

JOINT SELECTMEN AND SCHOOL COMMITTEE MEETING

Wednesday, February 7, 2018  
Estabrook Hall, Cary Memorial Building  
7:00 PM

**AGENDA**

**ITEMS FOR INDIVIDUAL CONSIDERATION**

- |    |  |           |
|----|--|-----------|
| 1. | Recap of September 27th Joint Meeting and Meeting Objectives (10 min.)                                     | 7:00 p.m. |
|    | Carl F. Valente, Town Manager;<br>Mary Czajkowski, Superintendent of Schools;<br>Wendy Rundle, Facilitator |           |
| 2. | Presentation of Municipal Mental Health Services (45 min.)   | 7:10 p.m. |
| 3. | Presentation of School Department Mental Health Services (45 min.)   | 7:55 p.m. |
| 4. | Questions and Comments (20 min)  | 8:40 p.m. |

**ADJOURN**

- |    |                         |           |
|----|-------------------------|-----------|
| 1. | Anticipated Adjournment | 9:00 p.m. |
|----|-------------------------|-----------|

The next regularly scheduled meeting of the Board of Selectmen is scheduled for Monday, February 12, 2018 at 7:00 p.m. in the Selectmen's Meeting Room, Town Office Building, 1625 Massachusetts Avenue.

*Hearing Assistance Devices Available on Request  
All agenda time and the order of items are approximate and  
subject to change.*

  
Recorded by LexMedia

## **AGENDA ITEM SUMMARY**

### **LEXINGTON JOINT BOARD OF SELECTMEN AND SCHOOL COMMITTEE MEETING**

#### **AGENDA ITEM TITLE:**

Recap of September 27th Joint Meeting and Meeting Objectives (10 min.)

#### **PRESENTER:**

Carl F. Valente, Town Manager; Mary  
Czajkowski, Superintendent of  
Schools; Wendy Rundle, Facilitator

#### **ITEM NUMBER:**

I.1

#### **SUMMARY:**

#### **SUGGESTED MOTION:**

#### **FOLLOW-UP:**

#### **DATE AND APPROXIMATE TIME ON AGENDA:**

2/7/2018

7:00 p.m.

## **AGENDA ITEM SUMMARY**

### **LEXINGTON JOINT BOARD OF SELECTMEN AND SCHOOL COMMITTEE MEETING**

#### **AGENDA ITEM TITLE:**

Presentation of Municipal Mental Health Services (45 min.)

#### **PRESENTER:**

Charlotte Rodgers, Director of Human  
Services; Melissa Interest; Assistant  
Director of Senior Serv.

#### **ITEM NUMBER:**

I.2

#### **SUMMARY:**

Human Services staff will present an overview of the mental health services offered in Municipal Departments.  
Other staff participating:

- Kelly Axtell, Assistant Town Manager
- Koren Stembridge, Library Director
- Melissa Battite, Director of Recreation and Community Programs
- Peter Coleman, Assistant Director, Recreation and Community Programs
- Christine Dean, Community Center Director
- Mark Corr, Police Chief
- John Wilson, Fire Chief
- Derek Sencabaugh, Assistant Fire Chief
- Gerard Cody, Health Director
- Susan Barrett, Transportation Manager

#### **SUGGESTED MOTION:**

NA

#### **FOLLOW-UP:**

#### **DATE AND APPROXIMATE TIME ON AGENDA:**

2/7/2018

7:10 p.m.

#### **ATTACHMENTS:**

Description		Type
	Overview Presentation	Presentation
	Informational Material	Backup Material

# Mental Health Summit

Joint Presentation to Board of Selectmen & School Committee

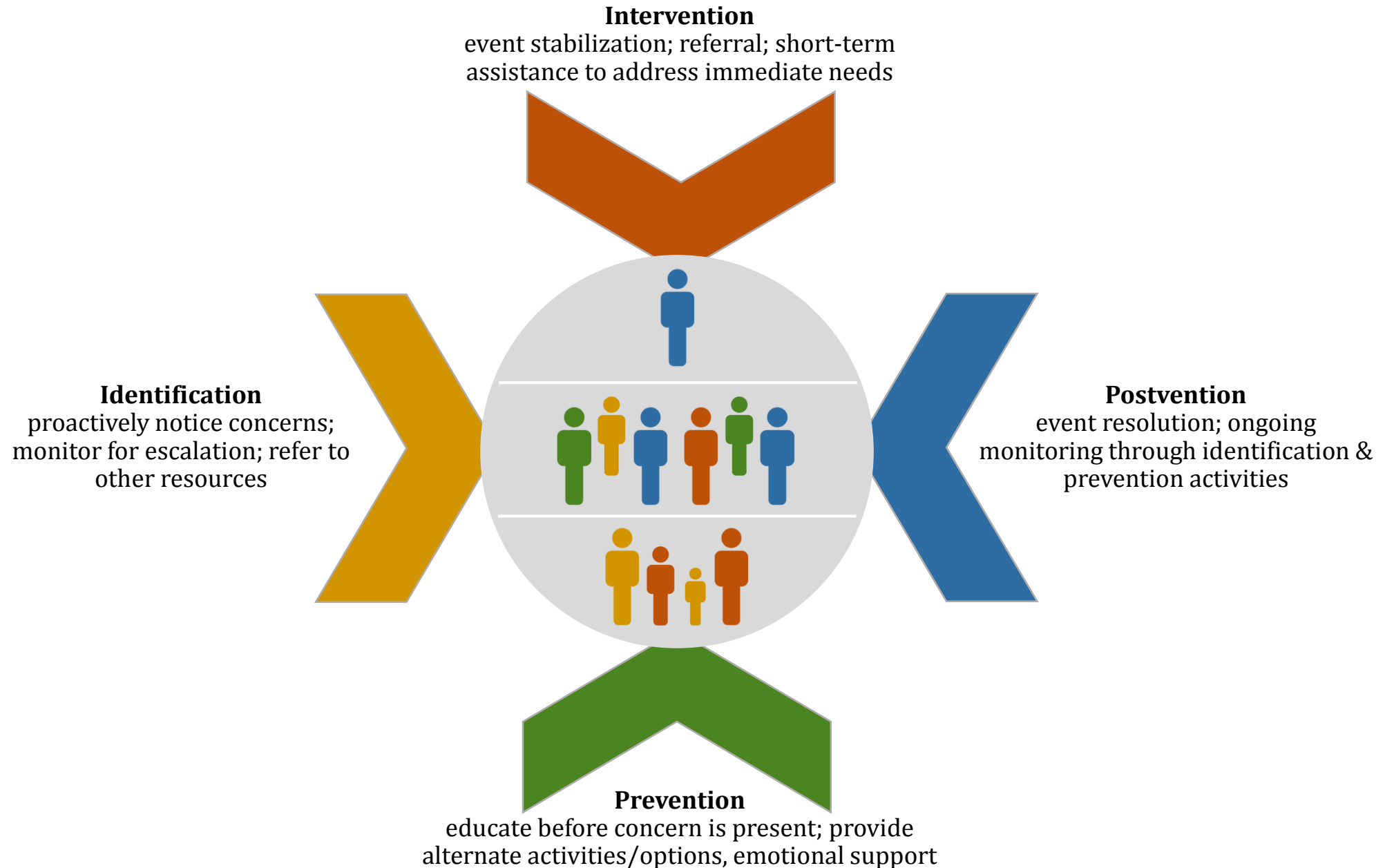
February 7, 2018



## **Town of Lexington Municipal Staff**

Town Manager, Assistant Town Manager, Human  
Services, Police, Fire, Health, Recreation &  
Community Programs, Library

# Integrated Approach to Mental Health Services for Lexington Residents



# Identification



## Who Identifies Concerns:

- Municipal Departments
  - Fire
  - Health Department Staff
  - Human Services Staff
  - Library Staff
  - Police
  - Recreation & Community Programs Staff
  - Town Offices Staff
- School Department Staff
- Housing Authority Staff

- 
- Community Agencies (postal carriers, utilities)
  - Community Providers/Groups
  - Faith Communities
  - Family
  - Healthcare Providers/PCP
  - Local Businesses
  - Neighbors/Friends/Colleagues
  - Sports/Coaches

## What They Do:

- Observe changes in a person's presentation or behavior
- Identify at-risk environments
- Monitor situation for escalation
- Assess immediate well-being
- Refer to other departments/resources/programs
- Investigation of complaints
- Move to intervention, as situation dictates

## Case Example:

- Senior visits Community Center everyday
- Staff notice changes in self-care (odor, unclean clothing)

# Prevention



## Who Provides Prevention:

- Municipal Departments
    - Fire
    - Health Department Staff
    - Human Services Staff
    - Library Staff
    - Police
    - Recreation & Community Programs Staff
  - School Department Staff
  - Citizen Committees (COA, Human Services, Recreation)
- 
- Community Providers/Groups
    - LYFS, Inc.
    - Riverside Community Care
  - Community Volunteers/Seasonal Staff
    - Coaches
    - Chaperones
    - Camp Counselors
    - Scouts
  - Faith Communities
  - Local Business Sponsors

## What They Do:

- Identify community priorities and trends
- Education (individual, group, family)
- Individual and group support
- Training programs, such as:
  - Mental Health
  - Personal Safety
  - Suicide Prevention
  - Drug/Alcohol/Substance Abuse
- Community forums
- Affordable, safe alternative activities
  - Family fun night
  - Sports
  - Classes
  - Youth Camps
- Collaborate with At Risk Team (Police, Fire, Human Services)

## Case Example:

- Documented increase in overdoses in Lexington over last 5 years
- Town/School/Community offers screening of the Wahlberg film "If Only"

# Intervention

## Who Intervenes:

- Municipal Departments
    - Fire
    - Police
      - School Resource Officer
      - Family Services Detective
    - Health Department Staff
    - Human Services Staff
  - School Department Staff
  - Regional Emergency Assistance
  - Court System
  - Mandated Reporters
- 
- Community Providers/Groups
    - DCF (Dept of Children & Family)
    - MMSS (Minuteman Senior)
    - Crisis Services (Riverside, DVSN, Advocates)
  - Faith Communities
  - Mandated Reporters

## What They Do:

- Event stabilization
  - Assessment/triage
  - De-escalate
  - Safety
- Take action
  - Transport (hospital, shelter, home)
  - Engage other providers
- Referral
- Short-term assistance to address immediate needs
  - Mandated reporting to State agencies (DCF, Elder Protective)
  - Financial assistance
  - Short-term relocation
  - Resource provision to ensure basic needs (food, clothing, medication)
- Organize response to community/public

## Case Example:

- Resident verbally aggressive; threatens to harm a neighbor
- Police/Fire respond to assess and coordinate section 12 (involuntary hospitalization)



# Postvention

## Who Provides Postvention:

- Municipal Departments
    - Fire
    - Health Department Staff
    - Human Services Staff
    - Library Staff
    - Police
    - Recreation & Community Programs Staff
  - School Department Staff
  - Housing Authority Staff
- 
- Community Providers/Groups
    - Private Non-profits
    - Counselors/Therapists/Social Workers/Medical Professionals
  - Faith Communities
  - Subject Matter Experts (grief, trauma, suicide)

## What They Do:

- Communication (public, interdepartmental, interagency)
- Follow established protocols
- Event resolution
- Ongoing monitoring
- Community education
- Support
  - Emotional
  - Basic necessities
  - Financial

## Case Example:

- Town experiences two suicide deaths of Lexington High School students
- Town/School/Community organized resources and community meeting



# Challenges & Opportunities

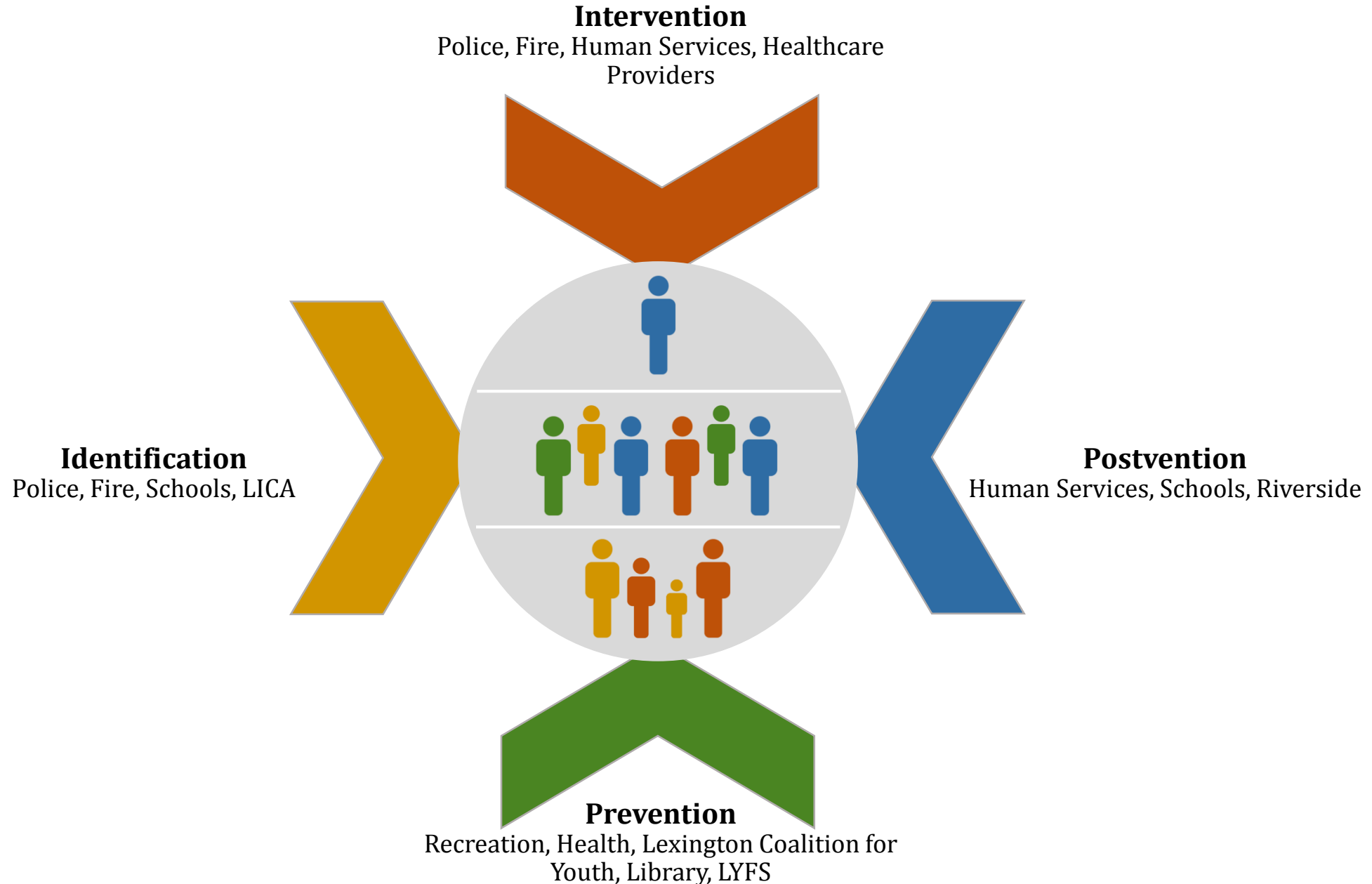


- Stigma still exists re: mental health issues
- System limits that cause issue to present again (premature release from hospital)
- Capacity of MH system to handle caseload
- Access to needed longer-term services/resources due to insurance limitations
- Funding limitations
- Limitations (legal and role of personnel)
- Confidentiality (and varying definitions of such)
- Collaboration with non-Town staff (e.g. Housing Authority)
- Limits of Municipal staffing
- Expectations of others' roles vary
- Need standardized procedures and protocols for interdepartmental communication
- Incomplete data systems (systems don't communicate)
- Single system to communicate programs and events that are happening throughout the town
- Intervention/involvement requires consent
- Training – to identify signs of mental health issues
- Capacity to self-direct care
- Staff continuity and consistency across shifts may impact ability to identify patterns of risk
- Inconsistent risk assessment
- Tolerance levels for risk vary
- Alignment of protocols between Municipal and School
- Outreach to those in need (low target audience participation)



Where there's a challenge, there's an opportunity to create collaboration.

# Collaboration Opportunities in Lexington Mental Health Services





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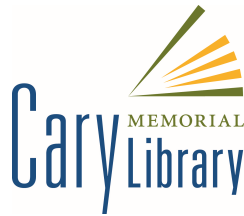
# OVERVIEW – MENTAL HEALTH AND RELATED PROGRAMS

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Town of Lexington – Municipal Departments



FEBRUARY 7, 2018  
PRESENTED TO THE BOARD OF SELECTMEN AND SCHOOL COMMITTEE



## Responding to Mental Health Needs in the Community

### Library Materials -

Library staff are frequently asked for mental health/wellness related resources. We treat these requests like we would treat any other request for information and do our best to connect the patron with the information they are seeking. The library collection includes many titles for individuals looking to learn more about mental health and wellbeing. We have a special "Teen Issues" collection with books specifically for teens.

### Library Programs and Services-

Most of the library's programming does not focus specifically on mental health topics, but we have hosted programs that foster wellness - including programs on meditation, stress relief, and other life skills.

Our Teen Services Manager has been very proactive in her work around student stress. Some programs/decisions that reflect this approach include:

- Providing a "tutor-free" zone in the Teen Space, keeping the space more relaxed (and noisy)
- Providing stress relief activities/programs during LHS finals weeks - including having a therapy dog on site
- Offering Teens the opportunity to start clubs/activities that engage and empower younger students
- Providing many opportunities for teens to relax work with their hands - either on art projects, technology programs, or in a ukulele club
- The Teen Space's Art Wall that showcases student creativity

### Library Facility -

The Cary Library is a public building that is free and open to all, and we do sometimes become aware of individuals who are suffering from mental illness. There are, no doubt, many more who do not come to our attention because they are able to navigate the facility within the parameters of acceptable use. We treat these patrons as we would any others - we ask them to modify the specific behaviors that do not adhere to our policies.

### Crisis Management -

When crises arise, we reach out to the appropriate entity for support. Depending on the situation, that may be the Human Services Department, the Police, the LPS (School Resource Office, Prevention Specialist, teachers, or others), or to family members of the person in crisis.

### The Library's Needs in this Area:

- Ongoing staff training to better navigate our work with the public
- Partnerships that bring mental health/wellbeing programs to the library

### Key Contacts

Koren Stembridge, Director at 781-862-6288 Ext 84401

Emily Smith, Assistant Director at 781-862-6288 Ext 84402

## **Fire Department**

The Fire Department is one of Lexington's first responders, as such we often have initial contact with people having mental health issues, whether they are in full blown crisis or show the signs and symptoms, we use our training to see that these people get the help they require. Sometimes this involves transportation in the ambulance to an appropriate facility and other times it may be a simple referral to a program specific to their needs.

When folks call us they are inviting us into their home, it may be for an emergency or for an inspection, and during this visit we perform a visual inspection into how these people live out their day. We look for signs of hoarding, malnutrition, and over medication to name a few. If we identify something that looks out of the norm, we may address it with the individual that we have contact with, or we may refer this person to the Human Services Department for a follow up. As mandatory reporters if we feel that there is some type of an abuse situation happening we will report it to the State.

### **Training**

All of our firefighters have mental health crisis training as part of our EMT/Paramedic recertification refresher training. We are taught to identify people heading towards a crisis, possible triggers and how to avoid them, and talking people down from a crisis. One of the most important part of the training is knowing our limits and that our brief encounter with these people will in no way cure them. Most people suffering from mental health issues require long term assistance.

### **Departmental Collaboration**

We have monthly meetings between us, the police and human services departments to discuss "at risk" people. During these meetings we compare notes on individuals so that we may intervene prior to a problem becoming worse. The schools are represented through the police resource officer. Many times we find that several of the departments might know an individual through separate contacts. Unfortunately we still have people fall through the cracks, with four different working shifts we may visit the same person on multiple occasions and not seeing the connection right away. We have tried to better communicate internally to prevent this from happening.

Typically we have seen an escalation of people who are having difficulty getting the help they need, whether it be due to insurance constraints or lack of practitioners we don't know.

### **Key Contacts:**

Immediate Response: Please call dispatch at 781-862-0270

At Risk: Firefighter Paul Bates at 781-862-0272 Ext 118

## **Lexington Office of Public Health, (LOPH)**

### **Services that are currently available:**

- Medical Waste Collection-
  - LOPH offers walk-in drop off of unwanted medicines and medical sharps during business hours
  - 4 Medical Waste Drop Off events each year.
  - (New in 2018) 24 hour access to medical waste and sharps kiosks outside of TOB.
- Mental Health First Aid Classes
  - LOPH has sponsored both Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) to the general public, LPS teachers and staff, and concerned parents. Several grant opportunities from CHNA-15 have focused on providing these classes at no cost to the participant.
- State Sanitary Code Enforcement
  - LOPH conducts State Sanitary Code Inspections (when invited into the dwelling by the occupant or an administrative search warrant issued by Concord District Court) for homes in deplorable condition. Homes in deplorable conditions are sometimes inhabited by residents with mental health issues. Code enforcement inspections are sometimes the first step in allowing other social service agencies to offer services related to mental health and other home care services.
- Participate in Monthly Task Force Meetings
  - LOPH, along with Police, Fire, Human Services and other departments participate in monthly interdisciplinary “Task Force” meetings are a way to share critical information about complicated cases (situations where residents may be at risk to lose their housing) are discussed and interdepartmental collaboration is utilized for the benefit of the resident.

### **Unmet Needs for Mental Health:**

- Hoarding Clean-up
  - Oftentimes a homeowner lacks the funds to adequately clean up their home after their home has been deemed Unfit for Human Habitation by the Board of Health. In cases like these, a lien may be put on the property, or the resident may be at risk for losing their housing
- Services for those under 60 Years of Age
  - Residents under the age of 60 years who are in a hoarding situation do not have access to the same level of services available to those who are over 60 years and able to access Senior-related social services.

### **Key Contacts for the Lexington Office of Public Health:**

- Gerard Cody, REHS/RS, Public Health Director, 781-698-4503 or by email [gcody@lexingtonma.gov](mailto:gcody@lexingtonma.gov)

## **Human Services Department Services/2017**

The Human Services Department provides a continuum of services to Lexington residents of all ages. Individual work with residents may include:

- Emergency Response as requested by Police, Fire, Health and School Departments
- Assessment (mental health, psychosocial, financial)
- Crisis intervention
- Connecting to resources (Information & Referral)
- Connecting to subsidy programs and insurance
- Short term counseling and stabilization
- Connection to long term therapeutic supports
- Support groups, discussion groups, classes, lecture series, creative expression groups & interactive programs
- Caregiver support
- Case management and coordination of services
- Clinical consultation to other Town departments
- Home visits by RN or Social Worker
- Veterans Health Care Referrals – includes assessment & mental health supports
- Community Outreach to underserved populations
- Homeless outreach and services
- Holiday outreach and programs
- Transportation
- Socialization

The Human Services Department also provides prevention programming and special projects, often in collaboration with other Town departments:

- Opioid Crisis Education & Prevention programming
- “Hidden in Plain Sight” Drug & Alcohol prevention
- Grief Workshop for Parents
- Grief Workshop for Adults
- Parent Support Groups
- Collaboration with SHAC, SADD, Parent Academy

Unmet needs:

- Emergency and supportive housing availability
- Difficulty finding therapists that accept Mass Health – long wait lists
- “Bandwidth” for department to provide robust education and prevention services programming (youth groups, parent groups)

### **Key Contacts:**

Charlotte Rodgers, Director of Human Services at 781-698-4841

Melissa Interest, Assistant Director of Senior Services at 781-698-4842

Phillip Doyle, Interim Youth and Family Social Worker at 781-698-4843

**Mental Health Services**  
**Lexington Police Department**  
**Chief Mark Corr**

The Police Department's role as a first responder within the community results in numerous interactions with individuals with mental health issues. The different scenarios are too numerous to list and may involve low level motor vehicle encounters through intense encounters whereby a person is violent and threatening public safety. Police officers and Dispatchers are often the first to identify or interact with someone who needs mental health services. The Lexington Police Department has taken the International Association of Chiefs of Police "One Mind Pledge" whereby 100% of the Police Department will be trained in mental health first aid within 36 months with 20% trained in crisis intervention. See also <https://www.mentalhealthfirstaid.org/i-pledge/>.

Other services include:

**Patrol and Dispatch**

- All officers/dispatchers receive mental health response training in the academy and in-service
- Dedicated Lexington PD policy 41O, Handling the Mentally Ill, [https://www.lexingtonma.gov/sites/lexingtonma/files/pages/41o-handling\\_the\\_mentally\\_ill\\_2016.pdf](https://www.lexingtonma.gov/sites/lexingtonma/files/pages/41o-handling_the_mentally_ill_2016.pdf)
- Advocates; 24-hour emergency psychiatric services in Waltham MA
- RMV immediate threat screening for motorists
- "At Risk Notification" e-mail for police, fire, public health, and dispatch to report Lexington's "At Risk" team

**Detective Bureau**

- **Family Services Detective**; handles all domestic issues including disputes, violence, runaway and self-destructive behaviors
- **Community Resource Detective**; offering crime prevention and recovery services; youth programming and safety initiatives
- **School Resource Officer**; weekly meeting with school deans; Youth Commission liaison; ALICE training; LHS Criminal Justice club; safety awareness and liaison with student population
- **Suburban Middlesex County Drug Task Force Detective**; helping to identify drug issues in Lexington and the region; training on drug trends and general substance abuse awareness training
- **Police Prosecutor**; identifying individuals with mental health or substance abuse issues so as to divert from criminal justice system or use court ordered services such as Chapter 123, Section 35 (30-day confinement for alcohol abuse).

**Lexington PD and Town**

- **At Risk Meeting / Crisis Intervention Team**; monthly meeting with Fire, Health, Police and Human Services to discuss residents at risk (see also "At Risk Notification" e-mail cited above)
- **Community Based Justice**; Monthly meeting with Schools, District Attorney, Probation and Police to discuss youth at risk and potential criminal cases
- **Lexington Community Coalition**; Detective Bureau assists with Steering Committee, reduce alcohol and substance use subcommittee and mental health subcommittee

## Lexington PD and Regional Cooperatives

- **Central/South Middlesex Opioid Task Force**; Monthly meeting with District Attorney to discuss opioid trends and how to respond
- **Metro-Boston Project Outreach**; Monthly meeting with Lexington, Belmont, Newton, Waltham and Weston police to provide services to people suffering from addiction
- **Central Middlesex Police Partnership (CMPP)**; Jail diversion program; Detective Commanders meeting (quarterly); Police Assisted Addiction and Recovery Initiative (PAARI) with a recovery coach; Elliot Community Center grant funded social worker
- **Jail Diversion – Middlesex District Attorney's Office**; identifying youth offenders for diversion from criminal court; Firesetter's program
- **Domestic Violence Service Network**; serving the community where mental health may manifest itself in child abuse, domestic violence, and elder abuse; Central Middlesex Assessment for Safety Team (CMAST) for high risk offenders
- **Communities for Restorative Justice (C4RJ)**; alternative to criminal prosecution (youth and adults)
- **Department of Mental Health**; checks before issuing firearms

Lexington is not immune to the mental health issues in the region. Those that come to the attention of the Police Department and require continuing attention are:

- Alcohol, marijuana, prescription and other drug use and abuse
- Risks to aging community including dementia, Alzheimer's, hoarding and those who are house bound
- Domestic abuse
- Low frequency (in Lexington) / high risk matters: homelessness, opioid overdosing
- Fraud, ID theft, computer crime targeting elders / disabled
- Growing number of group homes and intermediate care facilities in Lexington; potential for lost or wandering individuals
- Increasing use of social media by individuals with mental health issues and locating these individuals after troubling posts

## Key Contacts:

911	Emergency events
781-862-1212 ext 0	Dispatch, non emergency events
781-863-9317	Family Services, Detective Savage
781-863-9324	Community Services, Detective Evelyn
781-863-9213	School Resource Officer, Detective Hankins
781-863-9304	Detective Commander; Civil Rights, Lieutenant J. Barry
888-399-6111	Domestic Violence Service Network; confidential phone number

## **Recreation and Community Programs**

1. The Recreation and Community Programs Department offers services and programs throughout the year to support the development and maintaining a healthy lifestyle with a holistic approach:
  - Safe places (both indoor and outdoor)
    - To play
    - Exercise
    - Socialize
  - Health & Wellness opportunities (organized, individual and drop in)
    - By age, family, intergenerational
  - Life skills
    - Certification classes
      - Babysitting
      - Home Alone Safety
      - CPR/AED/First Aid
      - Lifeguard
    - Swim lessons
  - Employment & Volunteer Opportunities
    - Ages 14 + volunteer
    - Ages 14 + employment
  - Access to programs & services regardless of ability
    - (physical, cognitive or financial)
  - Community Connections
    - Share information resources across town departments & partner organizations via
      - Web/social media/email/program brochure/onsite
2. Unmet needs from a mental health perspective may include:
  - Consistent, year round employment/volunteer opportunities
  - Mentoring (big brother/big sister)

### Key Contacts:

Melissa Battite, Director of Recreation and Community Programs at 781-698-4800

## **AGENDA ITEM SUMMARY**

### **LEXINGTON JOINT BOARD OF SELECTMEN AND SCHOOL COMMITTEE MEETING**

#### **AGENDA ITEM TITLE:**

Presentation of School Department Mental Health Services (45 min.)

#### **PRESENTER:**

Jill Gasperini - Dir. of Nursing; Val  
Viscosi - Dir. of Counseling; Julie  
Fenn - Asst. Cood. Phy. Ed

#### **ITEM NUMBER:**

I.3

#### **SUMMARY:**

School Department staff will present an overview of the mental health services in the School Department.

#### **SUGGESTED MOTION:**

NA

#### **FOLLOW-UP:**

#### **DATE AND APPROXIMATE TIME ON AGENDA:**

2/7/2018

7:55 p.m.

#### **ATTACHMENTS:**

Description		Type
<input type="checkbox"/>	Overview Presentation	Presentation
<input type="checkbox"/>	Informational Material	Backup Material

# LEXINGTON PUBLIC SCHOOLS

## Comprehensive Approach to Mental Health Programs & Services



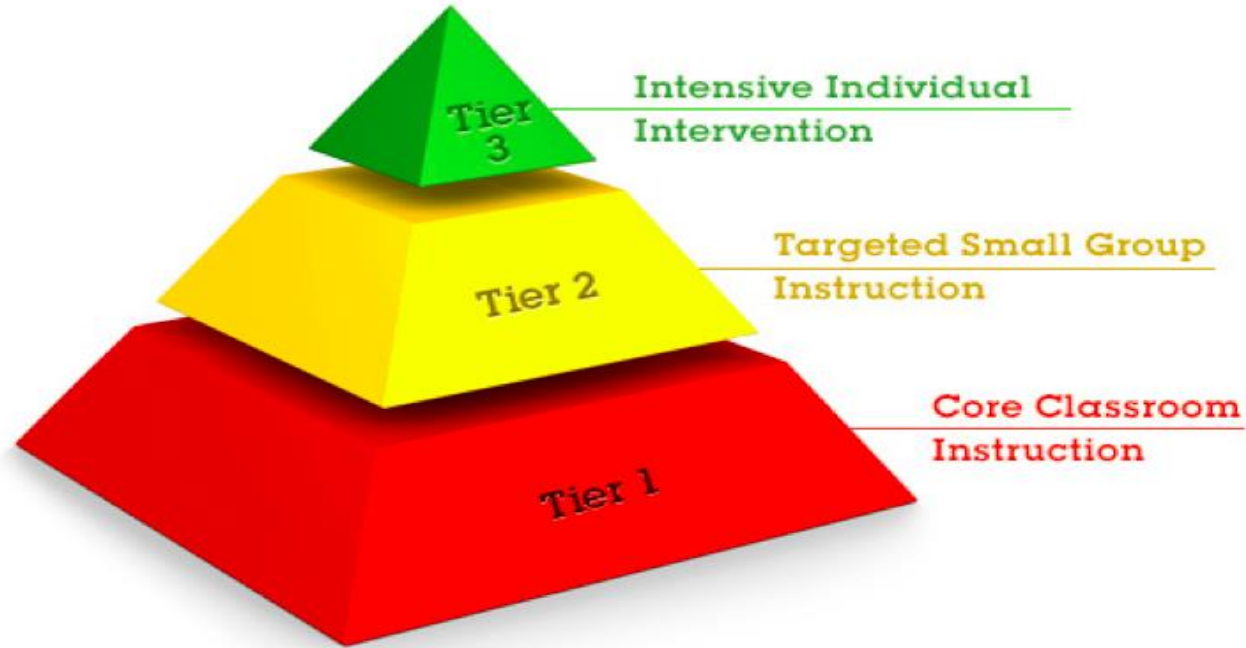




***"I cannot teach the head when the heart is broken or the mind is troubled"***

**Parkway School District Teacher of the Year, St. Louis, MO**

# Continuum of Programs & Services



RTI (Response To Intervention)  
**3 Tiers of Support**

# Social Emotional Learning (SEL) for Prevention, Intervention, Postvention



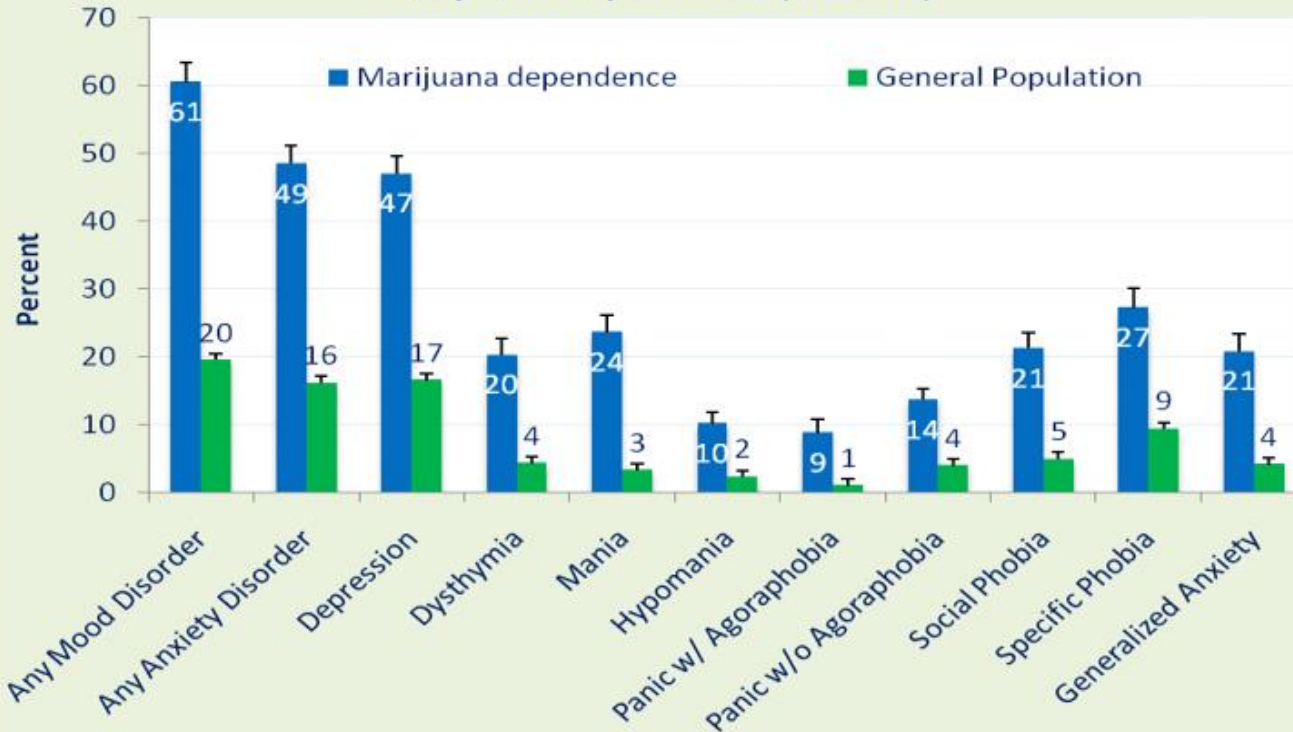
**Lexington Health Education  
builds strong minds, bodies and a healthy...**



# Mood and Anxiety Disorders

National Epidemiological Survey on Alcohol and Related Conditions

Mood & Anxiety Disorders Among Respondents with Marijuana Dependence (NESARC)



Greater risk of developing a mental illness

Double the risk of depression and anxiety disorders.

Triples the risk of suicidal thoughts & behaviors

Increased risk of Schizophrenia

# Counseling & Social Work



# Health Services District Wide - 1 RN per 500



# Student Health Problems



ADHD/ADD	275
Anxiety	161
Autism Spectrum Disorder	146
Depression	65
Suicide Ideation	42
Grief	36
Self Harm	28
Obsessive Compulsive Disorder	17
Eating Disorder	10
Post Traumatic Syndrome	9
BiPolar Disorder	3
School Avoidance	2
Substance Abuse Disorder	2

# Behavioral Care

## OFFICE VISITS YTD: 25,440

**Nurses gave 6 times more psychotropics**

Coping Enhancement/Reassurance	1,918
Psychotropic medication Administered	1,119 doses
Behavioral Health Assessment	405
Anxiety Reduction	90



# SBIRT - TEEN SUBSTANCE USE PREVENTION

## VERBAL SCREENING TOOL

# Screening Brief Intervention Referral for Treatment

1000 STUDENTS SCREENED FOR SUBSTANCE USE

# Faculty & Parent Programs



# School, Town & Community Partners

## Town of Lexington Youth & Family Services



**LEARNING COMMUNITY SYMPOSIUM on *PREVENTING SUICIDE***

# School, Town & Community Partners



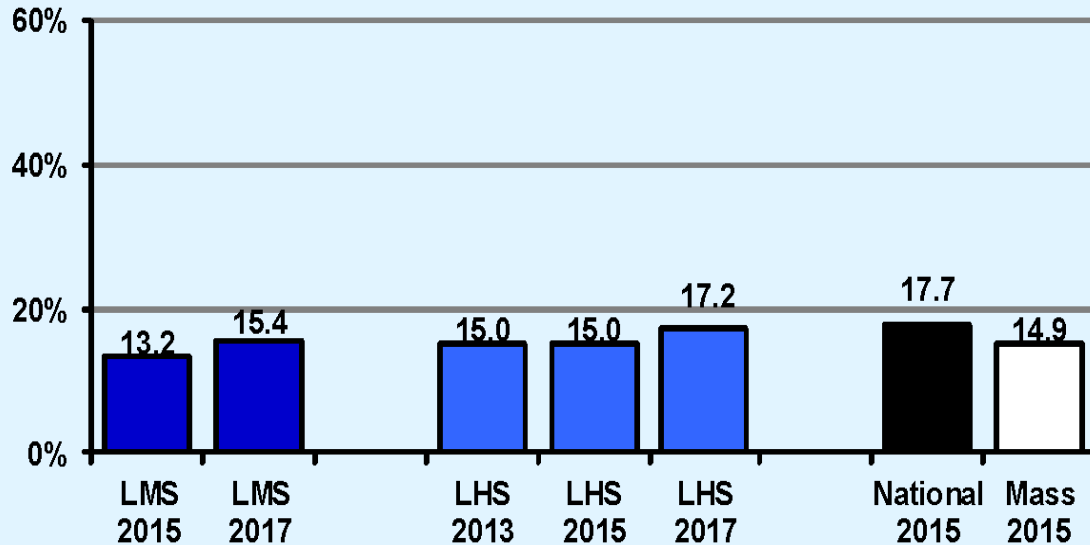
MENTAL  
HEALTH  
FIRST AID



Photo courtesy of Ken Tremblay [www.firenews.org](http://www.firenews.org) [www.massmetrofire.org](http://www.massmetrofire.org)

# Challenge: Identify At-Risk

## SERIOUSLY CONSIDERED SUICIDE



## LPS Youth Risk Behavior Survey

15.4% of middle school students  
17.2% of high school students

seriously considered suicide in the  
last 12 months.

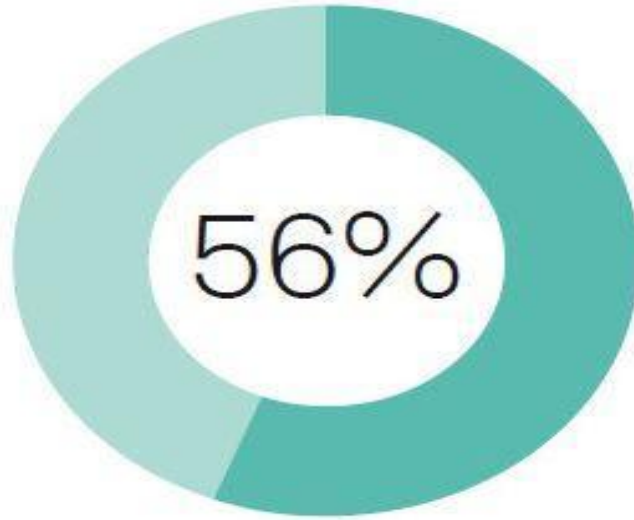
versus

## LPS Student Self-Injury & Suicide Ideation Response Protocol

3% of middle & high school  
students

were screened for suicidal ideation

# Lexington



Only about half of parents/guardians

Were aware of the student's suicidal thoughts or feelings

# Challenge/Need: Access to Care

waiting lists

insurance/costs

availability of specialty areas

navigating systems

stigma

cultural or linguistic factors

culturally competent service providers

# Lexington



Less than half of our students screened by

*Student Self-Injury & Suicide Ideation Response Protocol*

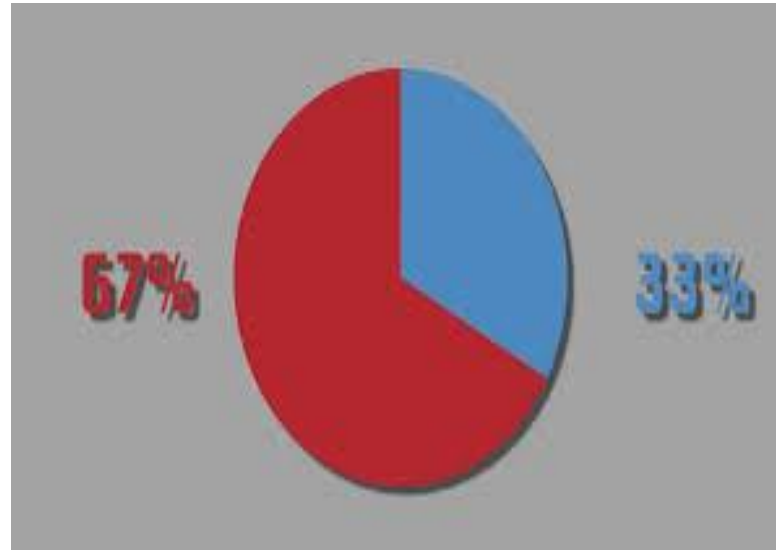
have a community-based mental health service provider (therapist)

# Challenge: Unmet Adult Needs



# **LPS Child Abuse & Neglect Reports to DCF 2016-17**

**69 reports**



**$\frac{2}{3}$  of reports involving Lexington adult residents**

# **Lexington Community Adult Challenges Impacting Children**

**mental illness**

**domestic violence**

**substance abuse**

**anger management and discipline**

**financial strain**

**unemployment**

**resistance to counseling**

**deportation**

**parenting difficulty with firmness, limit setting, balance of activity and rest,**

**sleep**

**supervision & monitoring**

# Moving forward to A Model of Excellence for LEXINGTON

**Whole School,  
Whole Community,  
Whole Child,  
CDC Exemplar**



LEXINGTON PUBLIC SCHOOLS

## **Mental Health Programs & Services**



**Updated 02/2018**

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    - 2. Social Emotional Learning Blocks
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  - F. Structures, Protocols & Initiatives
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  - H. Faculty Professional Learning
  - I. Parent Programs
  - J. Town of Lexington & Community Partners
- IV. Challenges & Unmet Needs

***"I cannot teach the head when the heart is broken or the mind is troubled"***

**Parkway School District Teacher of the Year, St. Louis, MO**

## **I. Introduction**

The Lexington Public Schools seeks to support the education, development and wellness of the whole child, so they can be their best physically, socially, emotionally, behaviorally and academically. Mental health programs and services play a critical role in students' healthy development and readiness to learn.

The LPS recognizes that coordinated, multidisciplinary mental health programs and services are most effective in equitably promoting the mental health and wellness of our students. Our programs and services are delivered by counselors, social workers, psychologists, health educators, prevention specialists, nurses, teachers, administrators, special educators and others.

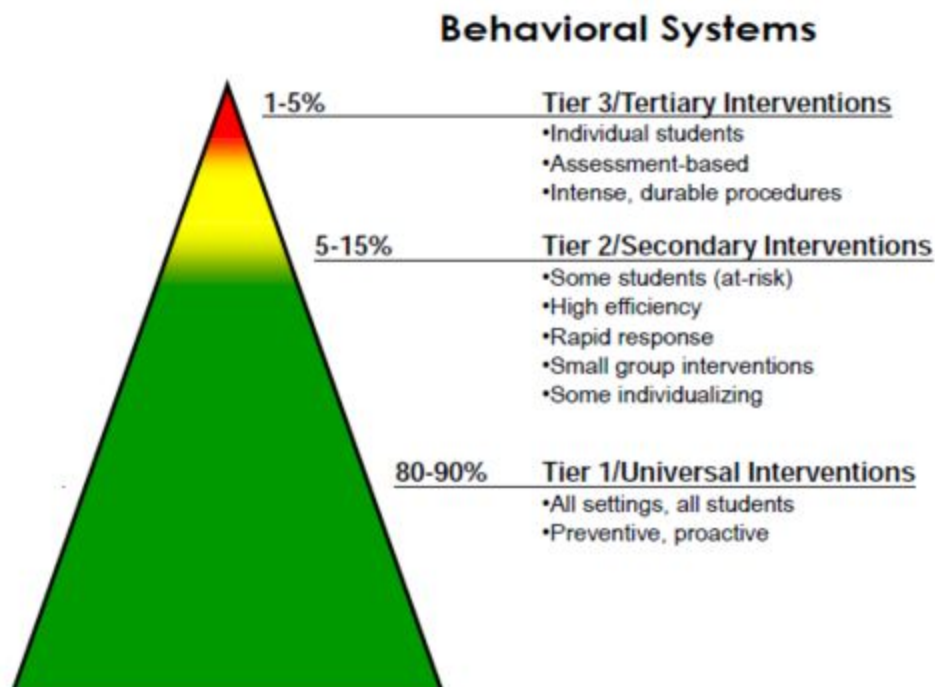
Programs and services provide a balance of universal prevention and targeted intervention to assist students in maximizing their access to the Lexington Public Schools educational programs, and to be college and career ready upon graduation from high school. Our programs and services are comprehensive in scope, preventive in design, and developmental in nature. The LPS uses data to identify areas of strength and need, to focus prevention and intervention efforts, and to monitor progress and guide implementation.

## II. Guiding Framework & Structures

### ***Response to Intervention Framework***

The LPS mental health programs and services are designed and delivered in accord with the *Response to Intervention (RtI)* multi-tier approach based in prevention, with early identification and support of students with mental health needs.

RtI is often depicted as a triangle, indicating that the percentage of students needing more intensive intervention becomes smaller as the tiers progress.



The multi-tier model includes three tiers relating to prevention and intervention:

- **Tier 1** refers to evidence-informed, schoolwide prevention programs and practices that teach positive behaviors, promote social emotional development, and ensure a school climate conducive to learning.
- **Tier 2** refers to the use of evidence-informed, short-term interventions focused on improving mental health, and academic and social-emotional engagement. For example, these interventions target conflict resolution, social skills, mental health needs, and short-term crisis situations that do not require more intensive tier 3 interventions. On the basis of data demonstrating a lack of response to tier 1 interventions, students are referred for the additional support offered at tier 2.

- **Tier 3** refers to the use of evidence-informed, long-term interventions. Tier 3 interventions are provided to students who have serious mental health problems that constitute a chronic condition that has not responded to tier 1 or tier 2 interventions. The goal of this tier is to reduce the negative impact of the condition on a student's functioning. Tier 3 interventions involve intensive individualized strategies that are implemented for extended periods of time and frequently involve community agencies.

A strength of our LPS program is that we provide robust prevention at Tier 1 that is aimed at providing all students with the skills necessary to fully access the curriculum. We provide intervention services that are focused on specific needs of individuals and groups early and often within the general education program to preclude escalated need at higher tiers. This is a significant asset compared to other communities where resources are such that there is little prevention provided, and students must demonstrate substantial need to qualify for tier 2 and 3 programs and services.

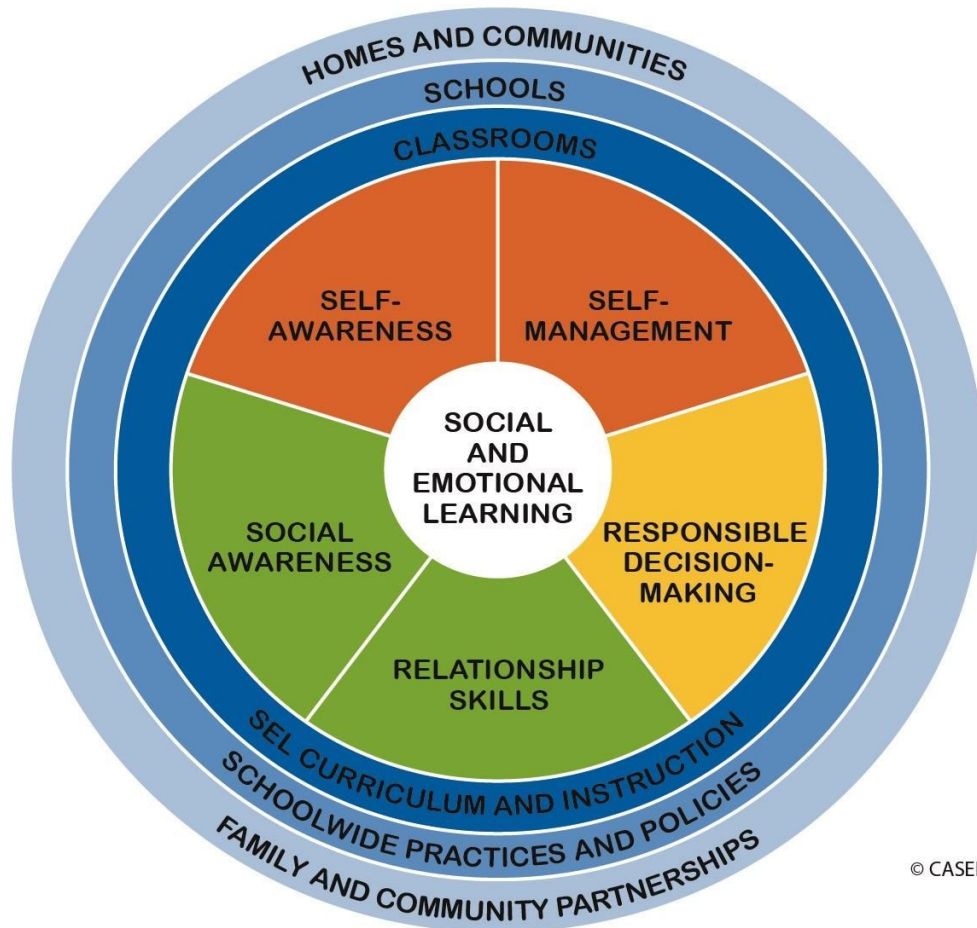
### **Structures for Identification and Referral**

The LPS have established structures for routinely reviewing data and information for early identification of students or groups of students who may be in need of additional supports beyond universal prevention. These structures include multi-disciplinary teams, including administrators, teachers, counselors, social workers, nurses, and special educators (e.g. Mental Health Teams, Child Study Teams, Student Support Teams, Response to Intervention Teams, Child Protection Teams, Data Teams, etc.). The teams meet regularly to review data and information to identify student need (e.g. social-emotional indicators, assessments, attendance, grades, nursing and counseling data, disciplinary records, time out of the classroom, teacher, parent, and self-report, observation, etc.), construct appropriate intervention plans, and monitor progress. Teams utilize referral forms and rubrics to collect information to inform the teams in constructing intervention plans that are most effective in responding to student need.

### III. Lexington Public Schools Mental Health Programs & Services

#### **Social Emotional Learning**

Social emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.



#### ***Positive Behavioral Interventions & Supports***

*Positive Behavioral Interventions & Supports (PBIS)* is a school-wide system of support that include proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school culture.

Examples of PBIS in the LPS include:

Bowman's *Star Bear*

Bridge *Patriots*  
Estabrook's *Estabees*  
Fiske's *Whoot Owl*  
Harrington *Hawks*  
Hastings *Heros*  
Clarke's *BARK*  
Diamond's *DRUM*  
LHS *Challenge Day*  
LHS *Make Happy Happen*

### The Rock Room

A space at Lexington High School specifically designed for student relaxation, decompression and stress-reduction. Spearheaded by the Peer Leaders under the supervision of a social worker, all students are welcome to sign-in, paint a rock, chat with peers, and/or practice mindfulness.

### **Social Emotional Learning Blocks**

Time is designated during the school day for social-emotional learning through a various structures including:

- Morning Meeting
- Social Emotional Learning Blocks
- All School Assemblies & Meetings
- What I Need (WIN) and Intervention Blocks (iBlock)

Teachers and specialists provide universal and targeted curriculum during these times, using evidence-based curriculum, including *Open Circle*, *Responsive Classroom*, *Second Step*, *Social Thinking*, *Zones of Regulation*, *Mind-Up*, *7 Habits of Highly Effective Students*, *Olweus Bullying Prevention Program*, etc.

## **LPS Physical Education, Health Education Curriculum and Prevention Program**

The Lexington Public Schools K-12 Health, Prevention and Physical Education Department is based on national and state PE and health standards. Our mission is to promote lifelong learning through physical activity, exercise, & social emotional learning. We provide cognitive information, behavioral skills and affective experiences that enable students to face a range of life situations, choices and consequences. Through our comprehensive and quality program, our students will develop into individuals who value and maintain physically active lifestyles and demonstrate positive cognitive, social and emotional health and well-being. This curriculum is designed to develop a variety of skills including health and physical literacy; thereby, fostering resiliency and self-esteem within each student. Activities and skills are modified when necessary to ensure all students are successful.

- A comprehensive approach allows for cumulative learning and skills practice across the grades.
- “Ensure that all skills build progressively on one another, and that students will have sufficient time and opportunity to successfully develop skills relevant to all essential concepts across topics and grade levels.” CDC School Health- HCAT
- Targets preventable causes of illness and death among adolescents by prioritizing early intervention and prevention and influencing student behaviors at the individual, peer, family, school and community.
- Not just teaching skills but changing behavior.
- Builds protective factors; decreases risky behaviors
- PE and Health seeks to teach students to participate in active, purposeful movement at all grade levels as a prevention strategy for emotional and physical wellness. All of the fitness centers are open to all students for personal fitness opportunities several times per week after school. In the YRBS students consistently identify physical activity as a top strategy for reducing/coping with stress.

### **Elementary Schools**

- 5th grade Human Growth and Development Lesson that meets the standards of the Comprehensive Health Frameworks. Partner with school nurses and classroom teachers to teach 2 lessons
- Activity-based health lessons on fitness, exercise, nutrition, and safety taught through PE classes
- 5th grade Healthy Choices Lessons taught by Prevention Specialist and Student Peer Educators
- Program review: Recommendation to reinstate comprehensive, centralized elementary health education, K-5 National and State Health standards that include mental health and stress reduction lessons
- PE two times a week for 30 minutes
- PE teachers support and assist in any building based SEL initiatives.

## **Middle Schools**

- 7th and 8th grade comprehensive health education classes 2 times/week for one semester
    - Course content includes but not limited to:
    - Wellness Wheel
    - eating disorders
    - self-esteem and positive body image
    - What is resilience and how do students build capacity to become more resilient
    - stress, coping skills and management
    - depression
    - signs of suicide
    - healthy relationships
    - bullying and cyberbullying
    - drugs and the developing brain
    - drug education
    - decision making and refusal skills
    - technology: healthy behaviors, risks
    - internet safety and appropriate use of social media (includes impact technology/social media have on mental health)
- PE classes meet two times per week for 50 minutes per quarter all 3 years

## **High School**

Freshman and Junior comprehensive health education 2 times/week for one semester

### **ADH I (Junior Health)**

Communication Skills

Healthy & unhealthy relationships

Bullying, harassment & sexual harassment

Drugs: alcohol, tobacco, vaping, marijuana & emerging drugs, refusal skills

Drugs and the developing brain

Resiliency

Stress, stress management and coping skills

Depression and suicide prevention

Body image, eating disorders

Choices and decisions about sex

Identity: gender & sexual orientation

Social media

Assessing health resources

### **ADH II (Freshman Health)**

Social identity & If You Really Knew Me

Emotional health: stress & coping

Emotional health: depression & suicide (includes co-taught class with counseling department *Signs of Suicide*)

Substance use & abuse; alcohol use & consequences, marijuana & addiction,  
the developing brain & addiction  
Healthy/unhealthy relationships  
Healthy relationships - family, friends, peers and romantic  
Sexual assault, and dating violence  
Sexual orientation and gender identity  
Assessing health resources

Physical Education classes- students are scheduled 2 times/week/quarter and are required to complete 12 quarters or 6 semesters of PE. PE classes offered include:

Yoga  
Pilates  
Dance  
Athletic Training  
Fitness skills for life  
Cooperative Games  
Recreational Activities  
CPR/First Aid  
After School extension of the program in the LHS and MS Fitness Centers  
(available to all students throughout the year)  
Iblock activity offerings for student enrichment

### **Lexington Public School's PE and Wellness Prevention Program**

The Lexington Public School's Physical Education and Wellness Prevention Program in collaboration with students, parents, guardians, town programs/departments and community members are committed to a community-based approach to preventing, postponing, and reducing substance abuse and other risky behaviors among Lexington youth.

The National Institute on Drug Abuse provides core principles and Foundations of Prevention:

1. Propose realistic alternatives to substance abuse
2. Present honest and factual material
3. Enhance protective factors and reduce risk factors: including early aggression, academic failure and dropping out of school

Protective factors:

1. Help youth engage in positive aspects of life helping, caring and goal setting
2. Teach youth strategies that help them recognize external pressures including advertising, role models, peer attitudes to use alcohol, tobacco and other drugs
3. Contribute to the development of cognitive skills to resist these pressures
4. Teach youth social skills to increase their ease in handling social situations and peer pressure, including how to handle stressful situations, decision-making, communication, and assertiveness skills

5. Teach refusal skills
6. Correct misperceptions held by youth about the nature and extent of drug use and other risky behaviors among peers - YRBS data
7. Perceived harm - help/educate youth on the risks and short/long-term consequences of substance use and other risky behaviors

**Prevention Program:**

Health lessons provided by the Prevention Specialist in 5th, 6th, 8th and 9th grades  
Biology initiative in partnership with Children's Hospital, LHS biology and health teachers for all 10th grade biology students

Robust Peer Leader/Educator Program - currently over 350 students, grades 8-12

Parent, community and faculty education

Substance abuse assessments and interventions

SBIRT co-chair and screener

Chair the Substance Abuse Task Force

SADD (Students Against Destructive Decisions) Advisor

Peer Educators

Mock crash, 2 out of 5 Day and student assemblies

Interpersonal Relationship Violence Prevention Initiative

SADD Talks-

The Remedy Project, opioid prevention program, The Head and the Heart: A Better State of Mind (Mental Health and Suicide Prevention), 50 People One Question, Safe and Sound: A dialogue with Lexington Police and Fire, The Power of Understanding, Outside the Box, Parent Academy, Lex Learns presentations to faculty  
Healthy Decisions Social Media Campaign

The Prevention Specialist and health teachers also provide a variety of parent & community education to support and reinforce the health and wellness curriculum.

- Parenting in the College Years: prevention talk on surviving the college years understanding the role of parents in educating and providing support to college age students, mental health and substance abuse education, prevention and accessing resources at college
- Your Middle School Student and Substances: What Are They Learning and What You Should Know
- Keeping Pre-Teens Safe As They Launch Into The Middle School Years: Strategies with Teens for Preventing Risky Behaviors
- Parent Academy: cyber safety; the teenage brain and addiction
- Lex Learns sessions for LPS Staff

**Additional Initiatives and Partnerships:**

- Yoga 12 step Recovery Program (Y12SR) programming for middle school and high school students
- Co-led, with Town of Lexington Human Services, a Family Support group for families with children in recovery from addiction or ambivalent about their addiction (all addictions including substance abuse disorders, pornnography, gaming, etc.)

- Interpersonal Relationship Violence Initiative
- Iblock and WIN initiatives:
  - Mental Health
  - Stress Reduction
  - Sexual Health
  - Peer Leadership Initiatives
- School Health Advisory Council
  - Wellness Policy and Website
  - Parent Academy
  - YRBS- oversight and presentations to community and schools
  - LGBTQ+ Subcommittee/Task force
  - Substance Abuse Task Force - reducing student alcohol consumption
  - Awareness campaign about the health risks associated with marijuana use among youth
  - Addressing student stress and resilience
  - Mindfulness training for faculty, students and parents
  - Increasing physical activity for students including recommendations for middle school
  - Interpersonal relationship violence
  - Health Expert Speaker Series: Student anxiety, stress and depression, marijuana use, mindfulness, Social Host Law

As a result of what we've learned from students, including from the YRBS, the PE and Wellness Department has partnered with:

- LPS Counseling department and School Nurses
- The Biology and World Language departments
- LPS PTO's
- Children's and McLean Hospitals
- Harvard Medical School
- Lexington's Human Service and Public Health departments
- Lexington Police and Fire departments
- Other town and local agencies
- Full-time Prevention Specialist
- Community Coalition

## K-12 Counseling Department Core Curriculum

Our K-12 Counseling Department core curriculum is consistent across grade levels and schools, preventive in design, developmental in nature, within the scope of our work, and current with national standards.

At the elementary schools, counselors and social workers teach two core counseling curriculum prevention lessons per grade level as follows:

- Grade K: Understanding Feelings
- Grade 1: Dealing with Feelings
- Grade 2: Empathy & Working in Groups
- Grade 3: Making & Maintaining Healthy Friendships
- Grade 4: Stress Reduction
- Grade 5: Decision Making

At the middle school level, counselors and social workers teach the following core counseling curriculum prevention lessons:

- Grade 6: Introduction & Role of the Middle School Counselor, and Being a Middle School Learner
- Grade 7: *Signs of Suicide* (co-taught by health educators & counselors in health classes)
- Grade 8: Scheduling & Planning for the Transition to High School

The *Massachusetts Aggression Reduction Center* presents bullying prevention and responsible, healthy digital citizenship for middle school students and parents.

At the LHS, counselors teach/participate in the following curriculum/programs:

- Freshman Seminar: transition to high school, including supports and resources, getting involved, study skills, goal-setting, decision-making, empathy, resilience, positive digital citizenship, affirmative school culture
- 9th Grade: *Signs of Suicide* (co-taught in health classes)
- 9th Grade: *Screening, Brief Intervention, and Referral to Treatment* (co-facilitated through health services)
- Sophomore Seminar: self-discovery and career exploration
- Junior Seminar: post-secondary planning and Career Day
- Senior Seminar: planning for life after high school: decision-making, goals, expectations, and needs
- *Principles of Mindfulness* course

## **Digital Citizenship Curriculum**

At the elementary schools, classroom teachers, librarians, technology specialists, counselors, and social workers collaborate to teach the Digital Citizenship Curriculum, to help create a positive school culture that supports safe and responsible technology use.

- Grade K: student technology contract
- Grade 1: digital citizenship, just right websites, appropriate social use, online behavior, staying safe online
- Grade 2: staying safe online by choosing suitable websites and avoiding sites that are not appropriate, information shared online leaves digital footprint or “trail”, pay attention to head, heart, and gut when navigating online
- Grade 3: pause, think online, staying safe online, what information is safe to share online, behaving appropriately when communicating online
- Grade 4: distinguishing between private and personal information, spam and savvy email practices, online versus in person communication
- Grade 5: responsibilities offline and online, online can become permanent, power of words, don’t write what you wouldn’t say, private and personal information

## **Human Growth & Development**

Teachers, nurses, and counselors collaborate to deliver the human growth and development lessons in Grade 5.

## Targeted & Extension Curriculum

In addition to the core lessons, counselors, social workers, and teachers teach responsive, targeted lessons that address particular needs, and extension lessons that have resulted from implementation of the core curriculum. They address a variety of topics, utilizing a variety of lesson plans and evidence-based curricula addressing a variety of topics, such as:

- *Social Thinking* (social skills)
- *Whole Body Listening*
- *Size of the Problem*
- *Zones of Regulation* (self-regulation)
- *Mind-Up* (mindfulness)
- *Open Circle* (recognizing and managing emotions, empathy, positive relationships and problem solving)
- *Responsive Classroom* (engaging academics, positive community, effective management, and developmental awareness)
- *Second Step* (school success, self-regulation, and a sense of safety and support)
- *Growth Mindset*
- *Dismantling Racism* (diversity/inclusion)
- *Windows and Mirrors* (diversity/inclusion)
- *7 Habits of Highly Effective Students*
- *Class Meetings That Matter* (*Olweus Bullying Prevention Program* to reduce bullying and create a safe and caring school environment)
- Dr. Dan Siegel's *Whole Brain Child*
- *Making Friends is an Art*
- *Invisible Boy* (inclusion)
- Identity lessons (diversity/inclusion)
- Leadership lessons
- Middle school transition
- Personal Space Camp
- Different Ways of Being (identity)
- Lesbian Gay Bisexual Transgender Queer + 101
- Empathy as a Verb
- Grief counseling
- Mantra lesson (positive affirmations)
- Body scans (mindfulness, body awareness)
- Conflict resolution (social media and physical bullying)
- Problem solving
- Meditation group
- Skill-building/coping skills
- Cooperative game playing
- What Does Bullying Mean? Being an Upstander
- Self-regulation strategies
- If You See Something, Say Something
- Impulse control

- Divorce group

Counselors, social workers and teachers also use technology and digital applications to provide needed SEL (i.e. to manage anxiety, build social skills, increase self-regulation, etc.). Apps, websites, videos and emWave are some examples of technology that have been used. For example, emWave technology is an innovative approach to improving wellness and facilitating personal growth based on learning to change your heart rhythm pattern to create coherence, a scientifically measurable state characterized by increased order and harmony in our psychological and physiological processes.

## **Counseling & Social Work**

The Lexington Public Schools have 52 counselors and social workers in our elementary, middle, and high schools who provide prevention, intervention, and postvention programs and services to promote the mental health and wellbeing of all students.

Programs and services provided by counselors and social workers include:

- social emotional learning
- student needs assessment
- individual and group counseling
- behavior plans, strategies, coping tools
- progress monitoring
- conflict mediation between students, and between students and staff
- academic advising
- transition planning & support between levels & post-secondary planning
- self-assessment & career planning
- new student/family transition
- crisis response
- critical incident management
- consultation to staff
- staff professional development
- parent communication, consultation, and education
- referral to resources and supports
- coordination with outside service providers and community agencies
- reentry facilitation after hospitalizations/extended absences

Some specific examples:

### Peer Leader/Peer Mentor Program

A student led group that facilitates orientation for rising 8th graders, Grade 9 orientation, and after-school and evening activities for students during the school year.

### Making Memories Grief Group

This group supports students who have experienced a loss or death of a friend or family member.

### Building Cultural Bridges Group

This group supports students as they discuss issues of race, ethnicity and culture with the goal of promoting the strengths of a diverse community.

### ALPHA Program

A Learning Place for Healing Adolescents (ALPHA) is a short-term transition service for students at LHS who are returning to school from extended absences due to medical, emotional, or substance-abuse related reasons. ALPHA provides academic tutoring to LHS students as well as clinical support to promote emotional and social stability.

### Therapeutic Learning Program

This program for special education eligible students provides intensive support for students with intensive social-emotional-behavioral needs.

## **Safe and Supportive Schools**

The LPS seeks to build safe and supportive schools that are inclusive of all students, and provide equity of access to educational programs and services.

Initiatives include:

### Support for Lesbian, Gay, Bisexual, Transgender, Queer & Questioning Students

The Gay Straight Alliances (GSA) student groups at LHS and the middle schools provide a club to support both allies and LGBTQ students. We partner with the Massachusetts Department of Elementary and Secondary Education Safe School Project to support our LGBTQ students.

### Cultural Competency

The LPS engages in continual learning about the influence of cultural identity on our students and families. Our goal is to increase inclusiveness within our schools by fostering an awareness and appreciation for the diverse cultural backgrounds of our students and staff.

### Substance Abuse

Counselors, social workers, and health educators collaborate with nurses to annually implement of the *Screening, Brief Intervention and Referral to Treatment (SBIRT)* program in Grades 7 and 9. SBIRT is an evidence-based practice used to identify, reduce and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

### Child Protection

Each school has a building-based Child Protection Team to oversee matters of suspected child abuse and neglect. The District-wide Child Protection Team (DWCPT) includes representation from each of the schools, to ensure a consistent response to suspected cases of child abuse and neglect.

### Services for Students with Disabilities

The LPS provides services for student with disabilities per eligibility in adherence with special education regulations and Section 504 guidelines.

### Homelessness

The district's Homeless Education Liaison collaborates with school personnel to ensure that homeless students and families are provided for in accordance with the McKinney-Vento Homeless Education Assistance Act. The purpose of the Act is to ensure that each homeless child or youth has equal access to the same free, appropriate public education as provided to other children and youths. A homeless individual is defined any individual who lacks a fixed, regular, and adequate nighttime residence.

## Health Services

School nurses play a key role in the daily management of mental health problems. Nurses are integral team members for mental health services care coordination. Nurses share critical information with families, providers, teachers and other staff to help the student move towards better health and learning in the classroom. The nurse does follow-up and helps determine if additional resources are needed.

The LPS health offices employ 16 professional registered school nurses, to allow for a 1 per 500 nurse per student ratio, recommended by state guidelines. All schools have at least one nurse available at all times when children are in school.

Data from medical records 2017-18 (YTD)

### Diagnosis/History

ADHD/ADD	275
Anxiety	161
Autism Spectrum Disorder	146
Depression	65
Suicide Ideation	42
Grief	36
Self Harm	28
Obsessive Compulsive Disorder	17
Eating Disorders	10
Post Traumatic Syndrome	9
Bipolar Disorder	3
School Avoidance	2
Substance Abuse Disorder	2

Office Visits: YTD 25,440

### Examples of School Nurse Interventions:

Coping enhancement/reassurance	1,918
Psychotropic medication administered	1,119 doses
Behavioral health assessment	405
Anxiety reduction	90

Psychotropic medications examples: Adderall, Concerta, Focalin, Ritalin, Tenex, Clonazepam, Klonopin, Sertraline

### Screening, Brief Intervention and Referral to Treatment (SBIRT)

Nursing coordinates with counseling and Prevention Specialist to screen 1,100 students annually for substance use.

Parent Academy: Experts from the mental health field offer parents timely and pertinent information on topics such as anxiety and stress.

The *LPS Student Self-Injury Suicidal Ideation Response Protocol* integrates nursing and counseling outreach to vulnerable students.

## **School Resource Officer**

A School Resource Officer (SRO) works with school personnel to integrate school and town efforts in keeping students safe and well. The SRO works in collaboration with school administrators as a liaison between the Police Department, students, parents, other town departments, committees, and service clubs, youth organizations, sports teams, District Attorney's Office and other agencies within the community.

Responsibilities include:

- Conduct crime prevention and safety programs within the school and community on a variety of topics, including but not limited to, personal safety, child safety, bicycle, vehicle and pedestrian safety, school bus safety, criminal victimization, harassment issues and drug and alcohol education
- Act as a Department liaison to the Lexington Public Schools involving reports and investigations
- Work with the neighborhood residents, students, faculty members, parents and citizen groups to address problems, concerns and other quality of life issues within the parameters of the police and/or school department mission statement
- Participate in Northeast Massachusetts Law Enforcement Council (NEMLEC) School Threat Assessment Response System (STARS) training, activities, and callouts
- Periodically inspect school buses and bus evacuation drills in conjunction with the administration.
- Institute approved programs and services aimed at the prevention of theft, vandalism and other property crimes
- Prepare and assist in the writing of grants
- Act as a resource for teachers on pertinent topics such as drugs, safety, local, state and federal laws, and the availability of community resources
- Maintain a working relationship with the Victim-Witness Advocate assigned by the Middlesex District Attorney's Office
- Maintain a working knowledge of the support services provided by the District Attorney's Office and the Attorney General's Office as it specifically relates to public schools
- Work with school officials and the Family Services Officer on listing the availability of current community resources and support agencies

## **Structures, Protocols & Initiatives**

The Lexington Public Schools has structures, protocols, and initiatives to organize the provision of mental health programs and services. These include:

- Bullying Prevention & Intervention Plan
- School and District-wide Child Protection Teams (child abuse & neglect)
- Self-Injury & Suicidal Ideation Response Protocol
- Postvention Protocol
- Home Hospital Tutoring
- Homeless Education Assistance
- Homework Policy
- School Start Times
- Concussion Protocol

## **Student Clubs**

Student clubs provide an opportunity to promote mental health and wellbeing. Clubs include:

- Best Buddies (connecting students with disabilities with friends)
- Gender & Sexuality Alliance
- Good Vibes Tribe (positive energy)
- Peer Leaders
- Students Against Destructive Decisions (prevention of substance abuse and other risky behaviors)
- Sources of Strength (suicide prevention)
- Stress Relief through Musical Language (stress reduction)

## **Faculty Professional Learning**

- What Is the Counseling Department? Mental Health Team?
- Social Thinking
- Child Protection
- Identity (cultural, etc.)
- Mindfulness
- Lextended Day (bullying, conflict resolution)
- Gender Fluid Students/Lesbian Gay Bisexual Transgender Queer Awareness
- Diversity Awareness
- Racial Bias, Equity
- Video Games
- K-5 Curriculum
- Youth Mental Health First Aid
- Responsive Classroom
- Anti-Racism School Practices
- Tapping the Social and Academic Potential of All Students through Community Building
- Crisis Prevention
- Strategies of Behavior Management & De-Escalation
- The Impact of Trauma on Learning
- A Day in the Life of Asian Students: How Biculturalism Shapes Their World
- Beginning Cultural Perspectives Work in Our Schools
- Building Understanding & Awareness of Differences
- Cross Cultural Communication and Connection
- Cultural Competency in the Classroom
- Let's Talk - Between the World and Me
- LexTalk about Culture
- LGBTQ+/GSA Student Panel
- The Time Is Now: Getting Started in Equity Work
- 5 Minute Mindfulness
- Restorative Yoga
- Mind Body Mechanics
- Get Up to Flow Down (Yoga)
- Holistic Healing
- Mindfulness & Creativity
- Mindfulness Basics & Practice
- Mindfulness for Educators
- Satyananda Yoga Nidra
- Stress, Self Care, and Strategies for Success as an Educator
- Yoga of 12 Step Recovery for Teens
- Yoga Tune Up Roll Out to Live Better
- Brains & Behavior: How to Use One to Influence the Other
- Parenting in the Age of Video Games
- Strategies to Support Your LGBTQ+ Students in the Classroom

- How General Educators Can Support Oppositional Students
- A Social Thinking Rubric
- Beyond Happy, Sad and Mad: Teaching Social Emotional Skills in the Classroom
- Creating a Trauma Sensitive Classroom
- Kindness Rocks
- Pro-Social Standards: Supporting Them at School & Home
- Using Play to Teach Self-Control
- Rethinking Challenging Kids Using the Collaborative Problem Solving Approach
- The Impact of Trauma on Learning
- Classroom Management

## Parent Programs

Parents are important partners in promoting the mental health and wellness of our students. LPS staff provide a variety of programs and services to give parents with the information they need for coordinated support and reinforcement of learning at home.

- Parent Newsletters (curriculum connections and resources)
- At-Home Learning Calendar for social emotional enrichment
- Parent education/workshops/events, such as:
  - Introduction to Student Support Services
  - Parenting in the Age of Video Games
  - New Families Welcome
  - Child Abuse Prevention
  - Difficult Conversations about Race
  - Anxiety
  - Digital Citizenship
  - Positive Discipline
  - Difficult Discussions Regarding Traumatic Events
  - Promoting Positive Social Skills & Bullying Prevention
  - Students with Disabilities
  - *Massachusetts Aggression Reduction Center* bullying prevention and responsible, healthy digital citizenship
  - Transition to College: Letting Go While Holding On
  - Post-Secondary Planning Workshops
  - College Testing
  - Financial Aid Night

## **Town of Lexington & Community Partners**

There are many town and community groups in Lexington that seek to support the development of the whole child. They recognize and appreciate that our youth need support at home and in the community, and that schools alone cannot provide all the support students need for emotional, psychological and social well-being.

The Town of Lexington Youth and Family Services works closely with school personnel to meet the mental health needs of Lexington residents. The schools are also supported by the Town of Lexington Public Health Department, Police, and Fire Departments to support the mental health, wellbeing, and safety of our youth and families.

Community partnerships include child welfare and behavioral health agencies that collaborate with the school counseling department staff to coordinate supports between school and these providers (e.g. Advocates Emergency Services, the Department of Children and Families, the District Attorney, the Department of Mental Health, Riverside Trauma Center, LYFS Inc., etc.).

The LPS participates in groups that bring school, town and community partners/stakeholders together, such as:

### School Health Advisory Council

Forum for school personnel, community representatives, parents & students to support and advocate for a comprehensive school health program.

### Lexington Community Coalition

A coalition of members representing the Town of Lexington, the Lexington Public Schools and community groups that seeks to address shared goals to support Lexington residents across the life span.

### Lexington Asian Community Alliance

LACA is an alliance of the Chinese American Association of Lexington (CAAL), Indians of Lexington (IAL), and Koreans of Lexington (KoLex) which works in partnership with the district and community to advocate on behalf of, and offer parent workshops in support of, topics important to Asian American families and students.

### Lexington Interfaith Clergy Association

The Lexington Interfaith Clergy Association (LICA) is comprised of clergy and religious leaders from most of the faith communities in the Lexington area, including representatives from Christianity, Hinduism, Judaism, Islam and Unitarian Universalism.

### LYFS, Inc.

LYFS is a non-profit organization that facilitates the *Sources of Strength* youth suicide prevention program and provides drop-in mental health support for youth.

#### **IV. Challenges and Unmet Needs**

The scope of school-based mental health services is to provide support, tools, and strategies to maximize students' access to their educational program. Students with mental health challenges need outside of school treatment, such as therapy, medication, home-based services, emergency services, etc. in addition to the programs and services that can be provided at school. One challenge is connecting students with the necessary outside service providers to meet their mental health needs. Challenges include:

- long waiting lists
- insurance/costs
- availability of specialty areas (e.g. substance abuse, home-based services, crisis counseling)
- navigating the complex mental health systems
- stigma associated with mental illness and asking for help
- cultural or linguistic challenges in navigating the referral process, lack of translators
- lack of culturally competent service providers

Illustrative of this challenge, of the students assessed through the Lexington Public Schools *Student Self-Injury & Suicide Ideation Response Protocol (SISIRP)* as seriously considering suicide, only 49% had a community-based mental health service provider.

Consideration should be given to additional ways of identifying students at risk. The Lexington Public Schools *Youth Risk Behavior Survey (YRBS)* indicates that 15% of middle school students, and 17% of high school students, reported anonymously that they had seriously considered suicide in the last 12 months. Our Lexington Public Schools *Student Self-Injury & Suicide Ideation Response Protocol (SISIRP)* data indicates that we have seen approximately 3% of students who were seriously considering suicide. The difference between the YRBS and SISIRP percentages indicates that there are many more students who are seriously considering suicide that are unknown to us.

Some of our students are impacted by the unmet mental health and other needs of adults in our community. For example, of the 57 child abuse and neglect reports filed by the Lexington Public Schools during the last school year, 67% included allegations of physical abuse perpetrated by adult Lexington residents. Adult impacts include:

- mental illness
- domestic violence
- substance abuse
- anger management and discipline
- financial strain
- unemployment
- resistance to counseling
- deportation
- parenting difficulty with firmness, limit setting, balance of activity and rest, sleep, supervision & monitoring

Another challenge is the limited time for social emotional learning and qualified personnel to deliver the curriculum. There are many competing demands for time with students during the school day (e.g. for teaching English Language Arts, math, social studies, science, world language, physical education, fine and performing arts, etc.), which makes it challenging to provide social emotional learning consistently within and across schools, to build common language and skills. There are limited qualified staff for teaching social emotional learning, which constrains what can be taught. There is also limited time for communication and collaboration between providers.

Students who have yet to be diagnosed can require intense emotional support to participate during the school day. It is challenging to have adequate counseling/social work support for these students, while also implementing non-crisis programming.

There is the need for adequate time/structures for LPS staff to coordinate across departments, schools, and levels to create strategic plan.

There is the need for adequate time/structure for LPS, Town of Lexington, and community groups to coordinate and integrate efforts and develop an integrated strategic plan. This would help in sharing best practices, integrating a continuum of services, and determining how we can best work together. Further, since students are only at school during the school day, there is the need for adequate supports outside of school after hours, on weekends, and during vacations, both for emergency and non-urgent care.

A challenge is the lack of a centralized mental health hub for accessing resources, to aid residents in navigating all our resources (e.g. school, town, community).