

Trauma Informed School Services Grant Plan

Schools of Northern Kentucky are aware of strong need among students and school staff for trauma informed supports.

Schools have established Trauma Informed Services Plans in compliance with Kentucky Department of Education Requirements. Each school and district is at a different level of planning and implementation of services to meet needs of its population.

This project is designed to meet each school and district's developmental needs for trauma informed services by 1) providing infrastructure supports; 2) providing supports for school-based services including services of community providers; and 3) integrating trauma informed supports throughout family, community, and school structures.

INFRASTRUCTURE SUPPORTS

The project will begin October 2022 by examining current infrastructures across the region, and within each participating district and school.

Staff will be hired: A Project Director with trauma-informed mental health services coordination experience; an epidemiologist who will manage project data, analysis, and reporting; a social worker to help schools coordinate wraparound services including insurance negotiation will be hired immediately upon award. In Year Two, two Specialists in Trauma Informed Care will be hired as needs for training, coaching, and integrated services will have been identified and expanded.

An Advisory Board will be established that will include stakeholders from throughout the project: at least one representative of each participating district and/or school who is a mental health professional or administrator; a representative of major community mental health providers (CHNK, MEBS, etc.); family members who have been impacted by trauma; experts in youth trauma; and representatives of other agencies working to address trauma (child welfare, law enforcement, juvenile justices, etc.) as appropriate. This group will meet monthly and will designate task forces needed to address issues as they arise.

An initial task that may require task forces will be the required documents that must be created within the first six months after award (disparity impact statement, interagency agreement, and implementation, training, and engagement plans) and one year after award (sustainability plan).

The Advisory Board and project staff will work throughout the project to build partnerships with additional community providers, to streamline referral systems and follow-up information collection, and to improve communication among all people working on behalf of individual children as well as the project as a whole.

The Epidemiologist and Project Director will manage data collection and analysis to produce monthly reports to the Advisory Board and reports to the funder as required. These reports will be the basis for data-based decision making for continuous improvement as well as for reports to schools and the community about project progress. Data to be collected is expected to include information regularly collected by schools (behavior, attendance, achievement data, KIP Survey, etc.), counselors (number of individuals reached, types of interventions used, etc.), and FRYSC (number of parents engaged, etc.) It also will use required data collection instruments from community providers and the funder such as the National Outcome Measures client level services tool. The project may create additional data collection tools such as pre- and post-surveys for specific activities and the project as a whole, interviews of selected participants, etc.

An annual Trauma Informed School Services Summit, to be held each summer, will provide a forum for participants to network, share ideas that have worked (and those that have not), and to plan improvements for the next year. Participants will revisit their Trauma Informed Plans each summer to ensure currency, cultural relevance, and equity.

SUPPORTS FOR SCHOOL-BASED SERVICES INCLUDING SERVICES OF COMMUNITY PROVIDERS

The Advisory Board and each district will use the newly developed Trauma Informed Services Plan required by KDE to identify each participating school as Tier I, II, or III. Services for each participant will be provided within that group

identification. Universal (Tier I) services will be available to any regional participant. Services to Tier II and Tier III will be targeted to identified data-based school and community needs, with Tier III schools receiving more intensive services including onsite coaching and trainings.

Participants will work through staff and the Advisory Board to identify gaps in services that can be addressed regionally for Tier I or within each community for Tier II and III. When these gaps have been identified, all partners will work together to address them. For example, when a community identifies transportation as a barrier for families to participate in trauma-based therapies, the community provider may agree to provide services at the school site, or a local agency may be able to identify a community transportation services that can be accessed with financial support. This gap analysis will be performed initially as part of a needs assessment at each participating school/district by the school Trauma Informed Team and will continue throughout the project with formal analysis each summer at an annual Trauma Informed School Services Summit.

Project staff and staff of the partners will provide ongoing access to training and coaching needed to address schools' and community partner needs for support. For example, the Children's Home of Northern Kentucky is equipped to provide training and support for the Sanctuary model and for addressing LGBTQ+ issues. NKCES staff and staff of various schools are qualified to provide coaching and training for school-specific evidence-based models, programs and strategies. Other community partners will be engaged as they are identified to meet additional needs for support and to close gaps identified within schools' Trauma Informed Plans.

Many schools already implement evidence-based prevention or social-emotional learning curriculums. As needs for support are identified, these schools may provide a pool of trainers, or curriculum and training can be provided otherwise through the project.

Barriers to access to care such as insurance gaps, transportation, language and distance issues, scheduling challenges, can be addressed in collaboration with the project Social Worker through individual school/district plans. Each participating district may also be provided a budget to designate limited funding for these needs (amounts and structure to be determined... we currently are considering a tiered approach to this so that all districts have equitable access).

FAMILY, SCHOOLS, AND COMMUNITY TRAUMA INFORMED SERVICES INTEGRATION

Regional trainings will include topics such as trauma awareness; cultural sensitivity regarding mental health issues; mental health advocacy; and ways to get all stakeholders working together on behalf of children who have experienced trauma.

Student Care Teams will be promoted at schools, targeting individual students in need, to include school mental health staff, teachers, community mental health providers, and family members and students to create goals and choose interventions to best encourage recovery and equitable treatment. Project staff will provide trainings and assistance to guide development and ongoing support for the teams.

Staff wellness concerns will be addressed through the school/district plans and funding provided through the school budget package items to support these plans.