

# Re-Engineering School-Linked Services Interim Focus Group and Survey Findings

This report contains findings from school administrator and provider focus groups and surveys conducted between November 15, 2021 and January 11, 2022. CHCS conducted three school administrator focus groups with four participants total and received eight school administrator survey responses. For purposes of this report, school administrators are defined as superintendents, principals and assistant principals, and other district division leaders. The twelve total school administrator responses included geographical representation from Cape May, Ocean, Gloucester, Bergen, and Passaic counties.

CHCS conducted two provider focus groups with a total of five participants and received three provider survey responses. For purposes of this report, providers are defined as School-Linked Services program directors, managers, and direct service staff. The eight provider responses included geographical representation from Camden, Ocean, Passaic, Middlesex, and Mercer counties.

## School Administrator Feedback

### STUDENT CHALLENGES

Several school administrators reported a high prevalence of mental health challenges, including anxiety, difficulty managing anger, poor social skills and interpersonal relationships, disruptive behavior, and learning difficulties. School administrators noted that as a result of these challenges, students have required mental health services and counseling in crisis situations and on a continuing basis. In addition to mental health, they reported that many students are experimenting with vaping and other drugs, though they did not specify what substances youth are experimenting with. Other student challenges identified by school administrators included poor attendance, along with a lack of engagement from students in class.

### FAMILY CHALLENGES

Most school administrators reported that families in their districts are experiencing financial difficulties, including a lack of consistent employment, food insecurity, and a lack of reliable transportation. A few school administrators described a need for additional resources for families such as rent, utility, employment, and transportation assistance. In addition to financial difficulties, school administrators reported a lack of parent engagement with the school and available programs.

### WORKFORCE DEVELOPMENT

Regarding workforce development, school administrators reported the desire to have additional professional development opportunities for teachers and guidance counselors. One school administrator discussed the need for “CPI\* and behavior modification training.” Another school administrator stated a need for

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\* Note: Though the respondent did not clarify in the survey response, we infer that they were referring to Crisis Prevention Institute Training (<https://www.crisisprevention.com/>)

“sensitivity and trauma-informed training, in order to better meet the needs of students exposed to violence.”

## **SYSTEM COLLABORATIONS**

While some school administrators were not aware of system collaborations that could improve SLS programming or current services within the school, others identified a need for stronger collaboration between the Department of Children and Families (DCF) and the Department of Education (DOE). School administrators also expressed that SLS should collaborate with additional state-level entities, including the Division of Child Protection and Permanency, Children’s System of Care (CSOC), and the Department of Health (DOH).

On the local level, school administrators recommended that schools and community-based organizations communicate with one another so that schools can be aware of available community services. One school administrator reported the desire to partner with an outside entity/organization to link students to services beyond the scope of what the school can offer.

## **FUNDING**

To address student mental health challenges, school administrators suggested that funding be allocated to co-locate a nurse practitioner or incorporate a health clinic within the school so students can easily access psychiatric medication, medical exams, and other medical services. One school administrator reported the need for increased funding to provide “family and individual mental health training, drug counseling, and mental health counseling in multiple languages” to meet the diverse needs of students and families. School administrators also suggested that funding to hire additional counselors and mental health specialists would benefit students and families.

## **PROGRAMS AND PROGRAM COMPONENTS**

Regarding programs, several school administrators expressed the need for accessible, school-based family therapy and counseling services, which would assist families with addressing family conflict and substance abuse. School administrators indicated that families would also benefit from at-home supports. Some school administrators reported interest in implementing wellness rooms in schools, which would provide a safe environment for students to safely manage their behaviors and emotions. Other programs suggested to meet student needs include trauma-focused counseling, vaping prevention programs, recreational activities, and resources to help students develop positive relationships with their peers. One school administrator identified a specific desire for a curriculum-based program catered to college and career readiness.

With regard to family-focused programs, several school administrators identified a need for parent education programs and workshops. Beyond school-based services, school administrators indicated the desire to be able to link students and families to mental health services, substance abuse treatment, and other community resources.

## Provider Feedback

### STUDENT CHALLENGES

Several of the student challenges identified by school administrators were also shared by providers. For example, several providers also observed a high prevalence of mental health challenges among students, such as anxiety, panic attacks, difficulty processing grief and loss, trauma, substance use, and depression. Providers noted that the COVID-19 pandemic has exacerbated these challenges. They reported that teachers are struggling to manage student behavior, as students are returning to the classroom from the less structured environment of fully remote learning. Providers also described an increase in school shooting threats, fights, and physical aggression. They noted that unhealthy use of social media, including addiction to social media and cyberbullying have been prevalent.

Additionally, providers identified that students may have multiple responsibilities at home, including helping provide financially for their families. They reported that these responsibilities may have increased during remote learning, resulting in reduced engagement and school attendance as well as poor classroom behavior. Lastly, providers stated that adolescents are under a significant amount of stress and have difficulty maintaining jobs.

### FAMILY CHALLENGES

Providers echoed many of the same issues as school administrators regarding family challenges. They noted that many families are under a significant amount of stress, which has been exacerbated by the COVID-19 pandemic and related financial difficulties, including unemployment, housing instability, food insecurity.

### WORKFORCE DEVELOPMENT

Like school administrators, several providers described concerns regarding high staff turnover rates. Providers noted that program staff have high caseloads due to limited numbers of counselors and mental health specialists, and that they would like to have additional counselors in the school. They reported that staff salaries are not competitive due to a lack of funding, which makes it difficult to fill positions. Providers also noted that staff are not compensated for additional time spent working during after-school programs. They expressed that this has resulted in staff burnout, turnover, and some staff volunteering their unpaid time to provide extra-curricular activities to students.

In addition to recruitment and retention, providers described a need for professional development opportunities, for example, training staff to provide employment skills training to students entering the workforce. Some providers also indicated that training should be available to ensure staff members are culturally adept and fully understand the community they work with. Lastly, providers reported a need for caseworkers in schools who specialize in providing resources to undocumented immigrants, including assistance with employment, housing, and student aid.

### SYSTEM COLLABORATIONS

Similar to school administrators, providers described a need for stronger collaborations between DCF, DOE, and DOL. One provider recommended the implementation of a process that allows families of students enrolled in School-Based Youth Service Programs to automatically qualify (when eligible) and enroll in public assistance (such as WIC, TANF, etc.). Another provider expressed that the priorities of DCF and schools are

not always aligned, in that the types of programs offered and the needs of the students and community do not always not line up with DCF expectations regarding standard components of all School-Linked Services programs.

## FUNDING

Providers shared concerns pertaining to limited funding and its impact on the ability to offer competitive salaries to fill counseling positions. They expressed that counselors and social workers are compensated less in schools than in other environments; therefore, a salary increase could support attracting and retaining qualified staff. Providers also recommended that funding be allocated to assist families with basic needs, such as rent and utilities.

## PROGRAMS AND PROGRAM COMPONENTS

Regarding programs, providers indicated that students would benefit from a workshop on the dangers of vaping and drugs for students. They also noted that implementing a peer mentorship program for students, along with recreational activities, could enhance student engagement. Providers discussed a need to educate students on social-emotional skills such as decision-making, social skills, conflict resolution, and anger management. One provider suggested providing a “21<sup>st</sup> century conflict resolution” course to students. Lastly, providers recommended that a “gang/violence prevention guide should be developed for youth at risk of involvement or youth currently involved in gangs.”

To address family needs, providers suggested providing healthcare and transportation to families, along with family therapy to address complex family challenges. Some providers suggested implementing a “holistic evidence-based practice and/or early prevention program to support caregivers and families with poverty, mental and behavioral health challenges, and neglect” as well as providing parent education and skill-building programs. One provider reported the desire to “offer home visits and in-home counselors to assist with family needs within the home,” while another suggested “creating a family school-based program, which entails clinicians going out into the field to help with parents’ mental health.”

## NEXT STEPS

CHCS will continue facilitation of youth and parent focus groups, as well as additional school administrator and provider discussions, through February 2022. Following completion of all focus groups, CHCS will synthesize findings and develop comprehensive recommendations on re-engineering School-Linked Services. Stakeholders will have the opportunity to provide input on these recommendations prior to finalization, which is anticipated in April 2022.