**Safe and Supportive Schools Commission focus group with the MA Association of School Superintendents**

**Executive Committee Meeting, Best Western, Marlborough, January 23, 2019**

**Summary of Key Themes**

*Strategies for improving schools' access to clinically, culturally and linguistically appropriate services*

The Safe and Supportive Schools Commission (Commission) Co-Chairs joined the Executive Committee meeting of Massachusetts Association of School Superintendents (MASS) on January 23, 2019. The superintendents reviewed a copy of highlights from the Harvard Law Clinic’s focus group key findings (<http://www.doe.mass.edu/sfs/safety/meetings/2018-04focus.docx>) conducted for the Commission, and then spent the majority of the time sharing thoughts on what resonated, what they would add, and what rose to the highest priority in their minds for the Commission and state to consider. Hearing from these district leaders about ways to improve schools’ access to clinically, culturally, and linguistically appropriate services in the realms of behavioral and mental health will help inform future efforts and recommendations from the Commission and Department of Elementary and Secondary Education (Department). Highlights from the discussion are included below.

**SUPERINTENDENT DISCUSSION THEMES**

* ***Findings resonated; issues are complex.***Overall the findings from the Harvard Law Clinic/Massachusetts Advocates for Children focus group memorandum resonated across the room. It was noted that the issues are complex and frustrating with no easy fixes though.
* ***There are not enough available services:***  
  Access to available wellness services is lacking; many times they don’t even get calls answered or returned, or there are prohibitively long wait lists for service providers. Multiple factors are contributing to workforce shortfall.
* ***Schools cannot provide all needed supports alone, they need to play a role but more is needed:***  
  Schools have too responsibility in this realm. They need to play a part, but can’t play all of it. There needs to be partnering with others (organizations, agencies, etc.) to support students during out-of-school time and particularly students with intense needs. There needs to be a state/partner responsibility with schools contributing to the efforts, but it feels at times as if schools are expected to support students alone. There can be backsliding on social-emotional wellbeing for some students when they are not in school (where they have positive relationships, therapy, etc.) the “summer slide” is not just in the more typically discussed realms (e.g., reading skills). Better cross-agency/organization coordination of care is needed, and a school-based coordinator as well.
* ***There are challenges with partnering***:  
  There are challenges in partnering, especially with some agencies that lack sufficient resources to meet communities’ needs. A huge challenge is presented by the ESSA foster care related responsibilities and transportation costs when the best interest determinations are that students should remain in the schools of origin (vs. enroll locally). Even beyond transportation costs, students often have intensive service needs that are challenging to meet when they are in crisis or have experienced repeated and severely traumatic or adverse experiences.
* ***Electronic backpacks:***

Providing districts receiving students (e.g., students in foster care who are newly placed or who have changed placements) with immediate and updated information about students who are newly enrolled will help the districts best serve these students and will minimize any disruption in the implementation of required specialized services.

* ***More sustainable funding is needed:***  
  Sustainable funding is needed (e.g., through school funding formula chapter 70 updates). Short-term grants for clinicians can be too hard to sustain after the funding period. Billing for clinician services, even when possible does not even cover costs at times. Mental Health insurance coverage is insufficient for many needs, even for those with insurance. There is not enough reimbursement or funding for mental health services, and this is driving the workforce shortfall (see below on insufficient services available), and this is a string that runs through many of the key challenges.
* ***Local budget prioritization needed:***The importance and challenge was noted of getting some school committees to include as a priority mental health and wellbeing in budgetary decisions. For some, even getting buy-in and support for students with disabilities being the responsibility of all general education teachers and staff is a challenge.
* ***Regional differences***:  
  Different areas of the state, or types of communities (e.g., rural, vs. urban, vs. suburban) have different needs, challenges and resources. This needs to help inform recommendations to the state.
* ***Current school requirements may be contributing to challenges for students:***Part of the equation is what additional services are needed, but another important part is what structure and requirements do schools have (per state or school committee requirements, tradition, etc.) that students are required to fit into that contribute to students’ challenges? Can schools be allowed to be more flexible to better meet students’ needs and context, to promote their success vs. help them fit into something rigid and unhelpful?
* ***Professional development (PD) is needed for staff:***  
  PD for staff is needed, general education in particular – to better prepare them to know how to best promote mental/behavioral health and wellness, and to best respond to students with challenges, and when/who to turn to for assistance when needed. Pre-service as well as in-service training and support is needed.
* ***Adult self-care is needed:***

Teachers need to do (and be supported to do) self-care as well.

* ***Share and expand promising practices:***

Some models are working – it will help to further share and build on promising practices – examples mentioned included giving space for a local partner clinician to serve students in the school, wrap around zone services, partnering with available community resources such as a high quality boys and girls club (have the school budget for a bus bringing students there; invite boys and girls club staff to school professional development; and the club provides services after school, weekends, summers in ways that support school goals), City Connects, Gardner Pilot Academy, Family Success Partnerships with collaboratives, etc.

* ***Educational Collaboratives:***

Educational Collaborative Programs can be considered as a potential source for services as well.

* ***Challenges related to confidentiality:***

Confidentiality requirements in the Special Education Law can inhibit open communication among agencies.

The Commission thanks MASS leadership for generously hosting this focus group that will help inform efforts of the Commission and Department. Any questions about the focus group or Commission may be directed to [achievement@doe.mass.edu](mailto:achievement@doe.mass.edu).