Carran, D. T. (1994). Variables affecting the reintegration rate of students with emotional disturbance. *Exceptional Children,*

61(3), 254-268.

Eber, L., & Nelson, C. M. (1997). School-based wraparound planning: Integrating

services for students with emotional and behavioral needs. *American Journal of*

Orthopsychiatry, 67(3), 385-395.

Eber, L., Nelson, C. M., & Miles, P. (1997). School-based wraparound for students with

emotional and behavioral challenges. *Exceptional Children, 63(4),* 539-555.

Eber, L., Sugai, G., Smith, C. R., & Scott, T. M. (2002). Wraparound and positive

behavioral interventions and supports in the schools. *Journal of Emotional and*

Behavioral Disorders, 10(3), 171-181.

Fleming, C. B., Haggerty, K. P., Catalano, R. F., Harachi, T. W., Mazza, J. J., & Gruman,

D. H. (2005). Do social and behavioral characteristics targeted by preventive

interventions predict standardized test scores and grades? *Journal of School*

Health. 75(9), 342-349.

Greenberg, M. T. (2004). Current and future challenges in school-based prevention:

The researcher perspective. *Prevention Science, 5(1),* 5-13.

Greenberg, M. T., Domitrovich, C., & Bumbarger, B. (2000). *Preventing mental health*

disorders in school aged children: A review of the effectiveness of preventions

programs. Prevention Research Center for the Promotion of Human

Development, College of Health and Human Development, Pennsylvania State

University.

Greenberg, M., T., Weissberg, R.P., O'Brian, M. U., Zins, J. E., Fredricks, L., Resnik, H.,

Elias, M. J. (2003). Enhanced school-based prevention and youth development

through coordinated social, emotional, and academic learning. *American*

Psychologist, 58, 466-474.

Kampwirth, T. J. (2003). *Collaborative consultation in the schools: Effective practices for students with learning and behavior problems.* (Rev. ed.). Upper Saddle River, NJ: Merrill Prentice Hall.

Knoff, H., & Batcsche, G. (1990). The place of the school in community mental health services for children: A necessary interdependence. *The Journal of Mental Health Administration. 17(1),* 122-131.

Kratochwill, T. R., & Van Someren, K. R. (1989). Barriers to treatment success in behavioral consultation: Current limitations and future directions. *Journal of Educational and Psychological Consultation, 6(2),*125-143.

Maher, C. (2000). *Resource guide for planning and evaluating human service programs.* Unpublished, Graduate School of Applied and Professional Psychology, Rutgers University, New Jersey.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53,* 205-220.

Merrell, K. W. (2002). Social emotional intervention in schools: Current status, progress, and promise. *School Psychology Review, 31(2),*143-147.

Noell, g. h., & Witt, J. C. (1996). A critical re-evaluation of five fundamental assumptions underlying behavioral consultation. *School Psychology Quarterly, 11,* 189-203.

Payton, J. W., Wardlaw, D. M., Graczyk, P. A., Bloodworth, M. R., Tompsett, C. J., & Weissberg, R. P. (2000). Social and emotional learning: A framework for

promoting mental health and reducing risk behavior in children and youth.

Journal of School Health, 70(5), 179-185.

Perry, C. L. (1999). Creating health behavior change: How to develop community-wide

programs for youth. Thousand Oaks, CA: Sage.

Potter, D., & Mulkern, V. (2004). Wraparound services. Cambridge, MA: Human

Services Research Institute.

Quinn, K. P., & Lee, V. (2007). The wraparound approach for students with emotional

and behavioral disorders: Opportunities for school psychologists. *Psychology in*

the Schools, 44(1), 101-111.

Sheridan, S. M., & Colton, D. L. (1994) Conjoint behavioral consultation: A review and

case study. *Journal of Educational and Psychological Consultation, 5(3),*211-

228.

Sheridan, S. M., & Gutkin, T. B. (2000). The ecology of school psychology: Examining

and changing our paradigm for the 21st century. *School Psychology Review, 29,*

485-502.

Sheridan, S. M., & Kratochwill, T. R. (1992). Behavioral parent-teacher consultation:

Conceptual and research considerations. *Journal of School Psychology, 30,* 117-

139.

Skalski, A. K., & Smith, M. J. (2006). *Responding to the mental health needs of*

students. Retrieved November 27, 2008 from www.naspcenter.org/principals

U.S. Department of Education. (2009). *Improving learning and literacy in Abbott*

classrooms. Retrieved April 3, 2009, from http://www.state.nj.us/education/abbotts/

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the*

Surgeon General—executive summary. Retrieved November 27, 2008, from

http://www.surgeongeneral.gov/library/mentalhealth/home.html

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race,*

and ethnicity-A supplement to mental health: A report of the Surgeon General.

Retrieved November 27, 2008, from

http://download.ncadi.samhsa.gov/ken/pdf/SMA-01-3613/sma-01-3613.pdf

Wagner, M., Friend, M., Bursuck, W. D., Kutash, K., Duchnowski, A. J., Sumi, W. C., &

Epistein, M. H. (2006). Educating students with emotional disturbances: A

national perspective on school programs and services. *Journal of Emotional and*

Behavioral Disorders, 14(1), 12-30.

Walter, H. J. , Gouze, K., & Lim, K. G. (2006). Teachers' beliefs about mental health

needs in inner city elementary schools. *Journal of the American Academy of*

Child and Adolescent Psychiatry, 45(1), 61-68.

Weissberg, R. P., Kumpfer, K. L., & Seligman, M. E. P. (2003). Prevention that works

for children: An introduction. *American Psychologist, 58,* 425-432.

Weist, M. D., & Paternite, C. E. (2006). Building interconnected policy-training-

practice-research agendas to advance school mental health. *Education and*

Treatment of Children, 29, 173-196.

Wilson, S. J., Lipsey, M. W., & Derzon, J. H. (2003). The effects of school-based

intervention programs on aggressive behavior: A meta-analysis. *Journal of*

Consulting and Clinical Psychology, 71, 139-149.

APPENDIX A
Meeting Agendas

MENTAL HEALTH COMMITTEE

AGENDA
FEBRUARY 3, 2009

1. Welcome & Introductions

2. Committee Objectives

3. Project Title

4. Mission Statement

5. Target Population(s)

6. Focus for Next Meeting: District-wide needs

Mental Health Committee

AGENDA
FEBRUARY 26, 2009

1. Minutes from last meeting

2. Organization of Problem List

3. Target Populations

4. Formulation of the Needs Assessment

5. Focus for Next Meeting: Review of Data Collection
   Instruments and Procedures

Mental Health Committee

AGENDA
March 19, 2009

1. Minutes from 2/26

2. Vote on Project Title

3. Discussion of District-Wide Survey

    a. Feedback

    b. Dissemination of Survey

    c. Other data to be collected

4. Resource Guide

    a. Collected Resources

    b. District Websites/ School Websites

5. Focus for Next Meeting: Community
   Presentations, Grant Search

"Our lives begin to end the day we become silent about things that matter" - Martin Luther King

Mental Health Committee

AGENDA
APRIL 2, 2009

1. Minutes from 3/19

2. Discussion of "District Name" in center title

3. Discussion of District-Wide Survey

   a.   Survey Monkey

   b.   Format

   c.   Dissemination

4. Grant funding for future programs

Mental Health Committee

AGENDA
APRIL 28, 2009

1. Minutes from last meeting

2. Discuss feedback from pilot and changes made to the

   survey (format, crisis section).

3. Finalize survey and set dissemination date

4. Feedback from Meeting w/Dr. Rodriguez

5. Focus for next meeting: Data Analysis

"If there is anything that we wish to change in the child, we should first examine it and see whether it
is something that could be better changed in itself."   Carl Jung

Mental Health Committee

AGENDA
MAY 19, 2009

1. Minutes from last meeting

2. Survey Update

3. Preliminary Data Analysis

4. Planning for the 2009-2010 Year

Mental Health Committee

AGENDA
June 11, 2009

1. Minutes from last meeting

2. Data Analysis

3. Planning for Mental Health Improvements

Mental Health Committee

AGENDA
JUNE 18, 2009

1. Minutes from last meeting

2. Survey Data

3. Strategic Plan

4. Planning for the 2009-2010 Year

APPENDIX B
Committee Objectives

MENTAL HEALTH COMMITTEE

Mission Statement:

Assist students and families in leading productive and positive lives by providing a variety of coordinated supports through home-school-community partnerships and the promotion of emotional and social wellbeing.

Committee Objectives:

Committee members will be responsible for assisting in the needs assessment process by providing input and feedback. Tasks in which committee members will be asked to provide insight will include the following:

- Definition of the target population

    o Describe relevant characteristics of the target population

    o Determine segmentation of the target population

- Determine the needs of the target population

- Identify the domains in which the needs assessment will focus

- Development of needs assessment questions/variables

- Analysis and interpretation of data

- Development of guidelines outlining how the district should proceed to meet the districts needs

- Plan for the 2009-10 academic year

APPENDIX C
Problem List

Mental Health Committee

Generated at committee meeting on 2/3/09

Problem List:

1. Anger Management
2. Lack of parental education
    a. Parenting skills
    b. Psychological disorders
    c. Medication management
    d. Modeling behaviors
3. Suicide Ideation
4. Self-Mutilation
5. Depression
6. Anxiety
7. Abuse
    a. Sexual
    b. Physical
    c. Emotional
8. Sexual Orientation
9. Student Harassment and Bullying
10. Alcohol and drug use and abuse
    a. Students
    b. Parents
11. Grief Counseling
12. Changing family dynamics
    a. Grandparents
    b. Single family households
    c. Extend family households
    d. Students in shelters, foster care
    e. Students raised by designated guardians
    f. Homelessness
    g. Child raising children
13. Explosive disorders
    a. Oppositional Defiant Disorders
    b. Conduct disorders
    c. Anger issues
    d. Intermittent explosive disorder
14. Attentional/executive functioning problems
15. Lack of support groups—student/parents/staff

16. Crisis Intervention
    a. District-wide policy and procedures
    b. Team approach
17. Lack of professional development
18. Lack of sensitivity among staff
19. Students with lead poisoning
20. Children born with addictions
21. Lack of reintegration planning for out-of-district placements
22. Academic stress—increase in high performance students having mental breaks
23. Lack of comprehensive and centralized resource guide
24. Domestic Violence
25. Neighborhood safety—Gang Violence
26. Low parental involvement in the middle school and high school
27. Coordinated services for students and families with severe mental illness
28. Need for wraparound services—afterschool and home
29. Children with Autism
30. Tourettes Syndrome
31. Post Traumatic Stress Disorder/Complex Trauma as a result of traumatic life event
32. Universal screening for mental health problems
33. Lack of inter-agency collaboration
34. Teen Pregnancy
35. Sex education
    a. HIV
    b. STD's
36. Increase of weapons brought on school facilities
37. Staff training in legal and ethical guidelines
38. Lack of prevention programs and services targeting mental health, emotional and social problems
39. Lack of intervention programs and services targeting mental health, emotional and social problems
40. Eating Disorders

APPENDIX D
Consolidated Problem List

Consolidated Problem List

Student Problems	Parent Problems	Service Delivery Needs & Gaps

17. Lack of self-regulation skills/increase in the number of students exhibiting anger management issues, disruptive behavior disorders (Oppositional Defiant Disorder, Conduct Disorder, Intermittent Explosive disorder), and emotional disturbance.
18. Increase in the number of students experiencing depressive symptoms, suicidal/homicidal ideation, and other related mood disorders (Bipolar Disorder).
19. Increase in the number of students participating in self-mutilation.
20. Increase in the number of students experiencing anxiety disorders, including high performance students who encounter
	17. Poor parenting skills, poor understanding of common psychological disorders and medication management.
	18. Increase in discord between parents and their children- Abdication of parental authority
	19. Poor life skills.
	20. Poor living arrangements- overcrowding- inclusion of extend family.
	21. Lack of knowledge of special education.
	22. Increased dysfunction related to familial roles.
	
	23. Increase in parents with mental health related illness.
	24. Modeling behaviors
	25. Parent alcohol and drug use
		23. Lack of staff knowledge and ability to identify clinical disorders/risk factors common in childhood and adolescence:
		  a. Suicidal/homicidal ideation
		  b. Self Mutilation
		  c. Anxiety
		  d. Depression/Bipolar Disorder (particularly with younger students)
		  e. Sexual Orientation
		  f. Student Harassment & Bullying
		  g. Disruptive behavior disorders (Oppositional Defiant Disorder, Conduct disorders, Intermittent explosive disorder, Anger issues)
		  h. Attention & executive functioning problems
		  i. Domestic Violence
		  j. Autism Spectrum Disorders
		  k. Tourette's Syndrome
		  l. Post Traumatic Stress Disorder/Complex Trauma as a result of traumatic life events
		  m. Seizure Disorders/Traumatic Brain Injury
		  n. Eating disorders
		24. Limited knowledge about identification & reporting of sexual, physical, and emotional abuse and neglect.
		25. Lack of knowledge about grief counseling.
		26. Lack of sensitivity among staff.
		27. Staff training in legal and ethical guidelines.
		28. Lack of understanding and support for differences in family dynamics:

increased academic stress resulting in mental health issues.	and abuse.	a. Grandparents
21. Alcohol and drug use and abuse/ Children born with addictions.	26. Low parental involvement in the middle school (particularly 6th and 7th grade) and high school.	b. Single family households c. Extend family households d. Students in shelters, foster care e. Students raised by designated guardians
22. Increase of weapons brought on school facilities	27. High incidents of domestic violence.	f. Homelessness g. Children raising children h. Same sex parents
23. Poor social skills development.	28. Lack of Neighborhood safety— Exposure to gang violence and parent involvement in gangs (common of preschool parents).	29. Lack of provider support, student support, and parent support. 30. Lack of knowledge and training to work with students with Autism Spectrum Disorders.
24. Increase in the number of students with neurological problems related to lead poisoning.		31. Lack of effective sex education programs focusing on sexually transmitted diseases, including HIV and teenage pregnancy prevention.
25. Increased exposure to domestic violence and abuse (i.e., sexual, physical, emotional abuse and neglect).	29. Increase in divorce rate and child custody issues.	32. Lack of Crisis Intervention planning including a district-wide policy and procedure using a team approach. 33. Lack of reintegration planning for out-of-district placements.
26. Decrease in neighborhood safety—Exposure to gang violence and gang involvement.	30. Parent education and training in Autism Spectrum Disorders.	34. Lack of comprehensive and centralized resource guide. 35. Lack of coordinated services for students and families with severe mental illness/in crisis.
27. Increase in the number of students diagnosed with Autism Spectrum Disorders, including Asperger's Syndrome.	31. Parent education on the developmental impact of traumatic life events (complex trauma, PTSD).	36. Lack of wraparound services— afterschool and home. 37. Lack of universal screening for mental health problems-Mental health "check-ups." 38. Lack of inter-agency collaboration, no follow-up from partial hospitalization staff.
28. Increase in the number of students diagnosed with Tourette's Syndrome.	32. Low parental involvement in teaching sex education, knowledge about sexually transmitted diseases including HIV	39. Lack of staff training in legal and ethical guidelines. 40. Lack of prevention programs and services targeting mental health, emotional and social problems. 41. Lack of intervention programs and services targeting mental health, emotional and social problems.
29. High incidents of Post Traumatic Stress		42. Need for increased professional development.

Disorder/Complex Trauma as a result of traumatic life events that impacts development over time. 30. Poor student knowledge of sexually transmitted diseases including HIV and teen pregnancy prevention. 31. Increase in the number of female and male students with eating disorders. 32. Poor self-esteem.	and teen pregnancy prevention.	43. Poor coordination of external resources/agencies. 44. Lack of parental education training programs focusing on parenting skills, understanding of disorders common in childhood and adolescence, Medication management, and behavior modification.

APPENDIX E
District-Wide Needs Assessment

Urban School District: District-Wide Needs Assessment

1. Purpose of the Study

The Mental Health Committee, a committee of teachers, support staff, school administrators, and district supervisors, is conducting a district-wide needs assessment to determine ways to improve the delivery of school-based mental health services to students and their families as well as provide better support to district staff.

The purpose of this survey is to determine the perception of teachers and school personnel in the following areas:
1. Staff knowledge of emotional, social, and behavioral problems experienced by students.
2. Interventions and programs that would promote student well-being.
3. Workshops that would provide support for parents.
4. Staff knowledge of district policies.

The information provided will allow the Mental Health Committee to ascertain whether or not training programs and support services in the above areas are worthwhile. Your participation is greatly appreciated. All responses are confidential.

By continuing with the survey, you are acknowledging that you have read the above information, and consent to participate in the survey.

Urban School District: District-Wide Needs Assessment

2. Demographic Information

* 1. What is your age?

○ 20-29   ○ 30-39   ○ 40-49   ○ 50-59   ○ 60 and older

* 2. What is your gender?

○ Female   ○ Male

* 3. What is your highest level of education?

○ High School Diploma   ○ Some College   ○ Bachelors Degree   ○ Masters Degree   ○ Doctoral Degree

* 4. At what school do you currently work?

○ School 1   ○ School 8

○ School 2   ○ School 9

○ School 3   ○ School 10

○ School 4   ○ School 11

○ School 5   ○ School 12

○ School 6   ○ District Level (i.e., all schools)

○ School 7

Other (please specify)

[   ]

* 5. What is your current position?

○ Regular Education Teacher   ○ Crisis Counselor

○ Special Education Teacher   ○ School Nurse

○ Paraprofessional   ○ Speech Therapist

○ School Psychologist   ○ Occupational Therapist

○ School Counselor   ○ Physical Therapist

○ School Social Worker   ○ Administrative Position (i.e., Superintendent, Director, Supervisor, Principal, etc.)

○ Other (please specify)

[   ]

Urban School District: District-Wide Needs Assessment

3. Professional Development

The purpose of this section is to determine the degree to which teachers and school personnel are knowledgeable about certain behavioral conditions experienced by students in the district.

* 1. Please indicate (Yes/No) whether or not you have worked with students experiencing difficulties in any of the areas listed below.

	Yes	No	Not Sure
Difficulties related to self regulation (i.e., controlling emotions, attention problems, and impulsivity)	◯	◯	◯
Developmental Disabilities (Autism, Asperger's Syndrome, Tourette's Syndrome, etc.)	◯	◯	◯
Anxiety (including stress related to academics)	◯	◯	◯
Depression (including issues related to grief, bipolar disorder, other mood related problems)	◯	◯	◯
Self-Injurious Behaviors (suicide, self-mutilation/cutting, eating disorders, etc.)	◯	◯	◯
Disruptive Behaviors (oppositional and disrespectful to authority, defiance, explosive outbursts, aggression toward others)	◯	◯	◯
Other Health Impairments (seizure disorders, traumatic brain injury, chronic health problems, asthma, etc.)	◯	◯	◯
Abuse (physical, sexual, emotional, and neglect)	◯	◯	◯
Alcohol and substance use/abuse	◯	◯	◯
Harassment and bullying	◯	◯	◯
Exposure to environmental problems (i.e., lead poisoning, gang violence/involvement, domestic violence)	◯	◯	◯
Issues related to puberty (i.e., sexually transmitted diseases, pregnancy, students questioning their sexual orientation)	◯	◯	◯

Urban School District: District-Wide Needs Assessment

* 6. How many years have you been in your current position in the district?

◯ Less than 5 ◯ 5-9 ◯ 10-14 ◯ 15-19 ◯ 20-24 ◯ more than 25

* 7. How many years have you worked in the Urban School District?

◯ Less than 5 ◯ 5-9 ◯ 10-14 ◯ 15-19 ◯ 20-24 ◯ more than 25

Urban School District: District-Wide Needs Assessment

* 2. Indicate (Yes/No) whether or not you have received professional development training in any of the areas listed below within the last 5 years.

	Yes	No	Not Sure
Difficulties related to self regulation (i.e., controlling emotions, attention problems, and impulsivity)	○	○	○
Developmental Disabilities (Autism, Asperger's Syndrome, Tourette's Syndrome, etc.)	○	○	○
Anxiety (including stress related to academics)	○	○	○
Depression (including issues related to grief, bipolar disorder, other mood related problems)	○	○	○
Self-Injurious Behaviors (suicide, self-mutilation/cutting, eating disorders, etc.)	○	○	○
Disruptive Behaviors (oppositional and disrespectful to authority, defiance, explosive outbursts, aggression toward others)	○	○	○
Other Health Impairments (seizure disorders, traumatic brain injury, chronic health problems, asthma, etc.)	○	○	○
Abuse (physical, sexual, emotional, and neglect)	○	○	○
Alcohol and substance use/abuse	○	○	○
Harassment and bullying	○	○	○
Exposure to environmental problems (i.e., lead poisoning, gang violence/involvement, domestic violence)	○	○	○
Issues related to puberty (i.e., sexually transmitted diseases, pregnancy, students questioning their sexual orientation)	○	○	○

Urban School District: District-Wide Needs Assessment

4. Important Training Areas

The purpose of this section is to determine the most important areas in which teachers and school personnel believe new professional development programs and services should be created.

* 1. Choose the 5 most important areas that you believe the school district should develop staff training programs.

2. Enter 1,2,3,4,or 5 in the box to rank their level of importance (1 being the most important).

Difficulties related to self regulation (i.e., controlling emotions, attention problems, and impulsivity)

Developmental Disabilities (Autism, Asperger's Syndrome,Tourette's Syndrome, etc.)

Anxiety (including stress related to academics)

Depression (including issues related to grief, bipolar disorder, other mood related problems)

Self-Injurious Behaviors (suicide, self-mutilation/cutting, eating disorders, etc.)

Disruptive Behaviors (oppositional and disrespectful to authority, defiance, explosive outbursts, aggression toward others)

Other Health Impairments (seizure disorders, traumatic brain injury, chronic health problems, asthma, etc.)

Abuse (physical, sexual, emotional, and neglect)

Alcohol and substance use/abuse

Harassment and bullying

Exposure to environmental problems (i.e., lead poisoning, gang violence/involvement, domestic violence)

Issues related to puberty (i.e., sexually transmitted diseases, pregnancy, students questioning their sexual orientation)

Urban School District: District-Wide Needs Assessment

5. Student-Focused Programs and Interventions

The purpose of this section is to determine the degree to which teachers and school personnel believe students would benefit from programs and interventions addressing common social, emotional and behavior problems.

* 1. Please indicate (Yes/No) whether or not you believe that students would benefit from programs and interventions addressing the areas listed below.

	Yes	No	Not Sure
Difficulties related to self regulation (i.e., controlling emotions, attention problems, and impulsivity)	○	○	○
Developmental Disabilities (Autism, Asperger's Syndrome, Tourette's Syndrome, etc.)	○	○	○
Anxiety (including stress related to academics)	○	○	○
Depression (including issues related to grief, bipolar disorder, other mood related problems)	○	○	○
Self-Injurious Behaviors (suicide, self-mutilation/cutting, eating disorders, etc.)	○	○	○
Disruptive Behaviors (oppositional and disrespectful to authority, defiance, explosive outbursts, aggression toward others)	○	○	○
Other Health Impairments (seizure disorders, traumatic brain injury, chronic health problems, asthma, etc.)	○	○	○
Abuse (physical, sexual, emotional, and neglect)	○	○	○
Alcohol and substance use/abuse	○	○	○
Harassment and bullying	○	○	○
Exposure to environmental problems (i.e., lead poisoning, gang violence/involvement, domestic violence)	○	○	○
Issues related to puberty (i.e., sexually transmitted diseases, pregnancy, students questioning their sexual orientation)	○	○	○
Social skills and developing positive peer relationships	○	○	○
Development of self-esteem	○	○	○
Development of coping skills	○	○	○

Urban School District: District-Wide Needs Assessment

6. Important Student Program Areas

The purpose of this section is to determine the most important areas in which teachers and school personnel believe new student programs and services should be created.

* 1. Choose the 5 most important areas that you believe programs and interventions should be developed for students.

2. Enter 1,2,3,4,or 5 in the box to rank their level of importance (1 being the most important).

Difficulties related to self regulation (i.e., controlling emotions, attention problems, and impulsivity) ☐

Developmental Disabilities (Autism, Asperger's Syndrome,Tourette's Syndrome, etc.) ☐

Anxiety (including stress related to academics) ☐

Depression (including issues related to grief, bipolar disorder, other mood related problems) ☐

Self-Injurious Behaviors (suicide, self-mutilation/cutting, eating disorders, etc.) ☐

Disruptive Behaviors (oppositional and disrespectful to authority, defiance, explosive outbursts, aggression ☐ toward others)

Other Health Impairments (seizure disorders, traumatic brain injury, chronic health problems, asthma, etc.) ☐

Abuse (physical, sexual, emotional, and neglect) ☐

Alcohol and substance use/abuse ☐

Harassment and bullying ☐

Exposure to environmental problems (i.e., lead poisoning, gang violence/involvement, domestic violence) ☐

Issues related to puberty (i.e., sexually transmitted diseases, pregnancy, students questioning their sexual orientation) ☐

Social skills and developing positive peer relationships ☐

Development of self-esteem ☐

Development of coping skills ☐

Urban School District: District-Wide Needs Assessment

7. Family-School Partnerships

The purpose of this section is to determine the degree to which teachers and school personnel believe parents would benefit from services addressing common social, emotional and behavior problems experienced in childhood and adolescence as well as parental difficulties.

* 1. Indicate (Yes/No) whether or not you believe that parents of students attending school in the district would benefit from workshops in the areas listed below.

	Yes	No	Not Sure
Difficulties related to self regulation (i.e., controlling emotions, attention problems, and impulsivity)	○	○	○
Developmental Disabilities (Autism, Asperger's Syndrome, Tourette's Syndrome, etc.)	○	○	○
Anxiety (including stress related to academics)	○	○	○
Depression (including issues related to grief, bipolar disorder, other mood related problems)	○	○	○
Self-Injurious Behaviors (suicide, self-mutilation/cutting, eating disorders, etc.)	○	○	○
Disruptive Behaviors (oppositional and disrespectful to authority, defiance, explosive outbursts, aggression toward others)	○	○	○
Other Health Impairments (seizure disorders, traumatic brain injury, chronic health problems, asthma, etc.)	○	○	○
Abuse (physical, sexual, emotional, and neglect)	○	○	○
Alcohol and substance use/abuse	○	○	○
Harassment and bullying	○	○	○
Exposure to environmental problems (i.e., lead poisoning, gang violence/involvement, domestic violence)	○	○	○
Issues related to puberty (i.e., sexually transmitted diseases, pregnancy, students questioning their sexual orientation)	○	○	○
Parenting skills (including behavioral techniques, importance of parent involvement, addressing familial conflict, student problems related to divorce/custody issues)	○	○	○
Life Skills (self-help skills, communication skills, advocating for self and child, etc.)	○	○	○
Understanding the education system (addressing barriers and understanding parental and student rights)	○	○	○
Understanding emotional and behavioral problems that impact parent and child wellness	○	○	○
Understanding the importance of medication management for their children's health	○	○	○
Knowledge of and access to community resources	○	○	○

Urban School District: District-Wide Needs Assessment

8. Important Parent Workshop Areas

The purpose of this section is to determine the most important areas in which teachers and school personnel believe parent services should be created.

* 1. Choose the 5 most important areas that you believe the district should develop parent training services.

2. Enter 1,2,3,4,or 5 in the box to rank their level of importance (1 being the most important).

Difficulties related to self regulation (i.e., controlling emotions, attention problems, and impulsivity) ☐

Developmental Disabilities (Autism, Asperger's Syndrome,Tourette's Syndrome, etc.) ☐

Anxiety (including stress related to academics) ☐

Depression (including issues related to grief, bipolar disorder, other mood related problems) ☐

Self-Injurious Behaviors (suicide, self-mutilation/cutting, eating disorders, etc.) ☐

Disruptive Behaviors (oppositional and disrespectful to authority, defiance, explosive outbursts, aggression toward others) ☐

Other Health Impairments (seizure disorders, traumatic brain injury, chronic health problems, asthma, etc.) ☐

Abuse (physical, sexual, emotional, and neglect) ☐

Alcohol and substance use/abuse ☐

Harassment and bullying ☐

Exposure to environmental problems (i.e., lead poisoning, gang violence/involvement, domestic violence) ☐

Issues related to puberty (i.e., sexually transmitted diseases, pregnancy, students questioning their sexual orientation) ☐

Parenting skills (including behavioral techniques, importance of parent involvement, addressing familial conflict, student problems related to divorce/custody issues) ☐

Life Skills (self-help skills, communication skills, advocating for self and child, etc.) ☐

Understanding the education system (addressing barriers and understanding parental and student rights) ☐

Understanding emotional and behavioral problems that impact parent and child wellness ☐

Understanding the importance of medication management for their children's health ☐

Knowledge of and access to community resources ☐

Urban School District: District-Wide Needs Assessment

9. Staff Crisis Response

The purpose of this section is to determine the degree to which teachers and school personnel are knowledgeable about school/district crisis response procedures in the district.

* 1. In your current position, rate your level of preparedness in the event of one of the following situations:

	Highly Prepared	Very Prepared	Prepared	Somewhat Prepared	Not Prepared
Student with suicidal thoughts	○	○	○	○	○
Student with homocidal thoughts	○	○	○	○	○
Student disclosure of physical/sexual abuse	○	○	○	○	○
Student who lost a family member or classmate	○	○	○	○	○

* 2. In your current position, rate your level of preparedness in the event of one of the following school crisis situations:

	Highly Prepared	Very Prepared	Prepared	Somewhat Prepared	Not Prepared
Death of a student	○	○	○	○	○
Death of a teacher	○	○	○	○	○
School Fire	○	○	○	○	○
School Violence (i.e., fighting, weapons, hate crimes)	○	○	○	○	○

* 3. In your current position, rate your level of preparedness in the event of one of the following district-wide crisis situations:

	Highly Prepared	Very Prepared	Prepared	Somewhat Prepared	Not Prepared
School Shooting	○	○	○	○	○
Gang Related Violence	○	○	○	○	○
Bomb Threats	○	○	○	○	○
Natural Disaster	○	○	○	○	○

Urban School District: District-Wide Needs Assessment

10. Knowledge of Crisis Response

The purpose of this 2-part section is to determine the degree to which teachers and school personnel are knowledgeable about school/district crisis response policies in the district.

✱ 1. Part I: Please respond to the statements below.

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
I feel that my building is sufficiently safe and secure for school staff and students.	◯	◯	◯	◯	◯
All adults in the building who are not staff are identified in some way.	◯	◯	◯	◯	◯
I know which staff in my building are on the Crisis Response Team, and I know the Team's responsibilities.	◯	◯	◯	◯	◯
I would know what to do, where to go, and what to say to my students if there were an emergency in which I had to evacuate the building with my class.	◯	◯	◯	◯	◯
I would know what to do, where to go, and what to say to my students if there were an emergency in which I had to contain my students in the school building. (i.e., "lockdown").	◯	◯	◯	◯	◯
If a parent were to ask me about the school's plan if the building had to be evacuated or locked down, I would be able to explain the protocol.	◯	◯	◯	◯	◯
If a student in my class is seriously injured, I know what to do as a first responder and how to get help.	◯	◯	◯	◯	◯
I have access to parent contact numbers.	◯	◯	◯	◯	◯

✱ 2. Part II: Please respond to the statements below.

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
I think it would be useful to practice lockdown (containing the children in the classroom or in a predetermined location) and evacuation (leaving the building, with your class to a predetermined site).	◯	◯	◯	◯	◯
If my school were to have a lockdown drill, I would know what to say to my students to prepare them for it.	◯	◯	◯	◯	◯
If my school were to have an evacuation drill, I would know what to say to my students to prepare them for it.	◯	◯	◯	◯	◯
If children seem particularly frightened by a lockdown or evacuation drill, I could recognize it and would know what to say to attempt to alleviate the fear.	◯	◯	◯	◯	◯
I would know how to inform parents about these drills and how to help them talk to their children if necessary.	◯	◯	◯	◯	◯
I know what to do and what to say if I encounter a person in the building who is unfamiliar to me and is not properly identified as a visitor.	◯	◯	◯	◯	◯
I know how to contact the parents in my class in case of emergency.	◯	◯	◯	◯	◯
I know where to go with the children in my care in a fire drill.	◯	◯	◯	◯	◯

Urban School District: District-Wide Needs Assessment

✱ 3. Part III: Please respond to the statements below.

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
I know what I am supposed to say to my students about the need for fire drills.	○	○	○	○	○
I think my building has a sufficient number of fire drills.	○	○	○	○	○
I could recognize a child who is experiencing acute anxiety or post traumatic stress disorder.	○	○	○	○	○
If a parent were to ask me about my school's plans for responding to different types of emergencies, I would know what to say.	○	○	○	○	○
I would know what to say to the students in my class if one of their classmates or a family member died or had a serious illness.	○	○	○	○	○
I know the roles and responsibilities of each member of the Crisis Response Team.	○	○	○	○	○
There is a competent Crisis Response Team in my building.	○	○	○	○	○
I know what my role would be if the building had to be evacuated.	○	○	○	○	○
In the event of a school evacuation, I know what I need to have with me and how to transport it.	○	○	○	○	○

Urban School District: District-Wide Needs Assessment

11. Additional Comments

1. We are interested in your opinion. Are there any other areas pertaining to students, parents, or school staff that were not addressed in the previous survey questions?

Urban School District: District-Wide Needs Assessment

12. Project Contact Information

We greatly appreciate your participation in the survey. The information you have provided will assist in the development of programs and services that promote student and family well-being. Thank you again for your time.

For further information about the project:
Jennifer Foster, MSEd., NCSP

APPENDIX F
Survey Memos

To: All Staff
From: Assistant Superintendent

Subject:	Urban School District-Wide Needs Assessment
To:	All Staff, District Supervisors, Principals, and Vice Principals
From:	Assistant Superintendent
Date:	5/11/2009
Re:	Urban School District-Wide Needs Assessment

As you know, the Mental Health Committee is conducting a district-wide needs assessment to determine ways to improve the delivery of school-based mental health services to students and their families as well as provide better support to district staff.

Please carefully read the instructions below to access the survey.

1.Do not delete this email until you complete the survey, you will need it if you plan to access the survey over multiple sessions.

2.Click directly on this link http://www.surveymonkey.com/ to enter the survey. This link is uniquely tied to this survey and your email address. Please do not forward this message.

3.Complete the survey and make sure you click "Done" when you are finished. A blank screen will pop-up when you are finished.

4.If for any reason you cannot complete the survey in one session, simply exit the survey.

5.When you are ready to finish the survey, go back to the original email and click directly on the link again.

6.The survey will open up to where you left off. You can return to your survey as often as needed.

7.If you do not wish to receive emails in the future from the survey website, please click on this line http://www.surveymonkey.com/ after you have completed the survey.

8.If you have already completed the survey, please disregard this email.

Due to the problems we experienced with the link last week, the deadline has been extended to Tuesday, May 26th.

If you have any questions regarding the needs assessment survey, committee members or the project, please contact Jennifer Foster at extension or via email at jenniferfoster@xxxxx

Completion of the needs assessment survey is essential to the development of support services for students, families, and staff.

It is necessary that we have 100% participation on this survey.

Assistant Superintendent
Urban School District

To: All Staff
From: Assistant Superintendent

Subject:	Urban School District-Wide Needs Assessment
To:	All Staff, District Supervisors, Principals, and Vice Principals
From:	Assistant Superintendent
Date:	5/19/09
Re:	Urban School District-Wide Needs Assessment

A week ago I requested that all staff, district supervisors, principals, and vice principals complete the online district-wide needs assessment. If you have not completed or only partially completed the survey, click on the link below.

As a reminder, all responses will be kept confidential. Committee members, district administrators and staff will only be provided with the results once all the data has been aggregated.

Please carefully read the instructions to access the survey.

1. Click directly on this link http://www.surveymonkey.com to enter the survey.

2. If for any reason you cannot complete the survey in one session, simply exit the survey. Click back on the link when you wish to return to finish the survey.

3. Lastly, if you do not wish to receive emails in the future from the survey website, click on this link only after you have completed the survey http://www.surveymonkey.com

The deadline to complete the survey is Tuesday, May 26th.

If you have any questions regarding the needs assessment survey, committee members or the project, please contact Jennifer Foster at extension or via email at jenniferfoster@xxxxx

Completion of the needs assessment survey is essential to the development of support services for students, families, and staff.

It is necessary that we have 100% participation on this survey.

Assistant Superintendent
Urban School District

To: All Staff
From: jenniferfoster@xxxxx

Subject:	URGENT-School District-Wide Needs Assessment
To:	All Staff, District Supervisors, Principals, and Vice Principals
From:	Jennifer Foster
Date:	5/22/09
Re:	Urban School District-Wide Needs Assessment

Records indicate that you have only partially completed the survey.   Please click on this link http://www.surveymonkey.com to complete your survey

As a reminder, all responses will be kept confidential. Committee members, district administrators and staff will only be provided with the results once all the data has been aggregated.

The deadline to complete the survey is Tuesday, May 26th.

Completion of the needs assessment survey is essential to the development of support services for students, families, and staff.

It is necessary that we have 100% participation on this survey.

If you have any questions regarding the needs assessment survey, committee members or the project, I can be reached at extension or via email at jenniferfoster@xxxxx

Jennifer Foster, MSEd., NCSP
School Psychologist

To: All Staff
From: jenniferfoster@xxxxx

Subject:	URGENT-School District Wide Needs Assessment
To:	All Staff, District Supervisors, Principals, and Vice Principals
From:	Jennifer Foster
Date:	5/22/09
Re:	Urban School District-Wide Needs Assessment

If you HAVE NOT completed the district-wide needs assessment, click on the following link to complete the survey. If you have, please disregard this email.

http://www.surveymonkey.com

As a reminder, all responses will be kept confidential. Committee members, district administrators and staff will only be provided with the results once all the data has been aggregated.

The deadline to complete the survey is Tuesday, May 26th.

Completion of the needs assessment survey is essential to the development of support services for students, families, and staff.

It is necessary that we have 100% participation on this survey.

If you have any questions regarding the needs assessment survey, committee members or the project, I can be reached at extension or via email at jenniferfoster@xxxxx

Jennifer Foster, MSEd., NCSP
School Psychologist

To: All Staff
From: jenniferfoster@xxxxx

Subject:	URGENT-District-Wide Needs Assessment
To:	All Staff, District Supervisors, Principals, and Vice Principals
From:	Jennifer Foster
Date:	5/26/09
Re:	Urban School District-Wide Needs Assessment

The deadline for the district-wide needs assessment has been extended to Friday, May 29th at 5:00pm

Please click on the link below in order for you to finish the district-wide needs assessment that you previously started.

http://www.surveymonkey.com

As a reminder, all responses will be kept confidential. Committee members, district administrators and staff will only be provided with the results once all the data has been aggregated.

Completion of the needs assessment survey is essential to the development of support services for students, families, and staff.

It is necessary that we have 100% participation on this survey.

If you have any questions regarding the needs assessment survey, committee members or the project, I can be reached at extension or via email at jenniferfoster@xxxxx

Jennifer Foster, MSEd., NCSP
School Psychologist

To: All Staff
From: jenniferfoster@xxxxx

Subject:	URGENT-District Wide Needs Assessment
To:	All Staff, District Supervisors, Principals, and Vice Principals
From:	Jennifer Foster
Date:	5/26/09
Re:	Urban School District-Wide Needs Assessment

The deadline for the district-wide needs assessment has been extended to Friday, May 29th at 5:00pm

If you HAVE NOT completed the district-wide needs assessment, click on the following link to complete the survey. If you have already completed the survey, please disregard this email.

http://www.surveymonkey.com

As a reminder, all responses will be kept confidential. Committee members, district administrators and staff will only be provided with the results once all the data has been aggregated.

Completion of the needs assessment survey is essential to the development of support services for students, families, and staff.

It is necessary that we have 100% participation on this survey.

If you have any questions regarding the needs assessment survey, committee members or the project, I can be reached at extension or via email at jenniferfoster@xxxxx

Jennifer Foster, MSEd., NCSP
School Psychologist

To: All Staff
From: jenniferfoster@xxxxx

Subject:	URGENT-School District-Wide Needs Assessment
To:	All Staff, District Supervisors, Principals, and Vice Principals
From:	Jennifer Foster
Date:	5/28/09
Re:	Urban School District-Wide Needs Assessment

This is a reminder email, if you have already completed the survey, please disregard this email.

If you HAVE NOT completed the district-wide needs assessment, click on the following link to complete the survey. If you have already completed the survey, please disregard this email.

http://www.surveymonkey.com

The deadline for the district-wide needs assessment has been extended to Friday, May 29th at 5:00pm

It is necessary that we have 100% participation on this survey.

If you have any questions regarding the needs assessment survey, committee members or the project, I can be reached at extension or via email at jenniferfoster@xxxxx

Jennifer Foster, MSEd., NCSP
School Psychologist

To: All Staff
From: jenniferfoster@xxxxx

Subject:	URGENT-School District-Wide Needs Assessment
To:	All Staff, District Supervisors, Principals, and Vice Principals
From:	Jennifer Foster
Date:	5/28/09
Re:	Urban School District-Wide Needs Assessment

This is a reminder email, if you have already completed the survey, please disregard this email.

If you HAVE NOT completed the district-wide needs assessment, click on the following link to complete the survey. If you have already completed the survey, please disregard this email.

http://www.surveymonkey.com

The deadline for the district-wide needs assessment has been extended to Friday, May 29th at 5:00pm

It is necessary that we have 100% participation on this survey.

If you have any questions regarding the needs assessment survey, committee members or the project, I can be reached at extension or via email at jenniferfoster@xxxxx

Jennifer Foster, MSEd., NCSP
School Psychologist

To: All Staff
From: Assistant Superintendent

Subject: LAST DAY to Complete District-Wide Needs Assessment
To: All Staff, District Supervisors, Principals, and Vice Principals
From: Assistant Superintendent
Date: 5/29/09
Re: Urban School District-Wide Needs Assessment

Please disregard this email if you have already completed the survey.

If you HAVE NOT completed the district-wide needs assessment, click on the following link to complete the survey. It is necessary that we have 100% participation on this survey.

http://www.surveymonkey.com

Today, Friday, May 29th, is the last day to complete the survey. All responses must be received by 5:00pm.

If you have any questions regarding the needs assessment survey, committee members or the project, I can be reached at extension or via email at jenniferfoster@xxxxx

Assistant Superintendent
Urban School District

To: All Staff
From: jenniferfoster@xxxxx

Subject:	LAST DAY to Complete District-Wide Needs Assessment
To:	All Staff, District Supervisors, Principals, and Vice Principals
From:	Jennifer Foster
Date:	5/29/09
Re:	Urban School District-Wide Needs Assessment

Please disregard this email if you have already completed the survey.

If you HAVE NOT completed the district-wide needs assessment, click on the following link to complete the survey. It is necessary that we have 100% participation on this survey.

http://www.surveymonkey.com

Today, Friday, May 29th, is the last day to complete the survey. All responses must be received by 5:00pm.

If you have any questions regarding the needs assessment survey, committee members or the project, I can be reached at extension or via email at jenniferfoster@xxxxx

Jennifer Foster
School Psychologist

APPENDIX G
Interview & Focus Group Questions

Interview and Focus Group Questions

1. What resources can be allotted or are available to design and implement new programs?

2. What are the values of the school district and the people working in the district?

3. How has the district responded toward addressing the needs of student, parents, and staff?

4. How committed do you think administrators and staff are to addressing the needs of the students, parents, and staff?

5. What do you think is happening with in the district with respect to the needs of the students, parents, and staff?

6. How stable is the district in terms of key leadership?   Will key leadership remain in roles/positions? Will the district mission or plans changes?

7. Are administrators willing to allow time for program planning activities? Are there resources available? Are there any current events that would impact the timing of new programs and services?

8. Who will support new programs and services? Who will not?

9. Who will resist addressing the needs of students, parents, and staff? In what capacity?

10. What will staff perceive as the benefits/drawbacks of new programs and services?