

Summary Report of School-Linked Services Environmental Scan

The purpose of this document is to provide the NJ Department of Children and Families (DCF) with information on evidence-based practices, delivery models, frameworks, as well as existing state and local programs for consideration during the School-Linked Services re-engineering process. These examples include models and programs implemented within government agencies, non-profit, and community-based organizations to enhance students' academic performance, mental and physical health, and mitigate the risk of youth and family involvement with the child welfare system. This report focuses on the content of the programs and practices; however, CHCS is prepared to follow up with additional details (e.g., financing, outcomes information) on specific models of interest to DCF.

NJ Programs

The below programs are a list of existing NJ programs that promote career development skills for adolescents transitioning and entering the workforce. The purpose of including these programs is to provide awareness on programs available in NJ, while avoiding duplication of services.

County Apprenticeship Coordinator (CAC)

- The CAC program assists students, youth, and adults in accessing apprenticeship training programs; promote and expand apprenticeship training programs into new occupational areas; assist in the development of career ladders from high school to apprenticeship training and to related collegiate degree programs; and support the Labor & Workforce Development (LWD) responsibilities in the joint administration of the Apprenticeship Program.

New Jersey Youth Corps

- The New Jersey Youth Corps combines academic instruction with community service, life skills, personal and career counseling, and transition service to out-of-school youth ages 16-25. Corps members receive a stipend while enrolled in the program. This program is for youth 16-25 years of age without a high school diploma.

Youth Transitions to Work (YTTW)

- The YTTW program facilitates effective transitions by youth to high-skill, high-wage employment in labor demand occupations with long-term career potential and opportunities. This is accomplished through consortia programs that introduce youth to the world of apprenticeship. High school juniors and seniors are eligible for this program.

Evidence-Based and Promising Practices

The following are individual evidence-based and promising practices that NJ DCF may consider for incorporation into the re-engineered School-Linked Services portfolio. Additional information on outcomes and research

methodology for these practices are available via the Blueprints clearinghouse and the National Child Traumatic Stress Network.

Academic Enrichment and Career Development

Career Academies (high school)

Career Academies are school-based programs that seek to reduce dropout rates and improve school performance and career readiness among high-school youth. A Career Academy (CA) is organized as a school-within-a-school, where students work in "small learning communities." Each small learning community involves a small number of students working with the same group of teachers for three or four years of high school with the aim being to create a more personalized and supportive learning environment for students. CAs offer students a combination of academic and career-technical curricula and use a career theme to integrate the two. To build connections between school and work and to provide students with a range of career development and work-based learning opportunities, CAs establish partnerships with local employers. To encourage post-graduate education, they also build linkages to local colleges through curricular articulation, dual enrollment programs, and field trips to 2- and 4-year institutions.

Emotional/Behavioral Health and Substance Abuse

Functional Family Therapy (FFT)

FFT is a short-term, high quality intervention program with an average of 12 to 14 sessions over three to five months. FFT works primarily with 11- to 18-year-old youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school, or child welfare systems. Services are conducted in both clinic and home settings, and can also be provided in schools, child welfare facilities, probation and parole offices/aftercare systems and mental health facilities. FFT is a strength-based model built on a foundation of acceptance and respect. At its core is a focus on assessment and intervention to address risk and protective factors within and outside of the family that impact the adolescent and his or her adaptive development.

FFT consists of five major components: engagement, motivation, relational assessment, behavior change and generalization. Each of these components has its own goals, focus and intervention strategies and techniques.

Achievement Mentoring (middle school)

Achievement Mentoring (formerly Behavioral Monitoring and Reinforcement Program) is a school-based intervention designed to change the negative school behavior of middle school adolescents. Students meet in small groups and systematically work through behavior change. The intervention consists of four components: (1) Collecting up-to-date information about each student's school-related behavior; (2) Providing systematic feedback to the student and/or the parents about the student's behavior; (3) Attaching point values to the student's behavior to earn incentives; and (4) Helping the student figure out how he/she can earn more points. The program lasts for two years.

Be Proud! Be Responsible! (middle and high school)

Be Proud! Be Responsible! is designed to decrease the frequency of risky sexual behavior and related HIV/STD infection among minority (African American, Latino) adolescents. Based on cognitive-behavior theory, the program uses group discussions, videos, games, brainstorming, experiential exercises, and skill-building

activities to improve teens knowledge about HIV and STDs, and to increase self-efficacy and skills that might help to avoid risky sexual behavior (e.g., abstinence, condom use). The intervention includes six sessions, of 60-minute length, led by trained facilitators, but can also be implemented within a school setting as part of the curriculum of a required health education class. The program can be implemented in a six-day, two-day, or one-day format.

The Blues Program

The Blues Program (Cognitive Behavioral Group Depression Prevention) is intended to actively engage high school students with depressive symptoms or at risk of onset of major depression, includes six weekly one-hour group sessions and home practice assignments. Weekly sessions focus on building group rapport and increasing participant involvement in pleasant activities (all sessions), learning and practicing cognitive restructuring techniques (sessions 2-4), and developing response plans to future life stressors (sessions 5-6). In-session exercises require participants to apply skills taught in the program. Home practice assignments are intended to reinforce the skills taught in the sessions and help participants learn how to apply these skills to their daily life.

Bounce Back (Elementary)

Bounce Back is comprised of 10 one-hour group sessions, two to three individual sessions, and one to three parent education sessions that last over a 3-month period. Group sessions are typically held during school hours and cover a range of topics such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies, and emotional regulation and coping skills. These topics and methods derive from established successful interventions for children with PTSD, including a gradual approach of anxiety-provoking situations and a modified trauma narratives approach.

Cognitive Behavioral Intervention for Trauma in Schools (elementary and middle school)

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is designed to reduce posttraumatic stress disorder (PTSD), depression, and anxiety among children with symptoms of PTSD. The 10-session school-based intervention teaches cognitive behavioral skills in a group format, led by mental health professionals, with 6-8 students per group, using a mixture of didactic presentation, examples, and games to solidify concepts. Some components of the program include: relaxation training, combating negative thoughts, reducing avoidance, developing a trauma narrative, and building social problem solving skills. The program also includes 1-3 individual child sessions, 2 optional parent sessions, and a teacher in-service session.

Cognitive Behavioral Therapy (CBT) for Anger-Related Problems in Children and Adolescents (elementary, middle, and high school)

Cognitive behavioral therapy (CBT) is a problem-focused, therapeutic approach that attempts to help people identify and change dysfunctional beliefs, thoughts, and patterns that contribute to their problem behaviors. This variant of CBT focuses specifically on children and adolescents who have anger-related problems. The practice is rated Effective for reducing aggression and anger expression, and improving self-control, problem-solving, and social competencies.

Coping Power (elementary school)

Coping Power for parents and their at-risk children consists of two components (Parent Focus and Child Focus) designed to impact four variables that have been identified as predicting substance abuse (lack of social

competence, poor self-regulation and self-control, poor bonding with school, and poor caregiver involvement with child). The program's Child component emphasizes problem-solving and conflict management techniques, coping mechanisms, positive social supports, and social skill development. The Parent component teaches parents skills to manage stress, identify disruptive child behaviors, effectively discipline, and reward their children, establish effective communication structures, and manage child behavior outside the home. Coping Power is a 16-month program delivered during the 5th and 6th grade school years. Children attend 22 group sessions in 5th grade and 12 group sessions in 6th grade. Groups are led by a school-family program specialist and a guidance counselor. Children also receive half hour individual sessions once every two months. Parents attend 11 group sessions during their children's 5th grade year and five sessions during the 6th grade year.

Familias Unidas (middle and high school)

Familias Unidas Preventive Intervention is a multilevel family-based intervention designed to prevent problem behaviors in Hispanic adolescents. The program engages Hispanic immigrant parents in an empowerment process in which they first build a strong parent-support network and then use the network to increase knowledge of culturally relevant parenting, strengthen parenting skills, and then apply these new skills in a series of activities designed to reduce risks frequently found in poor, urban environments. The program is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning.

The program is also influenced by culturally specific models developed for Hispanic populations in the United States, and is delivered primarily through multi-parent groups, which aim to develop effective parenting skills, and family visits, during which parents are encouraged to apply those skills while interacting with their adolescent. The multi-parent groups, led by a trained facilitator, meet in 8 to 9 weekly 2-hour sessions for the duration of the intervention. Each group has 10 to 15 parents, with at least 1 parent from each participating family. Sessions include problem posing and participatory exercises. Group discussions aim to increase parents' understanding of their role in protecting their adolescent from harm and to facilitate parental investment. The program also includes 4 to 10 1-hour family visits.

Guiding Good Choices (middle school)

Guiding Good Choices (GGC) is a family competency training program for parents of children in middle school. The program contains five-sessions, with an average session length of 2 hours each week. Children are required to attend one session that teaches peer resistance skills. The other four sessions are solely for parents and include instruction on: (a) identification of risk factors for adolescent substance abuse and a strategy to enhance protective family processes; (b) development of effective parenting practices, particularly regarding substance use issues; (c) family conflict management; and (d) use of family meetings as a vehicle for improving family management and positive child involvement.

Interpersonal Therapy – Adolescent Skills Training (middle and high school)

Interpersonal Psychotherapy - Adolescent Skills Training (IPT-AST) is a manualized program delivered by mental health clinicians at school. The program aims to decrease depressive symptoms by helping adolescents improve their relationships and interpersonal interactions. The group teaches adolescents communication strategies and interpersonal problem-solving skills that they can apply to their relationships. The program includes two individual pre-group sessions followed by eight group sessions with 3-7 adolescents per group. It may also

include a mid-program session that parents are allowed to attend and four individual booster sessions in the months following the group sessions.

Strengthening Families ages 10-14 (elementary and middle school)

Strengthening Families 10-14 is a seven-session program for families with young adolescents that aims to enhance family protective and resiliency processes and reduce family risk related to adolescent substance abuse and other problem behaviors. The weekly, two-hour sessions include separate parent and child skills-building followed by a family session where parents and children practice the skills they have learned independently, work on conflict resolution and communication, and engage in activities to increase family cohesiveness and positive involvement of the child in the family. Parents are taught how to clarify expectations based on child development norms of adolescent substance use, using appropriate disciplinary practices, managing strong emotions regarding their children, and using effective communication. Children are taught refusal skills for dealing with peer pressure and other personal and social interactional skills. These sessions are led by three-person teams and include an average of eight families per session.

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) (middle and high school)

SPARCS is a manually-guided and empirically-supported group treatment designed to improve the emotional, social, academic, and behavioral functioning of adolescents exposed to chronic interpersonal trauma (such as ongoing physical abuse) and/or separate types of trauma (e.g. community violence, sexual assault). The curriculum was designed to address the needs of adolescents who may still be living with ongoing stress and may be experiencing problems in several areas of functioning including difficulties with affect regulation and impulsivity, self-perception, relationships, somatization, dissociation, numbing and avoidance, and struggles with their own purpose and meaning in life as well as worldviews that make it difficult for them to see a future for themselves. The curriculum has been successfully implemented with at-risk youth in various service systems (e.g. schools, juvenile justice, child-welfare, residential) in over a dozen states.

Support for Students Exposed to Trauma (SSET) (middle and high school)

Designed for implementation by school teachers or counselors, Support for Students Exposed to Trauma (SSET) is a cognitive-behavioral, skills-based, support group aimed at relieving symptoms of child traumatic stress, anxiety, depression, and functional impairment among middle school children (ages 10-16) who have been exposed to traumatic events. It is used most commonly for children who have experienced or witnessed community, family, or school violence, or who have been involved in natural disasters, accidents, physical abuse, or neglect. It includes 10 lessons in which children learn about common reactions to trauma, practice relaxation, identify maladaptive thinking and learn ways to challenge those thoughts, learn problem solving skills, build social support, and process the traumatic event. Between sessions, children practice the skills they have learned.

Overarching Models and Frameworks

The following include overall models or frameworks for delivering youth services, which NJ DCF may consider implementing to align all School-Linked programs around a common approach.

Whole School, Whole Community, Whole Child (WSCC)

The ten components of the Whole School, Whole Community, Whole Child (WSCC) model, as well as therapy and counseling, have been shown to be highly effective in facilitating the creation of policies and environments that provide students and staff the opportunity to reach their personal potential by removing health related barriers to their academic success. The WSCC model is currently being implemented in the following states:

[Florida](#), [New Jersey](#), [Pennsylvania](#), [Oklahoma](#), [Connecticut](#), [Indiana](#), [Kentucky](#), [Mississippi](#), and [Vermont](#).

- Physical education/Nutrition
 - A comprehensive school physical activity program (CSPAP) is the national framework for K-12 physical education and youth physical activity. A CSPAP reflects strong coordination across five components: physical education, physical activity during school, physical activity before and after school, staff involvement, and family and community engagement.
 - The school nutrition environment provides students with opportunities to learn and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus. School nutrition services provide meals that meet federal nutrition standards for the National School Lunch and Breakfast Programs.
- Health education/ Health services
 - Comprehensive school health education includes curricula and instruction for students in pre-K through grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention.
 - School health services intervene with actual and potential health problems, including providing first aid, emergency care and assessment and planning for the management of chronic conditions (such as asthma or diabetes).
- Counseling, psychological, and social services
 - These prevention and intervention services support the mental, behavioral, and social-emotional health of students and promote success in the learning process. Services include psychological, psychoeducational, and psychosocial assessments; direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed.
- Employee wellness
 - Fostering school employees' physical and mental health protects school staff, and by doing so, helps to support students' health and academic success. A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors and health conditions to meet the health and safety needs of all employees. Employee wellness programs can improve a district's bottom line by decreasing employee health insurance premiums, reducing employee turnover, and cutting costs of substitutes.
- Community involvement/ Family engagement
 - Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, and health-related activities.

- Families and school staff work together to support and improve the learning, development, and health of students. The relationship between school staff and families cuts across and reinforces student health and learning in multiple settings.

Positive Youth Development (PYD)

- PYD is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.
- PYD can be integrated into any youth development program. First and foremost, all youth-serving organizations should work toward assuring that young people have the chance to engage in positive relationships and interactions that can help them develop into healthy and productive adults. PYD strategies also include providing youth with access to experiences that help them learn healthy and valued behaviors, expectations, and principles.
- A comprehensive review of the research literature focused on community programs for youth, identified key environmental factors and experiences that have been found to promote PYD. These factors and experiences are recommended by experts to be integrated into PYD programs. They include physical and psychological safety, appropriate structure, supportive relationships, opportunities to belong, positive social norms, opportunities to make a difference, opportunities for skill development, and integration of family, school and community efforts.

PYD Outcomes:

- A systematic literature review identified 15 PYD programs with evidence of promoting adolescent sexual and reproductive health outcomes, including the prevention of teen pregnancy and sexually transmitted infections.
- A review of PYD programs for adolescents with chronic illness found that 3 of the 14 programs included the core components of PYD. This included opportunities for youth leadership, skill building, and sustained connections between youth and adults. The authors suggest that these programs serve as models for the development of future PYD programs for adolescents with chronic disease.
- Researchers and practitioners report that youth who possess a diverse set of protective factors are more likely to experience positive outcomes. These findings encourage the development of interventions and programs that reduce risks and strengthen protective factors. The programs and interventions are strengthened when they engage youth as equal partners, which provide benefits for both the program and youth involved in PYD.

State and Local Programs

The following programs are currently in use in states and districts across the country and may be appropriate for potential application or adaptation in the re-engineered NJ School-Linked Services programs.

Academic Enrichment, Career Development, and Community Skill-Building

The following programs provide academic support, community skill-building and career services. These programs cater to low-income communities and address various barriers that contribute to the achievement gap such as poverty, community violence, and lack of quality healthcare. Addressing these barriers will lead to better outcomes in academic performance, graduation rates, and employment rates, while reducing the achievement gap.

Cornerstone Youth Programs

Cornerstone youth programs are currently designed to provide engaging, high-quality youth services in partnership with New York City Housing Authority (NYCHA) and our strong network of nonprofit providers across New York City. These programs are designed to help youth acquire the skills needed to graduate from high school, succeed in their chosen career, and give back to the community. The Cornerstone youth programs include academic support, life skills, tutoring, healthy eating, high school and college preparation, science, technology, engineering, and math [STEM] programs, financial literacy, and creative and performance arts programs.

Evaluation of the DYCD YMI Cornerstone Mentoring Program (2014):

- An evaluative report demonstrates that 85% of mentoring program participants reported that since coming to the program, it was “very true” that they felt like they could succeed in middle school. 75% of participants reported that they had more ideas for the kind of job they would eventually like, and that they felt more confident in themselves.
- Additionally, more than half of mentoring program participants thought it was “very true” that they had a better idea of their strengths, were more willing to take risks and stand up for what is right, felt better prepared to be a leader at school, and felt better prepared to be a leader in their community. Overall, mentees responded more positively to each of these measures than non-mentees.
- Positive behavioral transformations in mentoring participants had the effect of changing the culture of the Cornerstone center as these youth learned to get along better with their peers and become role models themselves for younger peers.

Neighborhood Development Area (NDA) Programs for High-School-Aged Youth

The program promotes communication, public speaking, community outreach, and conflict mediation skills in New York City. The curriculum aims to build educational skills, encourage school attendance or enrollment and retention in an educational or occupational training program, and assist students to attain High School or High School Equivalency diplomas that will permit them to enter college, advanced training, or careers.

- Programs include youth leadership development, and help students gain skills to support their success in college, training programs, or jobs.
- Educational services build upon school-day learning and include the following: Instruction embedded in the visual and expressive arts, opportunities for self-directed learning, collaboration and group work, project-based learning, computer-assisted instruction, reading clubs, Job-readiness training, and leadership skill building.

New York City Beacon Youth Programs

Currently located in public schools across New York City, operating year-round in non-school hours on weekdays, weekends and in the summer, each Beacon offers an integrated range of programming tailored to local needs. For all participants, especially youth, Beacons offer a safe place to engage in recreational activities, discover new interests, acquire skills, and find opportunities to contribute to the community, guided and supported by program staff. The Beacons provide activities and services for school-age youth, families, and adults ages 22 years and older, including seniors.

Beacon programs make special efforts to engage hard-to-recruit youth and young adults for whom participation in activities that foster positive youth development, social emotional learning (SEL) and leadership skills are especially beneficial. Typical programs are intended to build the following:

- **Academic Enhancement:** Activities designed to help with school, including tutoring, homework help, reading clubs, and financial literacy
- **Life Skills:** Activities designed to increase personal responsibility, self-esteem, and confidence.
- **Career Awareness/School to Work Transition:** Activities designed to educate young people on career opportunities and assist with the transition to work or higher education. Activities include career exploration workshops, work readiness opportunities, help transitioning from middle school to high school and from high school to college/vocational programs.
- **Civic Engagement/Community Building:** Activities designed to strengthen leadership skills, community awareness, and civic responsibility.
- **Recreation/Health & Fitness:** Activities designed to promote healthy lifestyles such as cooking programs and organized sports.
- **Culture/Art:** Activities designed to provide students with opportunities to express themselves through music, dance, photography, and drama.

Outcomes from a 2011 Final Report on Implementation and Youth Experience:

- Overall, Beacon middle-grades participants gave favorable reports on the activities offered. More than two-thirds of all respondents agreed that Beacon activities were engaging and offered opportunities to try new things. Youth were least likely to agree with indicators measuring the ways in which activities were interesting and engaging, suggesting that, while youth were generally positive about their experiences, there was room for improvement.
- During both the 2009-10 summer and school-year programming periods, youth spent most of their time in recreational activities (45 and 43 percent of hours in the summer and school-year sessions, respectively), followed by academic enhancement activities (31 and 14 percent, respectively). This represents an increase in recreation and decrease in academic enhancement time during school year programming, compared to the 2008-09 school year (36 and 39 percent of hours, respectively). During the 2009-10 school year, youth spent less than one-quarter of their time in enrichment activities related to the arts, social development, civic engagement, and career awareness. All Beacon Centers offered at least some activities in each of the six core areas, with the exception of career awareness and civic engagement.
- Overall, Middle School Initiative participants agreed that they gained both academically and socially from their experience attending Beacon programming. While most Beacon participants agreed that they had benefited from attending Beacon programming to a certain extent, youth were least likely to

agree that Beacon helped them learn about jobs or careers, to write better, to make smart decisions about money, or to use computers to do schoolwork better.

COMPASS (Comprehensive Afterschool System of NYC)

COMPASS currently provides afterschool activities for students in K-12. Through its network of providers, COMPASS NYC offers high quality programs with a strong balance of academics, recreation, enrichment and cultural activities to support and strengthen the overall development of young people. COMPASS NYC integrates the best out-of-school-time practices with the unprecedented expansion of afterschool programs serving the City's middle school students. Programs are offered at no cost to young people and are strategically located in public and private schools, community centers, religious institutions, public housing, and recreational facilities throughout the City. COMPASS NYC aims to help youth build skills to support their academic achievement, raise their confidence, and cultivate their leadership skills through service learning and other civic engagement opportunities.

Key elements of all COMPASS NYC programs are:

- Robust opportunities for youth to explore their interests and creativity.
- Intentional integration of literacy and STEM into traditional programming for all elementary and middle school participants to expose them to content and professions of the future.
- Age-appropriate programming that is hands-on, project-based and aligned with educational standards.
- Environments that support social and emotional learning.
- High quality arts and sports instruction.
- Strategies that support youth and families during critical educational transitions.
- Emphasis on youth engagement and making learning fun.

School's Out NYC (SONYC)

COMPASS NYC's middle school model also known as SONYC for School's Out NYC serves as a pathway to success for youth in 6th, 7th, and 8th grades. Structured like clubs, the model offers young people a choice in how they spend their time. SONYC activities include dance, music, sports, fashion, cooking, and more; and requires youth leadership through service. The City itself becomes a classroom through trips and opportunities for instruction beyond a traditional learning setting. Programs are offered three hours each day, five days per week.

Programs include:

- Enrichment – STEM, ELA, and the arts
- Physical activity and healthy living
- Leadership development
- Academic support (homework help & tutoring)

School's Out New York City (SONYC) Year One Evaluation Findings:

- The expansion of the SONYC initiative dramatically increased opportunities for middle school youth in New York City. In 2013–14, 18,702 youth were enrolled in 143 SONYC programs. In 2014–15, 58,745 youth were enrolled in 459 programs.

- 33% of participants spent their time during enrichment activities (including STEM, ELA, etc.), 27% of participants spent their time in physical and healthy living activities. 22% were spent in leadership development and 18% were spent in academic support, which includes homework help and tutoring.
- Principals, teachers, and program staff report the SONYC expansion has been highly successful and that the programs are strong, offer benefits to youth, and have been a positive addition to schools across the city
- 98% of families report that their child enjoys attending the program and attending program activities. 97% of families would recommend to other families.
- Programs demonstrate strong management practices, such as offering a wide range of professional development for staff, using a variety of strategies to recruit and enroll youth, and incorporating inclusionary practices that encourage all youth, including those with disabilities, English language learners, and others, to participate in SONYC.

Learn & Earn:

Learn & Earn (Formerly the In-School Youth Program) is a career exploration and academic support program for high school juniors and seniors in New York City. The program provides participants with academic support, college application assistance, work readiness training, service learning and leadership activities, as well as a paid six-week summer internship. Learn & Earn is for high school juniors and seniors who meet certain [eligibility requirements](#).

Kentucky Family Resource & Youth Services Center Program

The primary goal of the Kentucky Family Resource & Youth Service Center is to remove non-academic barriers to learning to enhance student academic success. Each center offers a unique blend of programs and services determined by the needs of the population being served, available resources, location, and other local characteristics. Kentucky Family Resource and Youth Services Centers is using a nationally recognized strategy—[Strengthening Families: A Protective Factors Framework](#). Strengthening Families is an evidence-based family skill building program that teaches parenting and youth life skills. This program has been shown to reduce child maltreatment and family conflict while enhancing family bonding, parental involvement, and positive parenting skills.

Kentucky's FRYSC Core Components:

- Family Resource Centers:
 - Families in Training, which consists of an integrated approach to home visits, group meetings and monitoring child development for new and expectant parents;
 - Family literacy services designed to provide opportunities for parents and children to learn together and promote lifelong learning. Health services or referrals to health services, or both.
- Youth Service Centers:
 - Referrals to Health and Social Services
 - These include early and periodic screenings, immunizations, diagnosis and treatment, exercise/nutrition awareness, and HIV/AIDS education. Additionally, referrals may include mental health services, child abuse prevention, and teen pregnancy prevention and services (such as postponing sexual involvement, reducing the risk, and Baby Think it Over). Kentucky's FRYSC referrals also include Kynect (such as KCHIP, Medicaid, and other

- health insurance) and safety education (such as distracted driving, electrical safety, water, gun, fire, etc.).
- Career Exploration and Development
 - This includes service-learning projects, job shadowing activities, career fairs, college tours, preparing a resume, interviewing skills, dressing for success, and training in several areas such as babysitting, lawn care, life guarding, caddying, etc. It also includes the development of a center-operated job bank, apprenticeships in the community, school or FRYSC, entrepreneurial programming, job fairs, volunteer opportunities, and development of service-oriented job clinics.
- Substance Abuse Education and Counseling
 - These programs include individual and group drug and alcohol counseling, Red Ribbon Week, drug and alcohol education programs for students and parents, smoking cessation programs, promoting the SADD (Students Against Destructive Decisions) club, and peer mentoring.
- Family Crisis and Mental Health Counseling
 - This includes engaging parents, contracting with local mental health agencies for services, educating faculty and staff on the confidential referral system, bullying education, collaborating with or development of a crisis response plan, and education on appropriate use of social media
- Other components are developed based on the needs of the local school community. These components vary across the state, but include:
 - Educational support/enrichment including character education, peer mediation, conflict resolution, mentoring, and core content identified through the Comprehensive School Improvement Plan. These components may also include student and family support/referrals such as assistance with basic needs, emergency assistance, holiday assistance, etc. Student and family strategic planning are included as activities may include budgeting assistance/referrals, transportation, parenting, etc.

Status Report Highlights:

(2017) Child Abuse Prevention: Nurturing Parenting

- Families identified by child welfare agencies for past child abuse or high risk are referred to the FRC's Nurturing Parenting Program. Parents are taught skills in 5 areas: age-appropriate expectations, empathy, bonding and attachment, nonviolent nurturing discipline, self-awareness and self-worth, and empowerment and healthy independence.
 - Based on the results of the post-AAPI (Adult Adolescent Parenting Inventory), 91% of participating parents were at a lower risk for incidences of child maltreatment and abuse after completing the program.

(2017) Reading: FRYSC Corps Literacy Tutoring:

- Twenty-five (25) targeted students with low I-ready scores increased reading scores by an average of 42.2 points

(2017) Graduation/Dropout Prevention:

- Teen Mom to Graduate Program- One-on-one case management for each identified student.

- Not one teen mom has dropped out of school in the last four years.

(2017) Bullying/Violence Prevention

- This was a school-wide initiative to teach students about power-based personal violence and how to be active by-standers.
 - From 2014 to 2016 power-based personal violence behaviors decreased in eight categories: Aggression, Arrest, Stolen or attempted to steal a car, Were verbally threatened, Bullied on school property, Bullied through electronic means, Physically threatened by someone, Had unwanted sexual advances toward them.
- (2017) Behavior/Grades
 - At the time of initial services, 65% were failing one or more classes; at the conclusion, 95% improved their grades to passing.
- Additionally, the Kentucky FRSYC released a 2020 Impact Report that highlights the impact of their efforts that remove barriers to learning, which were submitted by FRSYC coordinators. Some of the barriers removed include: Kindergarten readiness, behavior, reading, math, career readiness, attendance, parent involvement, ACT scores, drug awareness, and English Language support. For more information, you can access the 2020 Impact Report [here](#).
- [Overall, the Kentucky FRSYC program has increased parent, caregiver, and male involvement, improved physical activity and academic performance, increased the number of students and parents gaining employment, etc.](#)

Thomas Gardner Elementary School (Boston, MA)

- This school currently provides services that address nonacademic barriers to student learning, such as poverty, inadequate health care, violence in the community and family stress. This school is designed to develop oral communication, as well as reading and writing skills. Thomas Gardner Elementary School also explores the experience and knowledge that every student brings to the program as English language skills are taught using themes and content related to the interests, needs, and experience of the learners, including their educational, cultural, and ethnic backgrounds. The following programs include: Before-School Program
 - This program includes breakfast and academic activities such as reading groups, math games, and literacy support.
- GPA/YMCA After-School Program
 - This program is offered in partnership with the YMCA of Greater Boston, which focuses on academic enrichment that incorporates academic instruction alongside enrichment activities aimed at closing the opportunity gap. After School is an essential component of Gardner Pilot Academy's full-service community schools model.
 - When students arrive, they attend a community meeting with their After-School classmates and teacher. Over the course of the afternoon, students work on homework, do activities building on lessons during the school day, and take a social studies class. Based on their grade level, students also participate in their choice of clubs. Recent examples of club offerings include music lessons, science, Playworks' Junior Coaching, and gender-based affinity groups.

- Summer Program
 - The Summer Academy is a full-day learning experience that combines academic instruction with fun and hands-on enrichment activities, field trips, and service projects. The program starts with a healthy breakfast and community-building. Scholars rotate through enrichment courses and activities focused on topics such as STEM, creative arts, and health and exercise.
- City Connects
 - City Connects is a school-based intervention that connects each student to a set of prevention, intervention, and enrichment services. In addition to coordinating referral services for students, families, partners, and the school, the coordinator also runs several group sessions designed to address relevant issues such as: bullying, friendship, organization, health and human sexuality, gender roles, leadership, mentoring, etc. The counselor refers students to specific mental health providers when appropriate, based on insurance coverage, parental consent, and student need.
- Adult Education
 - In the evenings, parents and adults from the community participate in ESL, computer education, parenting workshops, including citizenship and housing, legal workshops, and school meetings.

Emotional/Behavioral Health and Substance Abuse

Below are a list of programs intended to address emotional and behavioral health needs, along with substance use disorders.

Pennsylvania Student Assistance Program (SAP)

The Pennsylvania Student Assistance Program (SAP), which was first implemented in 1984, is a systematic team process used to mobilize school resources to remove barriers to learning. SAP is currently designed to assist in identifying issues including alcohol, tobacco, other drugs, and mental health issues which pose a barrier to student success. The primary goal of SAP is to help students overcome these barriers so that they can achieve, advance, and remain in school. The structure and operation of the program in Pennsylvania is a unique expression of an integrated model serving the needs of Pennsylvania families and students.

SAP in Pennsylvania is overseen by the PA Network for Student Assistance Services (PNSAS) Interagency and Regional Coordinators' team; comprised of representation from the PA Departments of Education (Office for Safe Schools), Drug and Alcohol Programs (Division of Prevention and Intervention) and Human Services (Office of Mental Health and Substance Abuse Services). The core of the Student Assistance Program is a professionally trained team, including school staff and liaisons from community drug and alcohol and mental health agencies. SAP team members are trained to identify issues, determine whether the presenting issue lies within the responsibility of the school, and to make recommendations to assist the student and the parent. When the issue lies beyond the scope of the school, the SAP team will assist the parent and student so they may access services within the community. SAP team members do not diagnose, treat, or refer to treatment; but they may refer a student to a liaison who may screen or assess for further community-based services and support.

There are four phases in the SAP process:

- Referral

- Team planning: The SAP team gathers objective information about the student’s performance in school from all school personnel who have contact with the student. Information is also collected from the parent. The team meets with the parent to discuss the data collected and meets with the student. Together, a plan is developed that includes strategies for removing the learning barriers and promoting the student’s academic and personal success to include in-school and/or community-based services and activities.
- Intervention/ recommendation: The plan is put into action and the SAP team assists in linking the student to in-school and/or community-based services and activities. The team might recommend a drug and alcohol or mental health screening or assessment.
- Support and Follow-Up: The SAP team continues to work with and support the student and their family through monitoring, mentoring, and motivating for academic success.

Santa Clara County

The original SLS program in Santa Clara County was designed and implemented from 1994-1995. However, government revenues declined when the program was initially implemented. Therefore, the SLS program was discontinued at that time.

From January 2011 through June 2012, the below models were proposed as promising models in the Santa Clara County strategic plan. It is unclear if the below programs are currently being implemented.

The San José Unified School District (SJUSD) offered selective prevention services designed to help at-risk students address behavioral and emotional problems by improving skills and reducing risky behaviors. Early intervention services are offered to students who are exhibiting the early signs and symptoms of behavioral and emotional disorders, including depression and anxiety. Intervening early with low-intensity therapeutic services can help students rapidly overcome their problems and avoid unnecessary suffering.

Santa Clara County SLS Pilot Programs (Mental Health Services Act, Prevention and Early Intervention, Project 2)

The Mental Health Department (MHD) proposed a project funded through the Mental Health Services Act (MHSA) called “Strengthening Children and Families”. This project proposed the implementation of prevention and early intervention programs in four highly targeted, high-risk areas of the County called Investment Communities.

The MHD identified zip codes with the highest rate of ten key mental health risk factors such as poverty, low graduation rates, mental health, and substance abuse utilization. It then grouped these zip codes into four Investment Communities. Planning Teams of community members selected by the community convened to develop implementation plans for each region. Each Investment Community will receive a share of funds based on need and number of children. The strategies that are focused on children and families include: 1) intensive, direct interventions for parents and children to address severe, emerging behavioral and emotional problems and depression resulting from trauma; 2) direct therapy and support for the whole family when a child is experiencing severe emerging behavioral and emotional problems; 3) focused prevention and early intervention strategies for parents, teachers and students in school settings to enhance protective factors and decrease risk factors; and 4) a program for parents, especially of young children and pre-teens, to improve parenting skills and provide support for emerging behavioral needs.

School-Based Health Centers (SBHC)

The implementation of advanced technology can better detect illnesses and therefore, schools can detect and implement early preventative measures. NJ DCF may consider implementing additional technology, like telehealth and the addition of special equipment, in SBHCs to increase access to health services.

North Carolina Health-e-Schools

This program was created by the Center for Rural Health Innovation (CRHI) to enhance the way healthcare is delivered to students in rural schools in western North Carolina. Schools participating in Health-e-Schools offer services to all students, regardless of insurance plan or ability to pay. The sliding fee scale is used for those who are uninsured, but no patient is turned away due to type or lack of insurance. Parental or guardian written permission must be given to use these services. School faculty and staff are also eligible to utilize these services.

Funds from The Duke Endowment through Mission Health has supported the expansion of Health-e-Schools to additional sites. Local grants have allowed for even further expansion in Burke County, with portable equipment that takes school nurses with in between schools as they travel. Health-e-Schools was created in 2011 to address this efficiency, financial, and transportation concerns. A 2005 University of Rochester study on inner-city childcare centers found a 63% decrease in illness-related absences through the use of telehealth. One of the most notable successes is that Health-e-Schools has helped to increase classroom attendance and decrease the amount of time that parents or guardians must take off of work to bring their child to appointments.

On-site school nurses are able to connect sick students with healthcare providers through this program. Health-e-Schools employs a full-time, off-site family nurse practitioner who uses telehealth as a means to evaluate and diagnose patients.

Technology operated in this telehealth program includes high-definition cameras and specially-equipped stethoscopes and otoscopes. The following health issues are commonly addressed or diagnosed by various healthcare providers via teleconferencing: illnesses, chronic disease/medication management, consultations, physicals, and behavioral health concerns.