

MEMORANDUM

TO: Arlington School Board
FROM: Student Services Advisory Committee
DATE: November 13, 2015 (Amended, resubmitted 11/23)
SUBJECT: 2015-2016 Recommending Year Report

Introduction

The Student Services Advisory Committee (SSAC) reviews the services offered by school counselors, psychologists, social workers, and substance abuse counselors, and makes recommendations for changes or improvements in those services.

In recent years, the SSAC focused on: 1) Improving connections, relationships, and communication among students, families, and staff and the impact these issues can have on student mental and physical health, academic performance, future goals, and planning, and 2) the definition and process of academic planning, transition, and how to inform and involve parents, students, and staff. SSAC continues to review 2013 recommendations: make counseling/academic planning information easier to find, evaluate, and improve how to communicate that planning and build stronger collaborations throughout the network of stakeholders. This year’s work corresponds with the third 2013 SSAC recommendation: to improve coordination between schools and parents and between Arlington Public Schools (APS) and Arlington County departments and programs that serve children and families.

2015-2016 SSAC Recommendations
1. Require all teachers and administrative staff - those licensed through the Virginia Department of Education - to receive high-quality, low-cost mental health training, to equip them to recognize, refer, and support students with mental and emotional issues. Incorporate this requirement for all new hires and into APS teacher/administrative recertification (five-year cycle).
2. Support the Office of Student Services’ budget proposal for funding to increase support across all schools by improving social worker and school psychologist-to-student ratios with a goal of reducing the ratio from 1:1650 to 1:650. This represents an increase of 18 psychologists and 22.5 social workers.
3. Expand the reach and impact of current information, programs, and opportunities for students, families, and the community to access youth social-emotional and mental health/resiliency resources, and develop new resources and accessible formats in collaboration with community partners.

SSAC 2015-16 recommendations address social, mental and emotional health, and well-being. Past work focused on academic planning, but SSAC sees the need to address other aspects of the whole child - social and emotional development and supports. Specifically, the recommendations strive to increase awareness and support through professional development, harnessing existing resources, and increasing the focus on students and families in these efforts. Additionally, SSAC strongly supports Student Services' proposal to improve the ratio of social workers and psychologists to enhance social and emotional supports for students, their families, APS teachers and staff, recognizing the need to balance APS budget realities with the crucial need for social-emotional support facilitated by trained professional staff. These recommendations align with those of other committees such as the [Arlington Special Education Advisory Committee \(ASEAC\)](#), which includes the focus on the Arlington Tiered System of Support (ATSS) framework and its implementation to help every student reach success in academics and behavior.

Background

Over 20% of Virginia students are experiencing a mental disorder at a level that will impair academic functioning and performance; less than half will receive treatment (NAMI, National Center for Mental Health and Juvenile Justice). The Centers for Disease Control and Prevention (CDC) reports that adolescents often experience stress, confusion, and depression from situations occurring in their families, schools, and communities. The impact: absenteeism, tardiness, poor academic performance, and more. According to Virginia Performs, suicide rates have been increasing; in Virginia, suicide was the third leading cause of death among 10- to 24-year-olds. Nationally, it is the second leading cause of death in youth. 90% of those who died by suicide had an underlying mental illness. ([NAMI, Infographic](#))

Other facts on mental health for children and teens (from NAMI):

- 1 in 5 children ages 13-18 have, or will have, a serious mental illness.
- Approximately 50% of students age 14 and older with a mental illness drop out of high school.
- 70% of youth in state and local juvenile justice systems have a mental illness.

Every three years the [Arlington Partnership for Children, Youth and Families \(APCYF\)](#) conducts a survey developed by the Search Institute. The survey provides information about the level of Developmental Assets experienced by Arlington youth. [Data from the March 2015 Assets Survey](#) of nearly 1,600 APS 6th, 8th, 10th, and 12th graders indicates that 33% of 6th graders and 17% of 8th, 10th, and 12th graders report **feeling sad or depressed** in the last month. The 2015 Assets data also shows that on average only about half of APS 8th, 10th, and 12th graders indicate having interpersonal competence, cultural competence, and peaceful conflict resolution assets, which all impact peer relationships, including the prevention of bullying. Data from the most recent (2013) Centers for Disease Control's [Youth Risk Behavior Survey](#) of about 2,300

APS 6th, 8th, 10th, and 12th graders indicated that the number of students who reported **attempting suicide** ranged from 50-85 students, depending on the grade.

School Board Priorities

SSAC recommendations align with School Board FY 2016 Priorities and the APS Strategic Plan 2011-17. The first three School Board priorities relate to social and emotional supports, providing opportunities for coordination: **Student Achievement and Success, Meeting the Needs of the Whole Child, and Supporting Teachers and Staff**. SSAC recommendations also address key elements of the **APS Strategic Plan 2011-17** that focus on collaboration, partnerships, and meeting the needs of the whole child (Goal 5). [See appendices]

RECOMMENDATION 1:

Require all teachers and administrative staff - those licensed through the Virginia Department of Education - to receive high-quality, low-cost mental health training, to equip them to recognize, refer, and support students with mental and emotional issues. Incorporate this requirement for all new hires and into APS teacher/ administrative recertification (five-year cycle).

2011 – 2017 Strategic Plan Alignment: This recommendation aligns with Strategic Plan Goal 5 and School Board FY 2016 Priorities on Meeting the Needs of the Whole Child, and Student Achievement and Success.

Rationale

Mental and emotional health issues affect significant numbers of students and negatively impact academic performance. As stated above, over 20% of students in Virginia are experiencing a mental disorder at a level that will impair academic functioning and performance, and fewer than half will receive treatment (NAMI, National Center for Mental Health and Juvenile Justice). This rate is similar to the national average (National Association of School Psychologists). According to the U.S. Department of Education and multiple studies, approximately 50% of students with emotional disorders drop out of high school and untreated mental illness accounts for high rates of absenteeism and tardiness, while mental health interventions can reduce absenteeism by 50% and tardiness by 25% (National High School Center, 2009).

Best practices call for mental and emotional health training for school teachers and staff. Teachers are school systems' primary front-line resource, interacting frequently and extensively with students inside and outside the classroom. As a result, multiple professional associations, research centers, and organizations recommend training and equipping teachers to recognize, refer, and effectively support students with mental and emotional issues as a core component of effective programs. Recommendations #1 and #2 from the National Alliance for Mental Illness' "10 Best Practices for Schools" list are to train teachers and staff on both early warning signs of mental illness and on positive behavior interventions and supports for children and youth. Indeed, approximately 50% of states have either required annual mental health

training or training during the five year licensing cycle (American Foundation For Suicide Prevention “State Laws on Suicide Prevention Training for School Personnel”).

Teachers can be trained well at low cost with a widely adopted and evaluated program titled [Mental Health First Aid](#) (MHFA), an 8-hour training course using a national peer reviewed curriculum. MHFA training will improve district-wide awareness of student mental health and increase early identification of students in need. Just as CPR helps someone assist an individual having a heart attack — even with no clinical training — MHFA helps someone assist a person experiencing a mental health or addictions challenge or crisis. The state of Virginia has recently mandated First Aid/CPR training and is beginning to explore social and emotional supports for students as well.

The focus on social, mental, and emotional health is evidenced by the fact that the federal government recently awarded Virginia two five-year grants totaling nearly \$13.3 million to improve and expand mental and behavioral health services in schools. One of the grants, Project Aware, will award more than \$9.7 million between now and 2018 to support statewide training for teachers and other school personnel to respond to mental health issues in children and youth and connect troubled students with community and school-based services.

In addition, Project Aware will fund pilot programs in three Virginia school divisions (Montgomery, Pulaski, and Fairfax Counties) in an effort to improve school learning environments and improve communication and collaboration between schools and social service agencies. Notably, a primary goal of Project Aware is to expand the availability and delivery of MHFA throughout Virginia to achieve greater early identification and intervention in cases of mental health distress in Virginia’s youth. As part of that effort, Project Aware funding will support training of up to 750 teachers and other school personnel annually in MHFA beginning this fall. Although the state has not yet mandated mental health training in Virginia schools, providing the funding for and requiring MHFA training within APS will enable APS to get ahead of the issue and lead the way.

Of course, teachers should contact the school psychologist or counselor if a child does not respond to basic interventions and if the behavior continues for an extended period or interferes with the child’s ability to function academically or socially. Administrators should be informed of—and ideally involved in—any situation that reaches this stage.

This recommendation specifically mentions those licensed through Virginia Department of Education as they are the largest staff pool and spend the most time with students. MHFA training is already underway within APS. Since September, 40 APS teachers and staff have received the MHFA training through a pilot program introduced this year. The 2015-16 school year goal for the MHFA pilot program is to train 150 teachers and staff. Feedback from teachers and administrators who have already participated in the pilot program has been overwhelmingly positive. Comments include: *“Very helpful. I have a*

better understanding of some of the mental health problems young and older adults are dealing with.” “I learned a lot about mental health and first aid strategies.” “Thoroughly loved it! Received so much information to take back to my school. . . .”

Budgetary Implications

The cost of Mental Health First Aid books is \$25/person. For the 2015-16 pilot (estimated 150 participants), the cost is \$3,750 (for books only; costs for substitutes has been paid by the schools this year). As a requirement for five year license renewal, the estimated costs associated with the program are as follows:

MHFA Costs	# of staff due to renew license T-Scale/P Scale)	# of books needed	Books total cost	Sub coverage (T-Scale only) sub rate 106.96 per day	Other costs	Total costs per year*
2016-17	502	502	\$12,550	\$49,736 (465)		(\$62,286) \$80,000
2017-18	481	481	\$12,025	\$48,880 (457)		(\$60,905) \$80,000
2018-19	478	478	\$11,950	\$48,666 (455)		(\$60,616) \$80,000
2019-20	555	555	\$13,875	\$57,116 (534)		(\$70,991) \$80,000

*Estimates of yearly staff renewals were provided by APS Human Resources. The Office of Student Services has recommended an annual estimated budget of \$80,000, in anticipation of increases in needs not included in the figures provided by Human Resources.

As shown above, we recommend a phased rollout structured to train existing staff while incorporating this training into new staff orientation. This will keep program costs very low. While this effort is ongoing, interim options should be made available to teachers and staff to afford them some exposure to mental and emotional health training until they have the opportunity to participate in the more comprehensive MHFA program.

RECOMMENDATION 2:

Support the Office of Student Services’ budget proposal for funding to increase support across all schools by improving social worker and school psychologist-

to-student ratios with a goal of reducing the ratio from 1:1650 to 1:650. This represents an increase of 18 psychologists and 22.5 social workers.

2011 – 2017 Strategic Plan Alignment: This recommendation aligns with Strategic Plan Goal 5 and School Board FY 2016 Priorities on Meeting the Needs of the Whole Child, and Student Achievement and Success.

Rationale

Providing a higher ratio of school psychologists and social workers at each APS school will improve and increase social and emotional supports for students, their families, and APS teachers, and will support the work of school counselors as they implement the comprehensive counseling program. This adjustment will provide each school with a full time student services team (counselor, psychologist and social worker). The availability of expertise at schools currently resides with the school counselor as the only full time student services staff member; APS psychologists and social workers have multiple schools for which they are responsible, thus limiting their availability to provide additional expertise.

Of course, much more needs to be done in the area of social, mental, and emotional health, and well-being. To that end, the SSAC strongly supports the Director of Student Services' budget proposal for funding to increase support across all schools by improving social worker and school psychologist-to-student ratios with a goal of reducing the ratio from 1:1650 to 1:650. This represents an increase of 18 psychologists and 22.5 social workers. This proposal aligns with current recommendations by ASEAC relating to these ratios.

Although budget constraints are always a consideration, recommendations on staff/student ratios from the National Association of Social Workers (NASW) and the National Association of School Psychologists (NASP) for social workers and psychologists provide an appropriate target for even greater impact on improving the social and emotional supports for students, their families, APS teachers and staff, and the greater Arlington Community.

While APS does not have the highest ratio in the region, it is well above association (e.g., NASP/SSWAA) recommendations. Improving the ratio allows APS to significantly improve and increase services to schools by providing one (1) full-time psychologist and social worker per elementary and middle school, two (2) full-time psychologists and social workers for each high school, and one (1) full-time psychologist and social worker for programs (e.g., Langston, Career Center/Arlington Mill, H-B Woodlawn). This ratio would bring APS into closer alignment with recommendations for best practices. More importantly, it would allow APS to significantly improve/increase these important services in all schools.

School psychologists are uniquely trained to deliver high quality mental and behavioral health services in the school setting to ensure all students have the support they need to be successful in school, at home, and throughout life. School social workers are trained mental health professionals with a degree in social work who provide services related to a person's social, emotional, and life adjustment to school and/or society.

School social workers are the link between the home, school, and community in providing direct as well as indirect services to students, families, and school personnel to promote and support students' academic and social success. While both of these disciplines are well positioned to support students, current ratios prevent full provision of services.

Budgetary Implications

Staff	Number of Staff @ Current Planning Factor 1:1650*	Number of additional Staff @ New Planning Factor 1:650 (based on published APS enrollment of 25,678, August 2015) Note: Max of 2 FTE at high school level + extra (.5 FTE) to provide additional support to child find.*	Anticipated Cost
Psychologist	22	18	\$1,620,000
Social Worker	18	22.5	\$ 2,025,000
			\$3,645,000

Note - The base salary of a 10-month employee (T scale employee) is \$90,400 to include salary and benefits. (The same base figure would be used for an SA counselor).

***Note** – Social Worker additional staffing includes one social worker position currently funded out of contingency.

***Note:** Psychologist current staffing reflects removal of one part time psychologist who is assigned to conduct special assessments across the district and is not assigned to a school.

RECOMMENDATION 3:

Expand the reach and impact of current information, programs, and opportunities for students, families, and the community to access youth social-emotional and mental health/resiliency resources, and develop new resources and accessible formats in collaboration with community partners.

2011 – 2017 Strategic Plan Alignment

This recommendation is aligned with Strategic Plan Goal 5 as well as the School Board FY 2016 Priorities that focus on Meeting the Needs of the Whole Child, and Student Achievement and Success.

Rationale

A wide range of programs, services, and information for youth and families on these topics have been developed by APS, County staff, PTAs and other parents and community members, local and national organizations, colleges and universities, numerous publications, and more. However, many reasons -- lack of awareness of resources and challenges to accessing these resources, such as appropriate formats and language -- prevent students and families from using existing programs. Families and students experiencing stress, concern, and fears for a family member or friend often find it difficult to locate the information they need. Stigma, embarrassment, uncertainty, and confusion make such a task even more difficult for many families and students. NAMI (National Alliance on Mental Illness) reports the following:

- 1 in 5 kids experiences a mental health condition; only 20% of them actually get help
- About 50% of students ages 14+ with a mental health condition will drop out of school
- Suicide is the second-leading cause of death for 15-24 year olds
- The earlier the better: early identification and intervention provides better outcomes

Through its research the SSAC discovered many ideas for concrete ways that more families and students could be reached with important, often life-saving, information and activities.

SSAC has compiled the following opportunities, ideas, and possibilities for expanding the reach of youth social-emotional and mental health/resiliency resources. The items are grouped to facilitate the review process, and in most cases are targeting students, parents, and caregivers as well as school staff and community members. Suggestions include both prevention and intervention information and resources. Current APS presentations, programs, and documents, as well as County Department of Human Services (DHS) and other non-profit resources, could be adapted and shared throughout the APS community. The below list has been discussed in general with the Office of Student Services, and more coordination and work is needed to define what can be done with existing resources in order to achieve this work.

School-Level Events/Activities

- Encourage parent gatherings/chats, PTA, and Counseling Department events to share and discuss social/emotional/mental health development and resources available. Consider targeting families of younger students and also marketing the information with a title that will draw in the broadest possible audience (e.g., "How to Support Your Child's Success")
- Pilot a student-led mental health campaign (with school staff member assistance) at one or two APS secondary schools or programs to increase positive dialogue to foster healthy relationships, social-emotional growth, and mental health both in

and out of school. Consider any or all of the following in developing the campaign:

- Encourage students and staff to plan school town hall forums on mental health issues. This could be a school-wide campaign focused on how to talk about mental health in an open, non-judging way. Examples: “Use Another Word” <https://www.youtube.com/watch?v=GM-nWXz1YHo>; [NAMI’s Stigmafree Campaign](#); www.activeminds.org that focuses on youth advocacy.
- Encourage and support students to create a social and emotional support student organization.
- Create posters focused on addressing stigma and mental health to put up around the school.
- Work with the elective classes or variety of “the arts” (ex: Drama/Theatre, Art, Photography, Music department) to do a series or collaboration on Mental Health (Ideas or themes: You Are Not Alone, It’s Natural, Warrior Not Worrier).
- Take advantage of post-exam/SOLs time in May and June to present some of this information/conduct activities.
- Collaborate with students and staff to develop an online school or APS survey of student social, emotional, mental health issues: identify unaddressed needs, define needed assistance, and discover obstacles to obtaining information and support.

Websites and Media

- Add a button/badge to APS school websites linking to APS and county-wide services, programs and information on social, emotional, and mental health topics. This would be done in coordination with School and Community Relations and school level Counseling Departments. Example: Langley High School in Fairfax County has mental health information prominently available on its district home page, which links to a wealth of other school and community resources and information.
- Clarify in online and printed material where parents/caregivers, students, school staff, and community members should go or who to contact for assistance and guidance if they have a social/emotional/mental health concern for an APS student.
- Utilize social media such as Twitter as a platform to spread information promoting social, emotional, and mental health, as well as resources and assistance available. Use the APS, County, and Arlington Independent Media TV stations to share this information. Consider media that targets the diverse demographics of Arlington.

Fact Sheets and Resources

- Develop simple easy-to-read and understand one-pagers (English/Spanish) that include typical behaviors and guidance/tips for families and caregivers, including information on adolescent emotional and physical changes and development, and adolescent mental health and wellness. This could be included in the APS

“first day packet ” and available at APS middle and high schools, secondary programs, Arlington County libraries and community centers, Parent Resource Center, as well as other easily accessible community locations.

- Provide all school staff at middle and high school and secondary programs with specific adolescent development and mental health information/materials that families and students receive.
- Provide easy access to one-pager and school-specific information and resources on adolescent emotional, mental, and physical health at middle and high schools, and other APS secondary programs’ back to school nights, conferences with parents/caregivers, PTA and Family Network meetings, as well as middle and high school information nights.

Opportunities for Collaboration

- Develop information on signs and symptoms of youth emotional/mental health concerns for parents/caregivers, youth, school staff, and community members (“If you or someone you know...”), with complete information on APS services and staff, as well as County services, non-profits, and other resources, including emergency/crisis hotlines. Example: Flyer created by APS and Arlington County Department of Human Services (Helping a Friend in Need) -- currently in draft.
- Participate in a series to include APS, County, and other area mental health professionals and resources. Example: APCYF is hosting a series of community conversations around mental health and also planning a conference in 2016 on bullying and mental health with a theme of positive family communications.
- Offer Mental Health First Aid program to parents/caregivers, middle and high school/secondary program students in addition to school staff; this is offered free through Arlington County.
- Include questions related to social-emotional supports in the annual Senior Survey conducted by the Student Services Department.
- Infuse social and emotional learning into the curriculum, working closely with the Department of Instruction, Advisory Council on Instruction and school-level teachers. Literature - Shakespeare and some of his tragedies; the brain in science; Health and PE - lethargy and stamina. Consider integrating [Mindfulness](#) techniques for students and staff.
- Work closely with APS and community partners such as:
 - Family and Community Engagement (FACE) Working Group as it rolls out its implementation plan. One of its goals is supporting student success to include support of social and emotional development.
 - APCYF - one of its priorities this year is focused on mental health and well-being. [October 2015 presentation to School Board](#)
 - School Health Advisory Board (SHAB), and its Socio-Emotional Committee
 - National Alliance on Mental Illness (NAMI) - offers programs such as *Ending the Silence* for middle and high school students.
 - Advisory Council on Instruction and integration into curriculum/programs.

Budgetary Implications

The direct budget cost would be incidental, although it should be noted that the recommendation would require allocation of staff time.

Update of Previous Recommendations

SSAC last presented recommendations to ACI and the School Board in 2013-2014. Academic Planning information on APS school web sites has greatly improved in content and consistency. Student Services' academic roadmap - Aspire 2 Excellence - was an important initiative last year to help students, families, and school staff work together on preparing students for school, college, and careers. In addition, progress has been made on using various communication channels - high and low tech - to reach more students and families.

The recommendation relating to building stronger collaborations throughout the stakeholder network has moved more slowly, because of the vast network and amount of information available. APS and the broader Arlington community are resource-rich, and coordination and collaboration across the county and district, and between organizations, does take place; however, there is a lack of awareness of these resources and they often are not adequately connected to best serve students and families. This year's report is an outgrowth of this recommendation.

Future Work

Given the Whole Child framework, the SSAC encourages APS to view social and emotional well-being as an integral and integrated part of (and not separate from) its instructional mission and activities. Mental and emotional issues function as a barrier to learning, on par with other socio-economic issues on which APS has focused, addressed, and improved. APS should work to develop and execute an integrated framework and cohesive program for promoting and supporting social and emotional well-being in schools. We believe this should include:

- Collaborate and coordinate closely with ASEAC and the implementation of the ATSS framework, particularly that of behavioral supports for students.
- Focus on the counselors' role and responsibilities. The counselor ratio should improve as well. As a preliminary matter, an audit should be conducted of counselors and their duties, as counselors are often assigned duties extraneous to their jobs, such as testing, lunch duty, or serving as subs for absent teachers.
- Evaluate moving counselors under Student Services with school psychologists and social workers. Greater collaboration/consultation between Student Services and Special Education Administrators and school-based administrators would enhance the APS comprehensive counseling program and provide for greater influence of the Office of Student Services in clarifying the role of the school counselor.
- Continue to improve formal and informal connections to community-based services.

- Strengthen programs for, and outreach to, at-risk students and their families. This includes families that may face barriers such as language to accessing programs.
- Conduct further research into effective traditional and social communication tools that can be used to reach students, parents, and staff members -- a vital part of ensuring accomplishment in two of the APS School Board priorities for 2014 (student achievement and effective communication leading to success of all students).

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Family is the first source of support for a child's mental health. However, the increased stress and fracturing of life today makes it imperative that schools partner with parents to help children thrive. Indeed, schools are excellent places to promote good mental health. Children spend a significant amount of time there, and, as trained caring adults, educators have the opportunity to observe and address their needs. Doing so effectively requires developing the capacity both to reinforce children's natural mental health strengths and to respond to children suffering from the more acute mental health disorders that we see on the rise today.

Committee Members

Erin Beckles, Connie Betterton, Naomi Cummings, Jill Flack (Co-Chair), Alicia Giuliani Guajardo (Co-Chair), Judy Hadden, Linda Hardy, Janis Johnson, and Lydia Robertson (Co-Chair). Our student members are Daniel O'Connor (Yorktown H.S.) and Aly Plumley (Wakefield H.S.). Other Wakefield H.S. seniors participated in and contributed to committee work, while working on their senior projects: Alayna Carey, Dylan Crosby, and Kaeli Rice.

Kristen Shattuck serves on the SSAC as ACI Liaison.

Our APS Pupil Services staff liaisons are Jeffrey Carpenter, Director of Student Services, and Pam McClellan, Supervisor of Counseling.

Attachments

- Mind Matters, Spring 2015 newsletter
- Arlington Public Schools Mental Health Supports, March 2015
- Psychologist and Social Worker Ratio Overview, April 2015
- Arlington Partnership for Children, Youth and Families, October 2015 Presentation to the APS School Board
- Creating a Stigmafree Campus Fact Sheet (NAMI)
- Research on the Relationship Between Mental Health and Academic Achievement (NASP)

Appendices

Arlington Public Schools - School Board FY 2016 Priorities
Student Achievement and Success

- Evaluate and refine the Arlington Public Schools (APS) definition of student success, accounting for academic achievement as well as the development of the whole child. Use this revised definition to lay the groundwork for developing the next Strategic Plan.

Meeting the Needs of the Whole Child

- To ensure that each child is healthy, safe, supported, academically engaged and challenged; review and strengthen efforts that effectively aligns, integrates, and fosters collaboration between resources of APS, the County government, non-profits, businesses, faith-based organizations, and the Arlington community. Our goal is to place each child at the center and provide the necessary educational support and services around them. This includes services related to supporting:
 - Basic needs, such as food, housing, and health care; safety and security
 - Wellness, including exercise, nutrition, and stress management
 - Academic support, with tutors and mentors, enrichment, and advanced learning
 - Leisure activities including after school activities, recreation, and sports programs
- Continue the implementation of the Family and Community Engagement (FACE) Policy to strengthen and expand FACE programs. Review strategies to strengthen family and community engagement throughout APS and develop indicators to measure progress.

Supporting Teachers and Staff

- Review the program evaluation of professional development. Determine if professional development is meeting the needs of teachers as expressed by teachers.
- Monitor employment efforts to ensure hiring practices continue to develop a workforce that reflects the diversity of Arlington Public Schools' student population.

APS Strategic Plan 2011-17

VISION: Arlington Public Schools is a diverse and inclusive school community, committed to academic excellence and integrity. We provide instruction in a caring, safe and healthy learning environment, responsive to each student, in collaboration with families and the community.

Core Value - Collaboration: We support relationships among students, staff, families and the community that ensure effective communication and promote opportunities to benefit our students.

Challenges: Providing networks of support services and broad-based partnerships with parents and the community to meet the needs of the whole child.

GOAL FIVE - Meet the Needs of the Whole Child: Arlington Public Schools will nurture students' intellectual, personal, social, and emotional development with services and

strategies that support students and their families to enable students to learn and develop their potentials.

The most important functions to strengthen support services include:

- Promoting the development of internal and external assets in students;
- Developing dynamic partnerships between parents and schools, including the implementation of parent education and training to cultivate their involvement;
- Incorporating comprehensive physical, mental health, and wellness services;
- Implementing and enforcing the anti-bullying policy and procedures system-wide; and
- Maintaining internet safety and social media policies and procedures, and expanding opportunities to ensure that students have technology user.

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References/Bibliography

Introduction:

Arlington Special Education Advisory Committee and ATSS:

<http://www.apsva.us/Page/27613>

Background:

National Alliance on Mental Illness (NAMI) Infographic – Mental Health Facts: Children & Teens: <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/ChildrenMHFacts10-26-15.pdf>

Arlington Partnership for Children, Youth and Families: <http://www.apcyf.org>

Arlington Partnership for Children, Youth and Family (APCYF) March 2015 Assets Survey:

[http://www.boarddocs.com/vsba/arlington/Board.nsf/files/A3J8SR6B614E/\\$file/E-1%20Partnership%20Assets%20Report.pdf](http://www.boarddocs.com/vsba/arlington/Board.nsf/files/A3J8SR6B614E/$file/E-1%20Partnership%20Assets%20Report.pdf)

Centers for Disease Control, Youth Risk Behavior Survey:

<http://www.apcyf.org/2014/01/yrbs/>

Mental Health Facts for Children and Teens, NAMI

<https://www.nami.org/NAMI/media/NAMI-Media/Infographics/ChildrenMHFacts10-26-15.pdf>

Recommendation 1:

National Center for Mental Health and Juvenile Justice: <http://www.ncmhjj.com/>

Virginia Performs: <http://vaperforms.virginia.gov/indicators/healthfamily/suicide.php>

National High School Center: <http://www.ccrscenter.org/>

NAMI “10 Best Practices for Schools”:

http://www2.nami.org/Content/ContentGroups/CAAC/Ten_Best_Practices_for_Schools.htm

Mental Health First Aid: <http://www.mentalhealthfirstaid.org/cs/>

Project Aware -- State of Virginia mental health service federal grants:

<https://governor.virginia.gov/newsroom/newsarticle?articleId=6911>

Recommendation 2:

National Association of Social Workers: <http://socialworkers.org/>

National Association of School Psychologists:

<http://www.nasponline.org/resources-and-publications/resources/mental-health/school-psychology-and-mental-health>

Recommendation 3:

The Arlington Partnership for Children, Youth and Families (APCYF), articles on Assets, Teen Stress, etc: http://www.apcyf.org/?doing_wp_cron=1446821444.1524820327758789062500

Presentation to APS School Board - Educating the Whole Child:

[http://www.boarddocs.com/vsba/arlington/Board.nsf/files/A3J8SR6B614E/\\$file/E-1%20Partnership%20Assets%20Report.pdf](http://www.boarddocs.com/vsba/arlington/Board.nsf/files/A3J8SR6B614E/$file/E-1%20Partnership%20Assets%20Report.pdf)

Mindfulness: <http://www.childmind.org/en/mindfulness/home/>

National Alliance on Mental Illness (NAMI)

- <https://www.nami.org/>; <http://notalone.nami.org/>
- <https://www.nami.org/stigmafree>
- <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/ChildrenMHFacts10-26-15.pdf>

Arlington Public Schools (APS)

- Office of Student Services: <http://www.apsva.us/page/2761>
- “Mind Matters”:
<http://www.apsva.us/cms/lib2/VA01000586/Centricity/Domain/5067/Mind%20Matters%20Spring%202015%20final.pdf>
- APS Senior Survey (2013 most recent online)
<http://www.apsva.us/cms/lib2/VA01000586/Centricity/Domain/102/Senior%20Survey%20Results%202013.pdf>
- Family and Community Engagement (FACE) Working Group:
<http://www.apsva.us/cms/lib2/VA01000586/Centricity/Domain/4400/FACE%20Final%20Report%20-%20052914.pdf>;
- School Health Advisory Board: <http://www.apsva.us/Page/1291>

Arlington Department of Human Services, Child and Family Services

- ArlingtonFamilies.com: <http://family.arlingtonva.us/arlingtonfamilies-com/>
- Children’s Behavioral Healthcare: <http://family.arlingtonva.us/childrens-behavioral-healthcare/>
- Parenting resources: <http://family.arlingtonva.us/early-childhoodparent-resources/>

- Information and resources middle school families:
<http://family.arlingtonva.us/arlingtonfamilies-com/middle-school/>
- Information and resources high school families:
<http://family.arlingtonva.us/arlingtonfamilies-com/high-school/>

Other Web References Used for Research and Context:

Academic Achievement of K-12 Students With Emotional and Behavioral Disorders
<http://ctsp.tamu.edu/videos/videos13/toolbox/Academic%20achievement%20EBD.pdf>

Adolescent Depression: Diagnosis, Treatment, and Educational Attainment
http://mph.ufl.edu/files/2012/01/session10mar23Fletcher_Depression.pdf

Centers for Disease Control and Prevention (CDC)

Public health information, issues and guidance, including adolescent development and mental health information for families.

- <http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence.html>
- http://www.cdc.gov/mentalhealth/data_stats/mental-illness.htm

Child Mind Institute

Mental health information and care for children:

<http://www.childmind.org/en/mindfulness/home/>

Children’s Regional Crisis Response (CR2) - includes Arlington County:

<http://www.nationalcounselinggroup.com/childrens-regional-crisis-response.html>

Crisis Link, Hotline and textline: <http://prsinc.org/crisislink/>

Jason Foundation: Youth suicide prevention and information programs:

<http://jasonfoundation.com/>

Jed Foundation: Youth emotional health information and suicide prevention programs.

<https://www.jedfoundation.org/>

Substance Abuse and Mental Health Services Administration (SAMHSA): Programs, campaigns, grants, publications, etc. focused on child and adult substance abuse and mental health needs. <http://www.samhsa.gov/children>

Six Seconds: Focused on increasing youth and adult emotional intelligence:

<http://www.6seconds.org/>

youth.Gov: U.S. Government website focused on youth resources, issues, programs, funding opportunities, etc.: <http://youth.gov/youth-topics/youth-mental-health>

Kognito At-Risk Program: Kognito is a one-hour online training for individuals who work with youth in a school or care-giving setting. The training is designed to prepare participants in how to engage at-risk youth. The 1-hour training can be accessed online 24/7: <https://kognito.com/products/pk12/>

Mental Health America

- Diseases such as cancer or heart disease are treated immediately, and people with risk factors are screened. Potential mental health conditions should also be treated before they reach the most critical points in the disease process. <http://www.mentalhealthamerica.net/who-we-are>
- According to Mental Health America, 9.86% of youth (12-17) report suffering from at least one major depressive episode (significant and pervasive feelings of sadness associated with suicidal thoughts, impairing ability to concentrate or engage in normal activities) in the past year; Virginia's rate was 10.96%. <http://www.mentalhealthamerica.net/issues/mental-health-america-youth-data>

Mental Health First Aid (MHFA)

A large national survey of adolescent mental health reported that about 8 percent of teens ages 13-18 have an anxiety disorder, however, only 18 percent of those teens received mental health care. About 11 percent of adolescents have a depressive disorder by age 18. <http://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2014/05/MHFA-Grant-Application-Toolkit.pdf>

Mental Health Matters to Academic Success:

<http://www.detroitnews.com/story/opinion/2014/09/24/mental-health-academic-success/16171949/>

National Alliance on Mental Health (NAMI): Children and adolescents with mental health disorders, and those who need better social and emotional supports, must be noticed. Schools are often the “front door” for children and adolescents with mental health needs. School-based mental health services can reduce suspension and expulsions that often lead to placement in costly residential treatment centers away from family and other community supports and detract from school and academic pursuits.

http://www2.nami.org/Content/Microsites184/NAMI_Virginia/Home172/Advocacy_Main_Page/Fact_Sheets3/MlandVirginiaYouth.pdf

National Association of School Psychologists (NASP)

- School Psychology and Mental Health <http://www.nasponline.org/resources-and-publications/resources/mental-health/school-psychology-and-mental-health>
- Knowing the signs. Educators need to know the signs of these more severe issues and how to get help. <http://www.nasponline.org/assets/Documents/Resources%20and%20Publications/Handouts/General%20Resources/childrenmh.pdf>
- Research on the Relationship Between Mental Health and Academic Achievement

<http://www.nasponline.org/Documents/Research%20and%20Policy/Research%20Center/Academic-MentalHealthLinks.pdf>

Study: Impact of Unaddressed Mental Health Issues on Students Is Severe
<https://www.washingtonpost.com/news/answer-sheet/wp/2013/09/19/study-impact-of-unaddressed-mental-health-issues-on-students-is-severe/>

Virginia Performs

The 2015 General Assembly of Virginia funding for mental health:
<http://vaperforms.virginia.gov/indicators/healthfamily/suicide.php>

Youth Mental Health and Academic Achievement

<http://www.flgov.com/wp-content/uploads/childadvocacy/mental-health-and-academic-achievement-2-24-12.pdf>