

MINUTES OF THE SENATE COMMITTEE ON EDUCATION.

The meeting was called to order by Chairperson Dwayne Umbarger at 1:30 p.m. on February 25, 2002 in Room 123-S of the Capitol.

All members were present except: Senator Schodorf (excused)

Committee staff present: Ben Barrett, Legislative Research  
Theresa Kiernan, Revisor of Statutes  
Dale Dennis, Deputy Commissioner of Education  
Judy Steinlicht, Secretary

Conferees appearing before the committee: Elizabeth McGinness, USD 259, Wichita  
Caren Lowe, Director, East Central Kansas Cooperative  
Christina Mann, WRAP Worker, Baldwin High School  
Diane Fleming, Special Education Coordinator, USD 437  
Garden City  
Julie Meyers, Garden City Area Mental Health Center  
Joyce Cussimano, Executive Director, Children's Cabinet  
Brenda Mills, Family Service & Guidance Center, Topeka

Others attending: See Attached List

**School Violence Prevention Program/Safe and Caring Communities Grant Projects**

Elizabeth McGinness, Assistant Director Special Education, Wichita Public Schools reported on *Project Wraparound Wichita* (PWW). The Wichita program is in its third year in the district. The two goals of PWW are to reduce the risk of developing violent behavior in the entire school population and provide intensive community mental health services through COMCARE for 30 students diagnosed with a 'severe emotional disturbance'. Wichita is using a program called *Second Step: A Violence Prevention Curriculum* which was proven effective in decreasing student violence and aggressive behavior in a study published in the Journal of the American Medical Association. ([Attachment 1](#))

Caren Lowe, Director, East Central Kansas Cooperative in Education, presented their program called *Working to Recognize Alternative Possibilities (WRAP)*. WRAP is a prevention/early intervention program comprised of a mental health professional working full-time on-site in the public schools. The WRAP program has helped to reduce the number of suspensions, discipline referrals, and absenteeism. Two social workers provide prompt one-to-one interventions and other relevant support services such as anger management training, drug treatment referrals and referrals to community resources for behavioral difficulties. WRAP workers are hired by the mental health center and the school provides space and materials in order to facilitate their availability to students. The strengths of the program include the increased availability of staff to deal with problems before or as they become critical, the collaboration of WRAP workers with community agencies, and the continuance of programs during summer break. ([Attachment 2](#))

Christina Mann, the WRAP worker at Baldwin High School relayed two success stories to the Committee to demonstrate that the program is effective. ([Attachment 3](#))

Diane Fleming, Special Education Coordinator/Area Mental Health Liaison, USD 457, Garden City reported on their program called *Positive Impact Team*. Their goals are to coordinate community and school based behavioral assessment, interventions and referral programs; to enhance protective factors and reduce identified risk factors through the coordination and development of prevention programs for school age youth; and to provide outreach and guidance for parents of all children. Diane shared their guidelines and accomplishments. ([Attachment 4](#)) Julie Meyers is the children's service coordination at the area

## CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON EDUCATION at on February 25, 2002 in Room 123-S of the Capitol.

mental health center and she is one of four case managers that provides direct services to the students in each of the buildings in the Garden City district. Julie & the other three case managers get referrals from the school and the case workers go into the school and serve the child at the school. They do individual and small group settings. They deal with all types of issues, such as peer interaction, depression, grief, self-esteem, gang and substance abuse.

Joyce Cussimano, Executive Director of the Kansas Children's Cabinet, addressed the Committee on the School Violence Prevention Program. Joyce provided a handout with information provided to her which shows some of the similarity and measurements the different programs have. Some have benchmarks in place, are outcome based and reliant on data. Others measure output, for example amount of training or services, but didn't measure outcome of the recipients who received the service. (Attachment 5)

Brenda Mills, CEO, Family Service and Guidance Center, Topeka, provided information on Operation Stop Violence which is a collaborative program between USD 501 and Family Service and Guidance Center (FSGC). Operation Stop Violence has had very successful results in their efforts to keep schools and children safe from harm, as well as to help at-risk and violent children to get the help they need. The program is designed to find children who are a potential risk to themselves or to their peers and teachers. Continued funding is needed for this program to continue. (Attachment 6)

Written testimony was provided by Bob Clark, Topeka Public Schools (Attachment 7); Marilyn Cook, Director of Clinical Operations, COMCARE of Sedgwick County, Wichita (Attachment 8); Diane Drake, Executive Director, Franklin County Mental Health Clinic, Inc. Ottawa, Kansas (Attachment 9); and the Kansas Board of Education provided an Evaluation Report for 2000-2001 on School Violence Prevention Grants Wraparound Kansas. (Attachment 10)

### **SB401--Schools; teacher employment incentive and retention bonuses**

**SB401** would authorize unified school districts to pay employment incentive or retention bonuses to teachers. Teachers would be defined as teachers, supervisors, principals, superintendents or any other professional employee who holds a teacher or school administrator certificate. Some districts are utilizing the bonus, but are uncertain if they are doing so legally. The intent of the bill is to clarify the legality of giving the incentive or retention bonuses.

Senator Teichman made a motion to amend **SB401** to make payment of incentive or retention bonuses a part of the negotiating process under the permissible items. Seconded by Senator Oleen. After Committee discussion, the Committee voted and the motion carried.

Senator Corbin made a motion to pass **SB401** favorably as amended with the effective date the Kansas register. Senator Teichman seconded the motion. Motion carried.

Meeting adjourned 2:40 p.m.

**SENATE EDUCATION COMMITTEE GUEST LIST**

DATE - 5/25/02

<u>NAME</u>	<u>REPRESENTING</u>
Bill Brady	SFFF
Josie Torres	KCDD
Jennifer Schwartz	Independence, Inc.
Liz McKinness	USD 259
Marilyn Cook	COMMISSIONER OF SEDGWICK COUNTY
Mike Hammond	ASSOC. OF CMHCs OF KS
Diane Zocco Drake	Franklin Co Mental Health Clinic
Dale E. Fox	USD #290 Ottawa Middle School
Brenda Mills	Family Service & Guidance Center
Paul Atanasi	TPS, USD 501
Denise Axt	U.S.A. - USD 500
Amy Brunner	K <del>SB</del>
Don Ryan	USD 321
Jacque Baker	SQE
Anna Cussimano	Ks Children's Cabinet
Dale Huffman	FAMILIES TOGETHER IN
Christina Mann	USD 348 + WRAP @ Bert Nash CMHC
Caren Love	Interlocal #614
Mare Fleming	USD 457 J.C. Ks.
Julie Niffis	Great Mental Health Partner - Garden City
Linda Wogan	FOX-TV KCMU
Craig Grant	HNEA
Bob Clark	USD 501







Elizabeth K. McGinness, Assistant Director Special Education, Wichita Public Schools  
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## Report on Project Wraparound Wichita Safe and Caring Communities Grant

### Senate Education Committee Senator Umbarger, Chairman

February 25, 2002

Mr. Chairman, members of the committee:

The Project Wraparound Wichita, PWW, is in its third year of implementation in the Wichita Public Schools. PWW is a collaborative effort between the Wichita Public Schools, COMCARE of Sedgwick County and Communities In Schools, Inc. The PWW is operating at two urban elementary schools with especially high rates of poverty, mobility and societal characteristics prone to the development of violent behavior.

The two goals of PWW are to educate the entire school population in the underpinnings of healthy emotional development that reduces the risk of developing violent and aggressive behavior, and to also serve a small population of students who are already diagnosed with, or are at high risk of developing, a 'severe emotional disturbance'.

<p style="text-align: center;"><b>Goal 1</b> <b>Reduce the risk of developing violent behavior in the entire school population</b></p>
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All students in the school participate in a violence prevention curriculum that is proven and effective, entitled *Second Step*.

- *Second Step* is a violence prevention curriculum that focuses on the three traits most closely correlated with the development of violent behavior; lack of empathy, lack of impulse control and lack of anger management skills.
- *Second Step* is a teacher friendly product that guides students through engaging, structured lessons that promote the development of empathy, impulse control and anger management skills.
- *Second Step* is implemented year round in small lessons requiring only a few minutes per presentation.

<p>The U.S. Department of Education's 2001 Expert Panel on Safe, Disciplined, and Drug-Free Schools has given <i>Second Step: A Violence Prevention Curriculum</i>, its top "Exemplary" rating. The <i>Second Step</i> program was proven effective in decreasing students' violent and aggressive behavior in a study published in the <i>Journal of the American Medical Association</i>.</p>
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Attachment 1

## Goal 2

### Provide intensive community mental health services through COMCARE for 30 students diagnosed with a 'severe emotional disturbance'

- Connect children with 'severe emotional disturbances' and their families with community mental health services in the school and community setting.
- Bring services to the school to facilitate access to community mental health.
- Provide education and teacher support in dealing with students with 'severe emotional disturbances' for all school staff.

Consider Jeremy, an eleven year old in the 5<sup>th</sup> grade. Jeremy has been diagnosed with a severe emotional disturbance, Bipolar Disease, which significantly impacts his ability to function appropriately in a school setting. Jeremy has had a history of school discipline problems, including frequent distractions in the classroom resulting in referrals to the office, as well as aggressive behavior toward other students and adults. Jeremy is often off task in class and his grades reflect his lack of attention to school work, although he is a bright student. Jeremy has few friends at school, as other students fear his unpredictability and tendency to hit and strike out at others. Jeremy is not experiencing school or community success, and is at high risk of developing increasingly dangerous behavior toward himself and others. Further, Jeremy's mother is also diagnosed with Bipolar Disease and has difficulty providing Jeremy with the parenting skills and resources that might ameliorate his emotional illness.

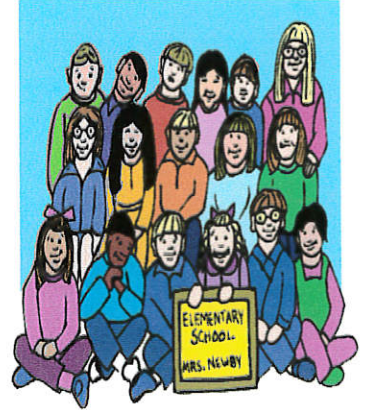
The PWW has connected both Jeremy and his mother with community mental health services through COMCARE that are making a real difference in their ability to function and cope with their problems. Jeremy has seen a psychiatrist and has had a thorough physical evaluation and mental evaluation. He is now on a medication that stabilizes the mood swings seen in Bipolar Disturbance. Jeremy sees an individual therapist provided by COMCARE, and participates in small group therapy designed to improve social skills and dealing with negative emotions. Jeremy also has an attendant care worker who comes into the school for a portion of the school day providing Jeremy and his teacher additional support directly in the classroom. The attendant care worker pulls Jeremy out of class when his behavior is becoming too aggressive or distracting, and works with him on more appropriate behaviors. Jeremy's mother is also receiving community mental health services including appropriate medication, therapy, and parenting classes. His mother also receives 'respite care' which allows a mental health worker to watch Jeremy for 3 hours in the evening once a week, allowing his mother to attend therapy and parenting classes.

Jeremy has made tremendous progress since entering the PWW program. His grades have improved and his aggressive behaviors have declined. He has made two friends who he spends time with outside of school. He is learning empathy, impulse control and anger management through the classroom *Second Step* lessons. Last month, in recognition of his progress, Jeremy was named 'Leader of the Month' in his class. His mother is also functioning better and reports a more peaceful home environment. She is also very proud of his award and has commented that this is the first time he has received public attention for good behavior! Importantly, Jeremy will continue to receive the established community mental health services during the summer, and even if he moves out the school that has PWW, COMCARE will continue to provide services for him.



# Project Wraparound Wichita Points of Success

- ***Second Step*** kits have been provided to Lincoln and Stanley Elementary schools where PWW is based.
- Training for all district staff implementing ***Second Step*** has been provided. Updated training occurs yearly to maintain teacher skills.
- ***Second Step Family Intervention*** kits have been provided to all 'Parents As Teachers' staff who are implementing the curriculum during home visits with parents.
- ***Second Step*** kits have been provided to all pre-school and early childhood disability classrooms in the Wichita Public Schools where early violence prevention and education will have a great impact.
- More than 70 students with a 'severe emotional disturbance' and their families have been recommended for COMCARE services.
- Office referrals have been reduced at both Lincoln and Stanley, where the PWW is systematically evaluated.
- Disruptive classroom behavior has been reduced at both schools.
- PWW has created a strong collaborative relationship with community mental health agencies and Communities In Schools. The collaborative effort has resulted in many new relationships among professionals in all three agencies whose expertise is frequently utilized beyond PWW in situations involving mental health issues in the district including suicide risk and dangerous behavior.



## Severe Emotional Disturbance

Children who exhibit or are at 'high risk' of developing severe behavioral, emotional or social disabilities that consequently disrupt the child's academic and developmental process and progress, family and/or interpersonal relationships, often to the point that the child is at high risk for out-of-home placement, or is placed out of home: *or*

Have disabilities that have continued for an extended period of time or on the basis of specific diagnosis by a qualified professional are likely to continue for an extended period of time; *or*

Have disabilities that cannot be attributed solely to intellectual, physical, or sensory deficits; *or*  
Frequently require intensive treatment coordinated by an interdisciplinary team involving the family, court, education, mental health and other family agencies

*This definition was developed by the Kansas Advisory Council on Services for Severely Emotionally Disturbed Children, Adolescents, and their families*

Caren Lowe  
Christine Mann

Safe and Caring Communities Grant  
Project Title: Working to Recognize Alternative Possibilities  
Applicant: East Central Kansas Cooperative in Education

The Safe and Caring Communities grant was initially requested by the East Central Kansas Cooperative in Education in conjunction with the Bert Nash Community Mental Health Center and the Baldwin and Eudora School districts for the 1999-2000 school term. The intent of the grant was to expand the highly successful Working to Recognize Alternative Possibilities (WRAP) program developed in the Lawrence schools to students in the Baldwin and Eudora School Districts. WRAP is a prevention/early intervention program comprised of a mental health professional working full-time on-site in the public schools.

WRAP has demonstrated strong outcomes in reducing suspensions, discipline referrals, and absenteeism. The issues which the WRAP program seek to address are a reduction in risk factors which prevent the occurrence of juvenile crimes and promotion of pro-social behaviors to maintain children in their schools and communities. The issues are addressed by:

1. promoting a mental health-education linkage integrated into the day-to-day lives of students in their schools ;
2. providing high risk students the support and skills that will keep them in school and behaving in acceptable, safe, and productive ways;
3. reducing the likelihood of juvenile criminal activities and pre-delinquent behavior through early detection and intervention in the student's natural environment and referring for more specialized services as needed.

Through the Safe and Caring Communities Grant, two social workers were hired at the secondary level to provide prompt one-to-one interventions and other relevant support services such as anger management training, drug treatment referrals and referrals to community resources for behavioral difficulties. WRAP workers are hired by the mental health center and provided space and materials by the schools in order to facilitate their availability to students. WRAP workers work with school personnel to gather information and develop appropriate interventions and monitoring programs. Additionally WRAP

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workers meet a half-day each week at the mental health center for clinical supervision. At these times, workers are able to collaborate with other agencies working with the students such as law enforcement, family outreach services and mental health providers. Some students participate in summer activities designed to maintain contact with WRAP workers, to provide social and family supports, and to help students transition from elementary to middle school.

Referrals for WRAP services come throughout the school year from multiple sources such as school administrators, teachers, court services officers, and Community Corrections staff. Students may refer themselves as well. Criteria for the referral include frequent absences, suspensions or disciplinary referrals, and school violence. Data collected for the first two years of the project shows that preventing students from dropping out of school was the most common goal of both middle school and high school referrals.

Over the past two years, there were a total of 1768 contact hours between students and WRAP workers. Contacts ranged from brief "check ups" to lengthy sessions of an hour or more. WRAP interventions included consultation with school staff, parent contacts, student contacts, group and individual counseling, academic support and referrals to other community supports. Students targeted by WRAP are at risk for increasing problems in school behavior. However, 112 of the 139 students had either perfect attendance or improved attendance over the course of the year. Furthermore, the majority of students (157 out of 173) had either no discipline problems or fewer episodes over the course of the school year.

The grant has paid \$60,000 toward the cost of the program. In addition to salaries and benefits there have been travel, supplies, data collection and analysis and general operating costs. The total cost of the program has been approximately \$89,000.

The strengths of this program include the increased availability of staff to deal with problems before or as they become critical, the collaboration of WRAP workers with community agencies, and the continuance of programs during the summer break. The two problems which have arisen revolve around the dissemination of information. Since WRAP workers are hired and supervised by the mental health



center, they do not release information to the schools without ~~a~~ <sup>parental consent</sup> written release of information. Thus, counselors, school social workers, administrators and teachers sometimes lack an awareness of critical issues affecting the student. Furthermore, they are sometimes "left out of the loop" in the exchange among people associated with the student; such as probation officers, court services, or in-home care providers. It does, however, provide some parents with an outside resource for support when relationships with the schools have become strained.

The communication from school personnel to WRAP workers is also complex since schools must also be sensitive <sup>to</sup> parental consent for the exchange of information about students when the schools wish to involve WRAP workers. There must also be a good "match" between the schools and already available services with those which can be provided by WRAP.

A final difficulty experience by a prevention program at the secondary level is that all too often, problems both from outside factors and the ~~school~~ school history with the schools have often become chronic and so complex that it is difficult to ameliorate the difficulties.

Christina Mann, our WRAP worker at Baldwin High School, will describe the program from the building level perspective.

# W.R.A.P. in Douglas County

My goal is to put some flesh on the facts that Caren has highlighted about *WRAP*, and to expand our thinking about what prevention *is* and what it looks like in daily application. I'm going to share briefly with you two stories that show us the subtleties of human lives that numbers can't tell.

The first story is about a student who was certainly on the path of dropping out, even by 8th grade. Friends got her involved in one of the *WRAP* groups at the end of the school year and she participated faithfully all summer in my "transition group." Building a relationship through this connection, I was able to take very seriously this student's assertion that school was useless and would be discontinued if something very different did not happen. Eventually I persuaded this student to try Charter School, and I did all the legwork with family and school to facilitate this. Eventually her social, emotional and academic life got better and better. This student is now making straight A's with high professional aspirations and plans to attend college. *WRAP* was a bridge to connections and support that encouraged this student to pursue *her* goals and use *her* way of operating in the world. She was empowered to marshal her own internal resources and strengths to build the life she wants—one that will benefit us all. Would this have happened without the bridging relationship and summer program of *WRAP*? It's very clear to me that we could have easily lost this child and her contributions to our school and our future, and that *WRAP* played a role in opening up *possibilities* for a better outcome.

Sometimes the *possibilities* we help open up don't reach all the way to our agenda of keeping kids in school. In those cases we *still* strive to open up possibilities for that child's life. Our second story is about a student who did not make it through high school. Suicidal for a variety of social and emotional reasons, this student no longer felt a 'fit' with the high school structure. In connecting with *WRAP*, this student discovered that beyond the pain were good reasons to live, and was able to develop a vision of the kind of life this student wanted. Now having completed the GED and earnestly pursuing post-secondary education, this drop-out does not accrue to *WRAP* the statistics of success. Yet this young person *is* a success.

I've seen from these students that what *we* might judge to be a success may be meaningless to the one who experiences it, while what we may judge a failure hides within it the seeds of triumph for the one who goes through it. So for me, it is not possible to judge the value of this program based on statistics: they lack the truth of human subtlety and heart. As a worker in the field, I *do* judge the value of a program by whether it allows us the flexibility and freedom to treat the human being in front of us as an *end* in and of themselves—a being of worth and value exactly as they are. A program that promotes that kind of work *does* tend to garner positive outcomes like keeping kids in school. And just as importantly, when those outcomes do *not* happen, as is sometimes inevitable, a program like that *still helps the person build the success they are seeking*. Either way, *their* success, in whatever form it takes, *is* vital to us as a society. To me, that is the ultimate meaning of prevention.

Educators have the expertise to develop academic programs to meet the varied *academic* needs of children. What gets in the way of a child *utilizing* that program are the social, emotional, biological and behavioral issues that require a curriculum of a different sort.

That is exactly why the connection between education and mental health through a unique program like *WRAP* is so useful and full of potential. *WRAP* is the bridge for bringing in the village it takes to raise a child. It's the bridge that links the therapists, juvenile justice, doctors, community agencies and resources, educators and *WRAP* social workers together to provide that "different curriculum" to meet the diverse needs of our children, our village.

Real and lasting prevention requires broad-based support. We ask you to join with us in continuing to support, philosophically and financially, the important collaborative work that is being done by educators and programs like *WRAP* to make our village stronger.

Senate Education

W.R.A.P. is Working to Recognize Alternative Possibilities 2-25-02

Attachment 3

*Positive Impact Team*  
*A component of the Safe and Caring Communities Grant Award*  
*USD 457 Garden City, Ks.*

*Contact People:*

*Diane Fleming, Special Education Coordinator/ Area Mental Health Liaison*

*Julie Meyers, Area Mental Health, Children Services Coordinator*

*Senate Education*  
*2-25-02*  
*Attachment 4*

## Positive Impact Team

### Goals:

- Coordinate community and school based behavioral assessment, interventions and referral programs.
- Enhance protective factors and reduce identified risk factors through the coordination and development of prevention programs for school aged youth.
- Provide outreach and guidance for parents of all children.

### Guidelines:

Students (early childhood- twelfth grade) can be referred to the Positive Impact Team by teachers, administrators, the Student Assistance Team, or by a parent. A release is signed by the parent/guardian, which allows information to be shared by other agencies the student may be involved with. The release also allows the Positive Impact Team to conduct classroom observations, one-one or small group contact within the school setting that are recommended and approved by parent and school.

The Positive Impact Team currently consists of four case managers from the Area Mental Health Center and the district Special Education Coordinator/Area Mental Health Liaison. Examples of support may include: anger management, social skills, peer pressure, conflict resolution, and dealing with grief. All groups and individual sessions are held for six weeks. If a Positive Impact Team member feels an individual needs additional services, the session may be extended.

### Accomplishments:

#### Year One (1999-2000):

- Developed guidelines, referral and release forms and progress reports to parents.
- Researched and ordered appropriate materials for students and parents.
- Educated district-wide staff members about program.
- Served over 50 students during second semester.

#### Year Two (2000-2001):

- Conducted weekly and one-one sessions serving 36 students at Day Treatment Center.
- Representatives from JJA and Area Mental Health assisted in conducting functional behavioral assessments and developing and implementing behavior plans for students.
- Served over one hundred and thirty youth in the district for small group or one-one sessions.
- Used as an intervention for students involved with Student Assistance Team.
- Over twenty-five youth were referred to a more intensive counseling program from an outside agency.
- Provided guidance and or materials on an as needed or requested basis to parents.
- Increased case managers from two to four.
- Implemented Therapeutic Preschool Program.

#### Year Three (2001-2002):

#### Up to the present time-

- 25 students have been served at the Day Treatment Center.
- Over one hundred and twenty-five students have been served in the district for small group or one-one weekly sessions.
- Four special education resource classrooms have received whole group instruction in anger management and social skill training.
- Sessions on conflict resolution will be conducted at the Alternative High School.

# KANSAS CHILDREN'S CABINET AND TRUST FUND



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## TESTIMONY

To the Senate Education Committee regarding the  
School Violence Prevention Program  
February 25, 2002

Mr. Chairman and members of the Committee, thank you for the opportunity to share the Children's Cabinet Recommendations to the Governor and Legislature for 2003 as they relate to the School Violence Prevention Program funded with Children's Initiatives Fund moneys. I am Joyce Cussimano, Executive Director of the Kansas Children's Cabinet.

Passage of Senate Substitute for House Bill 2558 in the 1999 Legislative session dedicated 95 percent of the state's portion of the Master Tobacco Settlement to improving the health and well being of children and youth in the state. In addition, House Bill 2558 created the Kansas Children's Cabinet to oversee the expenditures from the Children's Initiatives Fund. The Children's Cabinet is directed by the statute to undertake four overarching responsibilities:

- Advising the Governor and the legislature regarding the uses of the moneys credited to the Children's Initiatives Fund
- Evaluating programs which utilize Children's Initiatives Fund moneys
- Assisting the Governor in developing a more coordinated, comprehensive system of services for children and families of Kansas
- Supporting the prevention of child abuse and neglect through the Children's Trust Fund

One of the Cabinet's key responsibilities is to review, assess and evaluate expenditures from the Children's Initiatives Fund, and the enabling statute sets forth specific and objective standards to be applied. Programs, projects, services or activities funded from the Children's Initiatives Fund:

- Must have clearly articulated objectives that are to be achieved
- Must be data-driven and outcomes based. Data must be available to benchmark its outcomes.
- Must demonstrate its design is supported by credible research
- Must constitute best practices in the field
- Must have an evaluation component capable of:
  - determining program performance,
  - identifying needed program modifications,
  - showing how the program can be transferred to other venues and
  - indicating when funding is no longer justified.

The Cabinet engaged in an extensive review of funded programs including completion of a questionnaire by each agency, interviews with program coordinators, agency program coordinator presentations before the Cabinet, and follow-up with additional information. This review has led to the following recommendations to the Governor and



Legislature. The recommendations are based upon the program's ability to demonstrate the presence of these three basic elements found within the law:

- Data-driven, outcome-based approaches
- Best practices proven by research
- Evaluation of funded programs

Three categories for funding for the upcoming fiscal year reflect the findings of the Cabinet:

- Program increases based upon adherence to statutory requirements
- Level funding due to pending or inconclusive evaluation results for failure to adhere to statutory requirements
- Programs that supplant state general funds, do not honor the intent of the law or are inappropriate for expenditures from the Children's Initiative Fund.

The School Violence Prevention program is recommended to remain at current funding of \$500,000. This program addresses violence prevention by providing children with mental health support/services in the school setting through collaborative partnerships among schools, mental health centers and local coordinating councils. This competitive grant program has completed its second year and requires a 25 percent local match.

Research to support strategies implemented in the grant program was not cited in the Cabinet questionnaire. Both process and outcome data measures are cited within school plans, although the levels of change within school districts implementing this program are unclear within the report submitted to the Cabinet. An initial review indicates that while local measures may be in place, the School Violence Prevention Program must establish statewide evaluation procedures. Research and Accountability fund moneys will be made available for programs such as the School Violence Prevention Program because resources are unavailable within the Department of Education. Further study of this program is recommended before additional funding or application to other venues should be considered.

The Children's Cabinet is securing the services of an experienced evaluator to review the evaluation processes of programs funded by moneys from the Children's Initiatives Fund. This review will determine the need for additional independent evaluations to be conducted. Such independent evaluations will serve two functions: 1) determine effectiveness of strategies implemented, and 2) assist in establishing statewide or cross-site measures of success. The Children's Cabinet is instituting a rigorous evaluation agenda over the next two to five years and additional funding has been requested in the Research and Accountability Fund within the SRS budget to support needed program evaluations.

The Children's Cabinet has also begun work with Social and Rehabilitation Services staff to institute a common outcome-based grant application within SRS. This grant application includes a logic model form that drives grantees beyond merely looking at outputs to consider outcomes of their strategies. Technical assistance to agency staff and grantees about this outcome-based approach will ensure greater accountability at all levels. The Children's Cabinet is willing to provide assistance through training to agencies wishing to utilize a more outcome-based approach.



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## **An Overview of the School Violence Prevention Program**

This overview of reporting mechanisms is based upon information provided to the Children's Cabinet in preparation for recommendations to the Governor and Legislature. The Kansas Children's Cabinet and Trust Fund Questionnaire asked programs to provide a statutory history and specific information relating to the standards found within the law. Agencies were asked to identify:

- outcomes of the programs and demonstrate how they relate to Connect Kansas outcomes,
- long-term and intermediate data indicators to be measured,
- benchmarks toward achieving outcomes,
- program results demonstrated over time
- current evaluation methods
- modifications implemented as a result of evaluation findings
- funding sources

### **School Violence Prevention Program**

The School Violence Prevention Program was established during the 1999 Legislative Session to provide both rural and urban areas one-time, one-year funding. The goal of the projects is to improve mental health services for children who are at risk for violent behavior, as well as to develop an integrated continuum of prevention, early intervention and treatment services. Mental health/support services are delivered in the school setting through collaborative partnerships among schools, mental health centers and local coordinating councils. Families are to have significant influence to identify needed services.

Fort Hays, Garden City and Kansas City do not have specific data measure related to outcomes; output measures are primarily indicated. Process measures include results of parent surveys and interviews regarding satisfaction or perceptions, numbers served, types of resources checked out.

Neither the entire program nor many of the individual sites identified benchmarks or targets to be achieved over time. Outcomes listed but without identified data measures or benchmarks include: progress toward QPA standards; enhanced social, behavioral and academic achievement of all students. Some grantees did identify specific measures, with quantifiable goals to be attained during the course of grant activities; however, other grantees did not demonstrate sophisticated knowledge of the use of outcome data measurement. Identification of goals had occurred but specific means to measure a change in behavior may not have been apparent.

The following chart identifies goals or specific outcome data measures that are utilized and/or reported by the eight grantees.

Outcome Data Measures	Fort Hays	Ottawa MS	ECK Coop	Garden City PS	KCK	Wichita	Topeka	NEK ESC
Increase parent involvement			X		X	X	X	
Increase staff and parent skills to handle student behavior		X				X		X
Increase staff and parent knowledge about issues related to violence						X	X	X
Enhance academic performance				X		X		
Reduce truancy/increase attendance		X	X	X		X		
Reduce suspensions due to tardiness		X						
Reduce suspensions		X	X			X		
Improve Comprehensive Outcome Management System data		X						
Increase volunteerism		X						
Decrease reported peer influence toward risky behavior		X						
Increase anger management							X	
Less than 30% will indicate a desire to physically retaliate, attitude change	X	X						
Decrease threats made by students						X		X
Decrease weapon possession by youth						X		X
Decrease discipline referrals								
Decrease violent behavior/acts of student to student aggression	X						X	X
Juvenile arrests will be reduced	X	X						
Reduction in domestic violence and substance abuse	X							
Increase collaboration among partners			X					X

As can be seen, variations exist among the grantees, however, it appears that cross-site measures could be established in order to draw conclusions regarding the effectiveness of the programs. The Children's Cabinet would assert that cross-site measures should be established with measures easily identifiable for all focus areas of the grant:

- sustained collaboration among agencies
- parental involvement
- services within the natural environment
- school violence

Page nine (9) of the 2003 recommendations to the Governor and Legislature suggest additional information acquired through consistent evaluation measures or a professional analysis is needed before decisions are made to alter funding levels for this program. Page nine (9) states, "An initial review indicates that the Parent Education, School Violence Prevention and Juvenile Justice Prevention Grants must establish evaluation procedures with resources unavailable within the Department of Education and the Juvenile Justice Authority".

Exhibit 2-E

**Example Logic Models for Four Programs of Southside Children's Agency**

Program: Teen Mother Parenting Education

Inputs	Activities	Outputs	Outcomes			
			Initial	Intermediate	Longer-term	
Agency provides MSW program manager, part-time RN instructor, nationally certified education manuals, videos, and other teaching tools.  Agency and high school identify pregnant teens to participate in program.	Program provides parenting classes on prenatal through infant nutrition, development, safety, and caretaking delivered in high schools twice a week for one hour to teen mothers from 3 months prior to one year after delivery of a child.	Pregnant teens attend program.	Teens are knowledgeable of prenatal nutrition and health guidelines.  Teens are knowledgeable of proper care, feeding, and social interaction with infants.	Teens follow proper nutrition and health guidelines.	Teens deliver healthy babies.  Teens provide proper care, feeding, and social interaction to their babies.	Babies achieve appropriate 12-month milestones for physical, motor, verbal, and social development.

**Discussion:** This program has two "If-Then" sequences—one related to prenatal health and the other to infant care. Both outcome sequences contribute to the longer-term outcome of appropriate 12-month milestones for the babies.

Program: Developmental Child Care

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term
Child care licensing is acquired and maintained.  Agency provides director with M.A. in child development, 3 full-time child care workers, facilities and equipment for child care center.	Developmental child care is provided on school grounds for children of teen mothers attending high school.	Children are enrolled in child care.	Children are present at child care regularly.		Children exhibit progress toward age-appropriate motor, verbal, and social skills.
			Teen mothers attend school regularly.		Teen mothers graduate from high school.

**Discussion:** This program has no intermediate outcomes. This does not mean that the program is of short duration or that it is not sophisticated. It means that the program expects a straightforward relationship between its initial and longer-term outcomes: if children regularly attend developmental child care, then they will exhibit progress toward developmental milestones, and if teen mothers regularly attend classes, then they will graduate (see further discussion on page 49). One might ask why attendance—children's regular presence at child care and the teen mothers' regular attendance at school—is considered an outcome for the program. In most cases, program attendance is an output. In this example, however, the children's presence at child care depends on the mothers' actions and the desired outcome for the teen mothers is attending school, not the program. Using the child care service and attending school are behaviors of teen mothers that the program wants to influence in order to achieve the longer-term outcomes. This example illustrates why program context is so important to developing and understanding a logic model.

Step 2: Choose the Outcomes You Want to Measure

Exhibit 2-E (cont'd)

Program: Child Abuse Public Awareness and Prevention

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term
Agency has one full-time staff member with an MSW and 10 years experience in child welfare, including research on indicators of child abuse and neglect. Program is supported by a volunteer advisory board representing local media, medical and education professions, and pro bono assistance from a local advertising agency.	Agency designs public service announcements (PSAs), brochures, posters, and presentation materials on signs of child abuse and neglect and tests them for clarity, interest, and acceptability.	<p>PSAs air on radio and television.</p> <p>Brochures distributed at community events, to school administrators, pediatricians' offices, child care centers.</p> <p>Posters placed in stores and buses.</p> <p>Presentations made to community civic groups, medical and school professionals' meetings by program director, agency director, and advisory board members.</p>	General public, educators, child care workers, and medical professionals hear or read information.	Target audiences are knowledgeable of signs of child abuse and neglect and of appropriate actions to take.	Target audiences identify and report suspected abuse and neglect.

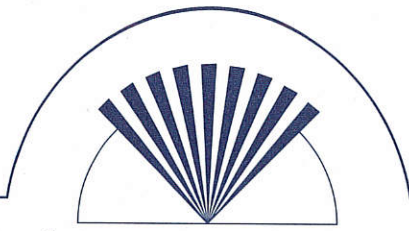
**Discussion:** Note that this program does not claim to reduce abuse and neglect rates in the community. In fact, since such rates generally are based on the number of reported cases, the rate actually may increase for a short period after this program begins. Relating one program alone to community-level change is very risky. (See page 51 for further discussion.)

Program: Neighborhood Organizing

Inputs	Activities	Outputs	Outcomes				
			Initial	Intermediate		Longer-term	
Agency has 2 community-building staff, meeting space, and board representing major constituencies of the community.	Agency staff and a team of board members hold community meetings to discuss proposed response to community-identified need of a safer neighborhood for children.	Residents attend meetings.  Action plans developed for 3 priorities: <ul style="list-style-type: none"> <li>■ clean play areas</li> <li>■ crime watch</li> <li>■ block parents</li> </ul>	Residents sign up to clean up vacant lots and build playgrounds.	Volunteers for each vacant lot meet and develop action plans.	Volunteers create clean, drug-free play areas.	Children play in clean, safe areas.	Residents feel neighborhood is safer place for children.
			Residents sign up as Crime Watch organizers for their block.	Residents attend "Block Parties" for Crime Watch training.	Residents follow Crime Watch guidelines.	Crime in participating blocks decreases.	
			Residents sign up to serve as Block Parents to provide emergency support for children on their block.	Block Parents are trained.  Parents and children know of program.	Children go to Block Parents in emergencies.	Fewer children are harmed by accidents or are victims of crime.	

**Discussion:** The initial outcomes of this program involve residents signing up. Why would this be an outcome? The target for this program is the neighborhood. By increasing citizen participation and voluntarism, the agency benefits the neighborhood. This is the first behavior the program must influence through its organizing program. Therefore, it is the initial outcome.





Family Service & Guidance Center

**TESTIMONY PRESENTED TO THE SENATE EDUCATION COMMITTEE**

Presented by: Brenda Mills, CEO, Family Service and Guidance Center, Topeka, KS.

Date: February 25, 2002

Mr. Chairman and members of the Committee, I am Brenda Mills, CEO of Family Service and Guidance Center (FSGC). I appear before you today to provide information about Operation Stop Violence, a program that is part of the School Violence Prevention Initiative. Operation Stop Violence is a collaborative program between USD 501 (Topeka Public Schools) and FSGC.

By way of background, FSGC is a nonprofit community mental health center that has been serving Topeka and Shawnee County for nearly 100 years. Today, FSGC provides a wide range of mental and behavioral health services to children, youth and families in Shawnee County. In fact, we are the only mental health agency in northeast Kansas that focuses its expertise and resources on the unique mental health needs of children and families.

The tragic April 1999 events at Columbine High School focused all our attention on the growing issue of school violence.

Locally, USD 501 had data indicating that in one school year, there were 283 incidents of arguing or fighting; 502 student-on-student violent acts; 24 violent acts committed by students toward staff; and 177 violent threats made by students.

Thanks to funding from the State of Kansas, in August of 1999, FSGC entered into a new collaborative relationship with USD 501. The collaboration's goal was to design and implement Operation Stop Violence in Topeka Public schools.

In the nearly two and one-half years of the program's existence, we have been very excited about the results. Highlighting those results...

In the 2000-2001 school year, 13 students participated in violence prevention services through FSGC.

Of those 13 children and youth, 4 made threats of violence at school between the time they were referred to FSGC and when they were first seen there for an intake appointment. Following the intake appointment, *only 2* children made threats between the time of their intake appointment and *the end of the school year*.

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*2-25-02*

*Attachment 6*

Special Services:  
2029 SW Western Ave.  
Topeka, KS 66604-3054  
(785) 232-4411  
FAX 232-4098

Outpatient Services & Administration:  
325 SW Frazier  
Topeka, KS 66606-1963  
(785) 232-5005  
FAX 232-0160

Community Based Services:  
2055 SW Clay St.  
Topeka, KS 66604-3090  
(785) 234-5663  
FAX 234-4853

Of the 13, 2 students committed a violent act between the time they were referred and the time they were first seen at FSGC. These violent acts involved physically harming another person at school. After the intake appointment was conducted, *none* of the 13 committed an act of violence through the end of the school year. *We are very happy with this 100 percent success rate* among students who participated in services.

Of the 13 children who participated in services, 10 showed improved behavior, including improved interaction with peers, family members and teachers, as measured by a standardized instrument.

Based on the program's positive results, USD 501 and FSGC were invited to present at the Koch Crime Commission's conference on school violence and terrorism as well as the annual conference of the Kansas Association of School Psychologists.

Operation Stop Violence staff have trained over 300 area teachers, school social workers and school psychologists in crisis protocol, risk assessment protocol, and even in identifying and understanding "leakage" – those instances when students share information that is indicative of an impending threat or act of violence.

Teachers report being more aware of personal safety and being better equipped to recognize the warning signs of violence. The results of an annual survey among USD 501 teachers indicate that, over the course of the past three years, teachers have felt increasingly safer at school each year. We believe that the training they have undergone as a part of Operation Stop Violence is a significant contributor to this positive outcome.

The program continues to be in high demand among school staff. At this time, Operation Stop Violence personnel are conducting 8 anger management groups in the schools; however, if funding would allow, they could easily be facilitating several more on-site groups, based on requests from school staff.

Principals call program staff regularly to consult about at-risk students.

Topeka's three other school districts – Shawnee Heights, Auburn-Washburn and Seaman – have contacted USD 501 and FSGC, asking if the program can be expanded into their districts.

Operation Stop Violence has become an important tool for local school staff in their efforts to keep schools and children safe from harm, as well as to help at-risk and violent children get the help they need. Unfortunately, without continued funding, this project can't continue to operate, even on the current modest scale on which it does.

FSGC is committed to helping our community's most vulnerable children and youth: those with behavioral problems and mental illness. Operation Stop Violence is a program designed to find children who are not only a potential risk to themselves but a potential risk to their peers and teachers as well.

I urge you to continue funding for programs such as Operation Stop Violence through the School Violence Prevention Initiative. Our children and our community need this program to help us provide a safe, violence-free school environment.

Thank you for the opportunity to educate you about this promising program and your worthwhile investment.

To: The Senate Education Committee  
From: Bob Clark, Topeka Public Schools  
Chris Moran, Family Service and Guidance  
Re: Safe and Caring Communities Grant Projects

The original purpose for our Stop Violence grant was to complement Topeka Public Schools' primary prevention responses with secondary and tertiary responses to students who had already communicated the threat of serious violence. As the FBI has stated in their publication The School Shooter: A Threat Assessment Perspective, "Once a threat is made, having a fair, rational, and standardized method of evaluating and responding to threats is critically important." This has been a driving influence in our efforts. It is believed we have during the first two years of this grant met this FBI recommendation. The statewide interest expressed in the model we developed, along with the Kansas City FBI office's review, further reinforces our contention that the grant has allowed us to establish such a response.

Another major component to our plan has been our collaboration with Family Service and Guidance along with the Children, Youth and Families Community Planning Team. These collaborations have introduced the more primary preventive nature to our current proposal.

Whereas intervening when a student makes a threat certainly has preventive components in that such intervention prevents the threat from escalating into an actual act of violence, our current proposal will emphasize more primary prevention provided through Family Service and Guidance. They have agreed to add more anger management training for students along with

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helping in our staff training to introduce preventative and de-escalating training to the current curriculum.

We will also be sharing the materials we purchased last year during the current year's training activities. A good example of this is the additional Second Step violence-prevention curriculum we purchased. "The Social Work Department has found the Second Step violence-prevention curriculum to be a useful tool when working with students in grades Pre-K through Middle School. The Social Work staff prefers the approach of Second Step, because it is aimed at improving social and emotional skills by helping students learn how to identify feelings, problem solve, and effectively utilize anger. The new kits will be distributed to and shared among the appropriate social work staff at various grade levels. We have found the curriculum to be most effective when working with groups of students, but social workers have used it in their work with individual students as well." Quote from Bonnie Robles, coordinator of the USD 501 School Social Work Department.

Our collaboration with the Children, Youth and Families Community Planning Team will continue to play a role in the Topeka community's efforts at primary violence prevention such as our involvement with Safe Streets and the KOCH Crime Institute.

Without the grant funding, Topeka Public Schools could not provide the mental health services needed for students at risk of acting on threats of violence.





## COMCARE

### COMPREHENSIVE COMMUNITY CARE OF SEDGWICK COUNTY OF SEDGWICK COUNTY

635 NORTH MAIN WICHITA, KANSAS 67203 TEL: (316) 383-8251 FAX: (316) 383-7925  
24-HOUR CRISIS SERVICE: (316) 263-3770

Deborah J Donaldson, LCP, MBA  
Executive Director

#### TESTIMONY PRESENTED TO THE SENATE EDUCATION COMMITTEE

Presented by: Marilyn Cook, Director of Clinical Operations  
COMCARE of Sedgwick County, Wichita

Date: February 25, 2002

Good afternoon. My name is Marilyn Cook and I am the Director of Clinical Operations for COMCARE of Sedgwick County. We are a large Community Mental Health Center in Wichita. I appreciate the opportunity to speak to you today about a project that was funded during the 1999 legislative session that followed on the heels of the tragedy in Columbine, Colorado. During that legislative session \$500,000 was allocated to various areas of the state for creative programs addressing school violence. Wichita received \$125,000 of the total money to initiate a program that we call Wrap Around Wichita. We are in the third year of the program and I am here to tell you how the money is being spent and a little about the outcomes we have achieved and to implore you to consider continuation of this funding.



Project Wrap Around Wichita's focus is to identify and help prevent violence in the elementary schools. The program is currently being offered in two elementary schools, Lincoln and Stanley. These are Title I designated schools based on the percentage of students in attendance receiving free and reduced lunches. The intent of the program was to identify and serve the 15 children at each school thought to be most at risk for potential violence. The identification process was an easy one for school personnel from the identified schools. But engaging the parents of the identified children was a challenge, particularly that first year. This is understandable. Any parent would be frightened at the prospect of school personnel having the belief that their child could potentially act out in a violent way.

The program consists of one master level social worker that meets with the children, school staff and parents. COMCARE has matched the money from the grant for the clinician by providing two case managers (one at each school) to connect children and their families to necessary community services and resources. We found during the first year that this worked best when the case managers were assigned to a specific school and became a part of the school based team. We also learned that with assigned case managers on site, rules and guidelines could be better established. Teachers in the school had better access to the case managers to have them work one-on-one with the identified children to help re-direct their behaviors through the behavior modification tools that were introduced to them through a curriculum called the Second Step program. This curriculum is a nationally validated curriculum used in violence prevention programs. It was designed to teach children how to develop decision-making skills that result in making appropriate choices regarding behaviors that contribute to violence. It also helps students develop appropriate social skills. The curriculum is aimed at reducing impulsive and aggressive behavior and focuses on three things: (1) anger management, (2) impulse control, and (3) empathy skills.

During the past three years, the clinician and case managers have become a part of the fabric of the schools they work in. The case managers are even included in the Vista program by providing special tutoring to the identified children. The clinician and case

managers also work to get to know the families of the children better. They are available for school conferences, they are there at the beginning and the end of the day to greet children and to connect with parents when they drop them off and pick them up from school. They can report immediately on behaviors and ask parents to join them in redirecting some the behaviors at home that evening as well. They also join with the students and their parents in after-school activities. We have found that parents are less threatened by mental health staff when they view them as part of the school environment.

We have successfully engaged parents who were often initially resistive to having their children receive services. They usually want the best for their children but are often hesitant or not available or able to seek services for their children outside of the school setting. All services except psychiatric care (primarily medication management) and in-home family therapy are provided at the schools.

You may be asking yourselves if serving 30 children and their families is the most effective use of these dollars. We believe that we are not only serving 30 children, but we are also impacting the mood and culture of the nearly 1000 students attending these two schools and influencing behaviors in each of the families of these children as well. In addition, we continued our contact with the children in the project over the summer and followed the students in the project that moved to other schools in Wichita during the school year.

We use an outcome measurement (the 2<sup>nd</sup> Step Behavioral Rating Scale) that is implemented three times during the school year by teachers, with a base line taken at the beginning of the year that ranks behaviors and monitors behavioral progress throughout the year. The data identifies whether or not the curriculum and services provided have improved behavior with the identified population. The rating sheets are done on all children in the school so that we can compare the behavior of the identified children to the class mean.

We have seen improvement in impulsivity and physical aggression of the identified children. There has also been a reduction in bullying, hitting others and threatening

others. Also significant are an increase in the showing of concern for others and an increase in the ability to verbalize needs and wants appropriately. We have been working very closely with two evaluators from the Wichita Public School system to collect, monitor and interpret the data.

Susan Hussy, Principal of Lincoln Elementary School, recently observed and commented that she has noticed a difference having full time mental health staff available to “see, hear and feel what the children are doing throughout their school day”. She also commented that mental health staff are available to many parents immediately without going through the difficulty of setting up appointments. However, her most significant comment was that this project has assisted in keeping 14 children enrolled at her school and out of a special day school placement.

Anita Allard, principal at Stanley Elementary, is also pleased with the program. She indicated recently that as a result of the program, children are able to remain in the neighborhood school rather than having to be managed in a more expensive and more restrictive special day school. Suspensions were down 50% at Stanley, there were fewer threats, less bullying, fewer problems on the playground and buses and increased empathy and understanding. She is pleased to have data to back up her observations.

We are also pleased with the outcomes and continue to work to make even more significant improvements. Without continued funding for this program, we would have to terminate the program at the end of this school year. We have come a long way with these children and in understanding how to affect violent behaviors. We have demonstrated success.

Thank you for the your time and for the wisdom you used in initially funding this initiative throughout the state of Kansas. Please consider continuation of this funding. It is a small price to pay to help avoid situations where acts of school violence have taken lives and shaken communities and families.

# Senate Education Committee

## February 25, 2002

**Safe and Caring Communities Grant**  
**Diane Z. Drake, M.N., A.R.N.P.**  
**Executive Director**  
**Franklin County Mental Health Clinic, Inc.**  
**Ottawa, Kansas**

Thank you Chairman, Dwayne Umbarger; Vice Chairman, John Vratil; and, Respected Committee Members for the opportunity to testify today on behalf of an effort, which has demonstrated successful collaboration between Franklin County Mental Health Clinic and Ottawa Middle School of USD 290.

A major component of this project has focused directly on violence prevention in school. The Emotional Skill building Class (ESBC) is a non-traditional mental health program focusing on issues such as: frustration within relationships, how anger builds up, ways of handling feelings and life choices. Different methods of teaching including the use of therapeutic games, movies, role playing, and journalizing. Anger management workbooks are also offered. Voluntary referrals to the six-week elective course come from students and parents, school counselors and teachers. Examples of the kids include those having difficulty transitioning after moving to a new town, those troubled by a significant loss of a loved one, youth socially isolating themselves due to depression as well as those acting out due to trouble in their living environments. Mandated referrals from the Principal, Dale Fox, include those students who have just served an in or out of school suspension for fighting.

This year already, 34 students have completed the Emotional Skill Building Class. These classes are held during a six-week elective block for grades six, seven and eight. Several children have requested an additional six-week elective block to increase competencies in these important life skills. In addition, during the summer the course was modified and taught to 33 youth with serious emotional disturbance in the clinic's summer program.

This project acknowledges that while traditional approaches such as detention and suspension are effective in terms of immediate management of disruption in a class, these consequences are but limited in effectiveness outside of that particular episode. This class, however, helps the disruptive student learn how to manage behaviors in a less disruptive fashion.

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*Attachment 9*

Outcome evaluation includes the use of a reliable and valid instrument known as the PVCom. Aggregate data for pre-class and post-class functioning has been summarized for change via t-test analysis. The data demonstrated statistically significant change in the way youth and parents rate their children in the following issues: self-esteem, quality of relationships, role functioning, coping skills, quality of life, and general level of functioning. In addition, the school has documented improvement in the number of suspensions on the QPA annual report on suspensions. Examples have been included as attachments.

A second component of the project is the PALs class, which stands for the Peer Assistance Leadership. Eighth graders enroll for this year long course, blending all levels of students i.e., both high and low achievers. These students are taught how to mentor and tutor elementary or special need students. In the long run, kids learn the diverse needs of others and how to have effective communication and interpersonal skills. Sixteen (16) eighth graders will complete the PALs course.

The ESBC Coordinator has also been instrumental in arranging for mental health therapists to come into Ottawa Middle School to provide in-services to students and staff. This year 193 students attended a sexual harassment seminar. Evaluations demonstrated that over 75% of the students had no knowledge of a legal definition of consent, appropriate boundaries and what the potential consequences of unlawful conduct. In addition, the ESBC Coordinator is setting up an alcohol and drug abuse seminar for over 600 students during Drug Awareness week.

The final component of our Safe and Caring Communities grant is far reaching in the area of prevention. Mental health center staff provide Love and Logic courses at the middle school. Each course is 12 hours split over four weeks. Love and Logic was designed by a child psychiatrist, Foster Cline, M.D., and educator and principal, Jim Fay. These parenting techniques reflect on a parent using both Love and Logic as follows:

Love means giving a child opportunities to be responsible and empowering them to make their own decisions.

Logic means allowing them to live with natural consequences of their own mistakes and showing empathy for the pain, disappointment and frustration they will experience.

The staff has recruited many parents to join this course through Kindergarten and elementary school enrollments; and outreach flyers have also been sent to area preschools. On average, 16 to 20 parents have completed each four-week course, which will be offered on six occasions during the school year. Pre and post test results indicate 85 to 95% mastery of the principles taught.

In summary, this collaborative project has capitalized on opportunities to provide prevention and early intervention for kids from preschool to middle school through the varied components of this project.

# Quality Performance Accreditation Annual Report

For

## Ottawa Middle School

Bldg# 2650

USD# D0290

### \*NUMBER of Out-of-School SUSPENSIONS (DUPLICATED)

Grade	Total	Total		White		Black		Hispanic		Am.Ind./Alsk.Nat.		As./Pac. Islander		Free and Reduced		Num. of Spec. Ed.		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Grade 6	7	6	1	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Grade 7	14	10	4	7	3	3	0	0	1	0	0	0	0	0	0	0	0	0
Grade 8	17	10	7	7	4	2	2	1	1	0	0	0	0	0	0	0	0	0
Bldg. Total	38	26	12	20	8	5	2	1	2	0	0	0	0	0	0	0	0	0

### \*NUMBER of STUDENTS Receiving Out-of-School Suspensions (UNDUPLICATED)

Grade	Total	Total		White		Black		Hispanic		Am.Ind./Alsk.Nat.		As./Pac. Islander		Free and Reduced		Num. of Spec. Ed.		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Grade 6	3	2	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Grade 7	7	5	2	4	1	1	0	0	1	0	0	0	0	0	0	0	0	0
Grade 8	12	7	5	4	2	2	2	1	1	0	0	0	0	0	0	0	0	0
Bldg. Total	22	14	8	10	4	3	2	1	2	0	0	0	0	0	0	0	0	0



# Quality Performance Accreditation Annual Report

For

**Ottawa Middle School**

Bldg# 2650

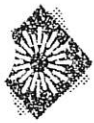
USD# D0290

### \*NUMBER of Out-of-School SUSPENSIONS (DUPLICATED)

Grade	Total	Total		White		Black		Hispanic		Am.Ind./Alsk.Nat.		As./Pac. Islander		Free and Reduced		Number of Spec. Ed.	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Grade 6	6	6	0	5	0	1	0	0	0	0	0	0	0	2	0	3	0
Grade 7	11	8	3	7	3	1	0	0	0	0	0	0	0	3	1	1	0
Grade 8	14	10	4	8	2	0	2	2	0	0	0	0	0	4	1	5	2
<b>Bldg. Total</b>	<b>31</b>	<b>24</b>	<b>7</b>	<b>20</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>9</b>	<b>2</b>

### \*NUMBER of STUDENTS Receiving Out-of-School Suspensions (UNDUPLICATED)

Grade	Total	Total		White		Black		Hispanic		Am.Ind./Alsk.Nat.		As./Pac. Islander		Free and Reduced		Number of Spec. Ed.	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Grade 6	3	3	0	2	0	1	0	0	0	0	0	0	0	2	0	1	0
Grade 7	6	3	3	2	3	1	0	0	0	0	0	0	0	2	1	1	0
Grade 8	11	7	4	5	2	0	2	2	0	0	0	0	0	2	1	1	2
<b>Bldg. Total</b>	<b>20</b>	<b>13</b>	<b>7</b>	<b>9</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>3</b>	<b>2</b>



# Perceived Competence of Functioning Inventory

Status 1    Status 2  
 SEBD     IEPBD  
 SELD     IEPLD  
 IEPOTH

For office use only.

Name \_\_\_\_\_

Grade

Gender

Male     Female

Date of Birth

/   /

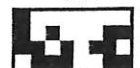
Date:   /   /

Please rate your **PRESENT** ability to function in the areas described below. Darken the circle that best describes you at the present time. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth.

Shade circles like this:    
 Not like this:

## Your Ability To:

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
1. be assertive.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. have realistic expectations about yourself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. get to work/school on time.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. enjoy leisure activities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. work toward personal goals.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. handle criticism.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. believe in yourself to do things well.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. feel satisfied at the end of the day for what you have done.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. perform activities of daily living.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. feel secure with others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. have satisfying relationships with family.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. feel good about yourself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. perform work/school tasks as expected by others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. experience satisfaction with your personal life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. manage feelings of anxiety and depression.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. experience life as meaningful.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. say what you really think and feel.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. cope with problems without using alcohol/drugs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. attend work/school regularly.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. think positive thoughts.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. trust others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. experience satisfaction with your work/school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. control anger.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. accept yourself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. feel close to others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





# PERCEIVED COMPETENCE OF CHILDREN'S FUNCTIONING INVENTORY

Parent/Guardian: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Gender:  Male  Female

Child's Date of Birth: [ ][ ] / [ ][ ] / [ ][ ][ ][ ] Date: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Status 1  SEBD  SELD  IEPBBL  IEPLD  IEPOTH  
 Status 2  SEBD  SELD  IEPBBL  IEPLD  IEPOTH  
 Relation:   For office use only.

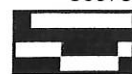
Grade: [ ][ ]

Below is a list of abilities that describe children. Rate your child's ability by filling in the appropriate circle. Rate your child according to what would typically be expected of his/her age. For example, younger children would show less self-control than older children. If a young child shows very good self-control compared to other children his/her age, then a Very Good rating could be given.

**Rate your child's ability to:**

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
1. understand feelings.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. respond flexibly to situations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. feel that he/she is capable.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. set goals.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. feel loved.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. listen.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. stop and think before responding.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. see that his/her behavior affects how he/she is treated.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. see mistakes as opportunities to learn.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. accept responsibility for behavior.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. show feelings of competence.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. anticipate consequences of behavior.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. stick with difficult tasks.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. recognize choices in responding to feelings.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. feel needed.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. experience feeling of mastery.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. use good judgment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. see the relationship between effort expended and rewards received.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. understand others' needs and feelings.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. understand the difference between right and wrong.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. respect others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. experience self-esteem.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. express feelings appropriately.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. make plans.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. understand cause and effect relationships.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. display self-control.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. cooperate with others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. feel that he/she contributes to family life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. experience satisfaction from within about accomplishments.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. feel that he/she belongs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. adapt appropriately to change.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. believe that he/she can solve problems.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. make decisions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. feel important.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. trust others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30975



# Can You Parent Without Breaking a Sweat?

We Can Help Show You How

Franklin County Mental Health Clinic's

*2002 Winter Workshops Series*

Presents

## Becoming A Love and Logic Parent

Developed by the Cline-Fay Institute

Sign up for one of the following three workshops:  
(To be held at the Ottawa Middle School from 6:30pm to 9:00pm)

**Workshop #1** begins Thursday, January 10<sup>th</sup> and runs on consecutive Thursdays until January 31<sup>st</sup>.

**Workshop #2** begins Thursday, February 7<sup>th</sup> and runs on consecutive Thursdays until February 28<sup>th</sup>.

**Workshop #3** begins Thursday, March 7<sup>th</sup> and runs on consecutive Thursdays until March 28<sup>th</sup>.

Cost is \$35.00 per couple\* which includes a parent workbook and handouts. Please call (785)-242-3780 to register.

This Powerful Workshop will:

- \*teach practical techniques that you can immediately use
- \*help you build stronger relationships with your kids
- \*put more fun into parenting
- \*at times, leave your kids speechless

*Facilitator: Kurtis Marozas is a Certified Instructor trained by Cline/Fay Institute and a master's level therapist at FCMHC. He is married and has one son, age 4, and one daughter, age 2. He has been at FCMHC since 1992. He will share many funny stories related to parenting his children with Love and Logic.*

*Facilitator: Karen Amesman is a Certified Instructor trained by the Cline/Fay Institute and a master's level therapist at FCMHC. She has two daughters, ages 19 and 17 and offers a unique and humorous perspective on parenting teens with Love and Logic. Karen has been a social worker for 24 years and at FCMHC since 1999.*

\*a couple is two people so split the cost with anyone you'd like! (share one workbook)

## School Violence Prevention Grants Wraparound Kansas

### Evaluation Report 2000-2001

The school violence prevention grants were targeted to address violence by providing children with mental health support and services in the school setting through collaborative partnerships among schools, mental health centers, and local coordinating councils. Families were seen as equal partners within each of these three entities. Funds were allocated for the 1999-2000 school year, the 2000-01 school year and continued for the 2001-02 school year. The original eight communities awarded grants in the first year have been awarded continuation grants each year.

The purpose of these grants was to champion the connection of the Kansas State Board of Education's needed community resources with schools to help young people successfully learn, stay in school, and prepare for life. This purpose was consistent with the State Board's strategic directions and the Governor's Commission on Children and Families outcomes addressing the overarching statewide vision, "to insure the well-being of Kansas children and families, we must target up front early childhood programs". It also fit with the mission of the 30 Kansas Community Mental Health Centers (to wrap services around children with special needs so that they can be successful in their own homes, schools, and communities).

Each of the eight grants took various approaches to address local needs, which were determined collaboratively by the schools and mental health centers. Three of the grantees were focused on prevention alone, two were prevention and support, one was prevention and intensive services, one was intensive only, and one was a planning grant. Each identified local benchmarks or objectives.

Applicants were required to include an evaluation component for their projects. They were asked to develop adequate, multiple measures tied to system capacity and child risk factors of violence or prevention of violence in schools. Two measures were to be described:

- (1) Local measures are those that directly determine or describe how the proposed program is successful in preventing violence in schools and are related to the individuality of the community and the proposed project. Local process measures include recognized tools, checklists or surveys that address at least some of the following important outcomes:
  - (a) appropriate, adequate supports and services for children, adolescents, families, or teachers;
  - (b) measures of family involvement, and
  - (c) procedures (documentation) of collaboration, integrated service delivery and planning, non-traditional mental health services, and building local capacity to implement the proposed activities.

*Senate Education*  
*2-25-02*  
*Attachment 10*

- (2) Grant measures are those that should be collected and reported for all funded programs. They include existing data elements that directly relate to school violence or risk factors currently collected by schools as part of their yearly accountability reports and accreditation requirements or by local mental health centers, such as child status indicators, Child Behavior Checklist scores, or other relevant mental health programmatic data.

Grant evaluations utilized a variety of data to assess the results of the activities and intervention strategies. Many used the "Communities That Care" survey; others used School Climate survey's, risk survey's for families and students. Feedback from parents, teachers and students participating in training activities measured the benefits of the training and implementation of the skills learned. Quantitative data reported to KSDE, mental health centers and collected locally provided outcome measures.

The data collected generally indicated positive results for those students and families who were served through the grants. There were decreases in acts of violence and suspensions. Teachers, parents and students felt safer at school. More student problems were being dealt with at the building level resulting in students staying in school and continuing with their learning. Teachers felt more supported by building level intervention teams that utilized a problem-solving process to address student issues. Mental health professionals and school personnel were collaborating to support students and families and to keep students functioning appropriately in the school environment. Several grants indicated that a fewer number of students and families participated than was expected and they would plan to expand the services to include more in the future.

It generally appears that the most successful strategies were those addressing prevention and early intervention such as curriculums teaching pro-social behaviors, crisis intervention, peer mentoring, peer mediation and collaborative teaching. Successes were also realized when grants utilized and build on existing systems and programs in the school and community, such as Safe and Drug Free Schools, Student Improvement Teams, mental health programs and juvenile justice and court systems. When interventions were available at times of crisis it was more difficult to get families and students to participate. At times of crisis more personal, intensive services are required. The evaluations concluded that change in student's behaviors and attitudes take time and should start early and continue through the educational system.

Common strategies used by the grants to meet their goals included:

- Collaboration with mental health programs to provide on-site services, participation in Student Improvement Teams, development and delivery of staff, student and parent training as well as early intervention and prevention activities provided for students, staff, families and communities.
- Provision of parent and staff development for learning skills in dealing with violent behaviors and to provide prevention skills to students at home and in the



classroom. The use of violence prevention curriculums such as: Second Step, Kansas Bullying Program, Love and Logic.

- Including students in the process, through activities such as peer mentoring, peer mediation, and community service.
- The use of building-level, early intervention, Student Improvement Teams to address student issues through a problem-solving process to bring supports to students and families.
- Collaboration with existing programs in the schools and communities such as Safe and Drug Free Schools, Character Education, Alternative Schools, Juvenile Justice and court services.

Some of the limitations identified by the grants in implementing the activities included:

- An extensive amount of time is necessary to develop collaborative relationships between schools, mental health centers and other community agencies. Due to the year to year uncertainty of the continuation of the grants, it was difficult to sustain the efforts and to build on them.
- Several initiatives to involve parents were unsuccessful. A redirection of these efforts were tried including beginning the involvement strategies earlier, such as in early primary grades or before students were at the crisis point. Secondly, making personal contacts through home visits and phone calls was more effective than just an open invitation to participate.

**The follow is a summary of the findings from each of the grants after the second year of operation, 2000-2001.**

**Fort Hays Educational Development Center--HAP Youth Empowerment Program** (9 USD's) Elementary and Jr. High Community approach in providing prevention, recognition training and character education programs. Collaboration with Mental Health Center, Safe and Drug Free Schools, Ellis Co. Community Partnerships, Alternative and Fort Hays State University. Goals are to reduce the number of youth involved in at-risk behaviors; establish community involvement in the HAP Youth Empowerment Program; and provide training to school personnel, parents, and community members on the recognition and prevention of as-risk behaviors.

- Student pre and post self-evaluation conducted after mentor training and three-day empowerment program showed a greater degree of thought and internal thinking, such as, "I learned how to listen to other people's ideas," "I can trust my group," and "I learned I can make the right decision."

- Teacher focus groups reported positive results in the classroom, such as, increase in sensitivity and respect toward fellow students and teachers and increased leadership skills in the class and school activities.
- School data reported an increase in attendance rates.
- “Communities that Care” survey indicated a reduction in number of students, who, at least once, had smoked cigarettes, used smokeless tobacco, drank alcohol or used marijuana.
- The age of initial use of alcohol and cigarettes increased by 1.3 years and 1.7 years respectively.
- Numbers of student trying alcohol decreased from 63.8% to 55.1%.
- Alcohol consumption decreased from 76.2% to 70.2%.
- Use of marijuana decreased from 33.2% to 23.8%.

### **Ottawa Middle School--Emotional Skill Building**

The Peer Assistance Leadership/Emotional Skill Building class (PAL/ESBC) is a non-traditional mental health program to be offered at the middle school collaboratively by the school and Franklin County Mental Health staff. Referrals may be voluntary or made by principal, staff or parent to the six-week elective course. Another component of the project is to increase parent collaboration and empowerment through outreach from a Parent Support Worker as well as “Love and Logic” classes provided for parents in the fall and spring at all of the elementary schools.

- An in-service provided for teachers on "School Discipline and Reaching the Apathetic Youth" was rated extremely useful by 92% of attendees.
- The “Kansas Bullying Program” was rated highly by 73% of staff.
- Data indicated a reduction in out-of-school suspensions and repeat offenders.
- During 2000-2001, a minimum of 2048 hours of community service was performed.
- The "Communities that Care" survey, "Americorp" survey and "Youth Risk Survey" were all being implemented to monitor changes in behavior.
- The JJA's immediate intervention program ensures that students arrested are returned to school the next day, may deter fighting and out-of-school suspensions.

### **Kansas City Kansas Public Schools--Student Improvement Teams - Catalyst for Change**

The over all goal is to develop and strengthen the implementation of the Student Improvement Team (SIT) process to ensure equity to both the social and academic development of students to make them productive, lifelong learners. Each building team is required to include Wyandot Mental Health Center in the overall process to ensure the success and well being of students and families. Staff from the mental health center participate in building SIT meetings and provide some services at the school site. The Student Improvement Teams used a problem-solving process, which includes clearly identifying the target issue, identifying intervention strategies, develop a plan for implementation and data collection, and assess the impact of the intervention.

- Referrals may be made from the SIT to other services such as a 504 plan, special education evaluation, counseling or any number of community services.

- Some of the most frequent intervention strategies used include: behavior contract, curriculum adjustments, reward system, school counselor, conflict management, parent conference, peer mediation, adult and peer mentors, and after school programs.
- Data indicate that approximately 12-13% of the student population is referred to the SIT process. About 50% of referrals are for academic concerns, 40% for behavior/social and 10% other.
- Approximately 5% of the students were found eligible for special education and about 2% resulted in the development of a 504 Plan. This is a decrease from previous year and indicates that general education and community interventions are successful with the need of special education.
- School suspensions were down by 30% of the students involved in the SIT process.

### **East Central Kansas Cooperative in Education - Working to Recognize Alternative Possibilities (WRAP)**

WRAP is a delinquency, school drop out, and violence prevention program created through the combined efforts of the Bert Nash Community Mental Health Center and the East Kansas Cooperative for Special Education and the Baldwin-Eudora School District. WRAP provides an educational-mental health linkage in the public schools by placing mental health counselors on-site in the schools where they provide screening, counseling, consultation with school staff and parents, referrals for services, and other treatment and prevention activities.

- Served 179 students
- Primary reason for referral--risk of dropping out, attendance and discipline. Problems included mental health (i.e., depression), education (failing classes), and family problems (conflicts over rules). Attendance was primary issue in high school.
- Primary interventions provided were consultation with staff and parents, brief student check-ups and individual counseling.
- Data indicated that of the students served by WRAP 75% had perfect or improved attendance at the high school and 99% at the junior high. Of the 173 students referred for disciplinary issues, 157 had zero or improved, with only 16 who increased discipline problems.

### **Garden City Public Schools--Positive Impact**

Created a coordinated school-based behavioral assessment, intervention and referral program. Purpose is to create a support base for behavior change, to reduce risk factors, to promote a safe, disciplined school where students can successfully meet academic standards and enhance physical / social well-being. Mental health provides two staff that participate on Positive Impact Teams and provides mental health services to students in schools.

- Results of the "Communities That Care" survey indicate little change in the use of drugs and alcohol, but a slight decrease in anti-social behavior, except for suspensions.
- Results of a parent survey indicated an increase in the number of parents that believe the school provides a safe environment from 95% in 2000, to 98% in 2001.
- Results of a student survey to the question "Do you feel safe at school?" were as follows: 2000-Elementary, yes 95%, no 5%; Middle-yes 87%, no 13%; High-yes

83%, no 17%. 2001-Elementary, yes 94%, no 6%; Middle, yes 82%, no 18%; High-yes 84%, no 16%.

- A survey of teachers indicated that 96% thought that the Positive Impact Teams had provided a needed service to the district.

### **Northeast Kansas Education Service Center--Safe and Caring Communities Project**

Established a collaborative program with NEKESC, NEK Community Mental Health Association, Jefferson County Coordinating Council, law enforcement, Juvenile Justice and court services. Purpose of the project was to develop and refine the interagency responsiveness to the needs of families with violent or potentially violent children.

- Over 300 parents participated in three evenings or Saturday trainings in "Love and Logic". 78% of the parents reported implementing the strategies and 60% said it was "working very well."
- Over 70 elementary teachers participated in the "Love and Logic" training as well.
- The "Risk Assessment Worksheet for Violent Juvenile Behavior" was developed and is now available on-line at NEKESC website. This assessment is used for determining the level of risk involved in various situations.
- Interagency participation increased significantly through exchanges of in-service for staff, participation in building level problem-solving teams, providing counseling and therapy services at the schools.
- Data indicated decreases in student violence, school hot line calls were down and school suspensions decreased by 50%

### **Wichita Public Schools--Wraparound Wichita Kids**

The project was designed to explore more effective ways to coordinate services among staff at three elementary schools and representatives of the Family and Children's Community Service at COMCARE of Sedgwick County. The ultimate goal of the project was to more effectively coordinate services between school and mental health systems, thus providing a more comprehensive approach to meeting the needs of children and family. Two main strategies were developing models for violence prevention and for violence intervention. "Second Step" is a research-proven, school-based social skills curriculum designed to teach children how to develop decision-making skills that result in making appropriate choices regarding behaviors that contribute to violence. This curriculum was implemented with teachers and students.

- The results of using the curriculum indicated that students were gaining knowledge about violence prevention strategies and attitudes toward working together to solve problems improved.
- COMCARE presented parenting classes at all three schools. Parents received a school-wide invitation and targeted families received a special letter and a phone call. Few parents attended and the sessions were cancelled due to lack of participation. It proved difficult to get families involved in COMCARE services, many refused the services.
- It was recommended that the district and COMCARE develop a model for the coordination and implementation of the service delivery system.

### **Topeka Public Schools--Operation Stop Violence**



The Topeka Public Schools in collaboration with Family Service and Guidance and the Shawnee County Children, Youth and Families Community Planning Team have developed an at risk assessment and service delivery system. Through the grant they were to train staff to recognize potentially violent situations; identify and assess potentially violent students; and provide services to these students. Students are also referred to School Resource Team/Site Support Teams. Students who were referred for the risk assessment totaled 50. Only 44 of those were completed. Twenty-two were referred to Family Service and Guidance Center. Students and families received a variety of services with mixed results.

- Some of the problems identified in so few students being referred included: Student was suspended instead of referred; other priorities of school personnel; only two students from the high school were referred; transfer of schools; and referral to court services.
- Initially, a high percentage of the students and their families refused services or failed to keep appointments. After Family Service and Guidance Center staff agreed to go to the homes of the students in an effort to gain their support for their student participation in the program, the problem decreased immensely.
- Student who participated in the services had fewer suspensions and acts of violence.
- In 1994, the Superintendent's Advisory Committee on Safety and Security conducted a survey of faculty and staff. Questions asked about how safe the school environment was. This same survey was administered in 2000 to assess change over the last six years. Responses to the question, "How safe do you feel while at school?" in 1994 were: "very safe" 26.5%, "safe" 67.9%, and "not safe" 5.7%. In 2000, respondents indicated "very safe" 43.4%, "safe" 54.3%, and "not safe" 2.3%.
- The question responses to, "Do you feel you have adequate training to deal with violence at school?" were less positive. In 1994, 74.1% of the responses and in 2000, 64% of the responses did not believe they had adequate training to deal with violence.
- Generally, the survey results were positive and had improved over the years.