

RESEARCH REPORT

Delaware County Healthy Kids, Healthy Schools Initiative

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I. HEALTHY KIDS, HEALTHY SCHOOLS INITIATIVE BACKGROUND

Since the mid-1990s, schools across the country have been offered “safe schools” funds to “harden” schools against danger with measures such as metal detectors, active shooter drills, and additional police on campus. Through deep conversation with educators across Delaware County and in collaboration with County Council, the Delaware County district attorney, Jack Stollsteimer, made the decision to use a portion of this year’s funds to investigate the availability and coordination of mental health, behavioral health, and substance misuse treatment services for school-aged youth. Around February 2020, a Safe Schools working group was established to begin the process of engagement in this work. Through the dedicated efforts of this original team, it became clear that an expanded effort was needed to address the interconnected nature of the issues underlying prevention and intervention needs for students.

In November 2020, the Delaware County District Attorney’s Office and Delaware County Council engaged with Bloom Planning to support a strategic planning process for a countywide plan to positively impact the mental health, behavioral health, and substance misuse prevention and treatment of school-aged children in Delaware County. As part of the initial discovery phase of this effort, Bloom consultants conducted academic and national research on best practices related to service provision and access. Bloom also partnered with the original working group on a review of existing need and practice in Delaware County and gathered information from practitioners, students, and families through interviews, focus groups, and surveys. Finally, a multidisciplinary, cross-county steering committee was created to delve deeper into the work and ensure that the ensuing strategic planning process leverages a team that represents the diversity and strengths of the Delaware County community.

A driving question during stakeholder interviews and in conversations with steering committee members has been: Why is this the right time for the work envisioned by the Delaware County Healthy Kids, Healthy Schools Initiative (“Initiative”)? The overwhelming answer has been: because we can’t wait any longer. This collective drive will be essential to the success of this strategic planning process and to the anticipated implementation of the plan into the future. In the service of this collective endeavor, this report seeks to provide the Initiative with both broad and targeted information to help the steering committee focus its energies as effectively as possible.

This report will not answer every question related to Delaware County’s current programming or organizational future. The insights and understandings found herein serve as a foundation for the next phase of the strategic planning process (designed to take place in the coming months) and as a baseline for further inquiry. Said insights are also meant to be understood in conjunction with the Initiative Steering Committee’s lived experience with Delaware County and the many organizations and people within the county who support mental health, behavioral health, and substance misuse prevention and treatment for Delaware County students and families.

II. REPORT OVERVIEW

This research report treats two core themes: 1) defining the mental and behavioral health issues and complexities present in Delaware County, and 2) summarizing research related to prevention and treatment opportunities and interventions. Findings herein are meant to inform the steering committee as it works toward creating a vision for impact, strategic planning initiatives, and implementation goals. This report, and work done to date, provide a research-informed foundation of shared knowledge and understanding to accelerate the current and anticipated work of the steering committee and invested stakeholders across the county to optimize access to and quality of services for school-aged youth.

DEFINING THE ISSUES

This report starts by defining the issues, which for Delaware County involves providing a baseline of demographic information. This baseline demonstrates what many already recognize: Delaware County is more diverse and unique in many ways than the state and nation. Information provided drills into more specific aspects of this diversity that are important to consider in relation to the mental health, behavioral health, and substance misuse needs and services access that are the primary foci of the Initiative. Included are demographic data on race, ethnicity, home language, and country of origin for recent immigrants and new Americans. Information about Delaware County schools supports a shared understanding of the diversity among schools, as well as of overarching systems and structures, like the state education funding formula, that impact schools, often inequitably.

Following the focus on Delaware County demography and systems is robust analysis from Bloom's stakeholder research efforts, including detail on research methods and findings. This section highlights findings that are obviously relevant to the impending strategic planning process, and for those interested in digging deeper into the data, a companion slide deck containing stakeholder survey analysis is available. Key takeaways from stakeholders revolve around their perceived need for services, access, and implementation. The final section of this theme provides a summary of research related to the issues of mental health, behavioral health, and substance misuse services across a variety of communities, intermixed with input from stakeholders to provide local context.

EVIDENCE-BASED MODELS & OPPORTUNITIES

After discussing Delaware County as a whole and the specific needs being uplifted by stakeholders, this report shifts to the second theme of providing information and insight into opportunities to be contemplated and discussed by the Initiative Steering Committee. These sections include concepts that are overarching in their implementation (e.g., social emotional learning as a foundational structure in a multitiered system of supports) and those that are more programmatically oriented (e.g., fitting into a larger philosophical framework of intervention). Some of the highlighted frameworks and programs are already being explored and implemented in Delaware County, so this section does not directly recommend so much as provide additional insights for the steering committee to consider, discuss, and utilize in upcoming visioning and goal-setting activities.

III. RESEARCH SUMMARY—DEFINING THE ISSUES

This section provides the Delaware County Healthy Kids, Healthy Schools Initiative Steering Committee with a foundational, data-informed treatment of information relevant to mental health, behavioral health, and substance misuse treatment for school-aged children in Delaware County and nationally.

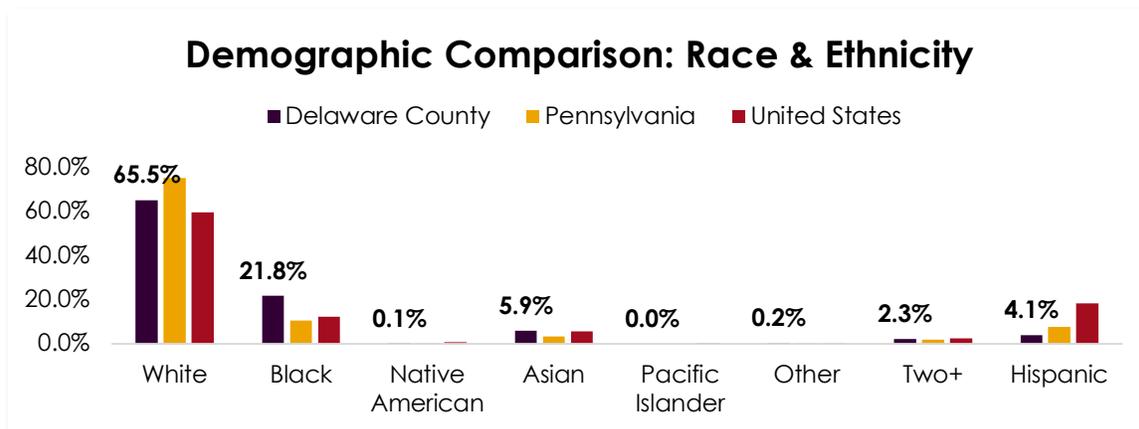
A. DELAWARE COUNTY OVERVIEW

Delaware County is incredibly diverse across a variety of metrics, and it is clear from stakeholder research conducted by Bloom that an anecdotal understanding of that diversity is widespread. This report includes statistical and community stakeholder data on intra-county similarities and differences to provide an information baseline on the current profile of Delaware County. The data below highlight and frame the research in this report and center relevant demographic data on the county, schools and school-aged children, and other information pertinent to the Initiative.

1. Demographics

Throughout the discovery phase of the Initiative to date, especially when speaking with Delaware County residents, a core theme emerged of the strong and diverse communities that call Delaware County home. The information below provides an overview of demographic data for Delaware County:

Figure III.a. Demographic Comparison: Race and Ethnicity¹



When compared to the state, Delaware County is more racially and ethnically diverse, with only the proportion of those identifying as Hispanic being lower than the state average. When compared to the state and the nation, Delaware County has a higher proportion of Black and Asian residents, and, when compared to the state, a lower proportion of residents identifying as white or Hispanic. The data on children, specifically, show increasing racial and ethnic diversity countywide for county residents aged zero to 17.² If this trend continues, racial and ethnic diversity of school-aged children will continue to increase.

¹ Census Reporter, U.S. Census Bureau 2019 American Community Survey, one-year estimates for Delaware County, PA. Retrieved from <http://censusreporter.org/profiles/05000US42045-delaware-county-pa/>.

² <https://datacenter.kidscount.org/data/tables/4201-population--children-age-0-17-by-race-and-ethnicity-decennial-census?loc=40&loct=5#detailed/5/5401/false/133,11/144,107,9,167,172,4,185,12/9030,9031>. Retrieved April 2021.

Figure III.b. Demographic Comparison: Place of Birth for Immigrant Population³

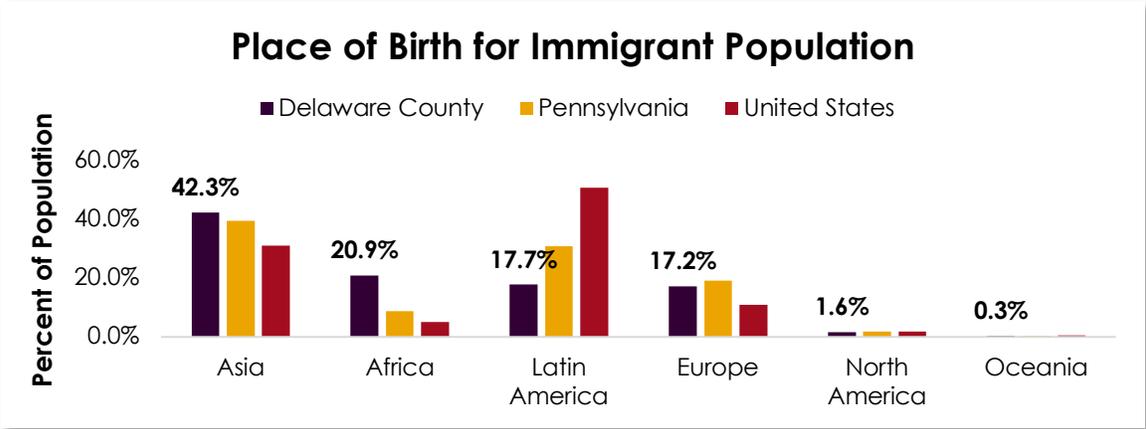


Figure III.c. Top 10 Countries of Origin for Delaware County Immigrant Population

Country of Origin	Percentage of Immigrant Community
India	12.3%
Liberia	8.2%
China	7.5%
Vietnam	4.6%
Korea	3.9%
Jamaica	3.9%
Bangladesh	3.5%
Haiti	2.6%
Italy	2.2%
Greece	1.9%
Ireland	1.9%
Nigeria	1.9%

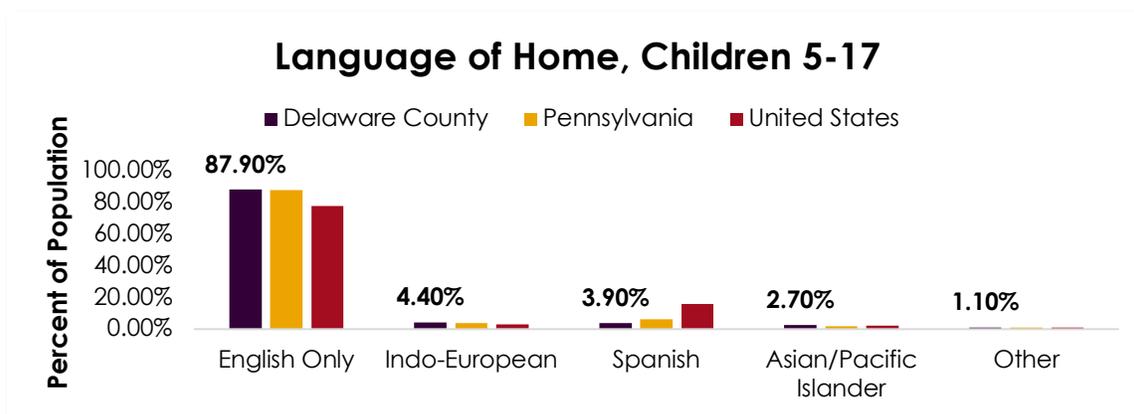
Compared to both Pennsylvania and the United States, Delaware County’s immigrant population comprises a higher proportion of individuals from Asia and Africa and lower proportions of individuals from Latin America. The African immigrant population is particularly notable because it is more than double Pennsylvania’s rate as a whole and approximately four times the percentage within the United States.⁴ See figure III.c for the top 10 countries of origin for the immigrant community within Delaware County.⁵

These differences in immigration patterns have a variety of impacts, some of which will be discussed later and many of which may need further review; however, one direct impact within the demographic scope is the primary language spoken at home. Home language is a standard schools use to determine multiple supports. It can also provide schools and the county with information relevant to communication needs and service accessibility. As seen below, the unique diversity of Delaware County as compared to that of Pennsylvania and the United States also impacts home language. This is most apparent in the difference in Spanish as a home language, which is comparatively much lower in Delaware County.

³ Census Reporter, U.S. Census Bureau 2019 American Community Survey, one-year estimates for Delaware County, PA. Retrieved from <http://censusreporter.org/profiles/05000US42045-delaware-county-pa/>. Retrieved April 2021.

⁴ Ibid.

⁵ Census Reporter, U.S. Census Bureau 2019 Place of Birth for Foreign-Born Population in the United States. https://censusreporter.org/data/table/?table=B05006&primary_geo_id=05000US42045&geo_ids=05000US42045,04000US42,0100US. Retrieved April 2021.

Figure III.d. Demographic Comparison: Language of Home, Children 5-17⁶

Some additional demographic data points include the following:

- Children and youth under age 18 make up approximately 22 percent of the county.⁷ The number of children and youth is projected to increase slightly in the next couple of decades.⁸
- While approximately 10 percent of individuals live below the poverty line in Delaware County, that percentage increases to 14 percent for children under 18.⁹
- Approximately 5.4 percent of individuals in Delaware County do not have health insurance.¹⁰ For children this percentage was 3.5 percent for the period between 2011 and 2013.¹¹
- The median income for families in Delaware County is above average for Pennsylvania.¹²

Demographic data broken down into detailed data tables by boroughs and cities can be found on the Delaware County, Pennsylvania, government site, should the steering committee choose to further delineate demographic differences within the county.¹³ However, this research report will, with some exceptions, focus on Delaware County as a whole, as this is the scope of the Initiative.

⁶ Census Reporter, U.S. Census Bureau 2019 American Community Survey, one-year estimates for Delaware County, PA. Retrieved from <http://censusreporter.org/profiles/05000US42045-delaware-county-pa/>. Retrieved December 2020.

⁷ <https://www.census.gov/quickfacts/fact/dashboard/delawarecountypennsylvania,delawarecountyindiana,US/PST045219>. Retrieved December 2020.

⁸ <https://datacenter.kidscount.org/data/tables/4359-population-projections--estimated-number-of-children-and-young-adults-age-0-24-by-age-group?loc=40&loct=5#detailed/5/5401/false/1352,1029,576,575,574,573,133/158,138,139,554,137,126/9601>. Retrieved December 2020.

⁹ Census Reporter, U.S. Census Bureau 2019 American Community Survey, one-year estimates for Delaware County, PA. Retrieved from <http://censusreporter.org/profiles/05000US42045-delaware-county-pa/>. Retrieved December 2020.

¹⁰ <https://covid.cdc.gov/covid-data-tracker/#county-view>. Retrieved December 2020.

¹¹ <https://datacenter.kidscount.org/data/tables/6722-uninsured--population-age-0-17-by-health-insurance-coverage-status-3-year-estimate-08-10-11-13?loc=40&loct=5#detailed/5/5401/false/1218,1049,995,932/1357,1362,1359,1360,3647,1358/13807,13808>. Retrieved December 2020.

¹² <https://datacenter.kidscount.org/data/tables/2639-income--median-income-for-families-with-children-under-age-18-by-family-type?loc=40&loct=5#detailed/5/5401/true/37,871,870,573,869,1218,1049,995,932,757/202,659,649,650/9783>. Retrieved December 2020.

¹³ <https://www.delcopa.gov/planning/demographicdata.html>. Retrieved December 2020.

2. Public Schools

Delaware County's Intermediate Unit (DCIU) comprises 15 public school districts. Additionally, the county has several public charter schools, including Chester Community Charter School, the largest public-school provider in the county, serving a majority of public-school students in Chester, Pennsylvania. In addition, some students and families who reside in Delaware County attend schools that are part of other county intermediate units or are within other county borders.

The Pennsylvania Department of Education created the Future Ready PA Index, a searchable index of public-school data on a variety of metrics¹⁴ including, but not limited to, state assessment measures, English language proficiency, attendance, early indicators of success, graduation rates, and postsecondary transition.¹⁵ In addition to the more user-friendly interface, school and district data can be accessed as larger files¹⁶. General demographic data on each of Delaware County's 15 school districts as well as its public charter schools as reported through the Future Ready PA Index can be found in Appendix A.

In addition to brick-and-mortar public schools, Pennsylvania has statewide cyber charter schools, a list of which can be found from the Pennsylvania Coalition of Public Charter Schools.¹⁷ Currently it is unclear how many students in Delaware County attend cyber charter schools. Finally, there are many private schools located in Delaware County. A list of these schools can be found in Appendix B.

Researcher Note: Public School Funding

Funding is inextricably linked to schools' ability to provide services to students. The school funding formula is a complicated combination of federal, state, local, and even hyperlocal funding that often leads to inequitable revenues between districts and even among schools within a district. Recent data show that Pennsylvania is 44th in the nation in terms of the share of school funding that comes from the state. Additionally, the state has the biggest school funding disparity of any state in the nation: the wealthiest school districts within the state spend approximately 33 percent more per pupil than the poorest districts.

Based on data calculated by the organization PA Schools Work and utilizing 2017-18 data from the state,^{18, 19} the difference between the highest spending district and the lowest spending district in Delaware County was \$9,344 per pupil. Put another way, the highest spending district in Delaware County spent 66 percent more per pupil than the lowest spending district during the 2017-18 school year. In addition to district data, Chester Community Charter School (the largest charter operator in Delaware County) spent approximately \$13,821 per pupil.

More information on per pupil spending by Delaware County district can be found in Appendix C.

¹⁴ <https://futurereadypa.org/#>

¹⁵ <https://www.education.pa.gov/K-12/ESSA/FutureReady/Pages/default.aspx>

¹⁶ <https://futurereadypa.org/Home/DataFiles>. Retrieved May 2021.

¹⁷ <http://pacharters.org/about/schools/#1509035121488-44aa0114-8de9>. Retrieved May 2021.

¹⁸ Pennsylvania Department of Education, Expenditure Data for: School Districts, Career and Technology Centers, and Charter Schools, Expenditure Data 2018-2019. Retrieved from <https://www.education.pa.gov/Teachers%20-%20Administrators/School%20Finances/Finances/AFR%20Data%20Summary/Pages/AFR-Data-Summary-Level.aspx#.VZvrX2XD-Uk>. Retrieved January 2021.

¹⁹ PA Schools Work, School District Fact Sheets for Delaware County IU 25. Retrieved from <http://paschoolswork.org/school-district-data/delaware-county-iu-25/>. Retrieved January 2021.

B. DELAWARE COUNTY STAKEHOLDER RESEARCH TRENDS & HIGHLIGHTS

As described above, stakeholder inquiry research has been a key component of this discovery process so far, given Delaware County’s inherent diversity and range of needs. Bloom consultants partnered with the District Attorney’s Office, Delaware County Council, the DCIU, and Delaware County school districts to solicit stakeholder feedback.

This section provides summary data and analysis relevant to the Initiative and its focus on mental and behavioral health and substance misuse prevention and treatment for school-aged students. The insights detailed in this section are informed by data collected through three research tools—interviews, surveys, and focus groups. While Bloom interpreted the data collected, participants’ perceptions portrayed do not represent Bloom’s opinions or recommendations. Rather, subsections labeled “Researcher Commentary” reflect framing commentary and synthesis from Bloom’s explicit perspective.

1. Methodology to Collect Stakeholder Perspectives

The methodological approach deployed during the stakeholder perception activities is grounded in three research components—interviews, a survey, and focus groups. A more detailed description of each research component is provided below.

Individual Interviews

The discovery phase included 40 one-hour interviews with formal and informal leaders within Delaware County. The interviewers—Jessica Gillespie, Michelle Icenogle, and Kendall LaParo of Bloom—leveraged an interview protocol grounded in strengths-based and organizational change theories. This report includes summary and analysis from all interview responses. Researchers sorted individual interviewees into two distinct groups. The first round of interviews was held with members of the foundational working group and included questions related to the subject matter itself, as well as to the strengths and needs of a group tasked to create a strategic plan for the work. The second round of interviews involved cross-disciplinary leaders from organizations and agencies across the county. A list of interviewee organizations is below. Bloom has distributed analysis and insights from interviewee responses throughout this report, highlighted in colorful boxes.

INTERVIEWEE ORGANIZATIONS

Alfred DuPont Hospital for Children	Family & Community Service of Delaware County
Archdiocese of Philadelphia	Family Support Line
Chester Community Charter School	Legal Advocates for Children & Youth
Chester Community Coalition	Making a Change Group
Child Guidance Resource Center	Multicultural Community Family Services
Deaf-Hearing Communication Centre, Inc.	National Center for Youth Law
Delaware County CASA	Peter’s Place
Delaware County Children & Youth Services	Promise Neighborhoods
Delaware County Council	Public Citizens for Children & Youth
Delaware County Court of Common Pleas	Rose Tree Media School District



Delaware County District Attorney's Office	Seneca Family of Agencies
Delaware County Immigrant Coalition	Trauma Transformed
Delaware County Intermediate Unit	University of Pennsylvania, AISP
Delaware County Juvenile Court & Probation Services	Upper Darby School District
Delaware County Office of the Public Defender	WestEd

Surveys

Bloom administered three surveys countywide, one for students, one for adult family members, and one for school and district staff. The surveys captured insights related to mental health, behavioral health, and substance misuse services and access thereto with a focus on school-based intervention and service provision. The surveys included Likert scale, multiselect, and open-ended survey questions.

Bloom designed the surveys in partnership with the District Attorney’s Office core team. Researchers distributed the surveys via the Qualtrics survey platform using a variety of distribution channels through school districts, the District Attorney’s Office, Delaware County administration, the DCIU, and other lead stakeholders. Researchers administered the surveys to county residents between March 8 and April 16, 2021.

In total, 8,711 individuals completed surveys during this period: 6,040 Delaware County students (grades 6 to 12 only), 2,032 family members of students, and 639 school and district staff. While subpopulation representation varied, strengths of the surveys included the following:

- Students: even distribution of participation across grade levels surveyed; similar representation to countywide demographics in relation to race; representative gender samples
- Families: even distribution of responses across grade levels (K to 12); similar representation to countywide demographics in relation to race (though not as representative as student data)
- Staff: diverse staff roles represented including teachers, administrators, office staff, and student support staff in varied disciplines
- All three surveys: included robust input through open-ended responses

Areas of growth to explore for future surveys include the following:

- The distribution of responses across school districts was not proportional. Due to survey timing, multiple school districts we unable to fully distribute surveys; for many schools, the survey dissemination window coincided with a return to in-person preparation and instruction (due to COVID-19 health and safety measures).
- Though the surveys were translated into multiple languages, very few survey responses occurred in languages other than English.

Charts and tables with more detailed information of survey respondent characteristics can be found in the stakeholder survey data report companion deck.

Focus Groups

The discovery phase included 10 90-minute focus groups. Jessica Gillespie, Michelle Icenogle, and Kendall LaParo facilitated the focus groups. Focus groups included practitioner-specific groups (typically school-based staff), family-specific groups, and mixed groups of practitioners and family members. Focus groups ranged in size from two to over 20 participants. Researchers formed focus groups through two main pathways, details of which are below.

Pathway 1	Pathway 2
Recruited through partnership with county or community agency support	Recruited by Bloom via interest surveys
Included practitioners and community members	Included practitioners and community members

Focus group protocols are available upon request. Researchers scoped five additional focus groups for this project, and they can be utilized by the steering committee to solicit additional feedback later in the strategic planning process.

2. Research Trends & Highlights

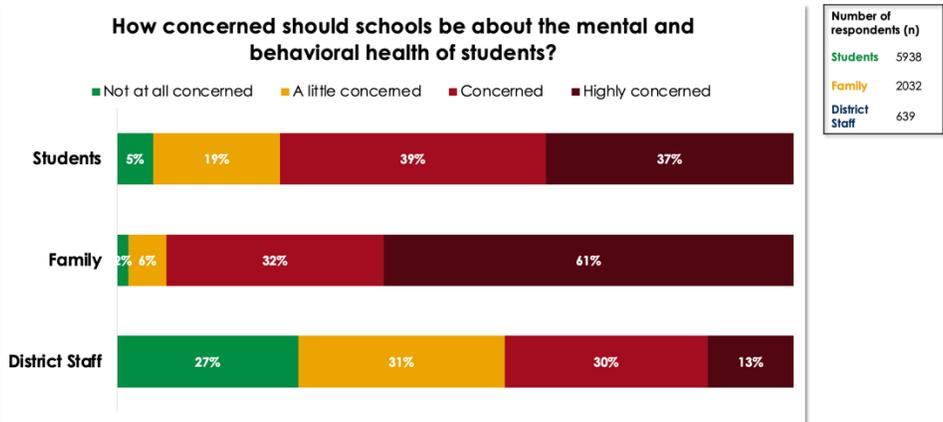
Core Stakeholder Question 1: Perceived Need for Services

As discussed in the introduction, our interviews at the beginning of the discovery phase pointed to a clear belief of need for action in the area of mental and behavioral health and substance misuse services for students across Delaware County. It was important that the broader surveys of students, families, and staff also included questions related to perceived need for services, and mental and behavioral health were separated from substance misuse treatment when those questions were asked.

As shown in figure III.e, results from the first question speak to a high percentage of individuals across all three subgroups stating that schools should be concerned or highly concerned about the mental and behavioral health of students.

Figure III.e. Survey Responses

Concern about Mental & Behavioral Health



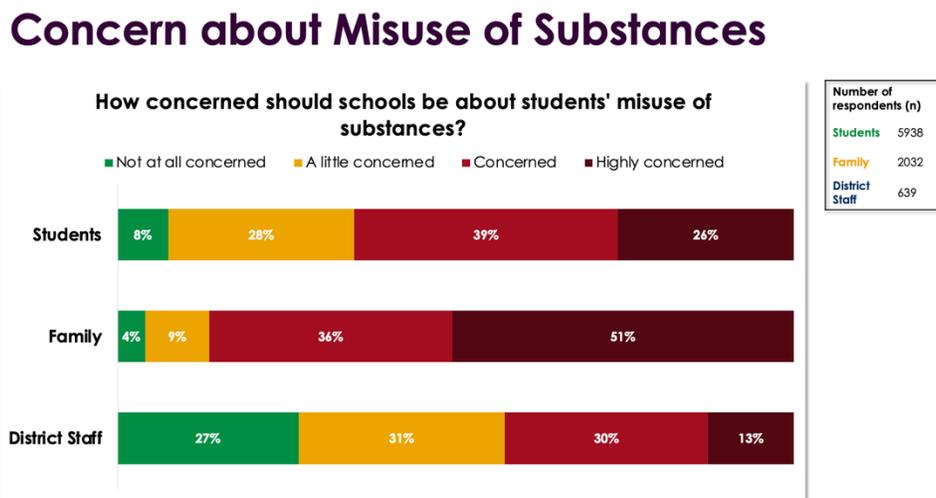
Additionally, while not directly asked, many survey participants utilized the open-ended portion of the survey to provide insight into the need for services. Some repeated themes in this area in student surveys included:

- Stress from schoolwork and expectations for school success
- Pandemic-related challenges
- Racism, homophobia, sexism, ableism, and other identity-based stereotyping and inequities

“The school district is more concerned about talking at us regarding our mental health and what we could do to help with it but refuses to address what contributes to our mental health problems: stress. Said stress derives from exorbitant amounts of work and the pandemic.”

—Student Survey Respondent

Figure III.f. Survey Responses



For similar questions related to substance misuse, agreement between subgroups was not as consistent and substance misuse did not rate as high in perceived need for concern as did mental and behavioral health. As shown in Figure III.f, across the three groups surveyed, families rated concern about substance abuse at the same level as that of mental and behavioral health, while students and staff rated it somewhat lower. More data on perceived need for services can be found in the companion stakeholder survey deck.

Core Stakeholder Question 2: Knowledge of, Access to & Use of Services

Since “access to services” can mean a number of things, the surveys explored a variety of different components including: knowledge of services, general use of services, and barriers to access/use of services. Additional detailed information on survey responses can be found in the companion stakeholder survey deck.

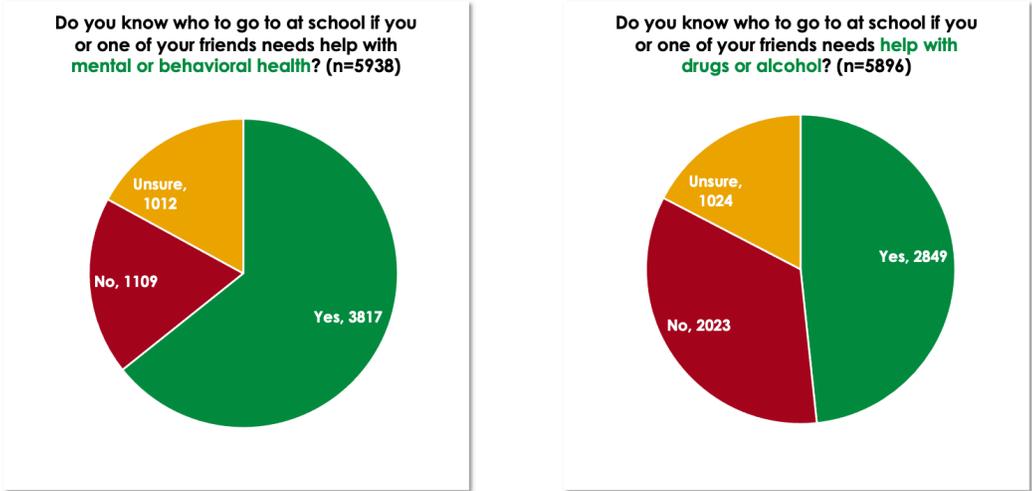
KNOWLEDGE OF SERVICES

More than half of students and families and approximately 95 percent of staff surveyed knew whom to go to at school if students need mental health or behavioral health services. These numbers dropped when it came to knowledge of whom to go to for substance misuse services (Figure Set III.g).

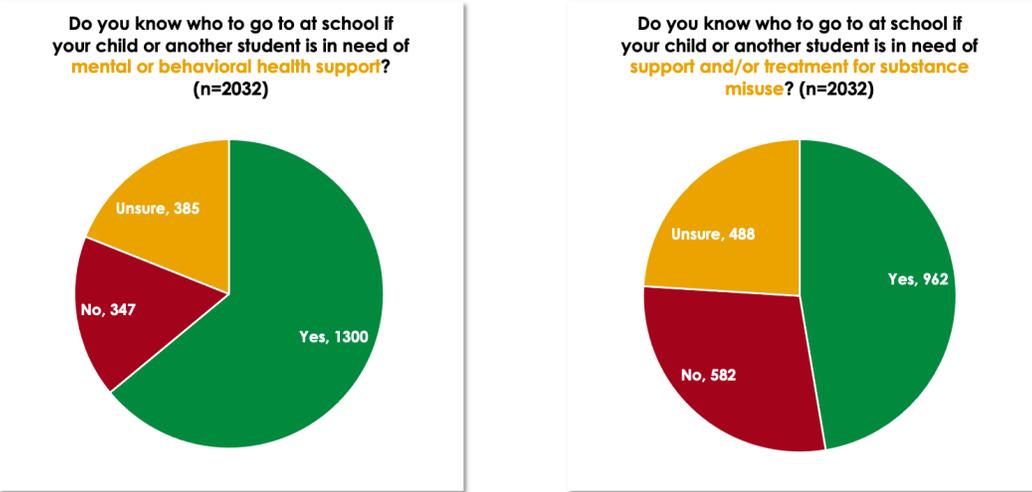
When it comes to a more nuanced understanding of what services are available, there is even less clarity as expressed across interviews, focus groups, and surveys.

Figure Set III.g.

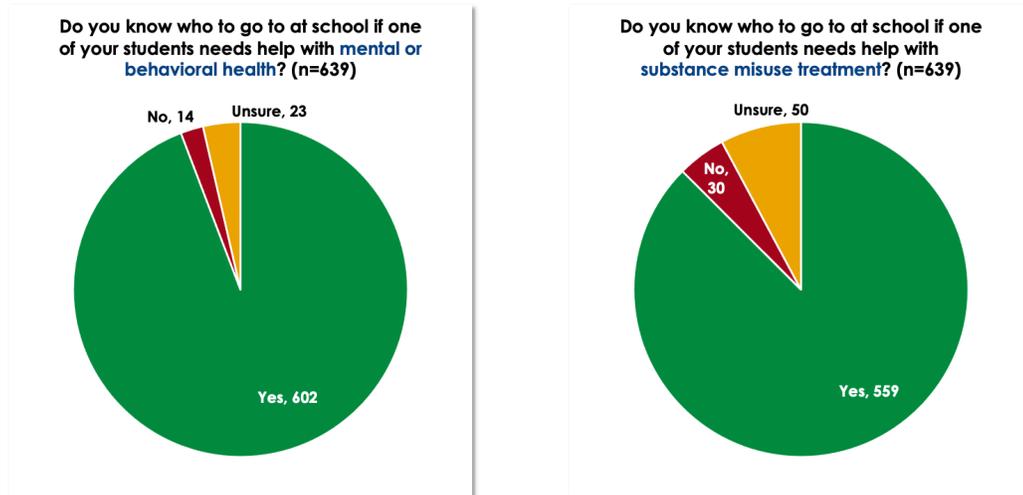
Getting Help: Student Respondents



Getting Help: Family Respondents



Getting Help: Staff Respondents



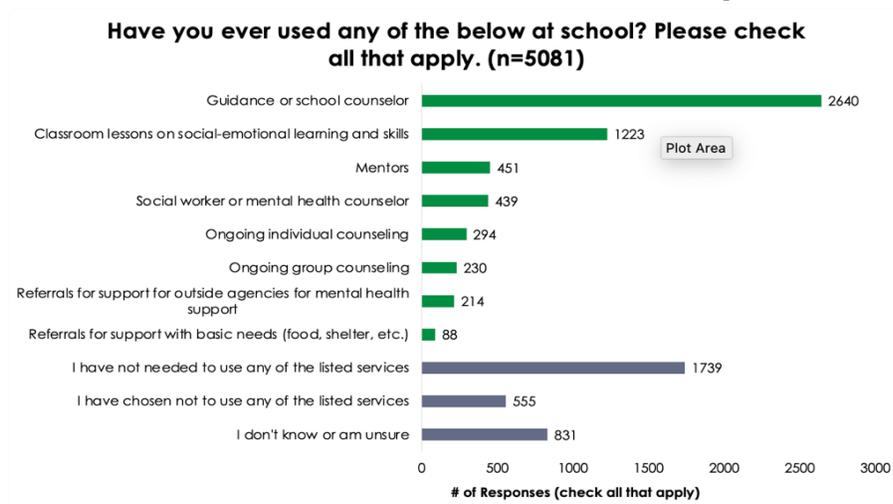
GENERAL USE OF SERVICES

The services students most utilized or experienced at school were primarily centered on lower intensity services, such as the use of the guidance or school counselor (52 percent) and classroom lessons (24 percent). Thirty-four percent of student responders stated they were not in need of any of the listed options (Figure Set III.h).

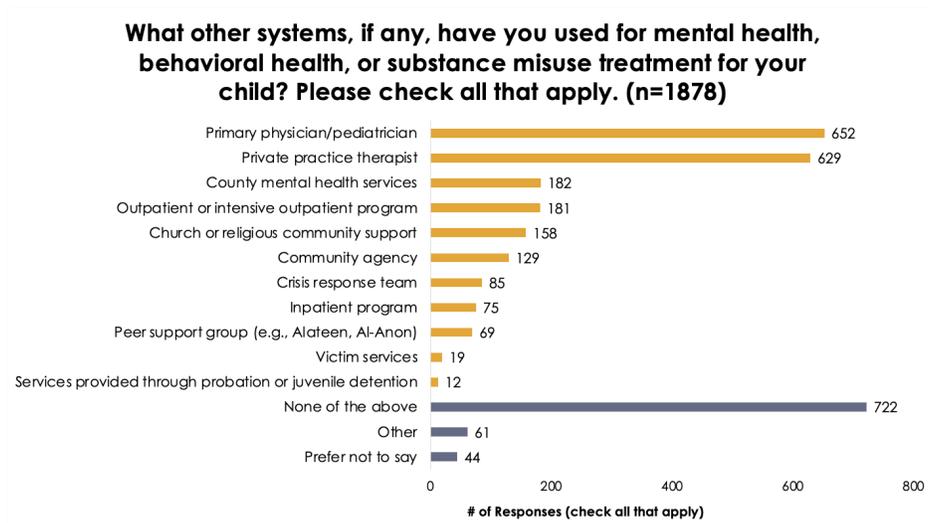
When it comes to outside services, approximately one-third of family survey responders indicated they had utilized services through their primary physician/pediatrician (37 percent) or through a private practice individual provider (33 percent) (Figure Set III.h).

Figure Set III.h.

Access & Use of Services: Student Respondents



Use of Systems: Family Respondents



Even with self-described “incredible insurance,” finding a provider is not guaranteed. This issue leads to another core piece of this work which is understanding barriers to access for Delaware County families.

“This is the first time that I needed to navigate something related to mental health and it was extremely scary. Luckily we have incredible insurance and after calling about four therapists we found one that had availability. My child went into the first session with the intention to make sure that there was a connection with the therapist. Again, I felt fortunate because they did connect and we did not have to begin the search again.”

—Family Survey Respondent

BARRIERS TO ACCESS & USE OF SERVICES

Approximately 44 percent of individuals responding to the family survey noted they had no barriers to access when it came to mental health, behavioral health, or substance misuse services for their students. For the remaining 56 percent, the primary barriers that were identified are included in Figure III.i below.

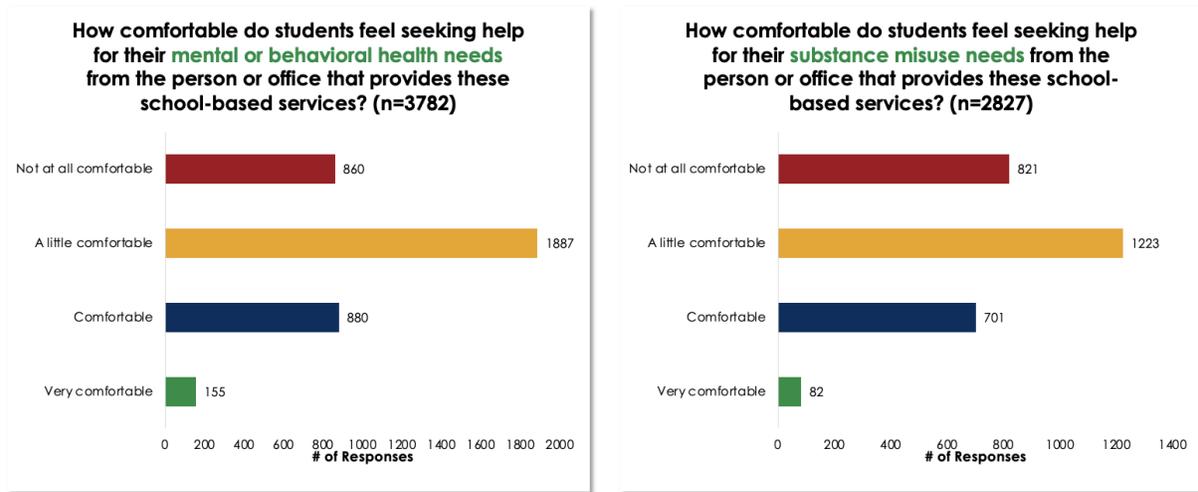
Figure III.i.

Students who responded to the survey had barriers to access, but some also expressed unwillingness to access services even when they were available. This was seen, in part, in the plots presented in Figure Set III.j, where only 27 percent of students responding to the question felt “comfortable” or “very comfortable” seeking out services for mental or behavioral health, and only 28 percent of students responding felt “comfortable” or “very comfortable” seeking out services for substance misuse. Additionally, responses in general to these questions were significantly lower than to other questions in the survey.

Key themes from the open-ended responses from students related to the above included the following:

- Concerns about confidentiality, and mistrust of school responses to needs
- Concerns about negative treatment and services (stigma, police, being “locked up”)
- Difficulty accessing services at school (time, availability of counselors, etc.)
- Lack of mental health-specific providers or mental health training for guidance counselors

Figure Set III.j.

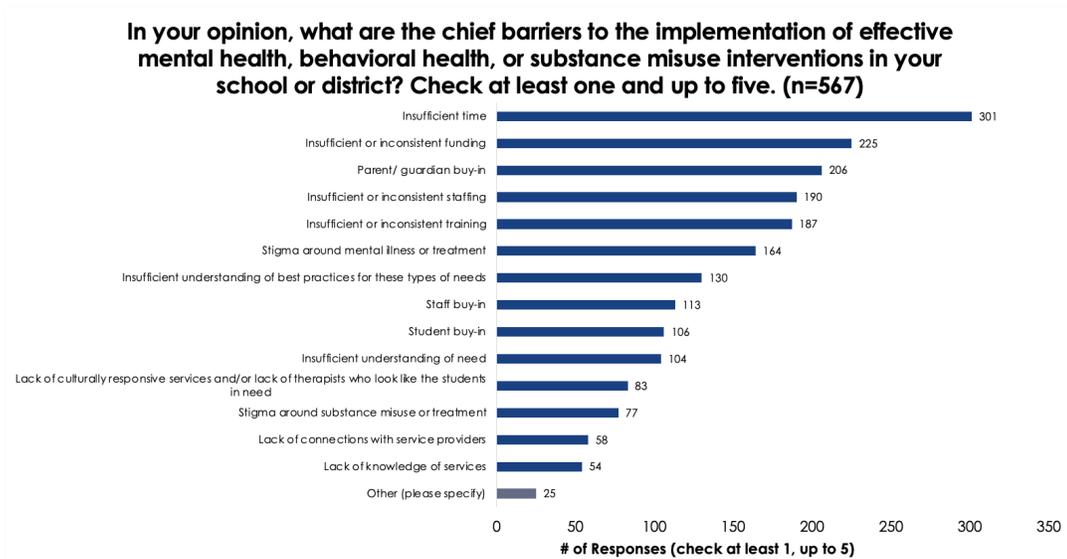


BARRIERS TO IMPLEMENTATION OF SERVICES

For staff, researchers focused the survey on perceived barriers to service implementation and access for students at the school level. The barriers to effective implementation are shown in rank order of frequency below.

Figure III.k.

Barriers to Implementation: Staff Respondents



“Our administrators mean well, but there’s no one really coordinating our district’s mental health needs. We’ve had the start of some good trainings, but they’ve mostly been ‘one and done,’ and not really followed through with for more than a year. In addition, we need trained professional to work with—not just a principal or teacher who took one class and is now supposed to teach the rest of us!”

—Staff Survey Respondent

COMMUNICATION OF SERVICES

Key to the implementation of any type of service is communication of service availability. In both the surveys and focus groups, a key theme was not knowing what services were available at school or in the surrounding community, including a lack of knowledge around navigating the process of obtaining services. As this was anticipated, researchers included an additional survey question that asked students and families the best ways to communicate available supports with the hope that this information would help the Initiative plan more effectively for this facet of service provision (Figure III.I).

“When we were dealing with a mental health crisis I felt like we did not have access to the school’s designated therapist. I actually [didn’t] even know she existed until a year after we started involving the guidance [counselor] in our mental health journey. This is something that should have been made available to us at the beginning.”
—Family Survey Respondent

Figure III.I.

Preferred Methods of Communication of Available Services		
	Students	Families
1	School or district emails	School or district emails
2	Flyers in common areas	Personalized emails
3	Social media	Letters home
4	Signs/presentations in classrooms	Social media/texts

Core Question 3: Desired Services & Supports

A core piece of the steering committee’s work will be creating a strategic plan for service amelioration, coordination, and provision moving forward. The information below provides insight into desired services and supports as articulated by students, families, and staff. The data include services that have been experienced as existing strengths, as well as new offerings.

“The school should notice and address absences quickly. If a student who normally does well has completely fallen behind, someone should check-in and follow up. Communication about how schools can help with mental and behavioral health should be greater.”
“Starts too early.”
“Start school earlier.”
“Our offices that people go to, like the school psychologists and the guidance offices. they have very small or no window at all, they are often very warm, and very small. This makes the person trying to talk feel terrible and very trapped I think if they had more space it would be really really nice and a lot more welcoming.”
—Student Survey Responses

“We have great programs in place but need more mental health personnel to help implement!”
“We have wonderful social workers and counselors that are very attentive to students.”

"I am sure they could use additional counselors/social workers (especially in high school) because of the needs now (virus) with students at home needing support and in school needing support and high school counselors/social workers are expected to do quite a bit along with counseling (e.g., college and after high school placements)."

"While I think the SAP program is great for long-term referrals, I think there should be something in place to help students learn to cope and manage anxiety/stress/etc. encountered in daily life."

—Staff Survey Responses

"A robust guidance counseling office is the key here. Support them and ask them what they need—they are the experts."

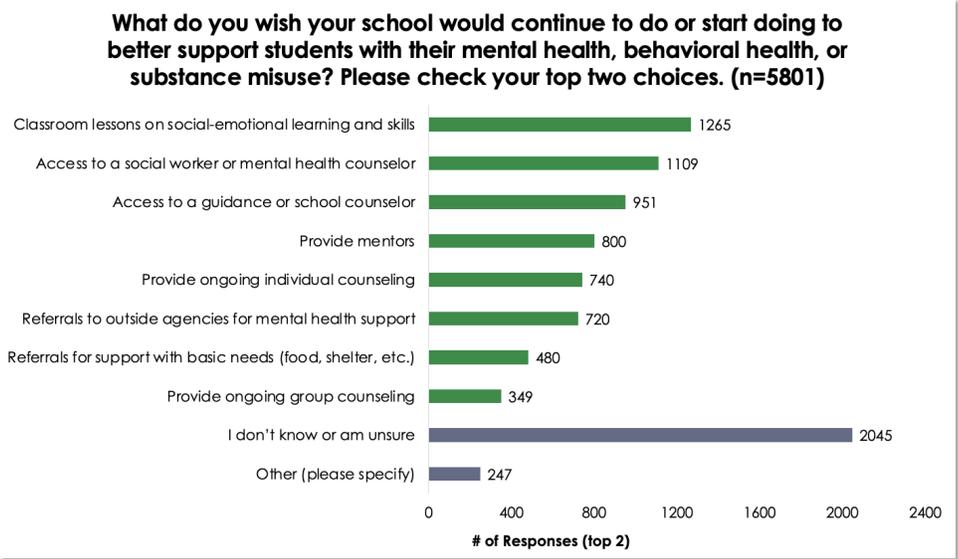
"After this year, students are going to need support getting back to some type of normalcy. Forums where students can share their emotions about the past year, feelings of isolation and loss, will be important as they tradition back to a new normal."

"As a mental health clinician as well as a parent, I think parent education and emphasis on combating stigmas is essential. Normalize feeling expression, enhance empathy and encourage asking questions. Incorporate outside resources (guest speakers or visitors) to meet with students and describe services available to them. Make sure they know they're not alone."

—Family Survey Responses

STUDENT RESPONSES
Figure III.m.

Wish for Supports: Student Respondents



Additional open-ended responses from students included requests for/continuation of the following:

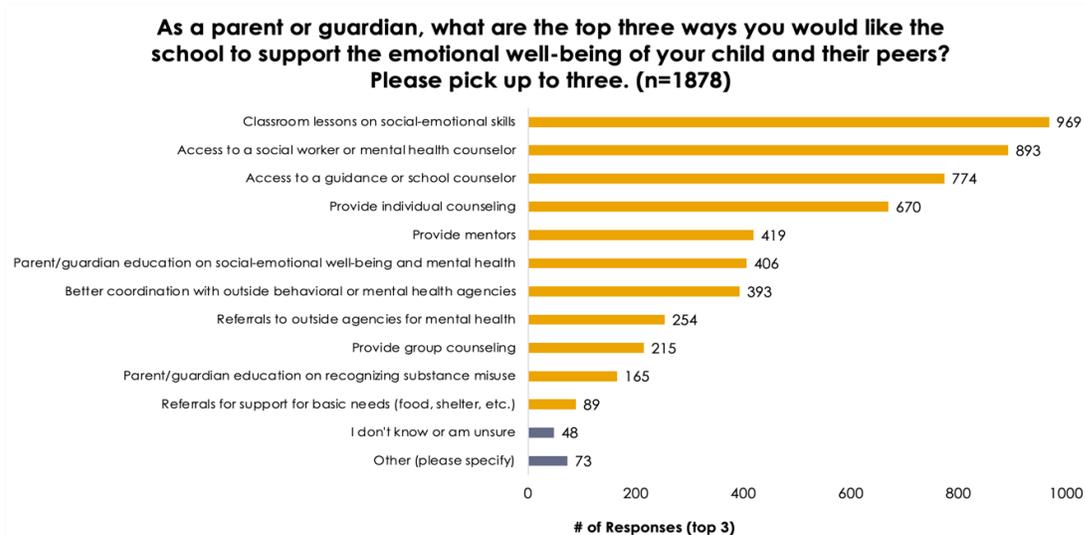
- Mental health days, brain breaks, and other opportunities to provide space for students
- Reductions in school workload (including homework, classwork, and tests)

- Increased training for guidance counselors and teachers
- Increases in mental health–specific counselors
- Social emotional learning and other classroom-based programs
- Better/clearer responses to harassment of students based on identity

FAMILY RESPONSES

Figure III.n.

Wish for Supports: Family Respondents



STAFF RESPONSES

Figure III.o.

Wish for Supports for Students: Staff Respondents

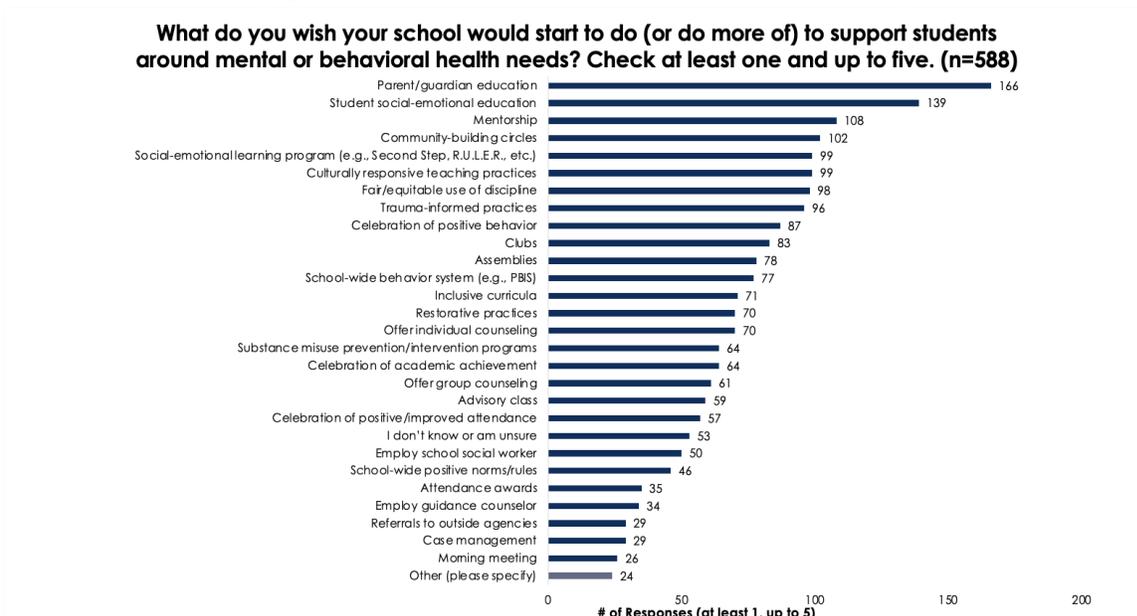
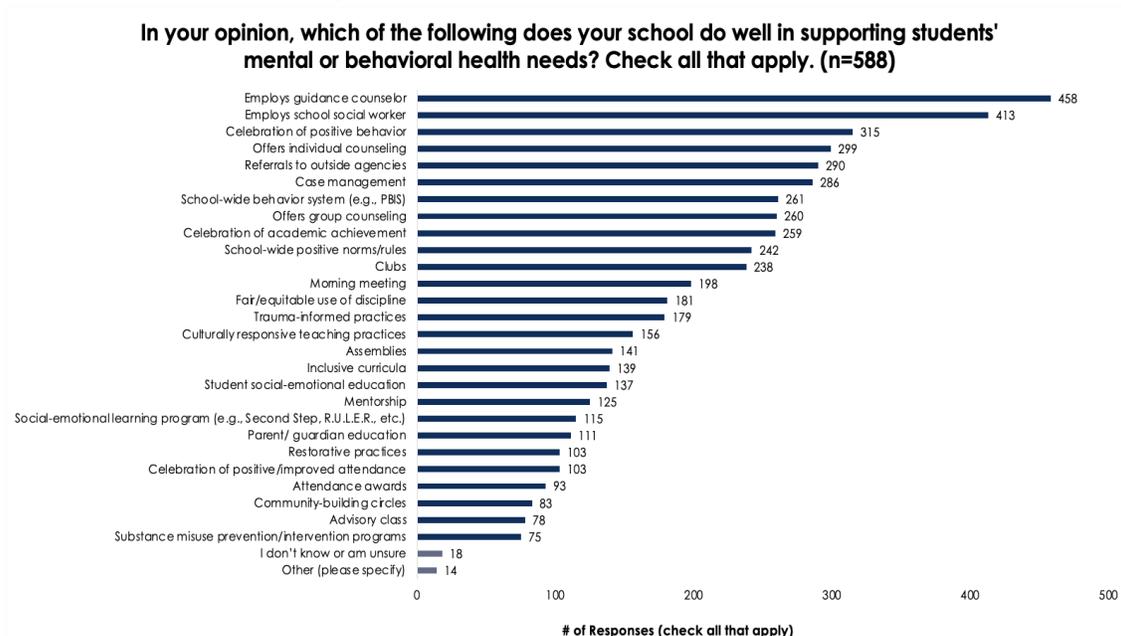


Figure III.p.

School Strengths: Staff Respondents



3. Additional Survey Insights

APPROPRIATENESS OF SCHOOLS AS MENTAL HEALTH, BEHAVIORAL HEALTH & SUBSTANCE MISUSE INTERVENTION LOCATIONS

A few open-ended responses provided the viewpoint and concern that mental health, behavioral health, and substance misuse support did not belong in the public-school realm.

“As a parent, if my child had substance abuse issues I would be working with trained professionals in the medical industry and not using my kids’ school as an intervention. Taxpayer dollars should not be used on specialized services that have nothing to do with educating children.”

—Family Survey Respondent

“I think the schools are doing more than they have support for. The issues are the lack of community opportunities to address mental health outside the school. Unless the schools are provided the resources and authority to provide mental health services, we will always be left to put a band aid on a severed artery. Our communities need more help than we can provide. My concern is how much responsibility should a school take on regarding this topic. Schools are already seen as the answer to too many of societies struggles.”

—Staff Survey Respondent

C. NATIONAL, STATE & LOCAL DATA & TRENDS

This section contextualizes Delaware County's data in comparison to national and state trends. It pulls from national and state sources, as well as Bloom-administered surveys and other data specific to Delaware County, for the purpose of bolstering the steering committee's visioning and goal setting. Additionally, some data referenced will be useful in the metrics and accountability phases of this work.

1. Mental & Behavioral Health

The Substance Abuse and Mental Health Services Administration conducts a yearly survey, the National Survey of Drug Use and Health, which provides important statistics about current trends and comparison data across years.²⁰ The survey data show alarming trends when it comes to the mental health of young people in the United States. Between 2004 and 2019, the percentage of individuals between the ages of 12 and 17 who had experienced a major depressive episode (MDE) increased from 9 percent to 15.7 percent. Individuals experiencing an MDE with severe impairment of functioning doubled in a similar period (2006-2019) from 5.5 percent to 11.1 percent. An increasing percentage of adolescents are receiving mental health treatment through schools (up from 12.1 percent to 15.4 percent).²¹ This was similar to the percentage of adolescents receiving treatment at specialty mental health service providers (up from 11.8 percent to 16.7 percent).

In Pennsylvania, recent data (2018-2019) on children between the ages of three and 17 from the National Survey of Children's Health found that²²

- 22.3 percent were reported to have one or more mental, emotional, developmental, or behavioral problems; and
- 63.8 percent of parents surveyed reported being able to get mental health care for their child without difficulty, with 5.6 percent reporting an inability to get care despite it being needed and desired.

Behavioral Health Statistics

The Pennsylvania Youth Survey (PAYS), conducted every other year, delves into more specifics on the mental and behavioral health of students in schools and provides information on county trends. In 2019, the following Delaware County school districts participated in the PAYS and the results are further discussed in the following sections.

²⁰ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. "Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health." HHS Publication No. PEP20-07-01-001, NSDUH Series H-55 (2020). Retrieved from <https://www.samhsa.gov/data/>.

²¹ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. "Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health." HHS Publication No. PEP20-07-01-001, NSDUH Series H-55 (2020). Retrieved from <https://www.samhsa.gov/data/>. Retrieved January 2021.

²² Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health (NSCH). Data Resource Center for Child and Adolescent Health, supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org. Retrieved January 2021.

Chester Community Charter School	Interboro	Upper Darby
Chester Upland	Penn-Delco	Wallingford-Swarthmore
Chichester	Radnor Township	William Penn
Garnet Valley	Ridley	
Haverford Township	Southeast Delco	

According to the PAYS data for Delaware County²³ in 2019 for students in 6th to 12th grade, the following data were reported for antisocial behaviors:

- 6.2 percent reported attacking someone with the intent to harm (compared with 4.6 percent statewide)
- 2.5 percent reported selling illegal drugs (compared with 2.3 percent statewide)
- 6.2 percent reported being drunk or high at school (same as statewide)
- 2.6 percent reported having been arrested (compared with 1.5 percent statewide)
- 12 percent reported being suspended (compared with 7.15 percent statewide), with the highest rates reported in 8th grade

While many of the behavior averages reported in Delaware County were higher than state averages, they were lower than national norms according to PAYS.

Mental & Behavioral Health Treatment

In terms of practitioners available for children and youth, as of 2015, Delaware County had approximately 7.8 psychiatrists, 31.7 licensed social workers and 30.1 psychologists per 10,000 children aged zero to 17.²⁴ These numbers put Delaware County in the second highest band for these ratios across Pennsylvania; however, these data speak only to practitioner existence and not to accessibility of services. The National Survey of Children's Health found that for children between the ages of three and 17, there was a significant access gap between children who needed mental, emotional, developmental, or behavioral (MEDB) care and those who could easily receive it, or receive it at all.²⁵ The survey found that anywhere from 23 to 47 percent of children had difficulty receiving care. What is notable in this statistic is that the broad range in and of itself speaks to the difficulty in gathering information about services children need versus services they receive in this area.

To better understand the structures that provide treatment access to many of Delaware County's students, researchers recommend the steering committee engage in a deeper dive into available services and the process of accessing mental health, behavioral health, and substance misuse treatment through the Office of Behavioral Health. Delaware County's Department of Human Services Office of Behavioral Health, as part of their system-of-care initiative and work, has created an updated 2021

23 Retrieved from <https://www.pccd.pa.gov/Juvenile-Justice/PAYS/Delaware%20County%20Profile%20Report%202019.pdf>.

24 Retrieved from <https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/pennsylvania/index.html>. Retrieved January 2021.

25 Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health (NSCH). Data Resource Center for Child and Adolescent Health, supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org. Retrieved January 2021.

directory of mental health and substance misuse services.²⁶ This document and the system-of-care framework was referenced in stakeholder interviews as having the underlying goal of breaking down barriers to access through a “no wrong door” approach by which families can get the information they need about services through multiple pathways. Successful implementation of this approach could address stated stakeholder needs regarding lack of information about services, as well as challenges in connecting with the right individual about services.

Substance Misuse Statistics

According to the Substance Abuse and Mental Health Services Administration’s 2019 National Survey of Drug Use and Health, the use statistics for adolescents pose both bright spots and areas of concern.²⁷ From 2002 to 2019, there were declines in initiation of use of cigarettes, alcohol, cocaine, and prescription pain relievers for adolescents between the ages of 12 and 17. In the same period, use of marijuana increased, but diagnosis of marijuana-use disorder within the last year decreased. Additionally, use of methamphetamines, stimulants, tranquilizers/sedatives, and hallucinogens remained stable, though it should be noted that these are typically used by lower percentages of adolescents in general.

Delaware County–Specific Substance Misuse Statistics

A recent John Hopkins study found some specific trends related to substance misuse in Delaware County in addition to general health trends.²⁸ The following applies across all demographics:

- Substance-use disorders accounted for the second-highest reason for emergency department visits during the period of 2014 to 2018 (26.3 percent). Additionally, this is much higher than the national average for the same period.
- Overdose was the most frequent cause of accidental death from 2009 to 2018 (51.4 percent of deaths).
- Study participants identified opioid use as a major area of concern.

According to the PAYS data for Delaware County in 2019 for students in 6th to 12th grade, the following lifetime substance-use rates were reported:²⁹

- **Alcohol**—36.5 percent (compared with 41 percent statewide)
- **Marijuana**—17.1 percent (compared with 17.3 percent statewide)
- **Inhalants**—4.3 percent (compared with 4.9 percent statewide)
- **Cigarettes**—6.8 percent (compared with 10.8 percent statewide)
- **Smokeless tobacco**—2.2 percent (compared with 5.5 percent statewide)
- **Over the counter (OTC) medication**—3.4 percent (compared with 2.9 percent statewide)
- **Prescription pain relievers**—3.3 percent (compared with 4.1 percent statewide)

²⁶ http://www.delcohsa.org/mh_children/childrens_directory.pdf. Retrieved May 2021.

²⁷ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. “Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health.” HHS Publication No. PEP20-07-01-001, NSDUH Series H-55. (2020) Retrieved from <https://www.samhsa.gov/data/>. Retrieved January 2021.

²⁸ Retrieved from <https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/pennsylvania/index.html>. Retrieved January 2021.

²⁹ Retrieved from <https://www.pccd.pa.gov/Juvenile-Justice/PAYS/Delaware%20County%20Profile%20Report%202019.pdf>.

- **Heroin and methamphetamines**—0.2 percent (on par with statewide use of 0.1 percent)
- **Hallucinogens, cocaine, ecstasy/molly, synthetic drugs**—All were below state-use rates

In addition to use rates, the PAYS also looked at risky behaviors and use patterns related to substances. The same 2019 survey found the following:

- 7.1 percent reported binge drinking within the last two weeks (compared with 7.4 percent statewide)
 - This number increases as students get older: 19.6 percent of 12th graders reported binge drinking within the last two weeks (compared to 17.2 percent statewide)
- 1.2 percent reported driving after drinking (compared to 1.5 percent statewide)
- 2.5 percent reported driving after marijuana (compared to 3 percent statewide)
- 33.6 percent reported giving money to someone to buy alcohol (compared with 26.7 percent statewide)
- 44 percent reported taking prescription drugs from a family member living in the home (compared with 41.4 percent statewide)

"I myself and many others have been using substances way more frequently than we ever would've if it wasn't for the whole covid outbreak. I would've considered myself to be a great student before all of this but now I can't even go to school sober . . . the worst part is no one will ever know either because it's easy to hide when you do it every day. I also wouldn't feel comfortable talking to the school about this either because obviously who would?"

—Student Survey Respondent

Dual Diagnosis

Mental health difficulties and substance misuse are often co-occurring challenges for individuals. Evidence shows that individuals with mental health disorders are more likely to have substance use disorders than those without mental health disorders. For example, in 2019 adolescents with an MDE were more than twice as likely as adolescents without an MDE to use or misuse substances:³⁰

- Illicit substances in general (31.9 to 14.4 percent)
- Marijuana (24.5 to 11.1 percent)
- Opioids (4.2 to 1.8 percent)
- Alcohol, specifically binge use (8.9 to 4.1 percent)
- Cigarettes (4.4 to 1.8 percent)

Substance Misuse Treatment

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that in 2019, 4.6 percent of adolescents needed substance abuse treatment; however, only 0.7 percent of adolescents received any substance use disorder (SUD) treatment in the same period. One difficulty with engaging

³⁰ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. "Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health." HHS Publication No. PEP20-07-01-001, NSDUH Series H-55 (2020). Retrieved from <https://www.samhsa.gov/data/>. Retrieved January 2021.

individuals in substance abuse treatment is that the individuals often do not believe they need treatment. Unfortunately, in the 2019 SAMHSA data set, nearly 99 percent of adolescents who qualified as having an SUD did not believe they needed treatment.

There are several options for substance abuse treatment: specialized facilities, hospitals, mental health centers, emergency rooms, doctor's offices, self-help groups, and more, with self-help groups such as Alcoholics Anonymous and Alateen being common forms of treatment. While the SAMHSA survey data did not provide rates of treatment through schools, some evidence suggests that schools are an ideal place to support children and adolescents with substance use disorders.^{31,32}

"I think that a lot of people do not want to get the help that they need because they are scared they are going to get in trouble, with the school, law enforcement, parents, etc."

—Student Survey Respondent

Because of the illegal nature of many substances, use of said substances can lead to involvement with the justice system and incarceration. However, research shows that the criminalization of drug use has not created a reduction in substance use and abuse. Both health and justice organizations, such as the Vera Institute of Justice, have increasingly stated that a public health approach to substance use and abuse is more likely to reduce substance use and associated crimes than justice involvement and incarceration.³³ Delaware County has recently joined the Pennsylvania Law Enforcement Treatment Initiative, part of reforms initiated by the attorney general, allowing Pennsylvanians seeking treatment for addiction to use law enforcement entities for referrals to treatment without being arrested.³⁴

Researcher Note: The School-to-Prison Pipeline

Throughout this report you will find references to the "school-to-prison pipeline." For purposes of this work, we are utilizing a definition for this term from the Anti-Defamation League:

"The school-to-prison pipeline is a set of policies and procedures that drive our nation's schoolchildren into a pathway that begins in school and ends in the criminal justice system."³⁵

Specific examples of policies or procedures that contribute to the school-to-prison pipeline include, but are not limited to, exclusionary discipline practices, increased police on campus and the outcomes related to such staffing, and the numerous ways students may lack necessary supports, which leads to them dropping out of school, increasing the likelihood of being incarcerated.

³¹ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. "Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health." HHS Publication No. PEP20-07-01-001, NSDUH Series H-55 (2020) Retrieved from <https://www.samhsa.gov/data/>. Retrieved January 2021.

³² Benningfield, M. M., Riggs, P., Stephan, S. H. "The Role of Schools in Substance Use Prevention and Intervention." *Child and Adolescent Psychiatric Clinics of North America*, 24(2) (2015): 291-303. Retrieved from <https://www.sciencedirect.com/science/article/pii/S1056499314001266>. Retrieved January 2021.

³³ De Bibiana, J., Miller, C., Pope, L., Stellan, S., Parsons, J., & Cloud, D. "Changing Course in the Overdose Crisis: Moving from Punishment to Harm Reduction and Health." Vera Institute of Justice (2010). Retrieved from <https://www.vera.org/downloads/publications/changing-course-in-the-overdose-crisis.pdf>.

³⁴ <https://www.attorneygeneral.gov/taking-action/press-releases/berks-and-delaware-counties-join-ag-shapiros-treatment-initiative/>

³⁵ Anti-Defamation League, The Current Events Classroom. "What Is the School-to-Prison Pipeline?" <https://www.adl.org/sites/default/files/documents/assets/pdf/education-outreach/what-is-the-school-to-prison-pipeline.pdf>. Retrieved April 2021.

Research has shown that these systems disproportionately impact children of color, LGBTQ+ children, and those with disabilities.

Data from the Office of Civil Rights Data Collection related to discipline for each Delaware County district can be found in Appendix E. A review of these data will provide insights into the use of a variety of discipline measures that have been linked to the school-to-prison pipeline.

2. General Health

The general health of students is foundational to mental and behavioral health. Substance use and misuse are issues that have both mental health and physical health components and implications.

In 2019, Delaware County Council partnered with Johns Hopkins University for an examination of health and public health service delivery in Delaware County as part of an exploration of the need for a countywide government presence in public health. Findings were adapted to support the official establishment of the Delaware County Department of Public Health.³⁶

It should be noted that most respondents to the Johns Hopkins studies were white and female, which is not representative of the county's diversity. All told, the Johns Hopkins study provided 10 areas of needed public health services in general, which can be seen in the chart below. Many of these recommendations are in line with similar findings from this discovery work related to school-based services. The Johns Hopkins study did not directly address nor specifically delve into school-based services and supports, though it did note that participants in the study referenced the need for trauma-informed care in schools.

The Johns Hopkins study found 10 core areas of needed essential public health services, many of which seem pertinent to the work that the Initiative is embarking on as well:³⁷

1. Assess and monitor health status, factors that influence health, needs, and assets to understand and improve population health and well-being.
2. Diagnose, investigate, and address health problems and hazards affecting the population, including the identification of root causes.
3. Communicate effectively to inform and educate people about health, including factors that influence it and how to improve it.
4. Strengthen, support, and mobilize the community and partnerships to improve population health.
5. Create and champion policies and plans that improve and protect the public's health, removing obstacles to optimal health and supporting the resilience of the entire population.
6. Employ legal and regulatory actions to protect and ensure the public's health and safety.
7. Assure an effective system that enables equitable access, by all people, to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.

³⁶ Retrieved from https://www.delcopa.gov/pdf/JHSPHDelawareCountyFinalReport_July2020REV.pdf.

³⁷ Retrieved from https://www.delcopa.gov/pdf/JHSPHDelawareCountyFinalReport_July2020REV.pdf, page 36. Retrieved: March 2021.

9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure to support public health.

Researcher Note

An additional study that may warrant review by the steering committee is the recent 2016 Child and Adolescent Health Needs Assessment³⁸ conducted for the Nemours/Alfred DuPont Hospital. Delaware County was one of five counties involved in the study and though the sample size is small, there are representative groupings that could provide additional information for consideration.

3. The Impact of COVID-19

COVID-19 has had an unprecedented impact on what seems like most aspects of society over the past year and continues to be classified as a pandemic in the United States and across the globe. COVID-19 has also both laid bare and exacerbated previous health disproportionalities as well as created new ones.³⁹

According to the American Psychological Association's workforce data tool, 37 percent of psychologists have had an increased number of patient referrals in response to the COVID-19 pandemic.⁴⁰

"Virtual school has been very hard for my son. This year is atypical as far as school, resources, everything. As we all recover, I think he will need help re-integrating with the world and I hope that our school will be prepared to adjust to his and other children's post-pandemic worries and emotional/social needs."

—Parent Survey Respondent

"I honestly feel that this year shouldn't count. We have students who were at least a B average student that are now a D average. This year has been beyond stressful. Major loads of work have been assigned to us and we do not learn anything. We just have to submit by 11:59; which is not learning. I have not learned one thing in school this year. I used to be an A average student and I know that I can do better. It's just hard to push yourself especially when my mental health is not getting where it needs to be. And school is the main cause."

—Student Survey Respondent

³⁸ <https://www.nemours.org/content/dam/nemours/wwwv2/filebox/about/2016-prc-child-adolescent-chna-aidhc.pdf>. Retrieved January 2021.

³⁹ NPR, "Studies Confirm Racial, Ethnic Disparities in COVID-19 Hospitalizations and Visits." (April 2021). Retrieved from https://www.npr.org/sections/coronavirus-live-updates/2021/04/12/986513859/studies-confirm-racial-ethnic-disparities-in-covid-19-hospitalizations-and-visits?fbclid=IwAR0-UxllQX5XtWS3phY66EL2GgJD-1pmJLH_hGFwp_ou-9uR6OEmJdCn5EI.

⁴⁰ Retrieved from <https://www.apa.org/workforce/data-tools/overview-psychologists-pandemic-response>. Retrieved April 2021.

4. Mental & Behavioral Health & Substance Misuse Needs & Services for Specific Populations

One of Delaware County's greatest strengths is its diversity. Broad research and specific responses from Delaware County stakeholders show that when it comes to mental and behavioral health and substance misuse issues, both the causes and the access to and effectiveness of treatment and services differ for each community and individual.

Intersectionality

While the research below pulls from various sources, quotes, and research often related to one aspect of identity, every individual is a combination of many identities. The term “intersectionality” was originally coined by Kimberle Crenshaw, who recently described the term as follows:

Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LGBTQ problem there. Many times that framework erases what happens to people who are subject to all of these things.⁴¹

As the steering committee considers the research and data below, it will be useful to keep that complexity in mind.

Researcher Note

The information below is meant to provide the Healthy Kids, Healthy Schools Initiative Steering Committee with a broad understanding of the disparate access and impacts experienced by the diverse communities they serve. Caution should be used in extrapolating the results to speak to specific traits or outcomes for any one individual, group, or community.

Race/Ethnicity

Disproportionate mental health outcomes and access to services for individuals of color is an unfortunate reality.⁴² In addition, the impact of racism on individuals of color has been shown to have a disproportionate impact on their mental (and physical) health. An increase in racialized harassment and violence has increased the mental health need for many individuals above and beyond additional mental health needs created by the pandemic.^{43 44}

Additionally, recent studies have indicated a correlation between an individual's race/ethnicity and the following:

- Disproportionate suspensions and expulsions*

⁴¹ Columbia Law School, “Kimberle Crenshaw on Intersectionality, More than Two Decades Later.” Retrieved from <https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later#:~:text=Twenty-eight%20years%20ago%2C%20Kimberl%C3%A9%20Crenshaw%20coined%20the%20term,to%20help%20explain%20the%20oppression%20of%20African-American%20women>. Retrieved April 2021.

⁴² Retrieved from <https://www.psychologytoday.com/intl/blog/the-savvy-psychologist/20210/racisms-effects-black-mental-health>. Retrieved April 2021.

⁴³ American Psychological Association, “The Mental Health Impact of Anti-Asian Racism.” Retrieved from <https://www.apa.org/monitor/2021/07/impact-anti-asian-racism>. Retrieved April 2021.

⁴⁴ Retrieved from <http://www.smhp.psych.ucla.edu/pdfdocs/racism.pdf>. Retrieved April 2021.

- Disproportionate referrals to special education*
- Disproportionate chronic absenteeism*
- Disproportionate physical health outcomes⁴⁵

For those bullets above with an “*”, disproportionalities in these areas can be seen in Delaware County school-based data by reviewing the data in Appendix E and following the included links to dig deeper into the Civil Rights Data Collection data, which is published every two years.

“Our school district’s greatest weakness is its silence. Our school needs to recognize the mental health effects of prejudice and institutional racism, respond to students, and teach social justice.”

—Parent Survey Respondent

Immigrant Status

As discussed earlier, Delaware County has both a diverse immigrant population and a growing one.⁴⁶ There are several factors that directly impact immigrant mental health and access to mental health services:⁴⁷

- Lack of translation/interpretation services and other barriers to communication⁴⁸
- Poor cultural competency of providers
- Cultural stigma of mental health conditions
- Fear of deportation
- Immigration policies⁴⁹
- Concerns about being considered a “public charge”^{50 51}

All the above either make it more difficult or less likely that an immigrant community member will receive or seek out services for themselves or their children.

While the above findings are based in scientific study, Delaware County stakeholder interview and focus group outputs reinforced many of these findings and stressed the following needs when addressing mental health, behavioral health, and substance misuse in culturally diverse communities:

⁴⁵ Retried from <https://www.hsph.harvard.edu/news/hsph-in-the-news/how-racism-chips-away-at-health/>. Retrieved April 2021.

⁴⁶ Retrieved from <https://datausa.io/profile/geo/delaware-county-pa#:~:text=Foreign%2DBorn%20Population&text=56.5k%20people-,As%20of%202018%2C%2010.1%25%20of%20Delaware%20County%2C%20PA%20residents,the%20rate%20has%20been%20increasing.>

⁴⁷ Castañeda, H., Holmes, S. M., Madrigal, D. S., Young, M. D., Beyeler, N., & Quesada, J. “Immigration as a Social Determinant of Health.” *Annual Review of Public Health*, 36(1) (2015): 375–392. <https://doi.org/10.1146/annurev-publhealth-032013-182419>.

⁴⁸ Derr, A. S. “Mental Health Service Use Among Immigrants in the United States: A Systematic Review.” *Psychiatric Services*, 67(3) (2016): 265–274. Retrieved from <https://doi.org/10.1176/appi.ps.201500004>.

⁴⁹ Vargas, E. D., Sanchez, G. R., & Juárez, M. D. “The Impact of Punitive Immigrant Laws on the Health of Latina/o Populations.” *Politics & Policy*, 45(3) (2017): 312–337. Retrieved from <https://doi.org/10.1111/polp.12203>.

⁵⁰ Retrieved from <https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge>. Retrieved March 2021.

⁵¹ Retrieved from <https://www.federalregister.gov/documents/2019/08/14/2019-17142/inadmissibility-on-public-charge-grounds>. Retrieved March 2021.

- Understanding of cultural norms related to discussion of mental health, including differences within culturally similar groups for reasons such as age
- Culturally competent educators and professionals with training in culturally responsive practices, as well as more general and specific relationship-building training and support for school staff
- Financial and systemic support for agencies within the community, with acknowledgement that families may seek out support from within their community before turning to schools or larger health organizations
- Support for families in navigating the school system, including actively communicating with families about their rights and the rights of their children in accessible ways
- Supports to address language barriers, both in person through interpretation and in the translation of documents

Mixed Status Families

Being part of a mixed status family—in which members may be a mixture of citizens and documented and undocumented individuals—has been shown to have a complicated impact on health-seeking behaviors.⁵² Specifically, in families where parents were noncitizens and a parent is undocumented, the parents were less likely to seek treatment for their children even when the children themselves were citizens. Similar studies found that families living in states with more negative laws and policies toward immigrants (documented or not) were less likely to seek services.⁵³

Language & Communication

Both academic and stakeholder research suggests that language and communication challenges are significant barriers to access and involvement in services. This was also expressed through many of the individual interviews and focus groups where the need for interpretation services was highlighted across stakeholder interactions, including not just verbal language but also American Sign Language (and additional dialects of ASL) and the use of other adaptive communication systems.

Given that one of the standards of therapeutic intervention is an assurance of confidentiality (except in certain required cases), when there is a dearth of providers who speak an individual's language, having an interpreter in the room can be a deterrent to an individual's willingness to seek out services as well as a hindrance to the efficacy of the services themselves.

Many of the mentioned recommendations about supporting immigrant families are also relevant here in the language context rather than the cultural context.

The experience of families varied in this area; schools also seemed to be variably prepared to support the language needs of families.

⁵² Vargas, E. D., & Ybarra, V. D. "U.S. Citizen Children of Undocumented Parents: The Link Between State Immigration Policy and the Health of Latino Children." *Journal of Immigrant and Minority Health*, 19(4) (2017): 913–920. Retrieved from <https://doi.org/10.1007/s10903-016-0463-6>. Retrieved January 2021.

⁵³ Morey, B. N. "Mechanisms by Which Anti-Immigrant Stigma Exacerbates Racial/Ethnic Health Disparities." *American Journal of Public Health*, 108(4) (2018): 460–463. Retrieved from <https://doi.org/10.2105/AJPH.2017.304266>. Retrieved January 2021.

Researcher Note

Despite both student and family surveys providing the option for Spanish, simplified Chinese, and Vietnamese, there were very few survey responses utilizing the translated surveys. Given the need for interpretation expressed in stakeholder interviews and focus groups, however, this likely speaks to a need for different outreach pathways for non-English speaking families. We recommend this be something the steering committee considers both immediately and as part of strategic plans.

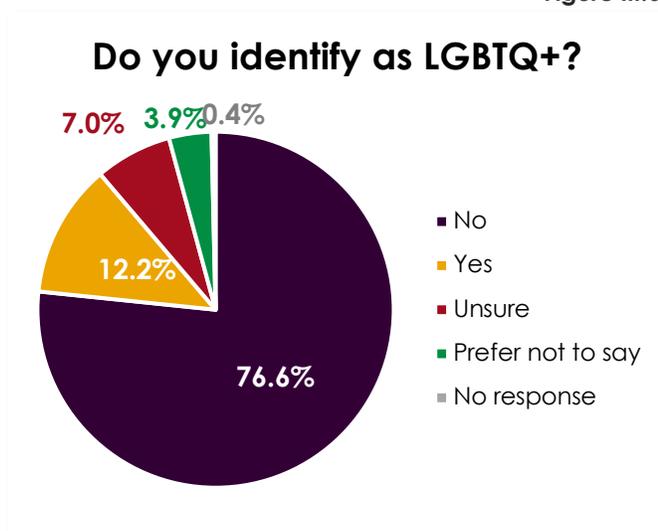
LGBTQ+ Identity

Data on LGBTQ+ individuals in Delaware County were not easily accessible; however, the survey data show that approximately 12 percent of student respondents identify as LGBTQ+ (Figure III.q).

In their 2017 State Snapshot of their National School Climate Survey for LGBTQ students, GLSEN found the following for Pennsylvania⁵⁴:

- Many LGBTQ students reported hearing anti-LGBTQ remarks at school, with some reporting school staff regularly make homophobic remarks (19 percent) or negative comments about someone's gender expression (36 percent).
- A majority reported being verbally harassed about their sexual orientation (70 percent), gender expression (58 percent), or gender (52 percent).
- A majority (87 percent) attend schools where anti-bullying/harassment policies include specific protections for sexual orientation and gender identity/expression.
- Only 18 percent were provided curricula that included positive representations of LGBTQ people, history, or events.

Figure III.q.



LGBTQ+ students of color face additional challenges:⁵⁵

- Students of color who were severely harassed in school because of both their sexual orientation and race/ethnicity were more likely to miss school in the past month (57 percent) than those who were severely harassed based on sexual orientation only (43 percent), race/ethnicity only (39 percent), or those who did not experience high severities of either type of harassment (16 percent).

⁵⁴ Retrieved from https://www.glsen.org/sites/default/files/2019-11/Pennsylvania_Snapshot_2017_0.pdf.

⁵⁵ Gay, Lesbian and Straight Education Network. "Shared Differences: The Experiences of Lesbian, Gay, Bisexual, and Transgender Students of Color in Our Nation's Schools."

- Students of color who experienced high severities of harassment based on both their sexual orientation and race/ethnicity had significantly lower grade point averages (2.3) than students who reported experiencing a high severity of harassment because of only one of these characteristics (2.6) or did not experience high severities of either type of harassment (2.8).

Oppression and discrimination negatively impact students and can lead to issues with health, mental health, academic achievement, school attendance, and more. These impacts lead to a disproportional number of LGBTQ+ youth involved in foster care, experiencing homelessness, and engaged with law enforcement, juvenile justice, and incarceration.^{56, 57} This is especially true for transgender and gender-diverse youth.

Again, it should be noted that these are population-level statistics, and every individual's experience is different based on a host of resiliency and other supportive factors, not just adverse experiences. For example, positive and proactive supports at school can directly work to counter the negative impacts many transgender and gender-diverse students experience.

"I would like for staff to ask people for pronouns, like if someone is born male and identify as female or someone born female and identify as male to be referred what they identify as, same with non-binary people, gender fluid people etc."

—Student Survey Respondent

Researcher Note

Questions arose during the survey review and dissemination about the necessity of demographic questions for students related to gender diversity and to LGBTQ+ identity. Specifically, multiple organizations asked for leeway to remove these questions. Both questions had a "prefer not to answer" option and were anonymous. The LGBTQ+ question was also made optional. In line with standards, parents were given the option to "opt out" of the survey in its entirety for their students but were not given the option of a survey with the questions removed.

Disability Status

According to the American Psychiatric Association, approximately 5 percent of psychologists practicing in 2019 identified as having a disability.⁵⁸ Therapists may unintentionally utilize frameworks or language that are detrimental to a disabled person's treatment.⁵⁹

This was anecdotally supported by interviews with individuals within Delaware County. In addition, stakeholders described challenges related to feelings of belonging, getting the academic and other

⁵⁶ Movement Advancement Project, "LGBTQ Youth in the Child Welfare System." Retrieved from https://www.lgbtmap.org/file/LGBTQYouth_ChildWelfare.pdf.

⁵⁷ Movement Advancement Project, Center for American Progress, and Youth First. "Unjust: LGBTQ Youth Incarcerated in the Juvenile Justice System." (2017) <https://www.lgbtmap.org/criminal-justice-youth-detention>. Retrieved April 2021.

⁵⁸ Retrieved from <https://www.apa.org/workforce/data-tools/demographics>. Retrieved April 2021.

⁵⁹ Stuntzner, S. and Hartley, M. T. "Disability and the Counseling Relationship: What Counselors Need to Know." Vistas Online. American Counseling Association. (2014) Retrieved from https://www.counseling.org/docs/default-source/vistas/article_09.pdf?sfvrsn=157ccf7c_12. Retrieved April 2021.

supports needed, and confusions or roadblocks related to processes meant to support students with disabilities (IEPs/504s).

Some suggested solutions from stakeholders included the following:

- Provide better resources and training to parents related to the rights and supports available to their children, as well as training on the IEP/504 processes themselves.
- In instances where an individual's disability may impact the way they communicate, having access to a therapist familiar with sign language, adaptive technology, and other assistive accommodations can be hugely impactful.
- Consider how information on services is communicated such that it meets the needs of individuals using assistive accommodations. For example, a stakeholder from the deaf community stated that having information in sign language images is preferred by some.
- Consider how to find a balance between connecting individuals with disabilities with each other and not segregating specific populations into a particular school. Stakeholders worried about the impact on students of not seeing or being able to interact with others within their school who may share similar needs and challenges.
- Consider training all teachers and staff on best practices for working with students with a variety of disabilities. Often, techniques that are best practices for students with disabilities are supportive of all students. For example, focus group members referenced the work of Dr. Ross Greene, which emphasizes that students expressing challenging behaviors (such as those often identified for IEP behavioral diagnoses), are doing so because expectations exceed students' capacity to respond.

D. SUMMARY & FURTHER RESEARCH RECOMMENDATIONS

One consistent refrain from stakeholders was about Delaware County's diversity, in conjunction with regional challenges related to equity for various communities. Formal research supports this narrative, suggesting a disparity in the ability of some Delaware County communities to address the needs in their localized sphere. Ultimately then, with equity as a guiding star, this research endorses the importance of a countywide approach.

As Bloom and the steering committee continue to engage in this work, the team can further disaggregate and study the data from the surveys even more. Upon initial review of survey-taker demographics, for example, there may be additional subpopulations that should be invited to have voice in this work.

Researchers recommendations include the following:

- Reach out to populations who are underrepresented as compared to county demographics.
- Provide partnership and support for community-based organizations to support engagement.
- Provide direct support for school districts to engage in data collection.
- Translate outreach materials into languages other than English.

Robust and accurate data gathering and sharing will be key to the success of this work. These practices support continuous improvement vis-à-vis societal and ecosystem changes, as well as allow the county to hold itself accountable to desired outcomes. Research and data are not simply about the raw numbers themselves but about the systems, processes, and professionals that gather and interpret the data.

Currently, there is no comprehensive data collection and analysis process in Delaware County that can reliably ensure ongoing and accurate evaluation of countywide mental health, behavioral health, and

substance misuse needs and service provision. While the fractured data system is a reality across Delaware County (and many other municipal systems), it is essential to explore data and evaluation capacity building as part of this strategic planning process.

Finally, if Delaware County chooses to dismantle barriers to collaboration between the many supportive organizations and agencies that service students and families, there are many considerations. One of the largest of these considerations is one municipalities and government agencies generally find challenging, especially in the already referenced area of data sharing and use: privacy. The balance between privacy rights and effective service delivery for students and families is one such challenge that will need to be considered throughout this planning process. Given this need, the University of Pennsylvania's Actionable Intelligence for Social Policy resources are worth review.

IV. INTERVENTIONS & OPPORTUNITY RESEARCH: FRAMEWORKS FOR CONSIDERATION

Researcher Note

Inclusion of particular frameworks in this section is not meant to imply that these frameworks are not in use in Delaware County, but rather to highlight frameworks that are considered best practices for the steering committee to review as it creates strategic initiatives in this planning process. It is expected that the lived and learned experiences of steering committee members will add further context, provide specific examples within Delaware County of these frameworks and their implementation, and give deeper meaning in relation to the communities they serve.

Whether it is considered an outcome, a process, or a capacity, the essence of resilience is a positive, adaptive response in the face of significant adversity. It is neither an immutable trait nor a resource that can be used up. On a biological level, resilience results in healthy development because it protects the developing brain and other organs from the disruptions produced by excessive activation of stress response systems. Stated simply, resilience transforms potentially toxic stress into tolerable stress.

—National Scientific Council on the Developing Child⁶⁰

1. Trauma-Informed PA: A Plan to Make Pennsylvania a Trauma-Informed, Healing-Centered State⁶¹

In July 2020, Governor Tom Wolf and the Pennsylvania Office of Advocacy and Reform launched Trauma-Informed PA: A Plan to Make Pennsylvania a Trauma-Informed, Healing-Centered State.

The plan has six core areas:

1. Ensuring that Pennsylvania state culture is trauma informed through universal training
2. Ensuring all state agencies' policies and practices are trauma informed and more focused on prevention and healing
3. Mandating that all licensed and funded entities become trauma informed
4. Building and supporting grassroots/community-based efforts to become trauma informed in every part of the commonwealth
5. Recognizing and healing from the traumas of major crises like the COVID-19 pandemic
6. Preventing and healing racial, communal, and historical traumas, whether they be individual or systemic

During some of our stakeholder interviews, the Pennsylvania state plan was discussed, and some core concerns were mentioned, including the following:

⁶⁰ National Scientific Council on the Developing Child. "Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper No. 13." (2015) Retrieved from <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/The-Science-of-Resilience2.pdf>. Retrieved May 2021.

⁶¹ https://www.scribd.com/document/470553274/2020-Trauma-Informed-PA-Plan?secret_password=AcWbQ2CvooqQQ8w20WZO

- Lack of specific implementation plan and guidance
- Lack of nuance and specificity (e.g., meditation is a useful general intervention for those healing from trauma, but can be triggering for some trauma victims)
- Financing and financial sustainability
- Long-term consistent support and prioritization

These concerns were not articulated as being specific to the Pennsylvania plan per se but were references to historical experiences with other state- or federal-level initiatives.

As research studies and anecdotal stories have shown, the impact of trauma and adverse childhood experiences (ACEs) is not always negative.⁶² Recent academic discussion has highlighted that children also experience protective childhood experiences (PCEs).⁶³ Children and youth who have the involvement of a stable and supportive adult in their lives (either family or community) are more resilient to the impact of negative life experiences, even when controlling for other factors such as individual ability to navigate negative experiences.

“A lot of the trauma is multi-generational and I think more efforts to engage and build a relationship with caregiver/parent would increase trust, responsiveness and willingness to engage and follow-up on mental health treatment for their children and themselves as needed.”

—Staff Survey Respondent

2. Addressing Secondary Traumatic Stress & Compassion Fatigue for Educators

Whether it is called secondary trauma, secondary stress, vicarious trauma, or compassion fatigue, the impact of coping with others’ trauma can cause trauma and stress reactions for individuals in a variety of professions, including those supporting students in schools: teachers, support staff, school social workers, etc. This is separate from, but can be layered upon, other traumas professionals may carry due to their own experiences. Secondary trauma can be mitigated in much the same way as primary trauma.

The Treatment and Services Adaptation Center details the following as common symptoms of secondary traumatic stress (STS):⁶⁴

- Emotional—feeling numb or detached, feeling overwhelmed or maybe even hopeless
- Physical—having low energy or feeling fatigued
- Behavioral—changing your routine or engaging in self-destructive coping mechanisms
- Professional—experiencing low performance of job tasks and responsibilities, feeling low job morale
- Cognitive—experiencing confusion, diminished concentration, and difficulty with decision making; experiencing trauma imagery, which is seeing events over and over again

⁶² National Scientific Council on the Developing Child. “Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper No. 13.” (2015) Retrieved from www.developingchild.harvard.edu. Retrieved April 2021.

⁶³ Aces Too High, “What ACEs/PCEs Do You Have?” Retrieved from <https://acestoohigh.com/got-your-ace-score/>. Retrieved April 2021.

⁶⁴ Treatment and Services Adaptation Center, Secondary Traumatic Stress. Retrieved from <https://traumaawareschools.org/secondaryStress>. Retrieved April 2021.

- Spiritual—questioning the meaning of life or lacking self-satisfaction
- Interpersonal—physically withdrawing or becoming emotionally unavailable to your coworkers or your family

Many prevention and intervention strategies for secondary traumatic stress focus on the individual but are similar to the strategies for supporting students who are responding to and coping with trauma. There is also a need for organizational responses. The U.S. Department of Health and Human Services Administration for Children and Families lists a variety of possible organizational responses to secondary traumatic stress for human services agencies that can be easily adapted to schools:⁶⁵

- Create an organizational culture that normalizes the effects of working with trauma survivors.
- Adopt policies that promote and support staff self-care.
- Allow for diversified workloads and encourage professional development.
- Create opportunities for staff to participate in social change and community outreach.
- Ensure a safe work environment.
- Provide STS education to and encourage open discussion of STS among staff and administrators.
- Make counseling resources and employee assistance programs available to all staff.

“It would also be VERY helpful if staff had easy access to learn about their own mental health issues. I think it would be difficult for teachers/staff to teach students about this if the staff had little understanding of their own needs.”

—Staff Survey Respondent

3. Asset-Based & Equity-Based Pedagogies & Practices

In the context of this report, “asset-based pedagogy” is used to broadly describe a variety of pedagogic ideas that hold equity as foundational to their approach, including actively reviewing existing frameworks and systems. These pedagogies maintain that the importance of pedagogical practices lies in inclusion of the needs of additional groups that have been systematically marginalized, such as those in the LGBTQ+ community. Having a broader, equity-based pedagogical mindset also holds space for the multiple identities that many students possess and the intersectional way in which those identities may impact their strengths, needs, and access to treatment by support systems. Equity-based pedagogies understand that inclusive practices increase the success of all students, including those who have been more historically and systemically privileged as well as those who have been marginalized.

As with some other possible solutions, culturally responsive teaching (CRT) and inclusive curricula may initially seem outside of the mental health scope of this report; however, research shows that school use of CRT and curricula that are inclusive of many and varied identities has a positive impact on students’ mental health and well-being.

The core pieces of CRT, as highlighted by Ladson-Billings⁶⁶, include the following:

⁶⁵ U.S. Department of Health and Human Services, Administration for Children and Families, Secondary Traumatic Stress. Retrieved from <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>. Retrieved April 2021.

⁶⁶ Ladson-Billings, G. *The Dreamkeepers: Successful Teachers of African American Children*. San Francisco: Jossey-Bass (1994).

- Positive perspectives on parents and families
- Communication of high expectations
- Learning within the context of culture
- Student-centered instruction
- Culturally mediated instruction
- Reshaping the curriculum
- Teacher as facilitator

Zaretta Hammond's *Culturally Responsive Teaching and the Brain* connects CRT with neuroscience to articulate ways in which using culturally responsive teaching practices can positively impact learning.⁶⁷

The Pennsylvania Department of Education has created an equitable practice hub with information for schools, districts, and others to use when considering how to increase equity in their practices. It states that in Pennsylvania, “equity has been defined as ‘every student having access to the educational resources and rigor they need at the right moment in their education across race, gender, ethnicity, language, disability, religion, sexual orientation, gender identity, family background, and/or family income.’”⁶⁸

4. Social Emotional Learning

The Collaborative for Academic, Social, and Emotional Learning (CASEL) states that social and emotional learning (SEL) is “the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.”⁶⁹ These skills are seen as being nested within the myriad of systems in which an individual lives (e.g., school, work, family, society), a conceptualization that is reminiscent of Bronfenbrenner’s Ecological Systems Theory.

Criticism of SEL for supporting students who are systemically marginalized is an important consideration for any implementation of SEL practices, especially in a county as diverse as Delaware County. SEL, as with any intervention, is vulnerable to the implicit bias of those researching and implementing programs. As Dr. Dena Simmons, former assistant director of the Yale Center for Emotional Intelligence, has spoken about frequently, there are dangers in teaching SEL outside of social-political contexts.^{70 71}

⁶⁷ Hammond, Z. *Culturally Responsive Teaching and the Brain*. Thousand Oaks, California: Corwin Press (2015).

⁶⁸ Pennsylvania Department of Education, Equitable Practices Hub. Retrieved from <https://www.education.pa.gov/Schools/safeschools/equityandinclusion/EPH/Pages/default.aspx>. Retrieved April 2021.

⁶⁹ Collaborative for Academic, Social, and Emotional Learning (CASEL). Retrieved from <https://casel.org/what-is-sel/>.

⁷⁰ Simmons, D. “Why We Can’t Afford Whitewashed Social-Emotional Learning.” *ASCD Education Update* (2019). Retrieved from http://www.ascd.org/publications/newsletters/education_update/apr19/vol61/num04/Why_We_Can't_Afford_Whitewashed_Social-Emotional_Learning.aspx.

⁷¹ Mada, M. J. “Dena Simmons: Without Context, Social-Emotional Learning Can Backfire.” *EdSurge* (2019). Retrieved from <https://www.edsurge.com/news/2019-05-15-dena-simmons-without-context-social-emotional-learning-can-backfire>.

A recent report by the Education Trust, “Social Emotional and Academic Development Through an Equity Lens,”⁷² echoes the need to shift practices to include societal and individual context, and to work with adults to change mindsets and preconceptions. It also provides a framework to help schools and districts enact such a shift.⁷³ The report details six recommendations, many of which support or integrate other models discussed in this section:

1. Provide meaningful professional development and support.
2. Engage parents, students, and communities as full partners.
3. Diversify the workforce.
4. Ensure equitable access to supports for success in rigorous and culturally sustaining coursework.
5. Develop inclusive discipline and dress code policies.
6. Provide access to integrated wraparound services and supports.

The Center for Reaching and Teaching the Whole Child, originally out of San Jose State University, has worked to broaden the conceptual framework of SEL to include cultural competency through their teacher preparation. Their model for SEL is also included here (Figure IV.a) to show how cultural competency might be integrated into an SEL framework to answer some of the current challenges to SEL. First, the Center focuses on core goals and highlights the context in which those overarching goals reside.⁷⁴

Figure IV.a.



From there, the Center’s framework considers how schools and systems might deepen their lens on SEL work through

- exploring assumptions and beliefs,
- modeling,
- providing practice, and
- reflecting.

And finally, they delineate anchor competencies for staff and specific practices that can be utilized to grow and build in those areas. The table below provides an overview:

⁷² Duchesneau, N. “Social, Emotional, and Academic Development Through an Equity Lens.” The Education Trust (2020). Retrieved from <https://edtrust.org/wp-content/uploads/2014/09/Social-Emotional-and-Academic-Development-Through-an-Equity-Lens-August-6-2020.pdf>.

⁷³ <https://edtrust.org/wp-content/uploads/2014/09/Social-Emotional-and-Academic-Development-Through-an-Equity-Lens-August-6-2020.pdf>

⁷⁴ Center for Reaching & Teaching the Whole Child, Anchor Competencies Framework. <http://crtwc.org/anchor-competencies/>. Retrieved January 2021.

Anchor Competencies	Educator Practices
Build Trusting Relationships (considered essential for all anchor competencies)	Develop rapport
	Engage families
	Practice reciprocal vulnerability
	Employ trauma-informed practice
Respond Constructively Across Difference	Engage families
	Practice reciprocal vulnerability
	Identify and interrupt microaggressions
Promote Collaborative Learning	Practice building consensus
	Engage in structured academic and social conversations
	Practice reflective listening
Create Community	Attend to status issues
	Foster individual voice
	Create a culture of engagement
	Affirm each other's assets
	Provide asset-based formative feedback
Cultivate Perseverance	Set and monitor goals
	Embrace productive struggle
Foster Growth Mindset	Connect learning to the brain
	Shift to positive self-talk
	Articulate affirming counter-narratives
Foster Self-Reflection	Recognize and manage emotional reactions
	Examine biases
	Explore identity

5. Restorative Practices

"Show me that you care before you show me what you know."
—Focus Group Participant

Restorative practices (RPs) are a set of tools, techniques, and skills related to the creation, maintaining, and restoration of community. RPs in education grew out of restorative justice practices used in the judicial system, and while initial implementation closely mirrored restorative justice, RPs have grown

through the influence of educators and others to be more holistic in nature.⁷⁵ At their core, RPs center several fundamental ideas and practices, such as the following:⁷⁶

- Fundamental hypothesis: Human beings are happier, more cooperative and productive, and more likely to make positive changes in their behaviors when individuals in positions of authority do things *with* them, rather than to them or for them.
- Fair process: Fair process is the idea that sincere engagement in a system or decision-making process tends to build trust and cooperation. In the International Institute for Restorative Practices (IIRP) conception of RP there are three components of fair process:
 - **Engagement**—involving others in decisions by listening to their insights and desires and sincerely taking their input into account
 - **Explanation**—once a decision has been made, being accountable for going back to stakeholders to explain why certain decisions were made, especially for those whose ideas or advice are not being implemented
 - **Expectation clarity**—making sure that everyone understands the decision and what that decision entails for them
- Circles are a tool to build community, resolve issues that arise, and restore community when trust is broken.
- Teach feelings and use nonviolent communication frameworks when communicating “harm.”

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A 2020 research review of RPs from the National Education Policy Center found they⁷⁸

- reduced suspensions even when controlling for other district policies that also reduced suspensions,
- have the potential to reduce disproportionality in suspension rates for students of color,
- reduced discipline referrals in general,
- increased teacher reports of positive interpersonal and school climate impacts, and
- increased student reports of positive social emotional benefits including improving relationships.

⁷⁵ Gregory, A., & Evans, K. R. “The Starts and Stumbles of Restorative Justice in Education: Where Do We Go from Here?” National Education Policy Center (2020). Retrieved from <http://nepc.colorado.edu/publication/restorative-justice>. Retrieved March 2021.

⁷⁶ International Institute for Restorative Practices. Retrieved from <https://www.iirp.edu/restorative-practices/defining-restorative/>. Retrieved April 2021.

⁷⁷ PositivePsychology.com, “Your Complete Nonviolent Communication Guide.” Retrieved from <https://positivepsychology.com/non-violent-communication/>. Retrieved April 2021.

⁷⁸ Gregory, A., & Evans, K. R. “The Starts and Stumbles of Restorative Justice in Education: Where Do We Go from Here?” National Education Policy Center (2020). Retrieved from <http://nepc.colorado.edu/publication/restorative-justice>. Retrieved March 2021.

In addition to the above, a 2018 Rand Corporation implementation of a specific restorative practices program, Pursuing Equitable and Restorative Communities, found it⁷⁹

- improved school culture,
- reduced suspensions, and
- reduced disproportionality of suspensions for African American and low-income students.

The continuum below gives a broad view of the general techniques within the RP spectrum.⁸⁰

Figure IV.b.



If we conceptualize the above within a Multi-Tiered System of Supports (MTSS) framework, the activities on the left side of the continuum would fit within universal Tier 1 interventions. As we move along the continuum we move up the tiers until we come to formal conferencing, which would be considered a Tier 3 intervention.

In addition to being utilized as the core framework for support and intervention, RPs can be integrated as distinct practices into other systems and combined with other intervention practices. For example, Chuck Saufler adapts the social discipline window discussed above by adding components describing the brain’s response and understandings of those responses that we more typically ascribe to trauma-informed practices.⁸¹

The impact of restorative practices on the brain offers a bridge between restorative practices, trauma, and healing spaces. One can see how effective use of community building circles and other restorative practices can create classroom environments that promote relaxed alertness in the brain as opposed to anxious vigilance, reactive defensiveness, or passiveness, all common responses to trauma.

Finally, it should be noted that the National Education Policy Center (NEPC) study referenced above raised the issue of “mis-implementation” of RPs and the impact on positive outcomes. A nationwide survey of teachers found that 20 percent of teachers did not believe RPs were effective and believed students were not being held accountable for their behaviors. Should Delaware County choose to support an RP initiative, it should work to avoid the following mis-implementation models detailed by NEPC:

⁷⁹ Augustine, C. H., Engberg, J., Grimm, G. E., Lee, E., Wang, E. L., Christianson, K., & Joseph, A. A.. “Can Restorative Practices Improve School Climate and Curb Suspensions? An Evaluation of the Impact of Restorative Practices in a Mid-Sized Urban School District.” RAND Corporation (2018). Retrieved from https://www.rand.org/pubs/research_reports/RR2840.html. Retrieved January 2021.

⁸⁰ Lanark County Community Justice. Retrieved from <https://www.commjjustice.org/what-are-restorative-practicesapproaches.html>. Retrieved January 2021.

⁸¹ Retrieved from <https://www.iirp.edu/pdf/Nova-Scotia-2011-Presentations/Nova-Scotia-2011-Saufler.pdf>. Retrieved January 2021.

- **Mandated top-down mis-implementation model**—Not only is a top-down approach in conflict with many restorative principles, it also ignores differences in implementation readiness, may miss opportunities for buy-in, and may actually trigger resistance.
- **Narrow mis-implementation model**—Implementation that focuses on only a few components of RP, typically restorative circles, while ignoring the community-building components ignores the central understanding that there must be a positive community to restore back to for restorative circles to be effective.
- **Color-blind and power-blind mis-implementation model**—Focusing only on individual behavior (student or adult) and ignoring the structural inequities that create and perpetuate harm is not restorative, negatively impacts the effectiveness of the program, and can stymie buy-in from systemically marginalized groups (student or adult). A focus on individual behavior also lessens RP's ability to engage students in critical thinking.
- **Train and hope mis-implementation model**—People do not generalize new behaviors as easily as many believe. Providing limited training to staff, such as a one-day training without continuing follow-up (additional training, coaching, feedback), does not lead to an effective rollout or implementation of interventions, RP included.
- **Under-resourced, short-term mis-implementation model**—Fidelity to the model is an important part of implementation, and that requires resources of time, money, energy, etc. Multiple studies have found that gains from RP implementation took multiple years of reliable implementation.

Though outside the scope of the NEPC study, many of the above pitfalls for implementation can be generalized to a variety of intervention frameworks and programs.

V. INTERVENTION MODELS, PROGRAMS & ORGANIZATIONS: OPPORTUNITY SPOTLIGHTS

Below are examples of models, programs, and organizations that provide useful examples of best practices and possible opportunities for the Delaware County Healthy Kids, Healthy Schools Initiative Steering Committee to consider as it embarks on outlining a strategic plan. Should the committee determine it is interested in learning more about a particular best practice or opportunity, additional and in-depth information can be provided.

1. Delaware County Specific

As mentioned previously, there are many interventions occurring in Delaware County, within schools and outside of them. A list of some of the many programs and interventions mentioned throughout our discovery process is provided below. While this list is not exhaustive, it is meant to give a sense of the range of programs across Delaware County that the steering committee may wish to investigate more.

Interventions	Links to more information
Trauma-Informed Practices	See section IV.1 of this report for more detail.
Social Emotional Learning Program	See section IV.4 of this report for more detail.
Student Assistance Program (SAP)	SAP is a school-based program designed to help students (K-12) remove barriers to their overall success. http://www.delcohsa.org/schoolbh.html
School-Based Behavioral Health Programs	Partnerships with various health systems including Child Guidance, Crozer, Holcomb, and Elwyn http://www.delcohsa.org/schoolbh.html
Beginning Awareness Basic Education Studies (BABES)	PK-5th grade program to teach coping and healthy living skills http://babesworld.org/community/activists/
Safe2Say	Program students can use to report concerns to prevent violence https://www.safe2saypa.org/
Positive Behavioral Interventions and Supports (PBIS)	https://www.pbis.org/
Community Agencies and Programs	http://www.multiculturalcommunityfamilyservices.org/ https://www.makingachange.org/ https://www.chestercommunitycoalition.org/ https://acanaus.org/ https://familysupportline.org/
System of Care (SOC)	http://www.delcohsa.org/systemofcare.html
Safe Schools Training	Provides training for educators to meet compliance and has possibilities for other mental health, behavioral health, and substance misuse-related trainings for staff.

2. Psychological First Aid: LPC-MT Model

Psychological first aid (PFA) is analogous to typical first aid in that it is a series of techniques that is meant to be used by anyone to either address small harms or to stabilize an individual until they are able to receive more intensive treatment from a professional. The use of psychological first aid addresses many of the concerns brought forward in the discovery phase, including general school staff preparedness to respond to mental health, behavioral health, and substance misuse needs. The underlying foundation of psychological first aid comes from a disaster-preparedness framework that includes response to large-scale traumatic events such as pandemics.

The National Child Traumatic Stress Network identifies eight core actions related to psychological first aid that are as follows:

- **Contact and engagement**—To respond to contacts initiated by survivors, or to initiate contacts in a nonintrusive, compassionate, and helpful manner
- **Safety and comfort**—To enhance immediate and ongoing safety and provide physical and emotional comfort
- **Stabilization (if needed)**—To calm and orient emotionally overwhelmed or disoriented survivors
- **Information gathering on current needs and concerns**—To identify immediate needs and concerns, gather additional information, and tailor psychological first aid interventions
- **Practical assistance**—To offer practical help to survivors in addressing immediate needs and concerns
- **Connection with social supports**—To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources
- **Information on coping**—To provide information about stress reactions and coping to reduce distress and promote adaptive functioning
- **Linkage with collaborative services**—To link survivors with available services needed at the time or in the future

The University of Southern California School of Social Work adapted the concepts of psychological first aid into the Listen, Protect, Connect model, which was specifically created to be utilized in schools and by non-mental health school staff such as teachers. Later they added Model and Teach to their framework: LPC-MT.

In addition to being a general framework, LPC-MT is adaptable. As part of their Safe Schools protocols, Los Angeles Unified School District created multiple adaptations of LPC-MT to specifically respond to issues including:⁸² general crisis incidents; child abuse; bullying, cyberbullying, and hazing; and campus lockdowns.

Additionally, LPC-MT was a core component of the state of California's initiative with Wellness Together, which brought together staff members from across the state to learn skills for responding to student mental health needs due to the COVID-19 pandemic and resulting impacts.

⁸² Los Angeles Unified School District, "Safe School Plan, Volume 3—Recovery: Section 8, Psychological First Aid." Retrieved from <https://achieve.lausd.net/cms/lib/CA01000043/Centricity/Domain/338/Section%208%20-%20Psychological%20First%20Aid.pdf>. Retrieved April 2021.

A more detailed outline of the LPC-MT components can be found in Appendix D.

3. Stanford Medicine Tobacco Prevention & Cannabis Awareness & Prevention Tool Kits

Stanford Medicine partnered with educators, parents, and researchers to create theory-based and evidence-informed curricula and resources for use in middle and high schools to prevent student use of tobacco and cannabis. The tool kits are currently being evaluated using randomized trials and, per the website, early pre- and posttrial data show desired changes in knowledge, attitudes, and behaviors among students involved in the program. The programs differ from many abatement programs as they are focused on integrated, school-based, preventative programming done by teachers and staff, as opposed to outside presenters or providers.

Because the tool kits were designed in partnership with educators, the sites themselves are user-friendly and available for schools and teachers to use for everything from Tier 1 universal interventions (e.g., multi-class period lessons) to Tier 2 and 3 interventions (e.g., more targeted group interventions or alternatives to suspension). Additionally, the Tobacco Prevention Tool Kit resources have already been translated into Spanish, simplified Chinese, and traditional Chinese.

While not the only consideration, it should be noted that both tool kits are offered free of charge. Additionally, training on the Tobacco Prevention Tool Kit is also free of charge and can be done virtually.⁸³

4. UCSF Healthy Environments & Response to Trauma in Schools (HEARTS) Program^{84 85}

The HEARTS program began with University of California San Francisco's engagement with the San Francisco Unified School District in connection with the district embarking on a multiyear strategic plan to combat the school-to-prison pipeline and work toward increasing achievement for all students regardless of identity. The HEARTS program has two implementation streams, both of which engage the school and school staff in shifting Tier 1 and Tier 2 practices and both of which focus on trauma-informed care, specifically the Attachment, Self-Regulation, and Competency (ARC) framework. A core part of their program is training for staff and ongoing support through coaching and, in one implementation strand (the HEARTS Full strand), embedding of mental health professionals into schools directly. Results from the HEARTS program include the following:

- Educators who participated in the program for one year reported significant increase in understanding of trauma and trauma-sensitive practices. They also reported significant improvement in students' ability to learn, time on task, and attendance.
- When the full site-based program was implemented, the following results were reported:

⁸³ <https://stanfordmedicine.app.box.com/s/6mhtt15t0bke6dasfd0bu28tngxh1sc2>. Retrieved April 2021.

⁸⁴ Dorado, J., Martinez, M., McArthur, L., & Leibovitz, T. "Healthy Environments and Response to Trauma in Schools (HEARTS): A Whole-School, Multi-Level, Prevention and Intervention Program for Creating Trauma-Informed, Safe and Supportive Schools." *School Mental Health*, 8 (2016): 163-176. Retrieved from http://www.fixschooldiscipline.org/wp-content/uploads/2020/09/1.Healthy_Environments_and_Response_to_Trauma_in_Schools.2016.pdf. Retrieved April 2021.

⁸⁵ <https://hearts.ucsf.edu/>. Retrieved April 2021

- After one year: 32 percent decrease in discipline referrals and 43 percent decrease in physically aggressive incidents
- After five years: 87 percent decrease in discipline incidents, 86 percent decrease in physically aggressive incidents, and 95 percent decrease in out-of-school suspensions

The HEARTS model speaks to the idea that school-based services across an MTSS framework are more effective in supporting students. The combination of regular, long-term training and coaching for educators also speaks to needs raised across all three survey groups.

5. Yale Center for Emotional Intelligence RULER SEL Program ⁸⁶

The Yale Center for Emotional Intelligence (YCEI) has developed an SEL program for schools based on the idea that SEL must be part of systemic changes within a system.

RULER is named after YCEI's identified five skills for emotional intelligence:

1. Recognizing
2. Understanding
3. Labeling
4. Expressing
5. Regulating

One of RULER's core training and implementation components is that the adults must first do their own SEL work for any SEL program to be effective with students. The multiyear program is also less scripted than many other SEL programs, which has pros and cons for implementation and consistency.

Researcher Note: Anchor Institutions

"Anchor institutions" are universities, hospitals, and other deeply invested organizations that play a vital role in their local communities and economies. Many of the programs detailed above began or continue to be in partnership with universities and other institutions that could qualify as "anchors." Delaware County is uniquely situated when it comes to the number of possible partners in this area: Swarthmore College, Haverford College, Widener University, Bryn Mawr College, and Villanova University, to name a few.

⁸⁶ <https://www.ycei.org/ruler>. Retrieved April 2021.

VI. CONCLUSION

All change, even very large and powerful change, begins when a few people start talking with one another about something they care about.

—Margaret Wheatley

Bloom's discovery process has provided depth and specificity to the understanding of the uniqueness of Delaware County, its varied communities, strengths, hopes, and needs. All of these are things the Initiative can look to, engage with, and, in some cases, harness as it builds its plan to shift children and adolescents in need toward interventions and away from incarceration and other negative life outcomes.

It is clear Delaware County residents value and are attached to the unique local communities in which they reside. There is also a strong desire for and support of opportunities for countywide shifts that provide positive impacts for all communities across the county. Many of the barriers to access are not based on will to change or even skill to change but rather are related to the systemic need for collaboration across often disparate groups within a larger whole. The steering committee members' wide range of experiences and understandings will mean that each member will take this research report and provide their own nuance about where to go from here, using this work as a consistent baseline each person can connect back to.

This research report provides a starting place for the Initiative Steering Committee. It is incumbent upon the committee to utilize this work as an additive to the discussion, not necessarily definitive, as you enter into the next stages of strategic planning work including visioning and goal setting. A strong strategic plan will accomplish multiple objectives: It will provide guiding stars and guide rails for change; it will articulate and rationalize support for best practices and initiatives; and it will provide clear but flexible implementation cues for constituents that speak to the individuals within their communities.

Some of the outstanding questions with which the steering committee will need to grapple as it moves forward include the following:

- How will we create a vision for this work in which every Delaware County resident feels seen and considered, while also framing the work at a countywide, cross-systems level?
- How and when will we dismantle informational and structural barriers in order to build strategic, communicative systems, while also recognizing when an already existing system may be best poised to lead particular aspects of the work?
- How will we inculcate equitable and inclusive practices into the planning work and create accountability related to equitable and inclusive outcomes?
- How will we determine, find, and maintain the necessary resources of time, energy, skill, will, and funding to create sustainable, long-term impact?

Bloom looks forward to working with the steering committee to provide the structures necessary to answer these questions in the service of planning for the well-being of Delaware County children and families.

APPENDIX A: SCHOOL DEMOGRAPHICS

A. DISTRICT SCHOOL DEMOGRAPHICS⁸⁷

Key

- Gifted & Talented (GT)
- Student with Disability (SWD)
- Economically Disadvantaged (Eco Dis)
- English Learner (ELL)
- Foster, Homeless, Military (F, H, M)

District	# of Schools/ Students	% of Students by Race & Ethnicity	% GT	% of SWD	% Eco Dis	% ELL	% F, H, M
Chester-Upland SD	6/2789	American Indian/Alaskan Native: 0 Asian: 0.1 Black: 87.7 Native Hawaiian/OPI: 0 Hispanic: 8.6 White: 1.4 2 or More Races: 2.1	0.9	23.8	93.7	5.2	2
Chichester SD	6/3200	American Indian/Alaskan Native: 0 Asian: 3.3 Black: 24.5 Native Hawaiian/OPI: 0 Hispanic: 8.8 White: 53.3 2 or More Races: 10.1	1.0	23.9	65.3	1.8	2.2
Garnet Valley SD	5/4674	American Indian/Alaskan Native: 0.2 Asian: 18.8 Black: 2 Native Hawaiian/OPI: 0.2 Hispanic: 2.7 White: 73.1 2 or More Races: 3.0	8.3	19.5	7.9	1.5	0.4
Haverford Township SD	7/6554	American Indian/Alaskan Native: 0.1 Asian: 5.3 Black: 5.3 Native Hawaiian/OPI: 0.1 Hispanic: 2.6 White: 81.5 2 or More Races: 5.1	5.3	16.2	14.1	0.9	0.1

⁸⁷ <https://futurereadypa.org/>



District	# of Schools/ Students	% of Students by Race & Ethnicity	% GT	% of SWD	% Eco Dis	% ELL	% F, H, M
Interboro SD	6/3367	American Indian/Alaskan Native: 0 Asian: 4.0 Black: 13.3 Native Hawaiian/OPI: 0.1 Hispanic: 4.8 White: 72.7 2 or More Races: 5.1	1.9	21.5	53.3	2	1.6
Marple Newtown SD	6/3503	American Indian/Alaskan Native: 0.1 Asian: 10.3 Black: 2.7 Native Hawaiian/OPI: 0.0 Hispanic: 2.1 White: 82.5 2 or More Races: 2.3	5.1	18.4	19.8	3.2	0.1
Penn-Delco SD	6/3381	American Indian/Alaskan Native: 0.1 Asian: 2.7 Black: 7 Native Hawaiian/OPI: 0 Hispanic: 3.5 White: 83.1 2 or More Races: 3.5	3.7	16.5	26.4	1.3	0.7
Radnor Township SD	5/3799	American Indian/Alaskan Native: 0 Asian: 17.4 Black: 4.5 Native Hawaiian/OPI: 0.1 Hispanic: 5.3 White: 70 2 or More Races: 2.7	7.6	11.9	10.7	3.4	0.5
Ridley SD	9/5612	American Indian/Alaskan Native: 0.3 Asian: 3.1 Black: 13.2 Native Hawaiian/OPI: 0.1 Hispanic: 4.6 White: 72.9 2 or More Races: 5.8	1.2	25.7	44.2	1.3	1.1
Rose Tree Media SD	6/3985	American Indian/Alaskan Native: 0.2 Asian: 18.8 Black: 2 Native Hawaiian/OPI: 0.2 Hispanic: 2.7 White: 73.1	7.6	12.8	12.6	1.9	0.5

District	# of Schools/ Students	% of Students by Race & Ethnicity	% GT	% of SWD	% Eco Dis	% ELL	% F, H, M
		2 or More Races: 3.0					
Southeast Delco SD	6/4326	American Indian/Alaskan Native: 0 Asian: 1.9 Black: 75 Native Hawaiian/OPI: 0 Hispanic: 4.1 White: 14.7 2 or More Races: 4.4	0.8	17.8	80.5	2.8	2.4
Springfield SD	5/4250	American Indian/Alaskan Native: 0.1 Asian: 7.4 Black: 6.4 Native Hawaiian/OPI: 0.1 Hispanic: 3.2 White: 79.7 2 or More Races: 3.3	4.1	15.5	18.1	1.8	1.1
Upper Darby SD	14/12714	American Indian/Alaskan Native: 0.1 Asian: 14.9 Black: 47.8 Native Hawaiian/OPI: 0 Hispanic: 10.7 White: 22.9 2 or More Races: 3.5	2.7	16.7	61.5	9.9	1.9
Wallingford-Swarthmore SD	5/3747	American Indian/Alaskan Native: 0 Asian: 9.1 Black: 7.6 Native Hawaiian/OPI: 0 Hispanic: 4.1 White: 73.1 2 or More Races: 6.1	8.8	16.7	12.4	1.5	0.5
William Penn SD	10/4916	American Indian/Alaskan Native: 0.9 Asian: 1.3 Black: 87.8 Native Hawaiian/OPI: 0 Hispanic: 4.2 White: 3.5 2 or More Races: 2.3	1.5	18	57.9	4.6	2.8

B. CHARTER SCHOOLS/CMOs IN DELAWARE COUNTY⁸⁸**Key**

- Gifted & Talented (GT)
- Student with Disability (SWD)
- Economically Disadvantaged (Eco Dis)
- English Learner (ELL)
- Foster, Homeless, Military (F, H, M)

School	# of Students	% of Students by Race & Ethnicity	% GT	% of SWD	% Eco Dis	% ELL	% F, H, M
Chester CS for the Arts (Chester) TSI	677	American Indian/Alaskan Native: 0 Asian: 0. Black: 95.3 Native Hawaiian/OPI: 0 Hispanic: 1.9 White: 0.0 2 or More Races: 1.9	0	15.4	81.5	0	0.7
Chester Community CS (Chester) TSI	4456 (almost 2/3 of students in the district)	American Indian/Alaskan Native: 0.1 Asian: 0.1 Black: 84.0 Native Hawaiian/OPI: 0 Hispanic: 11.9 White: 1.1 2 or More Races: 2.8	0	21.5	100	6.4	9.7
Widener Partnership CS (Chester) TSI	442	American Indian/Alaskan Native: 0 Asian: 0.0 Black: 93.0 Native Hawaiian/OPI: 0 Hispanic: 4.8 White: 1.8 2 or More Races: 0.5	0.	15.6	95.7	1.1	2.8
Vision Academy CS (Lansdowne)	374	American Indian/Alaskan Native: 0 Asian: 0.8 Black: 90.6 Native Hawaiian/OPI: 0 Hispanic: 2.1 White: 5.1 2 or More Races: 1.3	0	16	70.3	2.1	3.2

⁸⁸ <https://futurereadypa.org/>

APPENDIX B: PRIVATE SCHOOLS LOCATED IN DELAWARE COUNTY

This list only includes schools that go beyond preschool and kindergarten. Students who are residents of Delaware County may attend private schools in other counties.⁸⁹ This list may not be an exhaustive list of private schools in which students from Delaware County are enrolled.

- Academy of Notre Dame de Namur
- The Agnes Irwin School
- Archbishop John Carroll High School
- Benchmark School
- Blessed Virgin Mary School
- Buxmont Academy
- Cardinal O'Hara High School
- Cheder Chabad Philadelphia
- Chesterbrook Academy
- Christ Academy
- Christ Haven Christian Academy
- The Christian Academy
- Creative Minds Christian Academy
- Delaware County Christian School
- Drexel Neumann Academy
- The Episcopal Academy
- Frederick Douglass Christian School
- Friends School Haverford
- The Grayson School
- Hill Top Preparatory School
- Holy Child Academy
- Holy Cross School
- Jack M. Barrack Hebrew Academy
- Lansdowne Friends School
- Main Line Classical Academy
- Media-Providence Friends School
- Monsignor Bonner & Archbishop Prendergast High School
- Nativity BVM High School
- Notre Dame de Lourdes School
- Our Lady of Angels Regional School
- Our Lady of Fatima School
- Sacred Heart Academy Bryn Mawr
- Sacred Heart Catholic School
- The School in Rose Valley
- St. Aloysius Academy for Boys and Montessori Preschool
- St. Anastasia Elementary School
- St. Andrew School
- St. Bernadette School
- Ss. Colman–John Neumann School
- St. Cyril of Alexandria School
- St. Denis School
- St. Dorothy School
- St. Eugene Elementary School
- St. Francis of Assisi School
- St. Gabriel Parish School
- St. James Regional Catholic School
- St. John Chrysostom School
- St. Joseph School
- St. Katharine of Siena School
- St. Laurence School
- St. Madeline–St. Rose School
- St. Mark Christian School
- St. Mary Magdalen School
- St. Pius X Grade School
- St. Thomas the Apostle School
- Stratford Friends School
- Valley Forge Military Academy
- The Village School
- The Walden School
- Woodlyn Christian School

⁸⁹ <https://www.niche.com/k12/search/best-schools/c/delaware-county-pa/?gradeLevel=elementary&gradeLevel=middle&gradeLevel=high&type=private>. Retrieved May 2021.

APPENDIX C: DISTRICT SPENDING PER PUPIL^{90 91}

District	Per Pupil Spending	Rank in Spending (PA SDs)	Child Poverty Rate
Radnor Township	\$23,381	10	9%
Marple Newtown	\$20,933	24	6%
Rose Tree Media	\$20,526	28	5%
Chichester	\$19,612	47	11%
Wallingford-Swarthmore	\$18,813	67	6%
Garnet Valley	\$18,776	68	1%
Ridley	\$18,446	77	5%
Interboro	\$17,893	97	12%
Chester Upland	\$17,538	105	46%
Haverford	\$17,100	125	3%
William Penn	\$16,106	182	19%
Springfield	\$16,026	187	3%
Southeast Delco	\$15,974	189	28%
Penn Delco	\$15,080	259	4%
Upper Darby	\$14,037	373	18%

⁹⁰ Pennsylvania Department of Education, Expenditure Data for: School Districts, Career and Technology Centers, and Charter Schools, Expenditure Data 2018-2019. Retrieved from <https://www.education.pa.gov/Teachers%20-%20Administrators/School%20Finances/Finances/AFR%20Data%20Summary/Pages/AFR-Data-Summary-Level.aspx#.VZvrX2XD-Uk>.

⁹¹ PA Schools Work, School District Fact Sheets for Delaware County IU 25. Retrieved from <http://paschoolswork.org/school-district-data/delaware-county-iu-25/>. Retrieved January 2021.

APPENDIX D: LPC-MT FRAMEWORK & RESOURCES⁹²

Listen

1. Before attempting to help, being willing to **listen** is important to understand what they are concerned about and what they may need most in the immediate moment.
 - a. Hearing (content)
 - b. Nonverbal cues (including affect)
 - c. Observe actions/behaviors
 - d. Empathize
 - e. Ask questions
2. **Listen** also includes empathetic statements (which show you're listening and make it more likely the person will share what they need to). Statements/sentence starters include:
 - a. What I hear you saying is _____.
 - b. That sounds really difficult _____.
 - c. I'd like to understand more about that.
 - d. I'm ready to listen when you are ready to share.
 - e. Can you tell me more about how _____ has been affecting you?

Protect

1. **Protect** means:
 - a. Maintaining a safe space for the individual to share
 - b. Helping individuals around you cope and bounce back faster by protecting time/space for reassurance, support, and encouragement (within boundaries)
 - c. Determining how you can realistically help in the immediate moment
 - d. Pitching in directly to help where you realistically can
 - e. b+c include having healthy boundaries and knowing what you *cannot* realistically do
 - f. Having clear and consistent boundaries as a way to support predictability for students, which is especially important during a traumatic event or experience

Connect

1. **Connect** means encouraging interaction and activities with trusted individuals. This includes:
 - a. Connections the student may already have as well as new connections
 - b. Connections with mental health professionals
 - c. Connections to resources in the community
2. **Connecting** to resources (person or otherwise) is often more likely to succeed when:
 - a. We are clear about the limitations about the connections we can and are making and choose connections that make sense for the moment.

⁹² California Department of Education and Wellness Together. "Supporting You Supporting Students." Webinar Series, Webinar #2. Specific content cited: Villaverde, Vivien. "Psychological First Aid: Listen, Protect, Connect, Model Teach." Originally presented April 19, 2020. Retrieved from <https://drive.google.com/drive/u/2/folders/1xajVJRD6SiManNj9LNobOxQpsJ1gyN-p>. Retrieved May 2021.

- b. We ask questions to determine how open the person is to the connection. E.g.: How would you feel about me connecting you with the counselor? Or, I really think it would be helpful if _____.
 - c. We make connections through a “warm hand off” such as offering to call with the student or have initial conversations with the person and the student.
3. **Connect** to outside resources

Model

1. **Model** calm and optimistic behavior in the moment.
 - a. Express positive thoughts for the future.
 - b. Help individuals determine ways to cope with day-to-day problems.
 - c. Share general coping skills or resources for coping skills that work for you.
 - d. Ask if they are open to learning about/using a coping skill you have found helpful.
2. **Modelling** sentence starters:
 - a. Thank you for being vulnerable and for sharing your concerns with me. Are you open to talking about things that might help with your worries?
 - b. Let’s brainstorm some of the ways other students and adults are coping.
 - c. Let’s talk about some things you can do to reconnect with family and friends outside your home while continuing to protect yourself and your family from COVID.

Teach

1. **Teach** students about normal stress symptoms and how to cope. Acknowledge the normal changes that can occur in people who are experiencing stress or grieving.
 - a. Trouble sleeping
 - b. Sadness, anger, irritation
 - c. Trouble listening and concentrating
 - d. Trouble or inability to complete tasks
 - e. Getting more emotional than usual for that person or, alternately, feeling emotional numbness and isolation
 - f. Hypervigilance
 - g. Problems at school
2. **Teach** students that individuals can respond positively to distress and those normal changes, including:
 - a. Everyone has cultural and personal history that will influence how their distress is expressed, but also provides them with their own unique ability to cope.
 - b. Everyone can learn and grow their coping skills or use the ones they have in new ways.
 - c. This is still in the moment when you are using PFA, but we also know that proactively teaching SEL through Advisory and regular teaching is a preventative measure and important.

Like any model, training and consistent practice or reengagement is an important part of building comfort with PFA. The National Child Traumatic Stress Network provides several free trainings in this area.⁹³

⁹³ <https://www.nctsn.org/resources/training>. Retrieved May 2021.

APPENDIX E: OFFICE OF CIVIL RIGHTS DATA COLLECTION BY DISTRICT (2017)⁹⁴

School district names link to their specific CRDC page where data can be disaggregated by multiple measures including race, ethnicity, and gender. All data was retrieved from links in April 2021.

District	Chronically Absent (missing 10% or more school days in a given year)	Days Missed Due to Suspension	% Students w/o Disabilities Suspended	% Students with Disabilities Suspended
Chester-Upland SD	55%	2541	10.3%	10.9%
Chichester SD	17.5%	1407	4.8%	15.7%
Garnet Valley SD	3.6%	297	1.4%	4.0%
Haverford Township SD	5.2%	432	0.1%	0.9%
Interboro SD	13.5%	453	2.8%	5.9%
Marple Newtown SD	1.9%	434	2.9%	3.4%
Penn-Delco SD	8.7%	547	2.5%	6.5%
Radnor Township SD	8.0%	183	.6%	2.3%
Ridley SD	13.7%	1252	2.2%	4.5%
Rose Tree Media SD	5.8%	273	1.2%	4.2%
Southeast Delco SD	41.1%	3210	13.4%	13.7%
Springfield SD	5.7%	369	1.4%	5.2%
Upper Darby SD	18.1%	4909	5.8%	9.9%
Wallingford-Swarthmore SD	4.5%	153	0.8%	3.2%
William Penn SD	28.1%	2789	6.1%	11.3%

⁹⁴ <https://ocrdata.ed.gov/search/district>