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Jacksonville Full Service School Evaluation Report

National Center for School Engagement

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Program Description in Brief

Jacksonville Full Service Schools (FSS) is a non-profit organization based in Jacksonville, Florida, whose mission is to provide Duval County Public Schools students the supports they need to be ready to learn when they attend school. Published materials describing their efforts in greater detail exist elsewhere. This brief description is intended to provide a rough idea of the program components for those who may be unacquainted with FSS. For more in-depth information, see www.uwnefl.org/Partnerships_FSS.asp .

FSS provides mental health services, a wellness van, and limited in-kind financial assistance and referrals to families and children in Northeast Jacksonville. The bulk of their services consist of counseling provided to students free of charge, in or very near, the schools they attend. Serving students in the schools themselves eliminates transportation difficulties that could be an insurmountable barrier to care. The health van makes the rounds to each school served by the program, giving vaccinations, testing eyesight, and providing other sorts of primary care. Each of the eight FSS sites has a coordinator who has a budget for site-specific projects.

Students are referred to the counseling part of the program either by parents or other family members, or by teachers, often based on their observations of student behavior. Once a referral is made, there can be one meeting between the student and counselor prior to receiving signed consent for treatment from a parent or legal guardian. Once consent is received, the counselor completes a formal assessment. Students may begin to receive counseling immediately, but depending on the site and the time of year, there could be a waiting list. Site coordinators reported that earlier in the year, the wait tends to be shorter, but for students who are referred later in the school year, there may be a wait of several weeks. Students who have experienced a crisis such as a death in the family are often bumped up to the top of the list, but to date there has been no effort to target services toward students based on any other factors such as family income, students' grades or school attendance.

Purpose of this Evaluation

This study is a process evaluation intended to explore the system in which FSS site coordinators and counselors provide care. It is *not* to assess improvement in students' mental health as a result of the counseling provided by FSS. In terms of outcome measures, counselors conduct assessments of students' mental health in order to determine when they should be discharged from the program. At discharge, FSS conducts a survey of parent satisfaction. Although the evaluations are overwhelmingly positive, site coordinators readily admit that the result of the process is that parent satisfaction data are only collected from the parents of the children whose mental health has improved. Nonetheless, this

study focuses on how well the system works to meet the greatest need given limited resources. The primary questions to be answered are:

> *What effect are FSS services having on students' school attendance, behavior in school and academic achievement?*
>
> *Is FSS meeting the needs of the students it serves well enough to allow them to succeed in terms of the above measures of school performance?*
>
> *What unmet needs might still be impeding their school success?*
>
> *Since the purpose of FSS is to remove barriers to education, should FSS target services toward students based on academic need?*
>
> *Are there other systemic changes that could improve the efficiency of service delivery?*

Methodology

This study used a mixed methods approach to answer the research questions listed above. Focus groups and interviews were conducted in the spring of 2010. The author interviewed each site director, conducted one focus group with funders, another with service providers, two with parents and two with students, and met informally with a number of funders. Although there were difficulties getting the "right" students into the groups, meaning those who had been served by the program for a long enough period to be able to provide feedback on their helpfulness, the other data collection efforts were successful and participation was excellent.

Jacksonville Public Schools provided data on four groups of students for the 2008/2009 school year, the 2009/2010 school year, and the first semester of the 2010/2011 school year. The four groups, based on program participation in the 2009/2010 school year, are:

- Students who were referred to the program, but did not accept services
- Students who were referred for services other than mental health
- Students who were referred for mental health services but did not receive them
- Students who received mental health services

Data elements included demographics; grade in school; annual attendance; in-school and out-of-school suspensions; language arts and mathematics class names and grades earned; and FCAT scores. Analyses were conducted to determine whether students who received mental health services, and those who received other kinds of services, performed better on any of these measures than students who were referred for mental health services but did not receive them.

Quantitative Study Results

Jacksonville Public Schools provided data on four groups of students for the 2008/2009 school year, the 2009/2010 school year, and the first semester of the 2010/2011 school year. For the sake of brevity,

these time periods will henceforth be referred to as 2009, 2010 and 2011 respectively. The four groups were determined based on program referrals and participation in 2010.

- Students who received mental health services during 2010. These students were referred to the program, assessments were completed in which mental health services were recommended, and the students received counseling. Counseling start dates and duration varied among students, and those data are unavailable. Some began counseling early in the year and others much later.
- Students who were referred for mental health services but did not receive them. Assessments were completed for these students in which mental health counseling was recommended, but the student never received services. Although we do not know precisely why services were not provided, a likely reason is that they were put on a waiting list, probably toward the end of the school year, and were never seen. Counselors and FSS staff report that some students and families resolve difficulties on their own during waiting periods or over the summer and no longer feel like they need the services by the time they become available. Although they did not receive services in 2010, it is possible that they received services during 2011 when their names came up on the waiting list.
- Students who were referred to the program, but did not accept services. These students were referred to the program, but either students or parents/guardians were not interested in participating. Counselors and FSS staff report that there is a stigma attached to receiving mental health services, so even though they are referred to as counseling, some families prefer not to participate. Since no assessments were made for this group, we do not know for certain that mental health services would have been recommended for all these students.
- Students who received assessments and were referred to services other than mental health. No mental health referral was made for these students. Students who received counseling *and* additional services are included in the first group of students – those who received mental health services.

Data elements included the following:[1]

- Descriptive characteristics: sex, race, birthdate, grade in school; free or reduced lunch status; and special education status and primary diagnosis. Special education diagnoses were subsequently categorized as physical disabilities, intellectual disabilities, emotional disabilities, or gifted.
- Attendance: total number of days present and total number of days absent in 2009 and 2010; total number of days present, days with excused absences and days with unexcused absences by quarter during the first two quarters, equivalent to the first semester, of 2011. Excused and unexcused absences were not available for 2009 or 2010.
- Behavior: in-school and out-of-school suspension days for 2009, 2010 and the first semester of 2011.

[1] Note that several additional data elements were provided but not used in the analyses, largely because they applied to so few cases as not to be useful.

- Academic achievement: language arts and mathematics class names and grades earned during each quarter of, and summer school following, the 2009 and 2010 school years, and during the first two quarters of 2011; end of year status indicating whether the student was promoted to the next grade or retained at the end of 2009 and 2010; and FCAT scores earned during 2009 and 2010. Classes were subsequently coded as advanced, regular, or as providing extra help with the assistance of a district staff person familiar with the classes.[2]

Analyses were conducted to determine whether the two groups of students who received services – mental health services or other services – performed better on any of the above measures than the two groups of students who were referred to the program but did not receive services – students who did not accept program services and students who accepted but did not receive counseling.

Demographic Background of Referred Students

Students included in the following tables have either three years of attendance data or three years of achievement data. Because the purpose of the study is to measure change over time, students with fewer than three years of data were excluded. In some cases, the composition of FSS referrals is compared to district-wide demographic distributions. District data were taken from the district webpage at http://www.duvalschools.org/static/aboutdcps/just_the_facts.asp and were accessed on October 6, 2011.

Boys Constituted 57% of Program Referrals in 2010

		Full Service Schools Group				
		Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services	Total
		Count	Count	Count	Count	Count
Sex	Female	157	135	248	354	894
	Male	227	153	345	531	1256
	Unsure	0	2	0	2	4
	Total	384	290	593	887	2154

Black students comprised the largest racial/ethnic group referred to FSS. At almost 55% of referrals, they are overrepresented when compared to the district-wide racial distribution in which they constitute just less than 45%. However, since FSS does not serve all schools, it does not necessarily follow that Black students are more likely to be referred than students of other racial groups within the schools served by FSS.

[2] Many thanks to Glenna Goings, Supervisor, Office of Instructional Research and Accountability, Duval County Public Schools for her assistance with providing data and describing classes.

Black Students Comprised the Largest Racial/Ethnic Group Referred to FSS in 2010

	Full Service Schools Group						
	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services	Total	Program Distribution	District Distribution
	Count	Count	Count	Count	Count	Percent	Percent
Asian	3	1	2	10	16	0.3%	4.4%
Black	198	163	363	454	1178	54.7%	44.8%
Hispanic	24	28	31	45	128	5.9%	8.0%
Native American	1	0	0	1	2	0.0%	0.2%
Multi-racial	9	7	13	27	56	2.6%	3.2%
Unsure	11	7	14	37	69	3.2%	Not Listed
White	138	84	170	313	705	32.7%	39.4%
Total	384	290	593	887	2154	99.4%*	100%

* Total does not sum to 100 due to rounding.

Students referred to FSS in 2010 were fairly evenly distributed across grade levels, although elementary school students were slightly overrepresented as compared to high school students. No kindergarteners were included in the data. Sixth graders received more referrals than any other grade, at 252, compared to an average of 187 between first and 11th grade. Because having three years of data was a requirement for inclusion in the data analysis, graduating 12th graders would have been excluded. The one 12th grader represented here was retained.

Students Referred to FSS in 2010 Were Fairly Evenly Distributed Across Grades

	Full Service Schools Group				
	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services	Total
Grade in 2009/2010	Count	Count	Count	Count	Count
Elementary Total	**175**	**153**	**262**	**398**	**988**
1.0	34	26	60	90	210
2.0	39	41	50	73	203
3.0	42	37	61	83	223
4.0	34	28	45	85	192
5.0	26	21	46	67	160
Middle Total	**126**	**70**	**183**	**227**	**606**
6.0	51	26	83	92	252
7.0	37	14	54	71	176
8.0	38	30	46	64	178
High Total	**70**	**56**	**122**	**225**	**473**
9.0	25	21	48	73	167
10.0	28	24	42	80	174
11.0	16	11	27	67	121
12.0	1	0	5	5	11
Grand Total	**371**	**279**	**567**	**850**	**2067**

Three quarters of students referred to FSS in 2010 received free or reduced lunch, and only a small portion of those were reduced. One quarter did not apply for the assistance, so it is possible that some additional students may have qualified had they applied. This figure compares with a district-wide average of 55%, indicating that low-income students are overrepresented among those referred to FSS. Part of the reason, undoubtedly, is that FSS sites are purposively located in areas of the district that serve more low-income students. It is unclear whether, within any given school, lower-income students are more likely to be referred than their classmates with greater means.

Three Quarters of Students Referred in 2010 Qualified for Free or Reduced Lunch

		Full Service Schools Group				
		Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services	Total
		Count	Count	Count	Count	Count
Free Lunch Status 2009/2010	Did not apply	91	42	127	246	506
	Free	76	52	131	182	441
	Free, automatic certification	193	175	304	385	1057
	Not eligible	0	0	0	0	0
	Reduced	24	21	31	74	150
	Total	384	290	593	887	2154

A full 30% of referrals were made to children with a special education designation, although district-wide only 17% of students have such a designation. Among FSS referrals, 1.3% is gifted, while district-wide 3.2% are gifted. Subtracting gifted students from the special education population makes the difference between FSS referrals and the district average even greater; at 28.8% compared to 13.7% of students district-wide, the special education rate among FSS referrals is more than twice the district average.

Given the tremendous variation in the fourteen conditions that lead to a special education diagnosis, an attempt was made to categorize the students according to the types of challenges their primary diagnosis might pose for them. The fourteen conditions, along with the categorization scheme and rationale, are listed in Appendix A.

Thirty Percent of Students Referred in 2010 Had a Special Education Designation

		Full Service Schools Group				
		Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services	Total
		Count	Count	Count	Count	Count
Special Education Category	None	270	204	401	631	1506
	Emotional	15	10	37	48	110
	Gifted	4	2	8	14	28
	Intellectual	61	49	100	134	344
	Physical	34	25	47	60	166
	Total	384	290	593	887	2154

Outcome Measures

The four FSS groups were compared on a number of outcome measures: school attendance; behavior as measured by school suspensions; types of language arts and mathematics classes taken, categorized by advanced, regular or designed to provide extra help; grades earned in language arts and mathematics classes; end of year status, meaning whether the child was promoted to the next grade level or not; and FCAT scores in 2009 and 2010. Each of these measures is addressed in a separate section below. In all cases, average measures by FSS group are presented first for all students with three years of relevant data combined, then for the subset of students who struggles most with the given indicator. Tests of significance were performed to assess confidence that sample differences are not the result of chance, but reflect actual differences between groups. Since there are four FSS groups, but tests of significance can only compare two groups at a time, in all cases significance tests were performed on the following pairs:

- Students who received mental health services compared to students who were referred for mental health services but did not receive them
- Students who received mental health services compared to students who were referred but did not accept services
- Students who received mental health services compared to students who might have needed services but did not receive them. The latter group combines 1) students who did not accept services and 2) students who accepted services, were referred for mental health counseling, but did not receive them. The advantage to this comparison is that it is likely that many of these students would have been referred for mental health services had they been assessed, and the larger sample size makes it easier to determine significance. The disadvantage is that there are

undoubtedly some students included who did not need mental health services and would not have been referred for them had they been assessed.

- Students who were referred for services other than mental health compared to students who were referred but did not accept services.

When differences are statistically significant at the 1% or 5% level, meaning that there is no more than a 1% probability or no more than a 5% probability that the difference is due to chance, significance is reported. Differences that are not reported may be assumed to be statistically insignificant.

A note regarding statistical significance:

Significance is mathematically determined by three things: 1) the size of the difference between the averages of the target variable in each group; 2) the extent to which students within each group themselves differ on the target variable, measured by variance; and 3) sample size in each group. The larger the difference between groups, the smaller the differences among students within each group and the larger the number of students in each group, the more likely that statistical significance will be shown. Statistical significance should be distinguished from practical significance. With very large sample sizes, even differences that are so small as to be irrelevant for any practical reason may turn out to be statistically significant.

Attendance

Students for whom fewer than three years of attendance data are available have been excluded from all analyses presented in this section. In the table below, the FSS group with the highest attendance rate for each time period is indicated in bold. It is easy to see that the students who received mental health services had the highest rate, not only in 2010 and 2011 after services were received, but in 2009, *before* services were received, as well.

Students Who Received Mental Health Services in 2010 Had the Highest Attendance Rate of Any Group in All Years, Including 2009

	Full Service Schools Group			
	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services
	Mean	Mean	Mean	Mean
Attendance Rate 2009	.9117	.9238	.9201	**.9338**
Attendance Rate 2010	.9250	.9295	.9245	**.9395**
Attendance Rate 1st Semester 2011	.9407	.9455	.9482	**.9553**
Attendance Rate 1st Quarter 2011	.9530	.9607	.9594	**.9637**
Attendance Rate 2nd Quarter 2011	.9291	.9296	.9380	**.9463**

What matters in terms of the effect of FSS is not the absolute level of school attendance, but the change over time. To the extent that services were delivered early enough in 2010 to have an impact on student behavior during the 2010 school year, one might expect to see a greater improvement between 2009 and 2010 for students who received services than for students who did not. Likewise, if many students received services late in 2010, one might find that students who received services performed better than those who did not in 2011, but not necessarily in 2010. Therefore, three comparisons were made: attendance in 2010 compared to attendance in 2009; attendance in the first semester of 2011 compared to 2010; and attendance in the first semester of 2011 compared to 2009. The only change that even bordered on significance (barely at the 5% confidence level) was that students who were referred for mental health services but did not receive them improved their attendance *more* than students who received services between 2010 and the first semester of 2011. This pattern is counterintuitive since it runs in an unexpected direction. This could be because students who received mental health services started with higher attendance even in 2009, and therefore did not have as much room for improvement, or it could be because at least some of the students who were referred in 2010 received services in 2011, confounding the sample.

	Full Service Schools Group	N	Mean	Std. Deviation	Std. Error Mean
Attendance improvement between 2010 and 2011	Students who received mental health services	828	.015820	.0668850	.0023244
	Students who were referred for mental health services but did not receive them	559	**.023702**	.0823391	.0034826

Although we cannot respond to the second possibility, we can limit our sample to only those students who had poor attendance in 2009.

All students included in the following analyses had poor attendance – less than 80% – over the course of the 2009 school year, so differences between groups would not be expected to be large in 2009. Nonetheless, average rates are not exactly the same, and students who were referred for services other than mental health had the best attendance, indicated in bold, during 2009 and again in 2010. However, during 2011, students who received mental health services in 2010 had the best attendance. In fact, the difference in attendance between students who received mental health services and those who were referred but did not receive them was statistically significant in the first quarter (though not the second quarter) of 2011. One drawback to this approach is that it limits our sample sizes to very small groups; for example, only fourteen students with less than 80% attendance in 2009 were referred for services but did not receive them.

Attendance Rates of Students with 80% Attendance or Less in 2009

	Full Service Schools Group			
	Students who were referred but did not accept services N=26	Students who received referrals to services other than mental health N=13	Students who were referred for mental health services but did not receive them N=40	Students who received mental health services N=31
	Mean	Mean	Mean	Mean
Attendance Rate 2009	.7179	**.7419**	.7277	.7194
Attendance Rate 2010	.8279	**.8831**	.8455	.8682
Attendance Rate 1st Semester 2011	.8702	.8718	.8886	**.9154**
Attendance Rate 1st Quarter 2011	.8913	.8934	.8832	**.9408**
Attendance Rate 2nd Quarter 2011	.8467	.8512	.8849	**.8910**

	Full Service Schools Group	N	Mean	Std. Deviation	Std. Error Mean	Confidence Level
Attendance Rate 1st Quarter 2011	Students who received mental health services	31	.940843	.0808762	.0145258	5%
	Students who were referred for mental health services but did not receive them	39	.883217	.1397801	.0223827	
Attendance Rate 1st Quarter 2011	Received mental health services	31	.940843	.0808762	.0145258	5%
	Did not receive mental health services	65	.886450	.1474605	.0182902	

When looking at students whose attendance was 85% or less in 2009, the same pattern was found. The highest attending group in 2009 and 2010 was students referred for services other than mental health, but the highest attending group in 2011 was students who received mental health services in 2010. However, the differences between groups were smaller, and despite a larger sample size, were not significant.

Behavior

In-school and out-of-school suspension (ISS and OSS) days are presented below. Because suspensions are relatively rare, rather than creating rates of suspension, total days are used. The students included in the analyses are those who have three years of behavioral data and whose attendance data indicate they were enrolled for all or most of all three years. The sample size by FSS group is thus:

Sample Sizes for Behavioral Analyses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Students who were referred but did not accept services	313	17.8	17.8	17.8
	Students who received referrals to services other than mental health	223	12.7	12.7	30.5
	Students who were referred for mental health services but did not receive them	482	27.4	27.4	57.8
	Students who received mental health services	742	42.2	42.2	100.0
	Total	1760	100.0	100.0	

The distribution of combined in and out-of-school suspension days is presented below. Care must be taken in interpreting the following tables to remember that *data from 2011 represent only the first semester*, while data from 2009 and 2010 represent two semesters. When thinking about the change across years, 2009 and 2010 data may be compared, but 2011 data are not comparable. While it may be tempting to multiply 2011 semester one suspension days by two in order to compare them with 2010, it may be misleading to do so. There may be seasonal patterns to suspensions, additional maturity may calm students, spring fever may rile them up, or one bad incident could spike the numbers among some students.

Most students were not suspended at all, but even so, suspensions run high in this group. In each year for which we have complete data, about 40% of students were suspended for at least one day. Across both years combined, 938 students, or 53% were suspended for at least one day. The difference - 13% - was suspended in one year but not the other, and the year of suspension was just as likely to be 2010 as 2009. Although the number of students suspended did not drop between 2009 and 2010, mean suspensions did fall from 1.6 to 1.3. Suspensions were highly correlated between years; suspensions in 2009 explain 49% of the variance in suspensions in 2010. There are outliers, however. The student who was suspended for 26 days in 2009 was only suspended for seven days in 2010, but the student who was suspended for 18 days in 2010 had only been suspended once in 2009.

Total Suspension Days (ISS & OSS)							
	2009		2010			Semester 1, 2011	
Days of Suspension	Number of Students	Percent of Students	Number of Students	Percent of Students		Number of Students	Percent of Students
0	1077	61.2	1063	60.4		1333	75.7
1	201	11.4	229	13.0		206	11.7
2	125	7.1	140	8.0		85	4.8
3	87	4.9	90	5.1		51	2.9
4	53	3.0	66	3.8		38	2.2
5	44	2.5	51	2.9		12	.7
6	30	1.7	30	1.7		16	.9
7	23	1.3	26	1.5		5	.3
8	29	1.6	12	.7		5	.3
9	20	1.1	16	.9		4	.2
10	8	.5	11	.6		3	.2
11	17	1.0	8	.5		2	.1
12	9	.5	6	.3			
13	7	.4	2	.1			
14	7	.4	5	.3			
15	6	.3	3	.2			
16	4	.2	1	.1			
17	2	.1	0	0			
18	4	.2	1	.1			
19	1	.1	0	0			
20	2	.1	0	0			
21	1	.1	0	0			
22	1	.1	0	0			
25	1	.1	0	0			
26	1	.1	0	0			
Total	1760	100.0	1760	100.0		1760	100.0

The following table shows the distribution of suspensions by year and FSS group. Students who were referred to FSS but who did not accept services had the highest rate every year, as indicated in bold. Students who received services – either mental health or other services – had lower than average rates every year, including 2009. (A table detailing in-school and out-of-school suspension by year and FSS group is included in Appendix B.)

Aggregated Suspension Days by FSS Group by Year/Semester

	Full Service Schools Group				
	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services	Total
	Mean	Mean	Mean	Mean	Mean
Total suspensions in 2009 (ISS & OSS)	**2.06**	1.15	1.69	1.56	1.63
Total suspensions in 2010 (ISS & OSS)	**1.53**	1.07	1.40	1.28	1.33
Total suspensions in Semester 1, 2011 (ISS & OSS)	***.67***	*.57*	*.55*	*.54*	*.57*

Two of the Cross-Group Differences Were Significant in 2009, One in 2010, but None in 2011

	Full Service Schools Group	N	Mean	Std. Deviation	Std. Error Mean	Confidence Level
Total suspensions in 2009 (ISS & OSS)	Students who were referred but did not accept services	313	2.0607	3.98227	.22509	5%
	Students who received mental health services	742	1.5633	3.03700	.11149	
Total suspensions in 2009 (ISS & OSS)	Students who were referred but did not accept services	313	2.0607	3.98227	.22509	1%
	Students Referred for Services Other than Mental Health	223	1.1480	2.72469	.18246	
Total suspensions in 2010 (ISS & OSS)	Students who were referred but did not accept services	313	1.5304	2.73390	.15453	5%
	Students Referred for Services Other than Mental Health	223	1.0673	2.39932	.16067	

Looking at the change between 2009 and 2010, students in all FSS groups were suspended less in 2010 than 2009, but those who did not accept services made the biggest improvement, possibly because they had the most room for improvement. Although the differences across groups appear large, none of them is significant. It is important to keep in mind that the same students are in each group across years, meaning that by 2010, the students were one year older and one year more mature, despite

whatever challenges they may be facing. This additional maturity may play as much of a role in the decreasing suspensions as anything else.

Students in All FSS Groups Were Suspended Less in 2010 than 2009

	Full Service Schools Group				
	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services	Total
	Mean	Mean	Mean	Mean	Mean
Change in total suspensions from 2009 to 2010	-.53	-.08	-.28	-.28	-.30

Looking only at students who had a large number of suspension days in 2009 would exclude those who were suspended *more* in 2010 than in 2009. Since we know a fair number of students fall into that group, the following analysis examines all students who experienced a change of five days or more of suspensions between 2009 and 2010 in either direction, for better or for worse. The five day figure is random, but was selected because it amounts to a full week of classes. One hundred and eighty-two students fall into this "big change" group, 117 of whom improved by five days or more, and 65 of whom were suspended for at least five more days in 2010 than in 2009. The group most likely to have been suspended at least five days *less* in 2010 was students who did not accept services. The group most likely to have been suspended at least five days *more* in 2010 was students who received services other than mental health; the difference between the two was statistically significant. There is no easy explanation for this counterintuitive result.

Students Who Experienced a Change of Five or More in the Number of Suspension Days between 2009 and 2010 by FSS Group

	Full Service Schools Group							
Change of at Least 5 Days Between 2009 and 2010	Students who were referred but did not accept services		Students who received referrals to services other than mental health		Students who were referred for mental health services but did not receive them		Students who received mental health services	
	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Fewer Days Means Improvement	28	**75.7%**	8	53.3%	31	58.5%	50	64.9%
More Days Means a Worsening	9	24.3%	7	**46.7%**	22	41.5%	27	35.1%

Academic Achievement

Two measures of academic achievement are available: grades and FCAT scores. Grades for every language arts and math class taken in 2009, 2010, the first semester of 2011 and the two summers in between are available, along with class names. First grade students receive qualitative grades. Starting in second grade students receive the familiar set of letter grades from A to F. Since the large majority of students receive letter grades easily transferable to a 0.0 to 4.0 grade point average, first grade students are excluded from the analyses on grades. Students with at least one language arts *or* one math class in each year are included. Some students took only language arts or only math in a given year, and those students are included as well. Beginning in third grade, students take the FCAT. Analyses of FCAT scores include all third through twelfth grade students who took at least one class each year.

Not all classes are equal. Before looking at the grades students earned in their classes it is wise to have a picture of the type of classes in which students are earning those grades. While most students took standard courses, some took advanced classes and some took classes designed to provide extra help. Many students took more than one language arts or math class in the same year. This was particularly true if classes lasted just a semester or if a student took summer classes, but some students took multiple language arts or math classes simultaneously. Students were coded as taking, for example, an advanced language arts class in 2010 if *any* of their 2010 LA classes were advanced. Likewise, a student who took *any* lower level math class in 2009 was coded as taking an extra-help math class in that year. The proportion of students in each FSS group taking advanced classes and the proportion taking classes that provide extra help are presented in the table below.

A number of students took both an advanced and a remedial class in the same subject area at the same time. The percent of students who took both remedial and advanced classes in the same year varied from 9% to 11% across FSS group as shown in the last row of the table. Some cases seem logical, an example being a student who took intensive algebra one semester and advanced geometry the other. However, other cases are more confusing such as when a student who took intensive reading followed it immediately with advanced composition. This seeming anomaly is probably due to the fact that students who fail the FCAT are required to take remedial classes in that subject area, regardless of their ability as measured in other ways.[3]

There is a clear pattern in the proportions of students taking classes to provide extra help, particularly in language arts. In both 2009 and 2010, students in all FSS groups were more likely to take advanced than remedial language arts classes. By 2011, students were more likely to take remedial than advanced LA classes. This change was most pronounced among students who were referred for, but did not receive mental health services. The proportions of students taking remedial classes, either in math or language arts, were almost identical across FSS groups in 2009, at 13 to 14%. By 2011, the proportion of students who were referred for but did not receive mental health services who took remedial LA classes had more than doubled to 29%. The proportion taking remedial math classes had risen to 22%. These are

[3] Information provided by Glenna Goings, Supervisor, Office of Instructional Research and Accountability, Duval County Public Schools, October, 2011.

the highest rates for any FSS group. The proportions of students requiring extra help in the other FSS groups also rose, but not as much. By 2011, the difference in the proportions of students who did not receive mental health services and those who did was statistically significant. Patterns of change among proportions of students taking advanced classes are not as clear.

Rates at which Students Took Advanced or Remedial LA and Math Classes by Year and by FSS Group

	Full Service Schools Group			
	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services
	Mean	Mean	Mean	Mean
At least one advanced LA class in 2009	.17	**.22**	.20	.21
At least one class to provide extra LA help in 2009	.14	.13	.13	.14
At least one advanced math class in 2009	.09	.08	.11	**.12**
At least one class to provide extra math help in 2009	.13	.14	.13	.14
At least one advanced LA class in 2010	.21	.21	**.24**	.22
At least one class to provide extra LA help in 2010	.16	.16	**.20**	.17
At least one advanced math class in 2010	.09	.11	.13	**.14**
At least one class to provide extra math help in 2010	.18	.16	**.20**	.19
At least one advanced LA class in 2011	.19	.19	.21	**.22**
At least one class to provide extra LA help in 2011	.26	.26	**.29**	.24
At least one advanced math class in 2011	.15	.14	.17	**.18**
At least one class to provide extra math help in 2011	.19	.20	**.22**	.18
Students Who Took Both Advanced and Remedial Classes in the Same Area at Least Once	*.10*	*.09*	*.11*	*.11*

Only Two of the Above Cross-Group Differences Were Significant

	Full Service Schools Group	N	Mean	Std. Deviation	Std. Error Mean	Confidence Level
At least one class to provide extra LA help in 2011	Students who were referred for mental health services but did not receive them	492	.2927	.45546	.02053	5%
	Students who received mental health services	768	.2435	.42947	.01550	
At least one advanced math class in 2010	Students who were referred but did not accept services	329	.0881	.28394	.01565	5%
	Students who received mental health services	768	.1367	.34377	.01240	

A table showing the proportions of students who took advanced and extra help classes by FSS group excluding students with a special education designation is presented for informational purposes in Appendix C, although it shows a similar pattern.

Grades

In order to look at change over time in grades, students must have had three years of comparable grades in language arts and/or math. Since the qualitative grades given to first graders are not comparable to the quantitative grades given to older students, first graders have been excluded from these analyses, leaving a total sample of 1,425. In each grade/time category, the FSS groups that had the highest grades were either students who received mental health services in 2010 or students who were referred for services other than mental health. A number of these differences are statistically significant as shown in the second table below. However, all the differences are small in a practical sense. The largest absolute difference is in the average 2011 math grades of students who received mental health services compared to those who were referred but did not receive them, but it amounts to only .18, far smaller than half a letter grade.

Students Who Received Mental Health Services Had Slightly Better Grades to Start With

	Full Service Schools Group			
	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services
Average Grades	Mean	Mean	Mean	Mean
LA 2009	2.00	**2.09**	1.94	**2.09**
LA 2010	2.01	2.03	2.01	**2.12**
LA 2011	2.05	**2.17**	1.99	2.13
Math 2009	1.84	**1.99**	1.91	1.96
Math 2010	1.88	1.89	1.92	**2.00**
Math 2011	1.91	**1.93**	1.75	**1.93**

Even the Statistically Significant Differences in Language Arts and Math Grades are Small

	Full Service Schools Group	N	Mean	Std. Deviation	Std. Error Mean	Confidence Level
Average LA GPA 2009	Students who received mental health services	597	2.0858	.94905	.03884	5%
	Students who were referred for mental health services but did not receive them	387	1.9425	.93202	.04738	
Average LA GPA 2010	Students who received mental health services	597	2.1242	.93872	.03842	5%
	Students who were referred for mental health services but did not receive them	387	2.0087	.85387	.04340	
Average LA GPA 2011	Students who received mental health services	597	2.1312	.93551	.03829	5%
	Students who were referred for mental health services but did not receive them	386	1.9874	.91044	.04634	
Average Math GPA 2011	Students who received mental health services	597	1.9310	.96786	.03961	1%
	Students who were referred for mental health services but did not receive them	386	1.7531	.99611	.05070	
Average LA GPA 2009	Received mental health services	597	2.0858	.94905	.03884	5%
	Did not receive mental health services	642	1.9636	.92873	.03665	
Average LA GPA 2010	Received mental health services	597	2.1242	.93872	.03842	5%
	Did not receive mental health services	642	2.0089	.89861	.03547	
Average LA GPA 2011	Received mental health services	597	2.1312	.93551	.03829	5%
	Did not receive mental health services	641	2.0141	.91658	.03620	
Average Math GPA 2011	Received mental health services	597	1.9310	.96786	.03961	5%
	Did not receive mental health services	641	1.8158	1.02633	.04054	

The following table reports changes from 2009 to 2010 and from 2009 to 2011. (Note that the figures do not exactly equal what one would get by subtracting numbers reported in the average grade table above because some students did not take a math or language arts class in every year. Their grades for the years in which they took classes would be included in averages, but no change score could be calculated.) Changes over time are small, and no consistent pattern emerges. The only FSS groups of students to make consistent improvement in both math and language arts grades are the students who

did not accept services; however in 2010 they were also less likely to take advanced math classes in which it is presumably harder to get high grades.

Changes in Grades Were Small and, Except for Students Who Refused Services, Inconsistent

Change in Grades over Time	Full Service Schools Group			
	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services
	Mean	Mean	Mean	Mean
LA, 2009 to 2010	.01	-.06	**.07**	.04
LA, 2009 to Semester 1, 2011	.06	**.08**	.04	.05
Math, 2009 to 2010	**.04**	-.10	.01	**.04**
Math, 2009 to Semester 1, 2011	**.07**	-.05	-.16	-.03

One possible reason for the small changes in grades over time is that many students may have had good grades to start with, making improvement difficult. The following tables describe students who earned an average of "C" or less in both math and language arts in 2009. Indeed, this group of students made more consistent progress over time than the larger group, and students who received mental health services made the largest improvement of all four groups. However changes are still not dramatic in size, and none of the differences in improvement across FSS groups is statistically significant.

Average Grades Among Students Who Earned a "C" or Less in 2009 Improved a Bit Over Time

	Full Service Schools Group			
	Students who were referred but did not accept services N=146	Students who received referrals to services other than mental health N=97	Students who were referred for mental health services but did not receive them N=217	Students who received mental health services N=304
Average Grades	Mean	Mean	Mean	Mean
LA 2009	1.44	1.50	1.40	1.45
LA 2010	1.77	1.72	1.74	1.79
LA 2011	1.84	1.95	1.83	1.93
LA improvement 09 to 11	.40	.45	.43	**.48**
Math 2009	1.35	1.34	1.37	1.31
Math 2010	1.63	1.56	1.68	1.68
Math 2011	1.62	1.56	1.58	1.72
Math improvement 09 to 11	.27	.22	.21	**.41**

The following table makes it clear that students who received mental health services improved their grades by a greater margin than students in other FSS groups. However, the differences in improvement across FSS groups were not large and, in part due to a smaller sample size, were not statistically significant. The only exception is that the difference between students who received mental health services and those who did not (either because they did not accept services or because they simply did not receive services) bordered on significant.

Among Low-Achieving Students, those who Received Mental Health Services Made the Most Improvement over Time, but Differences Are Not Statistically Significant

	Full Service Schools Group			
Change in Grades over Time	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services
	Mean	Mean	Mean	Mean
LA, 2009 to 2010	.33	.22	**.35**	.34
LA, 2009 to Semester 1, 2011	.40	.45	.42	**.47**
Math, 2009 to 2010	.28	.22	.32	**.37**
Math, 2009 to Semester 1, 2011	.27	.23	.22	**.41**

If we further limit our analyses to students who earned no more than a "D" in both math and English in 2009, we see that this group made the most improvement in their grades across years. Students who received mental health services made the largest improvement in math, but students who did not accept services made the largest improvement in language arts. But again, differences across FSS group are not significant.

Average Grades Among Students Who Earned a "D" or Less in 2009 Improved Slightly More Over Time

	Full Service Schools Group			
	Students who were referred but did not accept services N=39	Students who received referrals to services other than mental health N=25	Students who were referred for mental health services but did not receive them N=63	Students who received mental health services N=83
Average Grades	Mean	Mean	Mean	Mean
LA 2009	.68	.64	**.74**	.69
LA 2010	**1.81**	1.50	1.63	1.51
LA 2011	1.85	**1.92**	1.76	1.78
LA improvement 09 to 11	1.17	**1.28**	1.01	1.08
Math 2009	.72	.63	.64	**.73**
Math 2010	**1.68**	1.36	1.64	1.49
Math 2011	1.53	1.34	1.57	**1.77**
Math improvement 09 to 11	.82	.71	.94	**1.04**

End of Year Status

Retention is a serious outcome, both for the students who can feel devastated, and for the school district that incurs the expense of educating students for an additional year. Among all FSS groups, retention was high in both 2009 and 2010. In 2009, well over 10% of the students who were later referred to FSS were retained, and in 2010, the year in which they were referred, over 11% were retained. The proportion of students retained in *both* those years is shocking. Forty of these students, or over 2%, were retained two years in a row, meaning they were made to stay in the same grade level three years in a row. Although students who received mental health services were the least likely to be retained in 2010, the differences between FSS groups are not statistically significant. The difference in the proportions of students retained in both consecutive years, however, is significant. Students who were referred for mental health services but did not receive them were twice as likely to suffer double retentions as those who received mental health services.

Retention is Common Among All FSS Groups

		Full Service Schools Group				
		Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services	Total
Number of Students Retained in 2009		34 10.3%	25 9.8%	**56** **11.4%**	82 10.7%	197 10.7%
Number of Students Retained in 2010		**47** **14.3%**	27 10.6%	54 11.0%	80 10.4%	208 11.3%
Total Number of Retentions in 2009 and 2010	Never	257 78.1%	**208** **81.6%**	397 80.7%	617 80.3%	1479 80.2%
	One Year	**63** **19.1%**	42 16.5%	80 16.3%	140 18.2%	325 17.6%
	Both Years	9 2.7%	5 2.0%	**15** **3.0%**	11 1.4%	40 2.2%
Total		329	255	492	768	1844

Double Retentions

Since retention data are not available for 2011, analyses in this section include all students with achievement data in 2009 and 2010, but not necessarily 2011. Dropping the 2011 data requirement increases the number of students with double retentions from 40 to 53. (It is worth noting that of the total 2154 students for whom we have some data, 60, or 2.8% were retained twice.) These analyses look at the 53 students for whom we have meaningful achievement data in both 2009 and 2010. Although students who were referred for mental health services but did not receive them made up 27% of the entire sample, they comprise 35.8% of the twice-retained students. In fact, the only students underrepresented in the twice-retained group are those who received mental health services.

Distribution of Twice-Retained Students across FSS Groups

	Frequency	Percent	Distribution N=2154
Students who were referred but did not accept services	11	20.8%	17.8%
Students who received referrals to services other than mental health	8	15.1%	13.5%
Students who were referred for mental health services but did not receive them	**19**	**35.8%**	**27.5%**
Students who received mental health services	15	*28.3%*	*41.2%*
Total	53	100%	100%

The Probability of Being Retained Twice is Lower for Students Who Received Mental Health Services

	Full Service Schools Group	N	Mean	Std. Deviation	Std. Error Mean	Confidence Level
Retained Twice	Students who received mental health services	768	.0143	.11890	.00429	5%
	Students who were referred for mental health services but did not receive them	492	.0305	.17210	.00776	
Retained Twice	Received mental health services	768	.0143	.11890	.00429	5%
	Did not receive mental health services	821	.0292	.16856	.00588	

In general, twice-retained students were highly mobile, with less than half remaining in the same school for three years even though they remained in the same grade. Sometimes a new school allows a student to make a fresh start, but it also means learning a different system, making new friends, and potentially entering a situation in which no staff or faculty members are familiar with the student's needs. Fifteen percent of these students attended three schools in three years.

Twice-Retained Students Were Highly Mobile

Number of Schools Attended in 2009 through 2011	Frequency	Percent
One	23	43.4
Two	22	41.5
Three	8	15.1
Total	53	100.0

Although the ethnic breakdown of twice-retained students roughly matches that of the entire sample, boys are heavily over-represented in this group.

The Ethnic Distribution of Double Retentions Matches the Program Distribution Fairly Closely

		Frequency	Percent
Valid	Black	33	62.3
	Hispanic	2	3.8
	Multi-racial	1	1.9
	White	17	32.1
	Total	53	100.0

Boys Are Much More Likely to Be Retained Twice Than Girls

		Frequency	Percent
Valid	Female	18	34.0
	Male	35	66.0
	Total	53	100.0

Special education students are *not* over-represented, so double-retentions are not occurring in cases in which students are not capable of mastering grade-level material. Unless disabilities have not been

adequately diagnosed for some students in this group, they should be capable of learning and progressing.

Special Education Students Are Not Overrepresented Among Double Retentions

		Frequency	Percent	Valid Percent	Cumulative Percent
	Regular Education	38	71.7	71.7	71.7
	ESE	15	28.3	28.3	100.0
ESE Type	Physical	3			
	Intellectual	9			
	Emotional	3			
	Gifted	0			

The age at which students are being retained twice is disturbing. While some are in elementary or middle school, the majority are in high school. They will soon reach the age at which they can legally drop out of school, and the incentive to remain in an environment where they are experiencing so little success will be minimal. These students are dropouts-in-waiting.

High School Students Are Much More Likely than Younger Students to Be Retained Twice

School Level in 2009	Frequency	Percent
Elementary	6	11.3
Middle	14	26.4
High	33	62.3
Total	53	100.0

FCAT Scores

The FCAT measured proficiency in math and language arts on a scale of 1 (below proficient) to 5 (above proficient). The following table reports average scores for math and language arts for 2009 and 2010 by FSS group. In all categories, students who received mental health services had higher average scores than students in other FSS groups. That means they started off in 2009 with higher scores and maintained their higher scores through 2010. The difference in each score for both math and reading in both years between students who received mental health services and those who were referred for mental health services but did not receive them was highly significant at the 1% level. Likewise, the differences between scores of students who received mental health services and those who did not receive them either because they refused or because they simply did not receive them were also highly significant. The differences in math scores (but not reading scores) between students who received mental health services and those who refused services were also significant, at the 1% level in 2009 and the 5% level in 2010.

Students Who Received Mental Health Services Had Higher FCAT Scores in Both Subjects, Both Years

	Full Service Schools Group			
	Students who were referred but did not accept services N=232	Students who received referrals to services other than mental health N=161	Students who were referred for mental health services but did not receive them N=351	Students who received mental health services N=535
	Mean	Mean	Mean	Mean
FCAT Reading Proficiency Score 2009	2.40	2.39	2.16	**2.45**
FCAT Math Proficiency Score 2009	2.25	2.32	2.16	**2.48**
FCAT Reading Proficiency Score 2010	2.23	2.22	2.00	**2.27**
FCAT Math Proficiency Score 2010	2.22	2.30	2.16	**2.41**

Differences in FCAT Proficiency Scores Between Students who Received Mental Health Services and Other Groups Were Statistically Significant

	Full Service Schools Group	N	Mean	Std. Deviation	Std. Error Mean	Confidence Level
FCAT Reading Proficiency Score 2009	Referred but did not receive them	351	2.1567	1.09072	.05822	1%
	Received mental health services	535	2.4505	1.17116	.05063	
FCAT Math Proficiency Score 2009	Referred but did not receive them	351	2.1595	1.08636	.05799	1%
	Received mental health services	535	2.4822	1.18162	.05109	
FCAT Reading Proficiency Score 2010	Referred but did not receive them	351	2.0028	1.07570	.05742	1%
	Received mental health services	535	2.2748	1.18085	.05105	
FCAT Math Proficiency Score 2010	Referred but did not receive them	351	2.1595	1.05974	.05656	5%
	Received mental health services	535	2.4093	1.13454	.04905	
FCAT Reading Proficiency Score 2009	Received Mental Health Services	535	2.4505	1.17116	.05063	1%
	Did NOT Receive Mental Health Services	583	2.2539	1.09233	.04524	
FCAT Math Proficiency Score 2009	Received Mental Health Services	535	2.4822	1.18162	.05109	1%
	Did NOT Receive Mental Health Services	583	2.1973	1.07479	.04451	
FCAT Reading Proficiency Score 2010	Received Mental Health Services	535	2.2748	1.18085	.05105	1%
	Did NOT Receive Mental Health Services	583	2.0943	1.08711	.04502	
FCAT Math Proficiency Score 2010	Received Mental Health Services	535	2.4093	1.13454	.04905	1%
	Did NOT Receive Mental Health Services	583	2.1852	1.06812	.04424	
FCAT Reading Proficiency Score 2009	Referred, but did not accept services	232	2.4009	1.08056	.07094	Not Significant
	Received Mental Health Services	535	2.4505	1.17116	.05063	
FCAT Math Proficiency Score 2009	Referred, but did not accept services	232	2.2543	1.05682	.06938	1%
	Received Mental Health Services	535	2.4822	1.18162	.05109	
FCAT Reading Proficiency Score 2010	Referred, but did not accept services	232	2.2328	1.09194	.07169	Not Significant
	Received Mental Health Services	535	2.2748	1.18085	.05105	
FCAT Math Proficiency Score 2010	Referred, but did not accept services	232	2.2241	1.08182	.07102	5%
	Received Mental Health Services	535	2.4093	1.13454	.04905	

FCAT scores are also reported as developmental scale scores that measure improvement compared to the previous year. The difference between a student's developmental scale score in 2010 and that student's score in 2009 measures his/her improvement on the test. (It is not valid to compare absolute scores between groups without controlling for grade because students in higher grades would be expected to earn higher scores.) Students must have scores from both years in order to measure change, so sample sizes are smaller in this analysis. Although one might expect every student to have a higher score in 2010 than in 2009, reading scores actually fell for about 21% of the students and math scores fell for about 27%. A student's score might have fallen in 2010 due to illness, stress, or simply less effort put into the test. A student might put less effort into the test in a grade in which there are no particular consequences associated with test scores.

The average differences in the 2010 and 2009 reading and math scores are reported by FSS group in the following table. Contrary to what we might expect, students who received mental health services made the smallest average gain in both subjects. The difference between the average change in scores among students who received mental health services and students who were referred for services but did not receive them was statistically significant.

Students who Received Mental Health Services Made Greater Improvement in Their FCAT Scores in Both Subjects in Both Years, Including Before Services Were Delivered

	Full Service Schools Group			
FCAT Change: 2010 Developmental Scale Score minus 2009 Developmental Scale Score	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services
	Mean	Mean	Mean	Mean
Reading	67.18 N=246	**75.56** **N=171**	55.38 N=372	62.36 N=564
Math	86.00 N=236	81.60 N=163	**102.52** **N=355**	74.51 N=546

Qualitative Study Results

Although data can answer many "what" questions, they rarely can tell us "why." Extensive qualitative interviews and focus groups were used to collect ideas on what is working well and what could be improved. This section presents feedback about program strengths and challenges from all relevant groups: funders, site coordinators, service providers, school personnel, students and parents. Most data were collected in focus groups, with one or in some cases two groups held among each type of involved party. Site coordinators were interviewed individually. Program agents of all types – funders, service providers, and school personnel – were asked to brainstorm regarding several main themes. All ideas were recorded on butcher block paper posted around the room. Each participant then voted on the idea or ideas they thought were most important by placing a colored sticker next to that idea. Feedback from these focus groups is conveyed here as a copy of the final result: lists of ideas, reorganized with

those that received the most votes at the top. Ideas are organized by theme, with comments from each focus group below. Themes include *greatest program accomplishments*, *procedural successes*, *missing services*, and *systemic challenges*. Whenever possible, discussion points revolving around each idea were recorded and are included here as bulleted items.

Greatest Accomplishments

Participants were asked to place a green sticker beside the accomplishment they were most proud of, and a yellow sticker on their second choice[4]. While funders are most proud of the strong and sustained partnership that allows them to pool resources, service providers and school personnel are most proud of the mental health services they provide in schools.

Funders

Strength and duration of partnership to pool resources (4 green, 1 yellow)

One-stop shopping and system navigation for parents (1 green, 2 yellow)

On-site service delivery overcomes transportation and immediacy issues (2 yellow)

Improved access for service delivery

Efficient, strategic use of resources

Change in culture regarding mental health services

Service Providers

Mental health services (5 green, 1 yellow)

Collaboration/communication in service delivery (2 green, 1 yellow)

Health care for uninsured (2 green, four yellow)

All-around accessibility of services (1 green, 4 yellow)

One-stop shop for parents

School Personnel

Therapists (8 green, 2 yellow)

One-stop shop (1 green)

Neighborhood grants (5 yellow)

- Tutoring
- School supplies such as copies especially for the reading program
- Science lab and materials. This was funded in response to poor FCAT scores in science.
- Books and incentives for the boys and girls reading clubs.
- Morning news show – it used to be just the high achieving kids doing this but we have started trying to get the lower-achieving students involved too and they really like it.
- Other clubs, too, such as the Green Team to work on improvements at school.

Health van (1 yellow)

BBBS (1 yellow)

- Both adult and high school mentors
- We have many more big sisters than big brothers

[4] In some cases the numbers of different colored stickers did not match up, possibly because participants put multiple stickers on "tied" choices when they did not have a clear preference between two.

- Since kids with incarcerated parents get precedence the wait is very long for other kids. It can be up to two years.
- Not a problem at Windy because they have business partners whose employees become mentors, so they get matches within weeks.

Community referrals

Community collaboration

- The feeling that "We're a part of it."
- We find out what others are doing – other agencies and other people – and we meet other people who are working with kids.

Bike helmets

Dental and vision van

Procedural Successes

FSS incorporates a complicated system with many "moving parts," entailing cooperation and communication among a large number of agencies and schools, and an even larger number of people within those entities. Participants were asked what procedure or system they each felt was working best. If and when any structural changes are made to FSS, care should be taken not to fix what is not broken. Again, participants placed a green sticker on the system component they found most valuable, and a yellow sticker on their second choice. Funders were more divided in their votes than other groups, but cited the role of executive and leadership councils most often. Service providers value working on-site most highly, while school personnel cited the responsiveness of FSS personnel and the buy-in and support of community groups as working best. Service providers also gave a number of votes to the fact that some of them have their "own" schools, meaning they are assigned to a school or possibly two, and work from those buildings exclusively. This followed a lively discussion in which providers in some FSS sites talked about spending time traveling between multiple schools and not having good office space in each school, and providers in other sites said they were assigned to a school, travelled little and had an office. The rationale for traveling among schools was to equalize work load across counselors, but while solving that problem it has created others. Counselors assigned to a single school seemed to be happier with their arrangements.

Funders

Executive and leadership councils (1 green, 3 yellow)

- Executive is small group, leadership is large group
- Model of shared decision-making

Case manager is glue (1 green, 1 yellow)

- Brings things together for families

United Way coordinator on site (1 green)

St Vincent's relationship with school nurse and principal (1 green)

Clarity of roles (1 yellow)

Strong relationship between coordinator and all schools (1 yellow)

- Schools have site-based management

Consistency in goals

Service Providers

Being on site (7 green, 4 yellow)

- This matters a lot for families. You can see the difference in the summer when some families bring kids and some don't.
- Being on site helps the therapists, too, but sometimes when a therapist works in many schools they are not often on site.

Providers have "own" schools (4 green, 1 yellow)

Monthly meetings (4 yellow)

- FSS staff meetings at site once a month
- Oversight Committee meetings that include principals and others are also once a month on site

Chain of command (1 yellow)

- Permissions to talk directly with parents, other providers, school staff

Multi-confidentiality checklist (1 yellow)

- When parents sign the permission form for first participation, they try to get them to sign permissions for all service providers. Many do, but some do not. Then they get unhappy when another service is recommended and they have to come back and sign another form. Or they don't come back at all.

Prioritizing crises

School Personnel

Responsiveness from FSS staff (4 green, 4 yellow)

- Our children become their children
- They are very quick to get in touch with parents and give feedback (some places)
- The above depends on the location. The caseload is a problem in some sites, and that often depends on neighborhood demographics. The population in some places has more need than other places.
- There was one bad therapist and they documented it and FSS took action. School was pleased with that.

Community support (4 green, 2 yellow)

- Community buy-in
- Other groups really want to participate

Monthly oversight meetings and reports (1 green, 3 yellow)

Geographic accessibility

- When we finally get a parent in the school, and the child has been referred for FSS services, I can say, "Let me walk you back there." I can take them myself because otherwise they won't go.

Referral form is good – not long or tedious or degrading

- We usually fill it out with or for the participants.
- It takes 3 to 5 minutes

Missing Services

Participants were asked about services that are not provided or that are, in their opinions, inadequately provided by FSS. They then broke into groups to brainstorm what might be done to fill the gap. Finally, they each voted on the one missing service they believe to be the most important to correct. (Although the original idea was one vote per person for this section, service providers preferred the green/yellow

first and second choice approach, and used that format.) Funders were tied on the importance of a better system for following through on referrals and on creating a way to keep families engaged while they are on the waiting list. Service providers hope mostly for ways to meet parents' needs and work with families as a system, and for a way to deliver services to youth whose parents will not or cannot grant permission. (In their focus groups, students and parents also raised the issue of parents who do not sign permission forms, as discussed later.) School personnel see the need simply for more therapists, as well as for bullying and violence prevention.

Funders

Follow-through on referrals (4 votes)

- Underutilization of case managers – they don't follow through
- Maybe this would reduce the need and the wait for mental health services
  - Regular follow-up phone call to parents – I referred you; how did it go?
  - Way to check with agencies to which they refer families to see if they went

Need to keep families engaged while on mental health waiting list (4 votes)

- Have a face to face meeting with parent after the assessment
- Add intake specialist so case manager has time for follow up (don't call them case managers; it's old language. Call them "care coordinators" or something like that.)
- Follow up with kids

Reproductive health services (1 vote)

- Pregnancy
- STDs
- Rules of some partners prevent this
- It's taboo in schools

Preventive mental health care (1 vote)

Need for parental consent and participation in consultation

- At some sites 50% of referrals are not seen
- If 70% of referred children are seen that's excellent

Service Providers

Parental needs (6 green)

- Not just parenting classes
- Services to address the family as a system

Services for kids whose parents will not approve or are not around (5 green, 4 yellow)

- We need legal aid for cases in which parents have left children with family members without signing legal guardianship forms. In some cases the parents are not even in the country.
  - If we could get counseling into the IEP, parents would be more willing to sign it.
  - Get schools more involved
  - Planned Parenthood model. Minors can get abortions without parental permission but they can't get mental health counseling! Can't we work out a comparable permission plan?
  - Do global permissions at the beginning of the year for the whole school. "You mean when parents are signing a whole stack of papers and they don't know what they are signing?" Laughter. "Yes!"

Transportation (5 yellow)

- So kids can get home from after school appointments. Without this we are confined to having all the appointments during the school day, which is short. Some parents can transport kids after they finish work, but we can't work that late every day.

Youth employment services

Interpreting (1 yellow)

- Not just Spanish, which is easy

Tutoring (1 yellow)

- Only offered at some sites now
- Parents see it in the flyer but then it's not at the site, and that's bad
- This ties into the transportation issues

Domestic violence services for parents and children

- There are services in the community, and they can make referrals, but it is not provided on site.

Juvenile justice collaboration

- This is needed for students who are on probation or who get arrested while receiving services.

Once nurse and one therapist per school

School Personnel

More therapists (7 votes)

Bullying prevention (4 votes)

Violence prevention (4 votes)

- Not just for kids; conflict resolution for parents, too, who tell their kids if someone hits you, you hit them back.
- We need to get the parents on the same page saying the same thing we're saying.
- Incorporate bullying into this
- Peer mediation
- Involve parents
- Involve therapists
- Liaison with sheriff's department to do training

Parenting classes for teen moms and dads (2 votes)

Support for parents in the event of student deaths (1 vote)

- Bereavement support
- Counseling
- Some deaths were violent, some were natural causes
- They did provide this at one site

Divorce support group

Anger management group

- But is this best practice? Someone read it was not a good idea.

Good Touch Bad Touch

- Elementary school program

Systemic Challenges

Participants were asked what they thought the most significant systemic or procedural challenges are, and were then asked to form groups to think about ways to improve the system. Their ideas are

included in the bulleted items. Lastly, they voted on the single issue they thought was most important to resolve. Unfortunately, the funders focus group ran out of time before answering this question, so no comments from funders are included. Service providers were divided in their voting (and again wanted two votes per person). They cited the need for effective ways to engage parents, the fact that simply summoning students to counseling sessions violates their confidentiality, the need for information about parents to make referrals for them as well as students, the difficulty of finding confidential spaces for counseling sessions, and the waiting list. School personnel cited the length of the waiting list and the difficulties that result from high rates of student mobility and the fact that FSS counseling records do not transfer with the student.

Service Providers

Effective ways to engage parents (6 votes)

Summoning children to receive FS services violates confidentiality (4 votes)

- If a therapist shows up and asks to see a child, everyone knows he/she is getting counseling
- Practice of sending "good kids" to fetch "bad kids". They send the cheerleader to call a student, and the cheerleader leans in the room and says, "Johnny, your therapist is here."

Guidance counselors need information for parental referrals (3 votes)

Confidential space in schools (3 votes)

Wait list (3 votes)

- This is really a funding issue
- Parents with insurance choose to wait on the list
- There is pressure to close cases after three months, but that's only a Band-Aid.
- Not all therapists feel this pressure.
- We are not told to close cases, but we feel the pressure because we know there's a wait list.
- Which students are appropriate for our services?
- We are not *allowed* to refuse services.
    - We could prioritize the uninsured, but even for the insured services off-site require transportation and time off from work.

Micro-managing by site coordinators that aren't bosses (2 votes)

- Therapists don't have keys to the office and at times have held sessions outside as a result.
- There are signs posted saying students cannot enter without an ID, so when the child comes for an appointment and does not have an ID they have been known to simply leave.
- My boss is not around.
- If my physical presence is required to prove that I'm working it gets in the way of doing my job. It makes it hard to go to other schools or go to a home.

Agencies' conflicting regulations (1 vote)

School Personnel

Waiting list (9 votes)

- Solicit other agencies to come to schools
- Dividing schools among counselors to eliminate travel time, but look carefully as work load when you do this
- Prioritizing? Sometimes it's good to do this for example a death in the family, but don't keep bumping the same three kids down the list.
- Prioritizing by income? That's tough. I'd hate that. Even if kids have insurance, do they have transportation?

- Then to what extent is this really a transportation issue? Can we give bus passes instead?
- We need a more equitable distribution of therapists based on demographics and numbers in schools.

Mobility (3 votes)

- Need for a paper trail from one FS site to another
- Families move outside all FSS areas, too. Parents leave without really being aware that they are moving to a place where there are no FSS services, but there are usually so many other issues and motivations behind these moves that the services are at the bottom of the list.
- Teachers come to me and say Johnny did this in my class, what's the situation? I have no idea and it takes a lot of real digging to find out if he has ever had any help.
- Parents think all this information travels over in the school records but it does not.
- They move so fast we often don't have time to talk to the parents and tell them what will transfer and what won't and find out where they are going.
    - Central computer with names of FSS kids
    - Need list of services provided
    - It's not part of the school record due to confidentiality
    - Is this a confidentiality issue or is it a flaw in the system that could be changed? It's a system flaw.
    - Monthly reports: who, initial referral issue, whether services were continuing at time of move or whether they had ended; it should go to the guidance counselor, principals and/or assistance principals. Principals and assistant principals come into contact with the student before the guidance counselor does, so they are the ones who need the report.

Continuity in therapists

Need more feedback from therapists

- To school staff
- Reports of who is on the caseload. This happens in some places but not others.
- We make referrals but never find out whether the child is actually being seen.

Accountability of counselors

- Is this built in?
- How do we know they are working? "Trust is great, but what if…"
- But there are notes and reports turned in to the supervisor, and they can tell. Unless they are completely made up, and you don't like to think that.
- People go into these jobs because they want to help kids, and they do the work.

Service Recipients: Students and Parents

Two focus groups were conducted with students, ostensibly those who have been receiving services for long enough to have an opinion about the program. Some of the participants did indeed fit the bill, but several were older, successful students who acted as tutors for younger students as part of the FSS program and could actually have been thought of as service providers in a sense. Others were so new to the program that they did not yet have many reflections on the benefits of the program or how it may eventually change their outlook. One girl had had only one session with her counselor the week before the focus group. One group was held with parents in the evening, and turnout was good. They all had children receiving counseling through FSS, but several of their children also had special education needs. Parents were not always clear about which services were provided by FSS and which were provided by

the school in response to the requirements of their IEPs, nor were they clear about what paperwork was associated with which program.

Students

The most basic question put to the students in the focus groups was whether they know what the Full Service Schools are and whether they know about all the services offered by FSS. Even the students who attended the focus groups and were involved with the program in some aspect did not know about all the services, including those who were seniors and had been at the school for four years. All knew about counseling help, most but not all knew about the Caremobile, but few knew that substance abuse services were available. Students in both focus groups felt confident that most students school-wide do not know about the services offered through FSS. With the exception of one self-referral, participants in the focus groups had all been referred by an adult at school, or a parent had learned about the services and requested them. But students, for whom the program operates, seem out of the loop when it comes to understanding the range of assistance possible.

> *The counseling made a difference because if it was up to me I would have dropped out when I was 18. I was just waiting until my 18th birthday because you have to have parental consent to drop out before that age. I didn't really feel that there was any point in me being here if I was always going to be getting into fights. … It was beginning to take a toll on my body because I was having to hold all the anger and pain inside. … But when I came to counseling it made me realize that I need school more than I need friends, or more than anything.*

Students who had been involved in the program for any length of time were quite clear that FSS services had been helpful in concrete ways. Students who received tutoring said it had helped them academically. "When I first started high school I was joking around, and I started getting D's and F's and I started going to tutoring and started making A's and B's and that's what made the change." Students were asked if any of them had thought about dropping out of school. Several said they had thought about it but that FSS counseling had helped them stay enrolled, as the quotes in the text boxes make clear. One student explained that her challenge was an unintended pregnancy. "I was mad at myself when I was pregnant because I wanted to finish school. And I was saying that I wasn't coming back to school, and [my counselor] helped me with that. I need the education for my son. I don't want him to say that I didn't care for him […]. I want him to say that my mother did it and graduated."

> *I don't how it helped my attendance, but it helped me stay in school, because if I had not stayed in counseling I would probably be sitting in jail now for how I feel because I don't deal with people well at all. Or I would have dropped out just so I wouldn't be in the situation. And now I'm going to graduate, so you can see how it helped me.*

A senior said, "I think counseling helped me because I got kicked out in 9th and 7th grade so that's why I came here so I wouldn't get kicked out. It helped me with my attitude. I have moments when I can't control my anger. But they've helped me get a better viewpoint on life. I look at things differently since I've been going here."

Students reported that the counseling is not without its problems, however. Students in one focus group said they mostly go to counseling after school, but those in the other group said they

often go during the day. Teachers have varied reactions when students miss their classes for counseling. "Mr. _____ was very supportive of me going. He would say you need to go, you're having a bad day today. He used to let me make up my work." But the same student reported as well that,

> *… it seems like some teachers make it harder. And Ms. _____, if you leave her class she will mark you absent like you did not come at all even if you were there for 45 minutes. They called up my house and said that I missed four days out of her class. I was there for part of each class, I just had to leave early. I have her before lunch and I make my appointments for 11:45 and the class ends at 12:05 so I don't miss that much, and she'll still mark me absent. And all you have to do is get on line and make up the credit; it's not that hard. And you try to explain it to her and she's one of those people that all she cares about is what she sees and how it affects her and like the world revolves around her.*

Several students complained about breaches of confidentiality among teachers, but also by a past counselor who used to give information on to the deans or other school staff "like I wanted everyone to know!" When students are summoned to the office for counseling sessions, sometimes teachers ask students where they are going. Even if they do not ask, students are concerned that teachers think they are getting a 'judgment' or a pregnancy test.

Students are also aware that some kids cannot access the counseling because their parents will not agree to it. In fact, one reported that she had to wait until she was 18 so that she could sign up herself. "They had to have a consultation with my parents over the phone and if your parents say no and you are under 18 then you can't come. But if you are over 18 you can come regardless. My mom didn't know if she wanted me to do it or not, then I turned 18 so I could do it regardless. So it depends how old you are." When the other students were asked if they had heard of kids who could not access services because parents would not allow it, they nodded affirmatively. One said, "You know it happens but you just don't hear about it."

Despite these complaints, when asked what they would do to improve the program, all the answers revolved around expanding what already exists and getting the word out to more people.

> *People don't know what the services are that are offered, and they can't use them if they don't know about them. Some kids are almost homeless or poor or don't have any clothes and don't know what else to do so that's why they drop out of school and do the things that they do because they feel that they don't have any place to go.*

Parents

There seemed to be some confusion among parents of students receiving both special education and counseling services regarding what FSS does and does not do. When asked what FSS does, some said counseling and mentoring, but one said that it provides assistance to special education students. Throughout the focus group parents made many comments about the difficulty of getting IEPs drawn up and getting teachers to read them and follow through with them, even though they knew the focus group was about FSS.

When asked whether they thought most parents in the school know about the services FSS offers, there was general agreement that parents do not know about it, nor do community members to whom parents might go seeking assistance. One parent said, "The only time you're finding out that the services are available are if you have problem, and if you're interested enough in your child to ask about it. I think a lot of children are falling between the cracks." Another responded, "I think so too, because I was looking for counseling and couldn't afford it. I was searching everywhere." A grandparent participant said, "That's like my daughter-in-law told me that she couldn't take my granddaughter to the counselor because her church wouldn't pay for it and she couldn't afford it, and I said there has to be something. So we must have made 100 phone calls, and I finally got ahold of the school and talked to the guidance counselor and that's how we found out about it. So I don't think the services are widely known in the public school system or in the area." Most parents expressed frustration at how hard it was to find help until they learned about FSS. "In order to get to talk to someone you have to act like a real SOB. Once we got into the full service we had no problem. Everything just fell into place."

> [My son] was very angry that his mother left; actually he was the most angry and didn't care about anything. He wanted to commit suicide. He called women bad names and the counselors kept telling him that it's not his fault. They also actually helped me with coping. It took me three years to get through all that. They actually saved my life to be honest.

There was a discussion about why teachers do not make more referrals, and one parent hypothesized that they may be reticent because of the possibility of negative reactions on the part of other parents. "It's possible that they don't refer them to full service because I saw an incident were I worked at the school were my granddaughter attends to kind of keep track of my granddaughter, and there was a young man there, and he was making referrals to full service and one of the mothers came in and just about tore the school down brick by brick. She said there wasn't anything wrong with her son."

Now that parents have found FSS services, they are all happy with them. One reported that, "My 11 year old transitioned from 5th to 6th grade. He has anxiety, so it was really bad to transfer over already. He sees the counselor and he's just wonderful and helps him. It was amazing, he's done really well as far as the transition goes. So I couldn't speak any more highly of full service. I was just introduced to the service in June, so it has been amazing so far." A parent who has been a single father since his wife abandoned the family gave high marks to the parenting classes to which he was referred. "They actually got me into some parenting classes. … I learned quite a bit. And the techniques were very helpful. And they did a lot to help prop up the boys."

The grandparent who attended reported that her granddaughter was diagnosed as "borderline bipolar with schizophrenic tendencies" but that even in this severe case the counseling has been beneficial. "[The counselor] has worked with her for about two years now, and the difference she has with this child is unbelievable. She was also counseling my daughter-in-law also about how to handle this, and how to send the message that I'm the mom and you're the child, and that has worked well."

Nonetheless, this case illustrates well the quandary about what kinds of cases the FSS counselors should be seeing and whether such severe cases should be referred to community services to free up FSS

counselors to attend to more students with less severe challenges. In fact, the only complaint a parent made related to just that issue. She commented on the negative effect of the waiting list, saying it meant that her daughter was exited prematurely, but was now back in counseling again.

> My child made the honor roll and he has not done that since probably kindergarten.

> *The only thing that I would say that I'm unhappy about, that I was a little disappointed about, that I was warned about by her counselor that my kid is doing so much better and we have a waiting list and so her case will probably need to be closed out. And eventually that did happen. … That was at the end of last year. But at the beginning of this year I was disappointed and the counselor thought she would have done better than she is as the same problems started. She didn't want to go to school. So now she is signed up to start the program again.*

Given the difficulty of finding services for their children, a number of parents expressed concern about the children whose parents do not make that effort or who refuse to acknowledge a problem and allow services.

> *A young neighbor boy came to me one day, he's friends with my granddaughter, and he looked so sad, and I said 'What's the matter?' He said "Oh nothing.' I said 'Something is wrong.' 'I just don't feel right, I feel like I just want to disappear from the face of the earth.' And I said 'Have you talked to your mother about that?' He said 'I told her I wanted counseling, and she said there's nothing wrong with me, that I'm just acting like a teenager and I'll get over it.' He said that if he had the ability to go to a teacher or a counselor and say I need help can you get it for me. He needs to have that available to him without parental permission.*

One parent felt that if more students knew about the services and accessed the one visit they are allowed without permission, it would help considerably.

> *You said that without a parent's permission a kid can only come to a counselor once but even that one time might make a difference. So if the kids knew about the full service program at the beginning of school. Just so they know that there is someone that they can talk to even if that child came that one time maybe if they went back to their parents and told them I went and talked to a counselor and can you just make it happen where I can go talk to this person whenever I feel I need to. There are a lot of kids around who badly need an adult to talk to other than their parents.*

Parents were also asked whether they thought that the FSS services had had an effect on their children academically. All answered "Yes!" One commented on improved attendance saying, "Mine is going to school now so that's better."

When parents were asked if they had any recommendations, they suggested that schools should have a counselor available for emergencies

> *I would say have an emergency counselor at the school so that if something happens at the school that you don't have to make an appointment and come in next week. They did have a person but they let her go and my daughter told me that so many of kids*

freaked out about it. They're not necessarily in full service but if they could pay somebody to be here so that they had some licensed person who knew what to do when the mother is across town. … We have 3,600 kids in this school which is the biggest in Jacksonville.

I agree, because I had Miss ____, and she was our outlet to go to when there was an emergency. There are only eight full service schools and they do need an outlet because the parents can't always be there. I work until the kids are out of school, and if I dropped everything and ran every time I got a call about the kids I would never have a job. So there should be someone available who can help your kid in an emergency.

Recommendations

Student prioritization

Although considerable concern was expressed by program representatives of all sorts that prioritization based on income would not be appropriate because of the transportation issues that private counseling requires, a later meeting of the Full Service School Leadership Council (October 2011) determined that prioritization based on an assessment of other resources including transportation would indeed be appropriate.

The prioritization currently in practice based on crisis situation has general approval as long as the same non-crisis students do not repeatedly get bumped down the list. Some had thoughts about whether students should be selected based on their degree of academic difficulties, and this analysis does lend limited support to that approach. Overall, students who received mental health services seemed to make limited academic improvement relative to those who did not, but the results are neither consistently significant nor dramatic. (It is worth noting that students who received mental health services never performed *worse* than students who did not receive services, an outcome that should not be taken for granted.) Prioritizing students based on a low GPA or a designated number of absences may not generate impressive results because those indicators do not appear, in this analysis, to improve much as a result of the intervention.

However, *every* student retained at the end of a school year should be considered for a referral to FSS. If referral seems reasonable, all efforts should be made to engage those students and families and to minimize the wait for them. Since the number of retained students is not too large relative to all referrals, this prioritization scheme should be feasible and should not affect overall workload significantly.

Some concerted thought should also be given to why the students who received mental health services in 2010 were better off academically in 2009, before services were delivered, than their counterparts who did not receive services in 2010. No easy explanation exists. One possibility might be that a sudden drop in a student's performance or behavior is what prompts teachers to make referrals. In the absence of a marked change, in other words when students have been performing at a consistently low level, perhaps teachers are less likely to make referrals. Nonetheless, that poor performance may result at

least in part from undiagnosed mental health challenges that are not attracting as much teacher attention. Another possible explanation might be that the parents of students who receive services are more involved and proactive about getting help when something goes wrong. The sooner in the school year a child gets on the list, the shorter the wait and the greater the probabilities of eventually being seen. Greater parental involvement might have lead both to the students' better performance in 2009 and to earlier placement on the waiting list. These parents may also be the squeaky wheels that get the grease and get their children moved up on the list. This cautionary note does not mean that services are currently being misdirected since service provision does not result in large improvements in attendance or grades.

The largest academic effect seems to be the ability to keep students enrolled and progressing toward graduation. It may therefore behoove counselors to focus on students viewed as drop-out candidates. According to the Early Warning research from Johns Hopkins, the combination of suspensions, absences of ten days or more plus failing English or math in 9th grade is highly predictive of dropping out. Students who have failing grades, excessive absences, and behavioral issues should be targeted.

Service delivery

Counselors seem to prefer being assigned to a single school as long as the assignments are made with thought to workload and as long as workload issues are monitored and adjustments made when necessary. Being assigned to a school means less time wasted in transportation and better relationships between counselors and school staff members.

Students are not aware they can turn to FSS if they need help with substance abuse. The fact that few students seek substance abuse counseling may be evidence of a failure in the needs assessment process and a gap in service provision. The Youth Risk Behavior Survey from 2011 shows that substance use is relatively high in Jacksonville compared to Florida as a whole, although it does not break results down by FSS service areas.

Try a pilot program of group counseling based on common issues, and make an evaluation plan from the start. Group sessions will likely work better for high school and middle school children. Possibilities include the following:

- Loss of a close family member due to death, abandonment, illness, incarceration or deployment
- Depression or anxiety
- Experience of violence
- Substance abuse

Group counseling has been used effectively among school-aged children in school settings. Several models have shown to have good results, and you might want to investigate the following possibilities.

Group Counseling Models[5]

CBITS: Cognitive Behavioral Intervention for Trauma in Schools http://cbitsprogram.org/
The CBITS website says,

> *The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based, group and individual intervention. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills."*
> *CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters.*
> *CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure).*

There is an on-line training program which (we believe) is free, or in-person training as well (which is not likely to be free.) The program has been evaluated by the UCLA/RAND Center for Adolescent Health Promotion and has been shown to be effective. Support for Students Exposed to Trauma is a related program designed for non-clinical school personnel to implement.

Girls' Circle (http://www.girlscircle.com/) and **The Council** (previously Boys' Council http://www.BoysCouncil.com/)

Girls' Circle and The Council provide gender-specific counseling for middle and high school girls and boys. The Girls' Circle website says,

> *The Girls Circle format is applied to programs in areas such as: schools, peer leadership, health education, juvenile justice, economic literacy, athletics, outdoor adventure, pregnancy prevention, boys and girls clubs, gang-prevention, and substance abuse prevention*
> *Girls Circle specializes in programs built on the research-based model proven to increase girls' self-efficacy, body image, and social support.*
> *Our strengths-based, skill building approach creates a safe space for girls to address risky behaviors, build on protective factors, and improve relationships in a format that interests and engages girls.*

Girls' Circle is a more general support group than CBITS, but girls can and do bring issues of trauma to the circle. Counselors can attend training sessions or rely solely on a manual. It does appear there are materials costs, however. The program has been evaluated and shown to result in a decrease in self-harming behavior, a decrease in alcohol use, an increase in school attachment and an increase in self-efficacy. There is also an evaluation toolkit that includes indicators relating to school attachment and

[5] Many thanks to recommendations from Dr. Ellen Frank, Professor of Psychiatry and Psychology at the University of Pittsburgh School of Medicine and Director of the Depression and Manic Depression Prevention Program at Western Psychiatric Institute and Clinic; Dr. Louise Silvern, Professor and Clinical Psychologist at the University of Colorado at Boulder; and Finessa Ferrell, Director, National Center for School Engagement.

avoiding sex or using protection if choosing sexual activity. The director of NCSE, Finessa Ferrell, has some limited personal experience with Girls' Circle and has been impressed with what she has seen.

The Council is newer than Girls' Circle and has not been evaluated a extensively. A completed evaluation showed that boys' attachment to school increased significantly. Several pilot studies are being conducted.

A number of program staff expressed frustration about being able to work with the children, but then having the work undermined by returning the children to troubled home environments. There is now a **Women's Circle** as well, (http://www.girlscircle.com/wc.aspx) modeled after Girls' Circle which might address the need to improve parenting skills and stabilize home environments for some of the FSS students receiving services. A deeper-end program targeting depressed mothers of clinically ill children called Psychotherapy for Depressed Mothers of Psychiatrically Ill Children (IPT Moms) is currently in clinical trials. It might be worth investigating if your counselors feel they are seeing a number of children with mothers who also have a mental illness – not uncommon if there is a genetic predisposition. The website at http://clinicaltrials.gov/show/NCT00919594 says "IPT-MOMS specifically addresses maternal depressive symptoms, maternal interpersonal functioning, and mother-child communication, all factors that contribute to psychiatric illness in youth." Follow this link to evaluation results on the NIH website: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2757752/.

System improvement

Apparently, there are many families and students who attend full service schools who do not know about full service activities. Although it may sound daunting given that waiting lists are already a problem, doing more to advertise the availability of FSS services does seem appropriate. Currently, it appears that two categories of students receive services: those whose needs are so obvious that teachers refer them to the program, and those whose parents are involved and proactive enough to seek and keep seeking assistance until they find the Full Service program. These students may, but may not, be the ones who need the program most. Making more families and students aware of the services should level the playing field for some students whose needs may be great but who do not fall into either of these two groups. The availability of substance abuse services should be an important part of FSS advertising. Students may, as parents suggested, turn out to be proactive about seeking counseling and successful at getting their parents to buy in. In the long run, making students more aware of the possibilities may mean that they seek help earlier and as a result need less intensive services, but that remains to be seen. If group counseling turns out to be successful, it could provide a means to handle the additional referrals that may result from better advertising.

A significant problem exists for minor students whose parents will not or cannot sign permission for counseling. It is notable that not only did service providers talk about the issue, but both students and parents brought it up as well. For parents who leave their children in the care of family members, FSS representatives may find it valuable to communicate with agencies that serve immigrant populations to assist and encourage parents to sign legal documents giving temporary caretakers loco parentis capacity. The task of convincing offended parents that their children need help is more difficult. A service provider suggested trying to replicate the Planned Parenthood model that allows minors to seek

abortions without parental consent. It may be worth investigating, but may ultimately prove fruitless. Another service provider suggested including a global permission form in the registration packet at the beginning of the school year. The idea of sneaking the form in so that parents do not really notice it generated laughter due to the obvious ethical pitfall. However, including a form that *advertises* the FSS activities and boasts successes with nice quotes from students and parents, while at the same time seeking permission for children to be assessed and receive counseling in the event of a crisis need not be either sneaky or unethical, and may prove to kill two birds with one stone. If there is concern, try it in a single school or site to start.

FSS representatives might consider working with Duval County Public Schools officials to have some FSS information routinely included in student files just as IEPs are included. Given high rates of student mobility considerable time and effort would be saved by including basic information such as whether or not the child was ever referred to FSS, whether or not counseling was provided, and whether it was ongoing at the time of transfer. Students would be better served, teachers would be better prepared, and administrator time would be saved.

Further evaluation ideas

The lack of obvious improvement in attendance, GPA and FCAT scores might be a result of the crude measurements available. It would be worthwhile to collect attendance data quarter by quarter, along with accurate records for program referral and counseling start and end dates. A finer measurement than annual attendance might show more dramatic results. Likewise, it would be worthwhile to incorporate service start and end dates so as not to confound the sample in any of the analyses.

Each retained student requires another year of education at public expense to the tune of several thousand dollars. The funds are paid out not sometime far in the future, but in the very next year. Some cost-benefit calculations regarding retentions averted would be handy "advertising" for the program and might be used to renew old funding or round up new funding. If anything can be said about preventing dropout – and there is literature that looks at the positive relationship between retention and dropout, and absences and course failure and dropout – then substantial savings might be shown. It would be worthwhile to look back to analyze the relationship between retention and dropout, and between double-retention and dropout.

If you undertake group counseling, as research indicates may work very well among FSS students, do plan an evaluation from the start. Plan to collect academic data quarterly rather than annually. Be sure to compare participants in group counseling with students who receive individual counseling, with students who refuse counseling, and with those who receive no services.

Appendix A: Special Education Designations and Grouping

Given the tremendous variation in the conditions that lead to a special education diagnosis, an attempt was made to categorize the students according to the types of challenges their primary diagnosis might pose for them. The category of Intellectual Disabilities includes conditions that limit the ability of the children to learn and could reasonably be expected to limit their capacity for learning for an indefinite period of time. The category of Physical/Health Disabilities includes conditions that, while potentially making learning more difficult or slower either by increasing the things a child must learn (e.g. to sign) or by limiting the amount of time a child can dedicate to learning (e.g. an illness that may cause fatigue and require time for treatment), a child might reasonably be expected to overcome with time. Emotional/Behavioral Disability includes only one code, as does Gifted. One might reasonably argue for a different categorization of some of the codes. For example, traumatic brain injuries are certainly physical injuries. Nonetheless, they are included under intellectual disabilities because the long-term effect of the injury is more similar to an intellectual disability. Likewise, the different categorization of Language Impaired and Speech Impaired might be debated. However, a language impairment can affect a child's ability to absorb information, while many speech impediments are relatively minor conditions that do not affect the acquisition of knowledge.

Intellectual Disabilities		
	Language impaired	25
	Specific learning disabled	221
	Autism spectrum disorder	9
	Developmentally delayed	16
	Intellectual disability	58
	Traumatic brain injured	4
Physical/Health Disabilities		
	Orthopedically impaired	5
	Speech impaired	60
	Deaf/Hard of hearing	7
	Visually impaired	2
	Hospital/Homebound	4
	Other health impaired	63
Emotional/Behavioral Disability		
	Emotional/Behavioral disability	106
Gifted		
	Gifted	21

Appendix B: Detailed Suspension Rates

The first six rows of this table show total in- and out-of-school suspension averages by group. The remainder of the table shows rates for sub-types of out-of-school suspensions.

Students Who Were Referred But Did Not Accept Services Had the Highest Average Number of Suspensions in Almost Every Category and Time Period

	Full Service Schools Group				
	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services	Total
	Mean	Mean	Mean	Mean	Mean
Total ISS days in 2008/2009	**1.13**	.62	.78	.75	.81
Total ISS days in 2009/2010	**1.26**	.80	1.01	.88	.98
Total ISS days in the 1st semester of the 2010/2011 school year	***.51***	*.42*	*.41*	*.41*	*.43*
Total OSS days in 2008/2009	**1.17**	.61	1.08	.86	.95
Total OSS days in 2009/2010	.42	.28	**.48**	.38	.40
Total OSS days in the 1st semester of the 2010/2011 school year	***.19***	*.09*	*.15*	*.10*	*.13*
Standard OSS days in 2008/2009	**1.12**	.61	1.05	.83	.92
Standard OSS days in 2009/2010	.38	.27	**.45**	.35	.37
Standard OSS days in the 1st semester of the 2010/2011 school year	*.16*	*.09*	*.13*	*.09*	*.11*
OSS days in 2008/2009 for students 16 or older	.01	.00	.01	.01	.01
OSS days for students 16 or older in 2009/2010	.00	.00	.00	.00	.00
OSS days for students 16 or older in the 1st semester of the 2010/2011 school year	*.00*	*.00*	*.00*	*.00*	*.00*
OSS days in 2008/2009 for students who refused alternative offers	**.04**	.01	.02	.02	.02
OSS days in 2009/2010 for students who refused alternative offers	**.04**	.01	.03	.03	.03
OSS days in the 1st semester of 2010/2011 for students who refused alternative offers	***.03***	*.00*	*.02*	*.00*	*.01*

Appendix C: Types of Classes Taken by Students

Proportions of Students Taking Advanced Classes and Classes Providing Extra Help by FSS Group, Excluding Students with an ESE Designation

	Full Service Schools Group			
	Students who were referred but did not accept services	Students who received referrals to services other than mental health	Students who were referred for mental health services but did not receive them	Students who received mental health services
	Mean	Mean	Mean	Mean
At least one advanced LA class in 2009	.17	.19	.17	.18
At least one class to provide extra LA help in 2009	.08	.10	.10	.12
At least one advanced math class in 2009	.08	.04	.08	.09
At least one class to provide extra math help in 2009	.09	.11	.10	.14
At least one advanced LA class in 2010	.21	.19	.20	.18
At least one class to provide extra LA help in 2010	.10	.12	.16	.13
At least one advanced math class in 2010	.07	.05	.08	.10
At least one class to provide extra math help in 2010	.14	.14	.17	.17
At least one class to provide extra LA help in 2011	.22	.23	.27	.20
At least one advanced LA class in 2011	.18	.16	.21	.20
At least one advanced math class in 2011	.13	.11	.16	.18
At least one class to provide extra math help in 2011	.14	.18	.18	.15

The National Center for School Engagement (NCSE) strives to build networks of key stakeholders who share the belief that improving school attachment and attendance promotes academic achievement and school success.

NCSE was established in 2003 by The Partnership for Families & Children (The Partnership) following more than a decade of research concerning youth out of the educational mainstream. NCSE is one of five centers within The Partnership. The impact of our work has been significant investments of state and federal funds to promote high school graduation and reduce suspensions, expulsions, truancy and dropout.

Our program experience and research have identified school attendance and engagement as the centerpiece of NCSE's work to improve outcomes for youth who are at the greatest risk of school failure and delinquency. We are national leaders in applying research to help communities prevent and reduce truancy.

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