

Whole Child Whole Day Initiative
Bill & Melinda Gates Foundation (BMGF)
Casey Family Programs (CFP)
City of Seattle (CoS)
Seattle Public Schools (SPS)

Annual Review
August 2018

Project Description:

The initial phase of Whole Child Whole Day (WCWD) aimed to provide staff at seven Seattle public schools with the appropriate training to create a sense of belonging, safe environments, and adequate supports to keep all of our students in school to increase instructional time and drive outcomes in academic achievement has been completed. Through WCWD, we field tested a tiered system of support to eliminate opportunity gaps for all students with an intentional focus on improving school climate for African-American males and other students of color. The project focuses on how the integration of school-wide behavioral health and academic mindset within a culturally responsive learning partnership positively impacts learning outcomes for students of color within marginalized communities. The most poverty-impacted schools can face unique challenges brought on by childhood complex trauma and Adverse Childhood Experiences - ACEs (Anda, Filetti, et. al.,2006) (Hammond, 2015)

Outcomes of Whole Child Whole Day Initiative include:

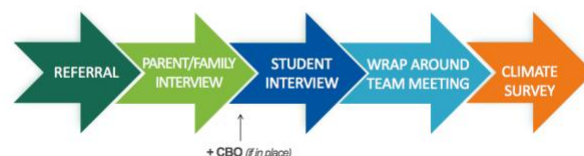
- Accomplish implementation of a comprehensive case management wraparound service model at seven selected schools.
- Establish and/or strengthen site-specific family engagement and community partnerships.
- Positively influence culture and climate in participating school communities.
- Reduce disparities and improve outcomes for African- American boys and other students of color.
- Increase collaboration and alignment among schools and partner organizations.

The following summary describes the model used to support students and the results from the initial WCWD field test.

Model used to address Opportunity Gaps:

The Tier II care coordination wraparound service model introduced staff to the basic fundamentals of case management/care coordination practices and approaches within Multi-Tiered System of Supports (MTSS). This involved early engagement of families, school staff, and community-based providers utilizing motivational

WRAP-AROUND SERVICE DELIVERY MODEL



interviewing techniques. Core concepts included an understanding of Adverse Childhood Experiences (ACEs), trauma sensitive and responsive practices, strength-based approaches, and solution focused, co-designed service plans to help with social, emotional, and basic needs while providing human services referrals, along with academic and attendance improvements to support increased instructional time. When students are not present during instruction time effects are exacerbated when academic challenges that have gone unaddressed across their K-8 educational experience contribute to increased frustration with academic instruction and tasks requiring high levels of reading, which in turn contributes to disruptive behaviors and educator responses that reduce access to instruction time and opportunities to learn (McIntosh, Horner, et al., 2008).

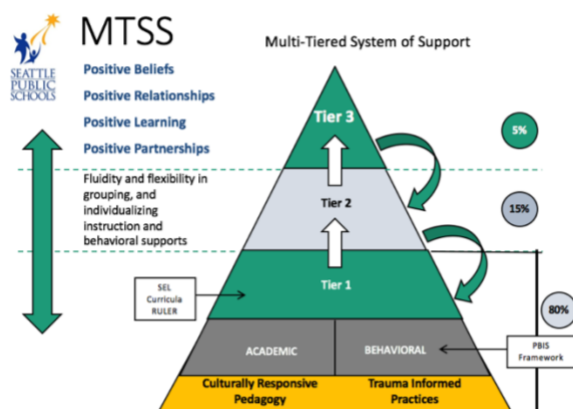
Implementation of the Tier II care coordination wraparound service model combined with promising practices (MTSS, Professional Learning Communities (PLC), data collection and use) and corresponding professional development (ACEs, Social Emotional Learning), motivational interviewing, and care plan development) were used to accomplish these outcomes in the given timeframe and budget. In our initial phase, the role of Care Coordinators was to co-design a plan that connected and coordinated tiered supports being provided by school staff, families, various state/local agencies, as well as community-based organizations.

A foundational piece of the WCWD project and practices is, embedding Care Coordination within SPS' the 3-tiered MTSS model with a focus on students identified for additional supports in Tier II. By capitalizing on the preexisting scaling system of supports; it offers the potential to create needed systematic change through intentional design and redesign of services and supports that quickly identify and match the stories, strengths, and needs of each student.

The three-tiered model of service delivery is designed to establish schoolwide and/or classroom-based supports for all students that increase in intensity based on individual needs:

- Tier 1 focuses on universal supports, prevention, and promoting mental wellness and behavioral health for all students. Examples of this are seen through establishing positive behavioral expectations and supports, resiliency skills, social-emotional competencies, etc.
- Tier 2 provides targeted supports to address emerging challenges.
- Tier 3 provides more intensive often individualized supports/interventions for students with significant challenges and barriers. These services may include community involvement and outside expertise.

Through the Tier II care coordination case management wraparound service delivery model, we believe families must be involved at all three tiers. Making that happen will require intentional efforts from school staff and building leaders.



The cumulative goal of education is to offer students opportunities to develop interrelated academic, personal, and social competencies that have a long-term impact on their lives. To better achieve the goal of developing interrelated competencies in children, schools must take steps to shift away from a siloed approach in which academics, behavioral, and emotional health are segregated. Research from the fields of behavioral health and literacy point to a reciprocal relationship between academic achievement and behavioral health, with the strongest adverse relationship related to literacy achievement (Nelson, et. al, 2004). Struggling readers, for example, suffer more often from anxiety and depression, and are more likely to engage in delinquent behaviors (Arnold, et. al., 2005). Instead, the focus should be on an integrated, coherent approach, in which parallel processes of interrelated competencies for both educators and students are identified, developed, and sustained through safe and positive relationships. This is the ideal state and intentional focus for the WCWD initiative.



Social-Emotional Learning, an approach to instruction that considers the emotional components that either facilitate or impede learning, is an ideal basis for such a framework. Social-emotional learning can be the integrative glue that ties together initiatives such as culture and climate, classroom management, academic and behavioral universal practices, supports, and interventions.

Methodology: We plan to build school wide MTSS structures that lead to consistency, predictability, and baseline day to day environments that illicit safety on varying levels (physical safety, emotional safety, and identity safety). We know that all students and families are better served with proactive universal practices, with the greatest additional impact experienced by the most marginalized youth and families: those whose academic achievement is hindered by stressors such as, trauma, poverty, and systemic racism.

If students are residing in school environments that elicit feelings of inadequacy or lack of being accepted(belonging), we understand that an unaccepting school environment for a child increases anxiety beyond a normal baseline day to day. An anxious brain does not recognize emotions effectively, regulate emotions as effectively, which may negatively impact access to instruction time, self-esteem, and a brains ability to retain learning. A safe and consistent school environment can alleviate elevated anxiety for both students, families, and staff.

In Tiers II and III, we will focus on partnering and utilizing the expertise of families and communities to accurately define the antecedent (risk factors) of trauma symptoms and behaviors of students. We then plan to provide effective care coordination and wraparound supports to replace risk factors with protective factors. A primary goal of the care coordination and the wraparound process is to evaluate the student’s need for additional supports to promote academic and behavioral success. At each Care Plan meeting we asked the

student (if deemed part of the meeting process), and parent/guardian to report on strengths and challenges impacting their daily school experiences. We then attempted to create linkage to community and school-based services. (community-based mental health services, school-based mental health services, and academic support).

The rationale for this approach is that three diverse middle schools in SPS (Aki Kurose, Denny MS, and Asa Mercer) have demonstrated success in closing opportunity gaps and outperforming their peers statewide with similar demographics while using this model. The schools are delivering effective, high quality instruction in Tier I; while also utilizing a care coordination/wraparound model that focuses on risk factors for trauma, and building plans towards sustainable protective factors in Tier II. These schools have also reduced inappropriate and ineffective Special-Ed qualifications (and diagnosis). Again, a potential pathway (potentially unintentionally) for the school to prison pipeline.

Rainier Scholars educational support organization in Seattle, who partners and supports students and families of color from age 11 to college graduation, also utilizes this care coordination model. Due to the population of students who are primarily students of color, Rainier Scholars students had an average ACEs score of “7” between the years of 2012 and 2016 as the model was being developed and evaluated by David Lewis, who is currently the Program Manager of SPS’ Behavioral Health Program. Many of the students and families described “the experience of discrimination and racism” as a form of complex trauma on exploratory surveys. This wraparound model contributed to increased retention rates of families remaining in the Rainier Scholars program, and the organization now has college admittance and acceptance rates of 99% for students who have been historically marginalized, and fall within the educational opportunity gap throughout King County. Families and students are experts of their own life experiences, and the wraparound model provides an opportunity for us to understand “what may have happened to them as children and families, as opposed to what is wrong with them.”

Evidence of success at the end of the grant period will be that policies, decision making procedures, school wide structures, leadership practices, and the skills of individual educators, are developed to a degree that the care coordination practices are self-sustaining and embedded throughout the many environments that our youth inhabit. Our proposed model embeds practices that adhere to inclusive cultures of reciprocal relationships, shared responsibility amongst the school community (staff, students, families and CBOs), and emphasizes the use of evidence and research informed practices to enhance the academic and behavioral performance of all students. As a result, we hypothesize that an increase of trust between our schools, our community-based organizations, and families; will assist with ongoing planning of helping historically marginalized students. We will also be intentional about facilitating community led functions and solutions aimed at healing existing barriers, and proactively preventing them in the future.

Schools: Six elementary and one middle school in the Central and Southeast Region, participated in the Whole Child Whole Day field test. The six elementary schools were Bailey Gatzert, John Muir, Leschi, Madrona, Martin

Luther King, Jr, and Stevens K-8. West Seattle Elementary was not part of this grant but expressed interest in the wraparound model and participated in professional development and site visits during the initial phase. Meany Middle School was the WCWD grant funded middle school, and it should be noted that Washington Middle School also participated, but in a preliminary learning capacity similar to that of West Seattle Elementary.



Staff: The WCWD funding supported one part-time SPS staff person (0.3 – 0.5 FTE) at the seven selected schools. The seven funded building staff were required to attend eight WCWD professional development (PD) sessions throughout SY 2017-18. Interest in the Tier II care coordination wraparound service delivery model far exceeded the seven staff, with PD attendance reaching as high as 50 during the pilot year. The average number of attendees per WCWD PD session was 25 people; 3-4 times the expected turnout. Building leaders, SPS central office staff, and community supporters were some of the voluntary participants joining training sessions.

WCWD Cohort 1 Participation			
	Cohort 1	Funded Staff	Non-funded Staff
Grant Funded	Bailey Gatzert Elementary	1	1
	John Muir Elementary	1	1
	Leschi Elementary	1	1
	Madrona Elementary	1	
	MLK Jr Elementary	1	1
	Meany Middle	1	
	Stevens Elementary	1	1
Non-grant Funded	Washington Middle		2
	West Seattle Elementary		1

Originally designated as “Case Managers”, this role was designed to provide the SPS staff with knowledge related to the importance of case management as a practice skill for School Counselors, School Social Workers, Nurses, Family Support Workers, District Truancy Representatives, Youth Services Assistant, Social Emotional

Discipline Case Managers, and educators; to be effective in providing services in micro, mezzo, and macro levels of support (Burns, Warmbold-Brann, and Zaslofsky, et al., (2015). As the field test continued, the role more closely related to coordination of care, direct services, and both internal and external referrals for students and their families. Going into the next phase for SY 2018-19, SPS staff will formally be designated as “Care Coordinators” and referenced as such in future documents.

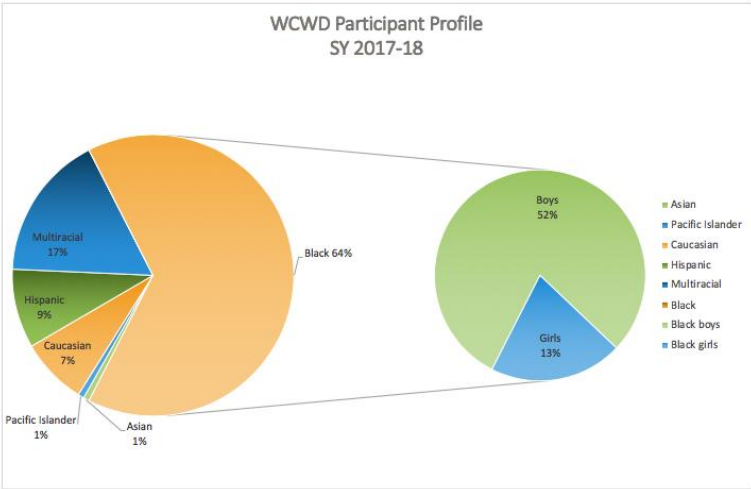
Given that the goals of the WCWD initiative include reducing disparities and increasing instructional time to support academic performance, the identified Care Coordinators were already based out of the school buildings and existing members of school teams, as opposed to outside service providers. They have been able to accomplish an integration of the social and emotional needs, and concurrently the academic learning needs of the students in a way that may be more difficult for external providers not based in the school setting.

Liz Hudson, a Counselor from Stevens K-8 said, “Students have built trust and are actively seeking my support. I’ve noticed less peer conflict and more class engagement.”

Consideration for Year 2:

Increased focus on staff attributes: Ability to engage and motivate, detail oriented, consistent, data-driven, organized, enthused, etc. Data and outcomes: Show Care Coordinators examples of completed work and ensure they understand tracking tools, and what the data means. Create Professional Development trainings with a focus on understanding what various metrics represent.

Participants: 220 students were enrolled in care coordination wrap-around services during SY 2017-18. Care Coordinators maintained an average caseload size of 16 students over the course of this field test. 75% of the student participants were male. SPS uses six racial categories to identify students: Asian, Black, Caucasian, Hispanic, Multiracial, and Pacific Islander. The majority of students identified and included in each school’s caseload were Black. Overall, 52% of the participants in the field test were African-American boys.



Proposed Outcomes: Our proven ability to integrate, Positive Behavioral Intervention Support Practices (PBIS), Restorative Practices (RJP), and Trauma Informed (Authoritative Positive Teaching Practices; developed by SPS Behavioral Health) have led to positive outcomes when looking at data related to climate and culture, and identity safe environments (per student climate survey data) in Tier I.

We are positively impacting disproportionate disciplinary action for students of color (per elementary discipline data), exclusionary practices, and decreasing inaccurate qualification for Special-Ed services. Inappropriate, and ineffective plans as a result of Special-Ed, show high correlations with the school to prison pipeline for African American males. Studies find that a positive school culture and climate in Tier 1 decreases absenteeism, suspensions, and substance abuse, and in effect increases students' academic achievement, motivation to learn, and social emotional well-being (and less anxiety and stress). John Duane, a Special Education Assistant at Stevens K-8 who participated in WCWD professional development and teamed up with the designated Care Coordinator at their school to host student affinity groups said, "I've seen a noticeable change with my students in regard to problem solving and self-advocacy in a positive manner. Daily check-ins are absolutely working as well."

Our plan is to additionally develop an effective MTSS model that addresses the whole child in the identified schools, and scale that model in other regions of the district when we have found universal successes within that subset and Tier II care coordination process. The implementation of supports in selected schools will also allow for continued longitudinal positive impact beyond the conclusion of the grant for the students, schools, families, and communities involved. Resources will be maximized to support as many students as possible, with a focus on building independent capacity within our schools, family supports, and broader community.

We hypothesized that outcomes will be:

- Increasing the schools' ability to deal with complex student needs.
- Increasing the schools' ability to coordinate services for students.
- Helping school teams realize the value of school, family, and community collaboration; and accessing multiple systems to address student needs.
- Freeing up educators to invest more time in planning for instruction and teaching.
- Parents and students will gain competencies across multiple areas such as:
 - Getting support: "How to form a support network outside of the family;" "You can get support if you ask;" "How to talk to teachers in a constructive way when there is a problem;" "Resources are available, and people do care."
 - Setting and following through on collaborative goals: "How to keep school work organized;"
 - Dealing with stress
 - Communicating with family members and others

Evaluation: Interim School Climate and Culture surveys are administered in Fall and Winter to schools choosing to survey students as a monitoring tool for school climate and culture goals. The annual survey is administered in all schools during the Spring. As part of the evaluation process to determine if positive relationships were established between students and staff, an abbreviated version of the survey was created focusing on questions relating to sense of belonging and safety.

The results of the Fall survey showed that each of the grant schools had an increase of six to thirteen percentage points in most areas of the interim 2017-18 survey; specifically, in the categories of "Sense of Belonging", "Healthy Community", and "School Safety".

By the end of the 2017-18 school year, climate data for the participants showed a noticeable increase in students' sense of belonging and safety at school. The surveys were for two age groups; younger students ranging from kindergarten to second grade and older students in third to eighth grade. Overall, K-2 students had a favorable response rate of 86% and students in grades 3-8 had a favorable response rate of 74% for all survey questions at the end of the school year. Statements pertaining to sense of belonging yielded 84% favorable response rate and school safety was at 76% by the end of the year.

By comparison, the seven schools in the field test had an overall 72% favorable response for Belonging and 62% favorable for School Safety for their student bodies. The results show that the cohort of students receiving care coordination wrap-around services had a 12 percentage point increase for positive relationships and sense of belonging at school as compared to their peers. WCWD participants also showed a 14 percentage point increase in positive responses as compared to other students attending the same school when it came to statements pertaining to safety at school.

Data: Care Coordinators were responsible for tracking their work with students, families, staff, and community-based organizations. They also captured student data on several levels using tools developed for referrals, assessments, care coordination, and wrap-around services. The following describes the collected data.

Encounter Logs: Students received a number of services as part of the Tier II care coordination wrap-around model. To support student and family needs, 566 referrals were made to resources, direct service providers, and school affinity groups. The table below shows the number of touch points for individual students along with other supports, collaboration, and communications between school staff, students, and their families. Quantifying the efforts of Care Coordinators during this pilot considers cumulative impact for student success as they continue to receive care coordination and support using this model.

Care Coordination Data		YTD Total	Bailey Gatzert	John Muir	Leschi	Madrona	MLK Jr	Meany	Stevens
Contributing Staff		11	2	1	2	1	2	1	2
Grant Funded FTE		3.3	0.5	0.5	0.5	0.5	0.3	0.5	0.5
Caseload #		220	31	15	44	15	30	33	25
Referrals		566	170	87	158	15	75	8	53
Services Provided	Student Assessment	157	12	0	11	1	63	34	36
	Case Mgmt. with Collaterals	4556	259	1463	1114	46	60	851	763
	Individual Support	18973	3968	1654	7893	592	208	2158	2500
	Family Support	1426	274	135	244	112	37	119	505
	Group Support	2259	255	114	1255	4	1	0	630
	Wrap Around Team Meeting	266	55	41	131	1	13	0	25
	School Staffing	816	249	43	249	4	5	204	62

Care Coordinator service definitions:

Assessments: Student was assessed for caseload enrollment. Assessment outcomes were detailed in the notes section of assessment forms.

Case management with collaterals: Direct or indirect contacts (i.e. formal and informal meetings, phone calls, emails with all collaterals, consults without student present, letters, etc.)

Individual Support: Check-ins with student, crisis intervention with students, and/or phone calls.

Family Support: Parent/guardian assessments, face to face contact with family members and student; crisis intervention, and/or phone calls.

Group Support: Supporting students in a group setting; with school groups or community-based outings.

Wrap Around Team Meeting: These meetings are called by Care Coordinator and include student and parent/guardian and multi-system team members. All wraparound team meetings are documented in student plans.

School Staffing: Meeting is called at school where student may or may not be present but is the focus of the meeting.

Referral: Referrals to all other services, internal or external. Referrals are described and coded, if appropriate.

Attendance, Discipline, and Academic Assessments: Baseline data on attendance, discipline, and academic assessments were collected during the initial year for WCWD. 20% of participating students were new to the Seattle school district in SY 2017-18. Additionally, Meany Middle School re-opened in SY 2017-18, thus no previous data from SY 2016-17 was available for this school.

Average attendance for the participants in SY 2017-18 was 90%. Chronic absenteeism rates were 34% for this cohort of students. In SY 2016-17, 23 students from the cohort were deemed chronically absent. In SY 2017-18, seven of the 23 students showed improved attendance and did not have chronic absenteeism. In total, there were 58 discipline incidents resulting in 158 days missed for SY 20-17-18.

“Most of the students on my caseload are spending more time in class. They are also using their words to let teachers and peers know how they feel,” said Gerald Donaldson, a Family Support Worker in the WCWD Care Coordinator role at Leschi Elementary.

Academic assessments varied across participating schools depending on grade level. Five of the seven schools administered MAP testing for certain students grades 3-5 and 6-8. SBA interim academic data was pulled for ELA and Math tests. For Math, the average percentile was 33 for participating WCWD students in the third grade. The average percentile Math score was 27 for students in grade 4, followed by an average percentile score of 20 for students in grade 5. Middle school participants averaged in the 29th percentile for the Math Common Core State Standardized test. There were two schools in the cohort that had Reading scores for the ELA interim academic assessment for grades 3 and 4. The average percentile score for WCWD students grade 4 was 26. With continued data collection and measured outcomes there will be further analysis and comparisons to draw upon.

Climate Surveys: To be successful, a school climate must intentionally create and foster the emotional safety of adults that allows for the self-reflection needed to examine and adjust practices that in turn influence students’ emotional well-being. Strong, positive relationships with educators, intentional messages about ability and work, and flexible teaching approaches are important vehicles to promote children’s emotional health and increase access to learning.

Interim School Climate and Culture surveys are administered in Fall and Winter to schools choosing to survey students as a monitoring tool for school climate and culture goals. The annual survey is administered in all schools during the Spring. As part of the evaluation process to determine if positive relationships were established between students and staff, an abbreviated version of the survey was created focusing on questions relating to sense of belonging and safety.

The results of the Fall survey showed that each of the grant schools had an increase of six to thirteen percentage points in most areas of the interim 2017-18 survey; specifically, in the categories of “Sense of Belonging”, “Healthy Community”, and “School Safety”.

By the end of the 2017-18 school year, climate data showed a noticeable increase in students’ sense of belonging and safety at school. The surveys conducted were for two age groups; younger students ranging from kindergarten to second grade and older students in third to eighth grade. Overall, the cohort of K-2 students in the WCWD pilot had favorable survey response rates of 86% and students in grades 3-8 had a favorable response rate of 74%. 83% of responses were favorable when it came to statements about sense of belonging and school safety was at 77% by the end of the year. By comparison, the seven schools in the pilot had climate survey outcomes for these two areas ranging from 15 to 11 percentage points lower than the students participating in the Tier II care coordination wraparound service delivery model.

Strengths and Challenges Care Plans: One of the foundational components of the Tier II Care Coordination implementation is the utilization of the wraparound process done at least twice and up to three times each school year with identified Tier II students. Wraparound meetings involve the Care Coordinator (CC) bringing multiple members of a child’s support network together to execute a coordinated plan (Strengths and Challenges Care Plan). Care Coordinators continue to approach each case with the goal of using motivational interviewing techniques grounded in strength-based language in order to identify student and family strengths and identify risk factors to student and family positive functionality in and out of school. The emerging Strengths and Challenges wraparound model is similar to the traditional mental health wraparound model as utilized in King County. There are key elements which make the school-based model unique, for example:

- 1) Given that the ultimate goal of the Tier II wraparound program is to support academic performance (based in schools), the CC are members of the school community and Seattle Public School employees, as opposed to outsider service providers. They have been able to accomplish an integration of the social emotional, behavioral health needs, and the academic needs of the students in a way that may be more difficult for the outside provider not based in the school setting.
- 2) Convening team meetings within the school day may sometimes be challenging, but the barriers have led to creative adaptations. Even within the traditional mental health wraparound model where team meetings can be scheduled in homes or community settings and at flexible times, it is an ongoing challenge to ensure that team members regularly attend team meetings that are convened within the regular school day so in effect:

Team meetings incorporated into the existing structure of school staffing, and other routine school meetings where parents and others are already scheduled to attend on behalf of students (SIT meetings, attendance meetings, disciplinary meetings – bringing a solution focus to discipline meetings that have historically been deficit based).

Smaller teams or partial teams convened with the CC serving as to communicate and link team members to ensure the coordination of care in more academically focused meetings.

Risk Factors: The biggest risk factors that came up for this cohort of students was **social and/or behavioral, with 91%** of care plans identifying concerns in this area as reported by parents/guardians, school staff, and students. **Emotional risk factors were the second greatest category (83%),** followed by **academic concerns (70%).**

Protective Factors: Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community and peers; healthy beliefs and clear standards for behavior; and individual characteristics.

Identified Protective Factors quantified from our most recent data i.e., Rainier Scholars, and the WCWD participating school include:

- 1) Access to Resources (both academic and behavioral)
- 2) Community supports (community-based organizations)
- 3) Identified adults who express care for child and family
- 4) Consistent and clear expectations in and out of school
- 5) Social Emotional Structured Supports
- 6) Mental Health Supports
- 7) Competencies such as independent advocacy for student and family
- 8) Stable Housing
- 9) Financial Supports
- 10) Academic Supports i.e., tutoring or other structured activities

Constraints: Given the timeline and late start in the school year, there was a shorter timeframe for implementation of the field test (November 2017 to June 2018). Robust data collection began in late January to mid-February (once sufficient Professional Development on Care Coordination tracking system had been delivered) through June 15. With an earlier start date for training and implementation for SY 2018-19, there will be increased opportunity to collect data and track outcomes. Another constraint was lack of alignment between the funding cycles of partners. As a result, WCWD trained staff could not be guaranteed positions at their designated school for the following year. In order to limit turnover within the care coordinator role, grant funding cycles will need to coincide with school year funding to secure staffing, mitigate risk, and ensure retention.

Recommendations: Begin WCWD implementation with cohort 1 starting in September 2018. To increase efficiency and reinforce learnings from year 1, Care Coordinators from the initial year should assist a new second cohort of Care Coordinators in how to best use key tools and tracking methods at the school level. Other recommendations include building out time for Care Coordinators to share processes, case scenarios, successes and challenges as a way to build upon learnings and identify best practices in a collaborative setting.

Areas of improvement:

Year 1 Learnings:

- Grant funded schools have exhibited a readiness to embrace Tier II care coordination wraparound service delivery model.

- Inclusion of centrally based staff who would benefit from the professional development has enhanced the dialogue between school staff and Seattle Public Schools' central office staff
- Requests are being received from other school sites and programs to be part of a second cohort
- Funding cycles must be aligned with school year funding timelines
- Different schools are at different stages in implementation which means that some sites may need more tailored support and over-sight than others
- The starting point of implementation of this Tier II model is influenced by the degree to which the MTSS Tier I is built out at individual sites
- A systematic way to implement this model and promising practices at a lower age range (Pre-school) may be needed
- More students are being referred than necessary because Tier I (universal) practices are not meeting the needs of 80% or more of the student population in many schools.
- Schools would benefit by content based professional development connecting the rationale and evidence of the work and the model to expand Tier I practices and minimize Tier II support needs.
- Broader communication to all stakeholders, school sites, and district leadership to have a common understanding, common language, and increase the likelihood of support and fidelity of practices is needed.
- Case Managers (Care Coordinators) communicated that the details of tracking their work has been beneficial as well as informative on a broader scale. Cohort 1 is able to identify and track what type of risk factors are coming up for their families and utilizing/facilitating resources to address needs.
- A September launch, as opposed to mid-November, would have been the ideal in order to capitalize and build on school practices as well as assist in identifying students and families earlier. The 2018-19 school year will enable this to occur. *
- The first professional development training began on November 8th and data tracking began in January due to the late start, school breaks, and winter holidays. The timeframe for data collection in year 2 will be much earlier.
- Monthly check-ins with each Case Manager (Care Coordinator) and on-site coaching were beneficial. It increased the likelihood of fidelity while supporting and monitoring the effectiveness of the work at each site.

Supporting Evidence of Key Priorities, Objectives, and Innovations:

- Every family is included in a student's care plan (Minimum 2-3 strength-based meetings per year)
- A qualitative exploratory conversation using motivational interviewing techniques to identify strengths (protective factors) and barriers (risk factors) occurs prior to the co-design planning meeting with families, students, school staff, and community providers
- WCWD offers positive and celebratory individual, group, and family engagement activities
- Strengths based, proactive, on-going family support is a built-in component of the work and model
- Early data supports that we are building trauma & culturally responsive policies, practices, and structures to positively address social emotional and healthy child development, as well as academic success
- Policies and practices are leading to an aligned multi-tiered structure (Tier II), boosting social emotional development and other metrics. It is anticipated that further data analysis will likely show improvement in other metrics like student attendance, discipline, and academics.
- Families and students who have taken part in Motivational Interviews have expressed an increased trust as well as the feeling of being included and heard in the development of a coordinated care plan

Funding Contributions to Support Work and Outcomes:

This work could not have done without the funding. Resources provided staff time available through a .5 position at each site focused on this delivery model. In addition, it paid for professional development for staff

representing a variety of roles - nurses, counselors, family support workers, student youth advocates, central office staff and specialists (i.e. Special Education, Truancy, Attendance, Discipline, and McKinney Vento/Foster) and time to develop the African American Male SEL group curriculum. Year 2 funding will allow continuation of the work beginning as early as August in preparation for the beginning of the school year, document further findings, and work towards expanding Tier II care coordination and student affinity groups, with an intentional focus on African-American males and other students of color. Currently, ten additional schools are requesting professional development in the Tier II care coordination model.

Year 2 – Proposed Objectives

- Refine design based upon Year 1 findings
- Continue year 2 comprehensive care coordination wraparound services at participating cohort 1 schools
- Transition supports, services and outreach (PreK-K, 5th-6th, school time, out-of-school learning)
- Collect, disaggregate and monitor student data
- Offer Care Coordinator wraparound services professional development, school staff/Community Based Organizations during spring/summer
- Create systems/structures to foster communication/relationships between community and partner organizations

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