

Creating Safe, Healthy, and Supportive Learning Environments to Increase the Success of all Students

The Final Report of the
Massachusetts Behavioral Health
and Public Schools Task Force

AUGUST 2011

In calling upon schools to address behavioral health as a barrier to learning, the Task Force understands that we must not impose additional burdens on school staff or merely push problems further onto the shoulders of teachers. Rather, the goal is to assist schools to create supportive problem-solving systems, and to organize the statewide infrastructure in a deliberate and transparent way so as to enable the district, community, region, and state to support schools in helping students succeed. As a whole, these recommendations represent concrete action steps to build the essential state infrastructure to create safe, healthy, and supportive learning environments to increase the success of *all* students.



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Mitchell D. Chester, Ed.D.
Commissioner

August 1, 2011

Dear Members of the General Court:

I am pleased to submit this *Final Report of the Task Force on Behavioral Health and the Public Schools* pursuant to Section 19 of Chapter 321 of the Acts of 2008 (the Act), subsection (a) that reads in part:

There shall be a task force on behavioral health and public schools... to build a framework to promote collaborative services and supportive school environments for children, to develop and pilot an assessment tool based on the framework to measure schools' capacity to address children's behavioral health needs, to make recommendations for using the tool to carry out a statewide assessment of schools' capacity, and to make recommendations for improving the capacity of schools to implement the framework...

Over the past two and one-half years, the *Task Force on Behavioral Health and the Public Schools* (Task Force) designed and revised a Framework to increase the capacity of schools to collaborate with behavioral health providers as well as provide supportive school environments that improve educational outcomes for children with behavioral health needs. The Framework addresses areas such as leadership; professional development for school personnel and behavioral health providers; clinically, linguistically, and culturally appropriate behavioral health services; and policies and protocols for referrals. In addition to the Framework, the Task Force created an Assessment Tool to measure schools' capacities in these areas.

This Final Report is the result of 15 meetings of the Task Force held between December 2008 and June 2011. The Report reflects the collective wisdom of the Task Force members, a review of promising practices and solutions from innovative initiatives in Massachusetts and across the country, and the information gathered through schools' use of the Assessment Tool.

Pursuant to the Act's direction the Report is being submitted to the Governor, the Child Advocate, and the General Court. Copies are being filed with the Clerks of the Senate and the House of Representatives; the Joint Committee on Mental Health and Substance Abuse; the Joint Committee on Children, Families, and Persons with Disabilities; and the Joint Committee on Education.

I support the vast majority of recommendations for statewide use of the Framework contained in the Report. However, I have reservations about some recommendations based upon my judgment that they add more burden than benefit for our districts and schools. A description of my reservations is provided in the beginning of the recommendations section.

I wish to acknowledge all Task Force members and others for their significant dedication and contributions. I also thank the school and district personnel who participated in the pilot and statewide assessment. I reiterate my support for this work and believe that in general these recommendations can move this important work forward in a productive manner to help students in the Commonwealth's schools be successful.

Associate Commissioner John L.G. Bynoe III, Department staff, and Task Force members are available to respond to questions pertaining to details of this Report.

Sincerely,

Mitchell D. Chester, Ed.D.
Commissioner of Elementary and Secondary Education

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The Complete Final Report Documents Include:

- Executive Summary of the Final Report of the Massachusetts Behavioral Health and Public Schools (BHPS) Task Force
- Final Report of the Massachusetts BHPS Task Force
- Appendix A: The BHPS Framework
- Appendix B: The BHPS Assessment Tool
- Appendix C:
 1. Participating sites in the pilot and statewide assessments
 2. Task Force members and participating guests
 3. Statewide assessment methodology
 4. Bibliography

Creating safe, healthy, and supportive school environments with collaborative services is a necessary foundation for improving education outcomes for all students, especially those with behavioral health challenges. Section 19 of [Chapter 321](#) of the Massachusetts Acts of 2008, an *Act Relative to Children's Mental Health* (the Act), required the creation of a Task Force on Behavioral Health and Public Schools (Task Force). This Task Force is chaired by Commissioner Mitchell D. Chester of the Department of Elementary and Secondary Education (ESE) and includes parents and professionals representing a variety of state agencies, organizations, and disciplines, as outlined in the legislation (see Appendix C2 for a complete list of Task Force members and participating guests). This report, *Creating Safe, Healthy, and Supportive Learning Environments to Increase the Success of All Students*, is the result of the work of the Task Force.

The Issue Addressed by the Task Force

Behavioral health refers to the social, emotional, mental, and behavioral well-being of *all* students. Behavioral health concerns both the reduction of problem behaviors and emotional difficulties, as well as the optimization of positive and productive functioning. Too many students with behavioral health challenges are doing poorly in school. Some are failing tests, missing classes, and dropping out. Others are suspended or expelled in record numbers. Behavioral health challenges occur among students who are both targets of bullying and those who are the aggressors of bullying. Research tells us that behavioral health is intricately connected to academic and social success at school. Yet, students with these challenges are often misunderstood and not provided the welcoming environment and supportive services that all students need to be successful.

Improving educational outcomes for students with behavioral health challenges requires that schools – the place where children and youth spend most of their waking hours – become environments that provide support at three levels of care and instruction (promotion, prevention, and intervention). More specifically, these levels: 1) foster the emotional wellbeing of *all* students through school-wide approaches to support positive behavioral health, 2) provide supports to intervene early to minimize escalation of identified behavioral health symptoms through targeted collaborative supports, and 3) provide and participate in coordinated care for the small numbers of students demonstrating considerable needs. These three levels should not be treated as silos; activities to address each level must take place throughout the whole school, in classrooms, in small groups, and with individual students and their families.

The Commonwealth currently does not have a complete, coordinated statewide infrastructure to create supportive school environments and collaborative services that can enable schools to work consistently at each of these levels. Currently there is no robust system in place that supports educators, behavioral health providers, families, and other caregivers to collaborate on shared goals for students' success in school.

The Creation of the Framework

The Massachusetts Legislature included Section 19 in the *Act Relative to Children's Mental Health* to create an infrastructure across the Commonwealth to assist schools to create "safe, supportive, environments" and to increase support for students, particularly students with behavioral health challenges through "collaborative services." The law required the Task Force to develop an organizational structure or framework that can enable schools and districts – together with parents, local community organizations, and chosen providers – to create supportive school environments. In response to this charge, the Task Force created the Behavioral Health and Public Schools Framework (Framework) divided into the following six sections that are critical to making necessary organizational changes to support all students. The Framework includes providing support at three levels of care and instruction through tailored local solutions. As described above in more detail, the three levels relate to promotion, prevention, and intervention. (See Appendix A for the Framework.)

I) Leadership by school and district administrators to create supportive school environments and promote collaborative services.

II) Professional development for school administrators, educators, and behavioral health providers on topic areas needed to enhance schools' capacity to create supportive school environments and collaborative services.

III) Access to resources and services through the identification, coordination, and creation of school and community-based behavioral health services that improve the school-wide environment.

IV) Academic and non-academic strategies that are effective inside and outside the classroom to ensure the success of all students.

V) Policies and protocols that effectively support a clear organizational structure at school to support positive behavioral health strategies.

VI) Collaboration with families that includes regular communication with,

and active involvement of, families to improve support for students.¹ The Act also required the Task Force to develop, pilot, and conduct a statewide assessment based on the Framework in order to “measure schools’ capacity to address children’s behavioral health needs.”

Finally, the Act required the Task Force to make recommendations to the Governor, the Legislature, and the Office of the Child Advocate for the statewide use of the Framework. Statewide utilization of the Framework will allow Massachusetts to ensure more effectively that supports from the state agencies and community organizations align with the environments being created inside schools.

Statewide Findings from Schools’ Use of the Assessment Tool

The Task Force designed the Assessment Tool to measure schools’ self-reported capacity to implement the Framework to promote students’ behavioral health. Data were gathered from a total of 39 elementary, middle, and high schools from across the state. Seventeen (17) schools piloted the Assessment Tool in fall 2009, and 22 schools participated in the statewide assessment in fall 2010.

The summary of findings below presents highlights of those areas schools identified as needing additional action at the school level, as well as areas where additional guidance and support might be needed for implementation of the Framework. These findings form the basis for the Task Force recommendations made in this report, which articulate the supports required to increase schools’ capacity to implement the Framework statewide.

In the **Leadership** section, schools identified the need for:

- School leaders to develop professional development plans that increase the skills of staff in promoting behavioral health
- School leaders to develop behavioral health policies and protocols to support students with behavioral health needs
- Effective leadership in the development of a strategic plan as well as vision and mission statements to guide practice
- The development of a district-wide action plan to address supportive school environments and intensive services
- Data systems to monitor and track the behavioral health outcomes of the students

In the **Professional Development** section, schools identified the need for:

- Professional development strategies for addressing students’ behavioral health needs

¹ Section VI in the Framework – Collaboration with Families – was not mandated as a section in the Act. It was added by Task Force members to highlight the importance of school-family partnerships for addressing the needs of students with behavioral health concerns.

- Additional training on crisis management
- Training on state and district policies
- The creation of professional development committees
- Focused trainings on diversity and cultural sensitivity
- Guidance on building skills to help students develop safe, caring relationships with adults and peers
- Guidance on developing relationship between school staff and families

In the **Access to Resources and Services** section, schools identified the need for:

- Guidance, and increased action, on “mapping of services and resources” to identify strengths and gaps in the school and community-based behavioral health services
- More resources for school staff, including after-school programming, community-based services, and culturally sensitive resources

In the **Academic and Non-Academic Supports** section, schools identified the need for:

- Strategies to monitor continuously the progress of targeted interventions
- Guidance and resources to develop strategies to implement evidence-based primary prevention programs that support and promote the development of healthy and respectful behaviors
- Strategies to develop procedures related to accessing the Children’s Behavioral Health Initiative (CBHI)

In the **Policies and Protocols** section, schools identified the need for:

- Additional guidance focused on protocols to ensure effective communication for families using CBHI services
- Guidance on protocols to encourage effective partnerships through formal agreements with community-based providers
- Improved communication with district-level administrators
- Enhanced efforts with students who are living in out-of-home placements or who are not eligible for [MassHealth](#)

In the **Collaboration with Families** section, schools identified the need for:

- Guidance on professional development trainings for educators that focus on awareness and sensitivity to cultural, linguistic, and other aspects of family diversity (e.g., disability, socioeconomic level, and gender roles)
- Guidance on mechanisms to share information regularly with families about school-wide programs that address the behavioral health of students
- Improved communication with families and more time to develop relationships with families
- Creation of opportunities for family collaboration and involvement with schools

Task Force Recommendations for Statewide Use of the Framework

It is the vision of the Task Force that by 2017 all public schools in the Commonwealth will implement the Behavioral Health and Public Schools Framework to create safe, healthy, and supportive school environments with collaborative services so that all students – including those with behavioral health challenges – can be successful in school. The Commonwealth will provide the infrastructure and supports at the state and district levels to enable schools to create these environments.

In order for all schools to successfully implement the Framework, leadership and participation at all levels will be required – from the Department of Elementary and Secondary Education (ESE), the Executive Office of Education (EOE), the Office of the Child Advocate, and the Executive Office of Health and Human Services (EOHHS); from superintendents and school committees, principals, classroom teachers, and parents; and also from community and regional educational collaboratives, mental health centers, community based organizations, and regional offices of state agencies. Accordingly, the Task Force proposes laws, policies, funding, and activities that will impact each of these levels. While the core of the work will ultimately take place at the school level, schools cannot do this work without support from the entire educational system, their communities, and the Commonwealth.

The Task Force acknowledges that using this Framework on a statewide basis represents a paradigm shift. This shift recognizes that positive whole school environments are necessary to improving the behavioral health of all students. While this shift is designed to reduce burdens on schools and better use existing resources, it will take time to enable and support schools to understand and implement the Framework across the state. Accordingly, the Task Force recommendations reflect a phased-in approach, with each recommendation building on the implementation of the others. Some aspects of the recommendations may not require funding; schools, districts, ESE and the legislature can take action on these items immediately starting in the first phase of implementation and continuing forward. However, other aspects of the recommendations will require additional dedicated staff and financial resources for ESE and schools in order to proceed in an optimal fashion.

Chairman of the Behavioral Health and Public Schools Task Force, Commissioner Mitchell Chester, is transmitting the vast majority of recommendations contained in this report with his support based upon his belief that they will go a long way toward helping more students in schools across the Commonwealth be successful. However, there are three components about which the Chair has reservations, but which are included in this Report to honor the support Task Force members afford to them.

Commissioner Chester's three concerns and their rationale are described briefly below:

- Recommendation #2 includes a component to *require* schools to complete the Assessment Tool. The Commissioner believes that it would be most appropriate and helpful to schools and districts to encourage and support the use of the Assessment Tool and to disseminate it as a resource, rather than requiring the use of the Assessment Tool. This would allow schools to determine if the tool is the most helpful means for them to reflect, set goals, and work towards full implementation of the Framework.
- The Commissioner believes that Recommendation #4 is not necessary. Other recommendations contain related information calling for the Framework to be included in MGL Chapter 71 (*in Recommendation #2*), and for the ESE to take on the role of continuously refining and improving the Framework and Assessment Tool (*in Recommendation #5*).
- Recommendation #9 includes the statement: “An important means to ensure that these functions get carried out is to *designate a senior level position of school and behavioral health coordinator.*” The Commissioner wishes to emphasize that this type of position may be one of several models that can be successful for schools. As noted in this report, Recommendation #9 requires further study of the functions and costs related to district and school implementation of the Framework. Commissioner Chester believes that a more helpful focus may be on how schools can address the activities covered by this type of role in innovative ways, including how it can be implemented using existing resources and positions.

Recommendation #1 – Coordinated Message from State Leadership

The Task Force recognizes and commends the Governor's steadfast prioritizing of education and focus on reducing the achievement gap. In order to capitalize on the reform environment that exists in our Commonwealth, the Task Force believes that now is the critical time to address the role of behavioral health, as it is broadly defined in this document, to ensure that we reach the Governor's goal of ensuring that all children are successful at school. The Task Force respectfully recommends a specific role for each component of state leadership in articulating a clear, strong message to the public recognizing that school climate and behavioral health are essential to learning, and that safe, healthy, and supportive learning environments increase the success of all students.

Such a message would give schools permission to put behavioral health on the “front burner,” something school leaders have repeatedly told Task Force members they need and desire. This coordinated message would be disseminated from all levels of government, as illustrated by the following examples. First, through the issuance of a Proclamation, the Governor can convey the Commonwealth's commitment to implementing the Framework statewide. Second, the Secretaries of Education and EOHHS and all members of the Child and Youth Readiness Cabinet can publicly endorse the use of the

Framework across the Commonwealth. Third, the ESE Commissioner can disseminate the Framework to all principals and superintendents in the Commonwealth, accompanied by a memorandum encouraging all schools and districts to implement the Framework. Fourth, in any legislation that is passed in furtherance of these recommendations, the Legislature can articulate a set of findings about the importance of behavioral health to learning and the need for all schools to create safe and supportive learning environments.

Recommendation #2 – Statewide Implementation of Framework

The Task Force recommends that the legislature amend MGL Chapter 71 Section 59C to require schools and districts to develop action plans to implement the Framework as part of their School Improvement Plans by 2017. In preparation for this 2017 deadline, schools will also be required to complete the (Self) Assessment Tool by 2016, although they are welcome and encouraged to use the (Self) Assessment Tool to begin this work at any time. These recommendations recognize that full implementation of the Framework will encompass several tasks, including each school assessing its own needs, setting priorities and developing action plans. The Task Force recommends that ESE use its existing authority to encourage and support schools to begin this process as soon as possible.

Recommendation #3 –

Establishment of [Entity] on Schools and Behavioral Health

The Task Force recommends that the legislature establish an [Entity] on Schools and Behavioral Health, chaired by the ESE Commissioner, through an amendment to the Massachusetts General Laws (MGL) Chapter 69. As multiple areas of expertise within the state and the broader community are required to move this work forward over the next five years, the [Entity] will be comprised of state officials, parents, educators, experts, advocates, and other community representatives and will be convened within three months of the passage of the legislation. The [Entity] will assist ESE with the statewide implementation of the Framework; gather feedback from early-adopter schools and the Centers of Excellence Grant Program (*Recommendation #8*); specifically address the functions associated with the role of a school and behavioral health coordinator (*Recommendation #9*); analyze and develop recommendations based on data gathered by ESE from schools' completion of the Assessment Tool and refine the tool to ensure that it guides schools to engage in a dynamic process leading to meaningful action plans; oversee evaluation of student and school outcomes; and facilitate solutions to challenges as they arise in the implementation process. The [Entity] will make annual reports on its findings to the Legislature, the Governor, the Office of the Child Advocate, and the Child and Youth Readiness Cabinet. By 2013, the [Entity] will specifically make recommendations with respect to professional development (*Recommendation #7*) and, by 2015, it will make recommendations regarding tools and resources needed at the school and district levels for the full implementation of the Framework (*Recommendations #8 and #9*). Until the [Entity] is established, it

is recommended that the Task Force remain constituted and continue to meet monthly to continue its work.

Recommendation #4 –

Establishing the Framework and Assessment Tool in Law

The Task Force recommends that MGL Chapter 69 be amended to develop procedures for updating, improving or refining the Framework and Assessment Tool at least biennially.

Recommendation #5 – Technical Assistance from ESE

The Task Force recommends that ESE serve in a technical assistance role to schools and districts as they develop the capacity to meet the 2017 goal of implementing the Framework in all schools across the Commonwealth. The ESE's multiple roles will evolve with each phase of the implementation process (*Recommendation #8*). These roles will include: staffing the [Entity] on Schools and Behavioral Health (*Recommendation #3*), encouraging and assisting schools to use the Assessment Tool as they develop action plans to implement the Framework, sharing model protocols, aligning efforts to promote behavioral health with other statewide initiatives, reporting on data gathered from the Assessment Tool to the [Entity], continuously refining the Framework and Assessment Tool, updating it on at least a biennial basis, maintaining and updating the website, and administering and evaluating the Schools and Behavioral Health "Centers of Excellence" grants (*Recommendation #8*).

Recommendation #6 –

Using the Framework for Coordinating Initiatives and Support

Coordinating education initiatives: The Task Force recommends that schools, districts, and ESE use the Framework as an organizational structure to coordinate multiple initiatives, such as dropout and truancy prevention, non punitive discipline, and others that lead to safe, healthy, and supportive learning environments. The actions a school must take to address many of these initiatives are strikingly similar and using the Framework as a common organizational structure will increase the effectiveness and efficiency of school's efforts.

The Legislature can consider incorporating the Framework as an organizational structure into legislation that addresses related initiatives, as was done in [An Act Relative to Bullying](#) (Chapter 92 of the Acts of 2010), which required ESE's [Model Bullying Prevention and Intervention Plan](#) to be organized by and consistent with the Framework, and in the pending legislation related to CHINS reform (S00066), which uses language similar to the bullying legislation.

Support to schools from state agencies: The Task Force believes that schools must be supported in and assume their role at the center of Framework implementation. While districts and schools must implement a

coordinated and coherent set of actions in support of whole school safe, supportive environments, the state has an obligation to go beyond encouragement and take definitive steps to support these efforts at the local level. Therefore the Task Force recommends that as soon as practicable, the Child and Youth Readiness Cabinet establish an Extended Committee that includes ESE, practitioners, experts, and advocates to help state agencies identify how they can support schools as schools implement the Framework.

Recommendation #7 – Professional Development

The Task Force acknowledges that professional development is essential for educators, administrators, and behavioral health providers so that the workforce has the knowledge and skills to implement the Framework as a strategy to address behavioral health barriers to students' educational success. The Task Force's statewide assessment found that educators identified professional development as the area of highest need in all six areas of the Framework. The Task Force therefore recommends that ESE, educational collaboratives, and community partners, as well as school-based behavioral health professionals, all play a role in creatively meeting the need for ongoing professional development.

Recommendation #8 – Phased-in Implementation

The Task Force recommends that statewide implementation of the Framework take place in multiple phases and at multiple levels.

- Phase 1 – Many aspects of implementation at the state, district, and local levels can occur immediately and without additional funding. In fiscal year 2011-2012 (FY12), ESE will continue providing support to those schools and districts that choose to become “early adopters” of the Framework by completing the Assessment Tool and developing action plans for implementation. Schools and districts can also choose to identify individuals and/or teams who might begin taking on some of the necessary administrative functions (*Recommendation #9*) in order to start developing the capacity for eventual implementation.
- Phase 2 – Beginning in FY13, ESE will administer, subject to appropriation, the Schools and Behavioral Health “Centers of Excellence” Grant Program. A small number of schools, districts, and/or educational collaboratives will be selected to serve as Centers of Excellence as they create safe, healthy, and supportive learning environments that increase the success of all students. These schools will complete the Assessment Tool and develop action plans to implement the Framework as part of their School Improvement Plans. The schools will designate individuals to participate on the [Entity] (*Recommendation #3*) to inform the work of this group in determining the steps needed for statewide implementation. The schools will also participate in an evaluation of their work that will help determine, among other things, the need for school and behavioral

health coordinators to implement the Framework effectively statewide (*Recommendation #9*).

- Phase 3 – Between FY15-FY17, ESE and the [Entity] will utilize lessons learned through the Centers of Excellence and other implementation efforts to assist schools across the Commonwealth with developing the capacity to implement the Framework. During this period the [Entity] will make recommendations, based on the evaluation of the Centers of Excellence, regarding the need for additional funding to implement the Framework statewide.
- Phase 4 – Beginning in FY17, all schools across the Commonwealth will be prepared to begin carrying out action plans to implement the Framework as part of their School Improvement Plans (*Recommendation #2*).

Recommendation #9 –

Staffing Implementation at the School and District Levels

The Task Force has learned from its research and the feedback it has received from schools that successful implementation will be possible if schools and districts have the capacity to undertake certain administrative functions.

These include coordinating the implementation of the Framework within the school and the district, establishing relationships and partnerships with community agencies, ensuring that families of students with behavioral health challenges are engaged in the activities of the school, identifying professional development needs, assisting with completion of the Assessment Tool, mapping available resources, providing support to classroom staff, and maintaining a dual focus on both child-specific and system-level needs. An important means to ensure that these functions get carried out is to designate a senior level position of school and behavioral health coordinator at the school and/or district level. Several schools that participated in the statewide assessment called for such a position; the funding implications of such a position will require additional study by the [Entity]. The Task Force members acknowledge and appreciate the extraordinary efforts state leaders have taken to limit the impact of declining resources on education. At the same time, the Task Force is quite aware of the continued financial challenges and constraints on the state and school districts. There are several possibilities for ways to operationalize such a position in schools across the Commonwealth. The Task Force recommends that the [Entity] (*Recommendation #3*) study these possibilities and make further recommendations to the legislature by 2015 on the most efficient ways of ensuring that every school has the capacity to carry out the essential functions. Data gathered from the evaluation of the Centers of Excellence Grant Program will be instrumental in addressing the following:

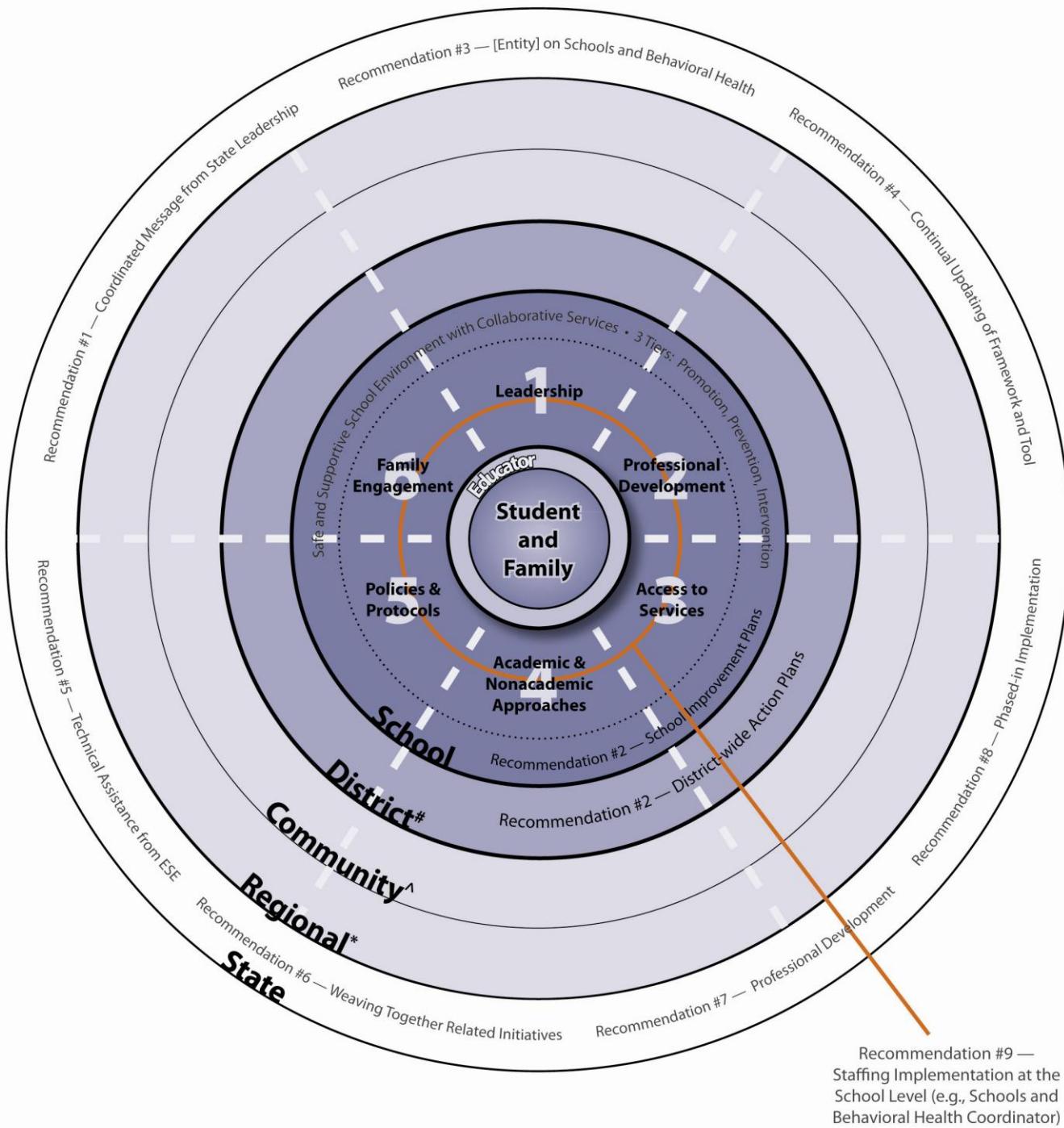
- Which administrative functions are more appropriately allocated to the district level and which are more appropriately allocated to the school level?

- What is an effective staffing level for carrying out these functions, and what professional qualifications should be required?
- How should this position differ in different contexts – e.g., in rural and urban districts, small and large districts, elementary schools and high schools?
- When does this require the establishment of a brand new position, and when can these functions be satisfied by reallocating responsibilities among existing positions?
- What role can/should educational collaboratives play in ensuring these functions take place in schools and districts?
- What are the funding implications, and what creative cost effective funding mechanisms can be developed?

The [Entity] will be able to structure a process that invites and incorporates the valuable professional wisdom from the community on these and other topics.

A Visual Representation of the Recommendations and the Role of the Framework

The following visual representation helps explain how the Framework can organize activities at all levels of the statewide infrastructure. This model is designed also to depict the relationship between the Framework and the nine recommendations developed by the Task Force. The six Framework areas are shown in the model at the school level, surrounding students and families. There is a clear emphasis on the importance of the individual student, while at the same time maintaining a focus on the *whole school environment* as well as the *statewide infrastructure*. The model conveys the breadth of the infrastructure that is necessary to support individual students and their families, emanating from the local to the state government.



[#] Includes school committees and superintendents

[^] Includes community mental health providers and youth-serving agencies

^{*} Includes collaboratives, CSAs and regional offices of the state agencies

The Task Force understands that, in calling upon schools to address behavioral health as a barrier to learning, we must not impose additional burdens on school staff or merely push problems further onto the shoulders of teachers. Rather, the goal is to assist schools to create supportive problem-solving systems, and to organize the statewide infrastructure in a deliberate and transparent way so as to enable the district, community, region, and state to support schools in helping students succeed. The recommendations offered in this Report provide a thoughtfully-designed plan to create this essential state infrastructure. As a whole, these recommendations represent concrete action steps to build the essential state infrastructure to create safe, healthy, and supportive learning environments to increase the success of *all* students.

APPENDIX C1: Participating Sites in the Pilot and Statewide Assessments

The following 39 schools and collaboratives (listed alphabetically by district) were among the 130 invited by the Commissioner of Elementary and Secondary Education to complete the pilot version or statewide version of the Assessment Tool for the Behavioral Health and the Public Schools Task Force between September 2009 and October 2010.

Commissioner Chester and the Task Force are grateful to all the districts, schools, collaboratives, and participating team members for their willingness and effort undertaken to use the Assessment Tool to reflect upon and document their current strategies, action steps, and priorities for improvement. Their contributions to the work of the Task Force are extremely helpful and appreciated.

- Assabet Valley Collaborative
- Barnstable Public School District--Barnstable High School
- Beverly Public School District—Ayers Ryal Side Elementary School
- Blackstone Valley Regional Vocational Technical School District
- Bristol-Plymouth Regional Vocational Technical School District
- Brockton Public School District--Louis F. Angelo Elementary School
- Brookline Public School District--Brookline High School
- Cambridge Public School District--Graham and Parks School (PK-8)
- Chelsea Public School District--Eugene Wright Middle School
- Codman Academy Charter Public School District (9-12)
- Everett Public School District--Madeline English School (PK-8)
- Four Rivers Charter Public School District (7-12)
- Foxborough Regional Charter School District (K-12)
- Groton-Dunstable Regional School District--Boutwell School (PK)
- Holyoke Public School District--Holyoke High School
- Hudson Public School District—C. A. Farley Elementary School
- Lawrence Family Development Charter School District (K-8)
- Lawrence Public School District--Henry K. Oliver School (1-8)
- Lowell Public School District—S. Christa McAuliffe Elementary School
- Ludlow Public School District--Ludlow Senior High School

- Lynnfield Public School District--Summer Street School
- Medfield Public School District--Dale Street School (4-5)
- New Bedford Public School District--New Bedford High School
- North Central Charter Essential School District (7-12)
- North Middlesex Regional School District--Ashby Elementary School
- Northborough-Southborough Regional District--Algonquin Regional High
- Pioneer Valley Regional School District--Pearl E. Rhodes Elementary School
- Pittsfield Public School District--Williams Elementary School
- Quabbin Regional School District--Hardwick Elementary School
- Quincy Public School District--Atlantic Middle School
- Randolph Public School District--Randolph High School
- Salem Public School District--Collins Middle School
- Seven Hills Charter School District (K-8)
- Springfield Public School District--Sumner Avenue School (PK-5)
- Sturbridge Public School District--Burgess Elementary School
- Topsfield Public School District--Steward Elementary School
- Up-Island Regional School District--West Tisbury Elementary School
- Weymouth Public School District--William Seach Elementary School
- Winchendon Public School District--Murdock Middle-High School

APPENDIX C2: **Task Force Members and Participating Guests**

As Chairman of the Behavioral Health and the Public Schools Task Force, the Commissioner of Elementary and Secondary Education, Mitchell Chester, thanks all Task Force members, designees, guest participants, and presenters who have contributed to the efforts of the Task Force between December 2008 and June 2011. Those individuals are listed below, after staff from the Department of Elementary and Secondary Education, and they are listed with their organizations and titles during the time of their participation with the Task Force.

Massachusetts Department of Elementary & Secondary Education

Commissioner Mitchell D. Chester, *Ed.D., Task Force Chair*

Bob Bickerton, *Senior Associate Commissioner*

Associate Commissioner John L.G. Bynoe III, *Commissioner's Designee*

Rachelle Engler Bennett, *Director of Learning Support Services & Task Force Co-Facilitator*

Jenny Caldwell Curtin, *HS Graduation Initiatives Coordinator & Task Force Co-Facilitator*

Marcia Mittnacht, *Director of Special Education Planning & Policy*

Madeline Levine, *Assistant Director of Special Education Planning & Policy*

Dianne Curran, *Legal Office*

Emily Caille, *Education Specialist C*

Shawn Connelly, *Education Specialist C*

Carol Goodenow, *Education Specialist C*

Sarah Slaughterback, *Education Specialist C*

TASK FORCE MEMBERS

American Federation of Teachers, Massachusetts

Angela Cristiani, *School Psychologist*

Brockton Public Schools

Kathleen Moran, *Principal of Brookfield Elementary School*

Marybeth O'Brien, *Fourth Grade Teacher in Huntington Elementary School*

Children's Hospital Boston

Karen Darcy, *Registered Nurse*

Shella Dennery, *Children's Hospital Neighborhood Partnerships (CHNP) Director*

John Riordan, *Director of Community Partnerships*

CQI: Consumer Initiatives

Jonathan Delman, *Executive Director*

Cutchins Programs for Children and Families, Inc.

Andrew Pollock, *Executive Director*

Department of Early Education and Care, Massachusetts

Designees for Commissioner Sherri Killins:

Anita Moeller, *Director of Interagency Partnerships*

Larisa Mendez-Penate, *Comprehensive Services Specialist*

Kelly Schaffer, *Policy Analyst*

Department of Children & Families, Massachusetts

Designee for Commissioner Angelo McClain:

Susan Stelk, *Manager of Education Services*

Department of Mental Health, Massachusetts

Barbara Leadholm, *Commissioner*

Joan Mikula, *Assistant Commissioner for Child/ Adolescent Services*

Donna Beverly

Marion Freedman-Gurspan, *Director of Policy & Planning,
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Department of Public Health, Massachusetts

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Jennifer Tracey, *Bureau of Substance Abuse Services*

Brian Miller, *Bureau of Substance Abuse Services*

Department of Transitional Assistance, Massachusetts

Designee for Commissioner Julia E. Kehoe

Lydia Conley, *Deputy Assistant Commissioner for Policy, Program & External Relations*

Department of Youth Services, Massachusetts

Jane E. Tewksbury, *Commissioner*

Christine Kenney, *Director of Educational Services*

Executive Office of Education, Massachusetts

Marisa Goldberg Cole, *Deputy Chief of Staff*

Executive Office of Human & Health Services, Massachusetts

Designees for Secretary JudyAnn Bigby:

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Jack Simons, *Assistant Director of CBHI and also the designee for Thomas Dehner,
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Margot Tracy, *Policy Analyst*

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The Guidance Center, Inc.

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Deborah Jean Parsons, *Director of Policy, and Program Director for the South Shore Educational Collaborative*

Parent advocate

MaryAnn Tufts

Parent representatives

Chantell Albert, *Randolph*

Denise Robertson, *Lyn*

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Harry Shulman, *President & CEO*

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Melissa Pearrow, *Associate Professor in the Department of Counseling and School Psychology (and Massachusetts School Psychologists Association Past-President)*

Youth Opportunities Upheld (Y.O.U.), Inc.

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Trauma and Learning Policy Initiative (a joint partnership between Massachusetts Advocates for Children and Harvard Law School)

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