

I. Executive Summary

The vision of the Amesbury Alternative Innovation School is to commit unconditionally to every student, ensuring all students experience success through individualized academic plans, integrated therapeutic support, and engaging community in-service opportunities that help students develop healthy attitudes, the ability to think critically, and the skills necessary to cope with life's challenges. In an effort to reach our most at-risk student population, Amesbury Public Schools, and its collaborating partner The Pettengill House, a non-profit, community-based social service agency, believe the way we can achieve this vision is by changing the way we do business. Without a comprehensive and systemic approach to integrating education and mental health, and an alternative route to success, our most at-risk students are in a vulnerable position of failing.

We believe that while following the 2011 Massachusetts Frameworks, the Amesbury Alternative Innovation School mission must include the following:

- (1) The development of an expanded school year that allows students the time to experience academic success;
- (2) The use of teaching strategies (based on individualized instructional plans) that will reach all students in an inclusive environment;
- (3) The use of a three-tiered therapeutic program that includes: prevention and education (tier 1); screening and detection (tier 2); and diagnostic treatment, crisis prevention, and follow-up (tier 3).
- (4) The provision of a flexible schedule that will allow students the opportunity to experience career and college-ready opportunities such as engaging community in-service programs; online courses, dual enrollment, and classes at Amesbury High School.

Amesbury, Massachusetts is a small residential community north of Boston with a population of approximately 18,000 people. The public school system is comprised of two Pre-K-4 elementary schools, one 5-8 middle school, one high school, and one Horace Mann Alternative Education High School. It is this Horace Mann Charter School that we are proposing to convert into an Innovation School. The current student population at the Academy (47 students) is comprised of 100% high needs students: 70.2% are low-income; and 48.0% are students with disabilities. Amesbury Academy was founded twelve years ago as an alternative high school for Amesbury residents to serve the needs of fifty high school students each year in grades 9-12 who are identified as at-risk for failure and dropping out.

Based on the data presented, Amesbury appears to be a small, largely middle-class city. Concerning underlying mental health issue surface however when looking at the data of our collaborative partner, the Pettengill House. The Pettengill House is a private, non-profit agency founded in 1994 to address the needs of a population struggling with poverty, homelessness, substance abuse, child abuse and neglect. Families served at the Pettengill House are primarily concerned with survival issues: food, clothing, and safety. Most of their clients have experienced complex trauma, which has interfered with their ability to succeed. The Pettengill House collaborates closely with over forty community and state agencies

including but not limited to the Massachusetts Department of Mental Health, Massachusetts Department of Developmental Services, Massachusetts Department of Elementary and Secondary Education, Massachusetts Department of Transitional Assistance, Massachusetts Department of Children and Family Services, Massachusetts Department of Housing and Community Development (shelter and housing), Massachusetts Department of Public Health (MassHealth) and Social Security. During FY 2013 Pettengill House provided Wrap-around services to 3,179 clients (2,010 adults and 1,169 children): 730 who were deemed homeless without permanent residency to nine Essex County towns (including Amesbury). Of this total number of clients, 1,152 (approximately 1/3) of those clients were from Amesbury (676 Adults, and 476 Children). Three hundred and thirty three (333) of the 476 were students in the Amesbury Public Schools and 48 of those students were deemed homeless. High rates of domestic violence, substance abuse, and child abuse and neglect have earned Amesbury the **community at risk designation** from the Massachusetts Department of Children and Families. Clients suffer from complex multigenerational trauma exacerbated by substance abuse. Chaotic and disrupted attachment in the families precludes their capacity to help children succeed in school and develop healthy peer relationships.

In an effort to meet the needs of these children and families, the Pettengill House and Amesbury Public Schools, including the Amesbury Academy, developed a School Linked Services Program (SLS) which originated from the Massachusetts Department of Elementary and Secondary Education. The School Linked Services Program is built around breaking barriers and instead “links” education, home, school and community together in efforts to support children and their families. Working with Amesbury Public Schools and the Amesbury Academy, the Pettengill House brokers the required legal, mental health, medical, and human services needs of families. Through the SLS Program, the Pettengill House has become a leader in personnel training and education regarding the debilitating effects of trauma on child development. Primary learning is dismissed by un-treated trauma, which affects every aspect of a child’s life. In 2004, The Massachusetts Department of Education awarded the Pettengill House Exemplary Program status for the SLS program because data suggests positive results regarding increased parental involvement, improved communication between school and home, increases in student achievement, and higher after-school program enrollment. This proposal aims to build on that success by creating integrated systems for mental health issues within the schools. The SLS relationship between the Pettengill House and Amesbury Public Schools (and the Academy) position Amesbury to undertake this project to address a significant unmet need related to child abuse and neglect that co-occurs with parental substance abuse in the community’s most vulnerable families. By developing mental health policies, expanding the school year, providing an individualized (trauma-based) curriculum, and providing intensive professional development for teachers around best practices for at-risk students, we will close the significant gap in services that continues to hamper empowerment of children due to the underlying trauma that has not been addressed. The best of current interventions cannot overcome the debilitating impact that living in survival mode creates without a systemic, integrated approach.

II. Strategic Change Chart

Current School or District Practice	Proposed Change in Practice	Expected Impact on Student Achievement
All students arrive at school for 8:30 class start	All students will arrive 8:30-1:30-leave at 1:30 to attend work, community in-service or therapeutic programs at Pettengill House; or if a student has absenteeism or tardy issues, they will use this time as “flex” time to get extra help or make up academic work.	We will be able to meet the needs of a greater number of students while still maintaining small class size. In addition will provide those students who struggle with absenteeism and/or tardy issues the opportunity to get extra help or make up work in a supported environment.
All staff arrive at 7:30	Staff will arrive at 7:30 to meet prior to the arrival of students to discuss the therapeutic or academic needs of students— they will meet again at the end of the day to process any of the day’s events.	All teachers will be aware of any issues that may be affecting a student’s ability to focus or engage in learning. Intervention and supports can be implemented immediately.
Students sent to office when disruptions in classroom occur	Students sent to Student Support Center when disruptive in class to assess whether the disruption is behavioral or related to other mental health/personal issues.	Less distraction in class allows other students uninterrupted instruction. Disruptive students are met in an empathetic environment. Going back to class is the goal. Students are expected to be accountable for their behavior.
Students attend small classes with same grade level peers.	Students are assessed academically and provided support in like-skilled groups when they need support outside of the gen.ed. classroom	Education plans are customized built on each individual student’s strengths and weaknesses.
All students leave at the end of the day to attend internships or work experiences.	When students leave, they may go to work experiences, community in-service programs, or to therapeutic programs based on their individual needs. Students may also use this as “flex” time to get extra help or make up academic work that is the result of absenteeism or tardy issues.	Students are afforded not only work experiences, but have an opportunity to engage in therapeutic programs to meet their individual needs. Students can also participate in mentor training program, community in-service, attend classes at the high school, participate in sports, etc.

Therapeutic support is limited and fractured by what staff can provide during the school day	School develops a Staff Support Team (SST); and works with the Pettengill House in providing prevention and education; screening and detection; and diagnostic, treatment, crisis prevention and follow-up	With reduced social/emotional stress, students will be better able to focus and attend to academics.
School has developed many positive community linkages over the years.	Partnership with Pettengill House will exponentially expand the number of community, social, and service supports available to students through its highly developed network.	Students will have a greater number of resources to help them be successful.
School has a waiting list every year of students from other districts that would like to attend	Working under Innovation School regulations, school would be able to meet the needs of students who may be from another district.	Although this may not have a direct effect on student's achievement, the school would be able to charge tuition—generating revenues that would allow growth and sustainability.

III. Public Statement

Founding partners, Amesbury Public Schools and The Pettengill House propose to create the Amesbury Alternative Innovation High School (AAIHS), located in Amesbury, Massachusetts. We commit unconditionally to every student, ensuring all students experience success through individualized academic plans, integrated therapeutic support, and engaging community in-service opportunities that help students develop healthy attitudes, the ability to think critically, and the skills necessary to cope with life's challenges. AAIHS will provide a comprehensive and systemic alternative approach to integrating education and mental health to meet the needs of up to 70 high school students from Amesbury and its surrounding districts.

IV. Mission, Vision, Statement of Need, and Proposed Partnerships

A. Mission Statement

We believe that while following the 2011 Massachusetts Frameworks, the Amesbury Alternative Innovation School mission must include the following:

- (1) The development of an expanded school year that allows high needs students the time to experience academic success;
- (2) The use of teaching strategies (based on individualize educational/instructional plans) that will reach all students in an inclusive environment;
- (3) The use of a three-tiered therapeutic program that includes: prevention and education (tier 1); screening and detection (tier 2); and diagnostic treatment, crisis prevention, and follow-up (tier 3).

- (4) The provision of career and college-ready opportunities through engaging community in-service programs; online courses, dual enrollment, and classes at Amesbury High School.

B. Vision Statement:

The vision of the Amesbury Alternative Innovation School is to commit unconditionally to every student, ensuring all students experience success through individualized academic plans, integrated therapeutic support, and engaging community in-service opportunities that help students develop healthy attitudes, the ability to think critically, and the skills necessary to cope with life's challenges. In an effort to reach our most at-risk student population, Amesbury Public Schools, and its collaborating partner The Pettengill House, a non-profit, community-based social service agency, believe the way we can achieve this vision is by changing the way we do business. Without a comprehensive and systemic approach to integrating education and mental health, and an alternative route to success, our most at-risk students are in a vulnerable position of failing.

C. Statement of Need:

Amesbury, Massachusetts is a small residential community north of Boston with a population of approximately 18,000 people. The public school system is comprised of two Pre-K-4 elementary schools, one 5-8 middle school, one high school, and one Horace Mann Alternative Education High School. It is this Horace Mann Charter School that we are proposing to convert into an Innovation School. The current student population at the Academy (47 students) is comprised of 100% high needs students: 70.2% are low-income; and 48.0% are students with disabilities. Amesbury Academy was founded twelve years ago as an alternative high school for Amesbury residents to serve the needs of fifty high school students each year in grades 9-12 who are identified as at-risk for failure and dropping out.

Based on the data presented, Amesbury appears to be a small, largely middle-class city. Concerning underlying mental health issue surface however when looking at the data of our collaborative partner, the Pettengill House. The Pettengill House is a private, non-profit agency founded in 1994 to address the needs of a population struggling with poverty, homelessness, substance abuse, child abuse and neglect. Families served at the Pettengill House are primarily concerned with survival issues: food, clothing, and safety. Most of their clients have experienced complex trauma, which has interfered with their ability to succeed. The Pettengill House collaborates closely with over forty community and state agencies including but not limited to the Massachusetts Department of Mental Health, Massachusetts Department of Developmental Services, Massachusetts Department of Elementary and Secondary Education, Massachusetts Department of Transitional Assistance, Massachusetts Department of Children and Family Services, Massachusetts Department of Housing and Community Development (shelter and housing), Massachusetts Department of Public Health (MassHealth) and Social Security. During FY 2013 Pettengill House provided Wrap-around services to 3,179 clients (2,010 adults and 1,169 children): 730 who were deemed homeless without permanent residency to

nine Essex County towns (including Amesbury). Of this total number of clients, 1,152 (approximately 1/3) of those clients were from Amesbury (676 Adults, and 476 Children). Three hundred and thirty three (333) of the 476 were students in the Amesbury Public Schools and 48 of those students were deemed homeless. High rates of domestic violence, substance abuse, and child abuse and neglect have earned Amesbury the ***community at risk designation*** from the Massachusetts Department of Children and Families. Clients suffer from complex multigenerational trauma exacerbated by substance abuse. Chaotic and disrupted attachment in the families precludes their capacity to help children succeed in school and develop healthy peer relationships.

In an effort to meet the needs of these children and families, the Pettengill House and Amesbury Public Schools, including the Amesbury Academy, developed a School Linked Services Program (SLS) which originated from the Massachusetts Department of Elementary and Secondary Education. The School Linked Services Program is built around breaking barriers and instead “links” education, home, school and community together in efforts to support children and their families. Working with Amesbury Public Schools and the Amesbury Academy, the Pettengill House brokers the required legal, mental health, medical, and human services needs of families. Through the SLS Program, the Pettengill House has become a leader in personnel training and education regarding the debilitating effects of trauma on child development. Primary learning is dismissed by un-treated trauma, which affects every aspect of a child’s life. In 2004, The Massachusetts Department of Education awarded the Pettengill House Exemplary Program status for the SLS program because data suggests positive results regarding increased parental involvement, improved communication between school and home, increases in student achievement, and higher after-school program enrollment. This proposal aims to build on that success by creating integrated systems for mental health issues within the schools. The SLS relationship between the Pettengill House and Amesbury Public Schools (and the Academy) position Amesbury to undertake this project to address a significant unmet need related to child abuse and neglect that co-occurs with parental substance abuse in the community’s most vulnerable families. By developing mental health policies, expanding the school year, providing an individualized (trauma-based) curriculum and academic supports, and providing intensive professional development for teachers around best practices for at-risk students, we will close the significant gap in services that continues to hamper empowerment of children due to the underlying trauma that has not been addressed. The best of current interventions cannot overcome the debilitating impact that living in survival mode creates without a systemic, integrated approach.

Children in these families experience the long-term effect of unmitigated trauma including symptoms of substance abuse, delinquency, homelessness, depression and suicidality. These complex issues are central to the student population being served by the Academy. There is no formalized integrated model integrating mental health issues in the current Amesbury Academy—this project seeks to develop such a model to improve outcomes for children by

building on its existing relationship with the Pettengill House as well as the provider community. In an effort to build such a model, Amesbury has first identified areas of gaps and weaknesses:

(1) Infrastructure deficiencies:

To fulfill the mission of this project, Amesbury Public Schools must put into place an infrastructure to support the integration of mental health, starting with leadership, procedures and protocols, school improvement planning and policy. Current policy does not address issues of mental health nor does it or the school improvement planning process address mental health issues within the larger context of barriers to student learning. Students with disabilities on Individualized Educational Plans (IEPs) are afforded a more formalized infrastructure—school policy (again, fairly limited but not always needed because of special education regulation and laws), a system of referral, and building based teams and mental health workers specifically designated to provide services just to special education students (mandated by law). Often students in the general education classroom exhibiting symptoms of emotional distress are either referred to special education because of the absence of a referral/system of support for students struggling with (undiagnosed) psychosocial distress, and/or they get sent for disciplinary actions by school administration.

At the current Amesbury Academy, there is a .6FTE guidance counselor for a population of 47 students—currently there is no one on staff who is qualified to provide therapeutic support to a high-risk and vulnerable population of students. The Academy does receive limited in-kind support of school personnel from the school district, but that support is often targeted to the special education population. Additionally, the Academy has also shared limited in-kind nursing support from the High School, but it is often not enough to address psychiatric issues or the dispensing of medications.

In FY 2014 Amesbury Charter School reported 380 discipline issue—when these numbers are further broken down on a monthly basis, it becomes clear how much administrative time is spent on discipline issues. Combine the absence of available staff with the number of discipline referrals, and the results are a loss of time on student learning, a population of students who have unmet needs, guidance counselors with caseloads that are too high to handle, administrators who are bogged down in discipline issues, and educators in the classroom at a loss. In addition to the School Link Services Program Amesbury has with the Pettengill House, Amesbury Public Schools needs to build on that success by creating policies and procedures regarding mental health, a system of referral and increased mental health services for all students within the school setting, professional development for teachers needs to be identified and offered, and assessment protocols need to be implemented to document progress and capture data that will provide continuous feedback.

(2) Lack of Intervention Integration:

Attempts at mapping resources and services (interventions) for academic as well as social/emotional support at the Academy depict a fractured approach to providing social/emotional supports. This fracture occurs in the continuum of support throughout each of the grades in the Academy. Although identifying services and resources in a multi-tiered system is an important first step, Amesbury (Academy) now needs to implement a system for integrating current supports and strategies in a more formalized mental-health focused structure that addresses the needs of all students.

The other components fractured at the Academy are the Social Emotional Learning (SEL) programs available within the school. In addition, there are no universal (used for all students and not just a clinical or targeted group) Social Emotional Learning (SEL) assessments at any of the schools in place that assesses population-level change or monitors program-level outcomes.

(3) Professional Development:

In an article Children's Mental Health: Strategies for Educators from the National Association of School Psychologists it states that "although historically mental health (e.g. depression, schizophrenia, bipolar disease), we have come to recognize that good mental health is not simply the absence of illness but also the possession of skills necessary to cope with life's challenges." Educators need to understand the role mental health plays in the school context because it is so central to students' social, emotional and academic success. In addition to responding to students more acute mental health needs, educators need to understand how to build protective factors for students and have a greater understanding about how to develop students' social and emotional competencies (self-awareness, self-management, social awareness, relationship skills, and responsible decision-making).

In addition to building protective factors and developing social and emotional core competencies, educators in the classroom need to know the signs of more severe mental health issues and know the steps and protocols within the school to get help. For example, research indicates that most families in need of social services (such as the Pettengill House) by and large have trauma histories—childhood trauma is a significant issue facing many Amesbury students. According to the American Psychological Association DSM Manual, trauma can be described as "an event occurring outside the range of usual human experience, which includes: 1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, and 2) The person's response involved intense fear, helplessness, or horror." Research supports that children exposed to violence and other trauma are at a greater risk for cognitive, emotional and behavioral dysfunctions.

The glaring gap in mental health services within the schools Academy compounded by a lack of understanding of the unique needs of students--educators are generally untrained in recognizing the impact of trauma or other psychological distress. As a result, this lack of training

may contribute to missed diagnoses of post- traumatic stress disorder, or other mental health issues, misguided disciplinary strategies in schools and in homes, and fractured relationships. These children often present with difficult behaviors which contribute to a downward trajectory of depression, delinquency, and school failure. Classroom teachers are not mental health professionals and should not try to diagnose a problem, but should be provided professional development on building protective youth factors and social and emotional competencies as well as identifying types and symptoms of mental health problems. This project will create opportunities for educators to identify internal and external signs of emotional dysregulation in students and differential responses that are not punitive, and interventions that help students' self- regulate so that they experience academic and social success.

(4) Enhancing Parent/Community Connections

Pettengill House has a solid client base that represents the most underprivileged and disengaged families. Their current delivery system includes home visits, routine collaboration with providers and daily communication with the schools and police. They provide centralized oversight for the coordination of essential social, medical, legal and crisis intervention needs. Although Pettengill House is a critical partner in the success of integrating schools and mental health because they meet the community component through their network of partnerships and relationship to the schools, they may not come into contact with the parents who do not utilize social services, but still struggle with children who have mental health issues. The US Surgeon General's 2000 Report on Mental Health estimates that one in five children and adolescents will experience a significant mental health problem during their school years. These issues may vary in severity, but approximately 70% of those who need treatment will not receive appropriate mental health services. Family is the first source of support for a student's mental health, but often parents do not recognize the symptoms of possible mental health issues, or they may be embarrassed by the stigma attached to mental health issues, or may not know who to contact to get information or help. Additionally, the increased stress and fracturing of life today makes it imperative that schools partner with parents to help children thrive. This project will support parents with a connection to Pettengill House's new Parent Information and Support Center that will provide prevention information, trainings and workshops for parents to help them identify when and if their child may be struggling with a mental health issue, support for those parents who have children who have been identified as having a mental health issue, and support on how to navigate available resources.

D. Partnership

The Pettengill House is a private, non-profit agency founded in 1994 to address the needs of a population struggling with poverty, homelessness, substance abuse, child abuse and neglect. Families served at the Pettengill House are primarily concerned with survival issues: food, clothing, shelter and safety. Most of their clients have experienced complex trauma, which has interfered with their ability to succeed. The mission of the Pettengill House is "to support and empower children and families by providing education, intervention, coordinated services, emergency assistance, and basic needs." To meet its objective, the Pettengill House Community

Partnership collaborates closely with over forty (40) community and state agencies and organizations including but not limited to the Massachusetts Department of Mental Health, Massachusetts Department of Developmental Services, Massachusetts Department of Elementary and Secondary Education, Massachusetts Department of Transitional Assistance (welfare and food stamps), Massachusetts Department of Children and Family Services, Massachusetts Department of Housing and Community Development (shelter and housing), Massachusetts Department of Public Health (MassHealth) and Social Security. During FY 2013 Pettengill House provided Wrap-around services to 3,179 clients (2,010 adults and 1,169 children): 730 who were deemed homeless without permanent residency to nine Essex County towns (including Amesbury). Of this total number of clients, 1,152 (approximately 1/3) of those clients were from Amesbury (676 Adults, and 476 Children). Three hundred and thirty three (333) of the 476 were students in the Amesbury Public Schools and 48 of those students were deemed homeless. High rates of domestic violence, substance abuse, and child abuse and neglect have earned Amesbury the community at risk designation from the Massachusetts Department of Children and Families. Clients suffer from complex multigenerational trauma exacerbated by substance abuse. Chaotic and disrupted attachment in the families precludes their capacity to help children succeed in school and develop healthy peer relationships. In an effort to meet the needs of these children and families, the Pettengill House and Amesbury Public Schools, including the Amesbury Academy, developed a School Linked Services Program (SLS) which originated from the Massachusetts Department of Elementary and Secondary Education. The School Linked Services Program is built around breaking barriers and instead “links” education, home, school and community together in efforts to support children and their families. Working with Amesbury Public Schools and the Amesbury Academy, the Pettengill House brokers the required legal, mental health, medical, and human services needs of families. The SLS program improves the functioning of families while providing coordination, collaboration and resource sharing among local agencies. Through the SLS Program, the Pettengill House has become a leader in personnel training and education regarding the debilitating effects of trauma on child development. Primary learning is dismissed by un-treated trauma, which affects every aspect of a child’s life. In 2004, The Massachusetts Department of Education awarded the Pettengill House Exemplary Program status for the SLS program because data suggests positive results regarding increased parental involvement, improved communication between school and home, increases in student achievement, and higher after-school program enrollment. This proposal aims to build on that success by continuing the SLS program, and by creating systems for mental health issues within the schools. The SLS relationship between the Pettengill House and Amesbury Public Schools (and the Academy) position Amesbury to undertake this project to address a significant unmet need related to child abuse and neglect that co-occurs with parental substance abuse in the community’s most vulnerable families. Evidence garnered from observation and case conferencing with school and agency personal suggests a significant gap in services continues to hamper empowerment of children due to the underlying trauma that has not been addressed. The best of current interventions cannot overcome the debilitating impact that living in survival mode creates without further support.

Children in these families experience the long-term effect of unmitigated trauma including symptoms of substance abuse, delinquency, homelessness, depression and suicidality. These complex issues are central to the student population being served by the schools. There is no formalized integrated model integrating mental health issues in the schools—this project seeks to develop such a model to improve outcomes for children by building on its existing relationship with the Pettengill House as well as the provider community. The Pettengill Houses’ expertise comes from direct service contact with identified students and their families—from registration (may include the CANS assessment, student and family stabilization, membership on the Clinical Support Teams within the school, home visits, and psychosocial education and professional education). The Pettengill House will formalize the process for accessing outside community-based services and interventions (includes the Pettengill House and its more than 40 community partner members. The Pettengill House’s programs (such as School Link Services and Project Success) are research-based and they have received multiple awards for the work they do.

The district intends to convert the current Amesbury Academy (Horace Mann School) into an Innovation School for multiple reasons:

- 1) As part of the operations of the school district, the district will be able to provide greater operational and financial support without compromising the integrity of the philosophy of the school and its mission.
- 2) The current charter does not allow for the acceptance of students from outside of Amesbury. Each year, the Academy receives many requests from neighboring districts (Newburyport, Pentucket, Triton, etc.)—we have kept track of these requests over time and can project with certainty that at a minimum 10 spots could be easily filled by students from outside the district. When the Innovation School has met the needs of its current students and has an opportunity to hold a lottery for enrollment spots, the school will be able to charge tuition for these placements, creating a revenue-generating stream that will allow for growth and sustainability.
- 3) The Amesbury Academy has established a successful 501 (c) (3) foundation that has established fundraising programs over the years to provide direct assistance to the students. Under the Innovation School regulations, we would be able to keep the fund-raising arm to help support the development of the Innovation School.
- 4) *The greatest challenge* we face in the conversion process is whether or not the current space where the Academy is housed will be large enough for us to grow the program. Implementing flexible scheduling will alleviate initial growth, but it may not meet our longer term goals for growth.

V. How Will Autonomy And Flexibility Be Used to Improve School Performance and Student Achievement?

Autonomy and flexibility will be used to improve school performance and student achievement through the following project design (note: we have identified timeframes for our goals and objectives that in many cases extend beyond the planning year):

GOAL 1: to implement a comprehensive approach to integrating school and mental health into the infrastructure of Amesbury Alternative Innovation School through a three-tiered model of response to student mental health issues: 1) primary prevention and education; 2) screening and detection; 3) diagnosis, treatment, crisis prevention and follow-up.

Objective 1: to establish operational and school mental health priorities and protocols that guides the implementation of the three-tiered model (to integrate schools and mental health) by 5/2015. Strategies include:

- Identify a Program Point of Contact (PPOC) and a District Point of Contact (DPOC). 01/2015.
- Increase the capacity of the district to meet mental health issues by contracting for the equivalency of 1.0 FTE school counselor and increase the availability of psychological/psychiatric services for the Amesbury Alternative Innovation School. 10/2015-ongoing
- Establish a building based Staff Support Team (SST) to provide continuous assessment of the therapeutic and academic needs of students . 10/2015-ongoing
- Map existing school-based and community-based resources to identify gaps or duplication of services. 12/2015 and ongoing
- Map data inventory regarding behavior referrals and incidents, attendance issues, grades, data from Pettengill House etc. to identify greatest area in need of support at each school. 1/2015.
- Examine, refine, and draft relevant and appropriate mental health protocols, policies and procedures. 12/2014- 12/2015.
- Create an Advisory Council with representation from medical, mental health, schools, community-based organizations, faith-based organizations, and parents.12/2015
- Evaluation and public dissemination annually in May. 5/2015

GOAL II: to implement a comprehensive system of primary prevention and education.

Objective 1: Increase by (100% by year 3) teachers' understanding about protective factors and social emotional competencies, and the impact mental health issues, including trauma, have on learning, and increase their ability to recognize potential signs of emotional distress, trauma, or abuse/neglect. Strategies include:

- Identify and implement a CASEL ranked, universal Social Emotional Learning Assessment that addresses appropriate grade level population, monitors change over time, is scientifically sound, and practical to administer. 11/2015-and annually

- Coordinate with the Pettengill House to provide professional development to teachers about the effects (and signs) of emotional distress associated with mental health issues and the effects of such issues on student learning. 08/2015-ongoing

Objective 2: Increase the number of students by 20% each year who self-report (on Social Emotional Learning Assessment) an improvement (as indicated in five interrelated social emotional competencies) in their ability to self-regulate their emotions, attend to schoolwork, and navigate healthy relationships. Strategies include:

- Identify and implement a scientifically sound, research-based Social Emotional Learning (SEL) program that is also a trauma-based model. 9/2015
- Identify and implement a universal Social Emotional Learning Assessment that is not program based, but is able to monitor program level outcomes and monitor progress over time. 9/2015
- Increase access to mental health support in the school by increasing the capacity of mental health professionals in the schools. 11/2015.

Objective 3: Increase the percentage of parent/community understanding about mental health issues through prevention education programs offered through the Parent Information and Support Center. Strategies include:

- Connect parents to Pettengill House's new a new Parent Information and Support Center with available hours for working parents. 9/2015-ongoing
- Provide mental health prevention education materials.1/2016-updated annually
- Offer mental health prevention education workshops for parents and community agencies. 12/2015-ongoing
- Provide six media-based segments called Integrating Schools and Mental Health: Success for Families. 2016-2017
- Provide outreach to parents through webinars, blogs, and other technology-based initiatives. 1/2016- ongoing

GOAL III: to establish system wide screening and detection of students who may be suffering from mental health.

Objective 1: Increase the number of students who are appropriately identified and referred for mental health support by creating a coordinated protocol within the school as well as between the school and the community. Strategies include:

- Create a clearly defined process of referral that starts with the classroom teacher, then moves on to the building principal and then moves on to the SST (Staff Support Team), and then to Project Director at the Pettengill House/ (Note: The Project Director and Amesbury Alternative Innovation School Principal will work closely during the entire referral flow. Referrals may also come in through the community to the Project Director where they will enter into the cycle of support within the schools.). 10/2015-ongoing
- Train teachers to use the identified Social Emotional Learning Assessment as an early (scan) indicator of struggling students. 08/2015-and annually

- Establish a building based Staff Support Team (SSTs) that conduct academic assessments (Tower 2, Measures of Academic Progress, etc.) that give detailed information about a student's academic strengths and weaknesses) and design a 9-12 week individualized support/prevention plan for the student. 10/2015-ongoing
- Staff Support Team (SST) will review all documentation of relevant assessments, and intervention plans and will make recommendations for additional building based intervention or recommend the student to the Pettengill House Project Director who will arrange for additional psychological/psychiatric services and/or services and resources outside of the schools. 10/2015 -ongoing

GOAL IV: to implement a system wide process for the referral and management for the diagnosis, treatment, crisis prevention and intervention and follow up.

Objective 1: Reduce the number of students (by 30% each year) experiencing emotional distress at school. Strategies include:

- Continue the Individualize Instructional Plan designed by SST
- Implement interventions recommendations by SST

Objective 2: Increase access of mental health support for those students whose needs are determined to be beyond the scope of the SST. Strategies include:

- Create a protocol where students (and their families) whose needs are determined to be beyond the scope of the SST will be referred to the Project Director at the Pettengill House. 11/2015
- Project Director at Pettengill House will coordinate and pursue appropriate psychological/psychiatric services, the Department of Public Health, hospitals, or other outside services as needed. 9/2015-on-going.
- Pettengill House Project Director and Amesbury Alternative Innovation School will coordinate the re-entry plans for any students who have been placed in out of home settings. 9/2015-ongoing

A. Curriculum, Instruction, and Assessment Development:

The Amesbury Alternative Innovation School's academic curriculum will be competency- based and built upon the Massachusetts Frameworks (including the Common Core State Standards). The school will use assessments identified by the district such as MCAS, Measures of Academic Progress (MAP) Tower 2 Reading Inventory, etc. to help identify a student's academic strengths and weaknesses. The innovative approach to the instruction will be in the development of Staff Support Teams (SST). This team will do the initial assessment on students and determine academic support needed beyond the general education classroom. These assessments will be done every 9-12 weeks to monitor student progress and make adjustments where necessary. The integrated therapeutic approach, which is also the thematic theme to this innovation school, will include the following strategies under curriculum, assessment and instruction.

Assessment: The principal and school-based mental health professionals will identify a CASEL (Collaborative for the Advancement of Social and Emotional Learning)-approved universal Social Emotional Learning (SEL) Assessment to be given to all students in the fall annually. Results from

this assessment will guide the Social Emotional Learning (SEL) Programs selected at the school, and the Amesbury Alternative Innovation School Principal and the district's Director of Teaching & Learning will ensure the fidelity of the implementation of these efforts. The SEL Assessment will not be program specific, but it will be able to monitor program outcomes as well as monitor the progress of students annually. In addition to other referrals, data from this assessment will be used as an early screening tool to identify students who may need mental health support. *Student Instruction:* Once a SEL Program has been selected, the Principal will work with the Director of Teaching & Learning to determine when and how to schedule the selected program into the school.

B. *Schedule and Calendar:*

Amesbury Public Schools is proposing both a flexible schedule for the Amesbury Alternative Innovation School; as well as an extended school year. All students will attend school from 8:30 to 1:30—leaving school at 1:30 to engage in work programs, in-service community programs, or to attend therapeutic programs; or use this time as “flex” time to get extra help or make up academic work as a result of absenteeism or tardy issues. In addition, (through data collected during the past twelve years at the Amesbury Academy) students will benefit from an extended school year (September through July). In addition to completing their grade level academic expectations, students will engage in “adventure” program to provide opportunities for trust building and social/emotional development. (Note: Students and teachers will have the 4th of July holiday and the month of August for summer vacation).

C. *Staff:*

Staffing will be an area where the Innovation School will have the freedom to set staffing policies or procedures where it is necessary to carry out the mission of the school. If such a change needs to occur, the Innovation School will seek waivers or exemptions from the collective bargaining unit—including the necessary two-thirds approval of the current Amesbury Academy staff as part of the conversion process). Otherwise the Innovation School will continue to work under the model currently in place with the Amesbury Academy which has the school's employees as district personnel paid for on the district payroll and operating under the collective bargaining unit. The following below describes staffing consideration specific to the Innovation School's mission:

The Project Point of Contact and the District Point of Contact (referred to as PPOC and DPOC respectively in Responsibility Chart) will be appointed by Amesbury Academy Board of Directors upon award notice. Both the PPOC and the DPOC will be certified educational professionals, have strong organizational and leadership skills, and be familiar with the current research related to this initiative. The PPOC and the DPOC will report to the Amesbury Public Superintendent of Schools who will provide weekly supervision. The PPOC and the DPOC (responsibility of this work will transfer to the Pettengill House Project Director and the Amesbury Alternative Innovation School Principal in September of 2015) will work in tandem to design the referral process in the referral process involved in this three-tiered model during the

Planning Phase. During the Implementation Phase, the school principal will manage the referral process internally within the school, and the Pettengill House Project Director will manage the referral process from the community. The Pettengill House Project Director will also oversee the Parent Information Center. The table on the following page is a description of Staff Responsibilities at each Tier Level, and a timetable has been identified in Section 2 of this proposal under goals and objectives.

	<u>Staff Responsible</u>	<u>Level of Understanding</u>	<u>Response/Action</u>
<u>Primary Prevention & Education (Tier 1)</u>	All certified and non-certified AAIS school staff.	Basic understanding of the impact of mental health on learning Ability to recognize potential sign of emotional distress, trauma, abuse/neglect	Notify the school principal about concern/observation
<u>Screening & Detection (Tier 2)</u>	All certified staff Guidance Therapeutic support Alternative School staff School RNs School Safety Officers	Recognize and assess physical, cognitive, psychological and behavioral signs of emotional distress and mental health issues. Awareness that issues of mental health, trauma, neglect, substance abuse & economic deprivation can affect student behavior. Ability to differentiate oppositional behavior vs. emotional response to internal/external stressors	Preliminary Assessment conducted by school principal/Pettengill House and/or SST should include family consultation Assessment will guide creation of individual support plan SST in conjunction with school principal and Pettengill Project Director will assess need for alternative intervention Building Administrator will consider student mental health when applying disciplinary interventions.
<u>Dx, Tx, CPI Intervention & Follow up (Tier 3)</u>	All certified clinical staff Psychologists Therapeutic support staff Alternative School staff School RNs School Safety Officers	Attempt to understand what triggers student behavior Develop school based interventions (ex. Check-ins, quiet spaces ,coping skills, behavior plan) When indicated, share existing or newly developed safety/behavior plan with relevant staff	Individual support plan will remain in effect. When indicated, Pettengill House will make referral to outside agency for additional student/family support. Pettengill House will maintain primary communication with parents & community providers and relay pertinent information about student to appropriate building staff

			Principal and/or Pettengill House will maintain relevant releases of information
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D. Professional Development/ Training:

During the Planning Phase of this work, the Project Point of Contact and the District Point of Contact will work together to schedule the necessary professional development and/or training needs of teachers, administrators, and mental health workers defined in this grant. There will be professional development to educate teachers about trauma-related related behaviors and to provide best practices in working with at-risk families . Outside of the thematic component of this proposal, the Amesbury Alternative Innovation School will work in tandem with the district to ensure all teachers receive the professional development they need for certification purposes or to meet state mandates.

E. District Policies and Procedures:

Except (as described in the earlier sections of this proposal regarding the need to establish polices around the integration of mental health in education), the Amesbury Alternative Innovation School will follow the district policies and procedures in the same manner as when it was the (Horace Mann) Amesbury Academy.

F. Capacity of the Applicant Group:

An Innovation School Committee has been in place since the fall of 2013. In addition to assessing the strengths and weaknesses of the current Amesbury Academy, the committee has visited other alternative high schools to discover best practices. The members of the committee include:

- Dr. Michele Robinson- Superintendent of Schools
- Deirdre Farrell – Assistant Superintendent of Schools
- Lyn Griffin – Director of Teaching & Learning
- Kevin Pierce – Director of Pupil Services
- Roy Hamond – Principal of Amesbury High School
- Eryn Maguire – Principal of Amesbury Academy

In addition to this working committee, the Amesbury Academy’s Board of Directors has been very involved in the discussion of converting the existing Academy into a more sustainable school. Members of the board include (this includes both current members as well as those who were on the Board last year during the initial discussion phase:

- Dr. Patricia Reblin – Special Education Coordinator, Salem State University
- Dr. Michele Robinson – Superintendent, Amesbury Public Schools
- Debra LaValley – Amesbury Public Schools Committee Member
- Lyn Griffin-Director of Teaching & Learning, Amesbury Public Schools

Daniel Schaffner – CPA
 Carol Cowie – Community Member
 Jerry Cabana – former Alternative School teacher
 Debra O’Malley – former Amesbury Academy student
 James Babbin – Regional Director of Rotary Interconnect

The Amesbury Academy has always had the support of the Amesbury Public School District. A Memorandum of Understanding has clearly defined the kinds and percentages of in-kind personnel the district has provided in addition to managing the payroll of all its employees. Therefore, the conversion of the Academy into a district innovation school would only increase the amount of support available to the school, thereby alleviating some of the current staff’s responsibility in the operation of the school. The principal of the proposed innovation school would still have primary decision making over the budget, but the actual day-to-day maintenance of the budget would be done by the district’s business office. The Amesbury Alternative Innovation School would maintain all of the same autonomies it held as the Amesbury Academy (Calendar, staffing, curriculum, instruction, assessment, professional development, etc.). The major difference under this innovation grant proposal is in the thematic mental health model and any autonomy changes discussed in the narrative), and the increase in support the district will be able to give the school to ensure its success in the conversion from Charter to Innovation School.

VII. Timetable for Development and Establishment

In addition to the goals (and strategies) and timeframes discussed in the narrative, below is an outcome evaluation within specified timeframes:

Goal 1: Implementation of a comprehensive approach to integrating school and mental health into the infrastructure of Amesbury Public Schools through a three-tiered model of response to student mental health issues.

Outcome Evaluation

Objective	Activities	Responsible	Timeline	Evaluation Measure
Establish operational and school mental health priorities and protocols that guide the implementation	By October, 2015 decrease student to mental health personnel ratio by contracting 1.0 FTE positions.	Superintendent of Schools, P.H.Project Director	Winter, 2014 – Fall 2015	Data on number of applicants to Job posting; review of contracts.

<p>of the 3-tiered model</p>	<p>Establish Staff Support Team (SST)</p> <p>Map data inventory to identify greatest area in need of support at school and the gaps in resources.</p> <p>Creation of Advisory Council</p>	<p>AAIS Principal</p> <p>PPOC, DPOC & Innovation Committee</p> <p>participating faculty</p> <p>Superintendent of Schools; P.H. Project Director; AAIS Principal</p>	<p>Fall 2014 – Spring 2015</p> <p>Winter, 2014 – Fall 2015</p> <p>Fall 2015 – Spring 2016</p>	<p>Formative:</p> <p>Data collected on the number of meetings held by team during the school year.</p> <p>Analysis of current data collected – discipline referrals, referrals to special education, staff perception, results from screening tool.</p> <p>Formative:</p> <p>Data collected on number of meetings; minimum of 3 evaluation reports disseminated throughout project duration.</p>
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Goal 2: Implementation of a comprehensive system of primary prevention and education.

Outcome Evaluation

Objective	Activities	Responsible	Timeline	Evaluation Measure
Increase the number of teachers with understanding about protective factors and social emotional competencies and the impact these have on learning.	Identify and administer a CASEL ranked Social Emotional Learning Assessment Coordinate with Pettengill House to provide professional development	AAIS Principal, Director of Teaching & Learning PPOC & DPOC	Winter – Fall 2015; Annually Fall 2015 – Spring 2016	Results from the initial administration of screening tool provided by November 2015; and each fall thereafter. Formative: Data collected through participant evaluation of training, observation of professional learning opportunities, and classroom walkthroughs to assess implementation of PD knowledge and skills
Increase the number of students who self- report an improvement in their social emotional competencies	Identify and implement scientifically sound, research-based Social Emotional Learning (SEL) program. Implement SEL assessment tool	AAIS Principal participating faculty AAIS Principal	Fall 2015; Ongoing Benchmark	Collect student performance data (attendance, discipline referrals, grades) quarterly; Every classroom visited at least once per year to assess implementation of program. Data collected on the screening tool administered to all students compared to previous administration, with results reported to

			every Fall	stakeholders each Fall.
Increase parent /community understanding about mental health issues	Connect parents to Information and Support Center for outreach and to provide materials, and workshops, including six media-based segments	H.P. Project Director/AAIS Principal	Fall 2015; ongoing	Data collected on number of parents / community members that attend workshops; evaluation of information sessions/workshops collected from participants

Goal 3: To establish a system-wide screening and detection of students who may have mental health risk factors.

Outcome Evaluation

Objective	Activities	Responsible	Timeline	Evaluation Measure
Through the use of a systemic protocol, increase the number of students who are appropriately identified and referred for mental health support	Define referral process and protocols	PPOC/ DPOC	January – June 2015	Referrals for mental health support collected prior and after implementation of protocol for comparison. Results reported annually. Data from CANS assessments collected quarterly; data collected from custom-designed database
	Development of SST to conduct assessments and design individual support/intervention plans	AAIS Principal	Fall 2015; ongoing	
	Establish and use SST to review data and make recommendations for student intervention plan	AAIS Principal	Fall 2014; ongoing	

				Data collected on kinds of recommendations made for students;
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Goal 4: To implement a system-wide process for the referral and management of the diagnosis, treatment, crisis intervention and follow-up.

Outcome Evaluation

Objective	Activities	Responsible	Timeline	Evaluation Measure
Reduce the number of students experiencing emotional distress at school.	Implementation designed intervention plan for identified students	AAIS Principal, select mental health service providers	Formative; Fall 2015 – Spring 2018	Data collection on pre and post assessment collected to determine success of individually developed intervention plan Growth as measured through data collected through customized student database
Increase access to mental health support for students whose needs are beyond the scope of the SST.	H.P. Project Director will coordinate and pursue appropriate psychological / psychiatric services from outside services.	H.P.Project Director	Formative; Fall 2015 – Spring 2018	Data collected on students who are referred for outside mental health services as a result of the decision by school team.

VII. Measureable Annual Goals

While the district has worked extensively on the development of the Innovation School, next steps in the planning phase include the development of measureable annual goals which we recognize are required under the Innovation School statute. The district will use the Innovation Schools Measureable Annual Goals Template provided by MA DESE in the continuation of planning.