

NEW MEXICO GRADS



GRADS+ MODEL

A Coordinated Services Approach

TEACHING MANUAL



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INTRODUCTION

New Mexico Graduation Reality and Dual-Role Skills (GRADS) is a school-based pregnant and parenting teen program for males and females in multiple high school settings, including traditional, charter and alternative schools. The GRADS program provides school districts and teen families with numerous resources and supports for achieving graduation and economic independence, and reducing risk-taking behaviors. GRADS program components include classroom intervention programs that provide teen parents with high school credits, case management, home visitation, and licensed onsite child development centers that provide quality child care to the children of teen parents. Additionally, GRADS students have the opportunity to become trained peer educators to raise awareness of risk-taking behaviors and how substance use can lead to birth defects.

The GRADS PLUS MODEL expands the NM GRADS program model by creating a formalized process for service collaboration and shared case management among key stakeholders, including the student, family, and school and community partners. GRADS students and teachers, school-based health centers (SBHCs), school nurses, social workers and counselors are all ideal partners in implementing a coordinated approach in providing accessible resources and services to pregnant and parenting teens and their children. The expected outcome is increased teen family access to a comprehensive array of school-based and community services to support academic, economic, and social and health needs.

The GRADS PLUS model is intended to evaluate and respond to the needs of GRADS students, families, and the school community to increase positive educational and health outcomes of pregnant and parenting teens and their children. The GRADS PLUS model contains multiple approaches to improve coordination and collaboration between the GRADS program, school partners, SBHCs, and available community-based services to better serve teen families. The model promotes teen family access to culturally sensitive and linguistically appropriate physical and behavioral health, educational and social services. The model is designed to coordinate available local (community), county, state, and federal resources to provide services and fill in service gaps. The GRADS PLUS MODEL is flexible, involves CHOICE, and offers options.

The GRADS PLUS Model consists of two implementation levels:

1. SYSTEMS LEVEL integrates work and services provided by on-site staff and community providers. It includes:

- Staff training to clarify roles and build staff capacity in all programs that serve GRADS PLUS students and families.
- Youth engagement in identifying needs and designing and evaluating programs.
School level team development and support of GRADS students and their families.

2. INDIVIDUAL LEVEL ensures that:

- GRADS students' and families' unique and individual needs and strengths are identified.
- A service plan addresses identified needs of student and their child(ren).
- Students have enhanced capacity to navigate and access services on their own.

The GRADS PLUS Coordinated Services Approach includes:

- Identifying the educational, social and health needs of both the GRADS student and their child (ren).
- Determining how students' unique and individual needs will be served with available resources and services.
- Improving coordination and collaboration between GRADS and SBHCs, school-and community-based services in order to increase GRADS student access to a continuum of services.
- Family engagement by involving extended family in counseling and other social support services that promote a successful coordinated service plan.
- Incorporating student skill building such as problem solving, creativity, decision making, and teamwork in activities and goal setting.

This guidance manual identifies key components for the GRADS PLUS model. Components focus on integrating resources and services through a collaborative approach between GRADS, school-based health centers and school and community partners. Implementation strategies are offered under each component, including specific practice measures and innovation strategies.

GRADS PLUS Model Components include:

1. Student-Centered Approach
2. School and Community Outreach
3. Intake, Assessment and Service Plan
4. School and Community Resource Team
5. Continuum of Services
6. Formalized Referral Process
7. Service Coordination
8. Staff Training and Professional Development
9. Continuous Quality Improvement of GRADS PLUS Model



TABLE OF CONTENTS

Introduction	1
--------------------	---

MODEL COMPONENTS

1. Student Centered Approach.....	5
2. School and Community Outreach	7
3. Intake/Assessment/Service Plan	9
SAMPLE FORMS	
• GRADS Student Needs Questionnaire	12
• Teacher Guide for Student Needs Questionnaire	14
• Release of Information Form	16
4. School and Community Resource Team.....	18
SAMPLE FORM	
• Confidentiality Agreement.....	22
5. Continuum of Services	24
RESOURCE LINKS	
• Health Care.....	25
• Behavioral Health Care.....	26
• Children's Services	27
• Additional Social Supports	27
STRATEGIES TO INCREASE ACCESS TO SERVICES	
• Enhancing School Supports and Services.....	29
• Increasing Access to School-Based Health Center Services.....	30
• Increasing Access to Government and Community-Based Resources and Services.....	31
6. Formalized Referral Process.....	32
SAMPLE FORMS	
• GRADS Agency Linkage Form	35
7. Service Coordination	37
8. Staff Training and Professional Development.....	39
9. Continuous Quality Improvement of GRADS PLUS Model	41



APPENDICES

Appendix A

GRADS Sites and School-Based Health Centers	43
---	----

Appendix B

Glossary	44
----------------	----

Appendix C

GRADS PLUS Flowchart.....	45
---------------------------	----

Appendix D

Community Resources	46
---------------------------	----

Appendix E

Online Resources.....	48
-----------------------	----

Appendix F

Requirements and Resources for NM Schools	50
---	----

Appendix G

Confidentiality in the School Setting.....	54
--	----

Appendix H

FERPA and HIPAA	55
-----------------------	----

Appendix I

Example of Format for Resource Team Meeting.....	56
--	----

Appendix J

Alaska Standards for Culturally Responsive Education	57
--	----

Appendix K

Cultural Competency Principles/Strategies	58
---	----

Appendix L

CQI Implementation Strategies	61
-------------------------------------	----

Appendix M

Positive Youth Development Strategies	63
---	----

Appendix N

40 Developmental Assets for Early Childhood	66
---	----

Appendix O

40 Development Assets for Adolescents.....	67
--	----



COMPONENT #1

STUDENT-CENTERED APPROACH

Guiding Principle:

GRADS students are meaningfully engaged and actively participate in program delivery, including all aspects of goal-setting and determining strategies to obtain services for themselves and their children.

Rationale:

Actively engaging students in decisions that affect their lives and communities can reinforce a sense of belonging, purpose and self-efficacy which are all protective factors that can improve health outcomes.

KEY ELEMENTS

- +** A strength-based approach is used in all aspects of service delivery by focusing on individual and collective strengths and assets. (See Appendix N and O on Developmental Assets).
- +** Diversity is valued and staff recognize that each student is different and that the differences are valued assets to be celebrated.
- +** Staff are culturally sensitive, non-judgmental and represent cultures served.
- +** Students are provided with opportunities to develop skills and goals necessary to succeed as students, parents and adults.
- +** A youth-friendly environment is established by developing strategies that resonate with GRADS students, including the use of social media and peer-to-peer activities.
- +** Students are provided with opportunities to identify general needs, barriers to accessing services and ways to enhance service provision.
- +** Students are invited to design their individual service plan by identifying their strengths and needs and creating goals and strategies.
- +** Students are provided with opportunities to evaluate programs and services during the course of the school year.

COMPONENT #1

MUST Include

- Establish a youth-friendly environment by communicating through methods that youth typically use, providing incentives and scheduling meetings that enable youth to participate.
- Encourage student self-efficacy by giving youth meaningful tasks and responsibilities and providing assistance as necessary to ensure success.
- Actively involve the GRADS student in development of their service plan.
- Ensure that service plan incorporates the specific cultural needs and preferences of the student.
- Ask GRADS students to identify goals for their child which could include:
 - *Identifying accessible transportation options and availability.*
 - *Finding child car seats available for public transportation.*
 - *Enrolling in Parents as Teachers, or other parent/child centered program at a local child care center.*
- Ask GRADS student to document accomplishments related to achieving goals in GRADS notebook and files.
- Include GRADS student in a quarterly (at least every nine weeks) review of goals and objectives with staff and providers during course of school year.
- Verify that all GRADS students have the opportunity to participate in career planning activities that include the following components:
 - *Career exploration*
 - *Skill assessments*
 - *Career Pathway identification*
 - *Dual credit class options*
 - *Short term credential options and industry certification*
- Ensure that all GRADS students have a current Next Step Plan and update plans annually. Inform GRADS student of their confidentiality rights.
- Create opportunities for GRADS students to provide feedback on needed services and how to improve service provision and access.
- Encourage GRADS students to participate in service learning and peer education activities.

Could Include (menu of options)

- Create a resource folder for students to keep important information for themselves and their children, including health information and program contacts (could also include technology and social networking mechanisms such as Facebook, cell phone messages, e-mail and website links).
- Request students to provide quarterly updates on service provider information and links with partners as students becomes engaged in process of learning what existing services are available.
- Invite GRADS students to provide video diary of updates on self, child, and family.

Provide opportunities for mentorship with young parents who have graduated or with other role models in the community.
- Promote student leadership by inviting GRADS students to participate in the school health advisory council and student organizations and clubs.
- Establish a youth advisory council to the GRADS program.
- Establish a GRADS Facebook page or utilize other types of social and mobile media tools to increase communication.



COMPONENT #2

SCHOOL & COMMUNITY OUTREACH

Guiding Principle:

Pregnant and parenting teens have school and community support, including access to programs, services and resources that support educational, health and parenting success.

Rationale:

Obtaining understanding, support and buy-in from the school and community will help ensure success of GRADS Program. Outreach includes strategies used to:

- *Develop school and community partnerships to increase awareness about needs of pregnant and parenting teens and the GRADS program,*
- *Identify and engage pregnant and parenting teens within schools and in the community who could benefit from the program, and*
- *Coordinate available resources and services for teen families.*

KEY ELEMENTS

- + Information about the GRADS program is shared with the school and community so they understand its purpose and value to teen families.
- + Key relationships are developed with school and community staff who work with teen families.
- + New services and resources for teen families are identified.
- + Expertise and resources are shared to support teen families.

COMPONENT #2

MUST Include

- Introduce GRADS staff to school administration, key school staff, school-based health center staff and key community providers at the beginning of every school year to set the tone for positive working relationships and ongoing communication.
- Invite school health staff, school-based health center staff and community providers to give presentations on program services to increase awareness of services offered and establish relationships with both GRADS students and staff.
- Develop and maintain relationships with school support staff such as nurses, social workers, counselors, teachers, school-based health center staff, parent liaisons, district homeless liaisons and others who work with teen families.
- Develop and maintain relationships with intake coordinators and key staff in the community agencies that serve teen families such as primary care providers, community mental health agencies, early childhood programs, tribal programs and county health, human service, social service agencies.
- Utilize the GRADS advisory committee to develop strategies for increasing awareness and community support for GRADS.

Could Include

(menu of options)

- Develop a fact sheet or brochure about the GRADS program to provide to school and community and include on school website. This fact sheet should include:
 - *Program goals and services*
 - *Expected benefits for students, families and school staff.*
 - *Contact information for GRADS staff.*
 - *Eligibility criteria for students and families.*
 - *Information on how to refer students and families to the GRADS program.*
 - *How the GRADS program outcomes will help the school and district meet its strategic plan goals.*
- Host an open house and invite various community providers and school administration to increase awareness of GRADS program.
- Provide GRADS presentations and updates to local school board and/or community health council at least annually.
- Distribute a regularly published monthly/quarterly newsletter to include updates on the GRADS program, upcoming events and other topics of interest.
- Participate in community events such as health fairs to network, promote the GRADS program, share resources and increase opportunities for teen families.
- Provide at least one brief presentation on the GRADS program to all school staff, including school-based health center staff each year. Include GRADS students in presentations.
- Provide peer education presentations to school and/or community.
- Participate on the school health advisory council (SHAC).
- Engage school-based health center staff on the GRADS Advisory Committee.



COMPONENT #3

INTAKE/ASSESSMENT/SERVICE PLAN

Guiding Principle:

Intake and assessment services will be provided to all GRADS students and their child (ren) in an environment which respects their cultural, ethnic, and linguistic needs.

These services will be confidential, easily accessible, and clinically-appropriate; meet quality standards; and focus on the strengths of each GRADS student and their child (ren). Services and resources provided to teen families will address needs and build on strengths, competencies, and resiliency in order to support academic and parenting success.

Rationale:

It is necessary to conduct a comprehensive intake and assessment on each GRADS student in order to collect information on demographics, presenting issues for the student and his/her child(ren) and any current barriers or challenges to educational success so that an appropriate service plan can be developed.

KEY ELEMENTS

- +** A comprehensive assessment is conducted with each GRADS student quarterly to obtain strengths, needs, goals, and the need for specialty services for behavioral health, physical health, social services, educational resources, and legal assistance which effectively meets the student's needs and results in improved health and educational outcomes for the student.
- +** The needs of the child of the GRADS student are identified, including areas such as child care, preventive health care, developmental screening and transportation to needed services.
- +** The student, his/her family and others who are significant in meeting the health and social needs of the student are engaged on an ongoing basis and included in the decision-making process.
- +** Continuous support, follow-up, and evaluation of the effectiveness of services are provided through ongoing assessment with the student resulting in modification of services for the student and their child (ren), when needed.
- +** All services, including referral to community resources, are confidential, clinically sound (based on best practice), and meet all state, local, and federal laws and regulations.

COMPONENT #3

MUST Include

- Create a positive, welcoming environment that ensures confidentiality, including comfortable seating and aesthetically pleasing décor.
- Use engagement and practical help strategies that foster trust with the student.
- Ensure that the cultural, ethnic, and linguistic needs and preferences of the student are respected and incorporated into the intake/assessment process.
- Discuss student confidentiality rights and mandated reporting law during intake/assessment process.
- Obtain signed release of information forms with appropriate signatures from student and/or parent or legal guardian to facilitate shared communication between school, SBHC, and community providers and ensure student confidentiality. All student health information is kept confidential.—
- Ensure the student completes the GRADS enrollment form and the GRADS Student Needs Questionnaire within 1 month of enrollment. Follow-up with the student individually to review needs questionnaire and address needs by providing resources and/or referrals.
- Develop the service plan with the GRADS student by identifying realistic goals and action steps that address any identified needs in the following areas: basic needs, educational, career planning, emotional/behavioral, social support, safety, physical health, child needs, reproductive health and legal.
- Develop the service plan to include any recommended services to address identified needs for both the GRADS student and child in each of the above areas.
- Identify any barriers to accessing services and strategies to resolve these barriers.
- Meet with GRADS student every 3-6 months to review progress and reassess needs.
- In schools with an SBHC, SBHC providers will administer a Student Health Questionnaires by the 2nd visit.
- Keep assessment information and all other documents with student information in a locked file cabinet.

Could Include

(menu of options)

- Encourage all service providers to review assessment results and jointly develop service plans when possible to ensure collaboration and communication.
- Conduct home visits as part of the intake process.
- Align student service plan with Next Steps Plan and engage student in review assessments to help determine needed revisions.
- Conduct alignment review of student service plan with his/her Next Steps Plan to ensure revisions are made based on needs and progress.

Required Forms:

- GRADS Enrollment Form
- GRADS Student Needs Questionnaire
- Release of Information
(sample form or locally developed form may be used)
- Service Plan

COMPONENT #3

SAMPLE FORMS

GRADS Student Needs Questionnaire

Teacher Guide to Student Needs Questionnaire

Release of Information



GRADS Student Need Questionnaire

Complete with
each student
within 1 month
of enrollment!

Today's Date: _____ Student Name: _____
GRADS Enrollment Date: _____ Age/Grade: _____
Preferred Language: _____

The purpose of this questionnaire is to help identify your needs and your child's needs in a variety of areas. Please answer the questions below by checking "yes" or "no" as a response. If you are uncomfortable answering any of the questions, please feel free to skip it and go to the next one. Your GRADS teacher or case manager will follow-up with you to discuss your needs and any needed resources and/or services.

Basic Needs	Yes	No
1. Do you have enough clothing for you and your child?		
2. Do you (and child) have enough food?		
3. Do you have a house, mobile home or apartment to live in?		
4. Do you feel your home is safe?		
5. Do you have heat, electricity, a phone and running water for your house, mobile home or apartment?		
6. Is transportation ever a problem for you?		
Educational		
1. Do you attend school on a regular basis?		
2. Is there anything that prevents you from attending school?		
3. Are you having trouble with your classes or homework?		
4. Are you passing all of your classes?		
5. Do you need extra help or tutoring?		
6. If you need tutoring services, do you have child care available when tutoring is offered?		
College/Career Readiness/Employment Assistance		
1. Do you have a current Next Step Plan that identifies your education and career goals?		
2. Do you plan to further your education after high school (i.e. career technical school, college or military)?		
3. Do you want help in developing a career technical education program? Note: A CTE program can help prepare you for education and career after high school and could include high school career cluster classes, dual credit classes, and industry certification.		
4. Do you need help applying to college or career technical school?		
5. Do you currently have a job?		
6. Do you need help applying for a job?		
7. Are you interested in learning job skills like resume writing, interviewing, or finding employers?		

Emotional/Behavioral	Yes	No
1. In the past 2 weeks, have you ever felt down, depressed or hopeless?		
2. Have you felt little interest or pleasure in doing things?		
Physical Health		
1. Do you feel healthy?		
2. Do you have any health concerns?		
3. Do have a doctor or nurse who provides you with regular medical care, including vision checks?		
4. Do have a dentist that provides you with regular dental care?		
5. Are there any barriers that prevent you from accessing health care?		
Reproductive Health		
1. Do you want access to family planning services?		
2. Do you want more information about sexual health risk?		
3. If pregnant, are you receiving prenatal care?		
Child/Children's Needs		
1. Does your child have a doctor who provides regular well-child exams?		
2. Does your child have a dentist who provides regular dental care?		
3. Would you like more information about immunization requirements?		
4. Does you child receive regular developmental screenings?		
5. Do you have any concerns about your child's health or behavior?		
6. Are your child care needs being met during the day and evening?		
7. Do you have any concerns about your child's safety?		
8. Does your child have any needs that are not being met?		
Legal		
1. Do you need any help with any immediate legal issues (e.g. child custody, child support, etc)?		
Other		
1. Do you have any concerns or needs that have not been discussed so far?		
2. Do you want help in learning how to access services for you and your family?		

Teacher Guide

GRADS Student Need Questionnaire

The purpose of this questionnaire is to help identify student and child needs in a variety of areas. Please score the questionnaire the same day it is administered. Score each student questionnaire by identifying any shaded responses or bold questions with shaded responses. Determine the priority level for each area and how soon it needs to be addressed using the criteria below.

- No shaded responses= No current issues.
- One or more shaded responses: Recommendation is to meet with student within 1-2 weeks to address need(s).
- One or more bold questions with shaded responses=high priority. Recommendation is to meet with student within 24-48 hours to address needs(s).

Student Name: _____

Basic Needs

List any shaded responses:

Priority shaded responses:

Comments/follow-up (date _____):

Educational

List any shaded responses:

Comments/follow-up (date _____):

College/Career Readiness/Employment Assistance

List any shaded responses:

Comments/follow-up (date _____):

Emotional/Behavioral

List any shaded responses:

Priority shaded responses:

Comments/follow-up (date_____):

Physical Health

List any shaded responses:

Comments/follow-up (date_____):

Reproductive Health

List any shaded responses:

Comments/follow-up (date_____):

Child/Children's Needs

List any shaded responses:

Priority shaded responses:

Comments/follow-up (date_____):

Legal

List any shaded responses:

Comments/follow-up (date_____):

Other

List any shaded responses:

Comments/follow-up (date_____):

Release of Information

Student Name: _____ DOB: _____
Last First MI

I authorize: _____ GRADS staff to:
School Name

- ☐ Give information to:
- ☐ Receive information from:
- ☐ Exchange information with:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

By checking the boxes below, I specifically authorize the release of the following GRADS information:

Please specify the type of information:

- ☐ _____
- ☐ _____
- ☐ _____

This permission expires at the end of the current school year, _____.

I can cancel this at any time, but I understand that the cancellation will not affect any information that was released before the cancellation. I understand that information about my health is confidential and protected by state and federal law. I approve the release of this information. I am signing on my own and have not been pressured to do so.

I am the: ☐ Student
☐ Parent
☐ Legal Guardian

Signature of Student

Date

Witness over 18

Date

I am the parent or guardian of the above named student who is a minor, and I am over the age of 18 and understand that signing this form authorizes the release of personally identifiable information about student.

Parent or Guardian of Student, if student under 18

Date



COMPONENT #4

SCHOOL AND COMMUNITY RESOURCE TEAM

Guiding Principle:

GRADS staff and school and community providers participate in ongoing interdisciplinary collaboration, communication and coordination in order to enhance the delivery of services for GRADS students and their children.

Rationale:

A school /community resource team or case management team brings school, health, and community representatives together in order to facilitate interdisciplinary consultation, coordination and shared case management. Together, the contributed expertise and credibility of different individuals, professions, and groups are focused on understanding and addressing the issues and needs of GRADS students.

KEY ELEMENTS

- +** The resource team works together to address student needs and coordinate appropriate resources and services through shared planning, problem-solving and decision-making.
- +** The role of the resource team is to
 - Monitor the youth's service plan to ensure the needs of the student are being met within the school and community.
 - Advocate for services that support GRADS students.
 - Address overall trends in student needs and individual student needs.
 - Avoid duplication of services.
 - Increase service access.

KEY ELEMENTS *Continued*

- + Resource teams can include students, parents, school personnel, and community medical, behavioral health and social service providers, including culturally specific providers such as Indian Health Services and tribal programs.
- + The composition of the resource team reflects the cultural diversity of the students.
- + All team members are familiar with school policies related to confidentiality, sharing information and HIPAA and FERPA regulations and sign the Confidentiality Agreement form.
- + The resource team promotes connectedness to or integration among the GRADS program, the school, school-based health center and community.
- + All resource team members share a youth development philosophy and believe in a student's ability to lead and contribute the course of the school year.

COMPONENT #4

MUST Include

- Include the following members on the team: GRADS staff, child care director, GRADS student/family, SBHC representative (if applicable), school health/behavioral health personnel, and other school staff and community members as appropriate and feasible.
- Identify a team lead to oversee the activities of the resource team, including scheduling meetings and providing follow-up to identified action steps.
- Develop a plan for how the resource team will communicate regularly.
- Schedule meetings with the resource team on a consistent basis or as needed, but not less than once a month.
- Ensure that each resource team member maintains student confidentiality and appropriately follows HIPAA and FERPA laws in the school setting by signing confidentiality agreement prior to participation on the team.
- Define and clarify team member roles, both individually and in relationship to each other, including the skills and resources each member brings and who is best equipped to respond to specific student needs.
- Use meetings to track which students are accessing services and which ones need additional support.
- Document resource team meeting outcomes, including action steps, needed follow-up and student review of decisions made in logs or service plan, as appropriate.

Required Form:

- Confidentiality Agreement that resource team signs

Could Include

(menu of options)

- Consider other resource team members, as appropriate, such as a school administrator, school counselor, school nurse, school social worker, wellness coordinator, early childhood program, public health nurse, counselor, school health advocate, school mental health advocate, district homeless liaison, legal services, university, primary care clinic, and other community service providers.
- Assemble a more comprehensive resource team that meets on a quarterly or a bi-annual basis to: 1) increase awareness of available school and community services, 2) evaluate program services and service access, 3) resolve any barriers to access and 4) advise on strategies for collaboration and implementing the GRADS PLUS Model.
- Partner with non-traditional community members from service clubs and philanthropic organizations willing to support pregnant and parenting teens. Partner with existing staff, committees or groups within the school to support common goals (e.g., wellness, health education, safety, and academic success), share resources and avoid duplication. Some of these committees may include:
 - *Health Education Teachers*
 - *School Health and Wellness Committee*
 - *School Health Advisory Council*
 - *School Safety Committee*
 - *Student Assistance Team*
- Develop a formalized agreement with schools, SBHC and other providers for scheduled wrap-around meetings conducted and documented monthly/quarterly by all parties. This could include conference calls, as well as, face to face meetings.
- Use the Student Assistance Team model as a format for meetings.
- Ask students to lead the meetings and report on their strengths, current needs and progress.
- Utilize other methods for regular communication such as regularly scheduled conference calls. Coordinate with resource team members to:
 - 1) provide presentations about available services or health topics or
 - 2) participate in health promotion/prevention activities such as a health fair or school-wide Teen Dating Violence initiative.

COMPONENT #4

SAMPLE FORM

Confidentiality Agreement



Confidentiality Agreement

We, the undersigned, agree with the following statements:

I have read and understood the [name of school] Privacy Policy.

During this meeting and future meetings, I understand that I may come in contact with confidential personally identifiable information about any student, family, or employee of [name of school] or any other organization that comes to my attention while at [name of school]. This is the exclusive property of the [name of school district].

As part of the condition of my work with students and families at [name of school] I hereby agree to keep in strict confidence any information I learn. I will do this in accordance with [name of school]'s licensure competencies, privacy policy and applicable laws, including those that require mandatory reporting.

I also agree to never remove any confidential or personally identifiable material of any kind from the premises of [name of school] unless authorized as part of my duties, or with the express permission or direction to do so from [name of school] and the student and family in accordance with applicable laws.

Printed name of staff, volunteer, or community agency provider

Staff Signature

Date

Printed name of staff, volunteer, or community agency provider

Staff Signature

Date

Printed name of staff, volunteer, or community agency provider

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Staff Signature

Date



COMPONENT #5

CONTINUUM OF SERVICES

Guiding Principle:

GRADS students and their children will have access to a comprehensive continuum of culturally-responsive and linguistically accessible school-based and community-based services, supports and resources that include, but are not limited to, risk prevention, early intervention for at-risk parents and children, physical and behavioral health (including mental health and substance abuse), employment, housing, educational and social services.

Rationale:

Providing access to a comprehensive array of services supports and resources to teen parents their children can minimize barriers to school and parenting success and promote positive health, developmental and educational outcomes.

KEY ELEMENTS

- +** All services provided to GRADS students are culturally and linguistically appropriate and address individually identified needs.
- +** All GRADS students have access to case management services that include assessment, service planning and coordination of services.
- +** Staff is familiar with the needs of teen parents and the existing service availability within the school and community.
- +** Continuous coordination and planning occurs among the GRADS programs, school staff and community providers to ensure service accessibility.
- +** Additional services are identified and made available at the school or in the community that meet the unique and individual needs of the student and their child (ren).

COMPONENT #5

The following services and supports should be accessible to teen families through school-based programs or referrals to community-based providers as available. Availability of services will vary across communities.

Health Care

Services

Linkage to medical/dental home
Prenatal care
Reproductive health/family planning services.
Screening/referral for sexual health risk
Primary care for illness & injury
Dental health services (screening, cleaning, sealants and education)
Physicals for teen parents
Immunizations for teen parents and their children
Prescriptions/medications

Provider Options

School nurses
School-based health centers
County health offices
Community health clinics
Private providers
Primary care providers
Planned Parenthood
Indian Health Services

Resources

NM school-based health centers:
www.nmasbhc.org/sbhc_listing.html

NM public health offices
<http://nmhealth.org/phd/phoffice.shtml>

List of free and sliding scale health clinics by city:
www.freemedicalsearch.org/sta/new_mexico

NM Health Guide: Resources for the Uninsured: provides information on medical, dental and behavioral health services statewide that are available to individuals with little or no income.
http://nmhealth.org/pdf/New%20Mexico_English%208_18.pdf

NM School Health Manual
<http://nmschoolhealthmanual.org>

Regional DOH School Health Advocates
www.nmschoolhealth.org/staff.shtml

New Mexico Youth Health Link: designed to support youth health, including physical, emotional, spiritual and social well-being of adolescents.
<http://www.youthhealth.link.org>

Behavioral Health Care

Services

Individual, family and group counseling
 Screening for depression/postpartum depression
 Alcohol/substance abuse counseling and treatment
 Crisis intervention
 Psychiatric care
 Teen dating violence information/screening/referrals

Provider Options

School social worker
 School psychologist
 Licensed mental health counselor
 School-based health center/behavioral health staff
 Mental health agencies
 Private providers
 School counselor
 Community Health workers/promotores
 Indian Health Services
 Tribal behavioral health program
 Domestic violence/teen dating violence program

Resources

OptumHealth (1-866-660-7185)
 For a list of Medicaid providers
www.optumhealthnewmexico.com/consumer/en/contactUs.jsp

Online Provider Search tool for mental health and substance abuse specialists:
www.lww-trans.com/clinicianSearch.laww?id=3227&lang=1&certLang=&eapCert

MedEdPPD.org
 Provides numerous resources on postpartum depression, including videos with professionals and mothers who have experienced postpartum depression. Sponsors weekly on-line chat meetings monitored by a psychologist.
www.ppdsupportpage.com/chat.html

Postpartum Support International (PSI)
www.postpartum.net
 Provides locations and contact numbers for support groups
 Helpline (not a hotline): 1-800-944-4773

Depression During and After Pregnancy Factsheet
<http://womenshealth.gov/publications/our-publications/fact-sheet/depression-pregnancy.cfm>

Regional DOH School Mental Health Advocates
www.nmschoolhealth.org/staff.shtml

Children's Services

Services

Child care

Preventive Health Care

- Immunizations
- Well-child examinations
- Developmental screening/evaluations

Early childhood services (home visiting)

Early intervention services

Provider Options

Onsite child care facility, community licensed child care facility or child care home

School nurse

School-based health center

County health offices

Community health clinics

Primary care providers

Indian Health Services

Early childhood programs (i.e. Head Start, First Born, Parents as Teachers)

Early intervention programs (Family, Infant, Toddler Program)

Child Find

Resources

NM Preventive Health Guidelines
www.nmasbhc.org/pages/clinical.html

NM Immunizations Program
www.immunizenm.org

NM Head Start
www.nmheadstart.org

NM Home Visiting Program Directory
www.cyfd.org/content/home-visiting

NM Family, Infant, Toddler Programs
www.nmhealth.org/ddsd/NMFIT/FITIndex.htm

Additional Social Supports

Services

Academic resources/assistance

Postsecondary Preparation and Career Planning

Employment Assistance

Transportation

Medicaid

Resources

PED guidance on Dual Credit
www.ped.state.nm.us/DualCredit/index.html

PED Next Step Plan
www.ped.state.nm.us/Humanities/NextStepPlan/index.html

Ideal-NM
www.ideal-nm.org

PED College and Career Readiness Bureau
www.ped.state.nm.us/CTWEB/index.html

New Mexico Higher Education Department
<http://hed.state.nm.us>

NM Department of Workforce Solutions
www.dws.state.nm.us/

O*Net
www.onetonline.org

Safe Ride (1-800-797-RIDE)
www.saferideservices.com/about.html

NM Department of Transportation/community area transit
<http://dot.state.nm.us>

NM Human Services Department
www.hsd.state.nm.us/isd

Additional Social Supports

Services

TANF/SNAP
General Assistance

New MexiKids
New MexiTeens

Indian Health Services

WIC

Homeless and
Housing Assistance

Legal Assistance

Safety

Local Religious Organizations

Local Philanthropic Clubs
and Organizations

Local Food Pantries

Local Thrift Shops and
Lending entities

Resources

Presumptive Eligibility and Medicaid On-Site Application Assistance (PE/MOSAA)

www.hsd.state.nm.us/mad/PPEMOSAA.html

Insure New Mexico

www.insurenemexico.state.nm.us/NewMexiKidsandTeens.htm

Albuquerque Area

www.ihs.gov/albuquerque

Navajo Area

www.ihs.gov/Navajo

Children, Youth and Families Department

www.cyfd.org/content/child-care-services

WIC

<http://nmwic.org>

McKinney-Vento Homeless Education Liaison List by District

<http://ped.state.nm.us/sfsb/programs>

HSD/BHSD Supportive Housing Coordinator

(505) 222-4522

New Mexico Mortgage Finance Authority

www.nmmfa.org

Subsidized housing options by geographic area

www.nmmfa.org/rental-programs

Pegasus Legal Services

www.pegasuslaw.org

NM Legal Aid

www.nmlegalaid.org

Child Protective Services

Report Abuse or Neglect: 1-855-333-SAFE

A review of local community resources will identify those organizations willing to support local Pregnant and Parenting Teens.

A review of local community resources will identify those organizations willing to support local Pregnant and Parenting Teens.

United Way

www.uwcnm.org

Collaborate with local partners and utilize community-based services in areas such as education and health.

A review of local community resources will identify those organizations willing to support local Pregnant and Parenting Teens.

A review of local community resources will identify those organizations willing to support local Pregnant and Parenting Teens.

Strategies to increase support and service access for teen families can be grouped into three areas: 1) Enhancing school supports and services, 2) Increasing access to school-based health centers, and 3) Increasing access to government and community-based resources.

STRATEGY #1

Enhancing School Supports and Services

MUST Include

- Conduct resource mapping by identifying what services are available for teen parents and their children at school and in the community and what services are missing.
- Identify internal resources in the school such as the nurse, health aide, counselor, social worker, psychologist, teacher, administrator, or homeless liaison to coordinate to needed services for GRADS students.
- Utilize the school/community resource team to discuss available service options and strategies to increase access using the Resource Mapping Tool.
- Increase student awareness of the available services offered at school, the school-based health center and in the community for both teen parents and their children on a consistent basis.
- Ensure teen parent access to a continuum of available school and community services through ongoing assessment, service planning/coordination and formal referral process.
- Invite community organizations to give presentations to GRADS students on topics related to health, behavioral health and parenting throughout the year to share expertise and resources as school district policy allows.
- Increase student understanding about linkages between educational courses, college pre-requisites and career options (e.g., dual credit classes, career cluster classes).

Could Include

(menu of options)

- Serve on school committees or groups to learn about available school resources: School health and Wellness Committee, School Health Advisory Council, Safety Committee, Student Assistance Team, and Staff Wellness Team.
- Coordinate immunization or dental clinics with school nurse, school-based health center or community health provider.
- Provide developmental screenings at onsite child care center.
- Facilitate weekly meetings (breakfast club, lunch group, etc.) to increase student awareness of available resources.
- Provide internet education resources such as what offered is through IDEAL-NM.
- Offer one-on-one tutoring from teachers.
- Implement a mentorship program where young parents who have graduated support other teen parents in graduating.
- Co-lead a support group for teen parents with GRADS staff, school behavioral health/health staff or school-based health center staff.
- Encourage onsite child care facilities to provide space for teen parents to set up play dates for their children.
- Provide a culturally-responsive parenting group for teen families (e.g., Navajo parenting practices).

STRATEGY #2

Increasing Access to School-Based Health Center Services

MUST Include

- Increase student and staff awareness of the services offered at the school-based health center through flyers, presentations, participation in school registration activities, Open Houses and the like.
- Determine whether the SBHC can provide services to teen parents and their children:
 - What SBHC services are currently provided to teen families?
 - Does the SBHC have the ability to expand services offered to teen families?
 - Are the SBHC service providers qualified to address infant care?
 - Does the SBHC have resources and equipment to provide prenatal care, postpartum care, well-baby check-ups, immunizations and dental care?
- Ensure availability of a SBHC provider who is comfortable providing health services to pregnant and parenting teens and their infants or small children.
- Communicate with SBHC staff on a consistent basis to coordinate needed services for GRADS students and their children.
- Participate in SBHC wrap-up sessions when a GRADS student or her/his family is being discussed to coordinate services.
- Provide SBHC presentations to GRADS students on topics related to health, behavioral health and parenting throughout the year to share expertise and resources.

Could Include

(menu of options)

- Advocate for GRADS staff to become active participants in the SBHC Advisory Committee to inform about the needs of pregnant and parenting teens and their children.
- Recruit GRADS students to be on the School Health Advisory Council.
- Advocate that GRADS staff/team members, school health personnel and/or principal meet with SBHC staff/team members to inform and receive information about SBHC services needed for pregnant and parenting teens and their children.
- Advocate that SBHC offer services to meet the unique needs of teen families which may include:
 - Prenatal care
 - Postpartum depression screening
 - Family dental care
 - Well-child exams
 - Immunizations/clinics
 - Developmental/ASQ screenings
- Advocate that SBHC obtain supplies and equipment necessary to serve teen families, including, infant scales and other equipment needed to conduct prenatal care and well child visits.
- Advocate that SBHC arrange schedules to accommodate teen families, including provision of immunizations for infants and young children on Friday afternoons so that a person certified to give immunizations is available and loss of school time due to reactions to the vaccines may be minimized.
- Advocate that SBHC offer flexible SBHC hours such as after school and summers.
- Support systems to minimize wait time for SBHC appointments and loss of school time, including but not limited to text messaging, pagers and/or other ideas coordinated between the SBHC and student, as allowable by local policy.
- Advocate for SBHCs to track and report outcomes for GRADS specific students and include this information as part of their periodic reports to school administration and DOH.

STRATEGY #3

Increasing Access to Government and Community-Based Resources and Services

MUST Include

- Ensure that the local resource guide of community providers is updated annually and available to students, families and school staff.
- Coordinate with the New Mexico Attorney General's office or local provider for a minimum of one dating and domestic violence presentation and general legal presentation annually.
- Identify external resources in the community, including public and private providers, who may contribute services inside or outside the school site.
- Ensure teen parent access to a continuum of available school and community services through ongoing case management that includes assessment, service planning/coordination and formal referral process.
- Utilize the school/community resource team to discuss available service options and strategies to increase access.

Required Form:

- Resource Mapping Tool
(See GRADS website:
<http://nmgrads.com/forms>)

Could Include

(menu of options)

- Provide onsite Medicaid enrollment by training staff to become determiners for Presumptive Eligibility/Medicaid Onsite Application Assistance (PE/MOSAA).
- Coordinate legal presentations and individual student legal clinics to provide information on legal rights and responsibilities and available legal resources.
- Develop a Memorandum of Understanding between school and community agencies to provide onsite services or specific community services to GRADS students (e.g., WIC, child development services).
- Coordinate field trips for GRADS students to community agencies to learn about services and resources (e.g., WIC, health office, health clinics).
- Provide bus passes or public transportation vouchers to students or utilize program van to transport students and their children to health appointments.
- Provide car seats for public transportation.
- Link students to job shadowing, internship, service learning, apprenticeship and paying job opportunities in the area.
- Take students to visit college and career tech school campuses and invite speakers from local community colleges, universities and technical programs.



COMPONENT #6

FORMALIZING REFERRAL PROCESS

Guiding Principle:

A formalized referral process is provided to link GRADS students to appropriate school and community resources and services that are specific to the needs of each GRADS student and family and ensures communication exchange and follow-up between the GRADS Program and all service providers.

Rationale:

A formalized referral process is necessary to ensure that GRADS students and their children have access to a comprehensive continuum of culturally-responsive and linguistically accessible school-based and community-based services, supports and resources that include, but are not limited to, prevention, early intervention, physical and behavioral health (including mental health and substance abuse), employment, housing, educational and social services.

KEY ELEMENTS

- + Programs and services provided are appropriate and specific to needs of each GRADS student and family, and based on evidence of positive impact.
- + Referrals address as many identified needs of GRADS students and their children as possible.
- + All students are linked with SBHC or other service providers for primary care (including oral and vision health), behavioral health (mental health and substance abuse) and reproductive health services.
- + All children are linked with SBHC or other service providers for primary care, including well-child exams, immunizations, and oral and vision health, and developmental screenings.

COMPONENT #6

MUST Include

- Integrate the GRADS referral process with other referral processes in the school (e.g., from the Student Assistance Team).

Develop and maintain a local Resource Directory that includes an updated list of internal services (including SBHC) available at school site and/

- or external resources from community providers. Include name of agency/program, contact information, type of services offered, operating hours, cost for services, limits on services,
- languages spoken, transportation provided and referral process.
- Develop a formalized protocol and forms for handling internal and external referrals, including use of a district-standardized referral form and release of information form to give, receive, or
- exchange information.

Document all referrals made to external and internal resources and services on the GRADS Agency Linkage Form.

- Obtain student and/or parent consent in order to exchange information and provide follow-up with school and community referrals.

Provide documentation, monitoring and follow-up on all referrals to school/community providers to

- ensure that recommended services were received and appropriate to need and that GRADS students are satisfied with the services. (GRADS Agency Linkage Form)

Develop and maintain positive relationships with all possible agencies to which students are referred through ongoing communication, including phone calls, conference calls and face-to-face meetings.

PLEASE NOTE: *Before providing a resource to a student/family, try the phone number to be sure the source from where the number was obtained is updated and operational. If the family speaks a language other than English, be sure the resource has staff who can communicate with the student/family.*

Could Include

(menu of options)

- Use a Referral Acknowledgement Form (available as an e-mail form) so that the entity referring the GRADS student/family knows the referral was received.
- Develop a database for SBHC, school and community health providers to track services for students.
- Combine referral form and release of information form.
- Develop a formalized agreement (e.g., MOA/ MOU) with schools, SBHC and other providers in order for:
 - Development of a two-way referral relationship with school and community providers (e.g., SBHCs, WIC, home visiting programs).
 - Agreement to provide a minimum of two yearly updates for the Resource Directory via email, telephone, or in-person at pre-scheduled resource team meetings.

Required Form:

- GRADS Agency Linkage Form
- Release of Information (sample form or locally developed form may be used)
- Resource Directory

Suggested Form:

- Referral Form
- Referral Acknowledgment Form

COMPONENT #6

SAMPLE FORM

GRADS Agency Linkage Form



GRADS+ Agency Linkage Form

GRADS Teacher:

[illegible]

Educational Support, Career, College Readiness, Employment Assistance	Emotional, Behavioral Health, Social Support, Safety	Physical Health	Reproductive Health & Family Planning	Child Needs	Legal Assistance	Other, State, County Agencies
Graduation requirements (e.g. Next Step Plan)	Individual/family Counseling	Primary care, medical care, Physicals, Immunizations, Illness	Reproductive health counseling	Child care (day/evening)	Legal Assistance	Women, Infants, Children
Tutoring	Teen support group	Dental care	Access to contraceptives	Well-child exams, immunizations		HSD Income Support Medicaid, et al.
Online classes	Screening for postpartum depression	Vision care	Screening for sexual health risk	Developmental screenings, evaluations		Child Care Bureau
Dual credit classes	Substance abuse counseling, treatment	Nutrition	Pregnancy testing	Early childhood services (e.g. Home Visiting Program)		Social Security
HS Career Technical Education Program	Domestic or dating violence resources, services		Prenatal/postnatal care	Early intervention services (e.g. Family Infant Toddler Program)		Other
HS course alignment to postsecondary programs	Child abuse, neglect, Child Protective Services					
Application assistance	Crisis Intervention					
Scholarship information	Psychiatric Care					
Job skills and training						
Workforce partners						



COMPONENT #7

SERVICE COORDINATION

Guiding Principle:

Programs and services provided to GRADS students and families are coordinated to ensure they are appropriate, specific to individual needs and based on evidence of positive impact.

Rationale:

Service coordination helps facilitate communication and coordination between and among programs that serve GRADS students to ensure optimal provision of services with minimal confusion and duplication.

KEY ELEMENTS

- + Service coordination includes ongoing collaboration and communication occurs among service providers in order to meet the identified needs of the GRADS student and his/her child (ren), including the communication of appropriate clinical information.
- + Optimally, service coordination is implemented by the GRADS student with the help of the GRADS staff who provide positive assistance and thorough follow-up.
- + The student service plan serves as a roadmap for the student, family and resource team. The plan should include strategies that will increase academic performance and address the current identified need(s) and goals of the student and family.
- + Sharing of information among the service team must be done in the context of “need to know” and must preserve confidentiality for the student and family.
- + Coordinating the plan includes obtaining direct services on-site at the school, if possible, and ensuring that all services (whether provided at the school or in the community) are coordinated for the benefit of the student.

COMPONENT #7

MUST Include

- Ensure that necessary release forms and confidentiality agreement are signed.
- Collaborate and communicate with school staff, including teachers and providers, to support the needs of the student and family.
- Utilize resource team meetings to ensure student needs are being addressed, respond to changing needs and develop a new approach if needed.
- After individual student consent is received, review GRADS Student Needs Questionnaire during the resource team meeting to address student needs, any barriers to access and coordinate needed services.
- Identify what actions will be taken, by whom and when, including documentation of decisions and agreements made as well as student progress (GRADS Agency Linkage form and progress notes).
- Advocate for service providers to adapt services, as necessary, to meet the needs of the student and family, including but not limited to, school demands and schedules.
- Ensure that discharge and referral processes are in place for students who require changes in services to seamlessly move between systems and/or services.
- Develop a Transition Plan (TP) and Exit Form when a GRADS student completes goals in the Service Plan, moves to another school or leaves the program. The TP should identify strategies with GRADS student so they can access services, if needed, in the future. Exit form effectively, “closes” the Service Plan and identifies reason for leaving the program.

Could Include

(menu of options)

- Advocate with service providers to develop needed services if not available in the school or community.

Required Forms:

- GRADS Student Needs Questionnaire
- GRADS Agency Linkage Form
- GRADS Transition Plan with incorporation of exit information
- Confidentiality Agreement form



COMPONENT #8

STAFF TRAINING AND PROFESSIONAL DEVELOPMENT

Guiding Principle:

Program staff are equipped to respond to the unique needs of teen families and prepared to participate in interdisciplinary collaboration.

Rationale:

Training on role clarity, confidentiality and sharing information, shared responsibility, and communication with student is necessary to develop the staff knowledge, skills and attitude that support interdisciplinary collaboration and coordination.

KEY ELEMENTS

- + Staff adhere to a professional code of ethics as per their professional discipline
- + Confidentiality and protocols for sharing information exists and are followed.
- + Staff are committed to utilizing a strength-based approach to encourage youth engagement.
- + Staff are committed to interdisciplinary collaboration and coordination.
- + Staff has access to available training and development opportunities.

COMPONENT #8

MUST Include

- Core skills in all team members, including:
 - Communication
 - Organization
 - Interpersonal relationships and cultural responsiveness
 - Cultural sensitivity
 - Service coordination and advocacy
 - Community outreach
 - Presentations and teaching
 - Reporting and documentation
 - Ethics and confidentiality
 - Recognizing and addressing risk and safety concerns
 - Reporting child abuse and neglect
 - Teen dating violence prevention/education/intervention
 - Healthy behaviors
 - Health literacy
 - Respect for teen parents and appreciation for the challenges they face
 - Strength-based approach
- An orientation to service is provided by all team members at the beginning of the year and through the year as necessary.
- Offer training in adolescent confidentiality, consent laws, HIPAA and FERPA and their applications in the school setting.
- Attend and participate in the annual GRADS professional development training, including the GRADS teacher and at least one other member of the resource team.
- Attend and participate in Dating and Domestic Violence training and other capacity building opportunities targeted to teen issues.

Could Include

(menu of options)

- Training in the following areas:
 - CQI
 - Adolescent health
 - PE-MOSSA
 - Crisis intervention
 - Working with teen fathers
 - Addressing behavioral health issues
 - Providing shared case management
 - Infant mental health
 - Developing and sustaining strong partnerships with school and community.
 - Postsecondary education planning and career preparation, including career exploration, skill assessments, dual credit options, IDEAL-NM resources, career pathways and industry certification.
 - Next Steps Plans
- Include GRADS staff/team members, school staff, SBHC staff, administration and community in joint orientation and ongoing trainings to build capacity to understand each others' work by collaborating together most effectively to address student needs.



COMPONENT #8

CONTINUOUS QUALITY IMPROVEMENT (CQI) OF GRADS PLUS MODEL

Guiding Principle:

Continuous quality improvement activities continually guide and provide feedback to the program and should be embedded in GRADS program.

Rationale:

It is important to evaluate the processes and outcomes of the collaborative model in order to inform stakeholders of possible improvements in the model and help sustain the model over time.

KEY ELEMENTS

- + CQI is a process for improving quality that assumes opportunities for improvement are unlimited.
- + CQI is customer-oriented, data driven, and results in implementation of improvement and requires continual measurement of implemented improvements and modifications of improvements, as indicated.
- + CQI is a process of creating an environment in which administrators, teachers and other key stakeholders strive to create constantly improving quality.
- + CQI requires involvement by those closest to a process or problem and should include the student, when possible.

COMPONENT #9

MUST Include

- Provide regular review, evaluation, and revisions (as appropriate) of relevant policies and procedures within GRADS program to ensure they are current and relevant to student population served.
- Assess student and child needs and progress in areas of basic needs, education, college/career readiness, employment, behavioral health, social support, physical health, and legal using the GRADS Student Needs Questionnaire.
- Monitor and evaluate service delivery and modify service plans with the student and family at least every 3-6 months and as needed.
- Conduct continuous review of progress with clear work plans to address needed improvement in model components using the Model Self-Assessment and Action Planning Tool.
- Maintain confidential case management notes/ narratives to follow the student's progress over time.
- Monitor student attendance and performance in school.
- Maintain systematic tracking of the following performance measures using the Agency Linkage Form.
 - Number and type of referrals made for teen parents and for children of teen parents.
 - Number and type of services received by teen parents and by children of teen parents.
 - Number of referrals to SBHC for teen parents and children of teen parents.
 - Number and type of SBHC services received by teen parents and by children of teen parents.
- Using the data collected above, review and improve processes in order to reduce waste and redundancy and increase efficiency.

Could Include

(menu of options)

- Develop and maintain a quality management committee that meets at least once a semester.
- The QM officer and committee review records and record keeping processes to assess that satisfactory records and documentation are maintained and protected adequately
- ALL GRADS staff participate in the CQI processes.

Required Forms:

- GRADS Student Needs Questionnaire
- GRADS Agency Linkage Form
- Model Self-Assessment and Action Planning Tool
(See GRADS website:
<http://nmgrads.com/forms/>)

APPENDIX A

NM GRADS Sites and School-Based Health Centers

GRADS Site		School-Based Health Center	
Alamogordo High School	575-812-6500		
Belen High School	505-966-1300	Belen SBHC	505-966-1105
Bernalillo High School	505-867-2388	Spartan Wellness Center	505-404-5152
Career Prep High School	505-368-4980	Career Prep SBHC	505-369-4980
Carlsbad High School	575-234-3319	Cave Health Center	575-234-3319
Central High School/Gallup	505-721-2400		
Cesar Chavez Charter High School	505-877-0558		
Albuquerque GRADS through SBHC only, no high school program		Cobre Wellness Center	575-537-5069
		Hidalgo Medical Services	575-542-8384 (441)
Crownpoint High School	505-786-5664	Crownpoint HS SBHC	505-768-6444
Deming High School	575-546-2678	Deming Wildcat SBHC	575-546-4663
Hatch High School	575-267-8230		
Hobbs High School	575-393-9492		
Independence High School (Rio Rancho)	505-338-4658		
Las Cruces High School	575-527-9400	Las Cruces HS SBHC	505-527-9400
Lordsburg High School	575-542-3782	Lordsburg SBHC	575-542-3389
		Hidalgo Medical Services	575-542-8384 (441)
Lovington High School	575-739-2230	Lovington Healthcare Center	575-739-0062
Onate High School	575-527-9430	Onate HS SBHC	575-527-9430
Opportunity High School (Silver City)	575-956-2140	Silver High Wellness Center	575-534-1015
		Hidalgo Medical Services	575-542-8384 (441)
Portales High School	575-356-7015		
Ruidoso High School	575-258-4919	REC IX SBHC	575-258-4859
San Andres High School	575-527-6058		
Socorro High School	575-835-0700	Socorro HS SBHC	575-418-5840
Taos High School	575-751-8000	Taos HS Wellness Center	575-737-6031
Thoreau High School	505-721-4500	Thoreau HS SBHC	505-786-6444
University High School (Roswell)	575-627-2750		

APPENDIX B

Glossary of Terms for GRADS PLUS Guidance Manual

Behavioral Health — Includes both mental health and substance use.

Case Management — A service that helps people arrange for appropriate services and supports. A case manager coordinates mental health, social, educational, health, vocational, transportation, advocacy services, as needed.

Coordinated Approach — An effective system designed to connect health (physical, emotional, and social) with education. This approach improves students' health and their capacity to learn through the support of families, communities and schools working together.

FERPA — The Family Educational Rights and Privacy Act is a law and regulations that applies to the confidentiality of educational information/records.

HIPAA – Health Insurance Portability and Accountability Act is a law and regulations that applies to the confidentiality of health records and information.

Integration — The process of doing activities within the context of a current system or in coordination with other activities.

Psychosocial — Involves aspects of social and psychological behavior or relating to something that has both of these aspects.

Safe School Plan — An all encompassing program that provides for the safety and security of students and educators. It is an ongoing, systematic and comprehensive process that addresses both short-term and long-term safety measures to eliminate violence in the school. All schools are required to have a Safe School Plan.

School-based Health Centers — SBHCs provide comprehensive, quality health services where the students are-in school-so students can avoid health-related absences and get support to succeed in school. SBHCs give students medical and behavioral health attention when they need it, catching problems like asthma, diabetes and depression now, and preventing bigger problems later. These centers are an important safety net in New Mexico, providing easily accessible health care, in many cases, the closest clinic or hospital is miles away.

School Health Advisory Council — “An advisory group consisting of parents, school personnel, school board members, school administrators, students and community members who act collectively to advise the school district on aspects of child health as defined by the Coordinated School Health (CSH) model.” Centers for Disease Control and Prevention.

Staff Capacity — The ability of staff to implement a specific skill or practice.

Strength-Based Approach — The belief that children and families have unique talents, skills and life events, in addition to specific unmet needs, so that practitioners collaborate with families and children to discover individual and family functioning and strengths.

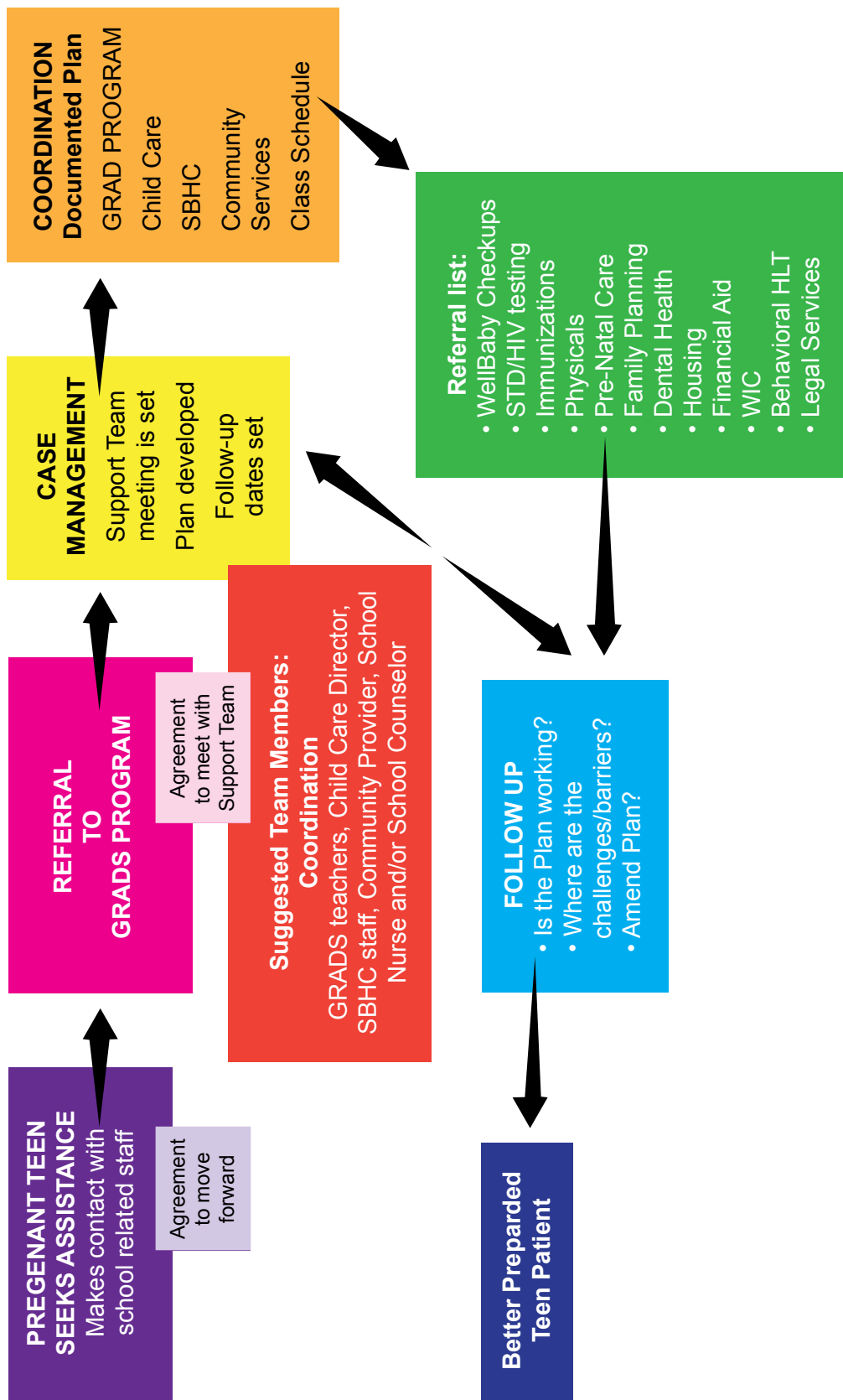
Student Assistance Team — The SAT is a school team, which includes the parent and the students, when appropriate, in a positive, problem-solving, intervention process. Its assists students by ensuring that the school and community are doing everything possible to make students' school lives successful.

GRADS Transition Plan and Exit Form — The transition plan identifies transition goals, strategies and services for the GRADS student who completes goals in the service plan, moves to another school or leaves the program. The plan is based on the individual student needs, strengths, skills and interests and assists student in accessing services in the future, if needed. This form should also include the date student leaves the program and the reason for leaving.

Wrap-up Meeting — Wrap-up meetings are required multi-disciplinary or collaborative care meetings held by SBHCs that address trends in student care needs and individual care coordination. They may include SBHC staff, school staff and other providers as appropriate and should occur at least monthly.

APPENDIX C

The main purpose of GRADS+ is to improve increase coordination between GRADS programs and school-based health centers (SBHC) or community based health center/agencies in providing case management and seamless services for youth enrolled in GRADS classes.



APPENDIX D

Community Resources

Please Note: Before providing a resource to a student/family, try the phone number to be sure the source from where the number was obtained is updated and operational. If the family speaks a language other than English, be sure the resource has staff who can communicate with the student/family.

To access resources, start with the basics:

Local Phone Book:

Look in the Table of Contents, Information Guide. Look under Health, General Health, Social Services Organizations, or other headings that may be found, often in the yellow pages.

Look in the Government pages for your local or regional Public Health office; Income Support office; or Children, Youth and Families Department. Staff in these offices provides direct services and have lists of community resources for students and families.

Telephone:

Many NM communities now have 311 services. Check to see if this is available in your community or in a larger neighboring community.

Nurse Advice New Mexico (NANM) at 1-877-725-2552 is available for students/families to talk with a nurse about a health issue at any time. NANM also has access to an online database of resources in most counties and communities in NM.

Internet:

Look on the internet for community resources listed for state government or under your county, city or town. For state government agencies, type <http://www.state.nm.us> then search for the Department from which you want services, such as Department of Health (DOH), Human Services Department, or Children, Youth and Families Department.

The DOH programs and local public health offices may be found through www.health.state.nm.us. Public health offices have Children's Medical Services social workers who are a wealth of information about health and social resources in each county. The DOH website also has a Resource Directory by community found at www.health.state.nm.us/nm-resources.html

The Department of Health and the Aging and Long Term Services Department sponsor a resource directory that can be found at <http://www.nmresourcedirectory.org>

Through "Google", type in "NM Community Resources", "NM Human Services", or "NM Social Services" and you will find a number of internet links. Be sure to go to more than the first page. For instance, the Thirteenth Judicial District website of

Community resources are quite complete as is the United Way of Central NM Resource Directory site which provides information on resources for Bernalillo, Sandoval, Valencia and Torrance counties.

NM Public Education Department Regional Education Cooperatives

(REC) Regional Education Cooperatives (RECs) are state agencies administratively attached to the NM Public Education Department. They provide education-related services to local education agencies, direct services to children, families and communities, and professional development and technical assistance to staff members of school districts at the local, regional and states levels. These RECs may be good places to find resources to include in the Resource Directory.

The list of RECs may be found at: www.ped.state.nm.us/resourcespersonneldirectory/fullDirectoryPackage.pdf#

Community or Tribal Health Council or Local Behavioral Health Collaborative

Every county has a county or community healthy council. Many tribes have health councils that are separate from the county health councils. The most current lists of these councils may be found on the NM Department of Health at www.health.state.nm.us.

APPENDIX D

Community Resources

Additionally, there are 18 behavioral health collaboratives statewide, a Local Collaborative for each of the 13 Judicial Districts as well as 5 Native American Local Collaboratives. Each Local Collaborative is made up of consumers, family members, advocates and providers. These groups have assessed community resources and may have resources collected in one place for student/family use. See list of Local Collaborative websites at <http://www.bhc.state.nm.us/BHCollaborative/LCs.html>

NM Human Services Department Income Support Division Offices

There are 33 Income Support Division field offices; these may be found at www.hsd.state.nm.us/isd/fieldoffices.html

The site includes a state map; just click on the county to find the nearest field office.

HIPAA/FERPA

The federal Departments of Education and Health and Human Services released joint guidance regarding how the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) relate to one another and how they apply to the privacy of student records maintained by schools. The guidance categorizes “educational records,” “treatment records,” and “personal health information” and defines what type of student information is considered in each category. Additionally, the guidance provides examples of institutions and actions subject to each of the laws, delineates when different portions of the laws are applicable, and denotes proper methods for disclosure of information. <http://www.hhs.gov/ocr/hipaa/HIPAAFERPAjointguide.pdf>

APPENDIX E

Online Resources

NM STATE AGENCIES:

NM Public Education Department • www.ped.state.nm.us

The School and Family Support Bureau provides technical assistance related to coordinated school health, including HIV prevention, nutrition, child/adolescent health and behavioral health, truancy, 21st Century programs, health education and school-based Medicaid services.
www.ped.state.nm.us/sfsb/index.html

The College and Career Readiness Bureau provides technical assistance related to career technical education including career pathways, programs of study, apprenticeship programs, Carl D. Perkins Career Technical Education grants, Jobs for America's Graduates (JAG), and the High Schools That Work Framework.
www.ped.state.nm.us/CTWEB/index.html

The Special Education Bureau provides technical assistance related to resources and policies and procedures related to providing special education services for students with disabilities and gifted students, including transition planning and services.
<http://ped.state.nm.us/SEB/law/index.html>

NM Department of Health, including most current list of public health offices • www.health.state.nm.us

The Office of School and Adolescent Health (OSAH), website provides information on behavioral health services adolescent health, school nursing, school-based health centers, Native American initiatives and positive youth development.
www.nmschoolhealth.org

OSAH School Mental Health and School Health Advocates are available to offer training, technical assistance and resources related to school-based and school-linked health and behavioral health.

NM Human Services Department • www.hsd.state.nm.us

NM Children, Youth and Families Department • www.cyfd.state.nm.us

NM STATE AGENCY TOOLS:

Working Together Toolkit, 2006, NMPED at www.ped.state.nm.us; Click on A-Z, go to Parent, Family and Community Resources and look for the Working Together Toolkit.

NM Department of Health Resource Directory • www.health.state.nm.us/nm-resources.html

NM School Health Manual • <http://nmschoolhealthmanual.org>

NM SBHC Manual, Office of School and Adolescent Health, NMDOH at <http://nmasbhc.org>

APPENDIX E

Online Resources

OptumHealth:

Regional Resource Directory • www.optumhealthnewmexico.com/consumer/en/contactUS.jsp

Confidentiality (HIPAA/FERPA) Resources:

NM web site of HIPAA resources and articles www.nhhhs.org/hipaa.html

NM HIPAA Policy • www.state.nm.us and click on “Privacy Policy”.

FERPA • www.ed.gov/offices/OM/fpc

HIPAA/FERPA Guidelines • www.hhs.gov/ocr/hipaa/HIPAAFERPAjointguide.pdf

Federal Offices:

US Office for Civil Rights-to file a complaint • www.hhs.gov/ocr/hipaa

Other Resources:

National Guidelines for School Health • www.nationalguidelines.org

The Center for Health and Health Care in Schools

www.healthinschools.org/ejournalwww.nationalguidelines.org

UCLA Center for Mental Health in the Schools that has compiled resources from many organizations, entities, and states.

<http://smhp.psych.ucla.edu>

University of Maryland Center for School Mental Health (CSMH); mission is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

www.csmh.umaryland.edu

Publications of the University of Washington Coordinated Service Initiative for At-Risk Youth and Families, Center for the Study and Teaching Of At-risk Students (C-STARS)

<http://www.ncbi.nlm.nih.gov/pubmed/9573969>

Grant writing guidelines can be found from Non-Profit Guides at <http://www.npguides.org>

APPENDIX F

Requirements and Resources for NM Schools (adapted from the NMPED PASS Toolkit)

SCHOOL IMPROVEMENT FRAMEWORK

Accountability for student learning is the key focus of New Mexico's system of school improvement. The school improvement initiatives and mandates are grounded in scientific research and driven by student performance data.

EDUCATIONAL PLAN for STUDENT SUCCESS (EPSS)

The EPSS is a school district strategic plan for continuous improvement that brings together all improvement plans into one document. GRADS can help schools meet their EPSS goals and strategies to improve student achievement and parent/community involvement. Know what your school's EPSS plan is and, when reporting to key stakeholders, be sure to point out GRADS accomplishments in relationship to the EPSS plan.

NM SCHOOL HEALTH MANUAL

The NM School Health Manual is organized according to New Mexico's model of Coordinated School Health. The physical health assessment, including a health history, will be used by school nurses to assess physical needs of students. Online: <http://nmschoolhealthmanual.org>.

SCHOOL-BASED HEALTH CENTERS (SBHC)

SBHCs are part of the Health Services and Social and Emotional Wellbeing components of the Coordinated School Health model. If a SBHC exists in the school that is implementing GRADS program, it can provide direct health (including physical, behavioral and oral) services on-site to GRADS students. Case management is included in the array of services that may be offered by the SBHC. SBHC guidelines and training tools, including those with respect to confidentiality, can be used by the GRADS Resource Team. These are found at www.nmasbhc.org.

SCHOOL HEALTH ADVISORY COUNCIL (SHAC)

Per 6.12.6 NMAC School District Wellness Policy (see next section of this document), school districts are required to establish and maintain a school health advisory council (SHAC). "Each local board of education shall establish a district school health advisory council that consists of parents(s), school food authority personnel, school board members), school administrator(s), school staff; students (s); and community members(s)." Having an established SHAC at a school site has many benefits, including: meeting funding requirements of school projects, improving parent and community relations and garnering community resources, among others.

SBHCs are also required to maintain a school-level (not district level) SHAC to address school and community wide student health trends. The SHAC must meet at least two times during the academic year. The SHAC must address and support SBHC operations and activities.

NM COORDINATED SCHOOL HEALTH MODEL

New Mexico's Model of Coordinated School Health (CSH) promotes the link between a healthy school environment and the ability to learn and succeed academically through the following eight components: Nutrition, Physical Education, Health Education, Health Services, Social and Emotional Wellbeing, Healthy and Safe Environment, Staff Wellness, and Family, School and Community Involvement. The GRADS PLUS model supports each of these eight components through collaboration with school and community partners and increasing teen parent access to services.

SCHOOL WELLNESS POLICY

In 2006, the NM PED established the School District Wellness Policy Rule. It states that "each school district and charter school shall develop and implement a policy that addresses student and school employee wellness through a coordinated school health approach."

APPENDIX F

Requirements and Resources for NM Schools (adapted from the NMPED PASS Toolkit)

The Wellness Policy Rule requires that the local wellness policies include components in the areas of nutrition, physical education, physical activity, health education and life skills, health services, social and emotional wellbeing, health and safe environment, staff wellness, evaluation and family, school and community partnership.

This Wellness Policy Rule requires each school district and charter school to develop and implement local wellness policies that include:

1) Nutrition:

Nutrition guidelines for a la carte offerings and guidelines for school sponsored fundraisers regarding health food choices.

2) Physical Education and Activity:

a planned, sequential, K-12 physical education curriculum that provides the optimal opportunity for all students to learn and develop skills, knowledge and attitudes necessary to personally decide to participate in lifetime healthy physical activity and is aligned to the Physical Education Content Standards with Benchmarks and Performance Standards as set forth in 6.30.2.20 NMAC;

guidelines to provide physical activity opportunities to students before, during and/or after school;

3) Health Education and Life Skills

a planned, sequential, K-12 health education curriculum that addresses the physical, mental, emotional, and social dimensions of health and is aligned to the Health Education Content Standards with Benchmarks and Performance Standards as set forth in 6.30.2.19 NMAC;

4) Health Services

A plan addressing the health services needs of students in the educational process.

5) Social and Emotional Wellbeing

a plan addressing the behavioral health needs of all students in the educational process by focusing on students' social and emotional wellbeing.

6) Healthy and Safe Environment

school safety plans at each school building focused on supporting healthy and safe environments and including but not necessarily limited to:

- (a) prevention,
- (b) policies and procedures, and
- (c) tactical emergency response plan;
- (d) recovery

7) Staff Wellness

a plan addressing the staff wellness needs of all school staff that minimally ensures an equitable work environment and meets the American with Disabilities Act, Part III;

8) Evaluation

a plan for measuring implementation and evaluation of the wellness policy, including the designation of one or more persons within the school district, or at each school, as appropriate, charged with operational responsibility for ensuring that each school fulfills the district's wellness policy.

9) Family, School and Community Involvement

Each local board of education shall establish a district school health advisory council (SHAC) that consists of parent(s), school food authority personnel, school board member(s), school administrator(s), school staff; student(s); and community member(s). The SHACs are responsible to meet at least twice annually to make recommendations to the local school board in the development or revision, implementation and evaluation of wellness policy.

APPENDIX F

Requirements and Resources for NM Schools (adapted from the NMPED PASS Toolkit)

SAFE SCHOOLS PLANS

The Goals for Safe Schools in New Mexico include:

1. All students in New Mexico will have access to public educational services in a safe, healthful, caring, and respectful learning environment.
2. All school personnel in New Mexico will be able to carry out their duties in a safe, healthful, caring, and respectful work environment.
3. Students, school staff, parents, and communities will understand that safe schools are everyone's responsibility.

Schools and their community partners develop and revise school-level safety plans. These plans provide the basis for coordinating protective actions prior to, during, and after any type of emergency. Safe School Plans include the following sections:

- ✓ **PREVENTION** - to provide direction for school staff for preventing potential harmful situations.
- ✓ **POLICIES AND PROCEDURES** - to provide direction for school staff for intervening in potential harmful situations.
- ✓ **RESPONSE** - to assist schools in preparing for potential emergency situations.
- ✓ **RECOVERY** - to assist schools in coping with the aftermath of a traumatic incident.

MEDICAID SCHOOL-BASED SERVICES (MSBS)

The Medical Assistance Division School Health Office is responsible for the management of all Medicaid school health programs in New Mexico. These Include:

- ✓ The MSBS Program, which is a multimillion dollar Medicaid program for children and youth under 21 years of age who have special education and health care needs and are eligible to receive services as part of an IEP in accordance with the IDEA;
- ✓ The SBHC/Managed Care Organization (MCO) Project, which provides quality, inclusive health services to youth by linking SBHC programs across New Mexico with the state's three Medicaid MCOs and Statewide Entity (SE) for behavioral health services; and
- ✓ Multiple interagency initiatives requiring collaboration between HSD, DOH, CYFD, and PED on matters relating to health and health-related services provided in the school setting.

Medicaid School-Based Services Program

Under the auspices of the MSBS Program, New Mexico schools offer key health and health-related services that are designed to integrate and maintain active learning for Medicaid-eligible children with disabilities and special health care needs who receive services under the IDEA through an IEP. Examples of such services include:

- ✓ Physical, occupational, hearing and speech therapies;
- ✓ Mental health services;
- ✓ Social services;
- ✓ Nutritional assessments and counseling;
- ✓ Transportation;
- ✓ Case management; and
- ✓ Nursing services.

APPENDIX F

Requirements and Resources for NM Schools (adapted from the NMPED PASS Toolkit)

In addition, school districts are able to bill and be reimbursed for certain Medicaid-related administrative activities, such as:

- ✓ Conducting Medicaid-related outreach;
- ✓ Facilitating Medicaid eligibility determinations;
- ✓ Coordinating transportation to Medicaid-covered services;
- ✓ Making referrals;
- ✓ Coordinating and monitoring Medicaid services; and
- ✓ Engaging in medical service program planning, policy development and interagency coordination.

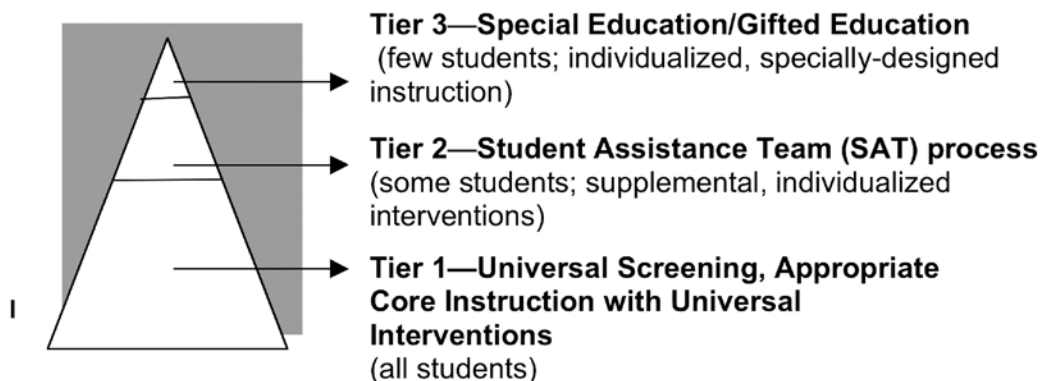
School districts are able to use the money paid to them under the MSBS program to pay for health and health-related services benefiting all students, not just those who are Medicaid- or IDEA-eligible.

RESPONSE TO INTERVENTION (RtI)

Response to Intervention (RtI) is a framework being used across the country to assist schools in ensuring success for all students and providing early assistance to students who are experiencing academic and/or behavioral challenges. It is a continuum of school-wide support. RtI is not a student placement model, a location, a classroom, a class/course or a teacher. In New Mexico, the Response to Intervention framework is required by state rule and is known as the three tier model of student intervention.

New Mexico's RtI framework consists of three tiers in which the academic and/or behavioral interventions become more intense as student needs are addressed in each tier. Students who struggle academically may also exhibit behavior problems and vice versa. For that reason, both academic and behavioral systems are addressed in a concerted effort in all three tiers, because effective classroom and behavior management support high academic performance in students.

Tier 1 focuses on universal screening of academic proficiency and general health and well-being, delivery of the core curriculum and school-wide behavioral interventions and positive support. Tier 2 are individualized services and supports implemented through the school's Student Assistance Team (SAT) and provides support for individual students who did not respond to the universal academic and/or behavioral interventions in Tier 1. Tier 3 focuses on special education for students with identified disabilities under the federal IDEA or the state criteria for gifted. Tier 3 interventions include specifically-designed instruction and/or behavioral interventions and are provided through an Individualized Education Program (IEP) developed by an IEP team.



For more information, please go to the Public Education's Department's RtI website at www.ped.state.nm.us/RtI/index.html. See also the Department's technical assistance manual: Addressing Student Behavior—A Guide for Educators at www.ped.state.nm.us/RtI/dl09/AddressingStudentBehavior.pdf.

APPENDIX G

Understanding Confidentiality in the School Setting

Students and families, providers and school personnel should have a good understanding of terms and laws that relate to communication around health and behavioral needs and the provision of health services. A basic understanding of the terms consent and confidentiality help to lay the groundwork for knowing student and family rights to information and services and the laws that govern this. School programs must have structures and procedures in place to appropriately share and store information so that student and family confidentiality is protected.

Consent is the agreement given by students and/or their guardians to receive services or share information. No verbal or written request for information on a student can be provided to others without the explicit permission of the student. In the event of a referral to internal or external resources, GRADS staff will share information only with medical or mental health providers. Sharing of information must be authorized in writing by the student and/or family. **Personal and family information should not be shared with school staff or outside providers without an authorization for release of records and information (see sample GRADS Release of Information, page 17) on file.**

NEED to Know vs. NICE to Know: Enough information should be shared so that all people involved have the information they NEED to work effectively to help the student and family meet their goals. Sharing information to support students' health and promote their well-being is possible, in most cases, with consent from the student or parent. **Confidentiality** ensures information is accessible only to those authorized to have it. Sharing of information should be limited to those with a valid need for the information. The requirement to protect confidentiality is understood in the provider-student relationship. It is also part of professional codes of ethics, state and federal statutes, and constitutional provisions.

GRADS students and their families, staff and providers meet regularly to share progress all of them are making in executing the service plan. Community providers may be invited to join the meetings when it is in the best interest of the student and family. Remember the following when the group meets:

- ✓ Use and have all attendees sign a confidentiality agreement **(see GRADS Confidentiality Agreement, page 21).**
- ✓ Comply with HIPAA and FERPA regulations.
- ✓ Keep separate anecdotal/personal notes, if needed, securely locked.
- ✓ Share data that shows progress, or lack thereof, on service plan.

APPENDIX H

FERPA and HIPAA

The Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) are laws and regulations that affect students' confidentiality in the school setting and must be followed. In most cases, HIPAA does not apply to elementary or secondary schools "because the school only maintains health information in student health records that are "education records" under FERPA and, thus, not "protected health information" under HIPAA."¹ Here is a brief summary of these laws:

FERPA (Family Educational Rights and Privacy Act) protects the privacy of students' educational records. FERPA allows parents to view student educational records in their entirety. Parents must consent to the disclosure of information in the educational record. An educational record is defined as those records that are: **"(1) Directly related to a student; and (2) Maintained by and educational agency or institution or by a party acting for the agency or institution."** (34 CFR 99.3)

- ✓ Requires schools to give parents, guardians or 18 year old students access to education records.
- ✓ Forbids schools to release information to third parties without parental consent, except if needed by qualified school personnel to provide education.
- ✓ Permits schools to release student education records without prior consent in an emergency when the information is necessary to protect the health or safety of the student or other persons, and during investigations of acts of terrorism.
- ✓ Requires, like HIPAA (see below), that computer access be limited to qualified personnel and file cabinets are kept locked.
- ✓ Requires schools to establish policy to prevent the casual exchange of students' private health information, such as food allergies, hearing disability, asthma, seizures, medications, etc.

HIPAA (Health Insurance Portability and Accountability Act) – applies to health records/information

- ✓ Assures patient access to health records.
- ✓ Provides that health records are not available to unauthorized persons, including the parents of patients.
- ✓ Permits health information to be given without patient authorization ONLY by one "covered entity" to another "covered entity" when the information is needed to provide treatment or bill for treatment. A "covered entity" is a health care provider that conducts transactions in electronic form, a health clearinghouse, or a health plan. A HIPAA transaction is the transmission of information between two parties to carry out financial or administrative activities related to health care, including submitting claims.

¹ Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996

APPENDIX

Example of Format for the Resource Team Meeting

Step 1: Distribute Assessments and/or Service Plans

The presenting staff person makes copies of these documents for every team member. The process will NOT work unless each team member has his or her own copy of the assessments for the person being presented. The time and material to make large numbers of paper copies may be prohibitive. Many agencies have electronic medical records and can access service plans and notes through internal electronic systems. If this is not available, a laptop with a projector can be used to project treatment plans so staff can quickly familiarize themselves with the service plan.

Step 2: What does the student need?

The presenting staff person concisely states what the student needs from the team (i.e., better engagement, assistance in connecting to community services, legal aid, etc.). This helps keep the team focused on what is to be accomplished in this meeting.

Step 3: Thumbnail sketch

The presenting staff person gives a one to two minute description of the youth's situation and a few things that have already been tried.

Step 4: Questions only

For five to ten minutes the team asks questions of the staff person to further clarify things written on the strengths, longitudinal and contextual assessments. For example, "It says here that the mother is supportive. Tell me more about her role in student's life." Advice is not typically given in this section; focus of questions should be based on the material presented for each student.

Step 5: Brainstorming

For five to ten minutes the team brainstorms ideas. The presenting staff person should write down ideas provided by the team. For example, "The student could ask the mother to babysit his/her child while she attends her counseling sessions." The list usually includes 20 to 40 ideas.

Step 6: Review List with Student

The presenting staff person reviews the ideas and asks for clarification on any ideas if necessary. Depending on the nature of the goal being reviewed, the GRADS teacher may present the list to the student (at their next meeting) as possible strategies to help him or her reach the goal, or may choose two or three strategies he or she will employ in order to make progress toward the goal.

Step 7: Team Follow Up

At the next meeting the team leader needs to follow up on implementation of ideas and get feedback on the progress.

Example of Cultural Standards for Educators

Alaska Standards for Culturally Responsive Education

The following standards have been developed by Alaska Native educators to provide a way for schools and communities to examine the extent to which they are attending to the educational and cultural well being of the students in their care. These 'cultural standards' are predicated on the belief that a firm grounding in the heritage language and culture indigenous to a particular place is a fundamental prerequisite for the development of cultural –health students and communities associated with that place, and thus is an essential ingredient for identifying the appropriate qualities and practices associated with culturally-responsive educators, curriculum and schools.

Cultural Standards for Students

- A. Culturally-knowledgeable students are well grounded in the cultural heritage and traditions of their community.
- B. Culturally-knowledgeable students are able to build on the knowledge and skills of the local cultural community as a foundation from which to achieve personal and academic success throughout life.
- C. Culturally-knowledgeable students are able to actively participate in various cultural environments.
- D. Culturally-knowledgeable students are able to engage effectively in learning activities that are based on traditional ways of knowing and learning.
- E. Culturally-knowledgeable students demonstrate an awareness and appreciation of the relationships and processes of interaction of all elements in the world around them.

Cultural Standards for Educators

- A. Culturally-responsive educators incorporate local ways of knowing and teaching in their work.
- B. Culturally-responsive educators use the local environment and community resources on a regular basis to link what they are teaching to the everyday lives of the students.
- C. Culturally-responsive educators participate in community events and activities in an appropriate and supportive way.
- D. Culturally-responsive educators work closely with parents to achieve a high level of complementary educational expectations between home and school.
- E. Culturally-responsive educators recognize the full educational potential of each student and provide the challenges necessary for them to achieve that potential.

Cultural Standards for Curriculum

- A. A culturally-responsive curriculum reinforces the integrity of the cultural knowledge that students bring with them.
- B. A culturally-responsive curriculum recognizes cultural knowledge as part of a living and constantly adapting system that is grounded in the past, but continues to grow through the present and into the future.
- C. A culturally-responsive curriculum uses the local language and cultural knowledge as a foundation for the rest of the curriculum.
- D. A culturally-responsive curriculum fosters a complementary relationship across knowledge derived from diverse knowledge systems.
- E. A culturally-responsive curriculum situates local knowledge and actions in a global context.

Cultural Standards for Schools

- A. A culturally-responsive school fosters the on-going participation of Elders in all aspects of the schooling process.
- B. A culturally-responsive school provides multiple avenues for students to access the learning that is offered, as well as multiple forms of assessment for students to demonstrate what they have learned.
- C. A culturally-responsive school provides opportunities for students to learn in and/or about their heritage language.
- D. A culturally-responsive school has a high level of involvement of professional staff that are of the same cultural background as the students with whom they are working.
- E. A culturally-responsive school consists of facilities that are compatible with the community environment in which they are situated.
- F. A culturally-responsive school fosters extensive on-going participation, communication and interaction between school and community personnel.

Cultural Standards for Communities

- A. A culturally-supportive community incorporates the practice of local cultural traditions in its everyday affairs.
- B. A culturally-supportive community nurtures the use of the local heritage language.
- C. A culturally-supportive community takes an active role in the education of all its members.
- D. A culturally-supportive community nurtures family responsibility, sense of belonging and cultural identity.
- E. A culturally-supportive community assists teachers in learning and utilizing local cultural traditions and practices.
- F. A culturally-supportive community contributes to all aspects of curriculum design and implementation in the local school

APPENDIX K

Cultural Competency Principles and Implementation Strategies

A workable definition of **culture** is:

A shared system of symbols, beliefs, attitudes, values, expectations, and norms of behavior.

Human rights and cultural competency:

Everyone is entitled to human rights without discrimination of any kind. This non-discrimination principle is a fundamental rule of international law. This means that human rights are for all human beings, regardless of “race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”. Non-discrimination protects individuals and groups against the denial and violation of their human rights. Human rights are intended for everyone, in every culture. Published by the United Nations Department of Public Information DPI/1627/HR—March 1995.

The following information was adapted from the State of New Mexico Implementation Manual and Evidence-based Fidelity Assessment Tool for Co-occurring Intensive Outpatient Programs.” Shannon Morrison and Michael Hock. Behavioral Health Services Division. NM Human Services Division. June 2010.

A culturally competent program is built on unique values, preferences, and strengths of consumers, families, and their communities. Cultural practices are integrated into service components to promote traditions and cultural strengths. School staff should demonstrate:

- The capacity to increase their knowledge and understanding of cultural differences;
- The ability to acknowledge personal cultural assumptions and biases; and
- The willingness to make changes in thought and behavior to address those biases.

Cultural competency implementation strategies

The four major principles of cultural competence are

- I. Awareness of one’s own cultural worldview related to one’s set of cultural values and biases.
- II. One’s attitude towards cultural differences, including all people that are perceived as different from one’s own culture. Awareness of attitude enables the individual to discern the tendency towards judgment or differential and biased valuing.
- III. Knowledge of different cultural practices and worldviews, the more knowledgeable staff are of other cultures, the more possibility exists for respect and understanding of cultural differences.
- IV. Development of cross-cultural skills, or skills that enable one to interact with people different from oneself, in an effective manner. Such skills are fundamentally about communication, and may include gestures and other non-verbal communication that tend to vary from culture to culture, or within specific cultural subsets.

Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures. Components include:

1. The organization utilizes input from community and consumer stakeholders to effectively address community needs, specifically regarding pregnant and parenting teens. Whenever possible, the provider will strive to adapt culturally significant community self-help concepts into practice. Self-help concepts may include religious and spiritual practices, traditional healing practices, recreation activities, and social activities.

Implementation Strategy

Staff actively pursues knowledge of the community served, especially related to pregnant and parenting teens.

2. Policies and procedures specifically contain reference to non-discrimination related to race, ethnicity, sexual orientation, religious background, social group, or cultural subset.

APPENDIX K

Cultural Competency Principles and Implementation Strategies

Implementation Strategy

Staff recognizes cultural differences in belief, attitude, and how that affects rapport and alliance building, and actively engages in non-prejudicial practices. Such alliance must actively seek to defuse and address stigma related to pregnant and parenting teens.

3. Demonstrated organizational commitment to cultural competence (e.g., presence of CC in strategic plan, job descriptions, policies).

Implementation Strategy

Staff has the capacity to provide culturally appropriate services (e.g., are flexible, informed, and trained in their approach to service to meet the needs of the pregnant and parenting teens).

4. Familiarity and linkages to cultural resources in the community (e.g., community leaders, traditional healers, elders).

Implementation Strategy

Staff is culturally and linguistically representative of the community served, if possible.

5. The organization can match linguistic facility to the needs of the community, and translates educational materials and documents as appropriate to such need. The organization recognizes the importance of linguistic competence and strives to employ persons with linguistic capabilities that match the community need.

Implementation Strategy

Staff is required to participate in routine cultural competency training, specifically regarding the various cultures and possible pregnant and parenting teen's cultural subsets being served. Culturally and linguistically competent staff is employed as possible depending upon availability.

Cultural Competency Tips (excerpt from Best Practices in Teen Pregnancy Prevention: Practitioner Handbook. University of California, Agriculture and Natural Resources).

Culture plays a major role in influencing values and attitudes about sex, childbearing, and parenting. Culturally appropriate and locally relevant interventions will increase the effectiveness of your efforts to reduce teen pregnancy.

Key Research Findings

Most research on teen pregnancy has focused on whites and African Americans. Recently, more studies have been done on Latino teenage reproductive behavior and pregnancy. Very little has been reported on Asian American teens.

Latinos are the fastest growing ethnic group in the United States. Latino adolescents report lower rates of early sexual intercourse than African Americans or whites, however they are less likely than whites to use contraceptives and more likely to become pregnant. In addition, pregnant Latina teens are more likely to keep their baby and less likely to complete high school than whites. Preventing early pregnancy should be a priority in this group.

The repetition of teen childbearing across generations has been studied. Some experts think that early parenthood is an adaptive response or an "alternate life-course strategy" to poverty and restricted life options for some young mothers and their children. Early childbearing creates intergenerational family structures characterized by parenting and childcare support from older generations.

APPENDIX K

Cultural Competency Principles and Implementation Strategies

Program Recommendations

Train culturally sensitive, non-judgmental staff. Staff that represents the cultures served is critical. Involve community members in planning, implementing, and evaluating your program to help ensure cultural relevance. Parents can play an important role in understanding cultural values and attitudes. Be sensitive and responsive to cultural sub-group differences. Recency of arrival (new immigrant versus second or third generation resident) may also be an important factor in differences within cultural sub-groups.

Program Recommendations for Latinos:

Involve family, especially in cases where the teen mothers live with their families.

Work with Latino families using a family-life education approach. This may include instruction on the options of sexuality and reproductive behavior, decision-making, communication and refusal skills, interpersonal relationships, parenting, and child development.

Recognize and sensitively respond to cultural values regarding male-female roles.

Have specific strategies for targeting young men, and have at least one male counselor.

Conduct active outreach to involve the girl's partner or baby's father.

Consider gender roles in relation to the importance of working. Some Latina teen mothers might not immediately see the importance of becoming self-sufficient.

Emphasize education and support high aspirations since some Latinas may see becoming a mother as the end of their formal education. Encourage it in the context of providing for the future of their children.

Provide, to extent possible, comprehensive services, childcare, parent education, and employment training in one location, or refer to locations that are close to each other.

CQI Implementation Strategies

CQI includes the use of QA assessment and evaluation to determine and formulate action plans to address the following:

- A theory-based management system that looks at processes/outcomes, and develops plans and tools for change.
- Organizational culture change or stance related to organization fluidity.
- Student-centered recovery based philosophy.
- Cultural competency.
- Tools to help quantify services.
- A search for common causes of variation.
- Data and data processes.
- System, process and client feedback.
- Shared success.
- Long-term approaches and readiness to change.

Some key elements of CQI:

- Accountability to all appropriate controls and standards, with clear work plans to address needed improvement.
- Driven by good planning and management vs. crisis response/reaction.
- Driven by input from all levels of staff and stakeholders.
- Quality of teamwork and other key resources.
- Continuous review of progress.

Internal and external benefits of CQI:

- Improved accountability.
- Improved staff morale.
- Refined service delivery process.
- Flexibility to meet service needs changes.
- Enhanced information management, client tracking & documentation.
- Means to determine and track program integrity and effectiveness.
- Lends itself to design of new programs & program components.
- Allows creative/innovative solutions.

The goals of CQI are to:

- Guide quality operations.
- Ensure safe environment & high quality of services.
- Meet both external and internal standards and regulations.
- Assist agency programs and services to meet annual goals & objectives.
- Help ensure fiscal solvency.

Stakeholders in CQI:

- Students & families served.
- Student-based health centers.
- Community provider agencies.
- Members of advisory boards.
- Youth advocates.
- All levels of school staff.

CQI Implementation Strategies

There are 4 distinct phases to CQI:

1. Planning

Collect data and establish a baseline – what is the current process doing now? Identify the problem and the possible causes. Identify barriers to service, implementation challenges, deficiencies, misalignments, or errors and possible causes and solutions, and to prioritize corrective actions.

2. Doing

Make appropriate changes designed to correct or improve quality of operations, quality of services, environment, alignment with external and internal controls and standards, accomplishment of goals and objectives, and support for fiscal solvency.

3. Studying

Study the effect of these changes on the situation. Collect data on the new process and compare to the baseline assessment and evaluation findings. Identify what has changed/ improved, what has not. Track the effects of changes on a process over time. Evaluate the results and then replicate the change or abandon it and try something different.

4. Acting

If the results are successful, standardize the changes and then work on further improvements or the next prioritized problem. If the outcome is not yet successful, look for other ways to change the process or identify different causes for the problem.

APPENDIX M

Positive Youth Development Principles

1. Youth development is asset based (focused on strengths/supports).
2. Youth development strategies are place-based and reflect local cultural assets and needs.
3. Youth development is holistic and developmentally appropriate (heart, mind, body, spirit across ages and stages).
4. Youth development strategies are informed by youth for children/youth.
5. Youth development approaches support ALL children/youth.
6. Youth development requires broad stakeholder input and support (i.e. families, schools, faith community, community based organizations, business, media, government, etc.).

Positive Youth Development occurs from an intentional process that promotes positive outcomes for young people by providing opportunities, choices, relationships, and the support necessary for young people to fully participate in families, schools and society.

ASSETS BASED

Asset: An item of value; resource or advantage (Webster's Dictionary).

Assets are attributes or resources of individuals, families, associations, organizations, communities and places that can add quality to or promote positive development. Assets may include skills, experience, knowledge, values, supports systems, economic assets, environmental assets, etc.

Assets are the supporting threads in a young person's life, the key building blocks that can help them to grow up strong, capable, responsible and caring.

Moving to Assets

OLD ATTITUDES

I need to focus on young people's problems.

Only certain people can build assets for and with young people.

Young people absorb resources.

Building assets is a program.

I should try to affect primary those young people who seem to be troubled or who are troubling me. contact with every day.

How other adults behave around young people doesn't really concern me.

We're already building assets.

NEW ATTITUDES

I need to focus on young people's strengths.

Everyone can build assets for and with young people.

Young people are resources

Building assets is a way to interact.

I should try to affect all the young people I come into

I hold other adults accountable for their actions toward young people.

We need to build assets more intentionally

2004 Search Institute www.search-institute.org

Search Institute's 40 Developmental Assets®

The Search Institute's 40 Developmental Assets are concrete, common sense, positive experiences and qualities essential to raising successful young people. These assets have the power during critical adolescent years to influence choices young people make and help them become caring, responsible adults.

APPENDIX M

Positive Youth Development Principles

PLACE-BASED

“Place-based” education is learning that is rooted in what is local – the unique history, environment, culture, economy, literature, and are of a particular place. The community provides the contest for leaning, student work focuses on community needs and interests, and community members serve as resources and partners in every aspect of teaching and learning. We have discovered this local focus has the power to engage students academically, pairing real-world relevance with intellectual rigor, while promoting genuine citizenship and preparing people to respect and live well in any community they choose.

Place-based learning helps schools and communities get better together.

The Rural School and Community Trust • <http://www.ruraledu.org/>

HOLISTIC

Holistic: Emphasizing the importance of the whole and the interdependence of its parts.

Positive Youth Development looks at all four of the following developmental arenas:

Developmental Arena

Physical Development

- Health diets
- Healthy activities
- Good health risk management skills

Psychological, Emotional & Spiritual Development

- Good mental health
- Good coping skills
- Good conflict resolution skills
- Strong moral character

Intellectual Development

- Knowledge of essential academic skills
- Knowledge of essential life skills
- Knowledge of essential vocational skills
- Good decision-making skills

Social Development

- Connectedness
- Sense of social place/integration
- Attachment to pro-social institutions
- Ability to navigate in multiple cultural contexts

INFORMED BY YOUTH

Informing young people in decisions that affect them has multiple benefits:

Provides young people with opportunities to learn, practice and master new skill (e.g., teamwork, responsibility, and program solving);

Increases young people’s sense of belonging and connection to their communities;

Improves programs and services, infusing new ideas and energy; and

Changes the community’s perception of and appreciation for what young people can and will do for their communities.

APPENDIX M

Positive Youth Development Principles

Level of Youth Participation

Degrees of Participation

8) Young people-initiated, shared decisions with adults

This happens when projects or programs are initiated by young people and decision-making is shared between young people and adults. These projects empower young people while at the same time enabling them to access and learn from the life experience and expertise of adults. This rung of the ladder can be embodied by youth/adult partnerships.

7) Young people-initiated and directed

This step is when young people initiate and direct a project or program. Adults are involved only in a supportive role. This rung of the ladder can be embodied by youth-led activism.

6) Adult-initiated, shared decisions with young people

Occurs when projects or programs are initiated by adults but the decision-making is shared with the young people. This rung of the ladder can be embodied by participatory action research.

5) Consulted and informed

Happens when young people give advice on projects or programs designed and run by adults. The young people are informed about how their input will be used and the outcomes of the decisions made by adults. This rung of the ladder can be embodied by youth advisory councils.

4) Assigned but informed

This is where young people are assigned a specific role and informed about how and why they are being involved. This rung of the ladder can be embodied by community youth boards.

3) Tokenism

When young people appear to be given a voice, but in fact have little or no choice about what they do or how they participate. This rung of the ladder reflects adult-ism.

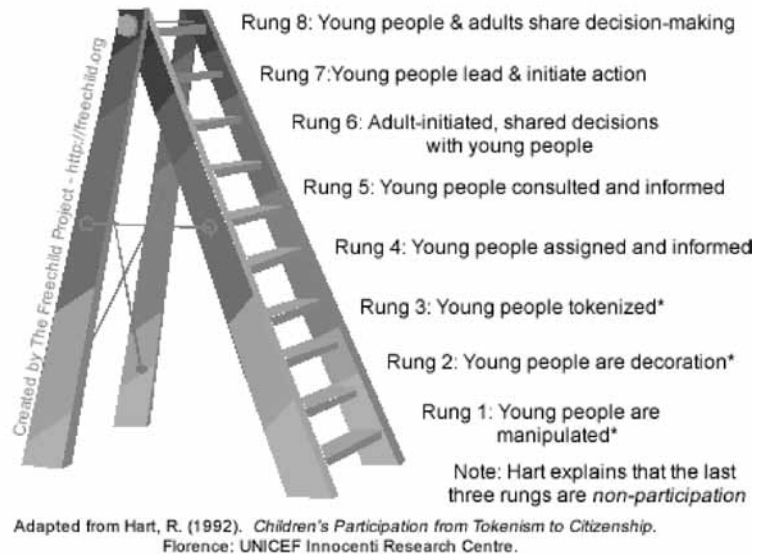
2) Decoration

Happens when young people are used to help or “bolster” a cause in a relatively indirect way, although adults do not pretend that the cause is inspired by young people. This rung of the ladder reflects adult-ism.

1) Manipulation

Happens where adults use young people to support causes and pretend that the causes are inspired by young people. This rung of the ladder reflects adult-ism.

Roger Hart's Ladder of Young People's Participation



Hart's ladder of young people participation • www.freechild.org/ladder.htm

APPENDIX N

Positive Youth Development Principles



40 Developmental Assets® for Early Childhood (ages 3 to 5)

Search Institute® has identified the following building blocks of healthy development—known as Developmental Assets®—that help young children grow up healthy, caring, and responsible.



External Assets	Support	<ol style="list-style-type: none"> Family support—Parent(s) and/or primary caregiver(s) provide the child with high levels of consistent and predictable love, physical care, and positive attention in ways that are responsive to the child's individuality. Positive family communication—Parent(s) and/or primary caregiver(s) express themselves positively and respectfully, engaging young children in conversations that invite their input. Other adult relationships—With the family's support, the child experiences consistent, caring relationships with adults outside the family. Caring neighbors—The child's network of relationships includes neighbors who provide emotional support and a sense of belonging. Caring climate in child-care and educational settings—Caregivers and teachers create environments that are nurturing, accepting, encouraging, and secure. Parent involvement in child care and education—Parent(s), caregivers, and teachers together create a consistent and supportive approach to fostering the child's successful growth.
	Empowerment	<ol style="list-style-type: none"> Community cherishes and values young children—Children are welcomed and included throughout community life. Children seen as resources—The community demonstrates that children are valuable resources by investing in a child-rearing system of family support and high-quality activities and resources to meet children's physical, social, and emotional needs. Service to others—The child has opportunities to perform simple but meaningful and caring actions for others. Safety—Parent(s), caregivers, teachers, neighbors, and the community take action to ensure children's health and safety.
	Boundaries & Expectations	<ol style="list-style-type: none"> Family boundaries—The family provides consistent supervision for the child and maintains reasonable guidelines for behavior that the child can understand and achieve. Boundaries in child-care and educational settings—Caregivers and educators use positive approaches to discipline and natural consequences to encourage self-regulation and acceptable behaviors. Neighborhood boundaries—Neighbors encourage the child in positive, acceptable behavior, as well as intervene in negative behavior, in a supportive, nonthreatening way. Adult role models—Parent(s), caregivers, and other adults model self-control, social skills, engagement in learning, and healthy lifestyles. Positive peer relationships—Parent(s) and caregivers seek to provide opportunities for the child to interact positively with other children. Positive expectations—Parent(s), caregivers, and teachers encourage and support the child in behaving appropriately, undertaking challenging tasks, and performing activities to the best of her or his abilities.
	Constructive Use of Time	<ol style="list-style-type: none"> Play and creative activities—The child has daily opportunities to play in ways that allow self-expression, physical activity, and interaction with others. Out-of-home and community programs—The child experiences well-designed programs led by competent, caring adults in well-maintained settings. Religious community—The child participates in age-appropriate religious activities and caring relationships that nurture her or his spiritual development. Time at home—The child spends most of her or his time at home participating in family activities and playing constructively, with parent(s) guiding TV and electronic game use.
Internal Assets	Commitment to Learning	<ol style="list-style-type: none"> Motivation to mastery—The child responds to new experiences with curiosity and energy, resulting in the pleasure of mastering new learning and skills. Engagement in learning experiences—The child fully participates in a variety of activities that offer opportunities for learning. Home-program connection—The child experiences security, consistency, and connections between home and out-of-home care programs and learning activities. Bonding to programs—The child forms meaningful connections with out-of-home care and educational programs. Early literacy—The child enjoys a variety of pre-reading activities, including adults reading to her or him daily, looking at and handling books, playing with a variety of media, and showing interest in pictures, letters, and numbers.
	Positive Values	<ol style="list-style-type: none"> Caring—The child begins to show empathy, understanding, and awareness of others' feelings. Equality and social justice—The child begins to show concern for people who are excluded from play and other activities or not treated fairly because they are different. Integrity—The child begins to express her or his views appropriately and to stand up for a growing sense of what is fair and right. Honesty—The child begins to understand the difference between truth and lies, and is truthful to the extent of her or his understanding. Responsibility—The child begins to follow through on simple tasks to take care of her- or himself and to help others. Self-regulation—The child increasingly can identify, regulate, and control her or his behaviors in healthy ways, using adult support constructively in particularly stressful situations.
	Social Competencies	<ol style="list-style-type: none"> Planning and decision making—The child begins to plan for the immediate future, choosing from among several options and trying to solve problems. Interpersonal skills—The child cooperates, shares, plays harmoniously, and comforts others in distress. Cultural awareness and sensitivity—The child begins to learn about her or his own cultural identity and to show acceptance of people who are racially, physically, culturally, or ethnically different from her or him. Resistance skills—The child begins to sense danger accurately, to seek help from trusted adults, and to resist pressure from peers to participate in unacceptable or risky behavior. Peaceful conflict resolution—The child begins to compromise and resolve conflicts without using physical aggression or hurtful language.
	Positive Identity	<ol style="list-style-type: none"> Personal power—The child can make choices that give a sense of having some influence over things that happen in her or his life. Self-esteem—The child likes her- or himself and has a growing sense of being valued by others. Sense of purpose—The child anticipates new opportunities, experiences, and milestones in growing up. Positive view of personal future—The child finds the world interesting and enjoyable, and feels that he or she has a positive place in it.

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APPENDIX O

Positive Youth Development Principles



40 Developmental Assets® for Adolescents (ages 12-18)

Search Institute® has identified the following building blocks of healthy development—known as Developmental Assets®—that help young people grow up healthy, caring, and responsible.



External Assets	Support	<ol style="list-style-type: none"> 1. Family support—Family life provides high levels of love and support. 2. Positive family communication—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents. 3. Other adult relationships—Young person receives support from three or more nonparent adults. 4. Caring neighborhood—Young person experiences caring neighbors. 5. Caring school climate—School provides a caring, encouraging environment. 6. Parent involvement in schooling—Parent(s) are actively involved in helping young person succeed in school.
	Empowerment	<ol style="list-style-type: none"> 7. Community values youth—Young person perceives that adults in the community value youth. 8. Youth as resources—Young people are given useful roles in the community. 9. Service to others—Young person serves in the community one hour or more per week. 10. Safety—Young person feels safe at home, school, and in the neighborhood.
	Boundaries & Expectations	<ol style="list-style-type: none"> 11. Family boundaries—Family has clear rules and consequences and monitors the young person's whereabouts. 12. School boundaries—School provides clear rules and consequences. 13. Neighborhood boundaries—Neighbors take responsibility for monitoring young people's behavior. 14. Adult role models—Parent(s) and other adults model positive, responsible behavior. 15. Positive peer influence—Young person's best friends model responsible behavior. 16. High expectations—Both parent(s) and teachers encourage the young person to do well.
	Constructive Use of Time	<ol style="list-style-type: none"> 17. Creative activities—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts. 18. Youth programs—Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. 19. Religious community—Young person spends one or more hours per week in activities in a religious institution. 20. Time at home—Young person is out with friends "with nothing special to do" two or fewer nights per week.
Internal Assets	Commitment to Learning	<ol style="list-style-type: none"> 21. Achievement Motivation—Young person is motivated to do well in school. 22. School Engagement—Young person is actively engaged in learning. 23. Homework—Young person reports doing at least one hour of homework every school day. 24. Bonding to school—Young person cares about her or his school. 25. Reading for Pleasure—Young person reads for pleasure three or more hours per week.
	Positive Values	<ol style="list-style-type: none"> 26. Caring—Young person places high value on helping other people. 27. Equality and social justice—Young person places high value on promoting equality and reducing hunger and poverty. 28. Integrity—Young person acts on convictions and stands up for her or his beliefs. 29. Honesty—Young person "tells the truth even when it is not easy." 30. Responsibility—Young person accepts and takes personal responsibility. 31. Restraint—Young person believes it is important not to be sexually active or to use alcohol or other drugs.
	Social Competencies	<ol style="list-style-type: none"> 32. Planning and decision making—Young person knows how to plan ahead and make choices. 33. Interpersonal Competence—Young person has empathy, sensitivity, and friendship skills. 34. Cultural Competence—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 35. Resistance skills—Young person can resist negative peer pressure and dangerous situations. 36. Peaceful conflict resolution—Young person seeks to resolve conflict nonviolently.
	Positive Identity	<ol style="list-style-type: none"> 37. Personal power—Young person feels he or she has control over "things that happen to me." 38. Self-esteem—Young person reports having a high self-esteem. 39. Sense of purpose—Young person reports that "my life has a purpose." 40. Positive view of personal future—Young person is optimistic about her or his personal future.

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