



**School Committee
Meeting**

**March 11, 2015
7:00 pm**

**Town Hall
Selectmen's Meeting Room**



**SHREWSBURY PUBLIC SCHOOLS
SCHOOL COMMITTEE MEETING
AGENDA
March 11, 2015 7:00pm
Town Hall—Selectmen's Meeting Room**



Items

Suggested time allotments

* Executive Session may take place prior to the start of the meeting at 6:15pm, see topics below

I. Public Participation	7:00 – 7:10
II. Chairperson's Report & Members' Reports	
III. Superintendent's Report	
IV. Time Scheduled Appointments A. Clinical, Mental & Behavioral Health Services: Report	7:10 – 7:40
V. Curriculum	
VI. Policy A. Policy on Physical Restraint: First Reading B. School Choice: Report & Hearing	7:40 – 7:55 7:55 – 8:10
VII. Budget A. State Aid for Education: Report	8:10 – 8:30
VIII. Old Business	
IX. New Business	
X. Approval of Minutes	8:30 – 8:35
XI. Executive Session* A. Potential discussion of collective bargaining negotiations with cafeteria workers association and/or paraprofessionals association; potential discussion of compensation guidelines for administrator contract negotiations and/or contract negotiations with non-union personnel	8:35 – 9:00
XII. Adjournment	9:00

**Next meeting:
March 25, 2015 7:00pm**



SHREWSBURY PUBLIC SCHOOLS
School Committee



ITEM NO: I. Public Participation

MEETING DATE: 3/11/15

SPECIFIC STATEMENT OR QUESTION:

Will the School Committee hear thoughts and ideas from the public regarding the operations and the programs of the school system?

BACKGROUND INFORMATION:

Copies of the policy and procedure for Public Participation are available to the public at each School Committee meeting.

ITEM NO: II. Chairperson's Report/Members' Reports

SPECIFIC STATEMENT OR QUESTION:

Will the School Committee hear a report from Dr. B. Dale Magee, Chairperson of the School Committee and other members of the School Committee who may wish to comment on school affairs?

BACKGROUND INFORMATION:

This agenda item provides an opportunity for the Chairperson and members of the Shrewsbury School Committee to comment on school affairs that are of interest to the community.

STAFF AVAILABLE FOR PRESENTATION:

Dr. B. Dale Magee, Chairperson
Mr. Jason Palitsch, Vice Chairperson
Ms. Erin Canzano, Secretary
Ms. Sandra Fryc, Committee Member
Mr. John Samia, Committee Member

ITEM NO: III. Superintendent's Report

SPECIFIC STATEMENT OR QUESTION:

Will the School Committee hear a report from Dr. Joseph M. Sawyer, Superintendent of Schools?

BACKGROUND INFORMATION:

This agenda item allows the Superintendent of the Shrewsbury Public Schools to comment informally on the programs and activities of the school system.

STAFF AVAILABLE FOR PRESENTATION:

Dr. Joseph M. Sawyer, Superintendent of Schools

ACTION RECOMMENDED FOR ITEMS I, II, & III:

That the School Committee accept the report and take such action as it deems in the best interest of the school system.



SHREWSBURY PUBLIC SCHOOLS
School Committee



ITEM NO: IV. Time Scheduled Appointment **MEETING DATE: 3/11/15**
A. Clinical, Mental & Behavioral Health Services: Report

SPECIFIC STATEMENT OR QUESTION:

Will the School Committee hear a report on all Clinical, Mental & Behavioral Health Services offered by the district?

BACKGROUND INFORMATION:

1. Shrewsbury Public Schools provides a robust array of clinical services and supports to students and families in the district including partnering with community providers to expand and enhance services available to these families.
2. The enclosed report from Ms. Maguire will provide an overview of the clinical services offered to all students.

ACTION RECOMMENDED:

That the School Committee accept the report and take such action as it deems in the best interest of the school system.

STAFF AVAILABLE FOR PRESENTATION:

Ms. Melissa Maguire, Director of Special Education and Pupil Personnel Services



Shrewsbury Public Schools

Office of Special Education
Pupil Personnel Services
15 Parker Road, Shrewsbury, MA 01545

Melissa Maguire, Director
Special Education and Pupil Personnel Services

Phone: 508-841-8660
Fax: 508-841-8661

Special Education Clinical and Mental/Behavioral Health Services and Supports Report to the Shrewsbury School Committee March 11, 2015

Introduction

Shrewsbury Public Schools provides a robust array of clinical services and supports to students and families in the district. Shrewsbury has become a leader relative to providing clinical supports to students and families and more importantly partnering with community providers to expand and enhance services available to our families. Through the District Strategic Priorities, it is our goal to ensure that students are prepared to access their learning successfully and ultimately graduating having met their goals and moving on to become contributing members of our society.

The Strategic Priority and goals addressed through the districts clinical services:

Promote Health & Wellbeing

- Reinforce respectful, positive school cultures in order to empower members to act with kindness, empathy, and compassion.
- Ensure a systematic response to students who are struggling with social, emotional, and/or mental health issues

This report will provide an overview of all the clinical services offered to all students as follows:

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Psychological and Behavioral Health Services

Shrewsbury employs full time school psychologists in all of the schools. In addition, there are two school adjustment counselors at each of the middle schools. This is a shift from last year as Parker Road and four of the elementary schools did not have full time psychologists. Further, Coolidge and Paton’s psychologists also served as the team chair in those buildings. Due to the override that passed, we were able to have a full time psychologist in each building as well as a full time team chair for Coolidge and Paton.

School	FTE Psychologists 2013/14	FTE Psychologists 2014/15
Parker Road	.6	1.0
Beal	.8	1.0
Spring	.8	1.0
Paton	1.0 – also Team Chair	1.0
Coolidge	1.0 – also Team Chair	1.0
Floral	2.0	2.0
Sherwood	3.0 (1 psych. and 2 adjustment counselors)	3.0 (1 psych. and 2 adjustment counselors)
Oak	3.0 (1 psych. and 2 adjustment counselors)	3.0 (1 psych. and 2 adjustment counselors)
High School	2.0	2.0

The psychologists provide both special education services and services to students in general education. They play an integral part to the schools’ culture, safety, and health of the students.

IDEA defines psychological services (includes adjustment counselors) at §300.34(c)(10) as follows:

(10) Psychological services includes—

- (i) Administering psychological and educational tests, and other assessment procedures;*
- (ii) Interpreting assessment results;*
- (iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;*
- (iv) Consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;*
- (v) Planning and managing a program of psychological services, including psychological counseling for children and parents; and*
- (vi) Assisting in developing positive behavioral intervention strategies.*

Psychological services are delivered as a related service when necessary to help eligible children with disabilities benefit from their special education. In some schools, these services are provided by a school psychologist, but some services are also appropriately provided by other trained personnel, including adjustment counselors, school social workers and counselors.

The psychologist role at all levels and the adjustment counselors at the middle schools ranges widely in scope, across all aspects of school life and all community members.

The psychologist role is focused on helping children succeed academically, socially, emotionally, and behaviorally. By definition, this routinely involves collaboration with educators, administrators, parents, and other professionals to create safe, supportive, and effective learning environments. Given training in both mental health and education, the psychologist helps to develop best practices and interventions that take into consideration child development, learning, behavioral and emotional functioning, curriculum and instruction, assessment, collaboration, and building-level systems. The adjustment counselor's role is primarily to provide individual and group counseling, crisis management and prevention, and school wide support to address the emotional and behavioral needs of students.

In addition, there are several school psychologists who supervise practicum students who are in a graduate program seeking their degree and license as a school psychologist.

Progress Towards Strategic Goal

Starting in the spring of 2014, all psychologists, counselors, and other related service providers will participate in data collection procedures (TBD) targeted at students' self assessment of their social and emotional well being on a bi-monthly basis with 50% of their students.

The school psychologists and the school adjustment counselors have worked on developing a mental health assessment tool for all grade levels. They developed a paper and pencil version for the elementary grades with an early elementary and upper elementary version. For the middle and high schools, they have created an online version of the assessment. The highlight of this tool is at the end of the assessment; the student has the option of scheduling an appointment with a counselor. Once the student completes the assessment and submits, this option pops up. The psychologists and adjustment counselors will be piloting this tool in one classroom at each school by the spring.

Examples of the Self Assessment tools Elementary

Upper Elementary Check & Reflect Survey

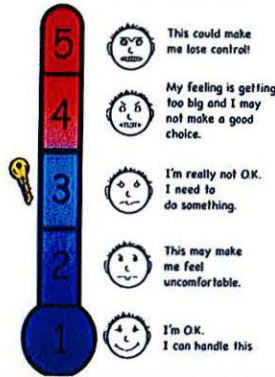
Name _____

1. How are you feeling today? (Circle your answer)

- Happy
- Frustrated
- Calm
- Sad
- Scared
- Excited
- Worried
- Angry

2. I tell an adult when I am upset at school: Yes or No

3. My thermometer is at:
1 - 2 - 3 - 4 - 5



Write Your Number Here

Remember:

> When you get to 3 or higher, you can:

- Relax: Square breathing, tighten and relax muscles.
- Think: Positive self-talk, big deal or little deal?
- Take a break.
- Ask an adult for help.

Early Elementary Check & Reflect Survey

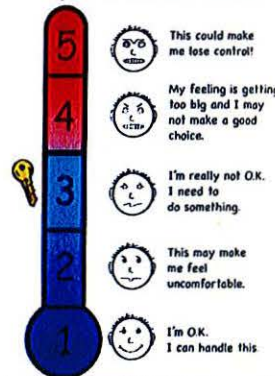
Name _____

How are you feeling today?

Circle the face that shows how you feel:



My thermometer is at: 1-2-3-4-5



Write Your Number Here

Remember:

> When you get to a 3 or higher:

- Take a break
- Tell an adult
- Take a deep breath
- > Teachers are here to help!

Middle and High

SMS Mental Health Check and Reflect Form

Grade 5-8

Your username (mmaguire@shrewsbury.k12.ma.us) will be recorded when you submit this form. Not mmaguire? [Sign out](#)

* Required

1. I am having a good day today.*
Mark only one oval.

- Not really
 Somewhat
 Yes

2. When I need support, I most often talk to.*
Mark only one oval.

- A friend or sibling
 An adult or parent
 No one

3. I know at least one thing that I can do to help me feel better when I'm having a bad day.*
Mark only one oval.

- Yes
 No

4. Talking to others helps me feel better.*
Mark only one oval.

- Never
 Sometimes
 Most of the time

5. Doing an activity helps me feel better.*
Mark only one oval.

- Never
 Sometimes
 Most of the time

6. Having quiet time (taking a break) helps me feel better.*
Mark only one oval.

- Never
 Sometimes
 Most of the time

7. What grade are you in?*Mark only one oval.

- 5

The following areas below reflect the typical responsibilities and functioning of the school psychologist and adjustment counselors as well as Behavioral and Mental Health Supports available to all students. This list is not exhaustive, but represents a significant amount of support provided in the schools.

<p style="text-align: center;">Elementary Schools Parker Road, Beal, Coolidge, Floral Street, Paton, Spring Street</p>
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Education and Prevention:

- The Second Step Curriculum is implemented at Parker Road. This research-based curriculum develops preschoolers' self-regulation skills and social-emotional competencies. Children learn strategies for listening, attending, controlling behavior, and getting along with others. The goal is for students to develop their self-regulation and social-emotional skills in preschool to then be "kindergarten ready".
- Facilitate social skills/pragmatics groups (also problem solving and self-regulation)
- Facilitate theme-based groups contingent upon need (family changes/divorce group, anger management, anxiety, mood, problem solving, self-regulation, etc.)
- Provide individual and small group counseling
- Collaborate for interventions in home and school environments
- Provide classroom management strategies
- Provide whole class guidance lessons/activities
- Anti-bullying intervention and support
- Crisis intervention and support
- District Curriculum Accommodation Plan (DCAP) – general education supports
- Behavior intervention/support – classroom and individual
- Executive function intervention/support – classroom and individual
- Academic intervention/support – classroom and individual
- Short-term social skills support to focus on a specific issue
- Frequent individual social-emotional check-ins with students

Consultation:

- Participate and facilitate a general education intervention process referred as the Early Intervening Team (EIT). The EIT is a problem-solving model designed to assist in producing positive changes in the learning environment in order to assist children to succeed academically and socially
- Community-based collaboration with mental health providers and other agencies
- Consultation with parents – family dynamic, behavior, attention/learning concerns, homework, friendship issues
- Consultation with teachers – behavior, attention concerns, learning issues, friendship issues
- Member of the Resource Team, which meets on a weekly basis and consists of all specialists in the building. During Resource Team meetings the topics of discussion include but are not limited to, upcoming cases, evaluations, interventions, concerns, and meeting times/schedules.

Assessment:

- Participate in the special education eligibility process
- Conduct all assessments related to cognitive/learning, aptitude, memory/learning, attention/executive functioning, social/emotional/behavioral concerns
- Use assessment data gathered to help make informed instructional decisions
- Section 504 accommodation plan eligibility and supports
- Transition supports – across buildings, grade levels, summer programming
- Paraprofessional coaching – social skills instruction and supports, data collection, student-specific feedback

Behavioral and Mental Health Supports:

- All School Meetings has explicitly taught FACTS and CARES (responsive classroom), core values, anti-bullying, and Social Thinking. These strategies are reinforced in all classrooms and reinforced at All School Meetings
- Morning meetings daily check in using responsive classroom techniques (opportunity for a regularly scheduled check-in for all students)
- SOS (Support One Student) Specifically matches student need to teacher/staff skill- might be a small "game group" if group need, a lunch one time per week for relationship building, can be more academically based if appropriate. (i.e. homework helper)
- Michele Garcia Winner's Social Thinking Curriculum
- Responsive Classroom school wide with some teachers formally trained. All staff use FACTS and CARES ideas and vocabulary
- Student council- opportunity for students to come together and create/initiate fundraising/donating for chosen causes for community
- Targeted classrooms that have psychologist support with same social thinking and self regulation curricula (i.e. Thermometer, thinking bubbles)
- Make referrals to the clinical coordinators and consulting psychiatrist

Middle Schools

Education and Prevention:

- Conduct comprehensive psycho-educational evaluations based on the documented or suspected area of disability and report results to students, parents, and school staff
- Provide individual and group counseling to students with a variety of learning and emotional needs
- Individual counseling of students with social and emotional needs

Consultation:

- Collaborate with special education and general education staff regarding the development and implementation of Individualized Education Programs (IEP)
- Collaborate with administrators, teachers, and parents regularly regarding student needs
- Provide regular consultation to general education teachers and adjustment counselors regarding pre-referral interventions as part of the Early Intervening Team (EIT)
- Consult with school psychologists/adjustment counselors at other schools/levels regarding transitions as well as test administration and interpretation of assessments

- Member of the Building Leadership Team which meets once a cycle in order to collaborate around building issues
- Consult to teachers regarding classroom-based interventions and behavioral interventions
- Consult to parents regarding supporting students with a variety of special needs in the school setting
- Periodically facilitate professional development presentations
- Consultations with students who return to school from concussion injuries to develop accommodation plans for the teachers to implement until they are symptom free

Assessment:

- Conduct a wide range of cognitive and achievement testing as determined by documented or suspected areas of disability
- Attend and present testing data at IEP meetings
- Assist administrators in developing a DCAP and selecting appropriate accommodations based on student needs and presentations

Behavioral and Mental Health Support

Sherwood

- Provide individual and group counseling to students with a variety of learning and emotional needs
- Individual counseling of students with social and emotional needs
- “It’s Complicated” - Short-term group with adjustment counselors to provide support through the holiday season for students with divorced or separated parents
- Social skills groups: Social Thinking Curriculum (co-facilitated by speech language pathologists and adjustment counselors)
- Social coaching – Follow up discussions with teachers, students and/or parents for extension of group learning objectives
- Lunch Bunch: socializing and social problem solving opportunities for students
- Emotional regulation support for students
 - 5-point Thermometer
 - Zones of Regulation
 - I Feel Statements
 - Teaching physiological responses to stress (i.e., breathing strategies, internal/external breaks, motor breaks)
 - Connecting coping strategy with physical signs
 - Positive self talk statements
 - Use of guided imagery and visualization
 - Teach or reflect on problem solving steps
- In classroom emotional regulation - supporting *Take a Break* locations
- On-call support for students with urgent needs during emotional crisis (both adjustment counselors and psychologists)
- Parent outreach and frequent collaboration/communication regarding “in the moment” needs
- Regularly scheduled collaboration between adjustment counselors, grade level administrator and teams, to ensure adjustment and well-being of students
- Ongoing collaboration between specialists (allied arts teachers, world language teachers, curriculum connection teachers and adjustment counselor/psychologist)

- On-team Circle of Power and Respect -CPR or Responsive Classroom. Classroom morning meetings include greeting each student, time for quick share, and team discussions. It also provides team time to build a community. Adjustment counselors attend for observation of skills.
- Short-term management of loss by adjustment counselors
- Management and implementation of success plans/behavior support plans
- Generating planning strategies for getting to school on time addressed with short-term or long-term support
- Adjusting to transition to Sherwood from other schools or other districts
- Friendship mediation as needed to build problem solving within a peer group
- Assessment and referral for safety concern, for individual and family
- Communication with outside mental health and child/family services
- On going communication with counselors, psychologist, nurse, and administration about the social and emotional wellness of the community

Oak

- 2 Career Cruising Groups (grade 7). The focus of the group is aimed at identifying student interests and career exploration
- 1 Yoga, Guided Imagery, and Relaxation Training group session
- Self advocacy skills training groups (grade 8)
- Relaxation Training and Stress Management for students with Anxiety and Attention Deficit Hyperactivity Disorder (ADHD)(28 students)
- Social Skills groups for students on the Autism Spectrum using the Michelle Garcia Winner Social Thinking Curriculum
- Way to Go Guys: group for at-risk students provided by SYFS during the school day
- Daily breakfast group aimed at engaging at-risk regular and special education students to help connect them to adults in the school community
- Provide school guidance services to all grade 7 and grade 8 students. This includes team placement for all grade 7 and grade 8 students (1017 students)
- Processed 150 applications for grade 8 students who are applying to schools other than Shrewsbury High School
- Coordinate the entire course registration process and registration for all grade 8 students for course selection for SHS (480 students)
- Schedule and coordinate all grade 8 practice and actual interviews for Assabet Tech (roughly 60 students)
- Communicate regularly with outside mental health providers, child/family services, and Worcester Juvenile Court
- Generate planning strategies, short and long term support, for getting to school on time addressed for students with school avoidance/school phobia.
- Assess and refer for safety concerns to Department of Children and Families (DCF) or appropriate providers for both individual and/or family
- Individual counseling provided by both the school psychologist and adjustment counselors for emotional support
- Provide crisis management, coordination, and risk assessments for students experiencing a mental health emergency
- Train master's-level interns for clinical work in schools post-graduation
- Collaborate with You, Inc. and Shrewsbury Youth and Family Services to provide additional clinical services to students in need during the school day (12 students)

- Participate in weekly Dialectical Behavior Therapy (DBT) Skills training sessions with Dr. Kusiak
- Make referrals to the clinical coordinators and consulting psychiatrist
- **Biofeedback** is a method of learning to control one's bodily functions by monitoring one's own heart rate, blood pressure, degree of muscle tension, etc. Thanks to funds available through a grant, biofeedback sensors that can be used with iPads have been purchased and are available for use in the nurses' and counselors' offices. Each session involves matching one's breathing to a breath pacer while focusing on a calm and relaxing feeling. The sensor is a small clip that attaches to the earlobe and monitors the heart rate. When a session is complete, the iPad app (Inner Balance) will generate a summary of results including the session length and coherence level (amount of time that breathing matched the breath pacer). In order to help determine the effectiveness of biofeedback as a strategy for anxiety/stress management, students will be asked to rate their level of stress/anxiety before and after their sessions using a simple 1 - 10 scale

Adjustment Counselor Caseload Analysis				
	Grade 5	Grade 6	Grade 7	Grade 8
IEP/504/reg.ed	21	13	50	26
Groups	7 (27 students total)	13 (53 students total)	6 (46 students total)	3 (18 students total)
Total (Not including "drop in")	48	66	96	44
Other Duties	Attend IEP/504 Plan meetings Consults with staff Administrators General crisis response 8 th grade counselor also manages transition planning to high school Regular assigned duties Progress reports Medicaid reporting			
Other support provided by outside	SYFS Intern: Currently sees 8 individual students per week. SYFS co-leads one group with 5-7 students with another SYFS intern. You, Inc. clinician: 3 students			

The American School Counseling Association recommends a ratio of 250:1 total student population to counselor. Our ratio is approximately 500:1.

High School (SHS)

Education and Prevention:

- Conduct comprehensive psycho-educational evaluations based on the documented or suspected area of disability and report results to students, parents, and school staff
- Provide individual counseling to students with a variety of learning and emotional needs
- Collaborate for interventions in home and school environments
- Crisis intervention and support by all levels of staff
- Frequent social-emotional check-ins with students, or scheduled as needed
- Individual counseling of students with social and emotional needs both general education and special education

Consultation:

- Collaborate with special education and general education staff regarding the development and implementation of IEP's
- Collaborate with administrators, teachers, nurses and parents
- Provide regular consultation to general education teachers and guidance counselors regarding pre-referral interventions as part of Student Support Team (SST)
- Consult to teachers regarding classroom-based interventions and behavioral interventions
- Consult to parents regarding supporting students with a variety of special needs in the school setting
- Collaborate on development of PACE (Promoting Academic Connections and Engagement) program
- Community based collaboration with mental health providers and other agencies

Assessment:

- Participate in the special education eligibility process through regular participation in Individual Education Program meetings
- Conduct informal assessments to identify areas of need requiring formal assessment
- Conduct formal assessments to address questions of cognitive/learning, memory/learning, attention/executive functioning, social/emotional/behavioral concerns
- Use assessment data gathered to help make informed instructional decisions

Behavioral and Mental Health Support

- Participate in grade level Student Support Team (SST) twice weekly. It includes all guidance personnel, High School special education director, school resource officer, grade level administrators and school psychologists
- Provide on-call support for students with urgent needs during emotional crisis; emotional regulation support for students, as needed
- Parent outreach and frequent communication with parents and providers
- Ongoing communication with counselors and outside providers regarding the social and emotional needs of all of our students
- Assist with transition issues from middle school or other districts
- Assist and counsel students with complicated life circumstances including: family issues, addictions within the family, death of a loved one, chronic medical and mental health diagnoses

- Make referrals to the clinical coordinators and consulting psychiatrist
- Make referrals to mental health agencies or Emergency Mental Health services, as needed.
- It's important to note that the high school has guidance counselors who play a critical role in supporting students' behavioral and mental health supports and often times work collaboratively with the school psychologists to provide mental and behavioral support.

Clinical Coordination

There are currently two clinical coordinators. The clinical coordinators are full time Master's level Behavior Analysts who works across the district. This role supports students in general education and special education requiring clinical services and support. The clinical coordinator's primary responsibility in general education is to assist the classroom teacher identify students who may be engaging in challenging behaviors that interfere with learning, conduct a Functional Behavior Assessment, develop Positive Behavior Support Plans, train staff to implement the plans, and follow-up when needed. The primary responsibility in special education is to develop procedural consistencies, develop accountability and reliability procedures, supervise home support programs, consult to district wide programs, and provide professional development.

The Clinical Coordinators often complete Functional Behavior Assessments as requested by educational teams and student parents. This role has expanded over the past seven years to include training staff on physical interventions; using S.O.L.V.E. (Strategies of Limiting Violent Episodes), Clinical Rounds with a consulting psychiatrist (2-5 hours weekly), developing and coordinating opportunities for professional development, attending specialized administrative meetings (i.e. monthly special education director meetings, bi-weekly meetings with Elementary Special Education Director, etc), and other additional projects assigned by the Director of Special Education and Pupil Personnel.

In addition, the Clinical Coordinators provide home based consultation and services, family consultation and support, and consultation to families seeking services through Children's Behavioral Health Initiative (CBHI) and Act Relative to Insurance Coverage for Autism (ARICA). Due to the complexity and intensive coordination needed for home-based services, Behavioral Concepts Incorporated (BCI) has been contracted (Spring of 2013) to provide these services. There are currently no students who receive direct in-home services through their IEP. However, the clinical coordinators continue to monitor and coordinate these services through this agency.

Elliott Nerland has served as the Clinical Coordinator since 2008 and fortunately the District was able to hire a second Clinical Coordinator, Daryl Rynning, for the 2014-2015 school year. She brings over 25 years of experience in the areas of special education, behavior analysis and consultation to teams. For the past six years she was working as an ELC Coordinator at Spring Street School..

Below outlines the current services provided by the clinical coordinators **from September 2014 to February 2015**

**Functional Behavior Assessments/In-Home Assessment
From September 2014- February 2015**

* This table includes the hours spent interviewing staff/parents, observation of the student, creating data collection procedures, training staff on how to collect data, analyzing data, producing the report and meetings. It does not include the amount of time spent creating follow-up behavior support plans, training staff and implementing the plan.

** This table does not include observations and follow-up recommendations that are not part of an FBA nor does it include other evaluations of student behavior and/or programming.

School	Approximate number of hours	Notes
Sherwood	14	FBA completed due to behavior of concern both at home and in the school setting. Follow-up plan developed for the student. Student is part of the Clinical Coordinator's active caseload.
Floral	14	FBA completed as part of three-year re-evaluation for special education services. Student is not apart of the Clinical Coordinator's current caseload.
SHS	17	FBA completed as the result of a Manifestation Determination meeting. Student was previously on and continues to be on Clinical Coordinator's active caseload.
Beal	10	Home assessment completed. Clinical Coordinator is working in conjunction with family and outside agency to provide services across settings.
Paton	10	FBA completed. Student is now part of the Clinical Coordinator's active caseload.
Oak	14	FBA completed evaluating parent concerns. Student is not part of Clinical Coordinator's active caseload.
Assessment Currently in Progress – Estimated Hours		
Oak	16-18 hours	FBA requested by educational team to evaluate concerning behavior in school setting.
Oak	16-18 hours	FBA requested by parent and educational team to evaluate concerning behaviors in school setting.
Paton FBA	16-18 hours	Student identified via clinical rounds Likely to remain on active caseload
Spring FBA - Abbreviated	6-10 hours	Assessment primarily to take place in students home.

Current Active Cases (Assessment/Consultation) for Clinical Coordinators

This table is a summary of the current active caseload for each Clinical Coordinator. The approximate hours spent each week include: meetings with school personnel, observations, program development, and formal TEAM meetings.

*This table does not include students who received short-term (1-2 visits) consultation from either of the clinical coordinators or through clinical rounds. It also does not include students for whom the coordinators have determined are "inactive" because they are making effective progress in the school setting..

School	Rynning		Nerland		Total
	# of Cases	Approx Hours	# of Cases	Approx Hours	
Parker	0	0	0	0	0- Student 0 - Hours
Beal	2	3-4h/mon	1	N/A (student Currently un- enrolled)	3 – Students 3-4 h/wk
Coolidge	1 student ELC Consult	3-4 h/m 2-3h/wk	0	0	1 – Student 1 – Program Approx – 3h/wk
Paton	1	3/wk	2	3-4h/wk	3 – Students Approx 7h/wk
Spring	1 - student ELC Consult	2h/wk 2h/wk	2	3-4h/wk	3 – Students 1- Program Approx 8h/wk
Floral	1student	4-5h/wk	2 students	2h/wk	3- Students 7 – hr/wk
Sherwood	4 students	2.5- 4h/wk	2	3-5h/wk	6 – Students Approx 8h/wk
Oak	2 students	3h/wk	5 students	4h/wk	7 – Students Approx – 7h/wk
High School	1 student P.A.C.E. consult	1.5/mo 6-8h/mo	2 students P.A.C.E. consult	5.5-6h/mo 6-8h/mo	3 – Students 1 – Program Approx 3.5h/wk
Out of District	0	0	2 students	2h/mo	2 – Students Approx .5h/wk

Home Consultation

Number of Students	Approximate Number of Hours Dedicated
1 - ongoing	2-3 hours monthly
2 - as needed	As needed

Staff trained in S.O.L.V.E. (Strategies of Limiting Violent Episodes)

Trainers: Elliott Nerland, Daryl Rynning, Janet Murphy, Kristin Herrick, Mario Gonzales, Dan Shaughnessy
 14 trainings have been completed since Spring of 2008

* These numbers do not reflect the total number of staff members who have completed the S.O.L.V.E. training. It is reflective of how many staff in each building are currently trained. The number fluctuates each year due to attrition.

Building	Number of staff certified
Parker	10
Beal	11
Coolidge	16
Paton	10
Spring Street	4
Floral Street	12
Sherwood	13
Oak	6
SHS	11
Total	93

Psychiatric Consultation

Dr. Kimberlee Kusiak is contracted for 6 hours a week to provide consultation across the district. Dr. Kusiak works with Elliott Nerland and Daryl Rynning, the clinical coordinators to address the referrals across the district.

The psychiatric consultations consists of:

- Consulting with administrators regarding students for whom mental health issues are beginning to emerge
- Reviewing and prioritizing referrals for consultation from the nine schools
- Meeting with school teams and parents to:
 - Evaluate for possible psychiatric aspects due to students difficulties
 - Discuss how best to address these issues in the school environment
 - Provide information regarding the most effective community services and how to access them
 - Educate teams and parents about what might occur due to side effects or benefits from psychiatric medications taken by students
 - Evaluate within the context of the student’s psychiatric status the risks and benefits of continued school attendance vs. placement elsewhere
- Providing liaison communication between teams and community treatment providers/pediatricians/mental health providers
- Working with the district to increase parent collaboration with schools regarding the social, emotional and academic development of the student body
- Parenting Strategies Course (see description under parent resources)
- Providing professional development to staff in the area of mental health issues
- Consult to counselors and psychologists about concepts and approaches to enhance their work with students
- Consulting with administrators on how to most effectively access emergency psychiatric intervention during crisis situations
- Consulting with administrators on how to most effectively work with psychiatric inpatient treatment teams regarding transitioning students back from the hospital into school

- Organizing the content of the 4-month elective for Child Psychiatry Fellows from UMASS Medical School and supervising the Fellows' weekly experience
- Partnering with the Guidance Department at SHS to provide a 45-minute stress reduction presentation to all seniors
- Meet monthly with all of the district psychologists and counselors to provide case consultation

Total Number of Consultation Referrals September 2014- February 2015	
School	Number of students
Parker	2
Beal	1
Coolidge	3
Paton	4
Floral Street	1
Spring Street	3
Sherwood	11
Oak	10
SHS	5
Total	40 students

Total Number of Consultations to Teams Across The District September 2014- February 2015	
* This does not include telephone calls made to outside service providers, planning/work sessions or follow-up meetings	
School	Number of meetings per school
Parker	1
Beal	1
Coolidge	3
Paton	5
Floral Street	3
Spring Street	5
Sherwood	13
Oak	12
SHS	6
Meetings with Melissa Maguire	3
Total	49 – Average of 2 meetings per scheduled round

**Behavior Support Plans Composed by Clinical Coordinator and Prevalent Team Members
Following Consultation
September 2014- February 2015**

School	Total number of students	Number of Plans Developed
Parker	2	0
Beal	1	1
Coolidge	3	1
Paton	4	3
Floral Street	1	2
Spring Street	3	2
Sherwood	11	4
Oak	10	4
SHS	5	1
Total	40 students	18 developed

**Consultation For More Intensive Evaluations or Medical Supports
September 2014 – February 2015**

* This does not indicate whether or not the student's family followed up on accessing the supports that were recommended.

School	Recommendation for 45- day evaluation	Recommendation to parents for further medical evaluations	Recommendation to refer student to the Child Behavior Health Initiative (CBHI) OR Self-identified outside counseling	Development of emergency plans for Youth Mobile Crisis Team or admission to EMH (emergency Mental Health)	Referrals to Family Success Partnership (see description under parent resources)
Parker	0	0	0	0	0
Beal	0	0	1	0	0
Coolidge	0	0	0	0	0
Paton	0	1	2	2	1
Floral St.	0	0	1	0	1
Spring St.	0	0	2	0	1
Sherwood	2	0	0	0	1
Oak	1	0	1	1	0
SHS	0	0	0	0	0
Total	3	1	7	3	4

Collaboration with University of Massachusetts Psychiatry Fellows:

Shrewsbury has entered into a partnership with the UMass Psychiatry Department to host the Child Psychiatry Fellows. Each Fellow completes a four-month rotation across the district. Each Wednesday they accompany Dr. Kusiak and the clinical coordinators to observe consultations

with school teams and parents. Fellows are able to provide feedback and recommendations during these consultations.

Child Psychiatry Fellows observe students in regular education classrooms as well as in specialized programming. They learn about the laws that govern special education and about the array of supports offered at the different developmental levels throughout the school district.

One goal of this partnership is to increase awareness of Child Psychiatrists regarding how schools support students. This ultimately will lead to more effective partnerships between community psychiatrists and public schools. We are already seeing this as we interact with community psychiatrists who completed their rotations with Shrewsbury in previous years.

This partnership has also improved our connection with UMass providers and services. One fellow has become a School Consulting Psychiatrist and another is pursuing similar plans after graduation this spring.

The goals set forth by the Child residency Education Committee include:

At the end of the School Consultation rotation, the child psychiatry resident will be able to demonstrate the following knowledge, skills and attitudes of all six core competencies:

Educational Goals:

- Extrapolate the consultation process to school environments, and practice consulting to schools
- Visit schools to enlarge one's repertoire of educational options for children and adolescents
- Integrate research on effective schools and teaching practices
- Examine child and adolescent development within the context of schools
- Recognize, assess, and plan interventions for students with learning disabilities
- Identify appropriate biopsychosocial interventions to enhance diverse students' functioning
- Examine educational programs to promote mental health
- Prepare for the school consultation components of the Child Psychiatry Board Exam
- Learn about community partnering and prevention program

Professional Development

Youth Mental Health First Aid (MHFA)

Youth Mental Health First Aid is an 8-hour training course designed to give members of the public key skills to help an adolescent who is developing a mental health problem or experiencing a mental health crisis. The 8-hour course covers a range of common disorders and potential crises such as helping a young person who is having a panic attack, is contemplating suicide or is struggling with substance abuse.

Youth Mental Health First Aid certification teaches participants to:

- Recognize the potential risk factors and warning signs of a variety of mental health challenges common among adolescents, including: depression, anxiety, psychosis, eating disorders, AD/HD, disruptive behavioral disorders, and substance use disorders.
- Use a 5-step action plan to help a young person in crisis connect with appropriate professional help. Interpret the prevalence of various mental health disorders in youth within the U.S. and the need for reduced negative attitudes in their communities.
- Apply knowledge of the appropriate professional, peer, social, and self-help resources available to help a young person with a mental health problem treat and manage the problem and achieve recovery. Assess their own views and feelings about youth mental health problems and disorders.

Shrewsbury currently has four instructors: Kristen Minio, Oak Adjustment Counselor; Catherine LaRoche, High School Special Education Director; Cara Demoga, Floral Street School Psychologist; and Melissa Maguire, Director of Special Education and Pupil Personnel. Each instructor must provide three trainings annually. Currently 69 staff have been trained and 95 staff are currently participating in the course during the early release days.

Training Institute – supported through the Assabet Valley Collaborative

Assabet Valley Collaborative secured a grant as a result of the positive work being done with the Family Success Partnership. Through this grant a training institute was formed: “The Training Institute will educate and provide consultation to school teams on the skills, knowledge, and tools needed to develop effective action plans that facilitate the establishment of safe and supportive school environments”. Identified schools are participating in a pilot training and process that will be used to help create a framework that can be shared with other schools and districts and inform state level support for the implementation of the “Safe and Supportive Schools” Legislation. Shrewsbury has a team of five educators from Sherwood Middle School that are participating in the training institute. The team includes: Aaron Gritter, Lead School Psychologist; Patty Waterhouse, Special Education Department Director; Karen Gutekanst, Assistant Principal; Caitlin Daley, Special Education Teacher; and Cheryl Stoychoff, General Education Teacher.

Clinical Subcommittee supported through the Assabet Valley Collaborative

The purpose of the subcommittee meetings is to bring together community providers, state agencies and school districts to discuss trends, brainstorm ideas and cases. More importantly, another goal of these meetings is to offer support and guidance to our fellow colleagues throughout the school year. Aaron Gritter, Lead School Psychologist, participates on this team.

School Mental Health: Treating Students K-12

(Harvard Medical School) Topics that were presented included: the Developing Brain and Drugs: What Do We Know and What Do We Tell Students; Preventing Youth Violence; The Education of Boys/Young Men of Color: Urgency and Opportunity; Rethinking Teens and Social Media: Low Tech Solutions to High Tech Problems; Strategies for Enhancing Executive Functioning; Providing Comprehensive Behavioral Health Services: Uniting Parents, Schools and Communities; Strategies for Teaching and Reaching the Students Who Challenge Us Most; Engaging Vulnerable Students Exhibiting Attachment and Relationship Difficulties; Working with GLBT Students in the School: Coming Out and Staying Safe; DBT Skills for Emotional

Regulation; Helping Struggling Students: Resiliency Strategies for parents, Teachers, and Clinicians. **9 staff attended**

Thinking About YOU Thinking About ME

Ever tried to figure how most people can intuitively “read” other people and make split second decisions about how to interact with them? The process of social communication requires perspective taking. Perspective taking is not one thing but requires many things to happen at once, including conceptual processing (central coherence), figuring out the gist of the situation (executive functioning), and considering the thoughts and emotions of oneself as well as others (theory of mind). This workshop will explore how central these concepts and their related skills are to all social contact, nonverbal or verbal, intentional or non-intentional. Audiences rave about this workshop day as being filled with research-based information but practical enough to allow audience members to better understand the specific social communication and academic needs of their students/children - **14 staff attended**

Social Thinking and Transition Planning for the Adult World and Real Life

Transitioning into adulthood and living as young adults can overwhelm individuals born to social learning challenges, even those who are "bright" with strong language skills. This workshop focuses on helping both parents and professionals (teachers, counselors, psychologists) and the students themselves prepare for and respond to this transition. It is important that both adults and students being to consider transition planning while students are in middle school. By providing concrete ways to develop a realistic transition plan, we help students and their parents prepare for life outside the more regimented schedule of the school day - **9 staff attended**

Autism-ize Your Thinking

Nancy Swanberg, Founder and Executive Director of The Friendship Network for Children, presents strategies to create a comprehensive social-emotional plan for students on the spectrum using The Connection Formula

The steps are:

1. Accommodations
2. Preparation (social and emotional readiness) and
3. Connection/Socialization.

Each step offers practical strategies to increase mutual understanding, reliable communication, and problem solving. Techniques are concrete and can be tailored to work with students across the spectrum - **7 staff attended**

Summary of Safe and Supportive Schools Grant

Shrewsbury Public Schools was awarded the Safe and Supportive School Action Plans Grant in the amount of \$10,000 for the 2013-2014 school year. The purpose of this state-funded competitive grant program was to pilot and share an effective process for school and district teams to develop and implement safe and supportive school action plans, with work that includes a school-specific focus as well as a district plan to support the school in this work. The plan was based on the Behavioral Health and Public Schools (BHPS) Framework.

A three-tiered approach to this work was used, as described in the BHPS Framework: universal prevention and support; early interventions to identify and address behavioral health; and intensive services for students with significant needs. The focus was on the six sections of the BHPS Framework:

1. Leadership - School and district administrators creating and supporting school environments and promoting collaborative services
2. Professional Development - Training for school administrators, educators, and behavioral health providers with offerings that are area specific and cross-disciplinary
3. Access to Resources and Services - Identifying, coordinating, and creating school services and linkages to community behavioral health resources to improve the school - wide environment
4. Academic and Non-Academic - Approaches that promote academic success and enable all children including those with behavioral health needs to learn
5. Policies, Procedures and Protocols - Developing documents and a course of action to provide a foundation for implementation and support
6. Collaboration with Families - Strategies that effectively engage families as partners in achieving educational and behavioral health goals for all children

All schools participated in the process of completing the assessment tool that focused on the six areas outlined above. A district-wide committee was formed which included the following staff: Lisa Robinson, Parker Road Preschool Director, Jennifer Flemming, Coolidge General Education Teacher, Suzanne Margiano, Floral Street Psychologist, Laurie Krueger, Sherwood Special Education Teacher, Lisa Drobinski, Beal Psychologist, Michelle LeMay, Spring Street Psychologist, Amanda Thomas, Oak Instructional Aide, Susie Eriole, High School Guidance Counselor, Camille Viscomi, Paton General Education Teacher, Dr. Kimberlee Kusiak, Consulting Psychiatrist, and Melissa Maguire, Director of Special Education and Pupil Personnel. These members each represented their home school with the exception of the consulting psychiatrist and the Director of Special Education and Pupil Personnel. Over the course of the academic year, the committee met to complete the assessment tool, analyze data, and finally submit an action plan to the Department of Elementary and Secondary Education (DESE).

Each representative formed a smaller committee at their school to answer the assessment tool questions relative to the six areas outlined above. Ratings included the following:

- 1= to some extent
- 2= to a moderate extent
- 3= to a great extent
- 4= in a fully implemented way

Because multiple people in each building were responding to the assessment, a Likert scale was developed in order to provide one response to each question that represented that school.

The following represents the average response for each focus area by school.

	Parker	Beal	Spring	Paton	Floral	Cool.	SMS	OMS	H.S.
Leadership	2.5	2	1.6	1.1	1.5	1.8	1.3	1.8	1.9
Professional Development	2.2	1.2	1.2	1	1.8	2.1	1	1.2	1.2
Access to Resources	2.8	2	1.6	1.6	1.8	2.1	1.8	1.8	2.1

and Services									
Academic and Non-Academic	2.4	2.1	1.9	2.3	2	1.8	1.9	2.6	2.6
Policies, Procedures and Protocols	3.3	1.7	2.3	2.8	2.2	2.5	2.4	2.7	3
Collaboration with Families	2.8	1.3	1.2	2.4	2.2	2.3	2.4	2.3	1.7

Impressions:

1. Responses varied across the district depending on who was completing the assessment. Staff volunteered to participate in this survey and based on the level of knowledge in some of these areas, staff based their answers on their perceptions.
2. Parker Road responses are hypothesized to be higher as the Director of the preschool facilitated the subcommittee responses and she has greater knowledge at the district level.
3. Professional development appeared to be an area that scored low across all the schools.

An Action Plan was developed for all the schools as follows:

For which action step(s) or area(s) will you be enhancing or modifying your approach?	Next Steps	Timeline and progress	Person(s) Responsible
Leadership	Communication: Provide a comprehensive communication to faculty and community members regarding the districts goals, supports and services	By 1/15 In progress	Director of PPS and Superintendent
Professional Development	Develop a plan to roll out "Mental Health First Aid" across the district	By 1/15 In progress	Director PPS and MHFA instructors
Access to Resources and Services	Contract with Family Success Partnership to provide resources and supports to families experiencing mental health challenges. 1. Provide a resource directory which will be available on the website 2. Enhance the EIT process with formal protocols	Completed 1/15 in progress 6/15 in progress	Director PPS Director PPS Principals/EIT Coordinators
Academic and Non-Academic Supports	1. Enhance the EIT process with formal Protocols 2. Formalize process for implementing social skills (social thinking curriculum) across the elementary and middle school	6/15 in progress 6/15 significant progress	Principals/EIT Coordinators Director PPS, Psychologists, Team Chairs
Policies and Procedures	Communicate to all faculty and families the specific policies and protocols that are currently in place.	6/15 in progress	Director PPS, Superintendent

Regional Youth Health Survey Preliminary Data – 2013 summary

Background information:

The Regional Youth Health Survey (RYHS) was conducted in the Shrewsbury Public School District in the winter of 2013-2014. This preliminary dataset includes data collected from the Shrewsbury Public School District and comparisons to the regional data collected (excluding the data from Grafton). The RYHS was taken by 1,424 students from the Shrewsbury Public School District. The Shrewsbury Public School District makes up 17.55% of the total regional sample included in the preliminary dataset (excluding the data from Grafton). Of these students 55.09% were female and 44.91% were male. The survey was completed by high school students in grades 9-12.

Positive findings:

A far greater rate of Shrewsbury students report always wearing a helmet while riding a bike than was reported regionally and nationally.

A smaller rate of Shrewsbury students (15.93%) have ever tried smoking a cigarette than was reported in regional (24.86%), state (31.6%), and national (41.1%) surveys. Smaller rates of Shrewsbury students have also ever smoked cigarettes daily, only 3.11% compared to regional (5.09%), state (9.2%), and national (8.8%) rates.

Shrewsbury students have a higher rate of sunscreen use than regional and national rates. Of Shrewsbury students 24.79% reported wearing sunscreen most of the time or always, while only 12.76% of students regionally and 10.1% of students nationally wear sunscreen most of the time or always.

Only 4.37% of Shrewsbury students report having carried a weapon in the last 30 days as compared to 10.11% regionally, 11.6% state-wide, and 17.9% of students nationally.

The Shrewsbury RYHS found positive results in other categories as well, which can be found in the full report.

Areas of concern:

Of Shrewsbury students, 3.66% (52) reported having attempted suicide in the past 12 months where the attempt resulted in injury, poisoning or overdose that had to be treated by a doctor or nurse. This rate is slightly higher than regional, state, and national rates and is an area of concern.

164 students from Shrewsbury (11.55%) reported using e-cigarettes in the last 30 days. This rate is higher than both the number of students who use smokeless tobacco in the last 30 days and the number of students that smoked cigars in the last 30 days. The perceived risk of the use of e-cigarettes is also extremely low as 50.64% (714) of students feel that e-cigarettes are not harmful or only pose some harm to health.

Of survey takers 45.79% of students reported attending a party in the last year where alcohol was served and a parent was present.

79.8% of Shrewsbury students report getting less than 8 hours of sleep on an average school night, a rate higher than both regional (77%) and national (68.3%) rates. Also, 36.38% of Shrewsbury students report that the reason they do not get 60-minutes of exercise per day is because they feel tired, this is higher than the regional rate of 31.99%.

Massachusetts Data Relative to Health and Risk Behaviors (2013)

Health and Risk Behaviors of Massachusetts Youth, 2013, is the product of a collaborative effort between the Massachusetts Department of Elementary and Secondary Education (DESE) and Department of Public Health (DPH) to conduct two youth surveys in Massachusetts public secondary schools in the spring of 2013. Altogether, 9,185 students in 144 schools participated in the surveys. DESE's Massachusetts Youth Risk Behavior Survey measures high school risk behaviors over time. DPH's Youth Health Survey measures middle school student risk behaviors as well as other health status indicators in high school.

SUMMARY OF KEY FINDINGS

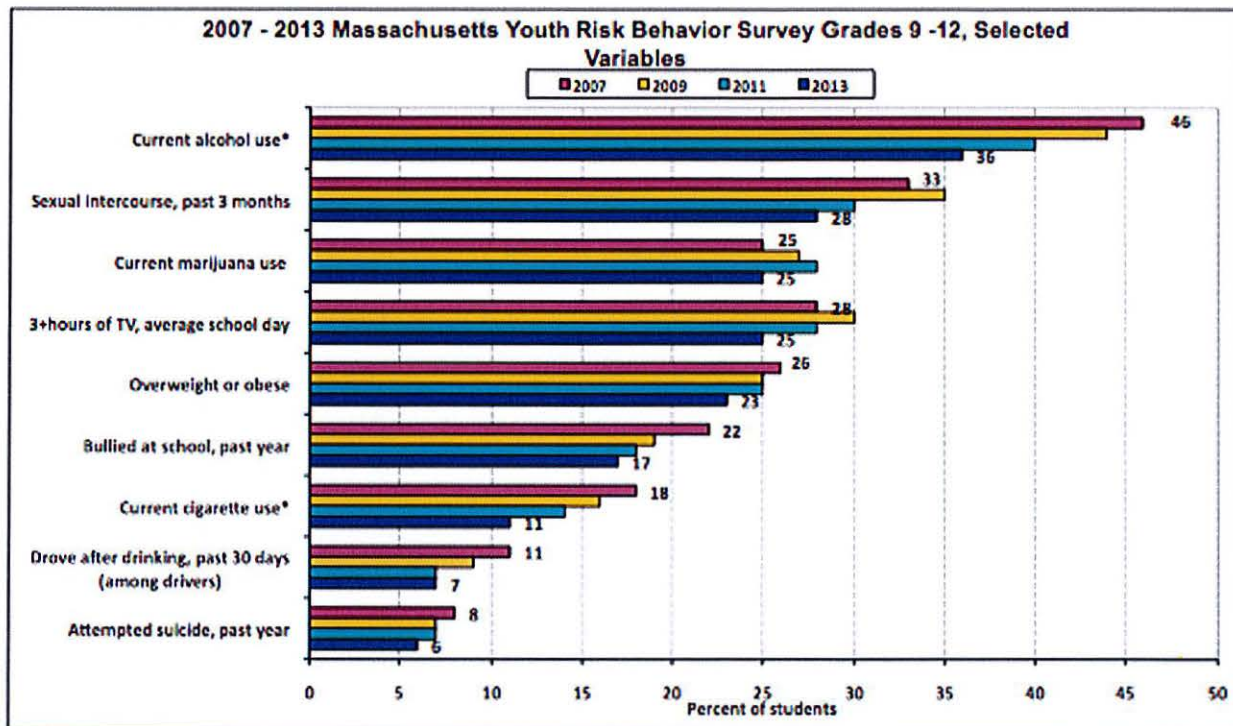
Many adolescent risk behaviors have shown significant improvements since 2011. Since 2011 improvements have been seen in nearly all areas of risk assessed by the MYRBS, including but not limited to sexual risk behaviors, mental health, tobacco use and personal safety. In particular, a lower percentage of high school students in 2013 reported having been or gotten someone pregnant, intentionally harming themselves without wanting to die, ever smoking cigarettes and never or rarely wearing a seatbelt.

Some important risk areas remain statistically unchanged. Among high school students, there have been no significant improvements in the percent reporting recent marijuana use, having attempted suicide in the past year or alcohol use at last time of sex. Also unchanged are high school students' reports of obesity.

Many risk behaviors begin in middle school. Unlike significant improvements in risk behaviors seen among high school students, there have been no significant improvements in risk for middle school students between 2011 and 2013. Alcohol use, tobacco use, dietary behaviors, weight, and mental health indicators have seen small fluctuations but remain statistically unchanged.

Some behaviors and factors that help protect against risky behaviors have worsened. Since 2011, significant declines have been seen in the percentage of students drinking the recommended daily intake of milk, and the percentage of students who have spoken with a parent or adult family member about sexuality or prevention of HIV, STDs or pregnancy in the past year. There has been a significant increase in the percentage of students reporting three or more hours of non-school related video game and computer usage.

Information regarding several risk factors is beginning to emerge. In 2013, new questions about texting while driving, cell phone use while driving and sexual victimization while impaired were asked. Among high school students who had driven a car in the previous month, 32% sent a text or email and 39% talked on a cell phone while driving. One percent (1%) of high school students reported having sex with someone in the past 12 months because they were drunk, high, passed out, or asleep.



Services to Support Families

Parenting Strategies

Parenting Strategies is an 8-week curriculum designed for parents/guardians who are interested in learning helpful parenting strategies. This course addresses specific techniques for effectively managing the behavior of children who experience emotional and/or behavioral dysregulation. This course is supported through a grant annually.

The goals of the Parenting Strategies Curriculum are:

- 1) To train parents/guardians in skills to increase their ability to cope more effectively with common parenting situations to
 - a. Improve their own wellbeing
 - b. Help their children function more effectively overall
- 2) To educate parents/guardians on some current theories about neurological and environmental causes of emotional and behavioral dysregulation.

The course content includes:

- Parenting Dilemmas
- Validation Skills
- Effective Communication
- Assessment of Problem Behavior
- Basic Principles of Reinforcement
- Behavior Change Procedures
- Crisis Survival

This course is open to all Shrewsbury parents/guardians and is free of charge. Both parents/guardians are encouraged to participate. The content of each class will be built upon all

that was taught and discussed in the preceding sessions. Parents/guardians are encouraged to attend all the sessions so they can follow what is presented later in the course. Since 2012, there have been 92 participants and currently there are 31 participants in the spring course.

Family Success Partnership (FSP)

When mental health challenges arise or certain needs of a child are not being met, their wellbeing and both academic and emotional success in school can be hindered. FSP's licensed social workers are available to meet with families in their home or community to assist with navigation and access to a spectrum of resources on the informal, community, and state level. Family support counselors work collaboratively with school teams and with all members of the family to identify their unique strengths and address the needs which are beyond the scope of the school. FSP uses their clinical expertise and strong partnerships with area providers to develop a comprehensive, individual plan to fulfill those needs through a wraparound social service model. FSP has helped families to:

- Obtain appropriate insurance coverage, including behavioral health benefits
- Coordinate school services, including fostering positive communication
- Connect with community resources including but not limited to, counseling, psychiatry, medical, legal representation, support groups, and emergency basic needs such as food, heat, and shelter
- Clinical consultation to school staff
- Referral & follow up to state agencies such as MassHealth, Department of Mental Health, Department of Transitional Assistance and Department of Developmental Services
- Family support counselors serve as guides to families through the maze of potential resources and entitlements. Families are referred to FSP by school personnel, and participation is voluntary and free to families.
- Since the start of the 2014-2015 school year 16 families have been referred to FSP for ongoing services.
- FSP has also provided short term intervention and informal support to four district families

Shrewsbury Youth and Family Services

Shrewsbury Youth & Family Services is a local nonprofit social service agency that provides three core programs:

1. Counseling Programs -The agency has 8 licensed therapists providing:

- Comprehensive assessments.
- Individual, Family, Couples and Group counseling
- Parenting Groups/Support (offered periodically)
- Substance Abuse -assessment, early intervention & treatment

School-based counseling services include providing:

- TheraPM (High School -cognitive-behavioral treatment group for youth referred by the assistant principals
- Supervised Graduate Counseling Interns placed in various schools to assist adjustment Counselors or psychologists
- Various psycho-education and support groups offered as school personnel identify need (i.e. Bereavement groups, anger management, etc.)

2. Positive Youth Development Programs- available to all students to promote pro-social behavior and to build developmental assets.

- “T.R.A.I.L. Blazers”- summer leadership program for high school students
- “Way to Go Guys”: A fun and interactive after-school program for middle school boys to promote social, coping and problem solving skills
- “You Go Girl”- An after-school and summer program for middle school girls to help build self-esteem and self-confidence
- “Healthy Pathways” and “Well-Ahead”- holistic groups offered periodically to promote health & wellness
- Anti-bullying programs & education
- Youth volunteer opportunities

3. Empower Shrewsbury Programs -These programs assist disadvantaged families and individuals through the following services:

- Case Management
- Advocacy
- Fuel Assistance
- Holiday Gift Drives
- Community Outreach
- Information and Referral Services

SYFS Programs	Number of Students
School-based Counseling	131
Positive Youth Development Programs	209
Empower Shrewsbury Programs	318
Outpatient Counseling	144

Community Resources and Services to Support Families

The Children’s Behavioral Health Initiative (CBHI)

The CBHI was established by the Executive Office of Health and Human services (EOHHS) to implement the remedy in *Rosie D v Patrick*, a class action lawsuit filed on behalf of MassHealth-enrolled children under age of 21 with serious emotional disturbance (SED). Through CBHI, MassHealth requires primary care providers to offer standardized behavioral health screenings at well child visits, mental health clinicians to use a standardized behavioral health assessment tool, and provides new or enhanced home and community-based behavioral health services. CBHI also includes a larger interagency effort to develop an integrated system of state-funded behavioral health services for children, youth and their families.

CBHI places the family and child at the center of our service delivery system and will build an integrated system of behavioral health services that meets the individual needs of the child and family. Policies, financing, management and delivery of publicly-funded behavioral health services will be integrated to make it easier for families to find and access appropriate services, and to ensure that families feel welcome, respected and receive services that meet their needs, as defined by the family.

<http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/childrens-behavioral-health-initiative-overview.html>

An Act Relative to Insurance Coverage for Autism (ARICA)

ARICA is “An Act Relative to Insurance Coverage for Autism.” It went into effect in Massachusetts on January 1, 2011. Massachusetts is one of 32 states that have recently enacted such legislation. This new law requires that insured health plans cover “medically necessary” services for the diagnosis and treatment of autism spectrum disorders (ASD) as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

What services are covered by the ARICA law?

The law covers the following care prescribed, provided, or ordered for an individual diagnosed with one of the Autism Spectrum Disorders by a licensed physician or a licensed psychologist who determines the care to be medically necessary:

- *Habilitative or Rehabilitative Care* - this includes professional, counseling and guidance services and treatment programs, including but not limited to, applied behavior analysis supervised by a board certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of an individual
- *Pharmacy care* - medications prescribed by a licensed physician and health-related services deemed medically necessary to determine the need or effectiveness of the medications, to the same extent that pharmacy care is provided by the insurance policy for other medical conditions
- *Psychiatric care* - direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices
- *Psychological care* - direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices
- *Therapeutic care* - services provided by licensed or certified speech therapists, occupational therapists, physical therapists or social workers

Massachusetts legislation only affects certain types of health care policies, so coverage under ARICA will depend on the type of policy you have. Private insurers, employees and retirees under the state plan, hospital service plans and HMOs would all be required to comply with the mandate. Self-funded plans are regulated by ERISA - which is federal law. This includes many of the State's largest employers. ERISA plans are not subject to State laws and not required to provide coverage under ARICA.

<https://www.disabilityinfo.org/arica/>

Center for Autism and Neurodevelopmental Disorders (CANDO)

- **Autism and Neurodevelopmental Disorders**

The Clinic offers the following services:

- An Interdisciplinary Team Diagnostic Evaluation of comorbid psychiatric disorders in children (ages 3 to 13 years) on the autism spectrum or other neurodevelopmental disorders with complex profiles by a child psychiatrist, pediatric neurologist, occupational and speech therapist, and family resource specialist. Short-term treatment of about 8-10 weeks is provided with an eye toward stabilization and bridge with community and school providers.

- Psychiatric Evaluation and Short Term Psychopharmacologic Intervention for those in need of medication treatment for children and adolescents (ages 3- 18 years) with an autism spectrum disorder. The clinic partners with the youth's primary care provider to facilitate ongoing medication monitoring.
- **Anxiety Disorder Clinic:**
The clinic offers 12 weeks of Cognitive Behavioral Therapy (CBT) and a psychiatric evaluation and short term psychopharmacologic intervention for those in need of medication treatment. The clinic partners with the youth's primary care provider to facilitate ongoing medication monitoring.
- **Attention Deficit Hyperactivity Disorder (ADHD) Clinic:**
The clinic offers 2-3 weeks of a psychiatric evaluation and short term psychopharmacologic intervention for those in need of medication treatment. The clinic partners with the youth's primary care provider to facilitate ongoing medication monitoring.
- **Psychosis Clinic:**
The clinic offers 4 weeks of a psychiatric evaluation and short term psychopharmacologic intervention for those in need of medication treatment. The clinic partners with the youth's primary care provider to facilitate ongoing medication monitoring.
- **Occupational Therapy Evaluation and Treatment**
- **Speech/Language Evaluation and Treatment**

Contact Information

Phone: 774-442-2263

Fax: 774-442-2270

CANDO Clinic is located on the University Campus at S7-714

<http://www.umassmed.edu/psychiatry/clinicalservices/child-adolescent-clinical-services/cando/>

Emergency Mental Health Services (EMHS)

Emergency Mental Health Services is a 24-hour service for all ages. Emergency services are evaluative in nature and designed to create an accurate diagnosis, to provide brief intervention when appropriate, and to establish follow-up care either in the community or through an inpatient delivery system. These services are provided at the Duddie Massad Emergency and Trauma Center on the University Campus. Evaluation teams via Community HealthLink (CHL) Youth Mobile Crisis Intervention (YMCI) are also deployed to travel to other community sites, including schools, for emergency evaluations and intervention.

<http://www.umassmed.edu/psychiatry/clinicalservices/child-adolescent-clinical-services/emhs/>

Community Healthlink, Inc.'s Youth & Family services

Community Healthlink's offers counseling for youngsters and parents, as well as family therapy. Previously known as the Worcester Youth Guidance Center it was established in 1920 and is one of the longest-running services of its kind in the nation. More than 3000 youngsters and teens receive services annually through programs available in Worcester, Clinton, Leominster, Fitchburg and Gardner.

http://www.communityhealthlink.org/htmlpages/youth_family_service.html

MCPAP (Massachusetts Child Psychiatry Access Project)

The Massachusetts Child Psychiatry Access Project (MCPAP) is a system of regional children's mental health consultation teams designed to help primary care providers (PCPs) meet the needs of children with psychiatric problems.

MCPAP Goals:

- Improve access to treatment for children with psychiatric illness
- Promote the inclusion of child psychiatry within the scope of the practice of primary care
- Restore a functional primary care/specialist relationship between PCPs and child psychiatrists
- Promote the rational utilization of scarce specialty resources for the most complex and high-risk children

<http://www.mcpap.com/>

Summary

Shrewsbury Public Schools will continue to assess and address the wide range of clinical and mental/behavioral health services to both students and families across the district. The district will persist in its efforts to address the social and emotional challenges students face to ensure they have successful and meaningful learning opportunities and ultimately graduate having met their personal goals.

Highlights:

- Increased student supports to address mental and behavioral challenges
- Increased professional development opportunities
- Increased parent support to access community resources
- Increased ability for students to remain in the least restrictive setting



SHREWSBURY PUBLIC SCHOOLS
School Committee



ITEM NO: **V. Curriculum**

MEETING DATE: **3/11/15**

SPECIFIC STATEMENT OR QUESTION:

BACKGROUND INFORMATION:

ACTION RECOMMENDED:

STAFF AVAILABLE FOR PRESENTATION



SHREWSBURY PUBLIC SCHOOLS
School Committee



ITEM NO: VI. Policy

MEETING DATE: 3/11/15

A. Policy on Physical Restraint: First Reading

SPECIFIC STATEMENT OR QUESTION:

Will the School Committee hear the first reading of a proposed revision to Policy #325 on Physical Restraint of Students?

BACKGROUND INFORMATION:

1. At the October 29, 2014 meeting, the School Committee voted unanimously to have Dr. Sawyer submit, on their behalf, comments to Board of Elementary & Secondary Education about the proposed amendments regarding physical restraint regulations given their concerns regarding the unintended consequences should the amendments be adopted as currently proposed.
2. The School Committee Subcommittee will meet on March 10, 2015, to review and discuss potential revisions to the Physical Restraint Policy given the proposed changes in state regulations.
3. A copy of the current policy (#325) is enclosed.

ACTION RECOMMENDED:

That the School Committee hear the first reading of a proposed revision to Policy #325 on Physical Restraint of Students and take such action as it deems in the best interest of the school system.

STAFF AVAILABLE FOR PRESENTATION:

Dr. Joseph Sawyer, Superintendent of Schools
Melissa Maguire, Director of Special Education & Pupil Personnel Services
Mr. Jason Palitsch, Vice Chairperson, Shrewsbury School Committee
Ms. Sandy Fryc, Member, Shrewsbury School Committee

FAMILY POLICY	TEACHERS- RESPONSIBILITIES	325
<p data-bbox="159 254 394 394"><u>325.</u> Physical Restraint of Students</p>	<p data-bbox="435 254 1438 443">The Shrewsbury Public Schools complies with the DOE restraint regulations, 603 CMR 46.00 et seq. (“Regulations”), to the extent required by law. According to their terms, the Regulations apply not only at school but also at school-sponsored events and activities, whether or not on school property. A brief overview of the Regulations is provided below.</p> <p data-bbox="435 495 1438 684"><u>Methods and Conditions for Implementation.</u> School staff may use physical restraint only (1) when non-physical interventions would be ineffective <u>and</u> the student’s behavior poses a threat of imminent, serious harm to self and/or others or (2) pursuant to a student’s IEP or other written plan developed in accordance with state and federal law and approved by the school and parent or guardian.</p> <p data-bbox="435 737 1414 968">Physical restraint may not be used as a means of punishment or as a response to property destruction, disruption of school order, a student’s refusal to comply with a school rule or staff directive, or verbal threats that do not constitute a threat of imminent, serious, physical harm. Chemical and mechanical restraints may only be used if explicitly authorized by a physician and approved by a parent or guardian. Seclusion is prohibited.</p> <p data-bbox="435 1020 1438 1167">The Regulations do not prevent a teacher, employee or agent of the District from using reasonable force to protect students, other persons or themselves from assault or imminent serious harm or from restraining students as otherwise provided in the Regulations.</p> <p data-bbox="435 1220 1438 1619"><u>Staff Training.</u> All school staff must receive training with respect to the district’s restraint policy (i.e., following the Regulations) within the first month of school, including receiving information about interventions that may preclude the need for restraint, types of restraint and related safety considerations, and administering physical restraint in accordance with known medical or psychological limitations and/or behavioral intervention plans applicable to an individual student. Additionally, the principal must identify specific staff to serve as school-wide resources to assist in ensuring proper administration of physical restraint. These individuals must participate in in-depth training with respect to restraint and implementation of the Regulations.</p> <p data-bbox="435 1671 1414 1902"><u>Reporting Requirements and Follow-Up.</u> In instances where a physical restraint (1) lasts more than five minutes or (2) results in injury to a student or staff member, the school staff must report the physical restraint to the principal or a designee. The principal/designee must maintain an ongoing record of all such reported instances, which will be made available in accordance with state and federal law and regulations. The principal/designee must also verbally inform the student’s parent or</p> <p data-bbox="1154 1934 1438 1965" style="text-align: right;">Continued on next page.</p>	

guardian of the restraint as soon as possible, and by written report postmarked no later than three school working days following the use of the restraint. The written restraint report must be provided to the parent or guardian in the language in which report cards and other necessary school-related information are customarily provided.

In the event that a physical restraint (1) lasts longer than 20 minutes or (2) results in serious injury to the student or staff member, the school must, within five school working days of the reported restraint, provide a copy of the written report to DOE along with a copy of the school's record of physical restraints covering the thirty-day period prior to the date of the restraint.

For students who require the frequent use of restraint because they present a high risk of frequent, dangerous behaviors, school staff may seek and obtain the parent or guardian's consent to waive reporting requirements for restraints administered to an individual student that do not result in serious injury to the student or staff member or constitute extended restraint (longer than 20 minutes).

Follow-up procedures for restraint include not only the reporting requirements set forth above, but also reviewing the incident with the student, staff and consideration of whether follow-up is appropriate for students who witnessed the incident.

Complaints. Complaints and investigations regarding restraint practices are covered by District Policy 132, Steps for Handling Complaints

Additional information. The above procedures and guidelines will be reviewed annually with school personnel and shared with students and parents. A copy of the regulations can be obtained from the Director of Special Education/ Pupil Personnel Services, who can be reached at (508) 841-8660. A copy of the regulations of Department of Education may also be obtained at the following websites:

www.doe.edu/lawsregs/603cmr46.html

<<http://www.doe.edu/lawsregs/603cmr46.html>>.

Adopted 3/6/02



SHREWSBURY PUBLIC SCHOOLS
School Committee



ITEM NO: VI. Policy
B. School Choice: Report & Hearing

MEETING DATE: 3/11/15

SPECIFIC STATEMENT OR QUESTION:

Will the School Committee hear a report and hold a public hearing in order to listen to feedback on the topic of the potential for participation in inter-district school choice in 2015-2016 school year?

BACKGROUND INFORMATION:

1. The public and members of the School Department are invited to provide input to the School Committee and the administration regarding the school choice program option.
2. This public hearing will satisfy the requirements of Massachusetts General Law Chapter 76, Section 12B which requires a public hearing prior to a potential School Committee vote to not participate in or to otherwise restrict the provisions of the inter-district school choice program.
3. Dr. Sawyer's report on School Choice is enclosed and includes his recommendation.

ACTION RECOMMENDED:

That the School Committee hear the report and recommendation of the Superintendent of Schools, and hold a public hearing in order to listen to feedback on the topic of the potential for participation in inter-district school choice in 2015-2016 school year.

STAFF AVAILABLE FOR PRESENTATION:

Dr. Joseph M. Sawyer, Superintendent of Schools



Shrewsbury Public Schools

Joseph M. Sawyer, Ed.D.
Superintendent

March 9, 2015

To: School Committee
From: Joe Sawyer
Re: School Choice Status & Recommendation

Each year, the School Committee must hold a hearing to discuss the status of School Choice, and then take a vote if the Committee wishes to opt the district out of the default position of accepting students through choice, or to have limited acceptance.

Receiving School Choice Students

Historically, Shrewsbury has only participated in School Choice on a limited basis. Starting with the 2011-2012 school year, the Committee voted to open 20 school choice seats in the 9th grade. These seats were filled, and then the total number of students “choicing in” dropped over time due to attrition, to 13 students last year when this cohort reached its fourth year. One student from the original cohort remains this year, and the district is scheduled to receive \$7,026 in tuition during the current fiscal year.

Sending School Choice Students

Each year there is a number of students who opt to attend other school districts or virtual, online schools. The projection for the current fiscal year, based on the most recent data from the Department of Elementary and Secondary Education, is for 31 students to be “choiced out” this year. This is the highest number going back to 2005, but it is only one more than last year, so the total number is stable.

Table 1: School Choice Sending History

Year	School Choice Sending (FTE)	Total Tuition
2005	17.1	\$104,140
2006	16.5	\$88,162
2007	10.0	\$61,861
2008	13.7	\$78,480
2009	18.5	\$106,835
2010	21.2	\$113,286
2011	19.5	\$107,984
2012	26.3	\$149,193
2013	28.6	\$144,191
2014	32.1	\$185,210
2015*	31.0	\$179,092

*Preliminary

For the current fiscal year, the total tuition to be sent to other districts, which are funds that appear as charges on the state's "Cherry Sheet" for Shrewsbury's state aid, is estimated at \$179,092. This is based on a tuition maximum of \$5,000 per student for the traditional school choice program, \$6,700 per student for state-approved virtual online schools, and then increments beyond the base tuition for students who receive special education services in the choice district. Transportation is not required to be provided for school choice.

Table 2: Outgoing School Choice Students

Students	Grade	Tuition	Additional Increment for Special Education	Total Tuition
Student 1	8	5,000	0	5,000
Student 2	12	5,000	0	5,000
Student 3	9	5,000	0	5,000
Student 4	6	5,000	0	5,000
Student 5	9	5,000	0	5,000
Student 6	7	5,000	0	5,000
Student 7	7	5,000	0	5,000
Student 8	3	5,000	0	5,000
Student 9	FDK	5,000	0	5,000
Student 10	9	5,000	8,550	13,550
Student 11	7	5,000	10,442	15,442
Student 12	5	5,000	0	5,000
Student 13	5	6,625	0	6,700
Student 14	FDK	5,000	0	5,000
Student 15	12	5,000	0	5,000
Student 16	11	5,000	0	5,000
Student 17	10	6,625	0	6,700
Student 18	11	6,625	0	6,700
Student 19	FDK	5,000	0	5,000
Student 20	3	5,000	0	5,000
Student 21	1	5,000	0	5,000
Student 22	3	5,000	0	5,000
Student 23	6	5,000	0	5,000
Student 24	4	5,000	0	5,000
Student 25	11	5,000	0	5,000
Student 26	FDK	5,000	0	5,000
Student 27	FDK	5,000	0	5,000
Student 28	1	5,000	0	5,000
Student 29	3	5,000	0	5,000
Student 30	3	5,000	0	5,000
Student 31	11	5,000	0	5,000
Total				\$179,092

School Choice students opting to attend other districts are clustered by grade level as follows:

Full Day Kindergarten = 5
Grades 1-4 (Elementary) = 8
Grades 5-8 (Middle) = 8
Grades 9-12 (High) = 10

The districts students are opting to attend through School Choice are:

Auburn (2)
Berlin-Boylston (4)
Clinton (3)
Grafton (2)
Hudson (1)
Massachusetts Virtual Academy (1)
Milford (1)
Northbridge (1)
Ralph C. Mahar – Orange (1)
TEC Connections Academy Virtual School (2)
Uxbridge (1)
West Boylston (1)
Worcester (11)

While there is no formal data on this cohort of students whose families have opted for School Choice, the following are anecdotal reasons families may choose this option:

- A student in whose family moves to Shrewsbury but who wishes to remain with his/her current school
- Convenience for a parent who works in another community
- A district or school with a different profile, e.g., a much smaller school community
- The ability to enroll in kindergarten or first grade at a younger age due to a different age cutoff
- Access to full day kindergarten
- In the case of virtual schools, the ability for a student to take classes online and the flexibility that comes with not having to physically be present at school, for whatever reason that family desires that option

Recommendation to the School Committee regarding the district's School Choice status:

The "pilot" school choice program that has existed for the past five school years was successful. At the close of this school year, this program will have generated over

\$320,000 in additional funding for the school district over five years to be directly applied to expenses at Shrewsbury High School without requiring the addition of any resources due to the economy of scale factor. This was critical funding during a difficult financial period. There were minimal issues related to the students who joined SHS, and some excelled, earning state and national honors that brought distinction to the school and community.

Table 3: Incoming School Choice Students

Year	Students Attending SHS through School Choice	Tuition Received
2010-11	19.2	\$96,050
2011-12	15.0	\$79,568
2012-13	13.0	\$69,167
2013-14	13.0	\$68,725
2014-15	1.0	\$7,026
Total		\$320,536

The key issues regarding whether to allow some level of incoming School Choice is financial economy of scale and impact on the educational program. As for economy of scale, it would not be prudent to add seats in a manner that would not require additional expenses to be incurred, but rather so that existing levels of personnel and programming could meet these students' needs. Regarding the impact on the educational program, it is important that seats added through School Choice not create class sizes that would become problematic. That said, it is inherent in a School Choice model that a student who attends via this program may take a slot that a Shrewsbury resident would otherwise occupy in programs where opportunities are limited, e.g., certain courses with enrollment requirements and caps, athletic teams and other activities, etc.

The School Committee will be asked to vote on Shrewsbury's participation in School Choice at its March 25 meeting. **My recommendation at this time is to decline participation and not open any seats through School Choice.** However, an initial analysis indicates that some number of seats at Shrewsbury High School could potentially be opened without having any significant effect on class size. Therefore, I also recommend that the Committee consider signaling to the community that this decision could be revisited later in the spring depending on how the budget for Fiscal Year 2016 evolves, as the recent past indicates that this is a revenue tool that the district can employ successfully.

Thank you for your consideration. I look forward to hearing your comments and answering any questions you have at the meeting on March 11.



SHREWSBURY PUBLIC SCHOOLS
School Committee



ITEM NO: **VII. Budget**
A. State Aid for Education: Report

MEETING DATE: 3/11/15

SPECIFIC STATEMENT OR QUESTION:

Will the School Committee hear a report on state financing of education and how it is expected to affect Shrewsbury in Fiscal Year 2016?

BACKGROUND INFORMATION:

- 1) Information from the Department of Elementary and Secondary Education regarding state aid for education for FY15 and FY16 is enclosed.

ACTION RECOMMENDED:

That the School Committee hear the report on state financing of education and how it is expected to affect Shrewsbury in Fiscal Year 2016.

STAFF AVAILABLE FOR PRESENTATION:

Dr. Joseph M. Sawyer, Superintendent of Schools
Ms. Cecelia Wirzbicki, Director of Business Services

Massachusetts Department of Elementary and Secondary Education FY16 Chapter 70 Summary

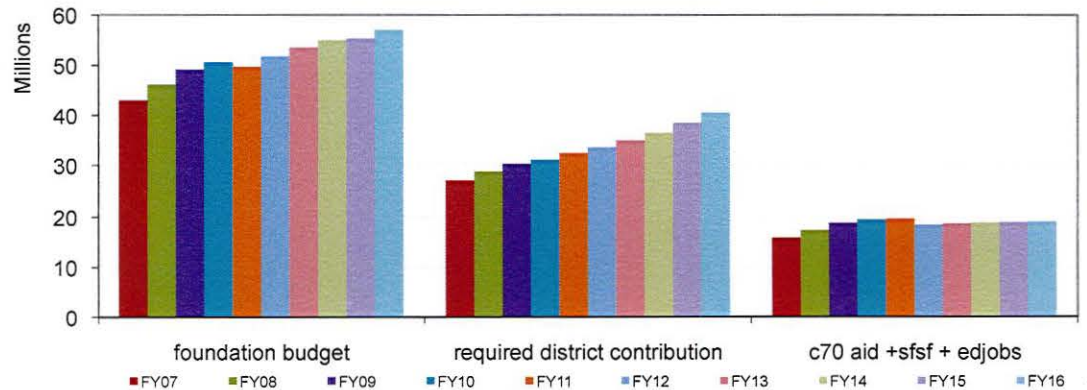
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Aid Calculation FY16

Prior Year Aid		
1 Chapter 70 FY15	19,045,813	
Foundation Aid		
2 Foundation budget FY16	57,096,132	
3 Required district contribution FY16	40,658,212	
4 Foundation aid (2 -3)	16,437,920	
5 Increase over FY14 (4 - 1)	0	
Minimum Aid		
6 Minimum \$20 per pupil increase	119,860	
Non-Operating District Reduction to Foundation		
6 Reduction to foundation	0	
FY16 Preliminary Chapter 70 Aid		
7 sum of line 1, 5 minus 6	19,165,673	

Comparison to FY15

	FY15	FY16	Change	Pct Chg
Enrollment	5,943	5,993	50	0.84%
Foundation budget	55,423,622	57,096,132	1,672,510	3.02%
Required district contribution	38,578,814	40,658,212	2,079,398	5.39%
Chapter 70 aid	19,045,813	19,165,673	119,860	0.63%
Required net school spending (NSS)	57,624,627	59,823,885	2,199,258	3.82%
Target aid share	23.16%	22.56%		
C70 % of foundation	34.36%	33.57%		
Required NSS % of foundation	103.97%	104.78%		



**Massachusetts Department of Elementary and Secondary Education
FY16 Determination of City and Town Total Required Contribution**

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<u>Effort Goal</u>		<u>FY16 Increments Toward Goal</u>	
1) 2014 equalized valuation	4,974,698,800	13) Required local contribution FY15	38,578,814
2) Property percentage	0.3808%	14) Municipal revenue growth factor (DOR)	4.39%
3) Local effort from property wealth	18,942,760	15) FY16 preliminary contribution (13 x 14)	40,272,424
		16) Preliminary contribution pct of foundation (15/8)	70.53%
4) 2012 income	1,692,602,000		
5) Income percentage	1.4930%	<i>If preliminary contribution is above the target share:</i>	
6) Local effort from income	25,270,612	17) Excess local effort (15 - 10)	
		18) 45% reduction toward target (17 x 45%)	
7) Combined effort yield (row 3+ row 6)	44,213,372	19) FY16 required local contribution (15 - 18), capped at 90% of foundation	
		20) Contribution as percentage of foundation (19 / 8)	
8) Foundation budget FY16	57,096,132		
9) Maximum local contribution (82.5% * row 8)	47,104,309	<i>If preliminary contribution is below the target share:</i>	
		21) Shortfall from target local share (11 - 16)	6.91%
10) Target local contribution (lesser of row 7 or row 9)	44,213,372	22) Added increment toward target (13 x 1% or 2%)*	385,788
		*1% if shortfall is between 2.5% and 7.5%; 2% if shortfall > 7.5%	
11) Target local share (row 10 as % of row 8)	77.44%	23) Shortfall from target after adding increment (10 - 15 - 22)	3,555,160
12) Target aid share (100% minus row 11)	22.56%	24) FY16 required local contribution (15 + 22)	40,658,212
		25) Contribution as percentage of foundation (24 / 8)	71.21%

Massachusetts Department of Elementary and Secondary Education

Office of School Finance

FY16 Chapter 70 Foundation Budget

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	----- Base Foundation Components -----										--- Incremental Costs Above The Base ----				TOTAL*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
	Pre-School	----- Kindergarten ----- Half-Day Full-Day		Elementary	Jr High/ Middle	High School	ELL PK	ELL K Half	ELL KF - 12	Vocational	Special Ed In District	Special Ed Out of Dist	---- Low Income ---- Elem Other		
Foundation Enrollment	52	302	30	2,185	1,495	1,795	0	18	167	135	225	58	606	325	5,993
1 Administration	9,485	55,088	10,944	797,088	545,376	654,816	0	3,284	60,922	49,248	566,505	146,032	0	0	2,898,788
2 Instructional Leadership	17,131	99,491	19,766	1,439,631	985,011	1,182,672	0	5,930	110,031	88,947	0	0	0	0	3,948,610
3 Classroom and Specialist Teachers	78,550	456,195	90,635	6,601,147	3,974,607	7,017,894	0	40,950	759,842	897,279	1,869,325	0	1,647,156	667,368	24,100,947
4 Other Teaching Services	20,146	117,001	23,246	1,693,069	833,881	833,526	0	5,576	103,470	62,689	1,745,363	2,231	0	0	5,440,197
5 Professional Development	3,106	18,041	3,586	261,239	193,767	225,578	0	1,457	27,026	28,049	90,176	0	36,251	19,442	907,717
6 Instructional Equipment & Tech	11,369	66,029	13,118	955,435	653,719	1,255,854	0	3,936	73,024	165,287	78,710	0	0	0	3,276,480
7 Guidance and Psychological	5,715	33,190	6,595	480,350	437,482	658,460	0	2,633	48,869	49,522	0	0	0	0	1,722,817
8 Pupil Services	2,273	13,203	2,624	286,650	320,349	886,945	0	1,180	21,909	66,706	0	0	0	0	1,601,840
9 Operations and Maintenance	21,812	126,680	25,168	1,833,084	1,359,732	1,582,957	0	10,222	189,667	222,811	632,815	0	254,393	136,432	6,395,772
10 Employee Benefits/Fixed Charges	19,662	114,189	22,685	1,652,363	1,074,935	1,239,968	0	8,562	158,867	151,457	716,902	0	167,201	89,671	5,416,461
11 Special Ed Tuition	0	0	0	0	0	0	0	0	0	0	0	1,386,502	0	0	1,386,502
12 Total	189,250	1,099,108	218,368	16,000,056	10,378,858	15,538,669	0	83,729	1,553,626	1,781,995	5,699,795	1,534,765	2,105,002	912,912	57,096,132
13 Wage Adjustment Factor	100.0%										Foundation Budget Per Pupil				9,527

* Total foundation enrollment does not include columns 11 through 14, because those columns represent increments above the base. The pupils are already counted in columns 1 to 10.

Total foundation enrollment assigns pupils in pre-kindergarten and half-time kindergarten an enrollment count of .5.

Special education in-district headcount is an assumed percentage, representing 3.75 percent of K to 12 non-vocational enrollment and 4.75 percent of vocational enrollment.

Special education out-of-district headcount is also an assumed percentage, representing 1 percent of non-vocational K-12 enrollment.

Low income headcounts are the number of pupils in columns 1 through 10 who are eligible for free or reduced lunch.

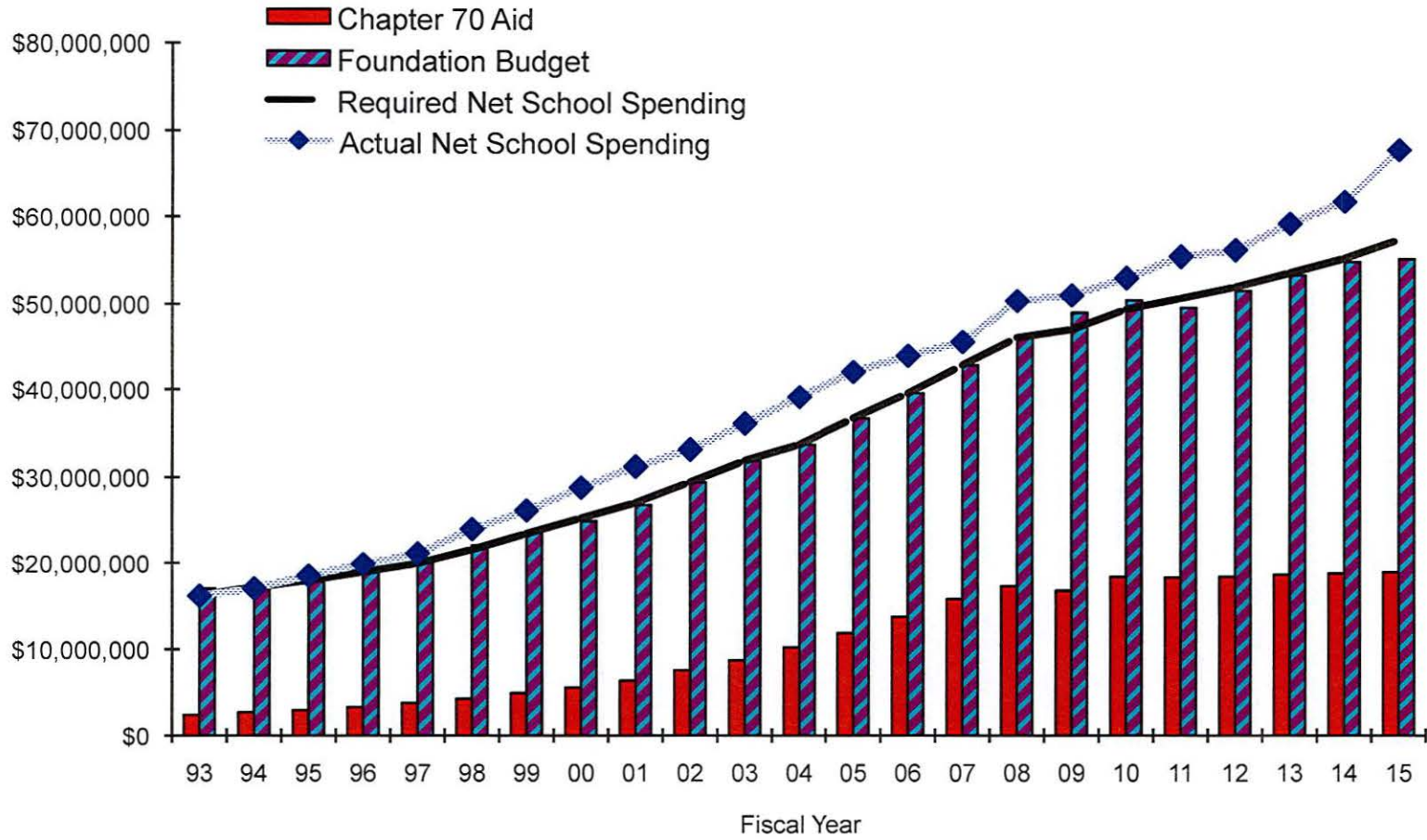
Each component of the foundation budget represents the enrollment on line 1 multiplied by the appropriate state-wide foundation allotment.

The wage adjustment factor is applied to underlying rates in all functions except instructional equipment, benefits and special education tuition.

The foundation budget shown on this page may differ from the final number used in the formula, due to rounding error.

Chapter 70 Trends, FY93 to FY15

SHREWSBURY



Massachusetts Department of Elementary and Secondary Education

Chapter 70 Trends

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	Foundation Enrollment	Pct Chg	Foundation Budget	Pct Chg	Required Local Contribution	Chapter 70 Aid	Pct Chg	Required Net School Spending (NSS)	Pct Chg	Actual Net School Spending	Pct Chg	Dollars Over/Under Requirement	Percent Over/Under
FY06	5,571	3.5	39,662,058	7.8	25,861,451	13,800,607	15.5	39,662,058	7.8	44,016,335	4.5	4,354,277	11.0
FY07	5,705	2.4	43,006,922	8.4	27,107,973	15,898,949	15.2	43,006,922	8.4	45,644,331	3.7	2,637,409	6.1
FY08	5,811	1.9	46,216,469	7.5	28,796,799	17,419,670	9.6	46,216,469	7.5	50,466,635	10.6	4,250,166	9.2
FY09	5,852	0.7	49,163,923	6.4	30,297,112	16,882,697	-3.1	47,179,809	2.1	51,146,928	1.3	3,967,119	8.4
FY10	5,857	0.1	50,640,025	3.0	31,084,837	18,489,475	9.5	49,574,312	5.1	53,150,125	3.9	3,575,813	7.2
FY11	5,848	-0.2	49,767,093	-1.7	32,455,678	18,412,775	-0.4	50,868,453	2.6	55,586,903	4.6	4,718,450	9.3
FY12	5,921	1.2	51,780,005	4.0	33,692,240	18,511,623	0.5	52,203,863	2.6	56,347,893	1.4	4,144,030	7.9
FY13	5,921	0.0	53,574,892	3.5	35,083,729	18,748,463	1.3	53,832,192	3.1	59,407,165	5.4	5,574,973	10.4
FY14	5,951	0.5	55,072,809	2.8	36,553,737	18,897,238	0.8	55,450,975	3.0	62,008,843	4.4	6,557,868	11.8
FY15	5,943	-0.1	55,423,622	0.6	38,578,814	19,045,813	0.8	57,624,627	3.9	68,106,932 *	9.8	10,482,305	18.9

Dollars Per Foundation Enrollment

	Foundation Budget	Ch 70 Aid	Actual NSS
FY06	7,119	2,477	7,901
FY07	7,538	2,787	8,001
FY08	7,953	2,998	8,685
FY09	8,401	2,885	8,740
FY10	8,646	3,157	9,075
FY11	8,510	3,149	9,505
FY12	8,745	3,126	9,517
FY13	9,048	3,166	10,033
FY14	9,254	3,175	10,420
FY15	9,326	3,205	11,460

Percentage of Foundation

	Ch 70	Required NSS	Actual NSS
FY06	34.8	100.0	111.0
FY07	37.0	100.0	106.1
FY08	37.7	100.0	109.2
FY09	34.3	96.0	104.0
FY10	36.5	97.9	105.0
FY11	37.0	102.2	111.7
FY12	35.8	100.8	108.8
FY13	35.0	100.5	110.9
FY14	34.3	100.7	112.6
FY15	34.4	104.0	122.9

Chapter 70

Percent of Actual NSS
31.4
34.8
34.5
33.0
34.8
33.1
32.9
31.6
30.5
28.0

* Budgeted

To see earlier years back to FY93, unhide rows 10 to 22 and 36 to 48.

Foundation enrollment is reported in October of the prior fiscal year (e.g. FY15 enrollment = Oct 1, 2013 headcount).

Foundation budget is the state's estimate of the minimum amount needed in each district to provide an adequate educational program.

Required Net School Spending is the annual minimum that must be spent on schools, including carryovers from prior years.

Net School Spending includes municipal indirect spending for schools but excludes capital expenditures, transportation, grants and revolving funds.

Federal SFSF grants in FY09, FY10, FY11, and FY12 and federal Education Jobs grants in FY11, FY12 and FY13 are not included in these calculations. Net school spending is limited to Chapter 70 aid and appropriated local contributions. However, the SFSF and Education Jobs calculations were directly based upon the Chapter 70 formula and helped districts spend at foundation budget levels.

In FY09, this district received an SFSF grant of	\$1,984,114	In FY12 the combined SFSF/Ed Jobs amount was	1,207,297
In FY10, this district's SFSF grant entitlement was	\$1,065,713	In FY13 the Education Jobs amount was	0
In FY11, the combined SFSF and Educ Jobs entitlement was	\$1,288,613		



SHREWSBURY PUBLIC SCHOOLS
School Committee



ITEM NO: **VIII. Old Business**

MEETING DATE: **3/11/15**

SPECIFIC STATEMENT OR QUESTION:

BACKGROUND INFORMATION:

ACTION RECOMMENDED:

STAFF AVAILABLE FOR PRESENTATION:



SHREWSBURY PUBLIC SCHOOLS
School Committee



ITEM NO: **IX. New Business**

MEETING DATE: **3/11/15**

SPECIFIC STATEMENT OR QUESTION:

BACKGROUND INFORMATION:

ACTION RECOMMENDED:

STAFF AVAILABLE FOR PRESENTATION:



SHREWSBURY PUBLIC SCHOOLS
School Committee



ITEM NO: X. **Approval of Minutes**

MEETING DATE: 3/11/15

SPECIFIC STATEMENT OR QUESTION:

Will the School Committee approve the minutes of the School Committee workshop meetings on January 14, 2015 and March 2, 2015?

BACKGROUND INFORMATION:

1. The minutes, which were authored and reviewed by Ms. Canzano, are enclosed.

ACTION RECOMMENDED:

That the School Committee vote to approve the minutes of the School Committee workshop meeting on January 14, 2015 and March 2, 2015.

STAFF AVAILABLE FOR PRESENTATION:

Dr. B. Dale Magee, Chairperson
Ms. Erin Canzano, Secretary

**School Committee Workshop
Shrewsbury High School
64 Holden Street
Shrewsbury, Massachusetts**

Wednesday, January 14, 2015

Present: Dr. Dale Magee, Chairperson; Mr. Jason Palitsch, Vice Chairperson; Ms. Erin Canzano, Secretary; Ms. Sandy Fryc; Mr. John Samia; Dr. Joseph Sawyer, Superintendent of Schools; Ms. Mary Beth Banios, Assistant Superintendent of Schools; Ms. Barb Malone, Director of Human Resources; Ms. Cecilia Wirzbicki, Director of Business Services; and Ms. Melissa Maguire, Director of Special Education and Pupil Personnel Services.

The meeting was convened at 5:35 p.m. by Dr. Magee in the Principal's Conference room.

I. Discussion about the FY16 Budget

At this time, the budget projections were not yet ready for School Committee consumption, due to an unexpected projection that needed resolution. Dr. Sawyer and his team would analyze this area, and then send the Committee the budget proposal via email in the next day or two.

Using the memo provided by Dr. Sawyer, the committee then discussed the additional FTEs proposed by administration, and had a lengthy conversation about the value and the prioritization of these roles. Those additional FTEs were:

- Director of Nursing position and additional part-time nurses at Sherwood and Oak
- Intensive special education teacher at Sherwood MS to create an intensive program for up to 10 students currently in grade 4
- Additional special education paraprofessionals at the preschool level due to a projected increase in next year's preschool population
- Additional adjustment counselor at the Middle Schools
- Additional aides in the elementary schools
- Secretarial support at the High School and Middle Schools due to previous cuts in past years in these roles

Since there wasn't a formal budget proposal on the table, conversation wasn't specific, but there was general agreement that these requests were reasonable due to either new demands and/or pent-up demands from the past few years of cutting the program.

Adjournment

On a motion by Jason Palitsch, seconded by John Samia, the committee unanimously agreed to adjourn the meeting at 6:48 pm.

Respectfully submitted,

Erin H. Canzano
Secretary

Documents referenced:

- 1) Memo from Dr. Sawyer re: Preliminary Fiscal Year 2016 Budget Additions

**School Committee Workshop
Shrewsbury High School
64 Holden Street
Shrewsbury, Massachusetts**

Monday, March 2, 2015

Present: Dr. Dale Magee, Chairperson; Mr. Jason Palitsch, Vice Chairperson; Ms. Erin Canzano, Secretary; Ms. Sandy Fryc; Mr. John Samia; Dr. Joseph Sawyer, Superintendent of Schools; Ms. Mary Beth Banios, Assistant Superintendent of Schools; Ms. Barb Malone, Director of Human Resources; Ms. Cecilia Wirzbicki, Director of Business Services; and Ms. Melissa Maguire, Director of Special Education and Pupil Personnel Services.

The meeting was convened at 6:04 p.m. by Dr. Magee in the Principal's Conference room.

Discussion to inform planning and preparation for the Finance Committee presentation on March 7, 2015

After an initial update from Dr. Sawyer about the status of the budget request and the outcome of the Chapter 70 reform meeting on February 28th, a discussion occurred about the messages to relay to the Finance Committee, beginning with the sustainability of the current budget request, the fact that the budget request is in line, and on the lower end, with what was presented in last year's discussions with the Finance Committee, and that the requests for new positions are linked to mandates and/or innovative measures to keep students in the district. Conversation ensued about the ways in which to express these messages.

Superintendent Evaluation

Dr. Magee has expressed concern about the unwieldy and cumbersome nature of the current Superintendent Evaluation document. He has transferred the questions and rubrics to a more flexible spreadsheet to make the process easier for the committee and for Dr. Sawyer. A conversation occurred about the technicalities of the document and the desire by all to make sure that no open meeting laws are broken during the evaluation process. A possible revamping of the document was proposed to be considered at another time.

Executive Session

At 7:11 pm, on a motion by Jason Palitsch, seconded by John Samia, the committee adjourned into executive session for the purpose of discussion of collective bargaining with the Cafeteria Workers' union. At 7:23 pm, on a motion by Jason Palitsch, seconded by John Samia, the committee adjourned executive session into open session. The roll call vote was as follows: Jason Palitsch, yes; John Samia, yes; Sandy Fryc, yes; Erin Canzano, yes; and Dr. Dale Magee, yes.

Adjournment

On a motion by Erin Canzano, seconded by Sandy Fryc, the committee unanimously agreed to adjourn the meeting at 7:24 pm. The roll call vote was as follows: Jason Palitsch, yes; John Samia, yes; Sandy Fryc, yes; Erin Canzano, yes; and Dr. Dale Magee, yes.

Respectfully submitted,

Erin H. Canzano
Secretary



SHREWSBURY PUBLIC SCHOOLS
School Committee



ITEM NO: **XI. Executive Session**

MEETING DATE: **3/11/15**

SPECIFIC STATEMENT OR QUESTION:

- A. Potential discussion of collective bargaining negotiations with cafeteria workers association and/or paraprofessionals association; potential discussion of compensation guidelines for administrator contract negotiations and/or contract negotiations with non-union personnel

BACKGROUND INFORMATION:

ACTION RECOMMENDED:

STAFF AVAILABLE FOR PRESENTATION:

ITEM NO: **XII. Adjournment**