

UPPER PERKIOMEN SCHOOL DISTRICT

2229 East Buck Road

Pennsburg PA 18073

Pupil Services Committee Meeting

MINUTES

October 28, 2019 7:30 PM

CHAIR: Judy Maginnis

Ex-Officio: Dr. Kerry Drake, President

MEMBERS:

Melanie Cunningham

Superintendent – Dr. Allyn Roche

Assistant Superintendent – Dr. Andrea Farina

In attendance: Dr. Allyn Roche, Allison Stephens, Maureen Zavadel, Dr. Kerry Drake, Judy Maginnis, Melanie Cunningham, Carol Giblin, Dr. Andrea Farina

Judy Maginnis made a call to order.

Dr. Farina reviewed the elementary support structure.

Last year there were 2 elementary schools and this year we have 3 elementary schools (2 K-3 and 1 4/5). Classrooms and supports that are offered at each building were reviewed.

Beginning in 19-20:

1. Increased from 3.5 to 4 psychologists. Their primary role will be to conduct evaluations, however we are looking to also have them provide direct student supports. In order to do so we need MTSS to gain traction. The psychologists are members of MTSS and SAP and they are able to provide counseling and conduct FBAs.
2. The district has added RBTs. We currently have 2 RBTs that are contracted through PTS and we have 9 district paraprofessionals that are going through the 40 hour training. The 40 hours of coursework has been completed by our staff, and we have contracted with PTS for a BCBA to come to certify their hours so they can sit for the test. The Board opened the Paraprofessional's Agreement to change the fee structure for those who have completed the training and we have honored those commitments. The process is more rigorous than we anticipated and that is reflective in the additional pay.
3. We have identified a Learning Support teacher at each elementary building to be an LS/ES teacher. The role is to provide support to any child with a disability that has behaviors. We only have one current elementary student with an Emotional Disturbance disability and teachers in the ES role typically have multiple students on their caseloads with that disability.

KEY POINT: MTSS is not a fast track to special education. MTSS is intended to support students before they move to an evaluation. There seems to be confusion about this and the conversation will continue until there is clarity.

Dr. Drake: Is the LS/ES class for children with IEPs or 504s?

Dr. Farina: A special education teacher provides services to students with disabilities. We have kept the same number of special education teachers at the K-3 buildings, even though the numbers don't warrant it, so that they can provide supports to regular education students who are experiencing behaviors. If we move to full day Kindergarten, we may see a bigger need in that population as it relates to behavior.

Question: What is a 504?

Dr. Farina: A 504 is not special education. It is a law that allows kids with a medical conditions to have access to curriculum but is not for instruction.

Dr. Drake: Can you give us an example of a 504?

Judy Maginnis: My daughter has a 504 because she has a cardiac condition. She has a 504 because there are activities she cannot participate in and she can miss many gym classes. The 504 protects her so she doesn't fail. Many students have 504 plans for diabetes and have to miss class time because they need medical attention during the day.

Also beginning in 19-20 (continuation):

4. Student Assistance Counselors: Dr. Farina explained that we have had Kim Kelly at the High School for 3 years and we have added 2 additional Student Assistance Counselors this year. We have Amanda Jaeger at the elementary level and Katrina Harman at the Middle School.
5. MTSS: We have an MTSS team at each building. The Reading and Math Specialists at the elementary buildings are the coordinators and Dr. Farina will meet with them to lay out the components of the support personnel and the process. In the mental health world, Tier 2 is provided by our school counselors (groups, parent meetings, check ins). The expectation is to work on this for 6 weeks and collect data from multiple staff members. Tier 3 is provided by our Student Assistance Counselors. They will do more intense individual counseling (grief and loss, coping, foster, difficult home lives). They are often in a student's IEP to provide counseling as a related service. We have kids who are in an acute mental health placement and these counselors will provide the step down support once they return to school. We do FBAs in Tier 3 which is completed by our Behavioral Specialist.

One question that is often asked is how do we discipline regular education students? Discipline is part of the school code of conduct. As we go through the MTSS process, discipline is a punitive measure after investigation imposed by the building principal. It is progressive. We know that there are factors (death of a parent) that has a student go from 0 to 10 with behaviors. That does not warrant discipline and we will not suspend a student. There are other supports that are more supportive. We use principals to evaluate the circumstances to help make those decisions. Mostly at the K-3 level, we will work with the students to help them through the behaviors and not rush to discipline. Behavior is tricky and we are working the best we can and have a lot of resources.

Dr. Drake: Do the tiers reset?

Dr. Farina: The records for MTSS are monitored and they follow the student from year to year. Interventions can take a long time. If a child is in real distress (self-harm or injurious behaviors), we may go through the process in a shorter period of time. We have had situations where the supports are not working and the student wasn't safe, so we moved to the next level. There are no timelines and we can move kids down tiers as well. Each building operates a little differently, but the "meat" of the MTSS process is the same. We have discussed additional professional development to support the process.

Judy Maginnis question to Vaune Klepac: Do you meet regularly with the reading and math specialists so they can tell you about the kids? Do you start a relationship with the child? Do you push in?

Allison Stephens: yes to all questions.

Maureen Zavadel explained the special education classrooms at Hereford. Hereford is very fortunate to have the RBTs. We have a new LS/ES teacher this year and she is continuing to develop and refine her skills.

Judy Maginnis: Last year we had a meeting with general education teachers about the behaviors occurring in their classrooms and the question is, has the situation improved this year?

Allison Stephens: The structure of the buildings has changed and that has helped because it is quieter, calmer and less crowded.

Volunteer in the audience: I have noticed that it is quieter in the hallways and library now.

Reg. Ed teacher in the audience: It is noticeably different in the building now.

Dr. Farina has said that there have been times when students have really bad days. If a child is in danger of hurting himself, we will respond immediately. We have students in AS, Life Skills that have very physical behaviors and that comes with the disability. We are trying to provide extra support in those classrooms as well. The delay in new staff starting provides some frustration, but we are moving forward.

Dr. Roche: When social media comments are out there, encourage people to go to the principal and teachers and ask questions about what is going on. Some people don't care what the reality is, but we try to provide as much information as we can.

Dr. Drake: Where is the Personal Care Assistant listed in the support staff?

Dr. Farina: That is a function of the IEP and for individual students. PCAs aren't part of the MTSS staff.

Dr. Drake: You mentioned that we have difficulty filling those positions. Is there anything we can do to help?

Dr. Farina: We do. We have agencies and we publicize the positions. There just aren't a lot of people who want to do that type of job. Two years ago the Board increased the stipend which provided some stability. We added a lot of programs over the last 5 years and we have added more PCAs and 1 to 1's to support those students because they are our neediest ones. You can continue to support our recommendations.

Dr. Drake: I know we have brought a lot of kids back to district and even though we have that expense of a PCA we are saving money because we are not paying for a placement.

Teacher: Are the number of paraprofessional and professional staff assignments based upon the number of disabilities or the types?

Dr. Farina: It's both. That staff is by acuity. Hereford has a much higher degree of need than Marlborough. Hereford has 2 Autistic Support classes and total number of staff is higher.

Dr. Drake: Is the model still that those classes will stay at Hereford?

Dr. Farina: Strategically there is no purpose other than that having both classes at the same building helps with schedules.

Teacher: When you consolidate classes like that do you get push back from some parents?

Dr. Farina: We tend not to because we have the ability to say that this is where the program is located. We have tried to develop a plan for a student if the parent really wants their child to stay in their home school.

Carol Giblin: Keeping a full program in one school requires less transition for the students.

Shannon Noska: Teachers can support each other when they are in the same building.

Trauma Informed Care: Through the discussion in MTSS and Pupil Service meetings, this is a concept we need to focus on and the topic of trauma. Trauma is your emotional response to something terrible. When questions arise about discipline and special education there is a responsibility of staff to understand trauma. The more we expose staff and administrators to trauma information, the more we can move forward.

Two brief videos about trauma were shared.

Everyone in the MTSS framework is talking about trauma and our responsibility for developing a trauma informed action plan. The conversation becomes cyclic about the concerns of the classroom teachers and the work that our mental health professionals are doing. We asked the following in a survey to our 269 professional staff members:

1. What is your collective understanding of trauma?
2. Do you know the services universally of Tier 1 that help kids with trauma? Do you know its impact and the resources available for some targeted interventions?
3. Do you know what happens when kids are so profoundly and deeply impacted by their childhood experiences? Do you know where we can go from there?

158 out of 269 professional staff responded and it was clear that they didn't know the answers. Professional development was discussed. A video was shared that could help describe the work that the Pupil Services department is working to do.

Most of our staff are in the pre-trauma phase. Out of all the questions, there is not one element that is fully in place and there is not one element that is completely absent. Once we have exhausted the universal supports (supports that every class has, including Second Step, skill building, positive relationships), selective supports are put in place. Staff feel that they have positive parent relationships, school wide supports and they know how to refer students and that there are services out there. They don't know how to look at a child in crisis and know what to do. They also felt that they don't know what happened afterwards. Teachers aren't really sure what a safety plan or mental health wellness plan is or should be.

A trauma informed action plan includes an understanding of the students (likely 2/3 of them) and that they have experienced 4 or more adverse experiences that impact them. What level of care can we provide them? Why do we need to be trauma informed? Students may not have that nurturing at home so we do de facto become their caregiver. Most of us know, especially in the younger grades, we may be the ONLY caregiver in a child's life. Those are the realities the teachers are working with and we frame the conversation around: what is trauma, how does it impact a kid, and what do we do as an organization to provide support?

Becoming a trauma informed school changes the way we do business. There is always a place for discipline, but is that what will assist the kid with those A.C.E.S. Does it address the root cause of why they respond so egregiously under a normal circumstance? It's usually not about that thing that happened in the class, it's usually a deep rooted issue that we may or may not know about.

These are the elements we are working on and assessed with the staff survey. There is a commitment to help kids and classroom teachers. Many may not be familiar with the concept which is why we took a survey.

Dr. Drake: Is there some way to take the student info out and still talk about the situation and results?

Dr. Farina: We can do that through MTSS, but we don't always know what the root cause is. The Student Assistance Counselor knows those events that occurred and that is why the student is paired with that person for support. This is a level of care we didn't have last year, but do now. It is integral because these are the students that create that emotional environment behaviorally. We don't want to be punitive and this is where safety plans come into play.

Other staff concerns: They feel that things are happening but don't know what. When we say things like partial, acute, teachers aren't sure what that means and what they need to do when a student comes from that placement. They don't feel that there is enough staff to address urgent needs. When there is an urgent mental health crisis it can require police and paramedics, mobile crisis...and this can create increased concerns and anxieties amongst the school team.

The next steps: Our Pupil Services meeting will review all of the survey results. We need to prioritize what is in place and what isn't fully implemented and work from there. You can't talk about MTSS and mental health and behavior without talking about trauma and becoming a trauma informed school. We need to bridge that gap. The higher level of care is we have put into place is tremendous for us.

Questions?

Volunteer: What happens when you need to go outside the supports in the school?

Dr. Farina- We want to be sure we have engaged all of our staff and then they would have those dialogues with the outside services (wrap around, etc.). We want to have a point of contact but the classroom teacher is not the right person to speak with a doctor, mental health professional for 2 reasons—time consuming and Student Assistance Counselors have all the information.

Volunteer: The frustration level can happen earlier for some classroom teachers than for professionals with a mental health background.

Dr. Farina: This is why we need to educate everyone on trauma. Beginning this year we have begun to have our LS/ES teachers assist with Tier 2 and 3 interventions, which wasn't in place last year.

Judy Maginnis asked Vaune Klepac (an LS/ES teacher) if she was SAP trained.

Vaune Klepac: No, but looking to become trained.

Judy Maginnis asked Allison Stephens if the teachers at Marlborough understand SAP.

Allison Stephens: At the HS level SAP was seamless but at the elementary it is still new and teachers are still learning the processes. PBIS and MTSS at the elementary are clear, but SAP is still new and not fully clear. Amanda will assist with the development and implementation of this process.

Judy Maginnis: We need to provide professional development in SAP.

Dr. Roche and Dr. Farina agree that we should do something district wide on the process. We did have SAP trained people at the elementary level but we moved people around and now we need to reassess who is trained and where they are. It is in the infancy stage at the elementary level because we just started it 2 years ago.

Dr. Drake: Having so many programs it can be hard to implement but we have 30% of our population on free and reduced lunch and some students don't know when they will have their next meal. This is one of the things we need to look at is when they go in to the classroom hungry.

Dr. Farina: The teacher impacts the trajectory of the student but when you are standing in front of 22 kids, it isn't easy to be able to address those with significant needs.

Melanie Cunningham: What school years did we do the assessments?

Dr. Farina: 2017 PAYS and then again this October. Results will be available in the spring.

Dr. Drake: Programs look really good and critical pieces will be how we implement them and how well we do it with fidelity. Let the board know if there are things we can do to assist and faithfully adopt the programs.

Dr. Farina discussed the competitive grant for Safe Schools to provide additional supports for developing Trauma Informed schools. The Committee on Friday will look at survey results—PAYS and Climate-- and make recommendations about the district's needs.

We have a need for support with social work. This provides schools and families with outside professional resources. The grant will look at additional social work support for 2 years district wide.

Katrina Harman was our social worker but she transitioned into a Student Assistance Counselor this year and Dr. Farina assumed responsibility for homelessness and foster students.

No questions were asked.

Next meeting will be held on November 19th at 7:30.

Motion by Dr. Drake to conclude the meeting, seconded by Judy Maginnis.