School-Community Liaison Program

Ashland County, Ohio

Program Evaluation

Allyson Drinkard, Ph.D.

Michael Vimont, Ph.D, LISW-S

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Acknowledgements

TABLE OF CONTENTS

INTRODUCTION

The School/Community Liaison Program (SCLP) began in 1999 and is a collaboration between the Mental Health and Recovery Board of Ashland County, Appleseed Community Mental Health Center, and the Ashland County Public School Districts. The program is funded primarily by Ashland County citizens through the passage of the Mental Health and Recovery Board Levy, with additional funds dedicated by some individual school districts. The levy last passed in 2010 and is up for renewal in 2020.

The SCLP is administered by the Mental Health and Recovery Board (MHRB), under the leadership of Mr. Steven Stone who serves as its Executive Director and David Ross, Associate Director. The program is implemented by Appleseed Community Mental Health Center (CMHC), under the leadership of Jerry Strausbaugh (Executive Director) and Stacy Merryweather (Clinical Director). Stacy Merryweather coordinates and manages all school liaisons.

SCLP liaisons work in six districts including Ashland City, Ashland County Community Academy (ACCA), Hillsdale, Loudonville-Perrysville, Ashland County – West Holmes Career Center (JVSD), and Mapleton. Liaisons serve as knowledgeable resource contact persons that build relationships with youth and families, schools, and community resources. In essence, liaisons assist youth and their families in securing local services and work to provide solutions for concrete needs (e.g. food, hygiene), therapeutic needs (e.g. counseling), and academic issues (e.g. tutoring, truancy). Because of the unique funding structure of the program, youth and families receive these services at no cost and without the need to access the Medicaid system.

In the past twenty years, the SCLP has assisted thousands of youth and their families. Descriptive data are collected on a selected sample of students, and on occasion from a subset of program stakeholders, by Appleseed and the liaisons through the use of satisfaction surveys (i.e. school staff/administrators), a referral and follow-up form, and an outcome form completed by liaisons. Based on these preliminary data, in the period January through March 2018, liaisons made 571 referrals on behalf of 1,062 students, to 27 different agencies and organizations (Appleseed CMHC, 2018). This information indicates that follow-through rates for referrals are high (95%) with 70% of referrals result in completed service and 25% of referrals providing ongoing service. Further, based on the liaisons' assessments, the data show that 84% of students improved academically, 83% of students increased attendance, and 88% of students evidenced decreased problem behaviors (MHRB, 2018-1).

The Mental Health and Recovery Board of Ashland County has contracted with the Center for Community Research and Evaluation Services (CCRES) at Ashland University (AU) to conduct a program evaluation of the SCLP. The CCRES Directors, Dr. Allyson Drinkard and Dr. Michael Vimont, are the Principal Investigators for the program evaluation, with research assistance provided by two advanced AU undergraduates with research methods training.

This report presents the results of the program evaluation conducted over the period February, 2019 to July, 2020. An Executive Summary of the results of the program evaluation is presented first. The full program evaluation is presented next, including the process evaluation, qualitative analyses, a program logic model, quantitative analyses, a macro-level analysis, and recommendations.

EXECUTIVE SUMMARY

Evaluation synopsis

A program evaluation of the School-Community Liaison Program (SCLP) was conducted over the period February, 2019 to July, 2020. The research design for the evaluation consisted primarily of an analysis of background information and existing data and documentation, semi-structured interviews and focus groups (i.e. qualitative), and survey research (i.e. quantitative).

Key findings

- The SCLP serves thousands of students and families, addressing concrete, therapeutic, and academic needs
    - All grades, pre-k through 12th
    - Age range 4 to 19, average age 13-14 years old
    - About half of students and their families have received SCLP services in the past

- School community liaisons have a variety of educational backgrounds and professional perspectives, but are experienced in their field, comfortable with independence and decision-making, eclectic in skills used in responding to student needs, and "inventive strategists"
    - Liaisons perform a multitude of varying roles: advocate, broker, enabler, facilitator, mandated reporter, mediator, planner, outreach worker, resource provider

- Students come to the attention of liaisons primarily as a self-referral, or a referral from principals, teachers, guidance counselors, and parents/caregivers

- Students accessing SCLP services present with a broad range of issues and varying complexity
    - About half of students sampled presented with educational, family, behavioral, or emotional/mental health issues
        - About a quarter of students sampled were struggling with academic performance, attendance, single parent household, coping skills, poverty, or peer issues
        - Almost half of all youth sampled had issues with anxiety/depression
    - Over 1/3 of students presented with resource deprivation issues
    - About 1 in 6 students sampled presented with child maltreatment issues

- On average, students presented with five different issues overall
- Students in high school are more likely to present with educational issues than students in elementary/middle school
- Younger students are more likely to present with child maltreatment and legal system involvement issues than older students
- The number of presenting issues students need help with is significantly correlated with the presence (or lack) of three developmental asset measures

- Liaisons make a range of contacts and referrals to address students' presenting issues
  - Most commonly, liaisons contact principals, parents/caregivers, teachers, and/or guidance counselors
  - Most commonly, liaisons refer students to a school program/resource, a community organization, a mental health agency, or utilize a SCLP resource in the course of responding to students' presenting needs

- Interviewees state the greatest benefits of the program are the liaisons' connections to community resources, students, family, and school/staff, a reduction in workload for school staff, confidentiality and emotional accessibility of liaisons, home visits, and the reduction of stigma related to help-seeking

- The SCLP was a critical resource for students and families during the Covid-19 pandemic and quarantine; there are increased and ongoing needs for SCLP services attributed to the pandemic

PROCESS EVALUATION

A process evaluation provides a focus on the implementation process and determines the strategies and techniques employed by the participants. This type of evaluation can be either theory-driven or done in the absence of theory (grounded theory) (Engle & Schutt, 2017). We chose the latter strategy because there did not seem to be a central theoretical framework that guided the implementation of the program twenty years ago, and we had little knowledge of the program's operation before the study. In this way, we are able to "uncover" the process that takes place within the program that might help develop theoretical strategies as an outcome of the evaluation rather than as a guide to the evaluation itself. In other words, the program was not evaluated based on the fidelity to a prior concept. Instead, the program was evaluated on its capacity to develop theoretical underpinnings related to its process as well as the capacity to formalize measurable outcomes for future outcome studies.

In the following section, we describe what we have learned about the school systems, program funding mechanisms, community liaison workers, program technology, and current available data. We report the results of our program research (e.g. analysis of existing documents and program information) and semi-structured interviews with key stakeholders and staff. We identify salient "presenting situations" that bring students to the attention of the liaison, school staff, or others and the subsequent "roles" enacted by the liaison on their behalf. We identify common processes for referral and referee feedback, the greatest perceived benefits of the program, and desired program changes. The results of the process evaluation and stakeholder interviews were used to inform the development of the program "logic model," illustrating the linkages between resources, activities, outputs, and outcomes.

Background Information & Existing Documentation

Description of School Systems

The SCLP serves six school districts in Ashland County including fourteen different school buildings (elementary through high school). Information was collected from Report Cards available from the Ohio Department of Education (2020) to assess the number of students enrolled and the percentage of students who have "economic disadvantage", have a disability, and are "white, non-Hispanic" (see Table 1). We also report the number of liaison workers assigned to each school/building.

Ashland City School District. In the 2018-2019 school year, there were 3,176 students enrolled in the Ashland CSD in five schools. Overall, it was reported that 31.9% of students had

economic disadvantage, 12.2% had a disability, and 91.6% of students were white, non-Hispanic. Four liaisons serve the five school buildings. The high school and middle school each have a full-time liaison worker, the intermediate school's worker performs both as a liaison worker and therapist, and the two elementary schools share one full-time liaison worker.

Ashland County Community Academy (ACCA). In the 2018-2019 school year, ACCA served 84 students in one school. It is a "Dropout Prevention and Recovery" school serving students from five different counties (Ashland, Franklin, Morrow, Richland, and Wayne). Overall, it was reported that 62.7% of students had economic disadvantage, 24.9% of students had a disability, and 88.5% of students were white, non-Hispanic. One liaison works two days per week at the school.

Ashland County-West Holmes JVSD CTPD (ACWH). In the 2018-2019 school year, 1,328 students were enrolled at ACWH. Overall, it was reported that 26.2% of students had economic disadvantage, 17.4% of students had a disability, and 97.1% of students were white, non-Hispanic. ACWH has one full-time liaison.

Hillsdale Local School District. In the 2018-2019 school year, 771 students were enrolled in three schools. Overall, it was reported that 28.8% of students had economic disadvantage, 12.8% of students had a disability, and 96.1% of students were white, non-Hispanic. Hillsdale High School has one liaison that works three days per week at the school. Hillsdale Middle School and Elementary share one part-time liaison, with 1 half-day spent at the middle school and 4 half-days spent at the elementary.

Loudonville-Perrysville Exempted Village School District (EVSD). In the 2018-2019 school year, there were 1,008 students enrolled in four schools. Overall, it was reported that 38.1% of students had economic disadvantage, 18.8% of students had a disability, and 95.4% fo students were white, non-Hispanic. There is one full-time liaison shared between McMullen Elementary and Budd Elementary. Two-thirds of the liaison's time is spent at McMullen Elementary and one-third of the liaison's time is spent at Budd Elementary. Loudonville-Perrysville Middle School and High School share one full-time liaison.

Mapleton Local School District. In the 2018-2019 school year, there were 887 students enrolled in three schools. Overall, it was reported that 33.5% of students had economic disadvantage, 11.4% had a disability, and 97.0% of students were white, non-Hispanic. Mapleton LSD has

one liaison who works three days at the middle/high school and one and a quarter days at the elementary school.

Table 1. Ashland County School Districts and Buildings Demographic Data[a]

School district/ School building	Number of Students Enrolled	Economic Disadvantage (%)	Students with Disabilities (%)	White, Non-Hispanic (%)
Ashland City	3,176	31.9	12.2	91.6
Edison Elementary	468	39.5	12.8	92.3
Reagan Elementary	616	24.5	20.0	92.1
Taft Intermediate	495	40.1	10.4	90.8
Ashland Middle	743	37.6	10.7	91.3
Ashland High	854	23.5	8.5	91.5
Ashland County Community Academy (ACCA)	84	62.7	24.9	88.5
Ashland County-West Holmes JVSD CTPD (ACWH)	1,328	26.2	17.4	97.1
Hillsdale Local	771	28.8	12.8	96.1
Hillsdale Elementary	282	31.2	13.3	95.7
Hillsdale Middle	273	29.0	13.8	95.7
Hillsdale High	216	25.4	10.8	97.1
Loudonville-Perrysville Exempted Village	1,008	38.1	18.8	95.4
Budd Elementary	221	46.5	17.0	95.9
McMullen Elementary	295	45.4	15.0	96.8
Loudonville Junior High	165	39.2	21.2	97.6
Loudonville High	328	25.1	22.2	92.7
Mapleton Local	887	33.5	11.4	97.0
Mapleton Elementary	401	36.3	11.3	98.0
Mapleton Middle	226	35.6	14.4	97.4
Mapleton High	260	27.5	8.8	95.1
State of Ohio, under 18 y.o.[b]		*50.3*	*15.2*	*71.0*

a. Ohio Department of Education, School Report Card Data, AY 2018-2019

b. Kids Count Data Center, a project of the Annie E. Casey Foundation, 2018

Financial Resources

The MHRB utilizes local levy funds to provide liaisons to Ashland County school districts. The school districts are encouraged to contribute funds to the program if/when the school desires additional time or days from the liaison. SCLP funding information was provided by the MHRB to the evaluators. For the years 2004 through 2009, the SCLP was funded entirely by the Mental Health Tax Levy. For the years 2010 through 2012, the program was funded primarily by the Mental Health Tax Levy, with additional funding coming from one school. In 2013, another additional school contributed funding for the program. For the years 2014 through 2017, the program was funded primarily by the Levy, with additional funding coming from one school only. In 2018, the SCLP was funded by the Levy and three schools contributed additional funding. In 2019, the SCLP was funded by the Levy and four schools contributed additional funding. Over the course of 15 years (2004-2019), the program has received $6.3 million in funding, with Levy dollars accounting for 94% of funding and 6% contributed by various school districts.

The financing of the program coming largely from levies instead of concerns related to "billable hours" has resulted in the aforementioned individualization of the work done by the SCL. It also has allowed for intervention that is absent of a diagnosis, which, when present, often results in the pathologizing not only of the situation but the individual as well. Instead of being restricted to a one-on-one intervention dictated by a therapeutic process, an open-ended case management approach can be used. It was frequently observed that the presenting situation existed due to shortcomings of external systems, not students and their families. As an example, a family received advocacy work from a liaison when the housing conditions resulted in the children living in the home being at-risk for medical complications due to the mold found in the basement. The liaison was able to access local governmental authorities to require the landlord to make the necessary improvements. The non-billable approach has also allowed SCL to respond to concerns that would go overlooked if the program were restricted to billable activities. The SCL performs a variety of roles in their position, most of which would not be allowed using Medicaid funding or traditional insurance, and without a diagnosis. As one administrator remarked:

"...this is not a fee for service program. This is not a clinical mental health program. And the way that we traditionally think of that. So youth who have a need, don't have to go through an intake, they don't have to have an income verification process to figure out a sliding scale or what insurance or how's Medicaid gonna pay for it. Is this a Medicaid eligible service or is it not? We've stripped all that stuff away now so we pay the bill for it. That's why it's so valuable

because we don't want to sacrifice the...value and the effectiveness of the program by succumbing to all the requirements and restrictions that are imposed when you start looking for other funding streams. So if youth need something, the liaison is there. They're on-ground at the school...they have the liberty to go out and visit the family if that's helpful. And I think that's one of the reasons. I mean, there's great people and there's a lot of reasons that it's a good program, but without that it would undermine...the real effectiveness of the program in a major way."

A challenge, however, does present itself regarding documentation when funding is not attached to a billable service. When activities are performed under a billable process, documentation must be present to show that a professional skill was used in the performance of the activity and progression is being made toward pre-established goals and objectives, and this also facilitates program monitoring and evaluation. When funded through a non-billable process, such documentation is not required, at least not in terms of being reimbursed for services. On the other hand, a non-billable process emphasizes the outcome rather than an emphasis on the means to obtain the outcome. The SCLP administrators are committed to ensuring the right balance that allows program information to be collected and evaluated, yet without over burdening the liaisons with excessive paperwork and data entry.

School-Community Liaisons

Under the supervision of Stacy Merryweather, Clinical Director at Appleseed CMHC, eleven[1] School-Community Liaisons (SCL) currently work for SCLP. The liaisons are required to learn the resources available to students and families in the community and to develop strong relationships with community partners and agencies. Over time, the program has become known as a "go-to" venue for spreading the word about local agency initiatives and resources. Appleseed offers several training opportunities to liaisons, particularly around the Question, Persuade, Refer (QPR) model. There appears to be low turnover among liaison staff, and the position is viewed with respect. We learned that liaisons are "on-call" most of the time, including after normal school hours and even during the summer when there are few funded positions. In addition, the liaisons play an important role in the provision of information about children and families to the school and in terms of system coordination between various agencies and organizations.

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[1] At the beginning of the evaluation, there were ten program liaisons. During the course of our evaluation, one liaison left the position and two additional liaisons were hired.

We compiled and analyzed the resumes of the majority of liaisons who have worked for the program. For present and past liaisons, there is a range of educational levels and backgrounds. The most common degree type is a bachelor's degree. The second most common degree type was a master's degree. The three most common degrees were in social work, psychology, and criminal justice. Many liaisons have worked for the program for a number of years (i.e. > 5 years), some were newer employees (i.e. < 2 years). In a couple of cases, longer-term liaisons had switched school districts or school buildings over the course of their employment. Regardless of time in position, background and experience, or educational level, all liaisons were actively serving students, families, and their assigned schools, underscoring how a broad range of skill sets can be used to facilitate liaison tasks and activities.

Of the current liaison workers, only three had direct experience in secondary school education preceding their employment with the program. Most had previous experience in counseling, mental health, group facilitation, and family work. Three had worked in the field of protective services with two of them being well acquainted with child welfare services. Four had worked in the capacity of a case manager while five others worked directly with family units.

The liaisons have extensive personal discretion as they undertake their responsibilities within the school setting. This discretion allows for the SCL to use their unique talents, education, skill sets, and even hobbies as they employ proactive and reactive strategies to meet the goals and objectives of the program. As such, they become "inventive strategists by developing ways of working to resolve excessive workload, complex cases, and ambiguous performance targets" (Moore, 1987, p.88).

Despite the eclectic aspects of the SCL, common themes emerged regarding skills that any worker needs to have to be successful. An elementary school principal categorized these workers as being caring and compassionate, but at the same time able to create healthy boundaries so that the work does not become overwhelming. The ability to communicate with a variety of people ranging from the five-year-old student who is afraid of going to school to the highest level of administrators both within the school and in the community. The capacity to "stay low key where, when they (parents) are high strung" evoked the skills of active listening to calm things down amid anxiety. "Thinking outside the box" to solve problems was another common theme expressed by both SCL and school staff. A good organizer is essential due to the large caseload sizes at any given period. This requires someone who can prioritize well and who is good at providing follow-up information to those that are "in the need to know."

In summary, the SCL is an individual who is comfortable with independence, self-assured in their decision-making process, eclectic in skills used when confronted with a challenge and is efficient when approaching a problem-solving activity. As a result, this position does not seem to be tailored to an individual for their first professional position after leaving school. Instead, it is tailored for someone who can use previously acquired skills from past positions and bring those skills into this position.

As noted in a previous review of the program conducted by the Mental Health and Recovery Board of Ashland County (2009), the SCL seem to have "established themselves within the culture of the school system" (p. 15). One challenge expressed by liaisons is the perception by other school staff that their work is simply an extension of what they do (e.g. guidance counselors, teachers). Some school staff members have suggested, they would be able to do many of the tasks performed by the SCL if they had the time. But, because they do not, they were fortunate to have the SCL at their disposal. It appears that one challenge of the SCL is to show not only a distinction from duties being performed by other school staff, but also to show that tasks being performed require unique knowledge and skills derived from research, education, and training at a high level (e.g. family and community engagement skills).

Technology

The SCLP currently uses paper assessments, forms, and surveys to collect information about the program and for reporting purposes. Appleseed CMHC utilizes a software program, Evolve NetSmart, to input data about the SCLP. The program is designed for other uses in the agency, but, since 2017, has become the default reporting system for the SCLP. The software program does not appear to be as helpful as it should be to users tasked with generating reports about the SCLP.

Available Data

In June, 2019, Appleseed provided three Excel data files to the evaluators that included "Who Referred to SL Program," "Referrals Made to Outside Agencies," and "Contacts and Types." These files were extracted by a staff member from Appleseed from the current data collection software, Evolve NetSmart. In all, there were 64,683 lines of data about 2,570 individual clients for the period estimated to be July 1, 2017 through May 9, 2019. The number of inputs (lines of data) for all clients ranged from 1 to 409, with an average of 25 (SD=33.52) and a median of 14 inputs. Of the 2,570 clients, 48.8% were female, 51.1% were male, and 0.2% identified as transgender. Based on the number of clients in the data set, we estimate that about 1,400 students are served by the SCLP each year ([2570 students / 22 months] * 12). We were not

able to reliably ascertain any additional information beyond counts of students, number of inputs, and gender from these data. One observation included that there is currently no way of linking family members (i.e. siblings) in the data, which limits our ability to understand how families, beyond individual students, are affected by the SCLP.

We have significant concerns about the reliability and current utility of these data for the purposes of program monitoring and evaluation. First, the "key," or common number linking all three data files, was a "people id" generated by the software program. However, the format of the people ID varied between the data files. In essence, the three files could not be linked by this key due to differences in the "people id." A four digit "id no" was also provided in one file, which is used by Appleseed to track clients. We asked that this number be used as the key for all data files, but were told this was not possible. We discussed these issues with Appleseed staff members and attempted to help resolve these issues. The limits of the software program and limits on which reports they could run were cited by Appleseed as barriers to resolving these and other technical data issues. Second, the data were not consistently entered for all clients; missing data were problematic, and information was incorrectly entered at a variety of data points. For example, the variables "service" and "event name" appear to be alternately used as a way of tracking contacts, identifying who contacted the liaison, and also for tracking outcomes related to changes in the clients' academic performance, attendance, and behavior. As another example, the clients' date of birth appeared to be sometimes entered as the date of intake (or vice versa), meaning that we could not reliably calculate the age of clients at the point of entry into the program. In other words, the meaning or purpose of many variables (or knowledge about where to enter data) is not the same for all users.

Further, there was no codebook available to guide users in the meanings and purposes of data points they are asked to enter into the software system. Thus, we worked together with Appleseed staff and all liaisons to create a "School Liaison Documentation Guide" describing the meaning or purpose of all data points that Appleseed currently wishes to track. The Guide also includes an extensive list of approved referrals used to address student and family concerns. Use of this guide will improve data quality going forward, along with further instruction on *where* to enter data in the software program (see Appendix I).

QUALITATIVE ANALYSIS

Semi-Structured Interviews

Interviews were conducted with liaison workers, school staff, and administrators from April to May, 2019. We sought to understand what presenting situations or issues elicited the attention of liaison workers as they served schools, students, and families. We also saw interviews as an opportunity to learn about the roles enacted by liaisons as they endeavored to respond to those needs. In addition, we wanted to identify the referral and feedback process employed by liaisons and the individuals with which they interacted, stakeholders' perceptions of the greatest benefits of the program, and any changes they might suggest.

Method

We developed a series of semi-structured interview questions tailored to the role of the interviewee (see Appendix II). We spoke with 62 individuals: 10 liaisons, 11 principals, 2 vice/assistant principals, 20 teachers, 1 student services director, 2 superintendents, 2 intervention specialists, 1 therapist, 2 school resource officers, 7 guidance counselors, and 4 program administrators. Over 23 hours of interviews were recorded, transcribed, and coded. Coding schemes were developed based on an iterative, group process (Saldana, 2009). Raw data received preliminary codes identified by each interviewer, which were subsequently discussed as a group to create final codes. A final coding scheme was implemented to identify the most common "presenting situations" that brought children and families to the attention of the liaison, school staff, or others, the subsequent "roles" enacted by the liaison on their behalf, and common approaches to student referral and referee feedback. The coding schemes for presenting situations, roles of the liaison, greatest program benefits, and changes desired are presented in Appendix III.

Results

Presenting Situations

Interviewees were asked about the reasons why youth would be referred to a liaison for assistance. Presenting situations were tallied, and a total of 320 presenting situations were counted (see Figure 1). Psycho-social situations predominated student issues (N=210, 65%), followed by resource deprivation (N=82, 26%), and educational concerns (N=28, 9%).

Figure 1

Presenting Situation   N = 320
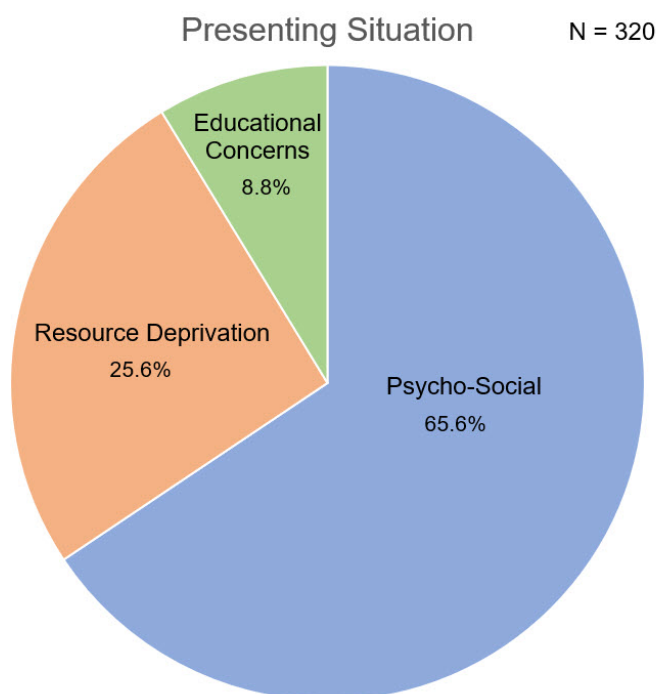
Under the category of "psycho-social" situations, family issues (e.g. parental substance abuse, lack of support to child), behavioral issues (e.g. acting out, self-care), emotional/mental health problems (e.g. grief, self-esteem), and family structure difficulties (e.g. grandparent/kinship arrangements) were most common. Other psycho-social situations included child maltreatment (e.g. neglect, abuse), peer issues (e.g. acceptance, bullying), coping skills, trauma, substance use, and conflict resolution skills.

Under the category of "resource deprivation" situations, clothing (e.g. violations of dress code), food insecurity (e.g. only eats at school), housing concerns (e.g. instability/transience), and hygiene (e.g. needing to bathe), were most common. Other issues included general problems associated with family poverty and a need for school supplies.

Under the category of "educational" situations, attendance and academic performance problems were most commonly reported, with educational aspirations and disciplinary actions (e.g. detention, suspension) also of some concern.

Our analysis of the presenting situations discussed by the interviewees informed the development of the Intake & Referral Form used in the quantitative analysis.

Roles of the Liaison

The School/Community Liaison Program advertised in one of its flyers (see Appendix IV) that it provided eight key services.

- Brief assessments to identify student and family needs and assets
- Linkage to school and community resources
- Collaboration and consultation with school staff
- Crisis intervention and debriefing
- Interventions to teach healthy life skill development
- Family outreach, education, and home visits
- Daily presence in the schools and summer programs
- Partnerships with community resources

In order to carry out these key services, the SCL performed a multitude of varying roles. As opposed to many helping professionals where one or two roles predominate, the liaison workers displayed a "jack of all trades" to their clients as well as their school counterparts depending on presenting need. It is this ubiquitous appearance that seemed to enhance the dependency that school officials had on the liaison workers. The roles below were described by those interviewed as being performed by the SCL and include Advocate, Broker, Clinical/Counselor, Educator/Teacher, Enabler, Facilitator, Mandated Reporter, Mediator, Planner, Outreach Worker, and Resource Provider.

The <u>Advocate</u> role is when the SCL uses direct intervention or empowerment on behalf of a client. It is most typically seen in the support or promotion of a client's interest. This advocacy can be seen within the school system itself where the SCL advocates on behalf of a student as it relates to a classroom situation or to an outside system in the community.

"A lot of times, um, you know, because for example, a teacher may want, you know, might be pretty rigid in their instruct, the way they instruct or things like that. Not understanding that the kid is having difficulty while the kid is having difficulty with that teacher's class because they're the only person in their home who's working, um, you know, there's domestic violence in their home, things like that. And so with the student's permission, then I can advocate for them with the teacher." - High School SCL

"I don't know that I had any of that were foster placed 15 years ago, but now you have a lot and she helps with that with the parent, you know, the children's services. If we're not getting what we need, she has ways of getting through that." - Elementary Secretary

The Broker role is demonstrated when the SCL establishes linkage between the client and other agencies or sources of needed resources. Often referred to as a *bridge* or *connector*, the link between two or more systems is made.

"I think in the true sense of the word liaison, connecting school, um, mental health resources in our community and bringing those three things together in a way that, um, is going to benefit the school and our community." - Superintendent

"And then based on our interactions with them, we say, you know, this kid needs additional services outside and here's where I think it needs to go. I'll make that initial contact with the parents, see where they're at. And then if the parent's willing to look at those outside services, then we refer out to our liaison can finish connections and things along that line. Um, so for instance, my girl who's habitually truant, um, a lot of medical concerns, mom doesn't have access to transportation." - Middle School Guidance Counselor

The use of direct intervention to help improve the client's functioning through clinical intervention and ongoing support are the functions of the Clinical/Counselor role. This is often done by helping the client gain insight into feelings, change unhealthy behaviors, and acquire problem-solving skills. This is typically related to a mental health condition like clinical depression.

"The other thing that I see her [SCL] doing really well is helping them develop coping strategies when they have clinical depression. That's the biggest thing, no matter what the situation is." - High School Principal

The instruction or imparting knowledge to others are functions of the Educator/Teacher role. Frequent topics that are part of the educational process are techniques for working with students and information about community resources.

"She [SCL] talked with me afterwards about what I can do to help this student if she's not around, ..., if I see the signs." - Elementary Intervention Specialist

"She [SCL] tells us about other resources. I mean, we don't know resources in this community." - Elementary Teacher

The Enabler role is that which provides support and encouragement to clients so that they can more easily accomplish tasks and solve problems. This is in contrast with the role of the counselor that requires a clinical intervention to address a mental health condition.

"So she [SCL] might have to provide support in the summer to them to make sure that they're getting to the appointments since they're not here at the school. Um, it might be getting paperwork filled out to get them started, you know, things along that line." - Middle School Guidance Counselor

A Facilitator is a role that is demonstrated by the leading and/or organizing of a group.

"She runs a positive behavior group every Thursday for about 50 minutes. And the kids go into that little room off the side of my main room and they talk through different scenarios you see in life, you know, how to deal with girlfriends, boyfriends, parents, friends, um, they bring their own issues that they want to talk about. And then she talks about positive ways to deal with those feelings and behaviors you see in other people. And how to deal with that if you don't like it." - High School Teacher

"She does our mentoring, um, which we call Arrow to Arrow and that meets the needs of fourth grade through ninth grade." - Middle School Vice Principal

The role of a Mandated Reporter is conveyed by actions performed as a response to the legal requirement of reporting child maltreatment to authorities. This often can be a precarious role for the SCL wanting to maintain a positive relationship with the parent but also needing to protect the safety and well-being of the child.

"I'll never forget a parent of a second grader...we had known the little boy was most likely staying by himself a lot. And when I went there one day because he wasn't at school and I said to him, … are you by yourself? And he's like, no. And he opens up the door and there's his two year old sister. And at that point he was in first grade. And so of course I had to call the sheriff who immediately came out. And when mom finally came back to the house hours later with her story and she looked right at me, I'll never forget it and said, you think I'm a bad parent? I said, I don't think you're a bad parent. I think you made a bad decision. So just I guess like [the principal] said, meeting them where they're at, like just helping them understand that everybody makes mistakes and it's how you move on from those, whether you're in kindergarten or whether you're the parent, you know, I'm not here to judge you. I'm here to help you. I mean, I

don't agree with what you've said or done. We all make mistakes and I'm going to like you no matter what. But let's work together." - Elementary and Middle School SCL

When a CLW takes on a neutral stance in order to resolve conflict and help establish better communication flow between two systems, they take on the role of a <u>Mediator</u>. Frequently the two systems are the family and the school systems. But it is also possible for the mediation to take place between a student and their parent(s).

"Um, the liaison role, it's kind of, I feel like it's the middleman between us and families."

"She's [SCL] a good connecting point and she's a good neutral source, that's like for the school and for the families so that, you know, if they're upset with the school for something, [SCL] kind of like the in-between the go-to." - Elementary Guidance Counselor

"She's a good connecting point and she's a good neutral source, that's like for the school and for the families so that, you know, if they're upset with the school for something, [SCL] kind of like the in-between the go-to." - Elementary Teacher

On occasion a SCL may come across a gap in service. In those situations, the SCL may take on the role of a <u>Planner</u> where they assist in developing new services/programs for clients. These services can be either short-term or long-term. This role often preceded the facilitator role when groups are involved.

"She [SCL] started the RAOK club, which is random acts of kindness club um with the kids this year and that's been really great. They've done some really great things for the students and the teachers. One of the things she did for the teachers is she hung up signs in the cafeteria with our names on it and then had kids write little notes to us. And so, you know, I hung it up on my wall in my room. So like it was like a gift because you know, in the back of your mind, you know that there are kids that do appreciate you but to have it there." - High School Teacher

"Um actually the young lady, you just saw in there was having serious friend issues. She had been out of the General Ed setting for awhile and so making friends was very hard. Um, I talked to [SCL] about it. She created a whole girls group, so now they have lunch and group and she's been able to make friends and she has people to play with. And so it's been amazing." - Elementary Teacher

The identification of unmet needs in clients' environments is a role that is carried out by an Outreach Worker. This role often precedes that of the Planner as described above. Sometimes this "environment" includes social media that can elicit information concerning students.

"Like it might not be her that find the housing, but she talked to people that were able to help work with that parent to get them the help they needed. Because again, we don't know. And there was a lot of, there's a lot in Ashland. There's a lot. There is, yeah. There's a lot of resources for these people."- Elementary Teacher

"Um, but the typical weekend social media activity makes its way to school on Monday and, um, she's [SCL] been able to absorb some of that, reach out to parents. Um, something simple like taking the phone away can work or if it needs to be further. We've had a, we've had issues where, you know, people are contacting some of our students that the parents didn't know about. And so she's been a, a good liaison in, in helping us get law enforcement involved." - Middle School Vice Principal

The direct provision of goods or items (i.e. clothing) to a client requesting such provision or assessed as needing such provisions are the activities of a Resource Provider. Examples of this role is the SCL providing a coat or jacket to a student from the clothes closet. It also included transportation services if the SCL did the driving.

"Um, this year we had a student who was not getting to school on time. Well, he didn't have an alarm clock, so we said we found funding, set that up, taught him how to use it. And then he started coming to school on time." - SCL

"[SCL] drove a student who, um, sister was taken by squad with some breathing issues and she drove the sibling to the hospital to be with her siblings. She yesterday picked up a student who would not be able to come in for state testing without transportation." - High School Teacher

"I've had a student, um, who had a situation at home where they had a fire in the basement and they weren't able to use their furnace for a while. So she was able to use her funds to go buy some space heaters for them at home depot and she met the family there." - High School Teacher

"A lot of my girl, my kids, especially during Christmas, we try to make up like little hygiene bags, like shampoo, conditioner, raisers, soap, toothbrushes, toothpaste." - Elementary Intervention Specialist

"A kid broke his glasses, wasn't wearing them for two weeks and finally the teacher let us know and [SCL] was on it and took it to Walmart and Walmart was able to work through the liaison program, had glasses by the end of the day." - Middle School Principal

Referral and Feedback Process
It appears that every school system has its own approach to providing <u>referrals</u> to the School Community Liaison (SCL). This lack of standardization is in keeping with the grounded approach to service delivery with the "culture" of each school system dictating how information initially arrives to the SCL. However, most systems have employed a "seamless" approach that is absent of a hierarchical system of referral processing.

Sources for referrals come from a wide array of individuals. As one SCL described it, *"I don't think there is any person in the school that I haven't received a referral from."* Primarily, referrals come from teachers, guidance counselors, administrators, and secretaries. The source of referrals even extends beyond the boundaries of the school system, with some SCL reporting receiving referral information from community members. A guidance counselor describes the SCL as being "employed by the community" since funding for the program comes largely from levies passed by the citizens.

Our analysis of the referral process discussed by the interviewees informed the development of the Intake & Referral Form used in the outcome evaluation.

<u>Feedback</u> to the referral source is also described as being "seamless," tailored with the caveat that information given is on an "as you need to know basis." This informal process is described as a "checking in," which is often done with teachers and guidance counselors. The feedback is usually given through person-to-person contact but is also done through texting and email. School staff reported satisfaction with the feedback process, noting that they do not need to know everything about the situation, only that something is being done.

Greatest Benefits of the Program
Of 115 statements from interviewees regarding the greatest benefits the SCL program, the most frequent answers (see Figure 2) emphasized the liaisons' connections to community resources

(30%), connections with the students (21%), and connections between families and school/staff (13%). About 10% of responses emphasized a reduced workload for other school staff. Of the 26% of statements categorized as "other," the confidentiality and emotional accessibility of the liaisons, home visits, and reduction of stigma related to help-seeking were most common.

Figure 2 — Benefits of the Program — N = 115

Category	Percentage
Connections to Community Resources	30%
Connections with students	21%
Connections between familes and school/staff	13%
Reduction in workload for school staff	10%
Other	26%
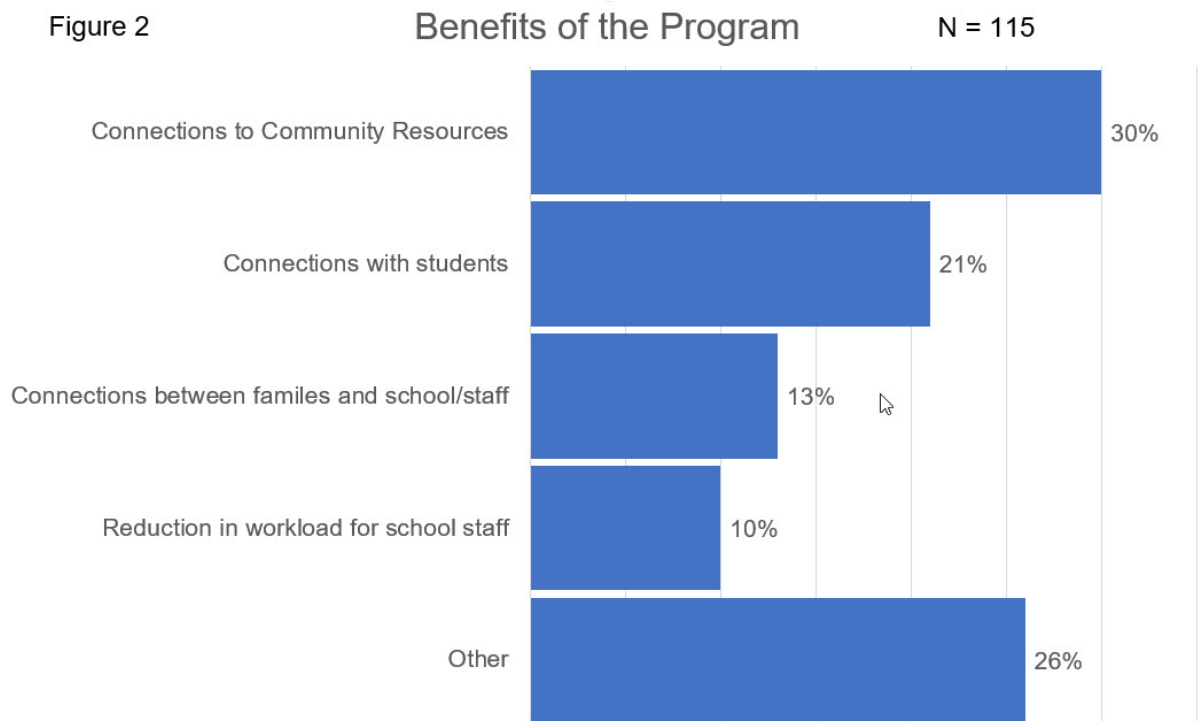
Desired Program Changes

Of 47 statements from interviewees regarding any program changes that could improve the SCLP, the most frequent answers emphasized the need for more liaison hours in the school (79%) and increased funding for the program (11%). The remaining "other" responses (10%) included the need for more background information on kids being served and more space for the program in school buildings.

Ad Hoc Focus Group to Discuss Impact of Covid-19 on Services

During the course of our evaluation, the Covid-19 pandemic hit the United States, and the state of Ohio mandated the closing of schools and businesses in March, 2020 as part of their quarantine strategy. Schools did not resume during the 2019-2020 school year. In June, 2020, we organized a focus group of six liaisons and the Appleseed Clinical Director to discuss the implications of the quarantine on SLCP services, students and families, and the community. We summarize the observations of the focus group below.

With the sudden departure from the "norm" and with families being in "lockdown" mode, it was important for a service such as SCLP to display flexibility in its response. Because the program is not tied down to a funding apparatus that requires a medicalized skilled service approach, the program was able to make this change quickly. The SCLP with its capacity to reach out directly to the community, actually saw their referral numbers go up. Educators used the workers as a gateway between the school and the family. While this has always been true even prior to the pandemic, this capacity by SCLP was used even more now with students no longer being present in the school building. The families seemed to have viewed this as a positive type of intervention, with the liaison workers perceived as being "safe", and someone they could open up to. Above all, with the SCLP intervention being focused on academic and concrete needs, they were perceived as being effective.

The use of technology to access students was used extensively. Younger children at home without a parent present often needed guidance to help them through academic challenges. One liaison worker was noted to have been directly responsible in making sure that ten seniors graduated. She did this by helping them with their academic, online work.

It was noted by one liaison worker, that the ongoing mental health needs attributed to the pandemic will need to be addressed, and will create additional demands on the service of SCLP. Combine this with the ongoing concrete needs faced by families and students, the program is starting to receive referrals for students and families they had never worked with before.

Overall, while all programs and agencies delivering services to the community had to make dramatic and sweeping changes to its mode of delivery, the SCLP was already set up to make these changes in a short period of time. This capacity resulted in an increased use by the school systems, and further showcased the efficacy of the program.

Program Logic Model
Program logic models are graphic representations of the structure of programs that illustrate the linkages between resources, activities, outputs, and outcomes (McDavid, Huse, & Hawthorn, 2019), typically developed prior to the initiation of a program. Since a logic model had not been developed before the SCLP inception, we created a logic model based on information derived from the process evaluation. This was part of the "uncovering" process mentioned above.

The SCLP logic model (see Appendix V) is divided by "presenting situations," "inputs," "outputs," "outcomes," and "environmental context." Presenting situations are those that the program was created to respond to. Inputs are the resources that are required to run the program. Outputs include the tangible and countable activities done by the liaisons. Outcomes are the results attributable to the program. Environmental context refers to contextual factors that can enhance or impede the program's success because the program is part of an open system.

QUANTITATIVE ANALYSIS

In order to conduct a comprehensive program evaluation that would provide inferences regarding impact, data was sought from a variety of sources. A traditional outcome evaluation was not possible due to limits placed on the data gathering process (i.e., ability to access school information), staff/software capacity to provide evaluative data, and program administration decisions to defer to the perceived limits expressed by staff and liaisons. Thus, an evaluation and research strategy was developed that responded to these restrictions. Based on findings from the process evaluation and qualitative analyses, we developed a Referral & Intake Form for purposes of a quantitative analysis of the SCLP and to help build the program's capacity for formalized, measurable outcomes for future monitoring and evaluation purposes.

Method

We collaborated with the Appleseed Clinical Director and all liaisons to develop the Intake & Referral Form (see Appendix VI) based on the findings from the process evaluation, our qualitative analysis, and the types of information currently collected by Appleseed and the liaisons. The form included information on referrals to the program, presenting situations, contacts, and referrals made on behalf of students/families, and three developmental asset measures.

We requested available information from Evolve NetSmart via Appleseed to select a stratified random sample of students served between September 1, 2019, and February 29, 2020. We requested information including the student's first and last name, the associated liaison's name, Appleseed ID number, date of birth, gender, date of intake, and date of service. The population frame included 1,505 students served during the time frame by eleven liaisons. Based on this information, approximately 300 students were served per month during the timeframe. The data were stratified by liaison, and a random 20% of students were selected per liaison. The results of the stratified random sampling are presented in Table 2 (liaison names were recoded for anonymity).

Table 2. Population frame and stratified random sample

Liaison	Number of students served during timeframe	Number of students randomly sampled (approx. 20%)
1	147	27
2	149	26
3	21	4
4	179	37
5	380	68
6	169	34
7	59	14
8	207	46
9	60	18
10	66	18
11	68	15
Total	1,505	307

Liaisons were asked to complete the Intake & Referral Form for the 307 students in the sample. Appleseed staff copied and distributed the forms along with the list of sampled students provided by CCRES. Liaisons completed the forms by referring to past notes, to information entered in Evolve NetSmart, and by retrospective recall. We collected the forms from Appleseed and entered the data using SPSS. These data were merged with the data generated by the Evolve NetSmart system. There were overlapping data points between these two sources for student date of birth and date of service, which again revealed errors in Evolve NetSmart data. In addition, a small amount of information was missing from some completed surveys. Inconsistencies and missing data were resolved in collaboration with Appleseed staff and liaisons. All analyses were conducted using a de-identified dataset.

Results

Demographics

Students in the sample ranged in age from 4 to 19, with an average age of 12.9 (SD=4.1) and a median of 14 years old. About 55% of the sample was female, 45% was male, and one student reported they were transgender (male). The distribution of students by grade level is presented in Table 3.

Table 3. Distribution of students in sample by grade, N=307

Student Grade	f (%)
Pre-K	2 (<1%)
Kindergarten	19 (6%)
1st	18 (6%)
2nd	17 (5.5%)
3rd	16 (5%)
4th	13 (4%)
5th	15 (5%)
6th	11 (4%)
7th	25 (8%)
8th	17 (5.5%)
9th	31 (10%)
10th	33 (11%)
11th	42 (14%)
12th	47 (15%)
Grad/former student	1 (<1%)

<u>Referrals to the program</u>

The distribution of referral sources for SCLP services is presented in Figure 3. Most often, students requested services on their own (self-referral, 22%). Principals/vice principals (19.5%) and teachers (19%) were the next most frequent referral sources. Referrals from guidance counselors (12%) and parents/caregivers (9%) were also relatively common. Of the 37 "other" referral sources, the most common were from mental health professionals, school secretaries, and cafeteria staff.

Figure 3   Referral Sources for SCLP Services   (N = 307)
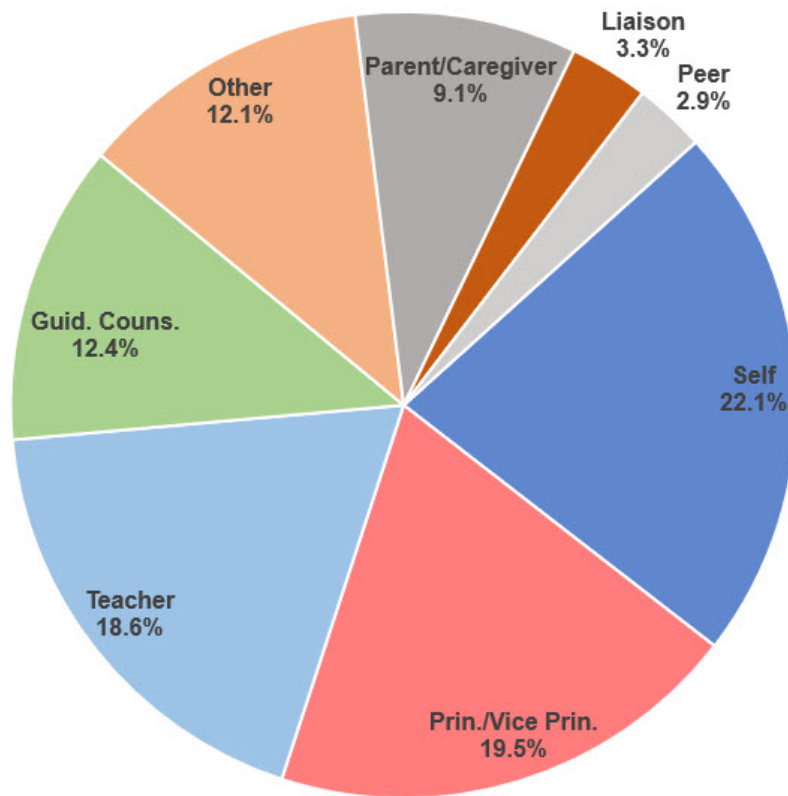
The vast majority of referrals (99%) occurred during regular school hours. About 52% of students sampled had previously received SCLP services. In addition, in 54% of cases, the students' family or other family members had previously received SCLP services.

Presenting Situations

The distribution of presenting situations is reported in Table 4. Overall, 47% of students presented with educational issues, with academic performance and attendance being the most common concerns; 55% presented with family issues, with single parent household and parental conflict/fighting being the most common concerns; 49% presented with behavioral issues, with coping skills being the most common concern; 47% of students presented with emotional/mental health issues, with anxiety/depression being the most common concern; 39% of students presented with resource deprivation issues, with poverty and food insecurity being the most common concerns; 18% presented with child maltreatment issues, with neglect being the most common concern; 12% of students presented with legal system involvement; 23% presented with peer issues.

Table 4. Presenting Situations (N=307) and Subgroups (N varies)

Presenting Situations	Total N (%)	Subgroup N (%)
Educational - Any	144 (47%)	
Academic performance	76 (25%)	76 (53%)
Attendance	71 (23%)	71 (49%)
Disciplinary actions	48 (16%)	48 (33%)
Educational aspirations	7 (2%)	7 (5%)
Other	33 (11%)	33 (23%)
Family - Any	169 (55%)	
Lack of positive role model	40 (13%)	40 (24%)
Mental health concerns	44 (14%)	44 (26%)
Caregiver incarcerated	24 (8%)	24 (14%)
Poor caregiver-child communication	36 (12%)	36 (21%)
Parental conflict/fighting	54 (18%)	54 (32%)
Substance abuse	39 (13%)	39 (23%)
Living with grandparent/kinship	27 (9%)	27 (16%)
Single parent	70 (23%)	70 (41%)
Other	44 (14%)	44 (26%)
Behavioral - Any	151 (49%)	
Acting out	46 (15%)	46 (30%)
Disrupts class	39 (13%)	39 (26%)
Self-care	19 (6%)	19 (13%)
Conflict resolution skills	47 (15%)	47 (31%)
Coping skills	94 (31%)	94 (62%)
Drug or alcohol abuse	14 (5%)	14 (9%)
Other	19 (6%)	19 (13%)
Emotional/Mental Health - Any	143 (47%)	
Anxiety/depression	99 (47%)	99 (69%)
Grief	30 (10%)	30 (21%)
Self-esteem	45 (15%)	45 (31%)
Trauma	44 (14%)	44 (31%)
Other	18 (6%)	18 (13%)
Resource Deprivation - Any	119 (39%)	
Clothing	22 (7%)	22 (18%)
Food insecurity	53 (17%)	53 (45%)
Housing - general	33 (11%)	33 (28%)
Housing - homelessness	11 (4%)	11 (9%)
Housing - instability/transience	22 (7%)	22 (18%)
Housing - substandard	3 (1%)	3 (2.5%)
Hygiene	21 (7%)	21 (18%)
Poverty	71 (23%)	71 (60%)
School supplies	16 (5%)	16 (13%)
Transportation	22 (7%)	22 (18%)

Unmet medical needs	7 (2%)	7 (6%)
Other	3 (1%)	3 (2.5%)
Child Maltreatment - Any	54 (18%)	
Neglect	33 (11%)	33 (61%)
Physical abuse	17 (5.5%)	17 (31%)
Emotional abuse	22 (7%)	22 (41%)
Sexual abuse	10 (3%)	10 (19%)
Legal System Involvement - Any	36 (12%)	
Peer Issues - Any	69 (23%)	
Other Situations Not Listed - Any	71 (23%)	

We further analyzed the presenting situations to calculate students' number of broad types of presenting situations (e.g., "Educational – Any") and the number of issues overall. We found that, on average, students presented with three different types of issues (range = 0-9) and five different issues overall (range = 0-26). The grouped frequency distribution for these data is presented in Figure 4 and Figure 5.

Figure 4   Number of Problem Types   (N = 307)

(4-6) 31%
(7-9) 6%
(0) 1%
(1-3) 62%
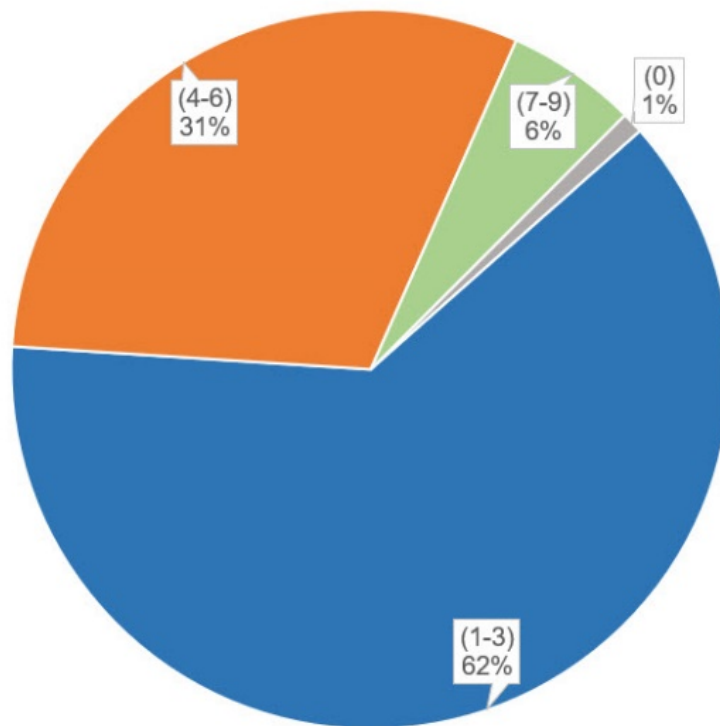
Figure 5

Figure 5   Number of Problems Overall   (N = 307)
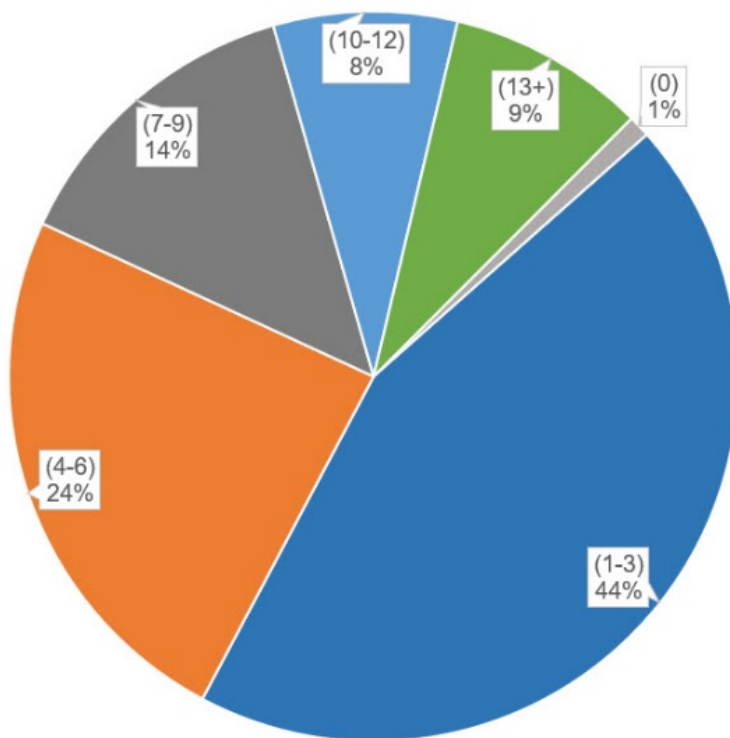
Finally, we explored proportional and mean differences among two grade groups: Pre-k to 8th grade (elementary/middle school) and 9th to 12th grade (high school). Briefly, we compared the grade groups on the proportion of students with each broad type of presenting issues (e.g., Educational – any). We tested for significant group differences using chi-square and found that students in high school were more likely to present with educational issues than students in elementary/middle school; younger students were more likely than older students to present with child maltreatment and legal system involvement issues. We also conducted independent samples t-tests to compare grade groups on the number of presenting issue types and the number of presenting issues overall; no significant differences were observed.

Contacts made to address presenting issues

We asked liaisons to report who they contacted in order to address the students' presenting issue(s) (see Table 5). On average, liaisons contacted three people in the course of responding to students' presenting needs (range=0-10 contacts). Most commonly, liaisons contacted principals/vice principals (55%), parents (54%), teachers (49.5%), and/or guidance counselors

(40%). The most common "other" contacts included attendance secretaries, community members, and other mental health providers[2].

Table 5. Contacts made to address presenting issues*

Contacts	f (%)
Another liaison	55 (18%)
Peer	36 (12%)
Parent/caregiver	166 (54%)
Other family member	27 (9%)
Teacher	152 (49.5%)
Guidance counselor	122 (40%)
Principal/Vice prin.	169 (55%)
School mental health counselor	51 (17%)
School resource officer	33 (11%)
Other	152 (49.5%)

*Categories are not mutually exclusive

Referrals made to address presenting issues

We asked liaisons to report the types of referrals they made in order to address the students' presenting issue(s) (see Table 6). On average, liaisons made one type of referral in the course of responding to students' needs (range = 0-6 types). Most commonly, liaisons referred students/families for services available through the school (43%), community (22.5%), mental health agency (20%), or SCLP resource (17%). The most common "other" referral types were for holiday assistance, clothing needs, and/or transportation.

Table 6. Referrals made to address presenting issues*

Referrals	f (%)
SCLP resource	51 (17%)
School program/resource	131 (43%)
Mental health agency	62 (20%)
Community organization	69 (22.5%)
DFJS/Children's services	24 (8%)
Legal/court	6 (2%)
Other	44 (14%)

*Categories are not mutually exclusive

[2] Further clarification is needed on responses provided for "other contacts."

<u>Developmental assets</u>

We asked liaisons to gauge the presence of three developmental assets (Benson, 2006) in the students' family life and relationships with peers (see Table 7). The assets we selected were not always observed/assessed by liaisons, so the number of students with available information varies. Overall, this information suggests that about 30% of students served by the SCLP may lack these assets.

Table 7. Developmental assets

Developmental Asset	Not at all	Somewhat	Usually	Almost always
The student's family life provides high levels of love and support (N=238)	5%	28%	22%	45%
The student's family monitors their whereabouts (N=185)	9%	20.5%	20%	51%
The student has positive relationships with peers who model responsible behavior (N=263)	5%	24%	32%	40%

We briefly explored the relationship between these three developmental assets and the number of presenting issue types and the number of presenting issues overall. All three developmental assets are moderately, negatively, and significantly related to both presenting issues counts. This means that, at the bivariate level, youth who are more likely to have each developmental asset have fewer types of presenting issues and fewer numbers of issues overall.

MACRO-LEVEL ANALYSIS

The School Community Liaison Program's logic model, as developed in the initial phase of the analysis, displayed current conditions that impact educational outcomes. *Resource Deprivation* was one of the three broad categories listed. There has been voluminous research that has shown the relationship between economic conditions and academic outcomes in a community (e.g., Anthony, 2008; McCarty (2016); Brown et al. (2009)). This directional relationship can be expressed as follows: Communities with higher levels of impoverished economic conditions have lower educational outcomes.

One variable used to measure economic conditions is child poverty rate. Education outcomes include chronic absenteeism (percent of students missing more than 10% of the school year), test performance, and graduation rates. All variables regarding educational outcomes were ascertained from data reported by the Ohio Department of Education in the 2017-2018 school year.

Initial analysis to test these relationships among Ohio counties with a student enrollment of less than 10,000 was performed. Of the 88 counties in Ohio, 54 met these criteria including Ashland County. Child poverty rates were strongly correlated with Chronic Absenteeism, r = .76; Graduation Rate, r = .62; and Performance Index Score (PIS), r = .74.

With a strong correlation being confirmed between each of the three educational outcomes and the child poverty rate, the next step in the analysis involved formulating a "goodness to fit" line for each of the three educational outcomes. This line was then used to determine the degree of deviation that Ashland County's education outcomes showed from what would have been predicted based on the child poverty rate.

The child poverty rate in Ashland County was 24.5 percent in 2018 (American Community Survey). The predicted rate of chronic absenteeism was 13.35; however, the actual absenteeism rate was only 10.12. The actual rate was 32% less than what would be predicted based on the child poverty rate. This ranked 7th among the 54 counties in the degree of deviation. Figure 6 provides a graphical presentation of this analysis.

Graduation rates had a predicted value of 92.308, with an actual graduation rate of 94.403. The degree of deviation ranked Ashland County 10th among the other rural counties. Finally, the PIS had an expected score of 86.207, with an actual result of 89.870. This also resulted in a deviation that ranked it 10th among the other counties.

These results show educational outcomes among the ten school districts in Ashland County being significantly better than what would have been anticipated based on the rate of child poverty in the county. The School Community Liaison Program that operates in nearly all of the school districts in the county has as part of its mission to assist in mitigating the adverse effects poverty rates have on educational outcomes. While it is not possible to determine that the cause of these positive outcomes are due to SCLP, the fact that a program like SCLP does not exist in any of the other counties provides the opportunity to at least explore its possible impact.

Figure 6

Child Poverty Rate (Proportion) x Chronic Absenteeism

$y = 0.4637x + 1.9858$
$R^2 = 0.5562$

10.12
Ashland County
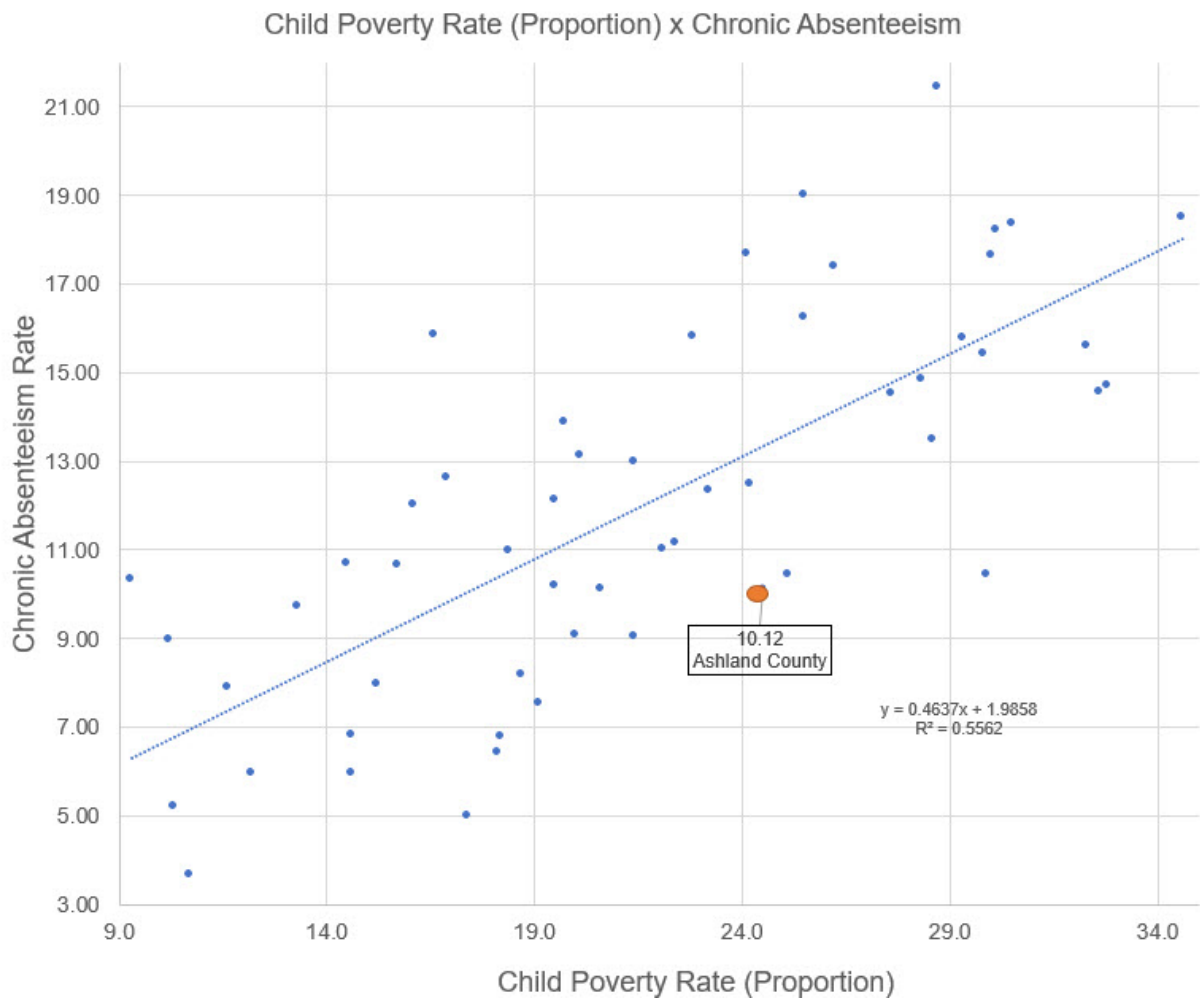
RECOMMENDATIONS

- Given the broad agreement that the SCLP is a significant benefit to the schools, students, families, and the surrounding community, we suggest that expanded funding is considered for additional liaison time/positions where they are requested, via school districts or whatever means are deemed appropriate.

- Liaison workers should begin strategies on the development of effective methods to communicate to school staff the unique skills possessed by them in working with students and their families. Part of this strategy should include a documentation process that describes for each case the enactment of skilled services, including assessment, strategy development of intervention, and evaluation of services provided.

- SCLP administrators may want to revisit the data collection, management, and analysis/reporting system currently in place at Appleseed. While use of the Data Documentation Guide we developed will improve data entry, we advise that additional improvements in this area will increase the reliability and validity of data available for program monitoring. Further, changes in this area will need to be made to facilitate ongoing program evaluation, if that is desired.

- We suggest that liaisons use a data collection form as they identify students' presenting situations and interact with youth and families, as a means to track student issues and to streamline data collection around contacts and referrals, changes in student needs and behaviors, and the impact of the SCLP.

- We recommend that attendance, grades, and school disciplinary actions be collected for all youth who receive SCLP services in order to understand better the needs of students and the impact of the SCLP. We suggest that this information, collected from school records, should be gathered at the end of the school year so that all quarterly data is available.

- We recommend that stakeholders consider assessing the developmental assets (Benson, 2006) present in youths' lives, to some degree. Given the interplay of both risk and protective factors in child and adolescent development (Jenson, 2010), stakeholders may also want to consider assessing risk factors using items from a standardized measure, such as the Adverse Childhood Experiences Study survey (ACES; Felitti et al., 1998). Similarly, given the profound influence of family structures and processes on the behaviors and attitudes of school children, we suggest developing a system to track family units to understand better the interplay of family and student issues and the impact of the SCLP.

- Based on the sum of our evaluation findings, we conclude that the School-Community Liaison program qualifies as an *"emerging practice"* with the capacity and suitability for impact and outcome analysis (CHRN, 2013; AMCHP, 2020).

REFERENCES

Anthony, E. K. (2008). Cluster Profiles of Youths Living in Urban Poverty: Factors Affecting Risk and Resilience. Social Work Research, 32(1), 6–17. https://doi-org.proxy.ashland.edu:2648/10.1093/swr/32.1.6

Appleseed CMHC. (2018). *School/Community Liaison Program: Quarterly Report for January, February, and March 2018.* Ashland, OH: Stacy Merryweather, Clinical Director of Appleseed CMHC.

Ashland County Board of Elections. (2010). *Official Results, Ashland County, General Election.* Downloaded December 11, 2018 from: https://www.ashlandcounty.org/boe/data/uploads/election_results/gems-election-summary-report-nov-2010.pdf

Association of Maternal & Child Health Programs (AMCHP, 2020). AMCHP's Best Practices. Downloaded from site: www.amchp.org in July, 2020.

Benson, P.L. (2006). *All Kids are Our Kids.* San Francisco, CA: Jossey-Bass.

Brown, R., Copeland, W. E., Costello, E. J., Erkanli, A., & Worthman, C. M. (2009). Family and community influences on educational outcomes among appalachian youth. Journal of Community Psychology, 37(7), 795–808. https://doi-org.proxy.ashland.edu:2648/10.1002/jcop.20331

Canadian Homelessness Research Network (CHRN, 2013). *What Works and for Whom?: A Hierarchy of Evidence of Promising Practices Research.* Downloaded from site: www.homelesshub.ca in July, 2020.

Engle, R.J. & Schutt, R.K. (2017). *The Practice of Research in Social Work* (4th ed.). Thousand Oaks, CA: Sage.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine 14*(4): 245-258.

Gooden, S.T. & Berry-James, R.M. (2019). *Why Research Methods Matter: Essential Skills for Decision Making.* Irvine, CA: Melvin & Leigh, Publishers.

Jenson, J.J. (2010). Advances in Preventing Childhood and Adolescent Problem Behavior. *Research on Social Work Practice 20(6):* 701-713.

McCarty, A. T. (2016). Child Poverty in the United States: A Tale of Devastation and the Promise of Hope. Sociology Compass, 10(7), 623–639. https://doi-org.proxy.ashland.edu:2648/10.1111/soc4.12386

McDavid, J.C., Huse, I., & Hawthorn, L.R.L. (2019). *Program Evaluation and Performance Measurement: An Introduction to Practice (3rd ed.).* Thousand Oaks, CA: Sage Publications, Inc.

Mental Health and Recovery Board (MHRB, 2009). *Focused Review of Select Levy Funded Services.* Ashland, OH: David Ross, Associate Director of MHRB.

Mental Health and Recovery Board (MHRB, 2018-1). *Annual Service Summary – Fiscal year 2018.* Ashland, OH.

Mental Health and Recovery Board (MHRB, 2018-2). *FY2018 Annual Report.* Ashland, OH.

Mental Health and Recovery Board (MHRB, 2018-3). *School Liaison Program Funding – FY07-18.* Ashland, OH: email/spreadsheet from Steven Stone, Executive Director, on December 11, 2018.

Moore, S. (1987). The theory of street-level bureaucracy: A positive critique. *Administration and Society 19(1)*: 74-94.

Ohio Department of Education Office for Child Nutrition. (2018). *Data for Free and Reduced Meal Eligibility 2017-2018.* Downloaded May 7, 2019 from: http://education.ohio.gov/Topics/Student-Supports/Food-and-Nutrition/Resources-and-Tools-for-Food-and-Nutrition/MR81-Data-for-Free-and-Reduced-Price-Meal-Eligibil

Ohio Department of Education Office of Budget and School Funding. (2018). *District Profile Report for City, Exempted Village and Local School Districts for Ashland City SD, Ashland.* Downloaded May 7, 2019 from: http://education.ohio.gov/Topics/Finance-and-Funding/School-Payment-Reports/District-Profile-Reports

Ohio Department of Education (2020). Ohio School Report Cards. Downloaded from https://reportcard.education.ohio.gov in July, 2020.

Ohio Development Services Agency. (2010). *Profile of General Demographic Characteristics: 2010.* Downloaded May 7, 2019 from: https://development.ohio.gov/reports/reports_schooldistricts_map.htm

Rossi, P.H., Lipsey, M.W., & Henry, G.T. (2019). *Evaluation: A Systematic Approach.* Thousand Oaks, CA: Sage Publications, Inc.

Saldana, J. (2009). *The Coding Manual for Qualitative Researchers.* Thousand Oaks, CA: Sage Publications, Inc.

U.S. Census Bureau. (2017). *2013-2017 American Community Survey 5-Year Estimates.* Downloaded May 7, 2019 from: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

Appendix I

School Liaison Documentation Guide

School Liaison Documentation Guide

I. CONTACTS

A contact is any significant interaction between a liaison and another person regarding an identified student that results in relationship building with a student, or a referral for a student, or both. Contacts are ALWAYS in regards to a particular student.

CONTACT CATEGORIES:

Student: when you talk to the student

Family: when you talk with a family member or someone acting in a parental role (i.e. mom, dad, grandparent, aunt, uncle, guardian, etc.) about the student

Teacher: teacher

Guidance: school guidance counselor

Other school: secretary, food service staff, bus driver, custodial staff, school psychologist, coach, athletic director, school nurse, another school liaison, teacher's aide, superintendent, etc.

Mental health: Appleseed or other mental healthy agency counselor, case manager, TAY worker, school-based therapist, or Juvenile Court Liaison

DJFS/CS: Children's services worker or when making a report

Community: any other community agency or community member (i.e. Associated Charities, Ashland Parenting Plus, Lion's Club, Salvation Army, Shop with a Cop, neighbors, church members, etc.)

Legal: school resource officer, police or law enforcement, probation officer, parole officer, judge, prosecutor's office

EXTRA INFORMATION TO REMEMBER:

Use the "student contact" field to track contacts, DO NOT use brief contact

Contacts are significant interactions, just saying "hi" does not count

Each student (when they come together to the liaison) is counted as a separate contact if both students engage in a "significant interaction" with the liaison

II. REFERRALS

A referral is when a liaison speaks with a student or parent and provides resource information or suggestion/recommendation of becoming involved with a particular agency or service; phone numbers are given, assistance with linking the student/family to the resource (i.e. making the call for them, etc.)

REFERRAL CATEGORIES:

See Appendix I for a complete list

Transportation: when a liaison arranges transportation or provides a gas card

School Liaison Transportation: when a liaison provides transportation

TRACKING REFERRALS:

Referrals should be entered into the system as they happen. However, we give them the whole quarter to give them a chance to follow through, so do not mark the "follow through" information until the end of the quarter.

Follow Through/Completed: this is used for a "one time/ one and done" type of service. (i.e. assistance getting a bill paid, getting food, holiday assistance, etc.) You make a recommendation and they follow through with it and it's a done deal.
*** If they need the same service again the next quarter, you would count it again in the new quarter

Follow Through/Ongoing: this is used when referrals are made for a more ongoing type of service/program (i.e. mental health or SUD counseling at Appleseed, mentoring through Parenting Plus, etc.) You make a referral, they follow through with it and continue to be involved on an ongoing basis.
*** Also used at the end of the quarter if they are in the process of getting into an agency or have made significant movement towards it (i.e. an appointment is scheduled, etc.)

Declined Services: this is used when you make a referral and they do not follow through or they are not interested in what you are offering

EXTRA INFORMATION TO REMEMBER:

A referral is ALWAYS external

A report to Children's Services is a referral, it will be marked as a contact as well as a referral

DO NOT use liaison services category

III.QUARTERLY OUTCOMES

Quarters for a fiscal/school year are: July-September, October-December, January-March, and April-June

INFORMATION TRACKED IN QUARTERLY OUTCOMES:

Grades: the student's grades, this information can be pulled from Progress Book

Attendance: the student's attendance to school, this information can be pulled from Progress Book

Problematic Behaviors: any emotional or behavioral issues affecting the youth at home or school, where you get this information will vary by liaison

CATEGORIES TO TRACK QUARTERLY OUTCOMES:

This will be tracked for each category (grades, attendance, and problematic behaviors) as an overall view for the whole quarter.

N/A: this is not an issue for the client, it was not something that you were working with them on or addressing (i.e. if attendance has never been an issue and you are not working on it)

Improved: can be fewer missing assignments, letter grade improving, getting along with friends better, less anxiety, seeing liaison less, etc. Just need to see that an actual effort is being made

Same: No movement

Worse: more missing assignments, more days of school missed, more anxiety, more issues with friends, etc.

IV. MONTHLY SUMMARY

Captures anything that is not directly related to a particular student; bigger picture types of thing you may be involved in (i.e. Kindness Club events, Youth Crisis Response Team training, Staff meetings, etc.)

EXTRA INFORMATION TO REMEMBER:

The more detail, the better. This is helpful for the quarterly report. We look for trends in things we are involved in and report these to the MHRB.

V. SUCCESS STORIES

This doesn't have to be a big life changing "success." It can be just a small difference that you notice in the way a teacher talks about a student, a connection you are able to make with a student who hasn't wanted to meet with you before, etc.

Ashland County - Employment and Training Connection
Ashland Family Practice
Ashland Health Center
Ashland High School
Ashland Middle School
Ashland Municipal Court
Ashland Noon Lion's Club
Ashland Parenting Plus
Ashland Police Department
Ashland Pregnancy Center
Ashland Public Library
Ashland Public Transit
Ashland Salvation Army Kroc Center
Ashland University
Aspen Management
Associated Charities
Assurance Health Hospital
Avita Health Systems
Barberton Citizens Hospital
Bauer Realty
Beacoon House/One-eighty
Belmont Pines Hospital
Big Brothers/Big Sisters
Blanchard Valley Health Systems
Blessings in a Backpack
Bretheren Care Village
Brookside Pool
Budd Elementary School
BVR
Cambridge Behavioral Hospital
Camp Nuhop
Camps
Carview Center at Grandview Hospital
Catholic Charities
Catholic Charities/MGM Program
Child Care
Churches
Claremont Medical Services
ClearVista

Cleveland Clinic
Cleveland Clinic - Wooster
Cleveland Food Bank
Cleveland VA
Columbus Springs Dublin
Columbus Springs East
Common Pleas
Community Group/Fraunfelter
Community Health Partners
Companions Health Tech Center
Cornerstone
Cornerstone Counseling of Ashland
Crisis Services/Appleseed
Crystal Care
Cuyahoga County Children's Services
D R Services
Dale Roy
Dr. Greg Orthodontics
Dr. Jordan
Dr. Julie Jones/Claremont Medical Services
Dr. Meda
Dr. Tourlas
Dr. Zarrabi (Mid Ohio Internal Medicine)
Dr. Zumbars
Drug Free America
Dublin Springs
Eastway Behavioral Health
Ed Kirpatrick
Edison Elementary
EHM Regional Healthcare System
Elm Croft
Employment
Encompass
Encompass Christian Children's Counseling
Equine Therapy
Erie County Corrections
Essex House
Euclid Hospital
Exterminators
Eye Doctor
Fairfield Medical Center
Family and Children First Council

Family Life Counseling

Family Planning

Firelands

Firelands Community Hospital

Fox Run Hospital

Furniture

Gas Card

Geauga Medical Center

Gift Card

Gift Card/Hawkins

Glenbeigh Hospital of Rock Creek

Glenbeigh Outpatient Center of Beachwood

Glenbeigh Outpatient Center of Niles

Glenbeigh Outpatient Center of Rocky River

Glenbeigh Outpatient Center of Toledo

Good Shepard Home Villa

Goodwill/Elizabeth Clark Fund

Grace Church

Ground Work Play Therapy, Inc.

Haven Behavioral Health - Dayton

Haven of Rest

HEAP

Heartland Behavioral Health Center

Help Me Grow

Helping Hand

Heritage Christian Counseling

Highland Springs

Hillsdale Cares

Hillsdale Elementary

Hillsdale High School

Hillsdale Middle School

Hocking Valley Community Hospital

Holiday Assistance

Holmes County Sheriff's Department

Hospice of North Central Ohio

Hospice of Northeast Ohio

Housing

Housing/Appleseed

Huron Hospital

Hygiene Group

Innovative Support Services

Jac-Lin Manor

Juvenile Probation Officers

Kettering Health Center

Kingston of Ashland

Kinship Caregiver Group

Kno-Co-Ho

Knox County Metropolitan Housing Authority

Lake West Hospital

Lakewood Hospital

Liaison Activites

Licking Memorial Health Systems Behavioral Health

Linda Hodapp

Lions Club

Loudonville Junior/High School

Loudonville Public Library

Loudonville Rest Home

Lutheran Hospital

Lutheran Village

Lutheran Village Assisted Living

Mansfield Playhouse

Mapleton Elementary

Mapleton High School

Mapleton Middle School

Marion General Hospital

Martin House Apartments

Marymount Hospital

McMullen Elementary

Medical/Dental

Medina County Job and Family Services

Melinda Harpster CNP

Mental Health Service

Mentoring Programs

Metro Health Systems

Mid-Ohio Internal Medicine

Midwest Health Services

Military Recruiter

Mill Run Place

Misc. Community Resources

Mohican Area Community Fund

Mohican Juvenile Correctional Facility

Mohican Outdoor School

Mount Carmel West

Multi-County Driving School

National Association for College Admission Counseling

Neil Kennedy Recovery Center

New Destiny Treatment Center

New Directions Counseling Center

North Central State College

Northeast Reintegration Center

Oak View Behavioral Health Center

ODMH and Addiction Services/Community Linkage

Ohio Bureau of Motor Vehicles

Ohio Health - Mansfield

Ohio Health Primary Care Physicians

Ohio Hospital for Psychiatry

Ohio Means Jobs/Employment Connection

One Stop/Temp Services

One-Eighty

One-Eighty Every Woman's House

Oriana House

Other - Extra Food Bags Given

P3 Southwest

Paid Fees/Charges

Paperwork Requirements

Parenting Plus

Parma Community General Hospital

Pathfinder's Farm

Pediatric Consultants

Pickaway Children's Services

Polk Lions Club

Pomegranate Health Systems

Pomerene Family Care - Millersburg

Princess Closet

Principal Referral

Pump House Ministries

Safe Haven

Salvation Army Kroc Center

Samaritan Behavioral Health

Samaritan Women's Care

School Guidance Counselor

School Liaison

School Liaison Transportation

School Nurse

School Programs

School PT Conferences

School Resource Officer

School Services - Attendance Intervention Plan

School Services - Food Bags

School Services - Tutoring

School Supplies/Clothing

Senior Employment Center

Shepherd Hill

Shop with a Cop/Holiday Assistance

Simona Moore - CNP

SL - Community

SL - DJFS/Children Services

SL - Family

SL - Guidance

SL - Legal

SL - Mental Health

SL - Principal

SL - Student

SL - Teacher

Smetzer Counseling Center - Ashland Seminary

Social Security Administration

South Care Toledo

South Pointe Hospital

Southwest General Health Center

Spherion

Sports Programs

St. Charles Hospital - Toledo

St. Charles Mercy Hospital

St. Elizabeth Health Center

St. Thomas Hospital

St. Vincent Charity Hospital

St. Vincent de Paul

St. Vincent Hospital

Support Group - Sexual Assault

Support Group Domestic Violence

Taft Elementary

Team Focus

Ten Lakes Center

The Woodland Center

The Woods at Parkside

Theological Seminary

Third Street Clinic

Tin Can Chandelier

Toldeo Children's Hospital

Townsend Community School

Transformation Network

Transitional Age Youth Fund/Program

Transportation

Trinity Behavioral Health - East

Trinity Behavioral Health - West

Trinity Lutheran Church

Twin Valley Hospital

United Way of Ashland County

University Hospital - Employer

University Hospital - Samaritan Medical Center

University of Toledo-Kobacker Center

Utility Assistance

VAMC Detox Screening

Veteran's Administration Hospital

Veteran's Service Office

Walmart

Walmart Vision Center

Wayne County Children's Services

Wayne County DD Board

Wayne County Metropolitan Housing Authority

West Salem Helping Hands

WIA Adult Program

WIA Youth Program

WIC

Windsor Laurelwood Center

WIOA

YMCA

Appendix II

Semi-structured interview questions

Questions for liaisons

1. What type of training did you receive? Did it adequately prepare you for the job?

2. What does a normal day look like for you?

3. What does your process for linking a student/family to community resources look like?

4. How do you determine which community resources to use?

5. What type of information about community resources do you have available to you?

    Is it a mental note of the resources?

6. A book with information on all of the resources?

7. What are the most common ways you come into contact with a student?

    Teacher referrals?

    Student referrals?

    Identifying a troubled student yourself?

8. What is your feedback loop when you receive a referral? - from teacher - from school admin?

9. What are some of the methods you use with students that you've seen the most success with?

10. Most common problems you see?

11. *If liaison is at more than one school:* How do you split your time between the schools?

    Larger workload?

12. Do you find yourself working more with the kids or more with the families? Does it vary by age?

13. Is there any sort of permission from the parents you must receive to work with a student?

Questions for program administrators

1. Historical perspective - 25 years ago, what was the presenting need in the community/schools?

2. Describe the complete funding model for the SCLP.

3. Describe the administration and staffing model for the SCLP.

4. What other resources beyond monetary funding, program administration, and staffing are provided to the program and/or staff? (Informal, in-kind, local [varies by district])

5. Describe your relationships with the school districts receiving services from the SCLP (by school district/building).

6. What are the perceived barriers for kids related to academic performance, behavioral issues, and attendance?

7. How effective has this program been to address these barriers?

8. Which community organizations/agencies are most helpful to the children and families you serve?

9. Explain how law enforcement agencies are involved with the program.

10. Explain how child and family services and/or job and family services are involved with the program.

11. What data/databases are available that have information related to youth and families served by SCLP (include indirect sources)?

12. What has been your experience with electronic records keeping? Other technology?

13. What short- and/or long-term outcomes have resulted from this program?

> Children and families
>
> School buildings/districts
>
> Community resource connection/collaboration
>
> Appleseed
>
> MHRB system

14. In your opinion, what are the top 3 benefits of this program?

15. If you could change one thing about this program, what would it be?

Questions for teachers, school resource officers

1. What is the procedure for submitting a referral to the liaison worker?

2. What type of feedback to you receive after the referral is responded to? Does this meet your expectations?

3. What do you see as the primary function of the liaison worker?

4. Provide one or two examples on a referral you made to the liaison worker and how it was handled.

5. If you could change one thing regarding this program, what would it be?

6. What do you see as the three greatest benefits of this program?

Questions for guidance counselors

1. How do you see your role as a guidance counselor complementing the services offered by the liaison worker? Is there overlap?

2. What type of situations do you refer to the liaison worker?

3. What type of feedback to you receive after the referral is responded to? Does this meet your expectations?

4. What gaps do you see, if any, between the services you provide and the liaison worker provides?

5. If you could change one thing regarding this program, what would it be?

6. What do you see as the three greatest benefits of this program?

<u>Questions for principals, superintendents</u>

1. What do you see as the role of the liaison worker at your school?

2. How does the tasks perform by the liaison worker complement the tasks of the educator?

3. What situations, if any, have you referred to the liaison worker?

4. What type of feedback to you receive after the referral is responded to? Does this meet your expectations? (Ask only if the principal indicates making direct referrals to the program)

5. What type of feedback have you received from your staff regarding the program?

6. If you could change one thing regarding this program, what would it be?

7. What do you see as the three greatest benefits of this program?

Appendix III

Coding schemes for presenting situations, roles of the liaison, greatest program benefits, and changes desired

Presenting situations

PS 1. Psycho-social

PS 1.1 Behaviors

PS 1.1a Acting out

PS 1.1b Disrupts class

PS 1.1c Puberty/hormonal

PS 1.1d Self-care

PS 1.1e Sexual/reproductive

PS 1.2 Child maltreatment

PS 1.2a Abuse (non-specific)

PS 1.2b Exposure to violence

PS 1.2c Neglect

PS 1.2d Physical

PS 1.2e Psychological

PS 1.2f Sexual

PS 1.3 Conflict resolution skills

PS 1.4 Coping skills

PS 1.5 Drug use

PS 1.6 Emotional/Mental health

PS 1.6a Anger

PS 1.6b Anxiety

PS 1.6c Grief

PS 1.6d Self-esteem

PS 1.6e Trust

PS 1.7 Family issues

PS 1.7a Domestic violence

PS 1.7b Un/under-employment

PS 1.7c Lack of discipline

PS 1.7d Lack of positive role Model

PS 1.7e Lack of supervision

PS 1.7f Lack of support

PS 1.7g Mental Health

PS 1.7h Parent in jail/legal issues

PS 1.7i Parent-child communication

PS 1.7j Parental conflict

PS 1.7k Pride / embarrassment

PS 1.7l Substance abuse

PS 1.8 Family structure

PS 1.8a Grandparent/other kinship

PS 1.8b Single parent

PS 1.9 Legal system involvement

PS 1.10 Peer issues

PS 1.11 Trauma

PS 2. Resource Deprivation

PS 2.1 Clothing

PS 2.2 Food insecurity

PS 2.3 Housing

PS 2.3a Homelessness

PS 2.3b Housing
instability/transience

PS 2.3c Substandard housing

PS 2.4 Hygiene

PS 2.5 Poverty

PS 2.6 School supplies

PS 2.7 Transportation

PS 2.8 Unmet medical needs

PS3. Educational

PS 3.1 Academic performance

PS 3.2 Attendance

PS 3.3 Disciplinary actions

PS 3.4 Educational aspirations

Roles of Liaisons

RL 1. Advocate

RL 2. Broker

RL 3. Clinical / Counselor

RL 4. Educator / Teacher

RL 5. Enabler

RL 6. Facilitator

RL 7. Mandated reporter

RL 8. Mediator

RL 9. Planner

RL 10. Outreach worker

RL 11. Resource provider

Greatest Benefits

GB 1. Connection with kids

GB 2. Connections between families and school/staff

GB 3. Reduced workload for other staff

GB 4. Liaison connections to community resources

GB 5. Meeting as many needs as possible

GB 6. Other

Changes Desired

CD 1. More hours for liaisons

CD 2. More funding

CD 3. Other

Appendix IV

Appleseed flyer for the SCLP

School/Community Liaison Program Overview

**We are a partnership between the Mental Health and Recovery Board of Ashland County, Appleseed Community Mental Health Center, and the local school districts in Ashland County

**We are able to provide our services at NO COST to the school or to the families, thanks to the Mental Health levy funding. NO HOOPS for families to jump through. Lots of flexibility.

Goals of the Program:
*Increase student attendance
*Respond to daily crisis in the schools
*Enhance coping skills of children
*Engage families and increase partnerships and communication between parents and schools
*Provide easier access to community resources

Services We Provide:
*Brief assessments to identify student and family needs and assets
*Linkage to school & community resources
*Collaboration & consultation with school staff
*Crisis intervention and debriefing
*Interventions to teach healthy life skill development
*Family outreach, education, and home visits
*Daily presence in the schools and summer programs
*Partnerships with community resources

Referrals can come from principals, guidance counselors, teachers, intervention teams, student self-referral, parents, and/or community agencies

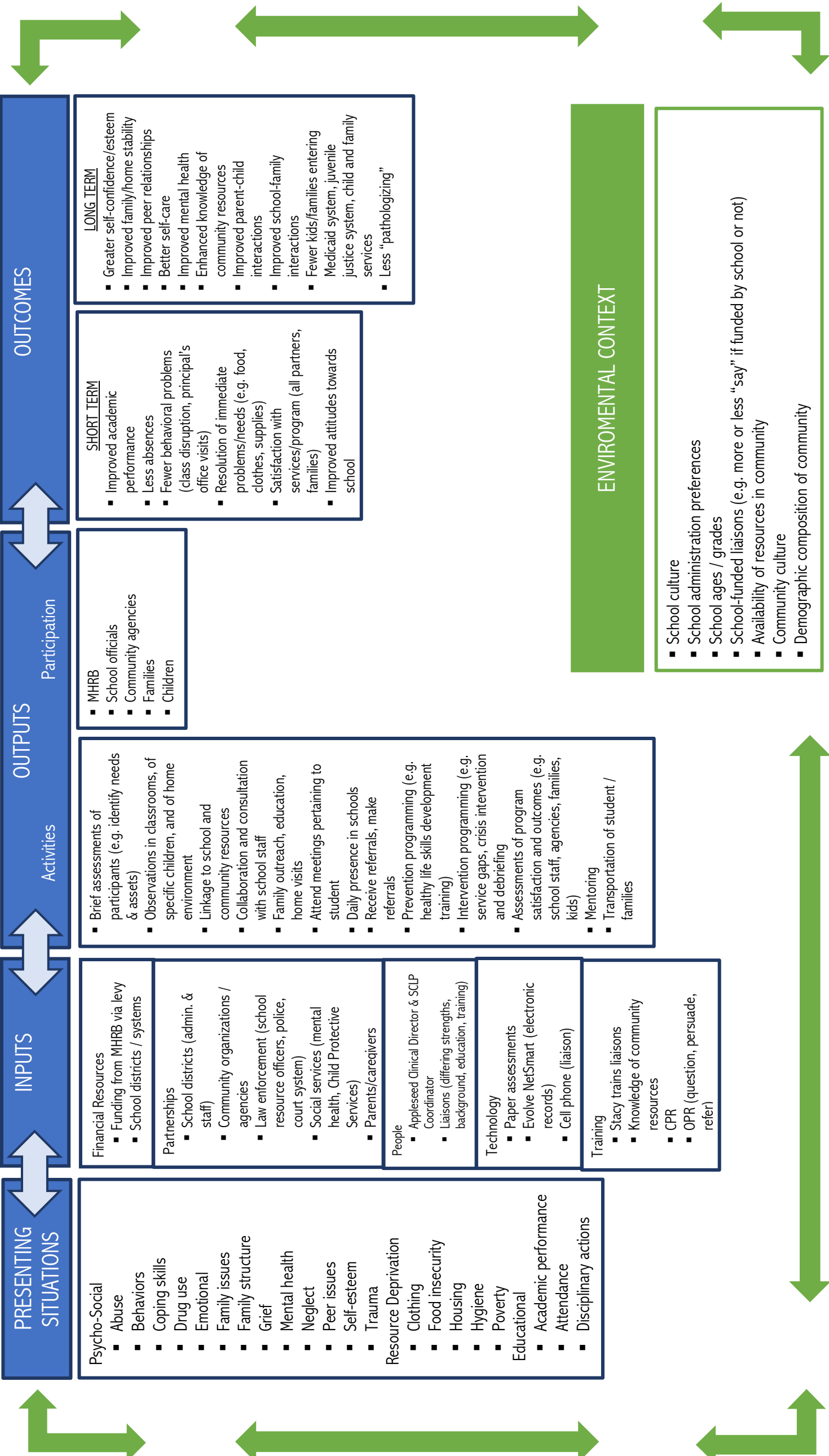We currently have 10 School Liaisons providing school liaison services throughout the county - based in Ashland City Schools, Ashland County/West Holmes Career Center, Hillsdale Local Schools, Mapleton Local Schools, and Loudonville/Perrysville Exempt Schools.

For information regarding the School/Community Liaison Program, please contact Stacy Merryweather at 419-281-3716 or stacy@appleseedcmhc.org

Appendix V

SCLP logic model

School Community Liaison Program (SCLP) Logic Model

PRESENTING SITUATIONS

Psycho-Social
- Abuse
- Behaviors
- Coping skills
- Drug use
- Emotional
- Family issues
- Family structure
- Grief
- Mental health
- Neglect
- Peer issues
- Self-esteem
- Trauma

Resource Deprivation
- Clothing
- Food insecurity
- Housing
- Hygiene
- Poverty

Educational
- Academic performance
- Attendance
- Disciplinary actions

INPUTS

Financial Resources
- Funding from MHRB via levy
- School districts / systems

Partnerships
- School districts (admin. & staff)
- Community organizations / agencies
- Law enforcement (school resource officers, police, court system)
- Social services (mental health, Child Protective Services)
- Parents/caregivers

People
- Appleseed Clinical Director & SCLP Coordinator
- Liaisons (differing strengths, background, education, training)

Technology
- Paper assessments
- Evolve NetSmart (electronic records)
- Cell phone (liaison)

Training
- Stacy trains liaisons
- Knowledge of community resources
- CPR
- OPR (question, persuade, refer)

OUTPUTS

Activities

- Brief assessments of participants (e.g. identify needs & assets)
- Observations in classrooms, of specific children, and of home environment
- Linkage to school and community resources
- Collaboration and consultation with school staff
- Family outreach, education, home visits
- Attend meetings pertaining to student
- Daily presence in schools
- Receive referrals, make referrals
- Prevention programming (e.g. healthy life skills development training)
- Intervention programming (e.g. service gaps, crisis intervention and debriefing
- Assessments of program satisfaction and outcomes (e.g. school staff, agencies, families, kids)
- Mentoring
- Transportation of student / families

Participation

- MHRB
- School officials
- Community agencies
- Families
- Children

OUTCOMES

SHORT TERM

- Improved academic performance
- Less absences
- Fewer behavioral problems (class disruption, principal's office visits)
- Resolution of immediate problems/needs (e.g. food, clothes, supplies)
- Satisfaction with services/program (all partners, families)
- Improved attitudes towards school

LONG TERM

- Greater self-confidence/esteem
- Improved family/home stability
- Improved peer relationships
- Better self-care
- Improved mental health
- Enhanced knowledge of community resources
- Improved parent-child interactions
- Improved school-family interactions
- Fewer kids/families entering Medicaid system, juvenile justice system, child and family services
- Less "pathologizing"

ENVIROMENTAL CONTEXT

- School culture
- School administration preferences
- School ages / grades
- School-funded liaisons (e.g. more or less "say" if funded by school or not)
- Availability of resources in community
- Community culture
- Demographic composition of community

Appendix VI

Intake & Referral Form

_____   _____   _____
Liaison Last Name   Appleseed ID   CCRES ID

_____   _____
Student's First and Last Name   Intake/Referral Date

_____   _____   _____
Student's DOB   Student's School   Student's Grade

Referral Source: Self ___   Liaison ___   Peer ___   Teacher ___   Guidance counselor ___
Principal/Vice Principal ___   School resource officer ___   Parent/Caregiver ___
Other (specify) _____

Did the referral occur during normal school hours? Yes ___ No ___

What situations are present/problematic for the student referred for liaison services? Check ALL that apply.

Educational Situations

- ☐ Academic performance
- ☐ Attendance
- ☐ Disciplinary actions
- ☐ Educational aspirations
- ☐ Other (specify any other EDUCATIONAL issue not listed)

_____

Family Issues

- ☐ Lack of positive role model
- ☐ Mental health concerns
- ☐ Caregiver incarcerated
- ☐ Poor caregiver-child communication
- ☐ Parental conflict/fighting
- ☐ Substance abuse
- ☐ Grandparent/other kinship
- ☐ Single parent
- ☐ Other (specify)

Behaviors

- ☐ Acting out
- ☐ Disrupts class
- ☐ Self-care
- ☐ Conflict resolution skills
- ☐ Coping skills
- ☐ Drug or alcohol abuse (specify)

_____

- ☐ Other (specify)

_____

Emotional/mental health

- ☐ Anxiety/depression
- ☐ Grief
- ☐ Self-esteem
- ☐ Trauma
- ☐ Other (specify)

_____

Resource Deprivation Situations

- ☐ Clothing
- ☐ Food insecurity
- ☐ Housing
  - ☐ Homelessness
  - ☐ Housing instability/transience
  - ☐ Substandard housing
- ☐ Hygiene
- ☐ Poverty
- ☐ School supplies
- ☐ Transportation
- ☐ Unmet medical needs
- ☐ Other (specify any other RESOURCE issue not listed)

_____

Child Maltreatment

- ☐ Neglect
- ☐ Physical abuse
- ☐ Emotional abuse
- ☐ Sexual abuse

Other

- ☐ Legal system involvement
- ☐ Peer issues
- ☐ Other (specify any other PSYCHO-SOCIAL issue not listed)

_____

OTHER SITUATIONS NOT LISTED (SPECIFY BELOW)
_____
_____
_____
_____

Contacts

☐ Another liaison

☐ Peer

☐ Parent/caregiver

☐ Other family member

☐ Teacher

☐ Guidance counselor

☐ Principal/Vice principal

☐ School mental health counselor

☐ School resource officer

☐ Other (specify)

_____

Referrals

☐ SCLP resource (specify) ————————————

_____

☐ School program/resource (specify) ————————

_____

☐ Mental health agency (specify) ———————————

_____

☐ Community organization (specify) ———————————

_____

☐ DJFS/CS (specify) ——————————————

_____

☐ Legal/court (specify) ——————————————

_____

☐ Other (specify) ————————————————

_____

Has the student previously received SCLP referrals/services?

☐ Yes
☐ No

Have other family members (e.g. siblings, parents) previously received SCLP referrals/services?

☐ Yes
☐ No

DEVELOPMENTAL ASSETS

The student's family life provides high levels of love and support.

___ Not at all   ___ Somewhat   ___ Usually   ___ Almost always   ___ Not assessed/observed

The student has positive relationships with peers who model responsible behavior.

___ Not at all   ___ Somewhat   ___ Usually   ___ Almost always   ___ Not assessed/observed

The student's family monitors their whereabouts.

___ Not at all   ___ Somewhat   ___ Usually   ___ Almost always   ___ Not assessed/observed