Donald T. DiFrancesco
Acting Governor

**New Jersey
Department of Education**

Vito A. Gagliardi, Sr.
Commissioner

Gloria Hancock
Acting Assistant Commissioner
Division of Student Services

September 2001

**Strategies For Strengthening Student Centered Practice:
Health and Social Services in Secondary Schools**

PTM No. 1502.61

Strategies For Strengthening Student Centered Practice: Health And Social Services In Secondary Schools

Donald T. DiFrancesco
Acting Governor

Vito A. Gagliardi, Sr.
Commissioner

Gloria Hancock
Acting Assistant Commissioner
Division of Student Services

Catherine M. Crill
Acting Director
Office of Educational Support Services

New Jersey State Department of Education
PO Box 500
Trenton, New Jersey 08625

September 2001

NEW JERSEY STATE BOARD OF EDUCATION

ACKNOWLEDGMENTS

This document is a product of the Interdepartmental Committee on School Age Health's Strategic Plan. The Department of Education acknowledges that collaborative effort and wishes to thank the members of that committee for their contributions, without which this would not have been possible.

The Interdepartmental Committee on School Age Health is comprised of the following members:

Co-Chairs

Gloria Hancock, Acting Assistant Commissioner
Department of Education

Celeste Andriot Wood, Assistant Commissioner
Department of Health and Senior Services

Committee

Dawn Berney, Research Scientist
Department of Health and Senior Services

Sue Brocco, Research Scientist
Department of Health and Senior Services

Phil Brown, Manager
Department of Education

Catherine Crill, Acting Director
Department of Education

Janet DeGraaf, Director
Department of Health and Senior Services

Cecelia Downey, Manager
Department of Education

Sue Goldman, Director
Department of Health and Senior Services

Nancy Kelly-Goodstein, Manager
Department of Health and Senior Services

Kevin McNally, Program Manager
Department of Health and Senior Services

Marilyn Kent, Specialist
Department of Education

Sarah Kleinman, Coordinator
Department of Education

Roberta Knowlton, Coordinator
Department of Human Services

Beverly Kupiec, Coordinator
Department of Health and Senior Services

Len Massey, Director
Department of Health and Senior Services

Fran Miceli, Community Services Officer
Department of Health and Senior Services

Linda Morse, Coordinator
Department of Education

Richard McDonald, Supervisor
Department of Health and Senior Services

Lovell Pugh-Bassett, Specialist
Department of Education

Kay Reiss, Director
Department of Human Services

Tom Rubino, Mercer County Superintendent
Department of Education

Steven Saunders, Director
Department of Health and Senior Services

Barbara Tkach, Coordinator
Department of Education

Fred Vasapolli, Supervisor
Department of Health and Senior Services

LaCoyya Weathington, Coordinator
Department of Education

ACKNOWLEDGMENTS

The Department of Education recognizes and appreciates the assistance of the Health and Social Services Delivery Systems Subcommittee in creating this manual to guide secondary schools in their goal to provide coordinated health and social services to students and families.

The committee is comprised of the following members:

Karen Mille
Department of Health and Senior Services
School & Adolescent Health Program

Gina Ogburn-Thompson
Health and Social Services Coordinator
Plainfield High School
Plainfield Public Schools

Haydee Perez
Education Program Development Specialist
New Jersey Department of Education
Office of Educational Support Services

Lovell Pugh-Bassett
Education Program Development Specialist
New Jersey Department of Education
Office of Educational Support Services

Kay Reiss
Director
Office of Special Initiatives
New Jersey Department of Human Services

Willie Smart
School- Based Manager
School Based Youth Services
Camden Public Schools

LaCoyya Weathington
Coordinator, School Health and Social Service Programs
New Jersey Department of Education
Office of Educational Support Services

Pam Zern-Coviello
School-Based Director
Long Branch School Based Youth Services
Long Branch Public Schools

TABLE OF CONTENTS

INTRODUCTION

In the past decade, a cultural shift has occurred in the form of an increase in single parent families, both parents working outside of the home, a lack of intergenerational support for families and the rise of violence in schools. These issues have forced schools to reconsider the physical, emotional and social needs of children in order to ensure academic success. Educators, however, have not always had the knowledge or resources to respond adequately to the diverse needs students bring with them to the classroom. Often, students who were unable to perform academically were labeled "special needs" and inappropriately placed in special education programs. Others, who exhibited problems related to health or social issues, were dealt with in isolation by staff who had little guidance on how to respond to the complex social issues impacting the health and social development of the child. Though the provision of services beyond those of an academic nature was limited and in some instances non-existent in a school setting, it has become an inevitable reality of today. Schools however, cannot address these issues alone.

The New Jersey Department of Education (DOE) recognizes the importance of addressing students' health and social needs, in addition to their academic needs. The thrust to provide access to health and social services, which has begun in many school districts and is currently mandatory in the Abbott School Districts[1], N.J.A.C. 6A:24-6.1(a)1, as a part of Whole School Reform (WSR) is a response to that recognition.

The DOE has prepared this document to provide schools with a general framework to use in the development and implementation of a comprehensive health and social service delivery system. This document by no means represents all of the available research in the area of health and social service programming. Moreover, as the circumstances surrounding health and social service programming differ from school to school, it is not possible to provide a single method

---

[1] See Key Terms on page 36 for the definition of Abbott District

that applies to all schools. Coordinated health and social services can be provided in many ways using a variety of configurations.

Health and social services, offered through a carefully planned delivery system, allow for long-range planning and provide a structure for dealing with students' problems as they arise. Coordinated service systems also allow Health and Social Services Coordinators (HSSC) to aggregate information on many students and identify common needs, thus reducing the frustration caused by limited access to resources for individual students when addressing issues such as:

- Physical and Mental Health
- Family Dysfunction
- Teenage Pregnancy
- Violence
- HIV/AIDS
- Hunger

! Drug and Alcohol Abuse

! Poor Academic Achievement

! Dropout Prevention

! Abuse

! Homelessness

The DOE has identified three delivery systems that are conceptual tools for organizing services:

1) Assessment, Information & Referral System (AIRS);[2]
2) Site-Based System; and
3) Combination System (AIRS and Site-Based).

These alternatives offer schools programmatic flexibility in designing and implementing a health and social service delivery system that will meet the needs of their students and families in collaboration with the community. The appropriate delivery system for a given school is one that supports the school's existing infrastructure, reflects the needs of students and corresponds with the resources available in the school. This will ultimately provide complimentary services to students and can maximize student achievement. To facilitate ease of use, each delivery system is outlined in detail with accompanying tables to assist schools in identifying the system that is most appropriate to their needs.

---

[2] Detailed descriptions of each system start on page 16

The remainder of the document, is comprised of sections that outline areas to consider when planning and implementing a delivery system, they include: conducting an assessment of health and social service needs, conducting a resource inventory, developing a mechanism for access to health and social services, selecting an appropriate system based on assessment data, collaborating with key stakeholders, and performing periodic evaluations. Finally references, community and state resources, sample surveys and tracking/reporting tools have been included in the appendix to provide schools with information that will foster building level implementation.

The DOE believes that the implementation of a health and social service delivery system should not be limited to Abbott Districts and encourages all secondary schools to assess the impact an effective delivery system could have on their efforts to service the total student and positively effect student performance.

In Abbott Districts, the School Management Team (SMT) plays a key role in the coordination of health and social services as it is an internal collaborative effort consisting of school staff, the school principal, parents/guardians and community members that provides a valuable resource system.

Key terms have been provided on page 36 to assist schools with the terminology used in this guide. Schools may also visit the DOE website at www.state.nj.us/education for further clarification of terms.

HISTORICAL CONTEXT

Issues surrounding the health and social welfare of New Jersey children fall under a multitude of state regulatory agencies. As such, the DOE collaborated with the Department of Health and Senior Services (DHSS) and the Department of Human Services (DHS) in a strategic planning process to identify steps to improve the health of school age children. This document, which will assist secondary schools in developing a mechanism for access to health and social services and implementing an accompanying delivery system, is a result of that process.

Whole School Reform (WSR) in New Jersey came in response to the New Jersey Supreme Court decision in Abbott v. Burke. This decision increased funding in the districts known as Abbott Districts with the intent to enable those districts to provide a thorough and efficient education to students. WSR was accepted as a strategy to assist poor urban children in Abbott districts to achieve the Core Curriculum Content Standards (CCCS) by addressing both the academic and social needs of students [Abbott v. Burke, 153 N.J. 480]. It also brought to the forefront the need for supplemental programming in those districts.

The charge to infuse health and social services into the context of the school environment was in part a response to that decision and the Department of Education's (DOE) desire to address the needs of families from communities whose infrastructures had been weakened by social and economic conditions. Such conditions limited the family's ability to maximize community resources and affected the academic success of the student. Research suggests that when schools step in to address such issues, there are positive effects on student performance, attendance, and dropout rates (Educational Development Center, National Consortium to Foster Comprehensive School Health Programs in the Public Schools, National Center for Health Education, and the National School Boards Association).

Thus, the Abbott decision underscored the importance of social services in schools and allowed schools to examine existing supports that addressed the health and social service needs

of students. At the elementary school level, those needs were addressed through the development of Family Support Teams. Secondary schools were required to implement Required Programs in Secondary Schools (RPSS), one of which was the coordination of health and social services.

Further, DOE regulations developed in response to *Abbott v. Burke* required secondary schools in Abbott Districts to provide for a full-time staff member responsible for the coordination of health and social services and the referral of students to such services for each secondary school within the district. This position of a Health and Social Services Coordinator (HSSC) was seen as essential to both the school and the student as it would help teachers focus on their primary mission of educating students and give students the benefit of advocacy and coordinated services.

Roles and Responsibilities of the Health and Social Services Coordinator

Rationale

As stated earlier, this position was created in response to the need identified by the New Jersey State Supreme Court to provide health and social services in schools.

In an effort to maintain a continuum of services to students, Abbott Districts are required to provide for the coordination of health and social services for students and families in accordance with N.J.A.C. 6A: 24-6.1(a) 1. The regulations further require a full-time HSSC to provide this service in each secondary school as per N.J.A.C. 6A: 24-1.4(h). Schools that believe that they are already fulfilling this requirement may apply for an equivalency and waiver pursuant to N.J.A.C. 6A:24-1.4(e) and N.J.A.C. 6A:5-1 et seq.

Duties:

The specific responsibilities of the HSSC will vary based on the delivery system selected by the school. However, each coordinator should be responsible for the following: assessing student needs, developing linkages with resources in and/or outside of the community, making referrals to resources in and/or outside of the community and following-up with students, their families, and school personnel to ensure the satisfactory provision of services.

Additional responsibilities may include:
- Ensuring access to primary and preventative health care, dental services, mental health services, individual, group and family counseling and substance abuse prevention, intervention, referral and treatment services;
- Crisis management, and promoting communication and problem solving, and child development programs;
- Promoting parent involvement in schools, improved management, adult education and/or literacy skills, parenting skills and family oriented after school hours' activities; and
- Collecting and reporting data.

Responsibilities of the Health and Social Services Coordinator   **Chart 1.1**

Assessment, Information & Referral System	Site-Based System	Combination System (AIRS & Site-Based)
Conduct an assessment of service needs and develop a mechanism for referral.	Facilitate linkages with existing internal programs for identification and referral to school services.	Assess appropriate service for particular student needs (referred outside or serviced on-site).
Canvass community resources to assess effective referring agencies.	Responsible for coordinating and collaborating services.	Link resources from both delivery systems to create a functional delivery of services.
Serve as the liaison between referring agencies and students.	Work closely with the existing site based program (if applicable).	Spearhead collaborative projects.
Provide case management as needed.	Provide comprehensive case management services.	Provide case management as needed.
Provide consistent follow-up to ensure rendered services were satisfactory.	HSSC will spend bulk of his/her time on site coordinating resources.	Provide follow-up to ensure services referred to community were satisfactory.
HSSC will spend a significant amount of time outside of the school building, developing and maintaining partnerships in the community.	HSSC will spend the bulk of his/her time on site providing services.	HSSC will spend time on site and some limited time in field working on partnership development.

The degree to which the HSSC will perform specific responsibilities will depend largely on the delivery system, school resources such as staffing and/or space issues, and the level of collaboration with site-based and community agencies. Chart 1.1 is designed to demonstrate the significant differences between the responsibilities of the HSSC within a given delivery system. NOTE: The responsibilities indicated above do not represent the HSSC responsibilities in their totality.

The HSSC should also collaborate with the SMT to ensure that information and services are coordinated. In some schools, this may mean serving on the SMT. This coordination with the SMT will permit the HSSC to effectively execute the services necessary for the educational

achievement of students, through utilization of existing district staff, programs and services and through coordination of and referral to community-based providers.

Finally, the health and social services coordinator may also contribute to the training of staff, assist in the development of district needs assessments, consult on appropriate professional development, and participate in planning teams and/or on advisory bodies.

Relevant Experience and Education:

The HSSC should have general experience in education, social work, counseling or other related field. Experience in coordinating health and social services, conducting assessments of health and social service needs and follow-up are also important when considering a viable candidate for the health and social services coordinator position. Certified district staff (i.e. school social workers, substance awareness coordinators, school nurses, school psychologists, and guidance counselors) and non-appointed staff who have comparable educational experience (Graduate Degree in: *Social Work,* MSW; *Counseling Psychology or Community Counseling*, MA; *Human Services*, MHS; *Public Health*, MPH; and *Nursing,* MSN) are equally desirable candidates.

ASSESSMENT OF HEALTH AND SOCIAL SERVICE NEEDS

A ssessing the health and social service needs of students and families, is critical to the selection and effective implementation of the delivery system best suited for a school. This assessment will help to identify program strengths and weaknesses and confirm perceptions about a specific problem or issue that is affecting students. It will also help to provide baseline data against which future comparisons can be made. The assessment of health and social service needs is essentially the core of a multi-step process that will:

1. Identify the unmet needs of students and families; and
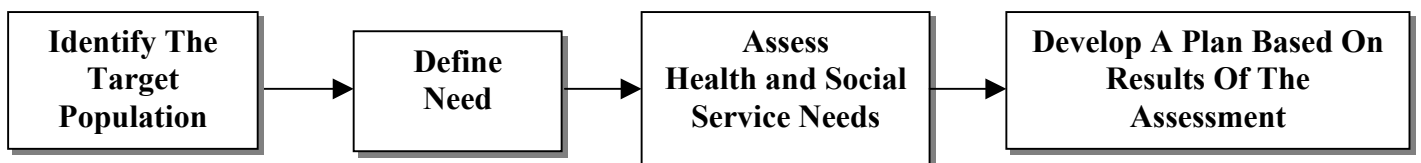2. Guide the selection of a system to address those needs.

Additionally, this assessment should be revisited periodically to update programming in response to the changing home and community environments.

What is a health and social service need?

- For the purposes of this document a **health and social services need** is: an identifiable health or social condition that limits a person as an individual in meeting his or her full academic potential (adapted from *Netting, Kettner and McMurtry, 1993)*.

How can a school assess the health and social service needs of its students?

- **Assessment of health and social service needs** is a systematic process that should be used to set priorities and allocate resources based on the health and social service needs of the identified target population. This assessment should progress through a defined series of phases. The four-phase process below has been adapted from *Netting, Kettner and McMurtry* who identified a system for analyzing need:

Identify The Target Population	→	Define Need	→	Assess Health and Social Service Needs	→	Develop A Plan Based On Results Of The Assessment

Phase 1-Identify the target population

☞ Schools should view the target population as the consumers of their services. Most schools would identify students and, in some cases, families as their target population. The target population should be the focus of the assessment.

Phase 2-Define Need

☞ In this phase schools will define the issues that impede student achievement. A common mistake is to identify surface issues and neglect the underlying concerns that are limiting students. For example: a teacher may refer a student for services based on observations that the student sleeps in class. Upon further assessment it is discovered that sleeping in class is a symptom of the students underlying depression. To identify only the surface behavior and provide services based solely on that behavior would be a disservice to the student and to the school. When defining a student's needs, schools should attempt to conceptualize those needs in order to make a determination about the extent to which they are (or are not) being met.

Phase 3-Assess Health and Social Service Needs

☞ Once health and social service needs are defined, schools should assess the magnitude of those needs. In other words, schools should ask the question, what are feasible and appropriate ways in which to find out how many people are in need in each of the areas identified as relevant to this target population? This does not have to be an elaborate or complex process; it can happen through surveys, focus groups, interviews and data reviews (The References section in the appendix includes a related chart on needs assessment methods, while the Survey section includes sample surveys).

Phase 4-Develop A Plan Based On Results Of The Assessment

☞ In this phase, the plan will lead to the selection of the most appropriate delivery system. In developing this plan it is important to not only take into consideration the student's needs

but to also inventory the current resources available (both in school and in the community) that can best address those needs. The delivery system selected should maximize the use of current resources as well as fill the service gaps, thereby meeting the student needs.

How is assessment of health and social service needs different from the required WSR needs assessment?

- The assessment of health and social service needs is distinct from the required yearly WSR needs assessment at *N.J.A.C. 6A:24-4.3.* The WSR needs assessment means an evaluation of impediments and deficiencies that prevent students from achieving the Core Curriculum Content Standards identified by a valid assessment methodology. While the assessment of health and social service needs focuses solely on the health and/or social problems that affect students.

As previously stated, the assessment of health and social service needs, is critical not only to the initial development of an effective delivery system, but also to the effective evaluation and maintenance of the chosen system. As such, it is recommended that schools conduct this assessment every 3-5 years.

The goal of an assessment based planning process is to maximize the services available to students. If the school has a School Based Youth Services Program (SBYSP), the assessment should be done in collaboration with the SBYSP so that gaps in services can be interpreted in relation to existing service data. By cross-referencing information, a school will be able to select the most appropriate delivery system*, and* maximize the services available to its students.

NOTE: When conducting an assessment of health and social service needs schools should consider the following:

♦ Systematic approach (i.e., look at existing sources of information and expertise to assess needs);

♦ Defined target population ;

♦ Constraints (time, cost, etc.);

♦ Size of target population;

13

- The best method for obtaining useful information and perceptions (i.e., have all stakeholders had opportunity for input?);

- Determining how and what data should be collected, analyzed, and interpreted;

- Setting priorities and criteria for solutions;

- Weighing alternative solutions; and

- Ability to perform proper follow-up.

When considering an effective delivery system schools should consider the following:

- Space Issues (i.e. is there enough space to house current site-based staff?); and

- Staff Issues (i.e. does the school currently have adequate staff to meet the needs of the students?).

There is no one particular way to assess the health and social services needs of students as they vary from school to school and community to community. Schools should identify the strategy that best accommodates their staff, population and resources, with an emphasis on getting the most accurate assessment possible. Schools may want to consider collection instruments like questionnaires, surveys, interviews and focus groups as a first step. Sample surveys can be found in the Appendix of this document. Data collected from the Intervention and Referral Services Program required under N.J.A.C. 6A:16-7 is another example of existing pertinent information that schools have used effectively to identify and prioritize student needs.

- **Conducting an assessment of health and social service needs is crucial to the development of an effective delivery system and should be conducted by a team of stakeholders.**

- **Assessment of health and social service needs should be done PRIOR to the selection of a delivery system to ensure that the system matches students' needs.**

- **Assessment can be conducted in a variety of ways.**

- **Assessment of health and social service needs should be completed every 3-5 years.**

RESOURCE INVENTORY

D espite the best efforts of school staff, some students are at greater risk of school failure because of circumstances that cannot be accommodated in the regular program. These students may require linkages with social services that provide supports enabling them to stay in school. A *resource inventory* examines the providers existing in the community that can serve students' needs. Schools should conduct a resource inventory before selecting a delivery system to ensure that the system matches the resources in the community. For example, does a sufficient infrastructure exist within the community to support the needs of students and families? The systems most affected by the need to conduct a thorough resource inventory are the AIRS and the Combination system. However, schools who choose a site-based system must be aware of community resources to augment services that existing personnel may be unable to provide.

When conducting a resource inventory, schools should ask specific questions about services that are currently available to the target population. This is a dynamic process, marked by continuous change as schools update information relevant to specific agencies in the community, become more knowledgeable about available services and develop relationships with community partners. The following questions, some of which have been adapted from Netting, Kettner and McMurtry, are examples of information that schools may obtain as a starting point in a resource inventory process:

General questions regarding the community:
1. Is the community generally sensitive to the needs of students?
2. Do community groups or agencies adequately assess the needs of students?
3. Is there a community framework that guides service planning for students?
4. How adequate is funding, in the community, to meet the needs of students?
5. What gaps in services and problems affecting students have been identified in the process of conducting this inventory?

6. How does race, ethnicity or gender of students affect the provision of services in the community?

Agency specific questions:

1. Does the agency have a long waiting list?
2. Does the agency employ bilingual and/or bicultural staff?
3. Does the agency have a sliding fee scale for services?
4. Does the agency have experience working with adolescents and is the agency able to meet the specific and unique needs of adolescents?
5. Can the agency service families that do not have health insurance?
6. How does the agency maintain its' facilities?
7. Does the agency have well trained staff who are appropriately credentialed?
8. Does the agency have appropriate space in which to provide services?
9. Does the agency's mission or philosophy compliment the school's vision for services?

Conducting a resource inventory is a process that should include a thorough canvassing of area resources. It should also be accompanied by: 1) a systematic review of identified resources for effectiveness, 2) determination of the resource's ability to meet the identified health and social service needs and 3) prioritization of needs as they impact student performance in school (See Chart 1.2).

CONDUCTING A RESOURCE INVENTORY   **Chart 1.2**
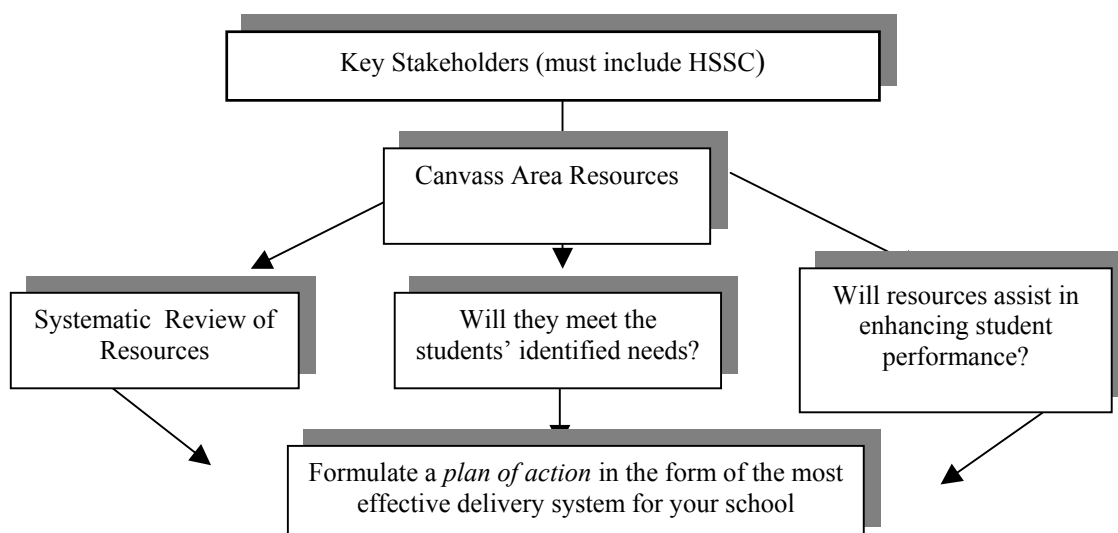
When conducting a resource inventory within the school (particularly for site-based systems), schools should consider resources such as; grant-funded programs, school newsletters, school clubs, after-school programs, monthly calendars of events, and school program directories.

♦ **Conducting a resource inventory is most critical to the AIRS and the Combination System.**

♦ **Resource inventories should be done PRIOR to selection of a delivery system to ensure that the system matches resources available in the community.**

♦ **There are key questions to ask when conducting a resource inventory.**

THE DELIVERY SYSTEMS

Upon completion of the assessment of health and social service needs and the resource inventory, schools should develop a plan of action. That plan will be based on the results of the assessment process and will lead to the selection of a delivery system.

Delivery system tables, the first of which is on page _18A_, have been provided to give schools information that details the core components, the highlights, the program administration/considerations and the links/resources of a functioning system. **Core components** provide detailed information about the foundational aspects of each system, which allow it to function effectively. Information in the **highlights** and the **program administration/considerations** section has been provided so that schools are able to quickly assess the benefits & constraints in each system. This thumbnail view of a system's features will help to determine whether or not this system is a match for the school's needs. Finally, **links/resources** give schools the most relevant tools to assist in the development and implementation of the specific delivery system.

Please note, the information contained in the tables do not represent all of the components that can be offered by each school, as each school's capabilities and resources will vary.

Prior to executing a delivery system, schools should develop a mechanism for access to health and social services. This mechanism should be able to identify the ways in which services are obtained and should essentially answer the following questions:

- Who will be responsible for identifying appropriate health and social services for students and families?

- How will students be referred for services? (Can students self-refer? Are teachers and faculty able to make referrals? Can parents refer themselves or their children?)
- What process or system will be used to accept referrals, screen referrals for importance and rank referrals in order of priority?
- What process will be used to help students and families access needed services? How will those services, once accessed, be recorded?
- Who will be responsible for follow-up, once services have been rendered?
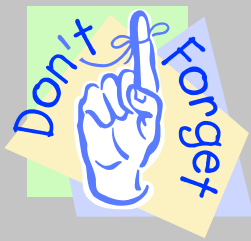
- **There are three delivery systems:**
  - **1). Assessment, Information and Referral System;**
  - **2). Site-Based System; and**
  - **3). Combination System.**
- **Schools must develop a mechanism for access to health and social services prior to executing a chosen delivery system.**

ASSESSMENT, INFORMATION & REFERRAL SYSTEM

The Assessment, Information & Referral System directly links students with services *outside* of the school. The school essentially serves as the liaison between the student and the service. It is designed to service children and families who reside in communities that have available and accessible resources as measured by the resource inventory.

In order to implement an effective Assessment, Information & Referral System, the school must incorporate in its planning, a resource inventory which focuses heavily on the canvassing of community resources and to a lesser extent, resources in the school. Additionally, schools may want to collaborate with more than one agency that provides a similar service to avoid over-taxing a specific service agency and to ensure proper fulfillment of student needs. This review of community resources should be able to assist a school in determining whether those resources can fulfill the needs identified in the school's assessment of health and social service needs.

Additionally, schools should develop an effective evaluation/follow-up component to ensure that the services rendered were satisfactory and met students' needs. If students' needs have not been met, then further research may need to be done to create a link with another organization that could meet those needs.

Determining whether or not the Assessment, Information & Referral System is best suited for a school will be predicated on the following:

- Identified needs of students;
- Availability and quality of services within the community (i.e. Are they accessible? Is there a waiting list? What are the hours of operation? Evenings? Weekends? Public transportation?);
- Space issues within the school (limitations, ability to secure confidential space, etc.);
- School location (i.e. geographic, demographic);

- ♦ School personnel availability;

- ♦ Culture of the community (i.e. Do families typically carpool for local trips? Would particular services be inaccessible because of location? Do community norms discourage venturing beyond a specific neighborhood?); and

- ♦ Language issues and/or cultural barriers (ethnic sensitivity).

Sample components of an Assessment, Information & Referral System have been outlined in Table 1.1. A school can use this table to inform the creation of its delivery system. The components of a school's system will be determined by the needs of that school, so it will be necessary to add or remove components as needed. If a school is successfully implementing an existing system, then it should consider:

1. Assessing that program to determine its effectiveness in meeting student needs, and
2. Restructuring the program into a delivery system.

Essential to an effective delivery system is the HSSC who should be responsible for carrying out major duties related to the implementation of the system. The HSSC responsibilities in this system would include:

- • Making referrals;

- • Receiving referrals;

- • Developing a mechanism for access to services;

- • Collaborating externally;

- • Coordinating internally; and

- • Other responsibilities as appropriate.

As the liaison between the referring agencies, the students and the school, the HSSC ensures that the services were successfully rendered, provides a comprehensive follow-up and evaluation strategy for each student referred, and researches funding opportunities that would allow for increased services to students.

LINKING WITH AFTER-SCHOOL PROGRAMS   After-school programs have in recent years become a part of a child's everyday educational experience. As such, schools are encouraged to work closely with after-school programs since many of them serve as a valuable resource. In the AIRS system, the HSSC would most likely refer students to the appropriate after-school programs that would meet that student's identified needs (i.e., extended hours, homework assistance, tutoring etc.).
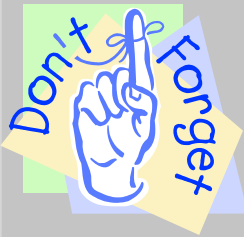
- ♦ **AIRS directly links students with services *outside* of the school.**
- ♦ **Collaboration is essential to this delivery system.**
- ♦ **Best accommodates a school with limited spacing, staffing and internal resources.**
- ♦ **HSSC should provide extensive follow-up to ensure the services are performed satisfactorily and students' needs are being met.**

Assessment, Information & Referral System

Table 1.1

COMPONENTS	HIGHLIGHTS	PROGRAM ADMINISTRATION/ CONSIDERATIONS	LINKS AND/OR RESOURCES
1. Assess students' and families' needs 2. Referral Mechanism 3. Monitoring/ Follow-up 4. Case Management 5. Active parent participation	• Single point of entry • Coordination of services • Monitoring and tracking of services • Coordination between key people • Services are based on needs assessment • Services are provided through outside community agencies	☞ Development of a referral system ☞ Requires significant management, planning and organization ☞ Requires collaboration with provider agencies ☞ HSSC is key to execution of effective referral services ☞ Record keeping is time consuming	✔ Social work agencies ✔ Mental health agencies ✔ Hospitals/clinics ✔ Dental services ✔ Juvenile Conference Committee (JCC) ✔ Health Department/Hospitals/ Clinics ✔ Faith-based organizations ✔ Community organizations ✔ Police Department

Agencies outside of the school are crucial in this system.

SITE-BASED SYSTEM

The site-based system is designed to serve the student in the school. Services are delivered on-site, and children and families must have consistent access to those services. Staff resources in a site-based delivery system are generally drawn from the school's workforce; however, additional assignments should not detract from other mandated responsibilities. Of the three systems, site-based is one that may require *additional* employees to adequately meet students' identified needs. Schools may also hire outside contractors to provided specified services.

A school considering the site-based delivery system must conduct a thorough assessment to accurately determine student health and social service needs and the ability of the school to fulfill those needs within the limitations of the school building. Schools that choose a site-based system will need to emphasize identifying resources within the school and/or district. This will mean working closely with existing site-based programs (e.g. School Based Youth Services Programs or School Based Health Clinics) or groups (e.g. School Management Team, Intervention & Referral Services Team and Child Study Team) to assess available resources in the school.

In order to determine if a site-based system is appropriate for a particular school, the following should be considered:

- The size of the student population vs. the amount of space available;
- Existing staff and programs within the school and/or district;
- The impact of internal resources vs. that of external resources;
- School staffing or lack thereof;
- Limitations regarding after hours access;
- Confidential space;
- Transportation; and
- Funding.

The HSSC in a site-based system should be responsible for developing the necessary linkages amongst internal programs and services, coordinating direct services, providing case management, assessment, evaluation and other responsibilities as appropriate.

SCHOOLS WITH SITE-BASED PROGRAMS

If the school already employs the characteristics of a site-based program as outlined in Table 1.2 through either a SBYSP, or another program, it may utilize that existing program as its site-based delivery system. The school can still conduct an assessment of health and social service needs to compare identified student need with the effectiveness of the existing site-based program. The school may determine that its current program *does not* meet the identified need and could then consider adding services to the existing program that would adequately address the needs of the students. For example, if the site-based program does not offer a health services component, then the school may want to add that component to its existing services. If the current program *does* sufficiently address the needs of the students, then the school can utilize that existing program as its site-based delivery system.

SCHOOLS WITH SITE-BASED PROGRAMS INTERESTED IN UTILIZING ANOTHER DELIVERY SYSTEM

A school that has an existing site-based program, but wishes to choose another delivery system that could more adequately address the needs of its students, may do so. However, it should consider the delivery system that would be the best complement to its existing system to prevent overlap in services.

UTILZING BOTH THE SBYSP DIRECTOR AND THE HSSC IN THE SCHOOL (IF APPLICABLE)

A school that is utilizing SBYSP as its site-based system or the core of its site-based system may utilize the required HSSC position in a number of ways, which will be specific to each school. However, schools should note that utilizing all positions complementarily will maximize the effectiveness of the delivery system. When employing a site-based system in a school with a SBYSP, consider the following:

✔ The Director of SBYSP has specific responsibilities as required by DHS. This is not a flexible position in which duties can be altered to suit the needs of the school.

✔ Schools should develop the responsibilities of the HSSC based on the findings in the assessment of health and social service needs in an effort to fulfill the unmet needs of students in the school.

✔ The HSSC and the SBYSP Director should work together to ensure that students' needs are met, and the functions of the delivery system and the SBYSP compliment each other. This can be done through regularly scheduled meetings and collaborative programming.

Sample components of a Site-Based System have been outlined in Table 1.2. Refer to Table 1.2 as *a guide* in the creation of the system that best meet the needs of the school. A school will inevitably have to add or remove components to reflect its specific needs.

♦ **Services are delivered on-site in this delivery system.**

♦ **Additional staffing may be required for this system.**

♦ **Schools with existing site-based programs may utilize those programs to satisfy the requirement of the system if it meets students' needs.**

♦ **Schools with SBYSP should ensure that the director works very closely with the HSSC.**

Site-Based System

Table 1.2

CORE COMPONENTS	HIGHLIGHTS	PROGRAM ADMINISTRATION/ CONSIDERATIONS	LINKS AND/OR RESOURCES
1. Case management (to include individualized service plan) 2. Parent education 3. Staff development 4. Direct services based on needs assessment that could include: a. Mental health services (i.e. family crisis, substance abuse, etc.) b. Health services (i.e. nutrition, preventive healthcare, referrals to health/social service providers, etc.) c. Two-prong cultural education/ enrichment services (i.e. diversity, anti-bias education, gender identity, enrichment) d. Social/emotional development e. Preventive Services (e.g. violence prevention, life skills, etc.)	• **Fully coordinated delivery system** • **Customized to student's needs** • **School, family and community involvement** • **Non-traditional hours-early a.m., late p.m.** • **Staffing is based on needs assessment** • **School/Community collaboration** • **Development of a mechanism for collaboration with SBYS (if applicable)**	☞ **Confidential/private space needed** ☞ **Coordination with internal/external resources** ☞ **May require re-allocation of staff** ☞ **Development of referral mechanism** ☞ **Management information system** ☞ **Significant investment of time and commitment** ☞ **Requires systemic change to influence the culture of the school** ☞ **Insurance billing and reimbursement can be complicated** ☞ **Requires flexibility of hours (non-traditional hours before, during and after school)** ☞ **Evaluation of services** ☞ **Funding source** ☞ **Transportation system in the area** ☞ **Adequate staffing**	✔ **Survey results** ✔ **Findings from focus groups** ✔ **School Based Youth Services (SBYS)** ✔ **School Social Workers** ✔ **Student Assistance Counselors (SAC)** ✔ **School Nurses** ✔ **Crisis Counselors** ✔ **School Management Teams (SMT's)** ✔ **Students and/or Peer Leaders** ✔ **Parents/Guardians** ✔ **Intervention & Referral Services Team** ✔ **Teachers** ✔ **Community Resources (for services beyond the scope or expertise of site-based system)**

*Internal Resources are crucial to fulfill the functions of this system.

27

COMBINATION SYSTEM (AIRS & SITE-BASED)

Schools may opt to select a delivery system that *combines* elements of both AIRS *and* the site-based system. This combined system would require collaboration of resources both inside and outside of the school and is intended to fill in the gaps that school or community resources cannot provide. As with the site-based system, an assessment of health and social service needs, is critical to the success of the combination system. Just as important however, is an inventory of resources, that takes into account internal programs and services.

Schools considering this system, must assure that services provided by school staff and those provided by the community are complementary to one another and non duplicative. Offering the most effective balance of internal and external services is crucial to the success of this system.

In the combined system, services can be performed on-site or off-site depending on the resource's location. Schools may be able to address a wider margin of needs in this system because of its flexibility in style.

The combined delivery system will work best for a school if:

◆   On-site services are limited and the school could use additional resources;

◆   The school cannot provide students with services after hours, but a community resource can;

◆   Existing staff does not have the expertise to provide specific services (e.g. mental illness, family therapy, etc.);

◆   Providing all of the services that would address the student's needs would mean overextending staff and taking them from their required primary responsibilities; and

◆   There is a need to supplement existing services.

The Combination system is ideal for a school that has an existing site-based

program and would like to supplement its services utilizing the referral and case management elements in the AIRS delivery system. The school should consider: the role of the HSSC in the context of the combination of services (i.e. if the existing program already has a director/coordinator) and the appropriate responsibilities for each leading staff person.

The HSSC should, in the context of a combination system, bring together all of the resources that will contribute to the successful execution of services to students. The HSSC should spearhead collaborative efforts; conduct assessments, evaluation and follow-up. Other responsibilities as outlined in the job description would apply to the HSSC in the combination system.

Sample components of the combined delivery system have been provided in Table 1.3. The elements of a school's combined system may vary from the sample provided, as each school's need is different.
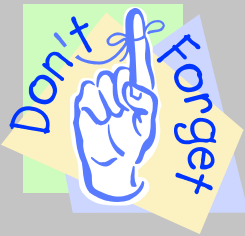
- ♦ **This system *combines* the elements of the AIRS and Site-Based systems.**
- ♦ **Services are performed on-site and off-site.**
- ♦ **Collaboration with internal and external resources is key.**
- ♦ **Schools that are already fulfilling services similar to AIRS or Site-Based, may use the other in combination to fulfill the requirements of this system.**

29

Combination System (AIRS & Site-Based)

Table 1.3

CORE COMPONENTS	HIGHLIGHTS	PROGRAM ADMINISTRATION/ CONSIDERATIONS	LINKS AND/OR RESOURCES
1. Case management (to include individualized service plan) 2. Assess students' and families' needs 3. Referral Mechanism 4. Monitoring/ Follow-up 5. Provision of direct services based on identified needs	• Coordination of internal and external services and resources • Services and staffing are based on needs assessment • Not disruptive to existing school environment	☞ Confidential/private space needed ☞ HSSC critical to effective delivery of services ☞ May require re-allocating staff ☞ Management information system ☞ Development/design of a referral system ☞ Monitoring and tracking capability	✔ Review transportation issues ✔ Social work agencies ✔ Mental health agencies ✔ Hospitals/clinics ✔ School Based Youth Services (SBYS) ✔ Dental clinics ✔ Student Assistance Counselors (SAC) ✔ School nurses ✔ Parents/Guardians ✔ School social workers ✔ Intervention & Referral Services Team ✔ Peer leaders ✔ Teachers ✔ Community resources

COLLABORATION

In an ever-changing society, schools are laden with multiple responsibilities and duties with few staff to fulfill these obligations. Schools are encouraged to draw on available resources in order to minimize any additional burden. Though this can happen marginally through a mere canvassing of resources, it can happen most effectively through *collaboration*.

Collaboration for the purpose of implementing a delivery system is the systematic process of sustaining a relationship with traditional and non-traditional organizations and institutions (both within and outside the school infrastructure) for the intended purpose of positively impacting a student's educational, social and emotional well-being. Successful collaborative efforts have the potential of creating low-maintenance programming with maximum results for years after the foundation has been built.

The HSSC will typically be the primary person responsible for coordinating and maintaining productive collaborations, which ensure the successful implementation of the chosen delivery system. This coordination and maintenance may include, but is not limited to, fostering necessary team efforts; managing information and logistics; facilitating positive in-school relationships; troubleshooting problems; and maintaining positive communication with partners.

The HSSC will benefit from fostering collaborative relationships with certified personnel in the school such as: the school nurse, the school social worker, the substance awareness coordinator (SAC), and the guidance counselor. Developing this school level collaboration means clarifying the role that each person will play and meeting regularly to avoid role confusion about specific responsibilities. This will help staff to successfully execute coordinated services.

Forming groups or teams that meet regularly is arguably one of the most effective ways of developing collaborative relationships or partnerships. This ensures that unresolved issues are

brought to the forefront, resources are distributed uniformly and there is commonality in planning.

Effective collaboration usually entails a multi-prong approach. Below is an example of a three-prong approach, which includes:

Chart 1.3   BUILDING THE FOUNDATION

MAINTAINING THE SERVICES

PARTNERSHIP DEVELOPMENT
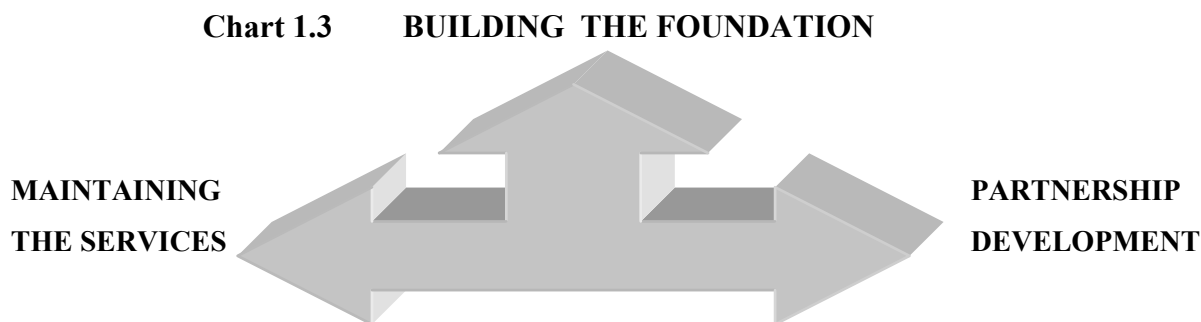
Building the Foundation   In order to create a successful collaboration, participating organizations or programs must identify the resources and services each of them bring to the relationship. They must also understand the policies and regulations, which serve to constrain each participant's level of involvement. Key information to have readily available includes a mission statement, funding source, confidentiality guidelines, what the organization has to offer the collaboration, and how the collaboration can affect the organization positively or negatively. It is also important that each group involved understand the language and terminologies common to specific organizations in order to communicate effectively.

Together, the participating organizations or programs must develop an outreach strategy, which will serve to maximize student performance and foster healthy family environments. This strategy may vary from year to year as the needs of the student population begin to change. It is important to keep in mind that the collaborative process is not an easy one. It requires a great deal of patience and time invested in order to reap its benefits. Each organization that is part of the collaboration must be willing to commit to making the collaboration successful, and must also exercise flexibility and creativity as they may be working with organizations with which they are not accustomed to working. Schools should exercise caution to avoid eliminating

certain parts of the collaborative process or overlooking valuable collaborative resources in order to save time. In the end, the time perceivably saved could negatively impact the students and families that schools intend to service.

Maintaining the Services Once student servicing begins, the HSSC may be responsible for ensuring the successful execution of the necessary services agreed upon within the collaboration. The HSSC will need to conduct follow-up for every student, assess the effectiveness of the service(s) being provided, provide feedback and recommendations on those services, maintain linkages, and create an action plan for services that proved to be ineffective. The HSSC should consistently seek opportunities for additional collaborative partners to ensure that the services provided by the school never *fall behind* the needs of the students.

Partnership Development. A precursor to building a strong partnership is the conveyance of the goal of the school's delivery system and how that system corresponds with the school's assessment of health and social service needs. Partnership development is critical to a successful collaboration. Particularly when schools are collaborating with organizations or programs that function outside the realm of education and are guided by different rules and regulations. Good partnership development must be timely and responsive to those with which the collaboration is built, and must provide information that is consistent and accurate.

COLLABORATION WITHIN THE DELIVERY SYSTEM

Collaborative efforts will vary depending on the delivery system chosen by the school. Below are examples of collaborative efforts that can be employed within specific systems.

> **ASSESSMENT INFORMATION & REFERRAL SYSTEM (AIRS)**

The Assessment Information & Referral System (AIRS) will require a great deal of *outside* collaboration since it entails referring to agencies in the community. Such collaboration will include: social service agencies, child welfare agencies, mental health agencies, dental clinics, health centers and more. It will also require working with many community groups and

organizations as well as the faith-based community in providing adequate services for children and families.

Site-Based System collaboration requires much more internal coordination which can often

be more challenging than collaborating with outside resources. It will require the HSSC to canvass the internal services and resources in order to decipher which programs and groups can work together to provide needed services to students/families. This does not discount the importance of having reliable contacts outside the school, as there may be cases in which the student/family may require a service that is outside of the staff's realm of expertise.

The combination system will not only require schools to collaborate both internally and externally, but it will also oblige schools to seek a reasonable balance between the two groups. This will undoubtedly provide students with diverse resources to service their needs.
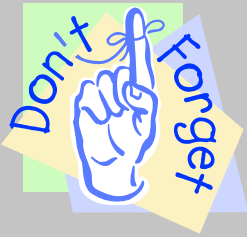
♦ **The HSSC may be responsible for collaboration in school.**

♦ **Forming groups or teams that meet regularly can be one of the most effective ways of developing collaborative partnerships.**

♦ **An effective collaborative effort may include: building a foundation, maintaining services and partnership development.**

♦ **Collaborative efforts may vary with different delivery systems.**

CONFIDENTIALITY

Confidential student health/social service information for the purpose of this document is defined as the personal, sensitive

employee and/or sub-contractor of the school about a student's
p
health histories.

The need to protect students' confidentiality is a practice widely recognized by professionals who provide support services. It is well known that in order for students and families to utilize services and programs that are viewed as "safe," they must feel that their visits are governed by a general code of confidentiality.

Standards regarding confidentiality may vary depending on the professional code of ethics and confidentiality governed by a faculty member's specific license (i.e. confidentiality standards and code of ethics are different for each license). Additionally, particular schools may hold their staff to a specific code of ethics and/or standard of confidentiality.

When utilizing a health and social services delivery system, school staff should be guided by generally agreed upon principles. The list below represents considerations when developing these principles:

♦ Refrain from discussing students' private matters in public places (i.e. hallways, teacher's lounge, etc.);

♦ Keep all files in a locked cabinet, so that others do not have access to student records and information;

♦ Conduct sessions in a private space so that others cannot overhear personal/private conversations;

♦ Be aware of what should and should not go into a student's cumulative folder; and

♦ Be aware of the need to obtain a release when sharing certain information.

In order to further protect themselves from the sanctions that may be imposed for breach of confidentiality based on their specific licenses, staff should familiarize themselves with the

legal framework within which they must function. To begin, an employee may refer to the specific agency that governs his/her license. Also, he/she may want to review the policies issued in the Pupil Records Code N.J.A.C. 6:3-6.5**,** the Family Education Rights and Privacy Act (FERPA), Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2), HIV statutes and any board policies governing their position within the school. In instances of suspected child abuse, staff must adhere to the standards governed by N.J.A.C 16A: 10.

♦ **Confidentiality is critical to maintaining student trust.**

♦ **Staff members may be governed by different licenses, with specific confidentiality regulations.**

♦ **Schools should reinforce confidentiality standards.**

♦ **The Reference Section in the appendix provides specific statutes and regulations pertaining to confidentiality.**

Professional development

Professional development is essential to the growth of staff and the quality of services provided to students. Staff that provide specialized supportive services to students will need unique support and guidance to enhance and develop their skills. Further, staff that identify and refer students will need training on ways in which to do so appropriately and professionally. Staff working in a certified capacity as social workers, guidance counselors, psychologists, SACs, etc. should seek development, which will improve their abilities to provide services to students and families. They may also be governed by separate licensure and may have associated professional development requirements. Staff should seek professional development opportunities that will enhance performance ability, align with job responsibilities and provide current information on the educational trends in their fields. Health and Social Services Coordinators, if certified, are responsible for obtaining 100 hours of professional development in accordance with N.J.AC. 6:11-13.1.

Areas of training, which may serve to support professional development, include but are not limited to:

➢ Confidentiality	➢ Program Development
➢ Human Development	➢ Needs Assessment
➢ Student Assessment	➢ Program Evaluation
➢ Building Community Partnerships	➢ Case Management
➢ Communication Skills	➢ Leadership Development
➢ Family Dynamics	➢ Cultural Sensitivity
➢ Program Management	➢ Computer Training
➢ Prevention (i.e. Child Abuse, Neglect and Violence)	➢ Adolescent Health

The DOE provides a number of professional development opportunities throughout the year. Staff should become familiar with the DOE training schedule, which can be found at www.state.nj.us/education to secure their participation. Additionally, faculty members are encouraged to seek opportunities outside of those offered by the DOE, which include, but are not limited to, conferences, workshops and graduate courses. Staff should routinely maintain materials collected at trainings, conferences and workshops for future reference.

Evaluation

Ongoing evaluation is crucial to determining the effectiveness of the services offered by a delivery system. A good evaluation plan will serve as a precursor to the assessment of health and social service needs, data collection and follow-up, and will help inform the creation and maintenance of a good prevention program for the school.

Though the evaluation process will change from system to system and school to school there are a few basic principles that should be followed:

RECORD KEEPING Maintaining good records will undoubtedly make evaluation efforts easier and more efficient. Schools should make sure that their records are neat, organized and stored in a safe, confidential, yet accessible location. Also, records should be consistent from student to student (i.e. if a school uses codes, it should use those codes for all records and make sure all staff understand the coding system used in student records). Schools should involve those who will be providing and using the data in the development of the forms that will be the basis of their record keeping system.

DATA COLLECTION Collecting descriptive data ahead of time will enhance a school's evaluation. A rich description of the student population, the school AND the community will identify needs and resource capacity. It will also allow a school to determine the most appropriate and effective way to service the student and to assess the student's interactions with different servicing elements.

FOLLOW-UP Follow-up is an integral part of evaluation. It gives a school insight into the quality of services offered to the student as well as the ability of the servicing agency (internally or externally) to accommodate students' needs.

ONGOING EVALUATION

Evaluation, like assessment, must happen on a cyclical basis. That is, it must be continual since the student population changes often, the service to the student changes often and the staff at both the school and the service agencies (where applicable) undergo changes. Incorporating evaluation into the routine of the administration of the delivery system will prevent schools from overlooking this important process.

Key Terms/Definitions

The definitions below clarify some of the commonly used terms that are contained in this document.

1. <u>Abbott Districts</u>- Abbott district, as defined by *New Jersey Statutes Annotated* (*N.J.S.A.*) 18A: 7F–3, means one of the 30 poor urban school districts. Twenty-eight districts were identified in the appendix of *Abbott v. Burke,* as follows: Asbury Park City, Bridgeton City, Burlington City, Camden City, East Orange City, Elizabeth City, Garfield City, Gloucester City, Harrison Town, Hoboken City, Irvington Township, Jersey City, Keansburg Borough, Long Branch City, Millville City, New Brunswick City, Newark City, City of Orange Township, Passaic City, Paterson City, Pemberton Township, Perth Amboy City, Phillipsburg Town, Pleasantville City, Trenton City, Union City, Vineland City, and West New York Town, which was decided by the New Jersey Supreme Court on June 5, 1990 (119 *N.J.* 287, 394). Neptune and Plainfield were added in 1999 pursuant to L. 1999 C.110 to bring the total to 30.

2. <u>Abbott v. Burke</u>- *Abbott v. Burke* is a 1997 court decision which highlighted the need for supplemental programming in some of the poorest districts in the nation (Abbott Districts).

3. <u>Core Curriculum Content Standards (CCCS)</u>- Core Curriculum Content Standards are standards for the seven academic and five workplace readiness areas adopted by the State Board of Education May 1, 1996. These standards communicate the common expectations for student achievement throughout the 13 years of public education. The standards are articulated in the following subject areas: visual and performing arts, comprehensive health/physical education, language arts literacy, mathematics, science, social studies and world languages. The five cross content areas for workplace readiness are: career planning, use of technology information and other tools, critical thinking/decision making/problem solving, self-management and safety principles.

4. Department of Education (DOE)- Executive branch agency responsible for oversight of public education in the state.

5. Department of Health and Senior Services (DHSS)- Executive branch agency responsible for oversight of public health services and services to seniors in the state.

6. Department of Human Services (DHS)- Executive branch agency responsible for the oversight of social services in the state.

7. Health and Social Services Coordinator (HSSC)-The Health and Social Services Coordinator position was created to address the gap between academic services and those that address social/emotional needs. The HSSC should spearhead the delivery system chosen by the school to begin to bridge this gap and satisfy the needs of the students in the school (*see job description for specific responsibilities).

8. Health and Social Services-Health and social services are non-curricular in nature and support students' physical, social, emotional and mental health.

9. Health and Social Service Delivery Systems- Health and social service delivery systems are coordinated services, which are either Assessment Information & Referral, Site-Based, or a combination of the two. It is designed to effectively address the social, emotional and health needs of students in the school community.

10. Required Programs in Secondary Schools (RPSS)- RPSS are required for Abbott District schools to document effective delivery of services or programs in: health and social services, school security, alternative education identification mechanisms, school-to-work, college transition programs, the infusion of educational technology and professional development.

11. School Based Youth Services Program (SBYSP) - The School Based Youth Services Program was initiated by the New Jersey Department of Human Services in 1987 to help

young people navigate the adolescent years, finish their education, obtain skills leading to employment or continuing education, and graduate healthy and drug free.

12. <u>School Management Team (SMT)</u>- School Management Team means a school-based planning and decision-making team established pursuant to N.J.A.C. [6:19] <u>6A:24</u>-2.1 et seq.

13. <u>Whole School Reform (WSR)</u>- WSR models are used to implement the concept of whole school reform. Essentially, the concept of whole school reform combines into a single program all of the individual educational practices and strategies that have been shown over the years to be the most effective in enabling disadvantaged students to achieve. Therefore, the different whole school reform paradigms developed by various experts have common basic elements; yet they differ in their details and emphases.