Comprehensive, Integrated Community-Wide Safe Schools / Healthy Students Plan For New Haven, Connecticut

Prepared in Connection with the Federal Safe Schools / Healthy Students Initiative

Submitted to the U.S. Departments of Education, Health and Human Services, and Justice

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New Haven Board of Education

in Partnership with the New Haven Department of Police Services, Connecticut State Department of Children and Families, the Yale Child Study Center, and a Coalition of Community Partners

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I. Introduction: Vision for a Safe Community

…….First we must seek out the causes of mental illness and mental retardation and eradicate them. Here, more than in any other area, "an ounce of prevention is worth a pound of cure". ….Prevention will require both selected specific programs directed especially at known causes, and the general strengthening of our fundamental community, social welfare, and educational programs ……..……

(John F. Kennedy, 1963).

The Comprehensive Plan presented herein embodies the essential elements proposed by JFK almost four decades ago, but with one fundamental difference, the knowledge that we have gained in the prevention and intervention arena regarding scientifically based best practice protocols. Current dogma suggests that the merging of two alternate paradigms---one emphasizing evidence, efficacy, efficiency and evaluation (The Prevention Science Perspective, Institute of Medicine Report, 1994)---the other asserting collaborative community action (Collaborative Community Action Research, Berman & McLaughlin, 1978; Heller, 1996; Kelly, 1988, Rappaport et al, 1979; Tolan et al, 1990)---working in tandem, hold the most promise solving the complex problems besetting our youth today (Weissberg & Greenberg, 1998). The reality is that despite our best efforts, poverty remains high, children are more likely to be raised in single-parent households, engage in risky sexual behaviors and become pregnant, participate in delinquent activities and violence, use tobacco, alcohol and drugs, suffer from emotional and behavioral problems and are less likely to meet academic standards (for comprehensive reviews see Hawkins et al, 1992; National Commission on the Role of the School and the Community in Improving Adolescent Health, 1990; Dryfoos, 1990; 1997).

Review of scientific evidence suggests that the following are important components in a comprehensive prevention plan: a) the incorporation of a developmental-ecological model that involves family, school and community interventions (Bronfenbrenner, 1979; 1995); b) the incorporation of strategies that address multiple risk factors that tend to cluster within an individual (Dryfoos, 1990; Jessor et al., 1991); and c) an emphasis on promoting competencies as both a protective factor for problem behaviors as well as an important outcome in itself (Weissberg & Greenberg, 1998).

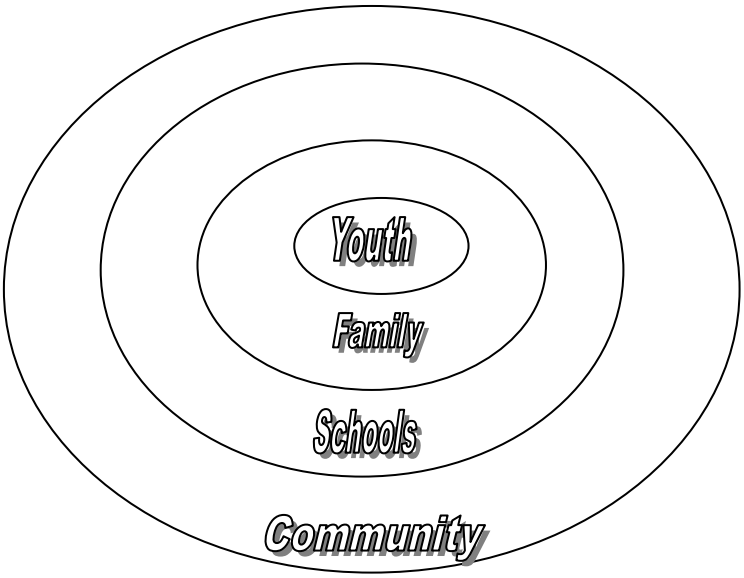
Individual and Environmental Risk Factors

1) Constitutional Handicaps (e.g. perinatal complications, neurochemical imbalance)
2) Skill Development Delays (e.g. low intelligence, social incompetence, attentional deficits
3) Emotional Difficulties
4) Family Circumstances
5) Interpersonal Problems
6) School Problems
7) Ecological Context (e.g. neighborhood disorganization, poverty)

The conceptual framework for our Comprehensive Plan reflects a holistic, developmentally- based, culturally sensitive, community-oriented and outcome-centered model of prevention. It contains the essential ingredients listed above and builds upon previous models of prevention that have been proposed elsewhere in the scientific literature. Moreover, it encompasses the important concept of community action as described above. Following on the advice of Dryfoos (1994), and cited by Weissberg & Greenberg (1998) our model addresses the facts that a) children will not develop into happy, healthy, contributing adults unless we change the way they are taught and nurtured; b) both families and schools must change their strategies towards raising our youth; and c) a new infrastructure is needed using new kinds of community resources and partnerships in order for our children to develop into productive members of society.

The diagram below represents a schematic illustration of our conceptual model with the child as the focal point, the family encircling the child, the school encircling the family and the community at large

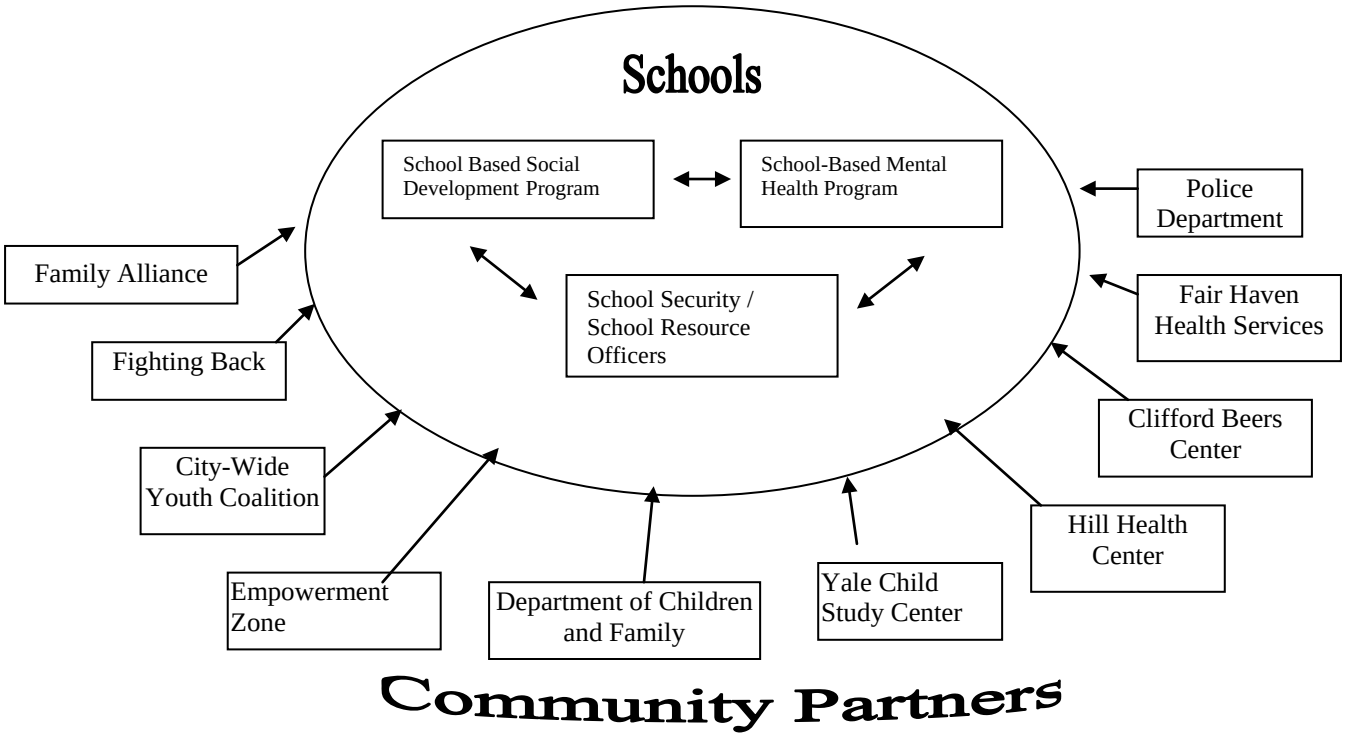
interfacing with all of these entities. Schematically this represents an oversimplification of the complex interplay that would naturally occur between all of these factors. Nonetheless, it will serve as our starting point and as the 'connective tissue' for laying the foundation of the strategies that we propose in the Plan. Consistent with a risk factor approach to problem behaviors this model recognizes that no single cause may be related to the development of problem behaviors, rather that risk factors occur across all levels of the model including the individual, family and societal levels. Our model is consistent with that of Coie et al (1993, pg. 1022) who grouped empirically derived risk factors into seven individual and environmental domains (as cited by Weissberg & Greenberg, 1998) (refer to sidebar above). Prevention efforts that are directed towards attacking multiple components are most likely to yield effective results (Coie et al, 1993; Dryfoos, 1990).



In order to achieve the goals and objectives outlined in the Narrative (and that reappear in the Comprehensive Plan), we propose the following Structural Framework that involves both 'new' and 'old' components. This framework also supplements the conceptual framework presented above. Briefly, the Plan involves an organizational structure within the Schools that will serve as a focal point for change processes. The overarching goals of 1) helping students develop the skills and emotional resilience necessary to promote positive mental health, engage in prosocial behavior and prevent violent behavior and drug use; 2) learning in a safe, disciplined and drug-free environment; and 3) creating an infrastructure that will institutionalize and sustain integrated services, are a composite of programs/resources/activities that are presented in this diagram. The School-Based Social Development Program is a nationally recognized model of prevention curriculum delivery that was developed in New Haven. The School Security and Resource Office component is the foundation for providing 'a safe environment' within the schools. Finally, the School-Based Mental Health Program is a novel component in the sense that we propose to ensure that the schools have adequate mental health resources to address the emotional and behavioral problems of youth that are identified through screening, assessment and referral mechanisms. The bi-directional arrows represent the newly structured dialogue between these entities and plays a critical role in the data collection and evaluation process outlined in the Plan. Finally, the partners represented from the Community form the critical link between the Schools and outside resources including alcohol and drug prevention efforts (New Haven Fighting Back), the Police Department, Mental Health Providers and Community Coalitions that address youth issues and provide

prevention programs. Implementation of this grant will involve extensive dialogue and collaborations between all of these resources in order to identify gaps in programs, leverage additional funding and avoid duplication of services.

Structural Framework for Safe Schools / Healthy Students



Mobilization Efforts That Complement the Plan

New Haven is a community in motion. The pace of community involvement and mobilization to attack the complexity of issues that plague older cities beset by poverty is accelerating. This Comprehensive Plan for Safe Schools and Healthy Students is one effort in a wide array of initiatives aimed at achieving our overarching vision of a healthy, economically diverse community composed of thriving neighborhoods within a sound economy.

This plan builds on a solid framework of innovative community partnerships which address the complementary needs to protect our children from harm and to help them build their competence as a developmental outcome.

In1998, New Haven won the designation as an All-America City by the National Civic League in recognition of our many grassroots change efforts. In 1999, New Haven again won a national prize: designation as one of 15 new federal **Empowerment Zones**, in recognition of four years of work as an Enterprise Community and a raft of community-based, citywide, and regional efforts to improve all aspects of our community. This Comprehensive Plan weaves together a number of these efforts directed at the positive development and education of all our youth. The Empowerment Zone plan will provide resources to leverage other public and private resources to address the most pressing needs identified in this grant.

Participants in this planning process, from the Director of the Yale Child Study Center to the citizen chair of the Empowerment Zone Program Council dealing with youth, understand and appreciate the complexity of the risk factors that lead to violent outcomes for children, families, schools, and communities. This coalition is dedicated to intervening to address these risk factors, from poverty and poor parenting skills, to alienation from community and schools. These partners know that multi-faceted, community-wide efforts are required to have an impact on the quality of lives of our children. The challenge is to build a comprehensive, integrated system of family, health, educational, and recreational and cultural services and experiences that will promote the sound development of our youth.

In this effort, the New Haven Board of Education has joined forces with the New Haven Department of Police Services, the Connecticut Department of Children and Family Services (our local public mental health authority), our Empowerment Zone Program Council, and a host of community-based agencies to develop a Citywide comprehensive, integrated framework to create safe schools in which students learn and prepare for success in life and in a changing, more demanding workplace.

A number of core principles have emerged through these planning processes to guide the work of developing this Comprehensive Plan:

- **Early Intervention:** At the earliest signs of troubled behavior by a child, a concerned adult with training in child development principles should be available to notice and understand the signs (emotional issues, abuse, neglect)
- **Engagement** of Youth in class (curriculum, activities), in the family (capable parenting), in the community (youth programs, community service opportunities).
- **Follow Through:** No child is lost (teachers, social workers, police, clinicians, parents, community workers). Components, procedures, and activities are closely monitored with data used to maintain or redirect programs and services.
- **Developmentally appropriate interventions:** Our work is informed by the nationally renowned advisors from the Yale Child Study Center who will extend their pioneering work with the Child Development Community Policing concept more deeply into the schools.

- **Training for all involved in the life of the child** in the appropriate strategies for dealing with problem behavior and the range of child development issues.
- **Family**: Working with the family system.
- **Accountability, Performance Measurement & Evaluation** to guide program refinement: Our Empowerment Zone Implementation Committee has developed a set of procedures and requirements that all Empowerment Zone vendors and programs will be following. The EZ leadership will be looking for other partner institutions to follow suit.

Process for Developing Plan

A Planning Committee drawn from both the mandated Safe Schools / Healthy Students partners and the many related community interests was assembled to develop this plan. This work did not start with the issuance of this particular Program Announcement. Rather, this grant opportunity has provided a vehicle for uniting and building on the substantial work of a wide number of community and school-based planning and program efforts. The resources provided by the grant will be used in part to enhance communication and coordination across these many partners and to build new capacity in various entities in the interest of continuous improvement in services to youth.

These planning processes have generated extensive data, significant understanding of the issues facing New Haven youth, and communications across categorical efforts to address youth issues. All this data and these deliberations provided the raw material for this Comprehensive Plan.

II. New Haven Board of Education and Community Partnerships

The New Haven Board of Education oversees an urban school district with 19,385 students, 63.3% of whom are in poverty (defined as eligible for free or reduced lunches). The Board operates 47 schools offering a range of choices to parents in the district and students from the wider region. (See Section III and Strategic School Profile for more detail).

In the implementation of its district plan, the Board is pursuing the following overall policy directions to improve educational outcomes for all students (see Section V.5 below for additional detail on educational reform efforts):

- Moving responsibility to the school level through school-based management using the principles of the Comer School Development Program;
- Instituting new curriculum framework throughout the system;
- Developing a full range of early childhood education and school-based family support services to ensure that all children come to school ready to learn;
- Revamping our physical plant through a $300 million School Construction Program which is building 3 new schools and rebuilding 7 schools over the next 5 years.
- Integrating the latest technology into our schools, classroom, and curriculum through major investments across our system;

This Comprehensive Plan builds on a number of Community Partnerships formed to address specific issues and opportunities. It brings together these major streams of community planning activities, many of which were already connected. These include:

- **The New Haven Empowerment Zone:** Through a Citywide non-profit and Program Council and six Neighborhood Implementation Committees, this effort is mobilizing the community to identify their most pressing priorities and then form partnerships and leverage resources to address them. Over 500 people participated in the planning process which resulted in the Empowerment Zone designation.

- **Board of Education:** Several Board of Education Planning Processes in areas including the Social Development Program, Early Childhood and Family Support Services, School Security, School-based Health Services, Community School and After-school Programming, and Technology.

- **The Police Department/Board of Education/Juvenile Justice/Yale Child Study Center Partnership:** These agencies have been collaborating over the past four years to create a seamless approach to working with truant and delinquent children who are at risk of becoming ensnared in the Juvenile Justice system. One outgrowth is the nationally renowned Child Development Community Policing program in which Yale clinicians are working with local police to infuse developmentally appropriate support and interventions into the policing process to reduce the impact of violence on children's development and improve police practices regarding youth.

- **The Youth Agenda Planning Process:** New Haven youth from all neighborhoods have come together through this planning process to craft a youth agenda for the City. Adult facilitators from the Citywide Youth Coalition and the City's Youth Services Bureau are assisting the youth in crafting a plan to guide investments in youth services.

- **The Partnership for a Healthy Community:** A coalition of all the major health institutions in the region that are working to address major community health issues.

- **The Healthy Start Initiative:** a consumer-driven, federally-funded effort to reach all women of child-bearing age with pre-natal and neo-natal health services to improve birth outcomes citywide.

III. Situation Analysis

Problem Statement. Researchers believe at-risk behavior originates in early childhood and elementary school with low achievement patterns, high absenteeism, low self-esteem, and a variety of other behavioral problems (Donnelly, 1987). Unchecked, the destructive cycle accelerates; low achievement leads to lower self-esteem, educational disengagement and significantly increases the likelihood that students will not complete their high school education. Presently, only 9.2% of New Haven Public School (NHPS) system grade 4 students meet the Connecticut Mastery Test goal for reading, writing and mathematics. The percentages for 6th and 8th graders are low at 5.6% and 6.1%, respectively. Average daily attendance falls below 90%. Dropout prevention and truancy efforts are intensive with over 3,592 and 1,086 referrals, respectively – with 1,727 youths under age 18 arrested and referred to juvenile court or probation in 1997-98. Demand for mental health service delivery capacity far exceeds the NHPS system's capacity. Overtime a significant proportion of students dropout (i.e., annual rate for grades 9 through 12 in New Haven was 9.7 v. 3.9 statewide). The risk factors contributing to poor educational outcomes are complex, interrelated, and associated with dimensions both within and outside of the NHPS system (e.g., parental involvement, economic conditions). Albeit, the NHPS system has made significant strides to leverage community resources (e.g., after school programs, school readiness slots, dropout/truancy programs, school-based health clinics), it has not yet fully aligned the community's resources into a *comprehensive, integrated prevention and intervention system.* The proposed plan will integrate discrete but successful programs into a systemic approach that will ultimately improve students safety, health and educational attainment.

Community Assessment. New Haven, Connecticut is home to 130,474 residents. Caucasians accounted for 49.0% of the population while African-Americans, and Hispanics followed at 35.0% and 13.2%, respectively. New Haven's poorest neighborhoods have witnessed a 25% decline in its Caucasian population as well as 30% and 80% increase of African-American and Hispanic population, respectively. New Haven's poverty rate for the overall population is over three times that of the statewide rate (6.1%). Single mothers, 75% of whom have children under 18 years of age, head one third of families. Children under the age of 18 account for 23.7% of the total population with 51.5% of those African-American and 21.5% Hispanic.

***Poverty Characteristics of Individuals in the Empowerment Zone Target Area*[1]**

Neighborhood	Census Tract	Population		% of Population in Poverty		% of poverty < age 6	Per Capita Income
		1980	1990	1980	1990		
Hill	1402	1,523	1,655	37.3%	50.8%	72%	$5,120
	1403	3,257	3,105	36.8%	44.1%	51%	$6,967
	1405	4,175	4,684	38.1%	38.8%	53%	$7,775
	1406	5,203	6,261	44.0%	39.6%	62%	$6,765
Dwight	1407	6,132	6,799	29.0%	30.0%	45%	$13,358
West Rock	1413	4,491	6,772	26.1%	37.0%	54%	$8,197
Newhallville	1415	7,796	7,722	29.1%	26.6%	50%	$9,992
Dixwell	1416	6,944	6,298	35.7%	30.4%	45%	$10,513
Fair Haven	1421	1,854	1,533	49.2%	30.7%	21%	$10,669
	1423	4,222	4,920	32.1%	27.5%	41%	$10,974
EZ AREA		**45,597**	**49,829**	**33.1%**	**33.8%**	**50%**	**$9,411**
Citywide	-----	126,109	130,474	23.2%	21.3%	36%	$12,968

[1] Source: US Census Data, 1990.

As demonstrated below, economic indicators are correlates to and suggestive of unfavorable comparisons across indicators of child welfare in New Haven, Connecticut.

INDICATORS OF CHILD WELL-BEING: COMPARISON OF RATES IN NEW HAVEN V. STATEWIDE RATES[2]			
Indicator	**New Haven Rate**	**State Rate**	**Worse than State Rate**
Welfare Benefits (% of all children receiving welfare benefits 1995-96)	46.8	14.5	223%
Low Birthweight (per 1,00 births, 1995)	108.6	71.0	53%
Late or No Prenatal Care (% of all births, avg. 1994-95)	22.3	11.9	87%
Births to Teen Mothers (% of all births, 1995)	17.3	8.6	101%
Child Deaths (per 100,000 children ages 1-14, avg. 1993-95)	43.3	24.8	75%
Meeting CAPT Goal (% all 10th grade students, 1996-97)	1.6	12.3	87%
Well Below CAPT Standard (% all 9-12th grade students, 1996-97)	79.1	37.9	109%
High School Dropouts (% all 9-12th grade students, 1996-97)	9.7	3.9	250%
Juvenile Violent Crime Arrests (per 100,000 youth age 10-17, avg. 1994-95)	2,055.9	506.4	306%
Child Abuse / Neglect (% all children, 1995-96)	11.6	4.3	170%

Extensive additional data on New Haven, New Haven youth, and the community a a whole is presented in Attachments 1 and 2 to this Plan.

New Haven Public Schools (NHPS). The NHPS System serves 19,385 students in grades K-12. It has 26 elementary schools, 7 middle schools, 7 transitional centers, and 7 high schools [including 5 alternative high schools]. (See Map 1). The NHPS system staff consists of 1,539 full-time equivalents, of which 1,245.2 (81 percent) are teachers. Teachers have an average of 15.1 years of experience; 77.4 percent of teachers have at least a Master's Degree. The table below summarizes student enrollment and racial/ethnic composition within the NHPS System.

STUDENT ENROLLMENT AND RACE/ETHNICITY[3]				
Enrollment		**Race/Ethnicity**	**Number**	**Percent**
Grade Range	P-K	American Indian	2	0.0%
Total enrollment	19,385	Asian American	409	2.1%
5-Year Enrollment Change	7.7%	Black	11,248	58.0%
Projected 2002 Enrollment		Hispanic	5,295	27.3%
Elementary	7,463	White	2,431	12.5%
Middle School	5,135	Total Minority 1997-98	16,954	87.5%
High School	3,972	Total Minority 1992-93	15,127	84.0%
Ungraded	2,270			

A closer examination of indicators of District Need reveals how the socio-economic conditions of the community impact on the NHPS District.

[2] Connecticut Association of Human Services, 1998.

[3] New Haven Public Schools Strategic School Profile 1997-98. The profile can be found in the attachments.

Insert Map 1-- Schools

DISTRICT NEED: 1992-93 V. 1997-98[4]			
Current and Past District Need	**Year**	**District**	**State**
% of Students receiving free/reduced-priced meals	**1997-98**	**63.3%**	**23.9%**
	1992-93	49.0%	22.0%
% of students with non-English home language	**1997-98**	**24.7%**	**12.0%**
	1992-93	21.5%	11.7%
% of Elementary and Middle School students who attended the same school during the previous year	**1997-98**	**72.9%**	**85.2%**
	1992-93	19.4%	82.8%
% of Kindergarten students who attended pre-school, nursery school, or Headstart	**1997-98**	**54.9%**	**70.4%**
	1992-93	55.2%	64.4%
% of Juniors/Seniors working more than 16 hrs per week	**1997-98**	**13.2%**	**30.3%**
	1992-93	11.6%	29.2%

Behavioral Data Sets. Through the Social Development Program of the NHPS system and the Yale Child Study Center, researchers have collaborated to evaluate changes in the emotional and psychological status of their students on a biennial basis through a comprehensive, structured questionnaire, the Social and Health Assessment (SAHA, Weissberg et al., 1991; Schwab-Stone et al., 1995, 1999).[5] The SAHA is administered in English or Spanish to all 6th, 8th, and 10th grade students in the district (sample size ranging from 2267 to 2501). Selected responses to questions during 1992, 1994, 1996 and 1998 are shown below. These findings confirm that despite improvements over time (e.g., reduction in carrying a hand gun; improvements in perception of safety on major routes to school) New Haven compares unfavorably with national statistics.[6]

A. SAFETY, VIOLENCE, MENTAL HEALTH AND SUBSTANCE USE AMONG NEW HAVEN PUBLIC SCHOOL STUDENTS[7]

Area	**1992**	**1994**	**1996**	**1998**
Feel safe in their neighborhood	53%	52%	67%	65%
Feel safe in their school	53%	53%	64%	60%
Feel safe on major routes to school	50%	53%	71%	69%
Witness to shooting or stabbing	41%	35%	29%	25%
Carried a handgun in past 12 months	18%	19%	9%	8%
Involvement in gang fight in past 12 months	22%	18%	13%	10%
Carried blade, knife, or gun in school during past 12 months	Not asked	30%	22%	19%
Alcohol use in past 30 days	31%	36%	35%	31%
Marijuana use in past 30 days	9%	16%	15%	15%
Attitudes and Feelings by Grade Level - 1998	**% of students by grade**			**% Total**
	6th	**8th**	**10th**	**Total**
Felt depressed about life in general, some or a lot of the time	19	25	33	26

[4] New Haven Public Schools Strategic School Profile 1997-98.

[5] In addition to the original measure by Weissberg and colleagues (1991), additional items are drawn from a range of standardized adolescent instruments (e.g., Center for Disease Control, 1991; Elliot et al., 1989; Hawkins & Catalano, 1990; Jessor et al., 1989; Johnston et al., 1990).

[6] National Center for Educational Statistics, 1998 reports that 9 percent of students nationally ages 12-19 sometimes or most of the time feared that they were going to be attached or harmed at school

[7] New Haven Public Schools / Yale Child Study Center Social And Health Assessment, 1992-98.

Felt pretty hopeless about the future, some or a lot of the time	19	21	25	22
Think you should fight if someone hits you	72	87	88	82
Think you should fight if someone insults someone in your family	63	70	57	64
Think you should fight if someone steals something from you	57	73	64	65

Ultimately, student attendance diminishes, motivation decreases, their academic performance decreases, and they become candidates for truancy or dropout. The limited number of school based health clinics and mental health services can not meet the need for services.

Building School and Community Partnerships to Benefit Children. Although 80% of students report participating in an after school program, only 60% of 6th and 8th graders and 40% of 10th graders report participating in an after school program every day. Only 13% of juniors and seniors report maintaining part-time jobs. In other words, the community's youth development and recreation infrastructure is not aligned to engage NHPS children. The recent Empowerment Zone process creates an opportunity to revisit this important disconnect. The following table summarizes New Haven residents' perceptions as the strengths, weaknesses and trends associated with the New Haven's response to education (and youth development).

EDUCATION AND YOUTH: FINDINGS OF THE EMPOWERMENT ZONE COMMUNITY ASSESSMENT PROCESS[8]			
Strengths	**Weaknesses**	**Opportunities**	**Trends**
- $600 million school construction program - Cultural/ethnic diversity - Comer School Development / school-based management - Social & Health Assessment - Focus on educational outcomes - Literacy/truancy initiatives - Expansion of Public Libraries - 5 institutions of higher ed. - Citywide Youth Coalition - Advocacy groups for youth - Facilities open to public	- Low parent involvement - Low educational attainment - High absenteeism / truancy / dropouts - Substance use - High youth unemployment - Underdeveloped technology - Funding streams not integrated with community resources	- Grassroots focus on educational improvement - Emerging Citywide Youth Agenda - Focus on benchmarking / performance / test scores - Educational technology - Business community partnerships School to Career	- High truancy and dropout rates - Low test scores (CMT/CAPT) - Age of first drug use / others - Youth-related crimes / drug crimes - Increase in library usage Increase in youth-driven processes

The residents see the same writing on the wall. The implementation of programs to *prevent* students' academic and social failure are a critical component of educational reform, however, a *comprehensive, integrated prevention and intervention system* does not exist. The residents and NHPS officials concur that New Haven has the essential elements to support a comprehensive Safe Schools and Healthy Schools initiative (e.g., a federal Empowerment Zone designation, a Robert Wood Johnson Foundation funded anti-drug coalition, innovative and nationally renown programs with the Yale Child Study Center). As described in the subsequent section, the Safe Schools and Healthy Schools Initiative, in combination with existing community resources, will play an integral role in New Haven's educational reform effort, particularly as it relates to creating a *comprehensive, integrated prevention and intervention system* that draws upon the strength of community assets – from parents to NHPS professionals to institutions like Yale University.

[8] City of New Haven Empowerment Zone Application to U.S. HUD, 1998. The community assessment portion of the application can be found in the attachments.

IV. Overall Goals and Objectives

We have in place a broad array of excellent, evidence-based programs and resources through which the various agencies and institutions working with youth are addressing the issues of youth violence, substance abuse, and school failure. The primary school-linked partnership is with the Yale Child Study Center (YCSC) (through their Child Development Community Policing program, Comer School Development Program, and Child and Adolescent Mental Health Clinic) and the New Haven Department of Police Services (NHDPS). The multi-partner collaborative efforts working on many of the community risk factors that contribute to the problems identified in Section III were described in Section II.

The SS/HSI provides an opportunity to unite these efforts into a broad community collaboration, to step back and assess how the various efforts are or are not working together and producing positive outcomes for children; to review the literature on best evidence-based practices in the field; and to craft both a new framework for collaborative action and investments in the significant enhancement and extension of several discrete, interrelated initiatives designed to meet the goals of the SS/HHI.

The Comprehensive Plan recommends that new resources be invested in two areas:

1. **Create an infrastructure to support collaboration and program improvement** involving the many partner agencies and divisions of the Board of Education working on the matters stressed in the SS/HSI. This will expand the community's capacity to address issues and ensure the efficient use of all current resource commitments. This infrastructure will include:

    - A strong collaborative program coordination structure through a District Student Staff Support Team modeled on the school-level teams formed under the Comer School Development Model;
    - Enhanced mechanisms for communication and coordination of referrals and services, and program review across agencies and between agencies and parents and other community members, in partnership with the Empowerment Zone process;
    - Enhanced collection and use of a wide range of data on student behavior and achievement to facilitate the improved early intervention with students involved in or at risk of involvement in alcohol, drugs, or violence and for program planning purposes;
    - Enhanced school-level processes for (a) school-wide planning around safety, mental health and climate issues (through the Comer Process), (b) early identification of problem behaviors and referral; and (c) follow through and monitoring of progress with clear benchmarks.
    - Enhanced accountability processes and structures which will be aligned with the Empowerment Zone Performance Measurement and Accountability process.

2. **Enable the District and community to improve, refine, expand, and add new elements to a proven set of evidence-based strategies that we are in the process of implementing in New Haven.** The major investments proposed are in the following areas:

    - Expansion of partnerships with the New Haven Department of Police Services to implement the Child Development Community Policing, School Resource Officers, and other programs
    - Work closely with the police, the State Department of Children and Families, the Department of Social Services, and community-based agencies to coordinate and track all interventions with children and adolescents by multiple partners. These include: the Family Services Unit of the Police Department, the Schools Truancy and Dropout Prevention program, the expanded mental health services, and the community-based agencies involved in the Citywide Youth Coalition and the Empowerment Zone.

- Expand and improve the Board of Education's noted Social Development Program (involving delivery of curriculum, social development activities, and support services) and extend its reach into the community through partnerships with the community-based youth and health agencies and with the Community Management Teams of the Empowerment Zone.
- Expand the mental health services available to all schools and students through the School-based Health Clinic program and contracts with community providers of child and adolescent mental health services.
- Expand its commitment to improved early childhood development and delivery of school-based family support services through extension of the Family Resource Center program and Children and Parents Succeeding (CAPS) early stimulation and parenting program. Additional efforts will be directed towards enhancing the quality of all community early childhood services delivered through child care centers, family day care providers, and public and private preschools

Table b.2 Outcome Measures

Safe Schools

- Elimination of weapon carrying or possessing in schools
- Decrease in frequency and severity of violent incidents on school grounds and in surrounding neighborhoods
- Reduction in truancy and other unauthorized absences
- Reduction in dropout rate
- Reduction in suspensions and expulsions
- Reduction in the number of students on probation or in juvenile justice placements
- Increased perceptions of safety at school and in community
- Improved perceptions of school climate

Healthy Students

- Decreased frequency and severity of substance use and possession on school grounds and in surrounding neighborhoods
- Decline in incidence of alcohol & drug use by youth
- Increase in prosocial behavior by youth

Major Process Measures

- Collaborative structures to facilitate cross-partner communications and work are in place, staffed, and functioning.
- Enhanced access in foster care and child protective services
- Children at risk of or subject to abuse & neglect are identified and referred to the state consistently and in a timely fashion
- Students with emotional & behavioral disorders receive prompt referral to mental health services
- Decreased frequency and severity of substance use and possession on school grounds and in surrounding neighborhoods
- Decreased number of school suspensions due to violence and substance use
- Increased school attendance
- Decreased rates of truancy and dropout from school
- Increased length of time between referrals due to violence, substance use, or truancy

Our plan reflects a comprehensive approach to the interrelated factors that generate violence, substance abuse, and school failure. We will measure our success by tracking carefully the levels of indicators listed in Table B.2 which will be influenced by multiple program interventions.

The full description of goals and objectives by program area are presented in Section V.

V. Strategies and Programs

Our Planning Committee has crafted the following Plan based on the needs analysis data, the literature on evidence-based initiatives to address school safety, prevention and intervention, and positive youth development, and the array of programs and initiatives underway in the City. This is a working document which will be continuously refined based on the evaluation process and the community learning process built into the plan. Program evaluation and performance measurement is built into all the elements of the plan as they are in the Empowerment Zone implementation and other initiatives.

1. Safe School Environment

A. Overview

The community of New Haven recognized early on that the academic, social, and emotional health of its youth could not be separated from their feelings of safety and security in their schools and neighborhoods. Schools, police and juvenile probation officers, and mental health providers have been at the forefront of successful efforts in New Haven to reduce crime and violence, a trend which preceded national reductions by several years due to the combined strategies of the various agencies. Nonetheless, children whose education is disrupted by violence and alcohol and drug use remain a prominent concern, as one appears to potentiate the other in fueling a pathway toward greater criminal and antisocial involvement (Dewey & Loper, 1998). Despite notable progress in school—community collaboration and intervention, violence and substance abuse remains a problem for a significant number of students.

Through the Social Development Program of the NHPS and Yale Child Study Center, researchers have collaborated to evaluate changes in the emotional and psychological status of their students on a biennial basis through a comprehensive, structured questionnaire, the Social and Health Assessment (SAHA, Weissberg et al., 1991; Schwab-Stone et al., 1995, 1999). The SAHA is administered in English or Spanish to all sixth, eighth, and tenth grade students in the district, resulting in a sample size ranging from 2267 to 2501 students. This confidential questionnaire queries youth about their attitudes toward school, sense of school and community safety, race relations, substance use, sexual activity, and experiences of violence. In addition to the original measure by Weissberg and colleagues (1991), additional items are drawn from a range of standardized adolescent instruments (e.g., Center for Disease Control, 1991; Elliot et al., 1989; Hawkins & Catalano, 1990; Jessor et al., 1989; Johnston et al., 1990). Results from the SAHA are central to school and district prevention planning and programming efforts. Despite documented progress from the SAHA, the results presented in the following chart document that there remain large numbers of students who feel unsafe in their schools (40%), have witnessed a shooting or stabbing (25%), have carried a weapon at school (19%), and experience other related effects of violence and substance use.

SAFETY, VIOLENCE, AND SUBSTANCE USE AMONG NEW HAVEN STUDENTS				
Area	1992	1994	1996	1998
Feel safe in their neighborhood	53%	52%	67%	65%
Feel safe in their school	53%	53%	64%	60%
Feel safe on major routes to school	50%	53%	71%	69%
Witness to shooting or stabbing	41%	35%	29%	25%
Carried a handgun in past 12 months	18%	19%	9%	8%
Involvement in gang fight in past 12 months	22%	18%	13%	10%
Carried blade, knife, or gun in school during past 12 months	Not asked	30%	22%	19%
Alcohol use in past 30 days	31%	36%	35%	31%
Marijuana use in past 30 days	9%	16%	15%	15%

As youth violence peaked in the late 1980s and early 1990s, leaders in New Haven recognized the need for a change in traditional policing. Beginning in 1990, the New Haven Department of Police Service began a critical transition from a crisis-oriented and response-driven system to one reflecting the principles of neighborhood-based community policing. In 1991, a number of factors led to the development of the current model of Youth Oriented Policing. The foundation of Youth Oriented Policing involves the Child Development Community Policing (CDCP) program (Marans et al., 1995; Marans, Berkowitz, & Cohen, 1998; Marans & Schaefer, 1998), collaboration between police and clinicians from the Yale Child Study Center. The program provides cross training of officers and clinicians in law enforcement and child development with a particular focus on violence and trauma. A 24-hour consultation service provides immediate consultation to police and clinical intervention to youth affected by violence. Police officers, juvenile probation officers, and clinicians meet weekly to plan coordinated responses to troubled children. Since its inception in 1991, CDCP has provided training to more than 400 police officers and clinical service to more than 3000 children. The program has been replicated in ten cities nationwide to date.

With CDCP as its foundation, New Haven police have created an extensive network of interventions for youth, with the common goal of preventing and reducing crime and violence (See Map 2 for boundaries of New Haven's 10 Community Policing Districts in relation to schools):

- Patrols around schools have been increased at the start and finish of the school day to ensure safe corridors of passage to schools.
- School resource officers have been assigned to five middle and high schools to build better police community relations.
- Five additional officers are assigned to the evening shift to respond to service requests from the SRO program.
- Officers are paired with truancy officers and dropout prevention specialists in an expanded truancy prevention program with the school system.
- Police and probation officers collaborate to intervene early with juvenile offenders and with a range of clinical agencies, implementing a variety of alternative service programs.
- Children receive education and coping skills related to gun violence through the Guns Are Not Toys program, a collaboration of the Social Development Program and the police department.
- Finally, officers become youth mentors through an individual mentoring program. The structured athletic and recreational activities of the Police Athletic League provided after-school opportunities to keep youth from engaging in risky behaviors.

Insert Police district Map 2

Despite progress, schools in New Haven are still not sufficiently integrated with law enforcement and mental health partners. Many school facilities require improvement if they are to truly function as safe environments for students. The contingent of school security officers requires further training and equipment if they are to become more effective in their roles as preventive agents and first-responders to incidents related to the safety of students. Thus, the school safety component of the Safe Schools/ Health Students project will target these four major problems:

1. Substance use and violence in schools and surrounding neighborhoods adversely affect the physical and psychological safety of students.
2. Schools are insufficiently integrated with community resources related to law enforcement, mental health, and community support providers.
3. School facilities do not meet adequate standards for secure, safe environments.
4. School security personnel lack sufficient training and equipment to function effectively as preventive agents and first-responders to incidents involving violence, alcohol, or drugs.

B. Summary of Safe School Environment Goals

Through the Safe School Environment component of the Safe Schools Healthy Students proposal, New Haven will provide all students with a safe school environment by addressing three inter-related safe school environmental strategies:

- **School/Police/Mental Health Partnerships**
- **School Facility Design**
- **School Security Measures**

Safe School Environment Goals are numbered sequentially across the several sub-components of this section to simplify presentation.

School/Police/Mental Health Partnerships

Our plan builds on and enhances existing partnerships between the school system and law enforcement, criminal justice, and mental health providers in five areas:

1.1 Expansion of the nationally recognized Child Development-Community Policing program into a stronger partnership with school personnel

1.2 Expansion of the School Resource Officer program and the Family Services Unit of the New Haven Department of Police Services

1.3 Enhancement of the School/Police Truancy Program in the New Haven Public Schools

1.4 Increase in the capacity of juvenile probation officers to coordinate probationary and school interventions

1.5 Expand community-school collaborations that support violence and substance use reduction in and around public schools

1.1 Expansion of the nationally recognized Child Development-Community Policing program into a stronger partnership with school personnel

The Child Development—Community Policing (CDCP) program represents a nationally and internationally recognized collaboration between law enforcement, juvenile justice, and mental health professionals aimed at reducing the psychological burdens of violence on children and families, community members, and professionals themselves. Since its inception in 1991, the CDCP program has served more than three thousand children and families in New Haven. Several hundred police supervisors, line officers, and juvenile probation officers have received training. In addition, the CDCP Program and its School Crisis Program have consulted and provided direct services to multiple school systems and child welfare systems at times of crises involving schools and surrounding communities. Additional components have targeted early juvenile offenders, school-aged children exposed to neighborhood violence, and children affected by domestic violence.

PURPOSE: Expand the Child Development-Community Policing partnership to encompass school security personnel and leadership and address the issue of school safety.

Goals	Objectives
1.1.1 Enhance ability of school personnel to identify and intervene with high risk youth	♦ CDCP to provide consultation, technical assistance, and training to school personnel regarding identification of and intervention with high risk youth ♦ CDCP to participate in committee of school, police, security, probation, and school based mental health representatives to set consultation and training priorities according to need with each school ♦ CDCP clinicians to provide up to 40 hours/ month in school consultation ♦ CDCP officers to provide up to 30 hours/ month in school consultation
1.1.2 Enhance understanding of child development, substance use, violence, and psychopathology on part of school and police personnel.	♦ CDCP to provide developmentally focused consultation and training regarding child development, substance use, violence, and psychopathology ♦ CDCP officers and clinicians to provide 5 yearly Child Development Seminar series to 75 professionals per year (SROs, security officers, juvenile probation officers, school clinicians)
1.1.3 Develop coordinated outreach and case management process for at-risk youth across school, law enforcement, juvenile justice, mental health, and community systems	♦ CDCP to provide as needed consultation to school partners ♦ NHDPS ♦ CDCP to assume clinical and administrative oversight of NHDPS based family advocate coordinator
1.1.4 Expand treatment for children affected by violence and substance abuse	♦ CDCP to provide acute consultation, evaluation, and treatment for children affected by violence and substance abuse through school crisis team and acute response service

CDCP will provide training and ongoing consultation related to violence and substance abuse and its effects across various levels of development. A prelude to training will involve CDCP consultation around expansion of School Planning and Management Teams in the schools as a forum for ongoing collaboration and relationship building by educators, officers, and clinicians involved with comprehensive

school safety plans tailored to each school and neighborhood. Formal training for SROs and other community officers, educators and other SSST members, school security personnel, probation officers, truancy personnel, and other community agencies will follow and build upon relationships created and maintained through the SPMT format. This represents an expansion of current CDCP activities that are focused on training police and juvenile probation officers in principles of child development, their relationship to trauma and violence, and collaborative intervention on the behalf of children. Training effectiveness will be monitored by the revised versions of the Police and Clinician CDCP questionnaire, a structured, self-report inventory which has demonstrated adequate test-retest reliability as an assessment of knowledge related to child development and youth oriented policing (Schaefer, Marans, & Cohen, 1994).

Support for additional clinical time will allow CDCP to provide further acute response, evaluation, and treatment of disturbed youth. The Child Development-Community Policing Program (CDCP) represents a model collaboration between law enforcement, juvenile justice, and mental health professionals on behalf of children and families exposed to violence in their communities. The partnership between the Yale University Child Study Center, the New Haven Department of Police Services, and the Connecticut Office of Juvenile Probation provides unique opportunities to understand the relationship between violence, traumatic stress symptoms and the perpetration of violent actions, as well as to develop more effective ways for intervening in the lives of traumatized children and families. The program aims to coordinate the efforts of community police officers and mental health clinicians, as well as probation officers, educators, domestic violence advocates and the courts, to reduce the psychological burdens of violence on children and families, community members and the professionals themselves. Long range goals are to improve the delivery of policing and mental health services, particularly acute responses to incidents of violence involving children, to increase children's experiences of safety and security and positive relationships with police, and to decrease children's maladaptive responses following exposure to potentially traumatic episodes of violence. This work has been supported and developed in partnership with the United States Department of Justice (OJJDP, OVC, VAWGO).

The CDCP Program is closely related to and dependent upon the reorientation of the New Haven Department of Police Services to reflect the philosophy of community-based policing as a means for strengthening social structures that deter crime and facilitate social functioning; detecting high risk situations likely to lead to criminal activity; and interrupting patterns of criminality at their roots. Community-based policing integrates police officers within the community, where they are known as individuals, rather than only by role, and they know the people they serve as individuals. The model brings police officers into regular, ongoing contact with children and families within a given neighborhood and therefore requires a new type of police officer with special training, supervision and support. The CDCP Program consists of several inter-related educational and clinical components, which aim at sharing knowledge between police officers and clinicians. Core elements include:

- A clinical fellowship on development, mental health and intervention strategies for supervisory police officers, juvenile probation officers and child protection supervisors. Teams of clinicians and supervisory officers lead intensive seminars on child development from infancy to adolescence with a particular focus on trauma, violence, and their implications for intervention by the relevant professions.
- A fellowship for clinicians on community policing and law enforcement strategies. Supervisory officers train CDCP clinicians in basic policing strategies and procedures, including department command structure, rules of evidence, probable cause for arrest, and policies on the use of force.
- A 20 hour seminar on child and adolescent development, human behavior and policing strategies for rank and file officers and clinical trainees that provides basic information about child development that can be used by community officers in their interactions with children

- A 24 hour Consultation Service staffed by a team of mental health clinicians and specially trained officers who respond immediately to the needs of children and families exposed to violence and to requests from officers for consultation; and
- A weekly Program Conference, which reviews, evaluates and develops further strategies for specific cases and for the Program as a whole.

Several hundred police supervisors, line officers, and juvenile probation officers have received training through the Child Development Seminar and Clinical Fellowship components of the program. In addition, the CDCP Program has consulted and provided direct services to multiple school systems and child welfare systems at times of crises involving larger communities. Calls to the Consultation Service concern children of all ages who have been involved in a variety of violent incidents as victims, witnesses or perpetrators, both in their families and in the larger community. Children have been seen both individually and in groups, in their homes, schools, police stations, hospitals and the Child Study Center. In addition to the CDCP training and consultation activities within New Haven, the Program continues to serve as a national model with major replication sites in Baltimore, MD; Buffalo, NY; Charlotte, NC; Chelsea, MA; Framingham, MA; Guilford, CT; Nashville, TN; and Newark, NJ. With support from the United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention, protocols have been developed for consultation, training and technical assistance to other communities wishing to develop collaborative programs based on the CDCP model.

The CDCP program has extended its activities through a series of targeted interventions with populations of children and families affected by domestic violence, school-related violence, and juvenile crime. The Domestic Violence Initiative represents a novel collaboration between patrol officers, domestic violence unit personnel, probation and parole officers, child protective services, court prosecutors, domestic violence advocates, and clinical personnel. Coordinated interventions are developed by engaging battered women through concerns about their children's safety and well being. School based interventions involve the provision of psychoeducational groups to children affected by neighborhood violence. These groups, co-led by a clinician and senior officer enhance children's feelings of safety in their schools and surrounding communities. While many districts lack important school crisis resources that can be essential for sustaining school safety (Poland, 1994), the School Based Crisis Response intervention provides coordinated police, school, and mental health responses to hundreds of schools experiencing a range of violence-related crises and initiates broader community interventions to crises within the school community.

Within the juvenile justice area, the CDCP program provides psychiatric consultation to area juvenile detention centers and probation officers and has initiated an alternative sanctions programming for adolescents who commit early or "gateway" criminal offenses. The Gateway Offenders program is for juveniles who have just begun to commit unlawful acts. The program is a close collaboration among the Child Study Center, New Haven Juvenile Probation and the New Haven Department of Police Service. The program is modeled on the principle that benign external authority (the police and probation officer) is an important therapeutic modality when combined with clinical treatment. Preliminary data from the Gateway Program suggest substantial reductions in felony and misdemeanor offenses during and subsequent to program participation relative to youth receiving traditional probation services. The most recent juvenile justice initiative has involved the intensive evaluation of juvenile perpetrators of family violence.

1.2 Expansion of the School Resource Officer program and the Family Services Unit of which they are a part

The Family Services Unit (FSU) of the New Haven Department of Police Services represents the nexus of the department's philosophy of Youth Oriented Policing. The FSU handles all juvenile crime

matters, including processing and investigating all crimes committed against or by juveniles. The importance of preventive efforts are illustrated in the myriad youth programs which are coordinated through the division, including the School Resource Officer program, Police Athletic League, Junior Police, Board of Young Adult Police Commissioners, Guns Are Not Toys program, and School Truancy Initiative. Strategies specific to the Safe School Environment component of the Safe Schools Healthy Students proposal include the School Resource Officer and Guns Are Not Toys programs and are summarized below.

PURPOSE: Strengthen and expand School Resource Officer and Youth-oriented Policing Services.

Goal	Objective
1.2.1 Increase capacity of SRO program to intervene with students involved in or at-risk for violence in school and home settings	♦ Expand SRO program from current 5 officers to 10 officers to be assigned to middle and high schools. Assign neighborhood patrol officers to incorporate specific elementary schools into their patrols. ♦ Provide training and overtime support to enhance school safety, coverage of safety corridors, after-hours follow-up with families, and patrol enhancement ♦ After-hours SRO program support (outreach and follow-up of requests by daytime SROs) by SROs, FSU detectives, and patrol officers (8 hours/month for the anticipated 10 SROs over 10 month academic year)
1.2.2 Develop and implement enhanced communication network to ensure communication between daytime SROs and evening FSU detectives and patrol officers	♦ Purchase 5 laptops, cases, software, and printers for SROs to allow close communication gap between daytime and evening shifts and allow consistent, immediate communication during after-school hours
1.2.3 Expand capacity of FSU to make referrals and assist	♦ Create civilian position within FSU for a Youth Services Resources coordinator Hire civilian to provide program support (data collection, report preparation, resource referral and development) for Family Service Unit, including 10 anticipated SROs. Coordinate expansion of Police Athletic League and Juvenile Mentoring Program.
1.2.4 Create a civilian position within FSU for a Service Liaison to enhance officer-school-community collaboration	♦ Hire masters' level clinician to coordinate with school and community providers, facilitate feedback to patrol officers about referred youth, coordinate officer outreach efforts
1.2.5 Expand mentoring program for 4th & 5th grade students	♦ Recruit additional police officers, firefighters, and juvenile probation officers to serve as mentors for at-risk youth.
1.2.6 Increase NHDPS capacity to provide gun safety instruction	♦ Train additional officers to teach "Guns Are Not Toys" program to elementary school youth
1.2.7 Provide overtime support for officers providing training to students	♦ Provide "Guns Are Not Toys" program to 30 additional classrooms ♦ Purchase training materials and classroom supplies sufficient for 30 additional classrooms

The School Resource Officer (SRO) program currently operates in five high schools and middle schools in New Haven that have been identified as having the highest rates of school and community violence. A SRO serves as a deterrent for violence and crime, as well as a benign model of authority and discipline for at-risk youth. SROs augment school safety, provide coverage for areas surrounding

schools, broker community and mental health services, and serve as formal and informal educators about violence, crime, and social responsibility. The use of SROs has received some empirical support. For example, Hopkins, Hewstone, & Hantzi (1992) conducted a quasi-experimental investigation of 1245 British students' perceptions of police in schools with and without liaison officers. Students from SRO schools showed improved perception of their SROs, although the generalization of these findings to other police was not clear. Unlike the New Haven SRO program, however, the British students had little direct contact with their officers, who do not appear to have been trained in principles of child development and intervention.

The New Haven Department of Police Services will continue to expand its SRO program, providing in-kind service to the school system through the assignment of five additional officers to schools and their surrounding environments. Neighborhood patrol officers will be assigned to local elementary schools to begin to establish a benign police presence with younger children. Through the SSHS project, SROs will receive additional training in recognition and intervention with troubled children. Direct funding will support SRO training and defray the cost of overtime assignments for outreach, follow-up, and patrol enhancement by SROs, Family Service detectives, and community officers.

As part of a departmental reorganization in 1997, the Juvenile Services Unit and the Domestic Violence Unit were combined under the umbrella of the Family Services Unit (FSU). These two functions were formerly under the Investigative Services Unit. The newly created Family Services Unit falls under the supervision of a Lieutenant and reports directly to the Assistant Chief of Police. The change acknowledges that the needs of young people must be addressed within the context of their family, school and community, as risk factors in each area interact to heighten a child's risk for delinquent and physically aggressive behavior (Loeber et al., 1998). This functional realignment also acknowledges the results of the partnerships that have grown in recent years from the overall implementation of community policing and especially the Youth Oriented Policing philosophy in New Haven.

The goal is the safety of New Haven's youth and the prevention of youth crimes through enhanced coordination of resources directed toward the entire family. Despite the complexity of the community policing enterprise, studies have shown that various aspects of community policing, including home visits by officers and the enhanced legitimacy of community officers in the eyes of the community, have significant deterrent effects on crime (Sherman et al., 1997). The development of the FSU is a result of the growing and successful partnerships between the police and Yale Child Study Center, Juvenile Probation, Community Mediation, New Haven Public Schools, Domestic Violence Court, and many of New Haven's social service agencies. In addition to the very important responsibility of investigating juvenile crime, the FSU manages many of the youth crime prevention and intervention collaborations such as Guns Are Not Toys, School Resource Officers, Truancy Prevention, Police Athletic League, Board of Young Adult Police Commissioners and much more. In addition, the FSU has incorporated an evening coverage system to enhance the joint truancy prevention initiative with New Haven Public Schools, enhancing family contact and allowing truancy interventions to extend well into the evening hours. Within the past year, Domestic Violence services, including an OVC-funded collaboration with the Child Development-Community Policing program, have been incorporated into the family service unit, reflecting the well-supported relationship between childhood exposure to domestic violence and adult perpetration of family and community violence.

The reorganization that resulted in the creation of the Family Services Unit has improved coordination of youth oriented activities, although the expansion of the FSU mission has also resulted in strained resources throughout the division. The provision of evening investigators has reduced the number of outstanding juvenile warrants from 70 to eight. The Board of Young Adult Police Commissioners has received national recognition for its inclusion of representatives from every high school in New Haven. Officers have traveled nationally and internationally in their efforts to assist other

communities in replicating the program. Through its collaboration with the Truancy Initiative of the New Haven Public Schools, truancy has been reduced by approximately 20% in the last year alone. The Guns Are Not Toys program pairs elementary school teachers and officers in an educational program about gun safety and responsibility and effective coping and conflict resolution skills. The Police Athletic League provides supervised recreational and athletic activities to thousands of inner city youth, and hundreds of officers serve as individual mentors to children and adolescents.

The Safe School Healthy Students application would provide the department with increased support for the Family Service Unit, the School Resource Officer program, and the Guns Are Not Toys violence prevention curriculum. As continuing evidence of its commitment to the welfare of New Haven's children, the department will expand the size of its School Resource Officer contingent from five to ten officers. The SSHS grant would provide financial and material support to the SRO program in the form of overtime support for home visits to the families of troubled youth, completion of the national SRO certification program, and the purchase of five laptop computers to allow prompt communication between SROs and other personnel in and outside of the department. It should be noted that police squad cars have been outfitted with similar laptop computers and communication software, allowing the prompt and secure transmission of information across shifts and between divisions of the department. The purchase of the three additional computers would bring the SRO program up to current department standards. In addition to doubling the size of the SRO program to provide coverage to middle and high schools, community patrol officers will be assigned to collaborate with specific elementary schools in their districts. While elementary schools do not require the constant on-site presence of an SRO, the patrol officer will become familiar with the student body and faculty of specific schools becoming, in effect, a de facto resource officer for the elementary schools. With this considerable expansion and contribution to the SRO program, supervisory responsibilities within the family services unit will increase commensurately. Supervisory demands will be offset through the creation of a full time civilian position whose primary responsibility will involve coordination of youth activities sponsored by the FSU, namely the Board of Young Adult Police Commissioners, the Police Athletic League, and the police mentoring program. This individual will provide program support in the form of data collection, report preparation, resource development, coordination with community agencies, and facilitation of communication across shifts and department divisions about youth of particular concern.

The SSHS will also provide additional support for the expansion of the Guns Are Not Toys program, and the New Haven replication of the Second Step Violence Prevention Curriculum, which focuses on empathy, impulse control, and anger management with the aim of enhancing social competence and problem solving. Children learn to effectively identify and recognize feelings in themselves and others, reduce impulsive behavior, and solve problems in a socially acceptable manner. Officers focus specifically on issues of police as community resources, gun violence, media depictions of violence, personal safety, peer pressure, and alternative strategies for conflict resolution. Results from a randomized controlled trial have indicated that students who receive the Second Step Violence Prevention Curriculum demonstrate a decrease in physically aggressive behavior and an increase in prosocial behavior in school for up to six months following the intervention (Grossman et al., 1997). Funding will allow the expansion of the program into thirty additional classrooms at a cost of $1050 per classroom, including officer training and program supplies.

Although not requiring additional funding, another important goal related to safe school environments involves the continued expansion of the department's juvenile mentoring program. The program originated in 1994 as a response to growing concern about elementary school students whose academic performance and behavior problems placed them at risk for truancy, perpetration of physical violence, and criminal activity. More than 75 youth, who were deemed at-risk due to problematic attendance and academic performance in 4th or 5th grade, have been paired with mentors from the police and fire departments and office of juvenile probation. The program anticipates a contingent of 150 mentors within three years and has implemented a strategic focus on Hispanic youth.

1.3 Enhancement of the School/Police Truancy Initiative

The Truancy Prevention Initiative consists of collaboration between the public schools and police to improve school attendance and performance and to reduce daytime criminal activity by youth. Teams of truancy officers and drop-out prevention workers from the schools collaborate with school resource officers, family service unit detectives, patrol officers, and investigative aides from the police department to intervene in high truancy areas and schools and engage in home and community outreach to truant students.

PURPOSE: Improve the capacity of the School Truancy Program to retain and return youth to their school settings

Goals	Objectives
1.3.1 Increase school attendance 1.3.2 Increase time spent in school by youth with truancy history	♦ Expand truancy program from current 3 officers to 5 officers ♦ Expand dropout prevention program from 10 to 12 workers (2 dropout prevention specialists @ 24380/yr) ♦ Expand number of students served by 20% ♦ Decrease truancy rates by 15%
1.3.3 Streamline processing of Family With Service Needs cases and provide alternative means for direct referral of truants to court 1.3.4 Improve coordination of truancy program and New Haven truancy court	♦ Develop agreement with magistrate to expedite review and sanction process ♦ Decrease internal case identification and referral process to <3 weeks
1.3.5 Decrease daytime criminal activity by youth who are truant or have dropped out of school	♦ Increase number of home visits by truancy officer-police teams ♦ Increase coordination of truancy, police, and juvenile probation officers through weekly truancy rounds coordinated by SPMTs
1.3.6 Enhance after-school outreach to truant youth and their families	♦ After-hours Truancy program support for outreach and follow-up by truancy officers and dropout prevention specialists (8 hours/month for 8 truancy officers over 10 month academic year=6400) ♦ Expand Police Athletic League and mentoring programs to provide prosocial adult role models for truant youth

The Truancy Program will be expanded to allow earlier intervention with youth who are truant or at risk for becoming truant from school. The addition of truancy officers and dropout prevention specialists will allow intervention with a greater number of youth and facilitate further reductions in truancy rates. Additional funds will expand the availability of SROs, detectives, probation officers, and truancy officers for home and community based outreach during and after school hours.

The Truancy Initiative was created in 1995 as a collaboration between the New Haven Public Schools and the New Haven Department of Police Services with the specific aims of returning truant students from the street to the classroom and reducing associated daytime criminal activity. Truancy figures prominently in a pattern of school and social disengagement and involvement in criminal and violent activity, while re-engagement in school can mark the resumption of a more prosocial cycle of academic and social involvement (Steinburg & Avenevoli, 1998). Teams of truancy officers, dropout prevention specialists, school resource officers, and family support unit detectives target “hot spots” favored by truant youth, as well as students who have been identified as chronic truants. The teams have also focused on specific schools with high rates of absenteeism through community outreach, after school

hours home visits, and consistent monitoring. Freshman high school classes as a whole have also become a focus of intervention. Truant officers make contact with students and families as they are entering high school and provide a heightened level of supervision for those with attendance problems from middle or elementary school years.

Truancy encompasses a wide spectrum of student behavior, from those who miss several classes each year to those for whom skipping school has become the normal pattern of their school experience. Truancy has been considered a "gateway" to dropping out of school altogether and becoming engaged in serious criminal activity, while regular school attendance represents the key to graduation, future employment, and success in life. The Truancy Initiative particularly targets those students for whom school has begun to lose its meaning and value in an effort to increase attendance and achievement, decrease the number of students on the streets during school hours, and reduce criminal activity by students during the daytime hours. Beyond these direct interventions, New Haven has become one of only three jurisdictions in Connecticut to establish a truancy court for the prompt management of legal proceedings related to truancy and school attendance.

Since its inception in 1995, truancy has been reduced significantly in the public schools, with a 20% reduction in the last year alone. The truancy program has expanded its activities from contact with 1,125 students in the community and at their homes during the first year to 3756 home visits by truancy officers, dropout prevention specialists, police officers, and New Haven Housing Authority truancy workers. Despite only three truancy officers and 10 paraprofessional dropout prevention specialists for a population of nearly 20,000 students in the 1998-1999 school year, 33% of interventions resulted in students' return to school. Truancy personnel recognized that youth at highest risk for recurrent truancy required additional external containment and limits, as chronically truant youth are at high risk for more serious criminal activity. Truancy personnel provided case management to 145 youth, referred 70 to the New Haven Truancy Court, and referred 216 for juvenile court intervention through a Family With Service Needs petition.

1.4 Increase in the capacity of juvenile probation officers to coordinate probationary and school intervention

The Office of Juvenile Probation has maintained a strategy of community probation in which probation officers are assigned to specific neighborhoods to enhance their ability to intervene in the lives of children. Probation officers work with children in their homes and communities, meeting in substations, schools, and a variety of other non-traditional settings. Like police officers, probation officers embody benign authority, and for many youth and families, provide a sense of control and opportunities for therapeutic change through alternative sanctions programs and mental health treatment.

PURPOSE: Increase capacity of probation officers to coordinate probationary and school interventions

Goals	Objectives
1.4.1 Support coordination and outreach with court support services programs	♦ Probation officers engage in community outreach and home visits to coordinate with families and court support services programs
1.4.2 Improve linkages between probation officers and school based mental health providers	♦ Probation officers collaborate with SSSTs and SPMTs in neighborhood schools
1.4.3 Enhance programming for youth who have been out of the regular education settings due to truancy, detention, or incarceration	♦ Probation officers participate in New Haven Truancy Initiative, Truancy Court, and Project One Voice
1.4.4 Improve capacity for evaluation of juveniles arrested following serious assaults at school	♦ To provide referral and follow-up for specialized psychological evaluation of youth (anticipated 50 youth/year)

Shifts in policing in New Haven are mirrored at the Office of Juvenile Probation for the New Haven area, where probation officers have adopted a model of community based probation. Probation officers have been assigned to specific neighborhoods in order to facilitate their relationships with youth and families. While traditional probation would involve periodic meetings at a central office, community probation officers meet with their charges in a range of neighborhood settings, substations, public places, and homes to name several. The complement of personnel in the New Haven office has been trained in the CDCP model and juvenile probation has become a full fledged partner in CDCP. Probation and police officers collaborate in the supervision of young offenders by regularly sharing information about the children and adolescents on probation and assigning police officers to supervise some community service projects. Probation officers have immediate access to clinical consultation with CDCP clinicians. Relationships with schools have undergone a similar progression with close collaboration in the Truancy Initiative and in Project One Voice, a coordinated police, school, truancy, juvenile justice, parole, and corrections response to coordinated supervision of serious offenders living in the community. As a whole, the changes in juvenile probation have meant specific improvements in the ability of probation officers to form authoritative relationships with youth and to expand the use of legal authority to provide external structure where internal and family structures are lacking.

The Office of Juvenile Probation also provides referral and ongoing supervision for a range of alternative community programs designed to provide community based interventions for youth on probation and funded by the Division of Court Support Services. Programs range in intensity from several hours each day during after school hours to intensive programs that integrate an alternative educational setting with group treatment modalities with a goal of reducing criminal recidivism. Thus, the direct work of probation officers occurs in the context of an extensive network of alternative community programs for youth on probation.

A promising program has been developed to provide a coordinated set of therapeutic, educational and recreational activities for participating adolescents referred by the court. The intensive intervention program, known as PHAT CHANCE, is a partnership between the Department of New Haven Police Services and the New Haven Office of Juvenile Probation, New Haven Family Alliance and the Yale Child Study Center. The PHAT CHANCE intervention is a community-based after school and in home intervention targeted at gateway juvenile offenders who have recently become involved in the juvenile justice system. The conceptual framework of the program is the integration of external authority in the guise of probation and police with therapeutic and supportive clinical treatment. Probation officers provide overall containment through the use of the court and graduated sanctions. The police provide benign external authority through monitoring that occurs through regular contact between community-based patrol officers and probation officers as well as through Police Athletic League programs, mentoring programs and by evening checks on juveniles in their homes who are of particular concern. The clinical work focuses on helping the participants gain increased capacity for self-regulation and pro-social achievement. Collaborative work in the home enables families to provide both nurture and appropriate behavioral limits for program participants. The program has been very successful during its first two years in reducing the recidivism rate as compared to “gateway” offenders who received probation services only. Preliminary results reveal significant reductions in the frequency and severity of criminal activity for up to six months following discharge from the program. Youth in the program committed fewer and less severe crimes than a matched cohort of youth who received traditional services from a probation officer (Murphy, Dodge, Berkowitz, & Marans, 1998).

1.5 Expand community-school collaborations that support violence and substance use reduction in and around public schools

The New Haven schools recognize the relatively permeable boundaries between schools and surrounding communities. The intimate connections between schools and neighborhoods foster crucial participation by families and community agencies and support proximal school violence prevention initiatives. Within New Haven, the U.S. Attorney's Office, the Division of Adult Probation, and the Weed and Seed Initiative in the Fair Haven neighborhood provide a supportive role in reducing violence, substance use, and crime in the areas surrounding public schools.

PURPOSE: Expand community-school collaborations that support violence and substance use reduction in and around public schools

Objectives	Results
1.5.1 Increase physical safety and decrease anxiety about gun violence in New Haven	♦ U.S. Attorney's Office New Haven Gun Project to target gun possession ad violence, address public perceptions and media depictions of gun violence in New Haven, and provide advisory role to other law enforcement agencies.
1.5.2 Provide supervision and monitoring for youth with criminal histories who are under the jurisdiction of the adult court system	♦ Adult probation to coordinate supervision of young adults on probation and parole with juvenile justice, police, and school personnel through Project One Voice.
1.5.3 Provide community based interventions for youth affected by violence and substance use	♦ The Fair Haven neighborhood Weed and Seed project to target youth and gang violence through police order maintenance, Project One Voice, Statewide Gang Task Force, Community management teams, Fighting Back program

The U.S. Attorney's Office, the Division of Adult Probation, and the Weed and Seed Initiative will continue community based interventions to alleviate criminal activity in general and violence and substance use in particular in order to improve the security and safety of all New Haven residents, including neighborhood school children.

The U.S. Attorney's Office of New Haven has sponsored a novel initiative that combines its considerable data gathering abilities with its extensive law enforcement capacity to reduce gun possession and related violence in New Haven. Results from other jurisdictions have indicated that as gun seizures by law enforcement rise, crimes fall considerably (Sherman et al., 1997). Coordinated law enforcement responses and consultation with other law enforcement agencies will be supplemented by a public health initiative targeting perceptions of safety and media portrayals of violence in New Haven.

Within Connecticut, either the juvenile or adult court or probationary system may monitor youth who commit criminal acts. Youth over 16 years of age fall under the jurisdiction of the adult courts, as do many younger adolescents who commit serious felonies that require a mandatory transfer from juvenile to adult court. For this reason, the participation of adult court, probation, and parole officers in Project One Voice ensures continuity of supervision and response to older adolescents who are on probation or have returned to the community following a period of incarceration.

The U.S. Department of Justice has funded a Weed and Seed project targeting one of New Haven's inner city neighborhoods, Fair Haven. Existing partnerships in the neighborhood, such as the Enterprise Community Council, Fighting Back substance abuse program, Community Management Teams, police and other law enforcement agencies, schools, and community and family institutions, have entered into a

partnership designed to reduce neighborhood fear and crime. Initiatives funded by Weed and Seed include gang and drug interdiction, primary and secondary violence prevention, coordinated law enforcement and probation activities, support for domestic violence victims, health care access and provision, and economic development. Each of these strategies promised to improve the overall quality of life in Fair Haven for children and families and will indirectly benefit the security of youngsters in and around their schools.

1.6 School Facility Design

The School Construction program of the New Haven Public Schools was founded in 1995 as a mechanism for constructing new schools and repairing an aging school infrastructure. New Haven has secured commitments of $653 million, without a need for federal assistance, for their ten-year program for upgrading structural facilities in the 47 schools in the district. Responsibilities range from new school construction and major renovation to minor facility upgrades designed to improve the learning environment and maximize physical safety.

PURPOSE: Upgrade physical facilities to maximize building safety

Goals	Objectives
1.6.1 Reconfigure public spaces in schools to maximize visibility	♦ School construction program to upgrade lighting, remove obstructions from doorways and windows, install lighting in parking and entry areas.
1.6.2 Install security measures to limit unauthorized access to school buildings	♦ School construction program to secure unused areas of buildings during after-school hours, reconfigure stairwells with exposed or hidden areas, install secure doors, upgrade quality of locks and security systems, and secure fire alarms and extinguishers.

Guidelines related to school facility designs are detailed in the School Construction Design manual for the New Haven schools. These standards apply to all new school construction and represent the standard for renovations that are carried out at existing schools. New Haven is unique among many urban districts in having recently completed construction of a new magnet high school for computer and health related studies and embarked upon a series of major renovations to some of its older schools. Many schools require upgrading to conform to safety standards, and the school construction program has developed a plan for these ongoing renovations. Facility standards are organized around the principle that the physical plant of a school can serve a deterrent function if it is constructed in manner that maximizes the openness of public areas while controlling access to those with a legitimate involvement with the school. Security in public areas is enhanced through appropriate lighting and unobstructed, visible access points (e.g., doors and windows). Unauthorized access is limited through detection systems (e.g., cameras, alarm systems), securing of unused portions of a building, use of high quality doors and locks, and the elimination of potential hiding places (e.g., closing in spaces beneath stairwells).

1.7 School Security Measures

The School Security Division of the New Haven public schools bears day to day responsibility for student and building security in a district comprised of 47 schools and nearly 20,000 students. Security personnel provide supervision at schools, as well as after-school, and community events. They patrol school facilities and grounds and are typically the first to respond to disturbances in and around schools.

PURPOSE: Enhance school security officers and aides in their capacity to prevent and respond to violent incidents in schools

Goals	Objectives
1.7.1 Improve early identification of youth at risk for violent and antisocial behavior	♦ Provide training about early identification and risk indicators for youth violence and criminal activity for the contingent of 65 school security officers and security aides
1.7.2 Improve weapons detection capacity	♦ Install walk-through metal detectors in 3 larger high schools (not with SS/HSI funds) ♦ Install two hand-held metal detectors in each high school (6 schools=12 detectors) and middle school (8 schools=16 detectors) (Not with SS/HSI funds)

Although fully staffed, inconsistent training in early identification and intervention hampers School Security Division responses to potentially violent or disruptive students. The Safe Schools/Healthy Students project would provide for the entire school security contingent to receive additional training in identifying and intervening with potentially disruptive and violent students, as well as collaborating more fully with School-Staff Support teams, School Resource and neighborhood patrol officers, and mental health professionals. School security officers also respond to potentially violent incidents such as reports of weapons and bomb threats. Their efforts will be enhanced through the provision of additional metal detectors. Weapons detection capacities will be upgraded so that each high school is equipped with freestanding and hand-held metal detectors, and each middle school is equipped with two hand-held detectors.

In order to maintain a safe and orderly environment for learning, the New Haven Board of Education instituted a school security program in 1978. Twelve security officers were assigned to the three large high schools in New Haven. Since 1978, the security division has expanded to its current complement of thirteen security officers and forty-nine security aides. Security officers are civil service employees who undergo police training to obtain special constable status. Security aides assist officers at neighborhood schools. Security personnel patrol school facilities, control access to buildings, assist in emergency situations, supervise school-related activities, and intervene in a range of school disturbances. Over the course of the 1997-1998 school year, security officers responded to 790 incidents involving physical altercations and violence, 74 serious threats, and 13 incidents of drug possession on school grounds. In 1992, the school district implemented comprehensive guidelines and protocols for crisis intervention that were created in concert with the Social Development Program, Yale Child Study Center, Child Development Community Policing Program, and Yale University Department of Pediatrics (New Haven Public Schools, 1993; Schonfeld, 1989). These protocols address issues of safety and security from the perspective of the mental health and well-being of students who may be directly involved or indirectly affected by a range of crises, including violence, suicide, or the death of a student or faculty member.

The ability of security personnel to detect illegal weapons will be enhanced by implementing the current metal detection program in all New Haven middle and high schools. At present one of three major high schools in New Haven is equipped with a walk-through metal detector. No weapons have been found at this school since its deployment. The other two large high schools and four middle schools are equipped with hand-held detectors. Video cameras are also employed in the two larger high schools. The current proposal would fully equip the three larger high schools with walk-through detectors and hand-held detectors. The eight New Haven middle schools would be equipped with hand held detectors. In order to provide adequate coverage for school entry points, five additional walk-through detectors would be placed in high schools, allowing two in the largest schools and one in the alternative high school for behavior-disordered students. Twenty-eight hand held detectors will be distributed to the 6 high schools and 8 middle schools.

C. Expected Outcomes

Anticipated outcomes for the goals and objectives related to School/Police/Mental Health partnerships include:

Direct Indicators of Success

1. Increased number of students identified and referred for mental health treatment due to violence in and around schools
2. Increased number of students identified and referred for mental health evaluation due to minor incidents of violence
3. Increased rates of treatment engagement for youth referred for mental health treatment
4. Decreased time to first clinical contact following treatment referral
5. Increased knowledge by teachers, officers, school security and truancy personnel of violence risk factors, symptoms of psychopathology, and child development
6. Increased number of home-visits by police, truancy, and probation officers
7. Increased number of schools with SRO coverage
8. Increased number of children receiving Guns Are Not Toys program
9. Increased number of children involved in police sponsored activities (e.g., Police Athletic League, Police Mentoring Program, Board of Young Adult Police Commissioners)
10. Decreased weapons possession and offenses on school grounds

Indirect Indicators of Success

1. Decreased frequency and severity of violent incidents on school grounds and in surrounding neighborhoods
2. Decreased frequency and severity of substance use and possession on school grounds and in surrounding neighborhoods
3. Decreased number of school suspensions due to violence and substance use
4. Increased school attendance
5. Increased perceptions of safety at school and in community
6. Improved perceptions of school climate
7. Decreased rates of truancy and dropout from school
8. Increased length of time between referrals due to violence, substance use, or truancy
9. Decreased frequency and severity of criminal activity and recidivism

2. Alcohol & Other Drugs & Violence Prevention & Early Intervention

A. Overview

There is a long history of problem-specific prevention and early intervention programs offered to children through schools. Greater appreciation for the co-occurrence of problem behaviors has induced schools to provide more comprehensive prevention programming that addresses the common underlying risk factors and develops competencies that protect children from involvement in an array of high-risk behaviors (Botvin, Schinke, & Orlandi, 1995, Dryfoos, 1990; Durlak, 1995). This change has resulted in considerable attention being paid to the effectiveness of programs that foster young people's psychological and social adjustment in order to strengthen their resistance to high-risk behaviors. Research indicates that prevention programs emphasizing only knowledge or information have little effect on behavior (Kirby, 1992; Tobler, 1986). In contrast, programs emphasizing a broader array of personal and social competencies—such as self control and monitoring, stress management, communication, assertiveness and peer resistance, and problem-solving and decision-making skills—are far more effective in improving children's social adjustment, aggressive behavior, peer relations, and coping capacities (Elias, et. al., 1986; Geston, et. al., 1982; Greenberg, 1996; Rotheram-Borus, 1988; Shure and Spivack, 1982, 1988; Weissberg, Gesten, Carnike, et. al., 1981; Weissberg, Gesten, Rapkin, et. al. 1981). Competency-based programs implemented in contexts that provide opportunities to apply skills and structures to reinforce them are even more effective in reducing negative outcomes and improving positive ones (Hawkins & Weiss, 1985).

In the mid-1980's, New Haven was struggling to address a variety of problem behaviors and negative youth outcomes including poor school performance, high drop-out rates, rampant substance use, rising teen pregnancy rates, and increasing involvement in violence and other gang-related activity. In response to these problems, the community (e.g. parents, educators, police, youth serving organizations) in partnership with the New Haven Board of Education orchestrated the development of the Social Development Program, a comprehensive initiative which provides a common framework through which all prevention efforts—violence, drug-abuse, drop-out, suicide, teen pregnancy, and other prevention programs—are coordinated through the school system. The program is now recognized for planning, implementing, and evaluating a comprehensive primary prevention program in all grade levels and all 47 schools in the district.

However, a recent 'pulse check' on our status with respect to school performance, drop-out, teen pregnancy, violence and substance use, suggests that our programs require 'fine tuning' (cf SAHA survey results, disciplinary actions, truancy, crime rates). In the planning process of this application, the community and BOE returned to the table to address these concerns and recommended modifications.

Essentially, the major problems of the existing curriculum include:

1. The high-school prevention curriculum is not sequential and is too broad;
2. There is limited teacher buy-in which leads to less understanding of the need for social competency building due to teaching load constraints;
3. There are no stand alone courses;
4. There is no personnel to train or coach high-school teachers in social development concepts and curriculum;
5. The administration does not use or reinforce problem solving curriculum skills in disciplinary situations;

6. The Mental Health/SSST personnel are frequently not aware of the prevention curriculum and tend to refer students outside of the school system for prevention resources;
7. There is limited integration with the community.

In addition to prevention programs focused within the schools, the New Haven community has a host of youth-based prevention and intervention programs. The focal point of youth oriented activities is the City-Wide Youth Coalition (CWYC) a community-wide commitment to positive youth development. The Coalition is comprised of over 30 agencies that advocate for, as well as help to develop necessary services for youth and their families. The Coalition encourages programs that have the three essential components for positive youth development: skill development, opportunities to practice new skills, and recognition that reinforces use of these skills. In addition, the City has an Administrative Core Unit that focuses on Youth Advocacy and youth activities/programs. In partnership with the CWYC, the City recently organized a Youth Congress that attracted over 150 youth to participate in the planning process of future activities. New Haven is fortunate to have a "Youth Development Training and Resource Center" which is a model for promoting youth development practices within the Greater New Haven area. The model includes a number of strategies for enhancing the professional development of community-based youth workers and is accessible to the community at large. A more comprehensive listing of over 30 city-based youth prevention activities are presented in the Attachments.

An analysis of areas requiring growth and development in discussions with these community forces include:

1. Better communication between the community and the school environment;
2. More programs aimed towards adolescents;
3. More job-related programs that are both private and public sector; and
4. The participation of youth in the development and promotion of youth policies/activities.

B. Goals and Objectives

In response to these recommendations we propose to modify/expand our current community and educational systems by:

5. Strengthening the development of social competence from pre-K through 12 with particular emphasis on high-school students
6. Closing the gaps in service delivery through improved coordination and service delivery in schools as well as within the community
7. Engaging in family capacity building in order to reinforce social competency in their children; and
8. Improving the identification of and monitoring of activities within and across the school and community systems.

The following table highlights the goals and objectives that we wish to achieve:

Purpose: to improve student social competencies such as communication skills, problem-solving and decision-making skills, stress management, tolerance of diversity, and anger management and self control.

Goals	Objectives
2.1 Strengthen and enhance the New Haven Public Schools model K-12 Social Development Program.	♦ Research, revise and update the Social Development curriculum to reflect current research and best practices, particularly at the middle and high-school levels. ♦ Increase the Social Development program's capacity to support and monitor curriculum and instruction by expanding program staff at the elementary and high school levels. ♦ Hire a Social Development service and outreach coordinator to increase the program's capacity to connect and coordinate with other prevention and intervention activities. ♦ Hire a Social Development staff developer/trainer to support increased training and dissemination activities. ♦ Refine evaluation design and feedback to better determine program strengths and weaknesses and incorporate these into planning activities.
2.2 Strengthen coordination of and communication between school and community prevention and early intervention efforts including resource sharing	♦ Assign Social Development prevention facilitators to each of the city's 10 community police districts and neighborhood management teams to voice school-related concerns in planning and response discussions. ♦ Assign School Resource Officers to each school's Student Staff Support Team to ensure that security issues are addressed in developmentally appropriate planning and response discussions. ♦ Create a Community-based Liaison in the Citywide Youth Coalition to maintain communication between youth groups and between other youth servicing systems (e.g. schools, juvenile justice). ♦ Participate in the SSHS Initiative's technology-based network and communication activities to refine identification of students engaging in risk behaviors to connect to services and resources.
2.3 Increase the capacity of adults throughout the community to support and reinforce the development of social competencies in children to support and reinforce the development of social competencies in children using principles and techniques from the Social Development Department	♦ Train all school security staff and school resource officers in substance use and violence prevention principles and techniques that are part of the Social Development curriculum. ♦ Train members of all Student Staff Support Teams and School Planning and Management teams in each of the district's elementary, middle, and high schools in substance use and violence prevention principles and techniques that are part of the Social Development curriculum. ♦ Train at least 200 parents/grandparents each year in substance use and violence prevention principles and techniques that are part of the Social Development curriculum. ♦ Develop a Public Awareness Campaign that integrates Social Development concepts and community substance prevention priorities and principles that involves students in efforts to address

Goals	Objectives
	substance abuse and violence and change peer and community attitudes toward substance use and violence.
2.4 Expand and enhance the Social Development mentoring program to provide intensive individual-level support to students who have been involved in school disciplinary problems or who are at high risk for involvement.	♦ Identify and pair 150 middle school students who are at-risk for involvement with drugs and/or violent/criminal activities with trained adult mentors. ♦ Develop a system of supports to assist students making transitions from alternative placements back to their regular-education settings. ♦ Develop and train in-school-suspension staff members and school administrators in a process for exiting ISS based on Social Development conflict resolution and problem-solving principles. ♦ Obtain a case manager from Big Brothers/Big Sisters to provide technical assistance to mentoring efforts in New Haven Public Schools both school-based and community-based.
2.5 Ensure the inclusion of Social Development problem-solving processes in the redesign of the district's in-school-suspension program.	♦ Participate in the revision of the ISS program and advocate for and exiting process based on Social Development conflict resolution and problem-solving principles. ♦ Train in-school-suspension staff members in Social Development principles and techniques.
2.6 Strengthen the mental health of children and their families. Support the efforts of adolescents and their families to resolve conflicts through non-violent and productive means.	♦ Provide conflict mediation services to parents and teens through Community Mediation, Inc. ♦ Social development facilitators participate on pre-referral teams (PAS concept, cf mental health section) within the schools in order to tighten communication between service providers, school administrators and teachers ♦ Community Mediation Programs will work with Family Resource Centers, New Haven Police districts and others to train and counsel adult to adult and parent/child mediators.

C. Current Social Development Program Components

The Social Development Program consists of three primary elements:

1. A K-12 social competence promotion curriculum that includes a continuum of developmentally appropriate components designed to promote positive and healthy development, while reducing the occurrence of problem behaviors, especially substance use and violence (many of the curriculum components are consistent with evidence-based level I or II criteria and are either drawn from nationally recognized programs or were developed at Yale and are widely used nationally) (see table summary) [see Appendix for the Social Development Program sequence, curriculum scope and key concepts];
2. A program of diverse school and community activities that reinforce the Social Development curriculum and channel the energy of students into pro-social, structured activities; and

3. A support system of adults who are provided opportunities to receive training, to reflect on instructional strategies, to engage in discussions and plans on behalf of children to support their social and emotional development in appropriate ways such as school mental health teams, community agencies, substance prevention and/or improving policies and procedures.

Empirical Support for the Social Development Program	
Research Citation	**Intervention Focus**
Botvin, et al., 1998	• Life Skills Training: Promote social skills, prevent substance use
Caplan, et al., 1992	• Social competence promotion: communication skills, prevention of antisocial behavior
DuRant et al., 1996	• Running Ahead: Conflict resolution, violence prevention
Ellickson & Bell, 1990, 1993	• Project Alert: Prevent substance use
Gottfredson, 1986	• Early Intervention: Delinquency & substance use prevention
Greenberg et al., 1998	• PATHS Program: Promote social competency, prevent aggressive behavior
Grossman et al., 1997	• Second Step: Prevent violent behavior, promote prosocial behavior
Hawkins et al., 1985, 1992, 1995	• Seattle Social Development Program: Conflict resolution, delinquency & substance use prevention
LoSciuto et al., 1996	• Across Ages: Social competence, substance use prevention
Pentz et al., 1998	• Midwestern Prevention Program: Substance use prevention

Through the Social Development Program, the district administers the Social and Health Assessment (SAHA) to follow trends in behaviors such as substance use, involvement in delinquent-type behaviors, and high-risk sexual activity as well as mental health status, environmental exposures, and attitudes that serve as risk or protective factors. The SAHA has been administered to students in 6th, 8th, and 10th grades every two years since 1992. During the first half of the past decade, cigarette, alcohol, and marijuana use increased among 6th, 8th, and 10th graders, and the perception of risk associated with substance use diminished. While reported substance use rates stabilized or declined slightly in the most recent assessment, rates remain higher than they were in 1992. Although students' willingness to use violence to resolve conflict and reports of involvement in gang violence and weapon carrying have declined, student exposure to violence remains high: 25% of students report having witnessed a stabbing, 35% report having witnessed an actual or attempted shooting, and almost one-fifth report having been threatened with serious physical harm in the last year. Violence exposure — whether as victim, witness, or perpetrator — is associated with a number of negative outcomes for youth (Schwab-stone et al, 1996). Despite reductions in community and school-related violence, the number of students reporting that they do not feel safe in a variety of school settings increased during the latest assessment.

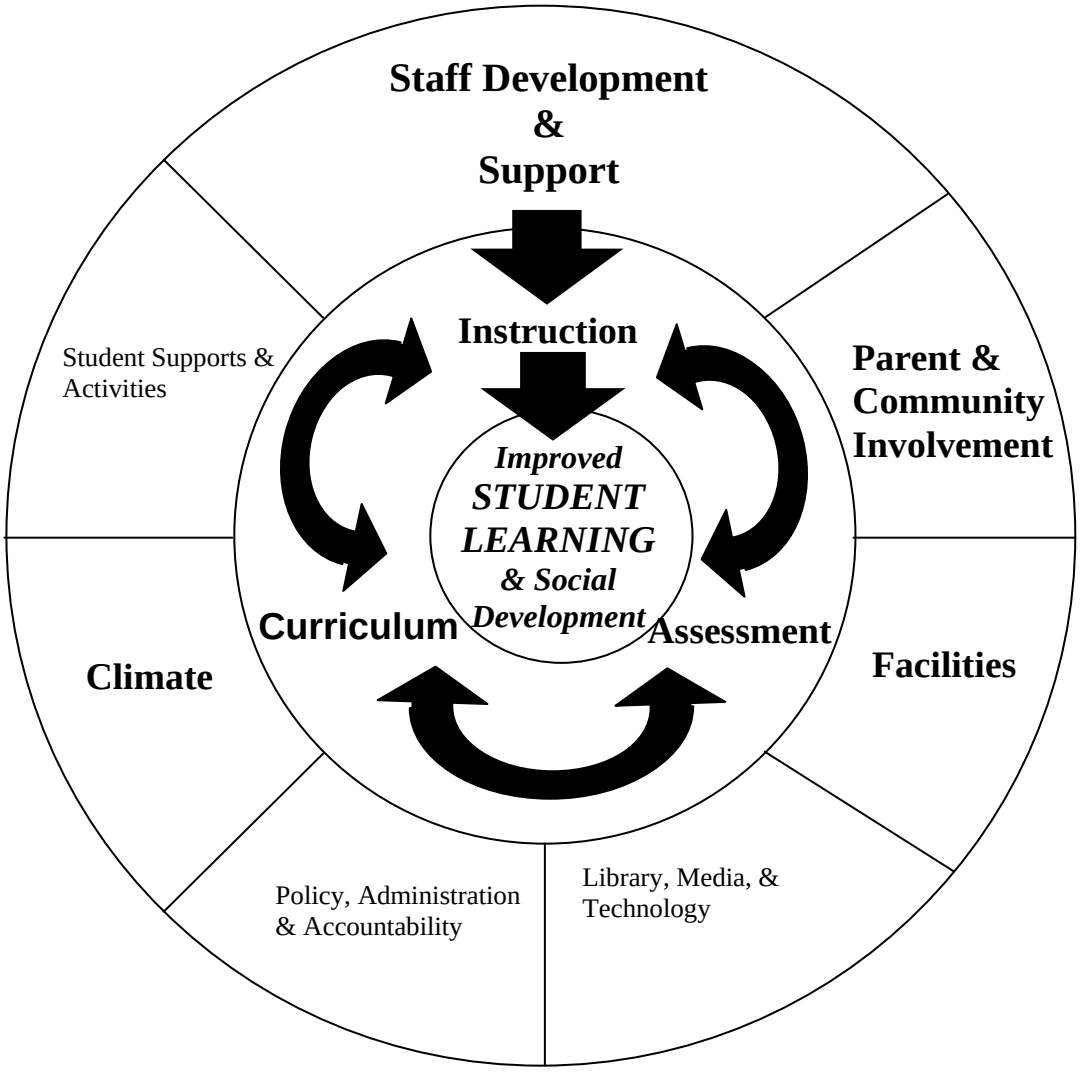
Problems associated with poverty and exposure to a variety of other risk factors are exacerbated by nonexistent or inadequate protective factors. Among these are a lack of positive and engaging alternative activities, underdeveloped youth problem-solving and coping skills, and the absence of sufficient adult guidance and positive role-models. Combine these with complex, fragmented, over-taxed or insufficient early identification and intervention services; inconsistent messages from parents, teachers, and various

media; and pressures associated with growing up in an increasingly diverse and complex society, and the likelihood of healthy development is significantly diminished.

Alcohol and other drug and violence prevention and early intervention are central features of the comprehensive plan to guarantee that all students have the opportunity to learn in a safe, disciplined, and drug-free environment. The program seeks to reduce risk factors and increase protective factors through school and community-linked support services and interventions.

At the heart of the proposed effort to improve prevention and early intervention services related to alcohol and other drug use and involvement in violence is the New Haven Public Schools' Social Development Program.

The following schematic represents an overview of the SDP and how it interfaces with other components of the school system.



D. Strategies

Goal 2.1: Strengthen and enhance the New Haven Public Schools model K-12 Social Development Program.

In order to strengthen and enhance the SDP, we propose to revise and update the curriculum to reflect current research and best practices. For almost 10 years, the Social Development Program has had in place a comprehensive K-12 curriculum that focuses on the skills, knowledge, attitudes, and values that students need to communicate effectively as well as to avoid involvement with alcohol and other drugs, and resolve conflicts in a non-violent fashion. Components of this curriculum—really a series of grade-level curricula developed locally and elsewhere by nationally recognized educators and prevention specialists—have been shown, with varying levels of scientific rigor, to be effective in improving student competencies and reducing involvement in problem behaviors. The table below reflects the current developmentally-based curriculum and provides information on the quality of the program according to the evidence-based criteria provided in the RFP.

In order to meet the changing needs of our students and incorporate current prevention research and best practices, the curriculum is periodically updated. The middle-school curriculum is currently undergoing an intensive review and revision process that will continue for the next two years. Building on this process, the program will begin the revision of the elementary and high school curricula as part of this initiative. Social Development facilitators, teachers, trainers will seek involvement of and input from prevention specialists and researchers, local mental health clinicians at the Yale Child Study Center, the Child Development-Community Policing program, parents, students, and youth service organizations. As in the development of the current curriculum, the revision process will include a careful review of recent evidence on the effectiveness of prevention and early intervention programs, the selection of programs that are appropriate to the developmental needs and cultural diversity of the school population, and will consider the feasibility of faithful replication of studied programs.

In order to undertake a revision of the curriculum and coordinate service increases proposed in this plan, additional Social Development staff is necessary. Staff additions will include:

1. An itinerant Social Development facilitator to support programming at the high school level, and a facilitator to support programming at the elementary school level;
2. A Social Development service and outreach coordinator to increase the program's capacity to connect and coordinate with other prevention and intervention activities. This person would be responsible for coordinating and facilitating school-based services and aggressively enlisting community-based organizations in efforts to meet the needs of all children and youth, but particularly those at highest risk of problem behaviors.
3. A Social Development staff developer/trainer to support increased training and dissemination activities. Several training initiatives are included in the plan to disseminate information on Social Development principles and increase their use throughout the community. Support for the expansion of this training will be provided by the addition of an experienced Social Development trainer to the district Social Development staff. This person will be responsible for coordinating training with the Child Development-Community Policing program, school security officers, the Citywide Youth Coalition's community liaison, and the New Haven Public Schools staff development coordinator.

In addition to hiring additional staff, the SDP will refine the evaluation design and feedback mechanism in order to better determine program strengths and weaknesses and incorporate these into planning activities. Through the Social Development Program, the New Haven Public Schools has put in place a comprehensive K-5 screening and K-12 monitoring system through the Teacher-Child Rating

Scale and the Social and Health Assessment. Because of public resistance to a randomized-controlled implementation of the Social Development curriculum and support services, evaluation of the program, beyond the grade-level components evaluated by their developers, has not been possible. However, through ongoing assessments and the phased-in implementation of the program, the potential for studies examining the long-term impact of the program along with dose-response comparisons will allow a more critical assessment of the program. Through continued collaboration with the Child Study Center, the Social Development Program will examine more extensively the effects of the program. This examination will be used in the ongoing process of program revision and adaptation.

Goal 2.2. Strengthen coordination of and communication between school and community prevention and early intervention efforts.

Strong ties linking school-based Social Development prevention and early intervention efforts to community efforts to address the needs of children and youth are critical to the optimal success of the comprehensive Safe Schools/Healthy Students plan. These linkages can be most directly made through assignment of intervention specialists and facilitators on community planning and monitoring committees. Social Development prevention facilitators will be hired to serve on substation management teams—neighborhood-based committees involved in planning and responding to a wide range of neighborhood issues—and will represent the prevention/intervention-related concerns of the schools within the community policing district. In addition, facilitators will be responsible for monitoring and supporting the implementation of the Social Development program in assigned schools and serving as the link between the Social Development Program, individual schools, and the surrounding community. Related activities include: coordinating peer mediation activities, facilitating peer education and mentoring programs, linking schools to the Social Development Program's grandparents and parent involvement and education programs, coordinating school leadership conferences, supporting the in-school-suspension program in assigned schools, and linking the after-school activities to the Social Development Principle. Facilitators will also serve on school Student Staff Support Teams.

As a complement to the plan to place Social Development Prevention Facilitators on Community Policing Neighborhood Management Teams, School security staff and school resource officers will be assigned to school governance and planning structures, the School Planning and Management Teams and the Student Staff Support Teams. In this way, school safety and security issues will be represented in all team discussions and can be addressed as a regular component of school planning.

The Citywide Youth Coalition (CWYC) represents 30 community-based organizations serving city youth. Building and strengthen the capacity of the coalition to coordinate activities and reduce duplication of services will strengthening school-based efforts to link children with community services that are located in their neighborhoods and are designed to match the neighborhood culture and values. The person hired as the Citywide Youth Coalition liaison will serve on the district-level SSST to ensure strong linkages and consistent approaches. In New Haven, we are fortunate to draw upon the expertise of the Youth Development Training and Resource Center to assist in training workshops.

Goal 2.3: Increase the capacity of adults throughout the community to use Social Development principles and techniques to support and reinforce the development of social competencies in children.

A number of initiatives will occur in order to strengthen and build capacity of adult involvement with children:

1. Training of all school security staff and school resource officers in substance use and violence prevention principles and techniques that are part of the Social Development curriculum;

2. Training members of all Student Staff Support Teams and School Planning and Management teams in each of the district's elementary, middle, and high schools in substance use and violence prevention principles and techniques that are part of the Social Development curriculum;
3. Train at least 200 parents each year in substance use and violence prevention principles and techniques that are part of the Social Development curriculum.

Social Development training over the past several years has focused primarily on the district's teachers who implement the curriculum in the classroom. In order to support and reinforce the school curricula, we are proposing an expansion of the current Social Development training to include other teachers and school personnel as well as parents and community members involved in youth service provision. The goal of this expanded training program is to involve family, school and community adults in supporting the goals and objectives of the Social Development Program. Under this plan, school personnel, parents and service providers will be trained in the same conflict resolution, problem solving, and communication skills that students learn, and will also be taught how to use conflict resolution and problem-solving skills to approach disciplinary problems in creative, effective, and productive ways that focus on solutions to problems rather than simply on punishment for disruptive, inappropriate, or aggressive behaviors.

Training sessions will be conducted and coordinated by Social Development Program staff in collaboration with PTOs, SPMTs, SSSTs, Family Resource Centers and community-based organizations through opportunities at community police substations. The expanded training will build on an eight-hour training model piloted previously with parents.

Specific efforts will be made to reach more parents by responding to suggestions offered through previous participant feedback. Previous parent training sessions have been successful in part because transportation, meals, childcare, and a small stipend were provided to parents attending the entire series of sessions. In addition to parent supports and incentives, training will be enhanced by:1) holding multiple training sessions in schools that are closer to participants' homes; 2) including parents and local community organizations in both the planning and presentation of workshops; 3) expanding the resource directory presented to parents; and 4) holding follow-up sessions to provide further support to parents in their efforts to participate in school programs, particularly those which promote school safety and drug and violence prevention

Support for the expansion of Social Development training for parents and community members will be provided through the addition of an experienced Social Development trainer. This person will be responsible for coordinating training with the Child Development-Community Policing program, school security officers, the Citywide Youth Coalition's community liaison, the New Haven Public Schools staff development coordinator, and aggressively enlist community-based organizations.

In order to promote community awareness a comprehensive Public Awareness Campaign will be developed that integrates Social Development concepts and principles and involves students in efforts to address substance abuse and violence and change peer and community attitudes toward these problems. Through work with New Haven Public School Students, the New Haven Department of Police Services, New Haven Fighting Back, a community substance abuse intervention, education, and treatment collaborative, the Social Development Program will develop a public awareness campaign that integrates key Social Development concepts and sound prevention principles. Through a marketing analysis of adolescent "consumers" and other social marketing strategies, a campaign to increase community awareness and dialogue about strategies that support healthy social development and increase students' capacity to avoid negative involvement (e.g., the social problem solving process, communication skills, and conflict resolution strategies) will be launched. The campaign will be directed to youth and their families and could include PSA's on local radio stations, use of Community TV, progressive billboard campaigns, and potentially direct mailings. In addition, the campaign might include the development of a

marketing plan to inform students, parents, teachers, administrators and residents about training opportunities and other events; speaking engagements; distribution of educational resources and materials; production of newsletters; and coordination of conferences, press and other media events. Public awareness specialists from Fighting Back and other partners will provide technical assistance to the Initiative regarding the development of press and other media strategies. The School Planning and Management Teams, Safe Schools/Healthy Students staff, students and Community Management Teams provide direct linkages into the heart of our neighborhoods--making it possible to "saturate" the entire community.

Goal 2.4. Provide intensive individual-level support to students who have been involved in school disciplinary problems or who are at high-risk for involvement by expanding the Social Development mentoring program and supporting students in transition from alternative placements back to the regular education setting.

The goals of the Social Development mentoring program are to a) promote social development, academic success, and self esteem among city youth, b) reinforce communication, problem-solving, and abuse prevention skills; c) provide activities and opportunities for educational enrichment; and d) respond to the needs of at-risk students through on-going, one-on-one relationships with adult volunteers.

During the past 8 years, the Social Development mentoring program has trained and matched over 700 volunteers with students in the schools. The current program links students to police officers, firefighters, juvenile justice and corrections personnel. The program is limited in its efforts to reach all students in need of adult mentors by a lack of adequate recruitment and community linkages: only one person plans activities for the program and recruits, trains, matches and follows-up on mentors. Linkages with public, fire, juvenile justice and correction services will be improved through added support for recruitment, training, and continuing mentor support. Mentor training will be provided in child development, diversity, communication, problem-solving, and community resources in conjunction with other training outreach effort (see above). Prevention Facilitators assigned to schools in each of the 10 community policing districts will coordinate the Social Development mentoring program with other community-based mentoring programs such as Big Brothers/Big Sisters to ensure that they include the essential elements of effective mentoring programs and provide ongoing monitoring and support for mentors. A district-wide mentoring coordinator (TBH) will be responsible for linking the citywide effort to schools and neighborhoods through the police substations and for maintaining program quality and integrity.

Goal 2.5. Ensure the inclusion of Social Development problem-solving processes in the redesign of the district's in-school-suspension program.

As the New Haven Public Schools' prevention and early intervention department, the Social Development Program oversees or is linked to several early intervention programs for students who are already experiencing difficulties in one or more areas of their lives. These programs will continue to be linked to the Social Development Program, and Prevention Facilitators in the community policing districts will link individual students to these efforts. In particular, the development of a consistent, structured program for students placed in ISS and a process for resolving the issue that resulted in suspension and creating a plan for reentry into the regular school program is critical. In addition, efforts link students to peer mediation services and implement a consistent referral process will be facilitated through this planning process.

Goal 2.6. Support the efforts of adolescents and their families to resolve conflicts through non-violent and productive means.

Social Development Program violence prevention instruction will be augmented by strengthened and intensified peer mediation programming. A peer mediation program was initiated as part of the Social Development Program in 1990 and has relied on a collaboration with Community Mediation (CM), Inc., a non-profit, community-based mediation program handling disputes within neighborhoods, families, schools and other organizations as well as on an alliance with Drugs Don't Work, a state wide prevention and intervention initiative to reduce the social and behavioral mayhem associated with substance use and abuse. [see Attachment 3 for full program description and evaluation findings.] The peer mediation program teaches students to resolve conflicts using communication, problem-solving, and mediation skills. The peer mediation program empowers youth and helps them prevent disputes from escalating into violence, in both formal mediation situations and informal interactions with peers. This project will be expanded and enhanced through four program components:

1. Community service: Community Mediation, using its network of clients, will link fully-trained peer coordinators with opportunities to perform mediation and to co-present conflict resolution workshops as a community service to community-based, youth-oriented programs.
2. Each middle school and high school will designate two on-site peer mediation coordinators, one of whom, in the case of the middle schools, will be the youth advocate. These on-site coordinators will recruit student mediators, co-trainers and co-presenters; schedule training sessions; receive case referrals; schedule mediations; keep data on the program; and meet regularly with the trained mediators to upgrade their skills and discuss problems and challenges.

E. OUTCOMES

Direct Indicators

1. Reduce substance use among middle and high school students.
2. Reduce students' involvement in fighting and their willingness to fight to resolve conflicts.
3. Reduce the percentage of students who carry weapons in school.
4. Increase perceptions of risk associated with substance use (both level of risk —mean risk scores— and the percentage of students who perceive at least some risk).
5. Increase the percentage of students who report feeling safe in all school settings—

3. School & Community Mental Health Preventive & Treatment Intervention Services

A. Overview

Although psychotherapy has been shown to be an effective response to a range of childhood disturbances (Kazdin, 1994; Lipsey & Wilson, 1993), empirical support has done little to ameliorate barriers related to the inability of some families to utilize traditional clinic-based care, as well as to

problems with service availability, delivery and reimbursement (Barlow, 1996; Chorpita et al., 1998; Stroul et al., 1998). New Haven has been at the forefront of efforts to provide mental health treatment to underserved children through an extensive network of collaboration involving the Yale Child Study Center, surrounding community mental health clinics, the Department of Children and Family Services and the New Haven Public Schools. Like many urban locales, New Haven has struggled to stem the tide of urban decay and unacceptably high rates of social and economic impoverishment.

Results from the 1998 Social and Health Assessment indicate high rates of emotional and behavior disturbance among New Haven school children, rates that are comparable to or even exceed prevalence rates reported for the general population of children. Kazdin (1993) reviewed prevalence estimates of mental disorders among children and adolescents and concluded that between 17% and 22% of youth "suffer developmental, emotional, and behavioral problems" (p. 131-132), with many vulnerable to long-term psychological and social impairment. Between 15% and 30% of youth fail to complete high school, and those who become disenfranchised from school are subject to a much higher incidence of criminal activity and arrest. The prognosis for emotionally and behaviorally disturbed children remains a pessimistic one in the absence of concerted intervention (Achenbach, et al., 1998; Kazdin, 1993; Stanger, Achenbach, & McConaughy, 1993; Weissberg, Caplan, & Harwood, 1991).

Mental health professionals throughout New Haven have engaged in a critical process of examining the strengths and weaknesses of the current mental health system and specifying areas needing improvement. Treatment providers repeatedly cited barriers to treatment access and insufficient coordination of mental health treatment with other service providers. Families may fail to access needed services for reasons attributable to the very problems which engender their need for care as well for those related to the sometimes confusing and difficult requirements of the service delivery system. Thus, some families may experience life as overly fragmented and chaotic, which prevents them from sustaining a regular treatment relationship. Others become marginalized due to a disjointed system of care that can place excessive restrictions on access to providers, duration of treatment, and financial reimbursement for care (McKay, McCadam, & Gonzales, 1996). Many urban families must not only contend with a disjointed and poorly coordinated treatment system, but must also negotiate competing demands from medical providers, schools, employers, and social service providers. Finally, a large segment of the population lacks the necessary knowledge base related to parenting and child development to differentiate normal development from indicators of psychopathology (see Bobbitt et al., 1998; Szilagyi, 1998).

New Haven has been relatively fortunate in having a community-campus mental health partnership, involving the New Haven Public Schools, Yale Child Study Center, and School-based Health Clinics, that facilitates access to state-of-the-art concepts in the integration and delivery of mental health services from a developmentally, culturally, and empirically informed foundation. The Safe Schools/ Healthy Student proposal attempts to realize the strengths of existing treatment collaborations through a three-part strategy that addresses prominent weaknesses inherent in the current mental health service delivery system:

1. Expansion and improvement of the existing school-based mental health treatment services operated by the Yale Child Study Center, Clifford Beers Child Guidance Clinic, and Hill Neighborhood Health Center.

2. Enhancement of the administrative structure of New Haven's School-Based Health Clinics in order to improve assessment, referral, treatment coordination, and service delivery for children in the New Haven Public Schools.

3. Improve collaboration and integration between mental health, educational, law enforcement, and social service providers who provide a safety net for New Haven's most vulnerable students.

PURPOSE: Provide full access to comprehensive mental health services for all school children at-risk for mental health problems, academic failure, and psychosocial impairment.

GOALS	OBJECTIVES
3.1 Ensure Mental health services are integrated within a comprehensive school-based mental health program.	♦ By the end of first 6 months, all mental health partners will have agreed on a coordinated integrated system of assessment, referral and follow-up as measured by a contract between the schools and the mental health providers. ♦ By the end of the second year, all schools will have access to either a part-time or full-time mental health clinician to work with students and coordinate treatment with school personnel. ♦ By the end of the second year , the school system will provide an initial mental health consultation to 90% of the students identified through screening and assessment ♦ By the end of the third year, at least 55% of the students seen for initial consultation will complete the evaluation and recommended treatment. ♦ By the end of the third year, at least 60% of those receiving services will have improved over the course of treatment, as evidenced by improved C-GAS and GAF scores. ♦ By the end of the third year, at least 60% of treated children will demonstrate improved attendance and school performance as measured by absentee rates and grades in major academic subjects
3.2 Provide screening for the detection of problem behaviors and insufficient acquisition of competencies	♦ By the end of the first year, teachers will screen all K-5th grade students using TCRS, attendance records and observation. ♦ By the end of eighteen months, educators will screen all 6th-12th-grade students on the predictive indicators of absenteeism, disciplinary and criminal records, and academic performance.
3.3 Provide referral and follow-up for all students with mental health treatment needs	♦ By the end of the first year those for whom treatment consent is obtained will meet with a school-based clinician within 7 days of referral. ♦ By the end of eighteen months, 90% of the students identified will have received a mental health evaluation and treatment plan. ♦ Evaluations and treatment plans will be coordinated through the Plan for Alternate Strategies (PAS) Committee. ♦ By the end of eighteen months, the Management Information System (MIS)will provide data for monitoring treatment progress and service utilization through the Plan for Alternative Strategies committee, SSSTs, and School-based providers.
3.4 Engage teachers and parents in identifying at-risk children and managing disruptive behaviors at home and in the classroom	♦ Social Development Program and school-based clinicians to provide education and consultation regarding identification of early signs and symptoms of mental health problems and behavior management strategies in home and classroom settings

GOALS	OBJECTIVES
3.5 Develop " best practice protocols" across the mental health partnership	♦ A best practices committee will be formed within three months to review treatment literature and develop practice guidelines for school-based mental health services. Preliminary practice guidelines will be distributed for review by the end of the first year.

The goals for the School and Community Mental Health Preventive and Treatment Intervention Services element of the Safe Schools/ Healthy Students proposal encompass the range of school based mental health services through the strengthening of school and community collaborations which foster early identification of and intervention with emotionally and behavior disturbed students of all ages. Objectives call for improved recognition, referral, evaluation, and treatment of children and families, as well as systemic interventions involving improved data management, outcome evaluation, and training for educators and parents.

B. STRATEGIES

Goal 3.1: Ensure Mental Health services are integrated within a comprehensive school-based mental health program.

A range of biological, psychological, familial and environmental components influences the maturation and health of a child. Disturbance in one or several of these areas could produce mental health problems, which, in turn, affect the child's emotional, behavioral, social, and educational functioning. Prevalence rates for childhood psychiatric disorders range from 17% to 22%, yet many children do not receive needed mental health treatment. In the United States alone, researchers estimate that two-thirds of children remain untreated and eight million are significantly underserved (Kazdin, 1993).

The prevalence of childhood disorders may be still higher in disadvantaged urban settings, where prevalence rates may range as high as 25%. Despite overwhelming need, few inner-city children receive mental health services; some have estimated that only three to five percent of children who require mental health services are engaged in the treatment system (United States Congress Office of Technology Assessment, 1986). Within New Haven proper, the prevalence rates appear notably higher, while service utilization has clearly not kept pace with community needs. Zahner and colleagues (1991, 1997) reported that approximately 40% of students were at risk for psychiatric disorders, but that only 11% had utilized mental health services. Results from the Yale Child Study Center Outpatient Clinic reveal that many families who initially access care are unable to sustain clinic-based treatment and quickly drop out and become lost to follow-up. These families are traditionally viewed as representing instances of treatment failure, yet current thinking by mental health providers and educators suggests that the problem lies with a traditionally inflexible service delivery system that has been overly reliant on clinic-based care (Armbruster and Schwab-Stone, 1994; Armbruster and Fallon, 1994).

The gap between need and utilization of services has been attributed to a range of factors. Families may fear stigmatization of themselves or their children should their receipt of mental health services become known. Many urban areas suffer from insufficient availability and accessibility of children's mental health services. In a related vein, parents may be unaware of available mental health providers and resources in their localities. When services are available, there is frequently a lack of cultural congruency between clinicians and families that may be related to language barriers and poor ethnic matches (Garrison et al., 1999). Affordability has been identified as an additional barrier to services. In fact, those most in need of services are those who typically perceive the greatest barrier to obtaining care due to lower socioeconomic status and disenfranchisement from public institutions. Accessibility

becomes still more problematic for children who must rely on parents and other adult caretakers to initiate and sustain contact with treatment providers. Once services have been procured, treatment may falter due to a lack of coordination and collaboration among human services, educational, child welfare and other community institutions.

The centrality of schools in the development of children has been recognized at local, national, and international levels. A 1994 World Health Organization stated, "Schools have a central position in many children's lives and potentially in their development, especially when families are unable to assume a leading role. Therefore, schools, for many children, may be the most sensible point of intervention for mental health services" (p. 1). Nastasi et al (1997) concluded that mental health programs located within schools is the optimal delivery of mental health services to youth. In an examination of national policies for children with behavioral and emotional problems, Knitzer, Steinberg and Fleisch (1990) concluded that close collaboration between schools and children's mental health services represents the optimal treatment modality for children who otherwise might not have access to treatment.

In the Great Smokey Mountain Study of Youth, schools were clearly "the major player in the de facto system" for the delivery of children's mental health services (Burns et al., 1995, p.155)

> "*During the past 25 years, parents, school officials, health providers and public agencies have tested the effectiveness of SBHCs. The centers' rapid growth reflects the enthusiasm schools and communities have for this approach"*
>
> Robert Wood Johnson Foundation

The provision of mental health services in schools is compelling for several concrete and pragmatic reasons. Transportation and parental schedules, an identified barrier to accessing mental health services are eliminated when children are already present in the school setting. Collaboration with key school personnel (e.g., teachers, school social workers and psychologists) is more easily accomplished when the clinician becomes a consistent member of the professional school community. School personnel may have lengthy relationships with children and families that become invaluable sources of information for treatment evaluation and planning. Within the school, clinicians may observe children in a variety of interactions with authority figures and peers across multiple classroom, lunchroom, and recreational settings, thus enhancing the process of clinical evaluation.

The presence of a mental health practitioner in the school, working collaboratively with school personnel, may also inform parents about mental health services often unknown to them and provide a basis for supportive parent and family interventions. Clinicians may tap into positive relationships between parents and schools as an initial motivation for engagement and compliance with treatment recommendations. For many parents and children, the school setting offers a sense of familiarity, accessibility and acceptability, which they may not experience in the traditional outpatient mental health clinic. In fact, schools often serve the children of families who have been unable to comply with or sustain treatment in the clinic setting. By providing services in the school, the mental health needs of a segment of the child population at greatest risk for treatment noncompliance and premature termination can be addressed in a comprehensive manner (Armbruster & Schwab-Stone, 1994; Armbruster & Fallon, 1994).

In recent years, researchers have lent empirical support for the effectiveness of school-based mental health treatment. Hoagwood and Erwin conducted a meta-analysis comprising the 16 studies of school-based treatment that relied on randomization to a treatment or control group with standardized assessment of outcome. Their results were promising, as the cited evidence for the effectiveness of cognitive-behavioral interventions, social skills training, and teacher consultation, three modalities that are commonly used within New Haven schools. Gottfredson (1986) described a school-wide intervention for preventing juvenile delinquency that addressed school management, climate, academic performance, vocational planning and mental health treatment. The program was implemented in nine secondary schools, with schools and their student populations randomly assigned to treatment or control conditions.

Results indicated significant improvements among students in the treatment condition in terms of serious delinquency, drug involvement, and suspension, with the greatest benefit accruing to the most disturbed students. Beyond the benefit of reaching children who would not likely be treated in the clinic setting, results indicated similar effectiveness of school and community clinic based treatment (Armbruster & Lichtman, in press; Weist et al., 1996, 1999). Longitudinal studies similarly supported the provision of mental health services in the school setting (Pearson, Jennings, & Norcross, 1998; Pfeiffer & Reddy, 1998; Weissberg et al., 1983).

School-based mental health services have historically been provided through one of two models. In the first, a child guidance clinic, children's outpatient psychiatric clinic, or a community mental health center provides off-site services by assigning one or more clinicians to specific schools. In the second model, mental health services represent one component of a School-Based Health Center (SBHC), a free-standing, school-based health clinic that may provide a range of primary healthcare services, including treatment of acute illnesses and accidents, health screenings, physical examinations, family planning, and in some cases, management of chronic illnesses. Most SBHCs include mental health treatment as part of their treatment package (Armbruster et al, 1999; Flaherty, Weist, & Warner, 1996; Weist, 1997; Weist et al., 1999; Zimmerman & Reif, 1995).

Numerous authors have emphasized the ongoing gap between need and utilization of children's mental health services and the role of SBHCs in closing the gap. SBHCs offer benefits such as improved accessibility, the possibility of early intervention, the potential for fulfilling requirements for comprehensive healthcare (Adelman & Taylor, 1999). SBHCs have been especially successful in serving vulnerable populations; by providing initial care, entry to an extended service system, referral to specialty care providers; and public health initiatives that promote healthy lifestyles and disease prevention. SBHC approach also fosters collaboration through the development of sustained relationships and contact with educational staff, the opportunity for consultation with other medical and other service providers, and the opportunity for family outreach and home visits. Mental heath clinicians working within SBHCs conduct prevention and education programs for students, as well as staff, addressing such topics as substance abuse, violence, peer pressure, and conflict resolution.

Nonetheless, there remain several obstacles, which preclude an exclusive reliance on the SBHC strategy of school-based intervention. In an era when many outpatient clinics are reimbursed for less than half of their clinical care, SBHCs are especially vulnerable to healthcare market forces driven by principles of cost containment, prior treatment authorization, and ongoing utilization management by managed care organizations (MCOs). With the implementation of managed care within the Medicaid system, SBHCs became subject to the same procedures as other medical and psychiatric facilities. Where SBHCs were created in an era of more generous remuneration through grant funded sources, they now must conform to stringent criteria for reimbursement of individual, family, or group psychotherapy. Organizational resources become strained by requirements for provider credentialing, documentation, treatment review, quantitative assessment of treatment progress, and periodic site visits by the MCO. On a more promising note, SBHCs may provide a valuable role in dissemination of information about federally funded programs designed to provide access to healthcare for uninsured children.

Current Mental Health Practice

Youth Served 97'-98'

SBHC

- 2804 visits for mental health and substance abuse

YCSC Outpatient Clinic

- 358 clients for emotional and behavioral problems

In 1992, the Yale Child Study Center Outpatient Clinic developed a school-based mental health program to bring its services to the inner-city schools of New Haven. The program began with four schools but was expanded gradually to cover almost every school in New Haven (90% of New Haven schools had their mental health services augmented by a Child Study Center clinician in the 1998-1999 school year). Since the inception of the program, its primary goal has been to provide access and outreach in

order to engage underserved, disadvantaged children in high-quality mental health services and to collaborate more closely with schools in enhancing the emotional and behavioral health of students.

The New Haven Schools-Child Study Center program has been built on the foundation and principles of collaboration instituted by the School Development Program, developed in New Haven by Dr. James Comer (1985, 1988). At present, the Comer School Development program enhances school functioning, climate, and participation through the School Staff Support Teams (SSSTs) and the School Planning and Management Teams (SPMTs). In 1994, the World Health Organization advocated precisely this type of project involving both child-centered treatment and school centered environmental change strategies.

Mental Health Partnership

- Yale Child Study Center
- Clifford Beers Clinic
- Hill Health Clinic
- Dixwell/Newhallville Health Clinic
- Department of Children and Families

Two years previously in 1992, the New Haven Public Schools and the Department of Children and Families requested that the three child guidance clinics provide school-based mental health services for underserved youth in New Haven. To date, the Yale Child Study Center Outpatient Clinic has been the major partner in providing mental health services in the schools. With the expansion process in mind, there has been a resurgence of interest by local providers of children's mental health services.

Referral and Assessment Methods

Although referral processes vary somewhat within different schools, a process involving multiple points of service entry is envisioned. The proposed model calls for increased integration with the Comer School Development Program, whereby mental health referrals could originate with any concerned adult within the school and would be coordinated through the SSST. As in any treatment setting devoted to children, parental consent for treatment and collaboration with school and other personnel represents a prerequisite for treatment. The proprietary outpatient clinic assumes legal and ethical responsibility for the treatment of each child, and children treated in a school-based clinic are assured the same evaluation and treatment they would receive if they had entered a central clinic. All children seen in the schools are assigned to the clinic's weekly interdisciplinary treatment team, and hence are subject to the identical review and quality assurance programs applied to clinic-based cases. An additional monthly treatment review occurs at each school to ensure integration of school-based services both within and beyond the immediate school environment. These meetings represent an additional opportunity for collaboration and case planning with other professionals.

The YCSC Outpatient Clinic adheres to a protocol requiring admission and discharge diagnostic assessment of each child using DSM-IV diagnoses (American Psychiatric Association, 1994) and functional assessment with the Children's Global Assessment Scale (C-CAS) and the children's version of Global Assessment of Functioning (GAF). Whenever possible, parents and teachers complete the Child Behavioral Checklist, a broad-spectrum, objective assessment of childhood symptomatology (CBCL; Achenbach, 1991) and the Family Assessment Device, a well-validated measure of familial disturbance (FAD; Miller et al., 1985). This standing implementation of standardized methods of assessment ideally positions the school-based clinics at the forefront of behavioral healthcare, with its emphasis on measurable and empirically verifiable treatment outcomes and becomes the basis for the development of practice guidelines for school-based treatment procedures

Clinical Services

School-based mental health clinicians are capable of providing the full array of child mental health services, including:

1. Evaluation and treatment of children and families in the school or home setting.
2. Provision of multiple outpatient treatment modalities (e.g., group therapy, individual therapy, family therapy, parent guidance).
3. Crisis intervention and admission to more intensive treatment settings (e.g., partial hospitalization, inpatient hospitalization, emergency consultation).
4. psychoeducational groups focused on themes of violence, loss (bereavement), problem solving, relationship building and other areas that promote positive social development.
5. Parenting skills and psychotherapy groups for parents and other caretakers.
6. Psychopharmacologic consultation with a child psychiatrist.
7. Consultation to school faculty and staff regarding child and family development, identification of specific emotional and behavioral symptoms of childhood, behavioral management techniques, and systems change theory.
8. Support groups for faculty and staff who may feel depleted and puzzled by some children's classroom behavior.
9. Case management and referral to outside agencies.
10. Attendance at relevant school.
11. Monitoring, evaluation, and dissemination of findings related to program effectiveness.
12. Secure partial financial reimbursement through MCOs.

School-based clinicians provide a ready complement to the contingent of social workers and psychologists in the direct employ of the school district. These professionals are typically inundated with treatment requests that far exceed their clinical availability. Much of their time is, out of necessity, dedicated to the provision of assessment and treatment that is mandated through the special education process. Even in schools with an active SBHC, need often outstrips demand, and school-based clinicians frequently supplement the activities of these clinicians as well.

Children served within the schools comprise a more varied population in terms of socioeconomic status and ethnicity relative to clinic-based populations. Nonetheless, both the clinic and school groups are comprised almost exclusively of ethnic minorities (98%) from economically disadvantaged backgrounds (83%). Levels of clinical disturbance appear similar in both groups. Children seen in schools were more likely to reside in a single parent family (Armbruster et al., 1997). Children in both settings appear to benefit from mental health treatment as evidenced by improvement on the CGAS and GAF functioning scores. School based treatment tended to be somewhat briefer than clinic based care, with a mean treatment duration of five months for the former and eight months for the latter. On average, children received three psychotherapy sessions per month in each setting (Armbruster & Lichtman, in press). Overall, results suggest similar effectiveness for clinic and school based psychotherapy, with school-based treatment providing a valuable point of access for many children who might not otherwise receive care.

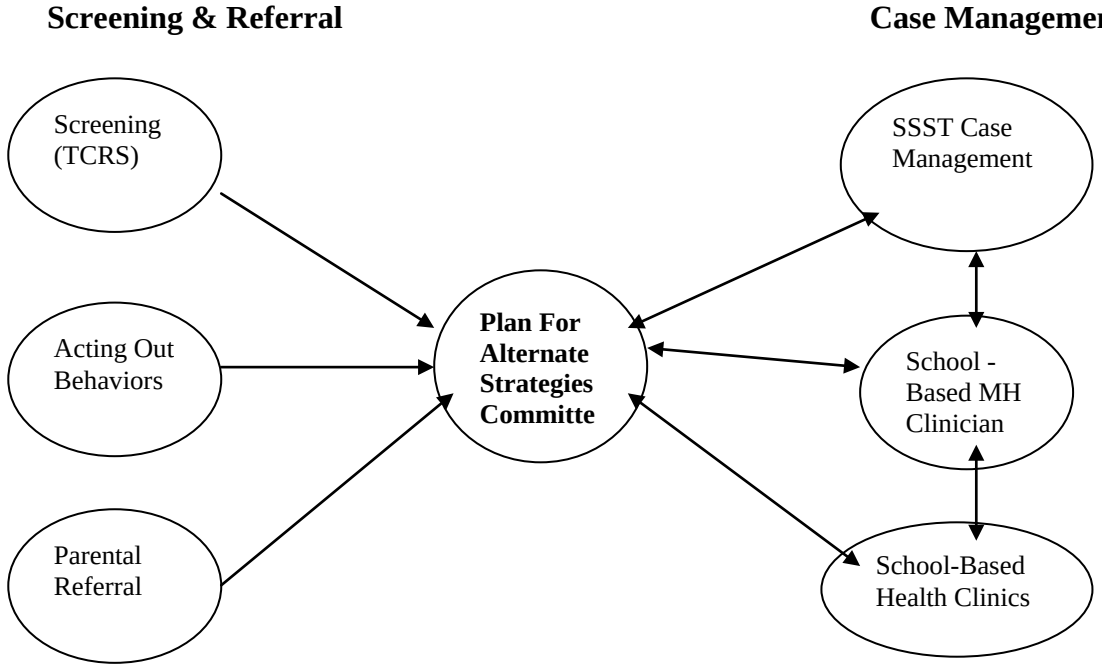
Although school-based services appear effective and reach a disadvantaged segment of children in need of psychiatric treatment, several problems with this form of treatment have yet to be remedied and will require further elaboration by the committee charged with developing "best practice" guidelines. These problems include: a) inadequate funding and reimbursement; b) insufficient clinical time to respond to demands for service; c) lack of parental involvement; d) difficulty obtaining a comprehensive psychosocial history; e) pressure for truncated forms of treatment due to inflexible school class schedules,

f) insufficient integration of clinicians within the school workforce, and g) limited space for confidential meetings with children.

Proposed Mental Health Practice: Coordinated System of Delivery, Referral and Follow-Up

The goal of a seamless system of communication and referral for all children identified within the school system as having significant behavioral or emotional problems can be represented through the following schemata. This organizational plan is based on the newly enforced Office of Civil of Rights procedures which requires that a Plan for Alternative Strategies Committee be instituted within each school. According to this schemata a child may enter the system through one of three access points or gateways: 1) Identification through cut-off scores on a standardized measure, such as the Teacher Child Rating Scale described in section 3.2.; 2) Identification through behavioral indicators of distress, including absenteeism, suspension, disruptions in classroom behavior, or involvement in criminal activity or violence; or 3) Direct referral from a parent or legal guardian.

Children identified as requiring evaluation or treatment are referred to the Plan for Alternative Strategies (PAS) Committee, comprised of teachers, administrators, and parents. The Safe Schools/ Healthy Students project would introduce the mental health clinician and a key person from the Social Development Program as members of this committee. The PAS committee is charged with developing an action plan that may include alternate strategies for addressing behavior problems (e.g. provide the teacher with consultation regarding behavior management techniques), referral for formal assessment, and where necessary mental health treatment. The existing system already produces recommendations regarding an action plan for each identified child, and the proposed modification would foster better coordination and linkage between the school-based clinics, mental health professionals and the SSST case management system (which presently includes social workers, counselors, special education teachers, and other staff members with human development and mental health backgrounds). Each child identified for referral to the PAS committee would undergo case review on a monthly basis during the first year and annually thereafter in an effort to sustain collaborative efforts in his or her best interests. The PAS structure would serve as the focal point for data collection, monitoring, and follow-up within a MIS system.



Schemata for Coordinated Assessment and Referral System

Goal 3.2: Provide screening for the detection of emotional and problem behaviors and insufficient acquisition of competencies

In order to detect early signs and symptoms of emotional and behavioral problems, the mental health partnership proposes the screening of all students between kindergarten and the fifth grade with the Teacher Child Rating Scale (TCRS) developed by Hightower et al (1989). The screening will occur midway through the school year (in January), and the data will be immediately scanned and analyzed to identify children beyond certain threshold levels of symptomatology. The TCRS consists of a well-validated, 38-item teacher report that involves rating children on a range of school problems and competencies. School adjustment problems are rated along a 5-point scale (1=not a problem, 2=mild problem, 3=moderate problem, 4=serious problem, and 5=very serious problem). School adjustment subscales include: 1) Acting Out, including problems related to classroom aggression and disruptiveness; 2) Shy/Anxious, featuring shy, withdrawn and nervous behaviors; and 3) Learning Problems, measuring academic motivation, poor work habits and difficulty following directions. Competence subscales address the following domains: 1) Frustration Tolerance, featuring the child's ability to tolerate and adapt to limits; 2) Assertive Social Skills, reflecting the child's adaptive participation in classroom activities and confidence in dealing with peers; 3) Task Orientation, assessing the child's ability to complete academic work independently and to be well organized; and 4) Peer Social Skills, involving the child's popularity and ability to make friends. Total administration time requires less than 10 minutes; a copy of the TCRS rating form is provided as an Attachment. When a child is identified as exceeding a preset threshold on the TCRS, results will be relayed from the data analyst to the PAS committee where an action plan for that child will be developed.

For children between the sixth and twelfth grades, teachers and administrators will collectively provide several validated indicators of socioemotional disturbance in older children. The PAS committee will aggregate reports on absentee rates, academic performance, discipline problems, criminal activity, violence, and suspension into a risk score that can result in similar actions.

Goal 3.3: Provide referral and follow-up for all students with mental health treatment needs

Once children are referred for evaluation and possible treatment through teacher screening or parent/caretaker referral, their care will be coordinated through the Plan for Alternative Strategies (PAS) Committee, described in detail under Goal 3.1. Teachers, administrators, clinicians, and Social Development Program personnel will collaborate on the PAS committee to ensure consistent follow through on referral, evaluation, and treatment recommendations. The existing system already produces recommendations regarding an action plan for each identified child, and the proposed modification would foster better coordination and linkage between the school-based clinics, mental health professionals and the SSST case management system (which presently includes social workers, counselors, special education teachers, and other staff members with human development and mental health backgrounds). Each child identified for referral to the PAS committee would undergo case review on a monthly basis during the first year and annually thereafter in an effort to sustain collaborative efforts in his or her best interests. The PAS structure would serve as the focal point for data collection, monitoring, and follow-up within a MIS system. PAS coordination will facilitate adherence to benchmark standards for quality assurance in clinical care using the objectives for prompt and responsive clinical intervention.

Goal 3.4 Engage teachers and parents in process of identifying at-risk children and managing disruptive behaviors at home and in the classroom

As part of the Professional Development Curriculum teachers will receive training in the identification of early signs and symptoms of emotional and behavioral problems in children. This training will involve approximately 2 hours of instruction by a clinician from the YCSC and will assist teachers in differentiating normative and aberrant development. For example, a training might improve teachers' ability to understand behavioral outbursts by students by examining developmental and environmental factors related to impulse control and frustration tolerance. Teachers will also receive an orientation and introduction to classroom behavior management techniques, for example limit setting, time-out, contingency management, and contracting procedures. Training will be conducted under the aegis of the Social Development Program, which will identify teachers and classes that represent training priorities. Selection of training priorities will be facilitated by teacher reported needs, responses to individual student screenings, and examination of aggregate classroom data from the SAHA.

Additional strategies for increasing parental participation in the school system are proposed throughout this application. We anticipate increasing participation levels substantially by partnering with the Empowerment Zone communities who will be actively engaging in outreach activities in order to draw parents into the school system. Other potential outreach efforts will focus on parents who participate in Early Childhood Programs including CAPS, Head Start, and School Readiness. A series of workshops will be provided to parents by clinicians that will focus on early signs and symptoms of emotional and behavioral problems as well as what to do if they have a child who needs help. The focus of behavior management instruction would be expanded to include such topics as setting clear expectations about bedtime, behavior with siblings, and defiant behavior toward parents and caregivers.

Goal 3.5: Develop "best practice" guidelines for school-based mental health treatment

Managed care organizations (MCOs) have adopted a stringent focus on cost-effective service delivery and the provision of empirically validated psychosocial treatments. Although the managed care approach has been controversial, MCOs have effected a dramatic shift in the behavioral health service delivery system with a transition from intensive and longer term treatment in inpatient and residential settings to time-limited community-based care (Barlow, 1996; Bobbitt, Marques, & Trout, 1998; Stroul, Pires, Armstrong, & Meyers, 1998). The development and field-testing of school-based practice guidelines represents a logical extension of recent efforts by managed care organizations to develop empirically sound authorization guidelines (Schaefer & Murphy, 1998) and by professional organizations to advanced treatment guidelines for a range of psychiatric disorders (e.g., APA Task Force on Psychological Intervention Guidelines, 1995; American Psychiatric Association, 1995; Nathan, 1998).

Researchers have drawn the distinction between treatment efficacy and effectiveness. Efficacy studies conducted under tightly controlled conditions rely on samples of youth with specific disorders or conditions, a rarity in clinical practice. Thus, efficacy studies have been criticized for their lack of "transportability" to applied settings (Bologna et al., 1998). In contrast, effectiveness research fosters the evaluation of real-world treatment practices in a manner that addresses widespread concerns about generalization and dissemination of useful approaches (Chorpita, Barlow, Albano, & Daleiden, 1998).

Thus, the proposed project is consistent with the current emphasis on treatment research addressing clinical effectiveness in applied treatment settings and clinical outcomes management focused on the maintenance of clinical gains (Berman, Rosen, Hurt, & Kolarz, 1998).

The "best-practices" committee will cull and review the literature related to school-based behavioral health care in an effort to summarize the current status of empirically supported treatment interventions. This state-of-the-art review will become a basis for set of practice guidelines based on empirical data wherever possible. Following the procedures used by the American Psychological and Psychiatric Associations, expert consensus will provide a basis for treatment recommendations in the absence of empirical data. The results of the committee's labor will be form the basis for refining and evaluating the effectiveness of school based interventions.

C. Expected Outcomes

Anticipated outcomes for the goals and objectives related to the School and Community Mental Health Preventive and Treatment Intervention Services include:

Direct Indicators of Success

1. Number of students identified and referred to mental health treatment
2. Presence of clinician in each public school
3. Percent of children who receive mental health screening
4. Percent of students receiving initial clinician contact within three school days of referral
5. Service utilization rates
6. Changes in CGAS and GAF scores over the course of treatment
7. Improved academic performance

Indirect Indicators of Success (linked to other goals)

1. Number of teacher and parent consultations
2. Reduction in absenteeism rates
3. Reduction in school drop-out and truancy rates
4. Reduction in the prevalence of alcohol and drug use
5. Reduction in teen pregnancy rates
6. Decreased criminal activity and disciplinary interventions
7. Improved academic achievement

4. Early Childhood Psychosocial & Emotional Development Services

A. Overview

The New Haven community has mobilized over the last two years to expand early childhood services dramatically. Bolstered by over $5 million per year in new state resources for the School Readiness

Program and almost $5 million of federal Head Start funding, the Board of Education has launched new services and programs described below.

Research by child development specialists, educators, and neuroscientists demonstrates that crucial brain and behavioral development take place in the first five years of life. Babies' and young children's brains actually mature in response to their environments. What parents, teachers, and other caregivers do with young children shapes their brains and dramatically influences how they learn about their world. Caring, protective, and stimulating environments facilitate the most optimal brain growth while adverse environmental experiences may slow brain development. During the first five years, infants and young children are learning rapidly and laying down enduring patterns of behavior. Such a time of rapid change and shaping of brain and behavior makes the first years of life a critically formative period requiring the most thoughtful attention from parents, schools, communities, and policy makers. Traditionally, educational programs for children birth to five years have been most available to children with developmental and learning delays. The new understanding about early brain development and learning supports an expanded vision of education in the first years that include all children and their families.

In this new vision, education begins not just when a child enters kindergarten or first grade, but from the moment of birth. In early childhood education, parents, grandparents, daycare providers, and all other adults in the baby's world are teachers. In every act of taking care of a baby and young child, adults teach the child something about the world, how to learn, and how to respond. These are the moments that occur thousands of times a day in which the young child's development is supported and encouraged.

Programs based on principles other than those of early childhood education extend interventions to the prenatal/post partum periods. Home visiting programs have proven effective in reducing low birth weight and preterm births, improving parent-child relations, and improving infant and toddler mental development (Olds & Kitzman, 1993; Seitz & Provence, 1990; Barrera, Rosenbaum, & Cunningham, 1986; Beckwith & Rodning, 1992; Rauh, Achenbach, Nurcombe, Howell, & Teti, 1988; Resnick, Armstrong, & Carter, 1988; Scarr-Salapatek & Williams, 1973)

The components of the Safe Schools/Healthy Students Initiative that address early childhood psychosocial and emotional development are designed to support families with young children and provide services that have been shown to assure the best opportunity for healthy development. Comprehensive services for young children and their families include the following areas:

1) Parent education and involvement

Parents are the essential partners in the education of young children. Many parents need help in understanding how best to encourage their young child's development. Programs that focus on the needs of both parents and children through home visitation and community referrals and center-based educational programs for children—termed two-generation programs—have been shown to have significant effects on both cognitive and behavioral outcomes for children (Hawkins, Catalano, & Brewer, 1995; Seitz, 1991; Walker & Johnson, 1987; Yoshikawa, 1994) and to influence parenting interactions and strategies, maternal criminality, child abuse and neglect, welfare dependence, and rapid subsequent pregnancy (Kitzman et al, 1997; Olds, Henderson, Chamberlain, & Tatelbaum, 1986; Walker & Johnson, 1988). These programs typically provide instruction in child development, parenting skills, and educational stimulation as well as interventions designed to improve parents'—primarily mothers'—life course through educational opportunities and substance abuse treatment. Involving parents early on also facilitates their continued partnership and active participation in their child's ongoing education at home, in the school, and in the community. These principles form the cornerstones of the New Haven Public Schools' Children and Parents Succeeding (CAPS) program (see below).

2) Developmentally appropriate curricula geared toward successful adaptation to school.

Research on early childhood education programs has demonstrated that *high-quality* preschool programs can produce positive, enduring changes in children's social and behavioral functioning which extend well into adulthood (Royce, Darlington, & Murray, 1983; Schweinhart, Barnes, Weikart, 1993; Schweinhart & Weikart, 1988; Zigler & Hall, 1987). High quality programs are characterized by a developmentally appropriate curriculum based on child-initiated activities; teaching teams that are knowledgeable in early childhood development and receive ongoing training and supervision, class size limited to fewer than 20 3- to 5-year-olds with at least two teachers; administrative leadership that includes support of the program; systematic efforts to involve parents as partners in their child's education, as well as sensitivity to the non-educational needs of the child and family; and evaluation procedures that are developmentally appropriate (Schweinhart & Weikart, 1988). Additionally, programs should foster and support curiosity and provide secure opportunities for exploration and interaction in socially secure environments. The New Haven Public Schools are currently undertaking a revision of the early childhood curriculum as part of its more comprehensive effort to articulate and elevate standards across all grade levels (see school reform section). This process will continue through work related to the district's Early Childhood Learning Center, a laboratory preschool and training center for the district's early childhood service providers (see below).

3) Early detection and intervention.

In addition to providing the most optimal opportunities for healthy, adaptive early development, the early childhood education initiative also has the responsibility for recognizing children with special developmental and psychological needs. By beginning educational interventions early for children, there is a greater likelihood of identifying these vulnerable children and providing the necessary additional services most efficiently. Indeed, through the initiation of the district's School Readiness Program and outreach efforts to enroll more children in preschool programs across the city, referrals for preschool special education evaluation services have more than doubled. While not all referred children are in need of intensive intervention, a significant number have received special services as a result of their participation in preschool programs. In addition to the benefits resulting from early referral, early identification allows the public school system to more accurately anticipate and more effectively plan for the needs of incoming students.

4) Multidisciplinary educational approaches.

In the first years of life, development is occurring on may different fronts simultaneously—physical, motor, language, cognitive, and emotional. No one professional working with young children has the whole of the expertise that may be needed in an early childhood education setting. Although an evaluation of the Comprehensive Child Development Program (CCDP) suggests that the program was largely unsuccessful in producing the intended outcomes, an analysis of the evaluation design reveals several flaws that likely influenced the overall findings (Gilliam, Ripple, & Zigler, In Press). Potential failings identified include: too early assessment of program effectiveness, provision of comparable services to controls through other community-based interventions, inclusion of families with little or no participation in the analysis of program effectiveness, and lack of quality assessment of services. Because there is broad agreement on the importance of multidisciplinary approaches, efforts in this proposal include a team-based model that involves multiple disciplines as both full-time child and family professionals and as consultants and ensures that a range of expertise is available to the education program. The disciplines represented include: early childhood education, child development and psychology, pediatrics, child psychiatry, social work, law, and social policy. These multidisciplinary teams work together in the

educational setting to address all levels of the child's and family's developmental and educational needs and to insure that the program continues to grow with the needs of the community.

Resources

New Haven has developed an array of services and supports intended to meet the needs of young children. These range from pre-natal services for pregnant women and support programs to increase paternal involvement to education services and supporting organizations. Resources include:

Community services for families and children

New Haven Healthy Start, Families First, Birth-3 Program, Healthy Families, Bright Beginnings, New Haven Health Department, Hill Health Center, Fair Haven Community Health Center, Family Resource Centers (Dixwell, Hill, West Rock), Fathers' Program, Yale Child Study Center Family Support Service, Yale Child Study Center Outpatient Clinic, Yale Child Study Center Psychological Assessment Service, Community Foundation for Greater New Haven, Infoline, Yale Child Welfare Project

Early childhood education services

Children and Families Succeeding (CAPS), Head Start, NHPS Early Childhood Special Education, Consultation Center Therapeutic Daycare, Blake Street Early Childhood Learning Center, New Haven Childcare Programs.

Early childhood education support organizations and programs

New Haven School Readiness Council, SCSU Early Childhood Education & Special Education Program, Gateway Community Technical College Early Childhood Education Program, ACES, Rehabilitation Association of Connecticut (mental health, TO, PT services), Yale Child Study Center

Challenges

Despite this array of organizations and services, gaps exist and quality is inconsistent. The early childhood planning team identified a number of factors affecting young children in New Haven which can be roughly placed into three categories: the need to increase parents' capacity to ensure appropriate care, the need for service providers—including early childhood educators—to adapt and improve services to meet more effectively the needs of young children and their families, and the need to address barriers, gaps, and inadequate coordination of services for families. More specifically, these included:

Parents

- Parents' own needs are so great that they aren't able to attend adequately to the needs of their children.
- Parents often do not understand how early childhood education experiences and settings foster social, emotional, cognitive, and physical development.
- Many parents do not have sufficient parenting skills necessary to support healthy growth and development.
- Children often don't receive proper physical or mental health services because parents don't have the knowledge, skills, or other capacity to access them.

Education and Other Services

- Many daycare providers and early childhood teachers don't have the education or experience necessary to meet the needs of young children, especially those most at-risk.
- Many family daycare providers have not developed services that prepare young children for school.
- Family daycare providers are isolated from colleagues, service providers, and information that would help them improve their programs.

- There are too few high-quality daycare providers serving infants and toddlers.
- Emergency childcare and family supports for parents addressing their own substance abuse problems are not available.

Linkage problems or barriers to service

- It is often difficult to identify and serve families of young children because they are not yet linked to institutions such as schools.
- There is no process to link children in school readiness programs to services.
- Communication between childcare programs and service providers is inadequate.
- Parents don't have transportation to early childhood education sites or services.
- Childcare and pediatric services are not linked and often give parents conflicting information, in part because healthcare providers don't adequately address developmental issues during exams and developmental problems are overlooked.
- There is little continuity in healthcare for young children because families often do not establish long-term relationships with family/pediatric healthcare providers - the result is that there is little follow-through even when difficulties are identified.

B. Goals and Objectives

Based on this assessment of community needs and resources, the following goals and objectives were adopted:

PURPOSE: To ensure that every child receives developmentally appropriate nurturing and experiences in early childhood and arrives at school ready to learn

GOALS	OBJECTIVES
3.1 To ensure that young children in the community develop the emotional, intellectual, and social skills necessary to enter school ready to learn.	♦ Establish and staff one additional Family Resource Center in each of the next three years and implement the full array of services at each within one year of center start-up ♦ Establish two additional Children and Parents Succeeding(CAPS) sites and staff one additional CAPS professional team to serve them. ♦ Expand Family Support Services capacity to provide home-based mental health and case management services to young children at greatest risk for early onset psychopathology.
3.2 To ensure that parents, grandparents, and other caregivers understand the needs of young children and have the skills, knowledge, and capacity to support healthy development and advocate effectively for their children.	

GOALS	OBJECTIVES
3.3 To develop a collaborative network of Early Childhood services that provides a continuum of care to young children and their families.	♦ Create, furnish and staff an Early Childhood Resource Van to serve as a mobile CAPS/FRC program. ♦ Provide parent empowerment training through the Parent Leadership Training Institute (PLTI). ♦ Hire early childhood substitute teachers to allow early childhood educators to take advantage of training opportunities at the New Haven Early Childhood Learning Center. ♦ Establish and maintain technology-based networks: ♦ Disseminate early childhood information and provide support for early childhood educators through the New Haven School Readiness Council.

The objectives are explained in further detail below.

1. Establish and staff one additional Family Resource Center in each of the next three years and implement the full array of services at each within one year of center start-up.

Family Resource Centers are based on the "Schools of the 21st Century" concept as developed by Dr. Edward Zigler, Director of the Bush Center for Child Development and Social Policy at Yale University. This concept incorporates comprehensive, integrated, community-based systems of family support and child development services which foster the optimal development of children and families. The underlying concept of Family Resource Centers asserts that healthy development and good education begin with access to quality childcare and support services from birth.

Service components offered through Family Resource Centers include the following charges:

a) Provide quality full-day, full-year preschool child care through collaborative arrangements with Head Start and the School Readiness Initiative;

b) Provide before and after school child care programs that include tutoring and homework assistance through in-school programs and collaborative efforts with neighborhood organizations;

c) Support for infant and toddler childcare through the provision of information, support, and training opportunities for family daycare providers and a collaborative training program with the Child Care Enhancement Network leading to a CDA;

d) Provide information and referral services to families;

e) Provide adult education and family literacy programming;

f) Support and training for family daycare providers;

g) Offer and coordinate school and community recreational and educational opportunities, including cultural enrichment and field-trip programs for children in grades 4-6 and their families;

h) Offer parent and grandparent training and workshop opportunities including the Parents as Teachers program: and

i) collaborate with child and youth-related services in the surrounding neighborhood to maintain close ties and ensure adequate referral services for families. These services are offered to families through a comprehensive, single point of entry where the school is the hub of the services required by families to meet their child care and social service needs.

The city of New Haven is currently served by three Family Resource Centers located in three of the city's seven neighborhoods. Under this proposal, an additional Family Resource Center will be established in each of the next three years. The Centers will be located in neighborhoods that are part of the city's Empowerment Zone Initiative and will thus serve children and families in greatest need of supportive programs. Each new Center will be staffed by a full time site coordinator, a full time family educator, a full time outreach worker, and a half-time clerk, who will also support the CAPS program serving the FRC (see below for a description of CAPS). In addition, each center will be supported by mental health consultation services.

2. Establish two additional Children and Parents Succeeding (CAPS) sites and staff one additional CAPS professional team to serve them.

The Children and Parents Succeeding (CAPS) program offers support and educational services to parents of children birth-to-three and home daycare providers through home visits, developmental screening and assessments, family needs assessments, parent-child structured playgroups, parent education, and parent and provider support groups. Services are provided by a highly trained and experienced team that includes an early childhood educator, two parent educators, and a social worker. The CAPS program collaborates with Family Resource Centers, the state Department of Mental Retardation's Birth-to-Three Program, community organizations and agencies, and Polly McCabe School, the NHPS school for pregnant and parenting mothers.

The CAPS program is based on the belief that parents are their children's first teachers, that they are the primary source of their children's sense of self-worth, and that they are the single most important influence on their future learning and development. Strong, healthy family relationships are critical to providing the loving support and guidance children need to prepare them for school and for life.

Goals of the CAPS program are:

a) To facilitate the healthy development of children through activities that stimulate motor, language, social and cognitive skills;
b) To foster and enhance parent-child communication and relationships through play, parent training, and child development education;
c) To provide opportunities for successful interaction between parent and child on developmentally appropriate tasks in a variety of settings;
d) To offer parents and children opportunities to interact with other families;
e) To encourage the development of a parent support network that promotes parent-to-parent sharing; and
f) To facilitating links between individual families and community resources.

Program components include:

Parent-Child Structured Playgroups: Early childhood educators engage parents and children in discovery and cooperative play activities to foster the development of physical, cognitive, and social skills as well as a sense of independence and self-reliance.

Parenting Workshops: Trained parent educators offer valuable information on parenting techniques that promote healthy communication between parent and child. As parents gain new parenting skills, they feel more comfortable in the parenting role and make developmentally appropriate choices for their children.

Home-based Support: The link between home and school is further strengthened by home visits from one of CAPS's trained parent educators. Home visits help parents use common everyday items and educational toys to develop the skills and learning children need to prepare them for school.

Community Resource Referrals: CAPS Centers are networked with other professional and community-based resources to offer parents and children the most comprehensive services

Home Lending Program: Parents have opportunities to borrow books, games, discovery materials and toys to enhance children's development and extend home-based supports.

Parent Support/Network Groups: CAPS Centers sponsor and facilitate parent support and networking groups to encourage relationships in which parents share their concerns and ideas with other parents.

Drop-in Centers: Drop-in services are provided to parents who need immediate support or who are unable to commit to a regular playgroup or support group schedule.

The CAPS program enhancement will include the addition of a half-time special educator to each CAPS Team. This educator will serve as a resource for parents and family daycare providers wanting assistance in meeting the needs of children who present significant challenges but who do not qualify for special education services. Additionally, a full-time clerk will be added to the district CAPS staff to provide general clerical support to both the citywide program and individual sites and enable the program to accommodate the program expansion.

The CAPS program currently serves two sites through its single professional team. An expansion of the CAPS program to include an additional team will enable the program to serve an additional two sites. New services will link to Family Resource Centers and the district's Early Childhood Learning Center, a laboratory preschool and training center for the city. These locations will make services more accessible to parents of young children and to family daycare providers in these neighborhoods.

The new CAPS team will include a full-time early childhood educator, two full-time parent educators, one full-time social worker, and a half-time special educator. Space requirements include 2 classroom/playrooms, a parent/staff training and meeting room, and workstations for staff. Classrooms must be supplied with furniture and materials appropriate for the structured playgroups, and workstations and meeting rooms must be furnished for those purposes.

The expanded program will allow for more flexible scheduling of program services to meet the needs of working parents, and will serve families in their neighborhoods, ensuring greater accessibility to meetings and support/playgroups.

8. Expand Family Support Services capacity to provide home-based mental health and case management services to young children at greatest risk for early onset psychopathology.

The Family Support Service (FSS) of the Yale Child Study Center consists of home and community-based programs, which provide clinical casework, concrete assistance, and individual and group psychotherapy to vulnerable children and their families. The primary goal of the Family Support Service is to maintain the integrity of families threatened by stressors such as abuse, neglect, substance abuse, violence, homelessness, psychiatric illness, or physical illness in a parent or child. A combined clinical staff of more than 40 full-and part-time family support workers, clinical social workers, psychologists, physicians, nurses and other professionals provided services to 312 families during the 1997-1998 year.

The Service is grounded in an outpatient, multidisciplinary team approach, drawing upon the expertise of various mental health professionals according to the needs of the child and the family. The

intervention is informed by an understanding of the child's strengths and weaknesses, the inter-related issues that influence family interactions and the effect of environmental stressors on child and family functioning. The case management service ensures access and coordination with educational, health, law enforcement, recreational and social services as needed. Levels of treatment intensity are based on repeated assessment of each child and family's actual needs. Guided by the comprehensive needs assessment and by their clinical experience, the team, together with the family, prioritizes the case goals and objectives, and develops incremental tasks, that when aggregated, can have a profound, long-lasting and positive impact on the functioning of the child and his/her care-giving adults (Adnopoz et al., 1997; Woolston et al., 1998).

Each family's services are provided by a home-based team consisting of a child psychologist, a social worker or a psychiatric nurse and a child and family mental health counselor who work under the direction and supervision of a child and adolescent psychiatrist. The core of the home-based treatment is the establishment of a strong therapeutic relationship in the service of resolution of presenting problems, family stabilization, and coordination with a range of providers. Over the course of the intervention the family gradually assumes the entire executive function of managing the needs and behaviors of the child and obtaining appropriate services for all family members. Children and families receive the following services: (a) comprehensive evaluation of the child's and the family's treatment needs, (b) clinically informed case management, (c) behavioral management and problem-focused psychotherapeutic interventions, (d) parent training and Guidance, (e) 24 hour availability through an emergency pager system, and (f) immediate access to psychiatric treatment and medication management

Similar programs have proven effective in engaging and treating seriously disturbed children and results have been sustained over a several year period (see Borduin et al., 1995; Freidman & Burns, 1996; Henggeler et al., 1992). Preliminary results suggest that the FSS model has been successful in reducing the number of out-of-home placements and inpatient psychiatric admissions for many at-risk and psychiatrically disturbed youth (Murphy, Adnopoz, Woolston, & Berkowitz, 1998). Despite the multitude of problems and risk factors presented by children served by FSS, many demonstrate improvements in behavior, emotional functioning, school attendance and achievement, and prosocial activity. Children and families are often able to utilize less intensive and costly services and develop stronger relationships with schools and other treatment providers.

3. Create, furnish and staff an Early Childhood Resource Van to serve as a mobile CAPS/FRC program.

In order to meet the needs of families living in neighborhoods not served by CAPS and FRCs, the early childhood support program will create an Early Childhood Resource Van to provide outreach and support services to families and family daycare providers isolated by poverty and poor transportation systems. This van will combine the functions of the FRCs, CAPS, and the New Haven Teacher Center, and will provide information, training, support, and materials, toys and books through a resource lending program.

The Early Childhood Resource Van is built on a model program implemented to address high rates of infant mortality in New Haven. The van will maintain a regular neighborhood schedule and will be scheduled for community and neighborhood events such as health fairs, parades, and concerts. In addition, through coordination with area religious programs, the van will be positioned near religious centers following services and activities.

The Early Childhood Resource van will be staffed by professionals trained in early childhood education, as well as by parent educators and outreach staff coordinated through the Family Resource Centers and the CAPS program.

4. Hire early childhood substitute teachers to allow early childhood educators to take advantage of training opportunities at the New Haven Early Childhood Learning Center.

In May of 1999, the New Haven Public School opened a new Early Childhood Learning Center to serve as a laboratory preschool and training center for the districts early childhood education programs, which include Head Start and School Readiness Preschool classes. In addition, the ECLC will house one of the additional CAPS sites proposed above. When fully implemented, the ECLC will provide a model program serving children and families from birth to age five.

The ECLC was developed with the goal of implementing and disseminating effective strategies that meet the broad needs of young children and their families. An essential part of this process is teacher training. The capacity to reach early childhood educators district-wide has not yet been reached, however. A significant barrier to providing training is the availability of coverage for preschool classrooms while teachers and their assistants attend training programs or observe quality preschool programming in action. In order to facilitate teacher participation in these training opportunities, the district will provide 100 additional days of classroom coverage by itinerant preschool substitutes to cover classrooms. Substitutes will be trained and assigned to a limited number of schools and classrooms so that they become familiar with programs, families and children and can provide relatively consistent care.

5. Provide parent empowerment training through the Parent Leadership Training Institute (PLTI).

PLTI is a parent empowerment model developed by the Connecticut Commission on Children which has received national recognition for its work with parents. PLTI defines parent leadership as the capacity to interact within civic society with purpose and positive outcomes for children. The program, developed by parents and managed by several local family service agencies, seeks to enable parents to become leading advocates for children by teaching them how to become practiced change agents for the next generation. This is accomplished by teaching parents how the educational and governmental systems work in order to help them maneuver within those systems to influence the direction of their child's future.

PLTI has graduated thirty people from its first two classes. Parent participants represent the demographic profile of their region, and their ages span from teen parents to grandparents raising grandchildren. The cost of each class has been $25,000; this year, however, they would like to expand the budget to $50,000 to pay for a full time coordinator to expand recruitment efforts and maximize community resources. With Empowerment Zone funds, the number of classes could be increased to reach more parents in need of a lesson in the tenets of democracy and their rights to utilize government in the best interests of children.

6. Establish and maintain technology-based networks.

Technology-based efforts to improve programming and services for families with young children will be linked to technology-based efforts related to other parts of this proposal. This strategy consists of two core activities:

1. Establish a website, linked to the City of New Haven, describing services and providing links to other programs offered through city agencies or community organizations.
2. Create a listserv for Early Childhood service providers to update them on recent and upcoming events, grant applications and opportunities for coordinated planning, new and existing community resources, agency or organizational needs, early childhood research findings and links.

An essential function of these services will be to link Health Department initiatives providing prenatal and neonatal home visits and support services (e.g., New Haven Healthy Start) with other school and community based programs and services for young children and their families. The New Haven Healthy Start Project strengthens the community's maternal and child health infrastructure to achieve long-term infant mortality and morbidity reduction goals consistent with those set forth by Healthy People 2000. Within the context of declining infant mortality, the Healthy Start Initiative has adopted project goals around for coordinated intervention: 1) To strengthen the City's maternal and child health and supportive services infrastructure; 2) To increase access to perinatal care for all women of child-bearing age and their infants; and 3) To increase provider knowledge and awareness of their responsibilities and healthcare options related to perinatal health care.

Technology-based networking activities will be connected to the Empowerment Zone technology program, which provides computers with internet access in city libraries and training to community members and organizations. Websites will be created and maintained in collaboration with Empowerment Zone and New Haven Public Schools technology programs. Clerical support to coordinate the intake of information and maintain the listserv will be provided in part by the New Haven School Readiness Council.

7. Disseminate early childhood information and provide support for early childhood educators through the New Haven School Readiness Council:

The New Haven School Readiness Council was created to develop a coordinated, high quality early childhood care and education system in New Haven, to advise the mayor and superintendent of schools on issues related to early childhood in particular, and to review grant applications from local early childhood providers involved in providing educational services to New Haven's 3 and 4 year olds through school readiness funds. The council represents early childhood service providers and teachers, parents and others interested in early childhood such as librarians and health care professionals. School Readiness funds support 779 children in center-based programs and provide resources for consultation, staff development, and other resources to the New Haven early childhood community. Although not funded through this proposal, the School Readiness Council will support PSAs on early childhood development and services on local radio stations, support an early childhood phone help-line—staffed by experienced, qualified personnel—for parents and daycare providers, and link childcare providers and early childhood teachers to information, training opportunities, and community resources through a bimonthly or quarterly newsletter.

C. Expected Outcomes:

Anticipated outcomes for Early Childhood Psychosocial & Emotional Development Services include:

Direct Indicators of Success

- Greater numbers of children will enter kindergarten with cognitive, social, and physical skills and attitudes toward learning that allow them to benefit fully from the educational experiences and services offered in school.
- Increased number of children will be identified and served through the FRC and CAPS programs.
- Increased number of parents will be served through the FRC and CAPS programs.

- Increased participation of early childhood educators in professional development and training.
- Increased numbers of parents receiving instruction and training through the PLTI
- Improved clinical and family functioning as a result of FSS intervention
- Number of outreach and home-based contacts with children and families

Indirect Indicators of Success

- Implementation of website and level of website activity
- Increased broadcast in print and electronic media of PSAs
- Increased access to early intervention and treatment modalities for children needing services

5. Educational Reform

A dual focus on academic and social issues allows the District to provide students with the skills and knowledge they need to resolve social issues that disrupt schools and distract from academic work. Through academic and social skill development, our students will gain greater capacity to live and work in diverse communities.

The New Haven Board of Education is leading the community's drive to create schools that foster learning, safety, and socially appropriate behaviors by addressing the following areas:

5.1 School Management/Child Development Issues

5.2 Academic Issues

5.3 Social Issues

5.4 Policy, Administration an Accountability

These areas are discussed in full detail below.

A. School Management/Child Development Issues

5.1.1 History of School Development Program in New Haven

The School Development Program, a nationally recognized comprehensive school reform model, was pioneered in New Haven by child psychiatrist James Comer of Yale University and the Yale Child Study Clinic. Its primary goal is to mobilize the entire community of adult caretakers to support students' holistic development and thereby producing healthy and nurturing school environments and academic success.

The School Development Program was established in 1968 in two public elementary schools as a collaborative effort between the Yale University Child Study Center and the New Haven Public Schools. These two schools were the lowest achieving in the city. Attendance was poor. Staff morale was low. Parents were angry and distrustful of the schools.

The Yale Child Study Center team – social worker, psychologist, special education teacher, child psychiatrist-started by providing traditional support services to individual children or parents. This treatment focus began to change as the team came to understand the underlying problems that produced dysfunctional schools. For many of the children, family stress led to pronounced underdevelopment in areas necessary for school success, such as social readiness to operate effectively in a structure, task-oriented environment. For school staff, there was a great need for increased organizational, management, and child development knowledge and skills.

In addition, the schools were using a mechanical teaching and learning model in which innate intelligence and will were believed to determine student outcomes. In this model, teachers are expected to pour information into the heads of children and those with the best intelligence were expected to get it and others were not, and that was acceptable. This creates a deficit rather than a developmental mentality. Dr. Comer believed that a threshold level of intelligence is important but that support for the development of social, psychological, ethical, language, cognitive and physical potentials of children by parents, teachers, and important others in their lives determines outcomes. Dr. Comer's insight was the kernel from which the School Development Program grew.

Dr. Comer and the other Yale Child Study Center staff found that even when the adults in a school had a desire to change things, there was no mechanism to allow parents, teachers, and administrators to understand one another's needs and those of the children, or to collaborate with and help one another address those needs in an integrated and coordinated way. This situation led to frequent sand severe behavior problems and a sense of powerlessness on the part of all involved. In response, the Child Study Center staff began to develop an organizational and management framework that would allow all of the adults in the school-teachers, administrators, support staff, and parents-to work together to help children develop, learn and succeed.

5.1.2 Basic Components of the Comer Model

The School development Program, designates that parents and school personnel organize themselves into a School Planning and Management Team, a Parent Team, and a Student and Staff Support Team. All of the meetings and work of these teams is guided by principles of consensus, collaboration, and no-fault. These decision-making principles permit the development and implementation of creative way of dealing with problems, using the collective good judgement of school staff and parents.

School-based management is being used widely to address this need, but it is not, in itself, adequate. In the School Development Program and School Planning and Management Team addresses the operational aspects of practice change. The other components of the School Development Program address the affective and relationship aspects of change – trust, mutual respect, a sense of common ownership of the program, and so on—that are critical. The School Development Program management structure helps all involved experience a sense of direction and purpose.

The School Planning and Management Team, with assistance from the other two teams, engages in three primary activities: developing a Comprehensive School Plan, ensuring staff development, and monitoring and assessing program implementation and outcomes.

The Comer model has been employed in many of the schools in the District that will be participating in the proposed Safe Schools/Healthy Students Initiative. It provides the basic structure and mechanisms that permit the adult community to address academic and social issues through a participatory process that is informed at each step by an understanding of child development.

B. Academic Issues

5.1.1 High standards for all students

We have developed high standards and expectations for all our children in all curriculum areas. Our standards are based on national and state standards, as well as on current research on learning. We have made a commitment to providing a three-prong academic focus: Curriculum/Instruction/Assessment. Through curriculum alignment planning we are ensuring direct connections between these areas. We have implemented district-wide assessments to grade 8 and for all subject areas at the high school level. This will enable us to bring consistency across a district where the student population is very mobile.

The first step in focusing the District on high standards is to communicate high expectations for all students by setting goals for improved performance on the Connecticut Mastery Test and Connecticut Academic Performance Test (CAPT). Steady improvement and the attainment of high standards is expected from all students, and the momentum for these improvements is expected to build as reforms are implemented over time. Specific improvements expected are:

1. Test scores will improve at all levels - elementary, middle, and high school.
2. Elementary and Middle Schools will increase the percentage of students scoring above the intervention level on the CMT Reading (DRP) Subtest by 5% in 1998, 10% in 1999,and 15% in 2000.
3. The portion of the CMT Reading (DRP) Subtest increase that results from gains at the excellence level will be at least 3% in 1998, at least 5% in 1999, and at least 7% in 2000.
4. Elementary and Middle Schools will improve current performance levels on the CMT Writing and Math Subtests by an average of 5% above intervention and 3% at the excellence level each year between 1997 and 2000.
5. High Schools will increase the percentage of students scoring at or above the state goal on the CAPT by an average over sections of 3% in 1998, 5% in 1999, and 7% in 2000.
6. All students will be able to read independently and well by the end of 3rd grade.

We have implemented a comprehensive literacy program. Appropriate district reading assessments, which are recommended by the Connecticut State Department of Education, are administered to all grade 3 students. Students, who need reading interventions by the end of grade 3 will be required to attend a mandatory summer program. This program is offered in both English and Spanish. At the end of the intense summer reading program, students will be post-tested to determine promotion and/or retention. Students being retained will be provided with additional support during the school day, after school and on Saturdays. Students promoted to grade 4 will be closely monitored and support given where indicated.

Support in effective reading strategies has been provided for all regular education, bi-lingual and special education teachers in kindergarten through grade 3. This support has occurred through workshops, training, and the hiring of 14 Literacy

***New Haven Public Schools Literacy Initiative*:** In 1998, the New Haven public school district launched a new, three-year reading improvement plan to teach students strategic reading skills that will enable them to become independent readers. The plan includes:

- providing training for teachers, administrators and parents in supporting children learning to read;
- hiring 14 reading mentors to be trained to model effective instructional and assessment strategies and provide teachers with lesson plans and coaching opportunities;
- establishing reading corners in classrooms;
- establishing Saturday academies to help zero in on students' reading proficiency, and extend summer and before and after school programs that focus on reading assistance; and
- reducing classroom size in grades kindergarten through grade 3.

New Haven has aligned its literacy goals with the "Early Reading Quality Guidelines" as outlined by the Connecticut State Department of Education.

Mentors who demonstrate reading lessons and teaching strategies in elementary classrooms. Administrators have also been trained in observation strategies that support literacy.

Once students begin to read textbooks they need additional content reading support. Therefore, we provided content reading strategies for teachers above third grade. Reading Recovery was initiated at 4 schools this past year and will be expanded to 8 schools next year. In addition, reading support and training will continue to be provided to all grade levels.

Support in achieving high standards in science and math have been implemented. On-going training, which is aligned to national and state standards has been implemented. The focus on performance based assessments has been instrumental in moving our students to higher standards. We have initiated plans to provide additional Advanced Placement courses at the high school and increase opportunities for algebra in the middle schools.

An academic component has been added to our middle school after-school athletic program. All athletes report for one hour of tutoring at least three times per week before reporting to practice sessions. The program design of the Middle School Athletic/Tutorial Program is exciting. The implementation of the design has not been successful however. The main obstacle is the lack of funds to pay coaches. Currently they receive a paltry sum of $500 for the season. Because of the lack of available funds, we have had great difficulty in hiring qualified coaches. This grant will fund middle school sports coaches.

5.1.2 Reduction in class size

In collaboration with the teacher's union, we have established a class size limit. In kindergarten through grade 2, no class shall have more than 26 pupils. No class from grades 3-12 shall have more than 27 pupils. In addition each kindergarten, 1st grade, and 2nd grade class has an aide; and we are anticipating hiring aides for third grade classrooms next year. Further reductions in class size at the kindergarten level are being promoted through our Early Reading Success Grant. However, there are space issues in that we do not have the facilities in our school buildings as they currently exist to create additional classrooms.

5.1.3 Use of technology in the classroom

The Board's plan is to integrate technology as a learning tool throughout the K-12 system. The Board has received substantial resources from state and federal sources for technology investments (e.g. the Universal Service Fund). Several schools have become models for integration of technology into the school-based learning process.

5.1.4 Talented, trained, and dedicated teachers in the classroom

New Haven has 1400 teachers and has developed several programs to support them:

- Through the teachers' union, veteran teachers volunteer to mentor new teachers.
- The school district has established an Education Research and Dissemination (ER&D) position. This person provides workshops and training on research-based initiatives. The district is considering expanding this position into a Staff Development Department.
- In conjunction with a local university and the teacher's union, the district has established a cohort for obtaining advanced degrees. There are currently 20 teachers working together toward a Master's Degree and two groups of 20 working on 6th Year Certificates in a planned program of study emphasizing New Haven educational initiatives and issues. The courses are facilitated/taught by a team consisting of a university professor and a New Haven Board of Education educator.

There remains a need to provide support to teachers by increasing professional development opportunities for administrators in how to be better educational leaders. In addition, there is a need to provide a comprehensive staff development plan that includes lead teachers who can model, support and coach. One way through which this can happen is through Curriculum Alignment Mentors that will help teachers improve instructional planning that is aligned with standards and assessments. There also need to be training in analysis of assessments-be they academic and/or social assessments. Through data based decision-making (which requires training) educators will be better able to plan for and monitor student progress.

5.1.5. Expanded after school learning opportunities

We currently have eight weeks in the fall and eight weeks in the spring during which each school offers after-school academic and recreational programs. A few schools also have Saturday Academies. In an expansion of the "Extended Day Academies," physical education (e.g. Middle School Athletic Tutorial) and technology classes should be considered. Also research on the effects of comprehensive music and art programs demonstrate that we can provide opportunities that help focus students in areas that promote higher level thinking as well as bring pride and confidence to accomplishments. We may want to consider art and music programs in our expanded day proposals.

C. Social Issues

5.2.1. Prevention Strategy

The Board of Education has mandated that a Social Development curriculum focusing on self-control, problem solving, decision-making, and communication skills be taught to all students at each grade level every year. This curriculum has been implemented more successfully at elementary and middle school levels where personnel exist to provide training, coaching, and monitoring of the initiative. No such personnel currently exist at the high school level.

Social Development Facilitators mentioned earlier in this application will address this need. Specific improvements expected are:

1. Schools will attain or maintain a 95% daily attendance average by 2001.
2. The annual dropout rate for the District will decline by at least 1% per year between 1998 and 2001.
3. The percentage of middle and high- school students who feel safe in a variety of school settings will increase 3% annually between 1998 and 2001.
4. The percentage of students who believe that fighting is an acceptable means of conflict resolution will decrease 3% annually between 1998 and 2001.
5. The percentage of middle and high school students who report starting a fist fight in the last year will decrease 3% annually between 1998 and 2001.
6. The student, teacher, parent and community perceptions of New Haven and schools will improve.
7. Parent and community involvement and input in school and district programs and decisions will increase.

5.2.2. Provision of alternatives to typical disciplinary actions, including interventions that teach positive behavior

Typically, students exhibiting inappropriate behaviors are suspended. In an attempt to reduce the number of suspensions, an in-school suspension position was established at each middle school. This has helped to reduce out-of-school suspensions. However, to improve this program, we need to develop a structure/curriculum for the in-school suspension day, and we need to train the workers in child development, social and emotional literacy, and conflict resolution.

D. District Comprehensive Improvement Plan

In order to achieve the high expectations set forth in the above areas, the District will implement a comprehensive and coordinated improvement plan that involves all school-related systems. Student literacy and social development are at the center of the District's Improvement Plan. Immediately surrounding these are Curriculum, Instruction, and Assessment. These vehicles are the main means by which improvements will be made.

5.3.1. Curriculum

A successful educational system teaches students what they need to know through a comprehensive and dynamic curriculum. Our strategy calls for building upon the strengths of the curriculum enhancements currently underway in the NHPS system. The District is currently reviewing and revising its pre-K through grade 12 curriculum. This process began with the creation of a Curriculum Framework and will continue with the development of grade-by-grade standards and units of study in all subject areas.

Strategies:

- Implement the curriculum framework with specific content and performance standards in all schools and at all grade levels.
- Develop and implement units of study in alignment with content standards.
- Expand and improve early childhood and school readiness initiatives for children birth to 5 years.
- Establish two additional sites in the birth-to-three CAPS/Child and Parents Succeeding program.
- Create 300 additional pre-school slots for 3-4 year-olds.
- Strengthen early literacy experiences in all early childhood programs.
- Develop standards, instructional strategies, and assessments for all early childhood programs.

- Ensure implementation of the Social Development Curriculum District-wide and at all levels.

5.3.2. Instruction

Improvements in instruction, or how the curriculum is taught, are essential to the District's Improvement Plan. The District will identify and/or develop effective teaching strategies that will meet the educational needs of all students. Central to this effort is the reform of instructional strategies currently used to teach reading.

Strategies:

- Develop a variety of effective instructional strategies in all subjects to support the Curriculum Standards and address the educational needs of all kinds of learners.
- Implement a complete balanced literacy approach to reading (shared reading, guided reading, independent reading, read-alouds, writing, and phonics instruction).
- Place paraprofessional teaching assistants in all K-3 classrooms and provide training in literacy tutoring and support.

***Combining Curriculum and Instruction: Excellence Within Reach*:**
A seed grant from the Enterprise Community funds enables the Connecticut Academy for Education in Mathematics, Science & Technology, Inc.—the National Science Foundation (NSF) Statewide Systemic Initiative—to design and implement a parent involvement initiative linking parents in the Helene Grant and Isadore Wexler elementary schools to the systemic reform activities taking place in math, science and technology education. The Academy recognized that, in order to support curriculum enhancements designed to meet state and national standards of education, parents must be involved as partners in their children's education. Building on the success of the initial parent involvement initiative, the Connecticut Academy recently applied for a new NSF grant

5.3.3. Assessment

Assessment has three main functions as part of the District's programs and initiatives: to determine the success of educational efforts, to understand a problem and set direction for intervention and improvement, and to assess whether and to what extent programs or strategies were implemented.

Strategies:

- Develop diagnostic assessments for grades 4-12 to complement the CMT and CAPT.
- Fully implement the Student Academic Assessment System (SAAS) in grades 1-3.
- Utilize Developmental Continuum (K-3)
- Develop a portfolio assessment system (K-12)

5.3.4. Staff Development

Staff Development is critical to the success of changes envisioned for the District. Staff Development is central to curriculum, instructional and assessment changes, and also for changes in the ways that schools support these central activities.

Strategies:

- Conduct staff development for teachers on the curriculum standards and instructional implementation.
- Conduct workshops for teachers at all levels and in all disciplines that are designed to increase their ability to provide appropriate reading instruction to their students.
- Provide literacy mentors who will coach teachers on a regular basis to improve reading instruction.
- Conduct Principals' Academies focused on literacy instructional strategies, and monitoring and evaluating implementation of the instructional strategies.
- Plan and conduct quality technology staff development for all teachers on the use of computers and other technologies to improve students' literacy skills.

School-to-Career: Today's global, technology-driven marketplace demands that high school graduates have basic academic knowledge, workplace skills and technical/technological training. In 1994, New Haven implemented a School-to-Career process in three high schools—Hillhouse, Career and Cross—to offer students a tangible method of combining high academic standards, career exploration activities and work-based experiences during their school years.
During the 1997/98 school year, over 200 high school juniors and seniors, representing all New Haven public high schools, were placed in internship programs.
Success of the program has caused its expansion over the past few years to include elementary and middle school activities to ensure a seamless School-to-Career educational process that helps all students make the connections between learning and future careers.

5.3.5. Student Support and Activities

Strategies:

- Create Summer Reading Academies providing intensive reading instruction for students in grades 1-8 who are having difficulty in reading.
- Establish reading academies for middle- and high-school students who do not have adequate reading skills to succeed at the high school level.
- Expand K-8 before- and after-school programs supporting reading instruction and literacy experiences.
- Develop and implement a plan to strengthen and expand current attendance and dropout prevention efforts.
- Establish Saturday Academies providing additional instruction and support to students who are experiencing difficulty learning to read.

5.3.6 Parent and Community Involvement

Strategies:

- Develop a plan for continual communication with parents throughout the school year regarding their child(ren)'s progress and development.
- Conduct parent information sessions and workshops on the new curriculum standards and instructional strategies being used in reading, including ways parents can support their child(ren)'s academic and social growth.

5.3.7. Library, Media and Technology

Strategies:

- Continue to implement the Library Power plan to expand and update library facilities and holdings and increase students' opportunities to interact with books, periodicals, and other sources of print.
- Update the District's technology plan to provide equipment and equitable access to information technologies, appropriate software, and universal access to the Internet in all classrooms. The Plan, approved by the State, will guide the investment of over $12 million in educational technology over the next few years. The Board has taken advantage of all available federal and state funding as well as recently investing several million in City bond funds for computers in every K-1 classroom.
- These resources are an important part of the Board's plan to integrate technology as a learning tool throughout the K-12 system. In many schools which function as Community Schools, open in the evening, community residents and parents will have access to the technology and the Internet as part of the Empowerment Zone Community Network project
- Provide a media specialist for every school.

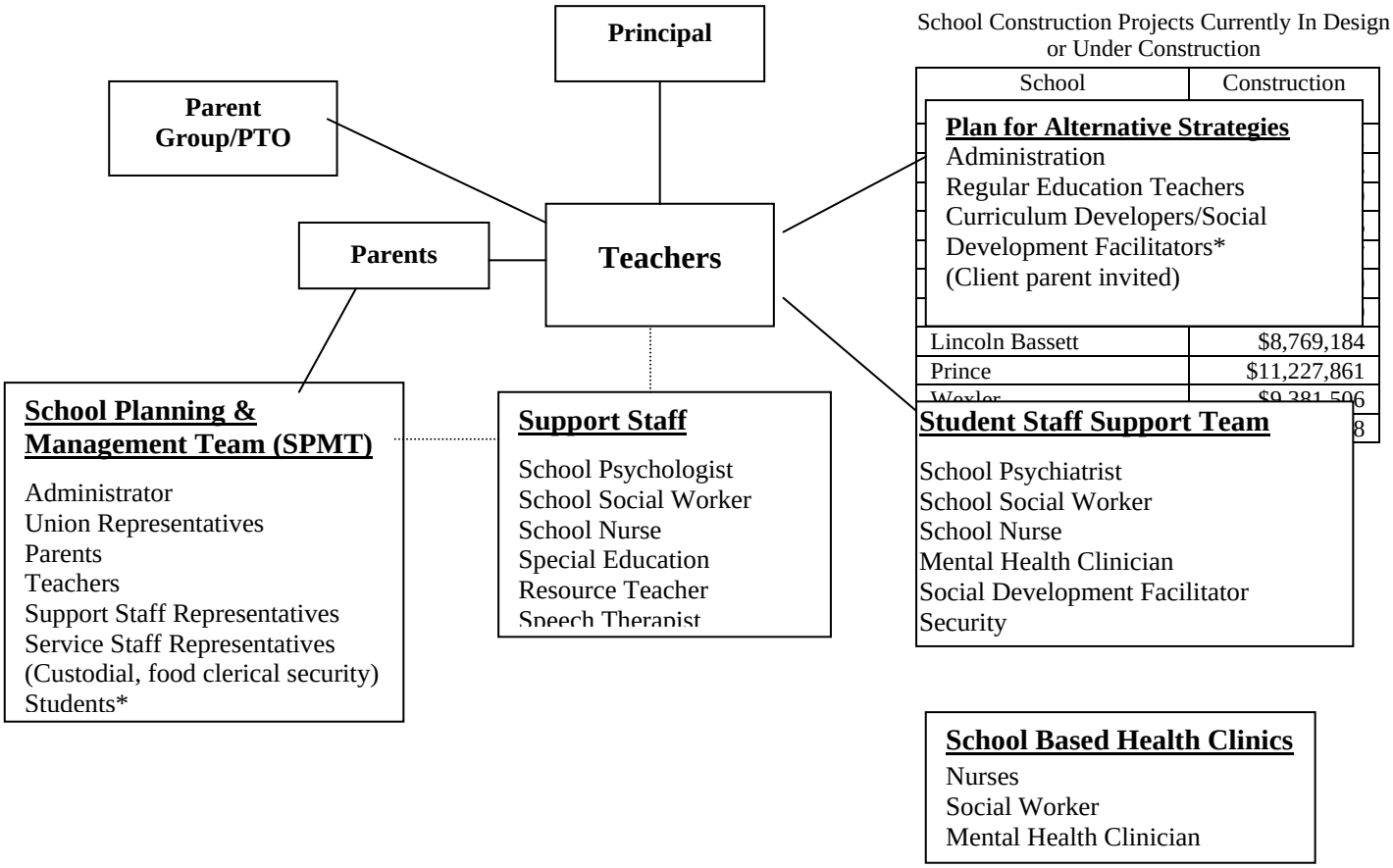
5.3.8. Policy, Administration and Accountability

Strategies:

- Develop a District Reading Policy to guide reading instruction.
- Evaluate and adjust school and District structures to support more effectively efforts to improve student literacy (e.g., administrator and school staff assignments, class size, scheduling, paraprofessional assignments, length of school day, etc.)
- **Continue decentralization of schools and further site-based management through *School Development Program*.** All New Haven public schools operate as Comer Schools, that is, they have adopted the school-based management approach of Dr. James Comer's School Development Program.
- The SDP has two tested, school-based management mechanisms: the School Planning and Management Team (SPMT) and the Student Staff Support Team (SSST). Together, the teams—representing parents, teachers and administrators, community service providers and students—form a site-based management group and work in tandem to develop a comprehensive school plan, undertake staff development and assess the school's overall progress towards meeting its goals. (See the figure below).

- ***Site Based Management.*** In order to decentralize control down to the school level, the NHPS has developed a site-based management structure whereby the individuals responsible for the strategic and daily management of each participating school are the teachers, administrators, parents, and students at that school. The Comer School Development program is the model for implemmentation of this reform. Of the 16 schools* currently designated as site-based, all but one are Empowerment Zone schools. The district plans for all schools to be site-based managed by the 1999-2000 school year.

New Haven Board of Education
School Level Management Structure



- Develop a **District accountability plan** that will specify the responsibilities of administrators, teachers, students, and parents in the effort to advance student learning and achieve the District's goals (Dr. Comer has agreed to chair a committee that is charged by the Mayor with developing such standards for greater accountability.-- see full description in Attachment **BOE Information**).
- Revise the District Policy Guide (in progress).
- Review and evaluate graduation requirements across District high schools and explore options for standardizing and increasing these requirements.

* The 16 site-based schools do not correlate to the 16 "renewal" schools of the school development program.

5.3.9. Facilities

Strategies:

- Continue the implementation of the facilities improvement plan. The current list of proposed and funded projects total 21 schools and $651 million

6. Safe School Policies

A. Overview

Over the years, the New Haven Board of Education has developed an extensive set of policies aimed at creating a safe school environment. Codified in the District's Policy Manual, these policies govern daily life in the school and establish expectations for all students, parents, and school staff.

In the planning sessions and focus groups convened to prepare this plan, school, community, and police personnel recognized the breadth and depth of the Board's policy framework, but also identified the following challenges:

1. There is a lack of an effective process for continual review, comment, and adjustment of school policies.
2. The teachers, administrators, students, and parents do not have a universal or sufficient understanding of school policies and the disciplinary code, and enforcement of existing policies is inconsistent across the district.
3. There is inconsistent and ineffective tracking of student infractions and interventions as they pertain to school policies.

Based on extensive deliberations on how to address these challenges, the Grant Application Committee established the following goal surrounding policy development and enforcement that enhance school safety:

Encourage a pro-social and safety-conscious culture in the New Haven Public Schools through policies that:

- **Are universally valued, understood and enforced; and**
- **Support the Board of Education and its partners' vision for the school as a safe, drug-free haven from the ravages of the street.**

This plan recommends three specific objectives for accomplishing this goal to address each of the identified challenges. These strategies are described in detail below.

B. Strategies

Challenge 1: There is a lack of an effective process for continual review, comment, and adjustment of school policies.

Objective 6.1 The District Student Staff Support Team (DSSST) will develop a process for continual review and assessment of school policies and infractions and recommend appropriate changes to the Board of Education.

The New Haven Public Schools already has an internationally acclaimed, comprehensive, district-wide drug and violence program called the "Social Development Program." In developing this comprehensive plan, however, the Committee identified several policy areas that require additional attention in order to support the overall goal for school safety. The Committee proposes that existing

policies be reviewed in light of these concerns to ensure that they are in support of the vision. These concerns include:

1. Clear standards for student behavior, with enforcement, that consider the social and emotional needs of the children.
2. A discipline code based on respect: respect for students, teachers, learning, and safety.
3. Penalties that are imposed fairly and that are commensurate with the severity of the infraction. These penalties should provide alternative interventions, such as peer mediation and conflict resolution, that teach positive behavior.
4. Zero tolerance for drugs and weapons on school premises and at school-sponsored events.
5. Policies that effectively combat truancy.
6. Policies that address the needs of students being reintegrated from the juvenile justice system.
7. Policies and procedures to ensure that parents and the larger community are welcome in the school and have opportunities for meaningful participation in planning and carrying out the school's safety policies.

The DSSST, modeled on the Comer School Development Program, will be charged with reviewing the relevant existing policies in light of these concerns. If, upon review, policies need to be rewritten to better support the vision, the DSSST will prepare recommendations for the Board of Education. This initial review will set into motion a process of continual review and assessment of school policies to make sure they support the vision of this comprehensive plan.

As well as continually assessing policies, the DSSST will ensure a widespread communication flow across the entities making up the grant. The DSSST will use data to monitor policy implementation and then guide any changes that need to be implemented.

Challenge 2: The teachers, administrators, students, and parents do not have a universal or sufficient understanding of school policies and the disciplinary code and enforcement of existing policies is inconsistent across the district.

Objective 6.2: Within the first two years of the grant, the DSSST will develop and implement a means of informing and training teachers, administrators, students and parents on school policies.

While teachers, administrators and students understand most of the existing policies, the levels of understanding and accompanying enforcement can sometimes vary from teacher to teacher, administrator to administrator, student to student, parent to parent, and school to school. This tends to create an environment in which respect for policies is absent and contributes to unlawful and antisocial behavior.

In order to establish and maintain a universal respect of the policies and to ensure that each student understands that he/she will be held to the same standards as every other student, all school personnel must have a common understanding of the policies. Consistent and fair enforcement, including strategies that address the social and emotional needs of students, will build integrity both for school staff as well as for the policies.

This plan was developed under the assumption that, while many students, personnel, and parents have some understanding of the policies, every one could benefit from a reorientation. This will ensure that discrepancies are cleared. The plan calls for a reintroduction of school policies for every school employee within the first two years of the grant, and the development of a regularly scheduled refresher course for following years.

Platforms already exist upon which to build these refresher courses. The Board of Education's Staff Development Program is responsible for developing, planning and training staff in all curriculum, instructional, and management areas defined through district, state and federally mandated programs which address the social and emotional needs of students. The office is also responsible for integrating and coordinating a variety of training opportunities provided through special projects, so could easily take on primary responsibility for developing an appropriate course of review.

A vehicle is already in place whereby parents can be informed of the policies. "School Orientation" sessions are held in August and September of each year at every middle and high school. All parents are mandated to attend each year. The orientation session agenda could include a section on school policies after which each parent would be asked to sign a document indicating that he/she understands school rules and enforcement policies, and agrees to adhere to them. This practice is identified in the US Department of Education's 1998 Annual Report on School Safety as a necessary piece in designing an effective discipline policy. To make sure that students and parents have the necessary resources to understand the policies, copies of all policies will be widely available, and additional workshops will be scheduled that explain the policies and allow for questions and answers.

Challenge 3: There is inconsistent and ineffective tracking of student infractions and interventions as they pertain to school policies.

Objective 6.3 DSSST will implement an enhancement of existing management information system in order to capture consistent and effective tracking of student infractions, including violent and non-criminal incidents.

Valid data must be collected and analyzed in order to make sure that the existing policies and enforcement practices have an effect on reducing violence and antisocial behavior. Current management information systems, however, are inadequate in maintaining these records. As a result, this plan calls for the enhancement of existing MIS systems in order to capture appropriate data to use in assessing policies and programs. The plan also calls for the creation and funding of a Data Analyst position in the Office of Planning and Assessment to maintain these systems and coordinate data collection and disbursement.

The enhanced MIS system will track student infractions, including minor and major incidents. Accurate records of violent incidents and injuries will help school personnel identify overall trends in school violence, and these records can be used to identify: a) early intervention strategies to mitigate these trends; and b) prevention strategies which would lead to a future decrease in the number of infractions. In addition to using this data collection tool to assess effectiveness of policies, it will also allow for earlier identification of students who demonstrate the early signs of more serious problems.

Data will be given to DSSST for analysis and management purposes. DSSST will use this data as a tool in assessing overall program success, not only for the effectiveness of school policies, but for the effectiveness of all programs described in this plan. DSSST will also be charged with communicating the results of this data to school staff, students, parents, and the general community. In order to make this information accessible to a wide audience, this plan calls for contributing to the New Haven Empowerment Zone web site, among others, and promoting these sites as resource tools for the community at large.

C. Outcomes

Ways in which the DSSST will measure the direct impact of these policy recommendations will include:

1. Identifying gaps between current school policies and those that need to be added or amended in order to address the needs of this grant.

2. Presenting the Board of Education with reports/updates/suggestions on ways that its policies can be improved to better address our (seven) areas of concern.
3. Collecting more specific and timely data on student infractions.
4. Informing teachers, administrators, students, and parents on school policies.
5. Tracking the number of student infractions of district policies.

VI. Management and Organization

All partners in the Safe Schools/Healthy Students initiative must adjust the way they do business in order for this collaboration to work and thrive. The primary partners will come together regularly at the citywide level through a newly convened District Student Staff Support Team (DSSST), based on the Comer School Development Model. The membership of this Team will be the top District officials from the core disciplines required for this Initiative, plus agency and community representatives. The project will be run out of the Social Development Program Office at the NHBOE where a full time Project Coordinator will be hired to support the Project Director and the DSSST. The Board of Education, the Department of Police Services, and the Department of Children and Families are bound together by a Memorandum of Understanding which expresses their commitment to this project.

Table V.1 details the staffing pattern proposed to advance the initiatives established as priorities in the plan.

Table VI.1 Line Staff Involved in Implementation of the Comprehensive Plan

Title	Supervision	Location	Role
Social Development / Prevention			
Social Development Facilitator	Principal / Social Development Supervisor	School (or nearby school)	Direct implementation of Social Development Program throughout school district. Coordinate SDP and SS/HIS initiatives.
Community Liaison/After School Program Coordinator	Principal	School	Coordinate afterschool athletic, recreational, mentoring, and SDP programming with in-school elements of SDP. Serve as liaison to other afterschool programs (e.g. P.A.L., etc).
Social Development Trainer	Principal	School	Provide training and oversight of SDP facilitators. Quality assurance of SDP interventions.
Mentoring Coordinator	Principal	School	Oversight and coordination of school mentoring program. Coordination with other mentoring programs. Recruitment of additional mentors.
Administrative Assistant	SDP Facilitator	School	Provide clerical and administrative support to SDP.
Middle School Coach	Principal	School	Coach athletic and recreational activity for athletic mentoring program. Develop diverse activities. Mentor students.
Security			
School Resource Officer	Police Dept	School (or nearby school)	Prevention and crisis intervention by community officers trained in student intervention and assigned to public schools on a consistent, full-time basis. Provide educational mentoring and on-site police presence for security; participates in programs and in classes.
School Security Staff	Chief of Security	School	Provide security and supervision of students, respond to emergencies, maintain safety and order in and around schools
Health/Mental Health			
School-based Clinic Coordinator / Staff	Contractor	School (or nearby school)	Coordinate school based mental health services. Provide clinical supervision to direct service clinicians. Consult to other educators and involved agencies.
School-based Mental Health Clinician	Contractor	School	Provide evaluation and treatment to students and their families within the public school setting.
School Psychologist	Pupil Services	District	Conduct psychological evaluation and testing to determine special education eligibility.
Police			
Youth Services Resources Coordinator	Police Department	Family Service Unit	
School Social Worker	Social Work Supervisor	School (or nearby school)	Conduct psychosocial evaluations for special education eligibility. Provide counseling to special education students.
Truancy/Dropout			
Truancy Officer	Principal for Truancy & Dropout Prevention	In Community	Coordinate with police and probation officers to intervene with students who are truant or at risk for dropout. Engage families to support school attendance.
In School Suspension Room Monitor	Principal	School	Conduct educational and social development programming for in-school suspension participants

Early Childhood			
Family Resource Center Coordinator	FRC program director	FRC	Program development and direction of Family Resource Center. Coordination with other FRCs. Supervision of staff.
FRC Educator	FRC Coordinator	FRC	Provide psychoeducational interventions to children and families through FRC.
FRC/CAPS Outreach Worker	FRC/CAPS Coordinator	FRC/CAPS	Provide home and community based services to children and families.
FRC/CAPS Administrative Assistant	FRC/CAPS Coordinator	FRC/CAPS	Provide administrative and clerical support for FRC & CAPS
CAPS Early Child Educator	CAPS Coordinator	CAPS	Provide home and community based interventions for high-risk children and families
CAPS Social Worker	CAPS Coordinator	CAPS	Provide home and community based mental health treatment for high-risk children and families
CAPS Parent Educator	CAPS Coordinator	CAPS	Provide home and community based parent education, guidance, and supportive treatment for parents & caretakers of high-risk children

VIII. Conclusion

This plan establishes the framework and details many of the specific initiatives through which the New Haven community will work to ensure positive futures for all youth.

Many of the elements are in place today to have a major impact, and the resources potentially available through the Safe Schools / Healthy Students Initiative will provide the glue to pull the many disparate pieces together into a clear whole.

There are a number of cross-cutting issues that were identified in several of the planning groups working on components of this plan. These included technology, data and Management Information Systems, case management and referral processes, training parent engagement and the complex of issues around evaluation, performance measurement, and processes for continuous improvement. Many of these areas, issues and challenges were identified but solutions proved illusive.

A next step is for the partners in this effort to continue to work on defining the work that needs to be done across these issues to ensure that the ambitious goal of this plan are met.

With this plan, the path toward a comprehensive, integrated strategy to support positive youth development and health has been set. It is up to all the partners to ensure that progress is made.