CAMBRIDGE PUBLIC SCHOOLS

HEALTH, PHYSICAL EDUCATION, ATHLETICS AND SAFETY
459 BROADWAY
CAMBRIDGE, MASSACHUSETTS 02138

Acting Director
Ms. Lynne R. Yeamans

Acting Assistant Director
Mr. William E. Bates

June 1, 1988

TO: Cambridge City Council and School Committee Members
School Department and City Administrators
CHEHS Advisory Council Members

FROM: Lynne R. Yeamans and William E. Bates

RE: COMPREHENSIVE HEALTH EDUCATION AND HUMAN SERVICES---
END OF YEAR UPDATE

The Cambridge Public Schools, the Human Services Department, the Department of Health and Hospitals and a variety of outside agencies have made significiant progress in the mutual development of a consortium of programs and services which will comprise the new Comprehensive Health Education and Human Services program. Attached is a document that gives an overview of these programs, their funding sources and budgets. There are an additional 4 pages which summarize each program, including current progress and future plans.

Our goals for 1988-89 include the following:

(1) Conduct trainings for all administrators to insure program utilization and implementation in all schools.
(2) Establish effective cross-program integration and communication.
(3) Implement a thorough community education and awareness campaign.
(4) Insure expansion of our Comprehensive Health Education curriculum and staff development process to all schools, after the funding for our "Pulling Together for Health" pilot grant is discontinued in June 1989.

Thank you very much for your continued support. The "pulling together" of all of these programs represents an unprecedented collaborative effort. We have been told by the State Department of Education that we are far ahead of other cities in comprehensive program development. The job at this point is to move from our model framework to effective city-wide implementation. Now more then ever we need your continued commitment and leadership.

COMPREHENSIVE HEALTH EDUCATION AND HUMAN SERVICES
PROGRAM MANAGEMENT RESPONSIBILITIES

PROGRAM TITLE	FUNDING SOURCE	BUDGET
DIRECT MANAGEMENT OVERSIGHT		
1. Health Curriculum Development (K-12)	Comm. of Mass. CHEHS Grant	$61,500
2. Substance Abuse Prevention -curriculum -peer leadership	Governor's Alliance Against Drugs	20.000
3. Project Alliance	Governor's Alliance Against Drugs	2,000
4. AIDS Education -curriculum -peer leadership	CHEHS/General Fund/ New Grants	Target for '88-'89 25,000
5. Human Services Collaborative -student support teams -agency linkages -on-site services	EOCD Incentive Aid(87-88)	25,000
	General Fund (87-88)	4,000
	EOCD Incentive Aid(88-89)	10,000
	General Fund (88-89)	20,000
6. Know Your Body	General Fund support to Cambridge Family Planning	5,500
7. CAPP--Child Assault Prevention Program	General Fund/New Grants	Target 25,000
INDIRECT MANAGEMENT INVOLVEMENT		
1. Other CHEHS-Related Activities		
-CRLS Teen Clinic	Camb.Hosp./United Fund	
-Elementary School Health Services	Camb. Health & Hospitals	Increase
	General Fund (88-89)	90,000
-Dropout Prevention	Comm. of Mass.	
2. Yale Child Study: Comer Model Implementation	EOCD Incentive Aid New Grants	

COMPREHENSIVE HEALTH EDUCATION AND HUMAN SERVICES

PROGRAM SUMMARY

May 31, 1988

DIRECT MANAGEMENT CONTROL

1. Health Curriculum Development---Grades K-12
   -Elementary: Health Staff Developers work with teachers and pilot the new curriculum in the Harrington School (5 days/wk.) and the Longfellow School (3 days/wk.) from 2/88 - 6/89.
   -Secondary: The 9th Grade Health schedule is being evaluated. The Human Development Committee is developing a core content for an 11th & 12th Grade Human Development Course which will taught on an interdisciplinary basis.
   -Comprehensive Health Curriculum Leadership Team: The team meets biweekly to oversee all Comprehensive Health Education development efforts.

2. Substance Abuse Prevention
   -Curriculum: A Health Teacher-On-Assignment works 3 days per week in 4 elementary schools per year doing model-teaching as a means of staff development.
   -Peer Leadership: The Peer Leadership Coordinator is assigned 2 days per week to the CRLS Peer leadership program. Peer Leadership enrollment has expanded to over 50 students. All 6th Graders city-wide will receive programming from Peer Leaders.

3. Project Alliance
   A team of administrators and counselors are receiving training with 10 other communities through the D.A.'s office. In preparation for Year 2, the Student Handbook and Discipline Codes will be revised. Plans are made to do a local needs assessment and comprehensive administrator/counselor training in Year 2. This training will be initiated during one full-day session with all School Department administrators during the August orientation period.

4. AIDS Education
   -Curriculum: All 9th Graders receive instruction through Health classes. All 9th, 10th, 11th & 12th Graders receive special instruction about AIDS from school/community teams organized by the AIDS Subcommittee, during regularly scheduled Physical Education classes. 5th & 8th Graders receive instruction through the Know Your Body Program. Plans for a special 6th & 7th Grade program are to be developed.

-Peer Leadership: A pilot Peer Leadership course in AIDS Education is being developed by the AIDS Subcommittee, working in cooperation with the Cambridge AIDS Task Force, The Cambridge Hospital, The Cambridge Somerville Pregnancy Prevention Coalition, Cambridge Family Planning, the Medical Foundation and the Harvard School of Public Health. A collaborative grant writing effort is underway with these organizations to acquire the necessary funds to pilot the program.

5. Human Services Collaborative

The Human Services Collaborative is operational in the four elementary schools that are conducting Dropout Prevention Programs (Harrington, Fletcher, Peabody and Graham-Parks Schools). A fifth school, the Longfellow, will also be added during 1988-89 because this program is essential if Comprehensive Health Education pilot efforts are to be effective.

-Student Support Teams: Operational in those schools which have the Human Services Collaborative. These teams have been developed under the supervision of the Human Services Collaborative Project Coordinator. A $10,000 grant has been received by EOCD for the training of teams next year. These teams are based on the same concept as James Comer's Mental Health Team model. The principle behind this concept is to develop a system that utilizes those staff members who are directly involved in the social and emotional welfare of the child (i.e. school adjustment counselor, psychologist, learning disability specialist, resource room specialist, nurse, community agency staff, etc.) as part of a management system that identifies needs, establishes priorities, makes recommendations and implements plans aimed at dealing with individual as well as whole-school problems. Besides establishing a management system for dealing with prevention and intervention needs at the local school level, it gives the school principal and staff greater access to resources and develops a viable lobby for addressing issues regarding each student's physical, social and emotional well-being.

-Agency Linkages: A range of community agencies have been contacted and have expressed commitment to this project. "Link agencies" have been established with each of the pilot schools. The project coordinator is involved in numerous collaborative community initiatives, focussing on areas such as school health, teen pregnancy prevention, adolescent services and psychiatric services for children.

-On-site services: Being provided in all the pilot schools in the form of counselling or educational groups through the following agencies: Cambridge Family and Children's Service, The Cambridge Guidance Center, CASPAR and the Workforce.

6. Know Your Body

The Know Your Body Program is being conducted in all 5th and 8th Grades. There is concern about on-going funding for this program through Cambridge Family Planning. It is generally agreed thet this is a very effective program.

7. CAPP -- Child Assault Prevention Program

Establishing a system to coordinate the implementation of the Massachusetts Child Assault Prevention Program in all elementary schools has been a problem. CHEHS has become more involved in this process through the Human Services Collaborative. A committee has been formed and is working with agencies, such as Cambridge School Volunteers, to coordinate the implementation of the program which is conducted through the utilization of a network of trained volunteers. Outside grant funds are being sought for assistance in the coordination of this program.

Harvard School Of Public Health Internships

Four Harvard School of Public Health interns are working with various components of CHEHS. Their projects include: AIDS Education: assisting with the development of effective management systems, work plans and accountability methods for the many CHEHS programs: and working with the Human Services Collaborative in coordination with Cambridge School Volunteers and the Teen Clinic.

OVERSIGHT: NO DIRECT MANAGEMENT CONTROL

1. Other CHEHS-Related Activities

-CRLS Teen Clinic: As the clinic becomes operational, more coordination with intervention and prevention efforts is necessary.

-Elementary School Health Services: The Health Services Task Force was effective in receiving City Council approval for 2 additional nurses and 1 additional aide for the elementary schools. This was 1 nurse less than the Task Force's proposed elementary Health Services staffing plan which was for 4 nurse practitioners, 3 nurses and 3 aides. Nonetheless, it is a considerable increase of 50% over current the current staffing situation. The nurse's role will be significantly expanded to include health promotion, prevention and active participation on the student support teams. The Health Services Task Force members are requesting that student support teams be established in all schools to insure the proper utilization of school nurses.

-Dropout Prevention: Our Dropout Prevention programs are addressing the issue of positive school environments, another important component of a "comprehensive" program. CHEHS needs to continue to actively collaborate with these programs.

2. Yale Child Study Center/Comer Model Implementation

The Comer staff are confronted with an increasingly overwhelming number of adoptions, resulting in a need for them to reassess their dissemination program. In order to work with Yale, full adoption of all program components is required. It would make sense to pilot the program in a school that already has a student support team. These student support teams need training anyway. The concept could then be expanded to include the SPMT (School Planning and Management Team) and a strong parent component. Effective management systems in our elementary schools are critical to developing a "comprehensive" program that adequately addresses the need for improved guidance and counseling. Better utilization of school/community staff, particularly those staff members who are responsible for the treatment of social and emotional problems in children, is necessary to effectively identify and prioritize needs, to make relevant recommendations for change and to successfully implement plans.

2. S-424

Comm. from Lynne R. Yeamans, Acting Dir. & William E. Bates, Acting Asst. Director of Health, Physical Education & Athletics Safety, Cambridge Public Schools Re: end of year update on a Comprehensive Health Education & Human Service Program.

In City Council,

June 13, 1988

6-13-88

Placed on File.