



2019 SCHOOL BEHAVIORAL
HEALTH ASSESSMENT

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Background

In 2011, the Health Department began examining the City's role in addressing behavioral health (mental health and substance use) issues in New Orleans. With support and guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Department formed the Behavioral Health Council (BHC). The Behavioral Health Council brings together providers, advocates and consumers from across the behavioral health community to facilitate coordination, advocate for policy change, influence funding, and communicate with the local community. The Council is classified into specific sector workgroups – education, criminal justice, housing, and health and hospitals – and meets regularly to collaborate toward achieving the Council's mission to ensure a comprehensive, coordinated and cohesive system of behavioral health care.

The Behavioral Health Council's Education Workgroup first launched the School Behavioral Health Assessment Survey in the Spring of 2012 and it has since been administered annually to the New Orleans Public Schools. The School Behavioral Health Assessment Survey is an important tool to monitor the degree to which comprehensive and coordinated behavioral health services are available in schools. The goal of this assessment is to determine the schools' capacity to effectively respond to crises, provide supportive services, and link students and families to outside mental health providers. The survey provides the Behavioral Health Council with an in-depth understanding of the tools and methods the local schools use to support behavioral health and trauma-informed care.

For 2019, the survey was modified to meet the current challenges local schools, students and families encounter with accessing behavioral health services. The survey included sections on Organizational Capacity and Resources, Universal/Tier I Services, Targeted/Tier II/Tier III Services and Crisis Response Services. All New Orleans public schools and programs were invited to participate via SurveyMonkey.

Orleans Parish School Board reported having 86 schools for the 2019-2020 school year, including 75 OPSB charter schools (NOLA-PS), 3 OPSB contract schools, 7 Louisiana State Board of Elementary and Secondary Education (BESE) charter schools, and 1 Louisiana legislature school.¹ 63% of Orleans Parish schools participated in this survey (54/86).

57 completed surveys were received from:

- 46 OPSB charter schools
 - 2 surveys from KIPP Believe and KIPP Leadership completed separately for primary and upper grades. Although one school, KIPP Believe and Leadership operate as two separate entities (Primary and Academy) each with its own

¹ http://www.thecoweninstitute.com.php56-17.dfw3-1.websitetestlink.com/uploads/2019-2020_Governance_Chart_Layout_Post_External_Review_August_22-1567529805.pdf

school leader and staff and therefore, both sets of responses were retained in the analyses.

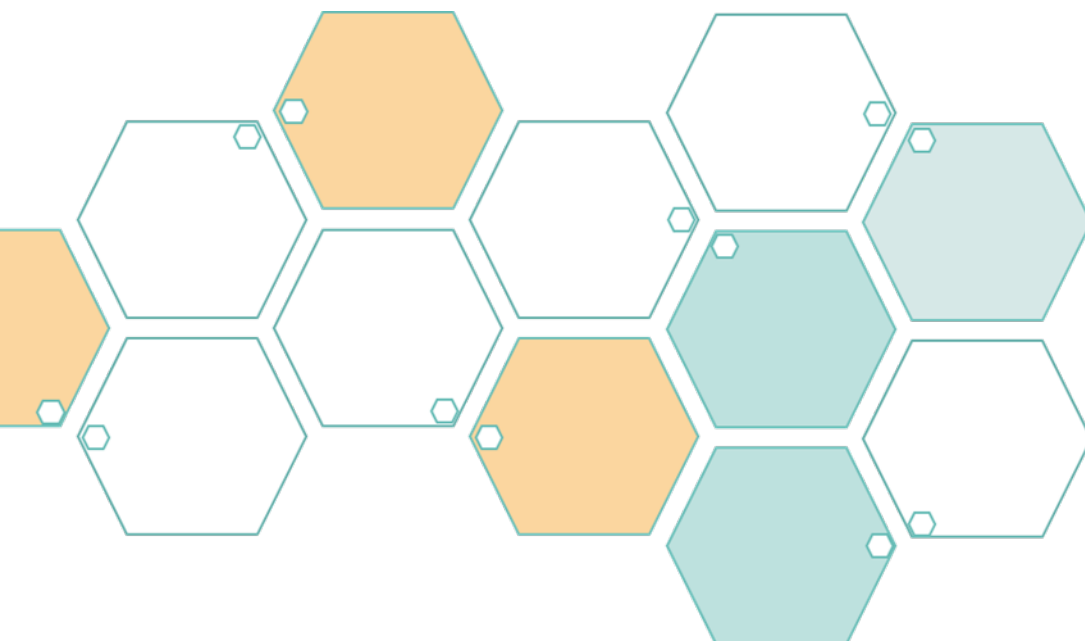
- 5 BESE charter schools
- 2 non-traditional schools (Opportunities Academy, ReNEW Accelerated High School)
- 1 OPSB contract school

Note: Not included in the sample are the three special programs that also participated in the survey (Center for Resilience, ReNEW Therapeutic, Youth Empowerment Program). See Appendix A for these results.

Due to the cyberattack to the City of Orleans and the COVID-19 pandemic, the completion of the final report was delayed. The information gathered will be used to guide planning efforts for 2021.

Data collected from the survey is valuable to schools, academia, and organizations to:

- 1 Identify gaps and barriers to providing mental health services**
- 2 Monitor trends and identify emerging problems**
- 3 Disseminate information to engage community and policymakers**
- 4 Establish priorities and plan programs**
- 5 Set priorities for further organizational development**
- 6 Identify technical assistance and training needs**
- 7 Provide data to support sustainable funding for mental and behavioral health services**
- 8 Support grant applications and other funding opportunities**



Behavioral health plays a vital role in students' academic success. According to a Centers for Disease Control and Prevention's (CDC) study, "1 in 6 students had enough symptoms and impairment to meet the criteria for one or more childhood mental disorders."² The effects of mental health difficulties are problematic for students because they can negatively impact academic performance, behavior, attendance, and school violence. In most instances, schools are the only place for students to receive mental health services. It is estimated that two-thirds of children who access behavioral health treatment do so only in schools. However, roughly 60% of students with behavioral health needs do not receive any treatment at all. Schools have become heavily relied upon to identify and treat behavioral health issues but have not been adequately resourced to provide services and treatment to all students who are in need.

Organizational Capacity and Resources

The Organizational Capacity and Resources section of the survey aimed to gauge the school's ability to provide mental health services to students, ranging from direct service provision to referrals to contracting agencies. The school's capacity is not solely based on having a mental health professional at the school, the level of mental health staffing, or how many mental health professionals are available and accessible to students who need such services. Capacity is also based on the amount of time spent providing direct services or administrative duties, the student population needing or receiving mental or behavioral health services, and available resources.

Behavioral Health Staffing and Direct Services

- The American School Counselor Association (ASCA) recommends a **counselor-to-student ratio of 1-250**. In the state of Louisiana for the school year 2018-2019, the recommended **counselor-to-student ratio was 1-441**,³ surpassing ASCA's recommendations by almost 44%.
- The National Association of Social Workers (NASW) recommends school social work services should be provided at a ratio of one school social worker to each school building serving up to 250 general education students, or a **ratio of 1:250 students**. But also suggests a lower ratio of **1:50** when providing services to students with intensive needs.⁴ Louisiana public schools have a **1:1,277 social worker-to-student ratio**, which is over five times the ratio recommended by the NASW.⁵

² <https://www.cdc.gov/childrensmentalhealth/features/school-aged-mental-health-in-communities.html>

³ <https://www.schoolcounselor.org/asca/media/asca/home/Ratios18-19.pdf>

⁴ <https://aab82939-3e7b-497d-8f30->

a85373757e29.filesusr.com/ugd/426a18_f3445be711bc457e9578fc72a20bd9ac.pdf

⁵ https://www.lsu.edu/research/recent_grant_successes/2020/0810-mentalhealth.php

- The National Association of School Psychologists (NASP) recommends a ratio not to exceed 1 school psychologist to every 500 students enrolled in the schools served.⁶

As indicated in the table below, the vast majority of New Orleans schools failed to meet recommended staffing ratios for school counselors, social workers, or psychologists:

- Only those schools with less than 250 students met the recommended counselor-to-student ratio. Only two schools met the State of Louisiana counselor-to student recommendations.
- Only two schools met NASW social worker-to-student ratio recommendations. Seven schools met the State of Louisiana social worker-to-student ratio recommendations.
- Only 28% of schools with > 500 students met the NASP psychologist-to-student ratio recommendations.

Number of Students					
Provider Type	< 250 (6 schools)	250 – 500 (12 schools)	500 – 750 (15 schools)	750- 1000 (13 schools)	> 1000 (8 schools)
Counselor	100%	0% (17% had 1)	0% (33% had 1)	0% (54% had 1, 8% had 2)	0% (63% had 1)
Social Worker	0%	17% (67% had 1)	0% (73% had 1)	0% (92% had 1)	0% (88% had 1)
Psychologist	33% (2 out of 6)	8% (1 out of 12)	13% (2 out of 15)	0% (38% had 1) (5 out of 13)	0% (38% had 1) (3 out of 8)

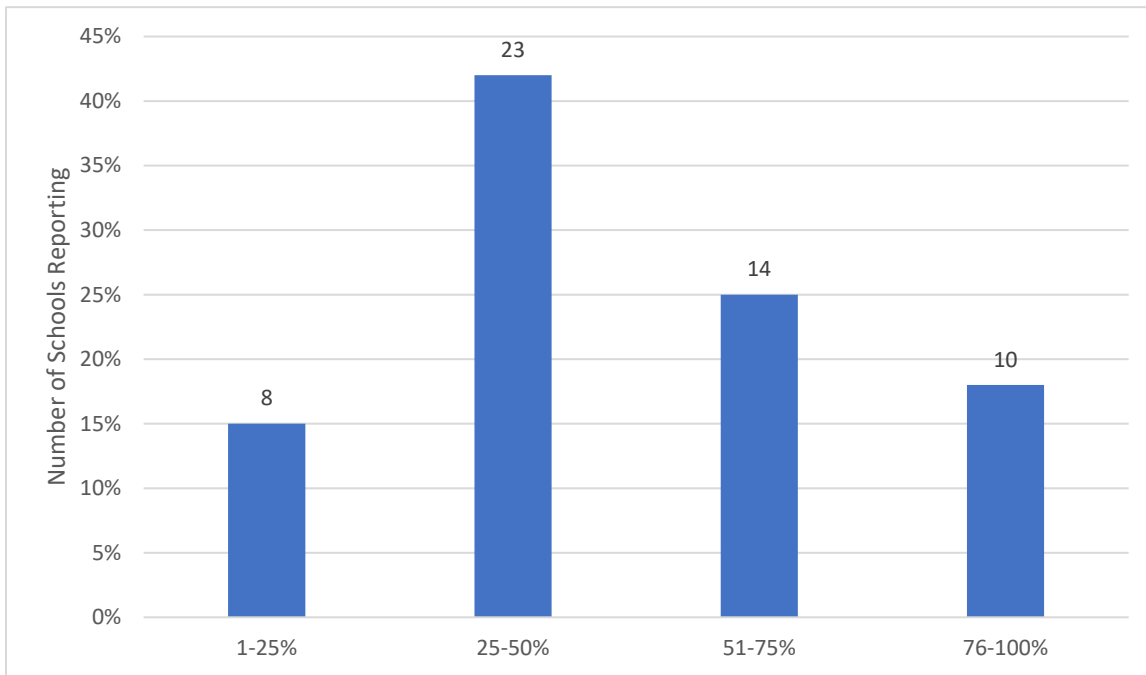
Table 1. Percentage of schools meeting or exceeding the recommended student-to-behavioral health provider ratio by size of the student population.

When asked about how mental health staff spent their time, 80% of the schools reported that more than 50% of mental health staff time was spent providing direct services, such as individual, group counseling, or crisis intervention. Eighty-seven percent of schools reported their mental health staff spent less than 50% of their time on administrative duties, such as attendance calls, bus duties, or case notes.

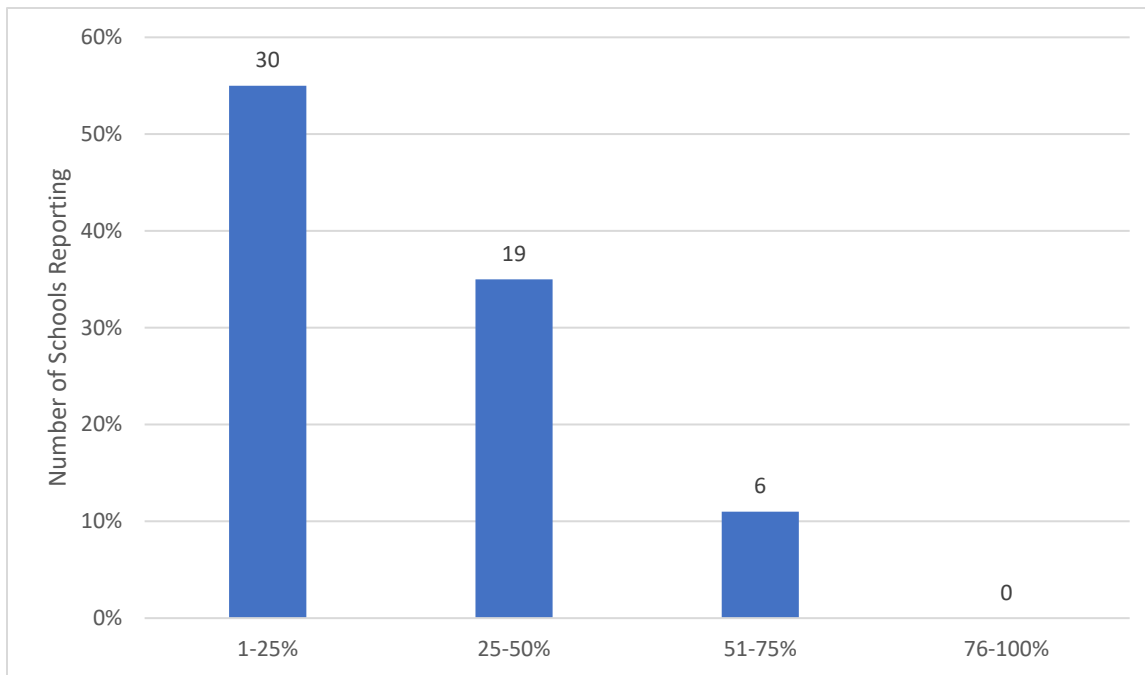
National estimates indicate about 20% of students experience a mental health problem. Data from the current survey indicates that local rates are much higher. Nearly all schools (85%) reported that more than 25% of their student body needed mental or behavioral health services; 42% of schools estimated the need at 50% or more of students. Unfortunately, many

⁶ file:///C:/Users/mhernandez/Downloads/2020_Professional_Standards_Web.pdf (paragraph 3.2, page 12)

of those needs go unmet as only 46% of schools reported that more than 25% of their study body received needed services. The majority of schools reported trying to address student mental and behavioral health needs through their full-time mental health staff. However, 62% of schools reported that they did not have the adequate resources to address the mental or behavioral health needs of their students.



Graph 1. Percentage of total student population that needs mental or behavioral health services.



Graph 2. Percentage of total student population that receives mental or behavioral health services at school (i.e., individual or group counseling).

Partnerships and Resources

All participating schools reported partnerships with a community mental health agency to provide on-site mental health services. Schools seek out partnerships for a variety of reasons, but most commonly to connect to additional resources (54%), likely because they do not have the necessary staff (43%) or the caseload of their in-school staff is too high (43%). Schools also seek partnership due to the complexity of their cases (33%).

When asked about specific services provided by external agencies, over 70% of schools reported using external agencies to provide services and supports for students coping with grief, loss, or trauma.

As noted above, 62% of participating schools stated that they do not have the adequate resources to address student mental or behavioral health needs. The top 10 following resources were identified as being the most important to better meet the needs of students with mental or behavioral health concerns:

- 1 Additional mental health staff members (76%)**

- 2 Professional development for teachers (74%)**

- 3 Trauma-informed practices (67%)**

- 4 Social emotional learning (63%)**

- 5 Family supports (61%)**

-
- 6 Behavior modification (56%)**

 - 7 Bullying prevention and intervention (56%)**

 - 8 Professional development for mental health providers (48%)**

 - 9 Evidence-based interventions for Tier 2/Tier 3 (44%)**

 - 10 Crisis planning (43%) and response training (44%)**

Universal/Tier I Services

Positive Behavioral Interventions and Supports (PBIS)

Positive Behavioral Interventions and Supports (PBIS) is an evidence-based framework to improve and integrate all the data, systems, and practices affecting student outcomes every day. The framework consists of three tier levels. Tier 1 is prevention programming available to all students. Tier 2 is an intervention system for at risk students. Tier 3 is an intensive support system for those students experiencing problems. According to the survey, 84% of the schools implement a school-wide system of PBIS.

Barriers to Implementation

Almost 31% of participating schools reported inconsistencies in the implementation of PBIS in their schools. Barriers to a more consistent implementation included:

- 1 Resources (44%)**

- 2 Training (39%)**

- 3 Staff buy-in (35%)**

- 4 Motivation (35%)**

- 5 Implementation of other behavior systems or approaches (26%)**

Substance Use Prevention Programming

Seventy-two percent of participating schools reported not having a substance use prevention program at the universal level. For the schools that have a substance use prevention program in place, the most commonly used curricula are **Second Step** and **Too Good for Drugs**.

Even though Second Step is primarily a Social and Emotional Learning (SEL) curriculum, for grades 6-8 it includes a unit on Managing Relationships & Social Conflict where students “learn strategies for developing and maintaining healthy relationships, perspective-taking, and dealing with conflict.” This unit can help children acquire the necessary skills to overcome peer pressure to experiment with drugs.

Of the schools implementing a substance use prevention program (14 schools), 50% (7 schools) of those target the programming to elementary or middle school-aged children (grades 3-8). Only three schools incorporate substance use prevention programming at the high school level.

Forty percent of schools reported having students they suspect struggle with substance use. Most schools (82%) estimated that the problem affected 25% or less of their students.

Forty-one percent of schools reported having dealt with at least one student coming to school under the influence of drugs or alcohol. Only schools serving middle school students (44%) or high school students (64%) reported dealing with student intoxication. Schools that dealt with this problem reported that marijuana was the mostly commonly encountered substance (92%), followed by prescription pills (24%) and alcohol (20%).

Metropolitan Human Services District (MHSD) collaborates with the following organizations on a Substance Abuse Prevention and Treatment (SAPT) grant-based program sponsored through the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide substance use and prevention education to Orleans Parish schools:

- Action Against Addiction
- Healing Hearts
- New Vision
- Council on Alcoholism and Drug Abuse (CADA)

Free resources available to schools through the SAPT include:

- Too Good for Drugs
- Botvin Life Skills Training
- Protecting You Protecting Me
- Second Step
- Generation RX Universities
- Curriculum Based Support Group
- Kids Don't Gamble...Wanna Bet?

For a list of SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) please go to <https://www.cde.state.co.us/healthandwellness/nrepp-substance-abuse-programs-2015-pdf>

Social-Emotional Learning Curriculum

Social and Emotional Learning is the process through which we understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions⁷. The core competencies of social and emotional learning are **self-awareness, self-management, social awareness, relationship skills,** and **responsible decision-making**.

⁷ <https://casel.org/overview-sel/>

Fifty-three percent of the schools implement an SEL curriculum at the universal level for at least some grade levels. Of schools that utilize an SEL curriculum, 59% offer the curriculum in grades Pre-K through 2nd; 59% in grades 3 – 5; 41% in grades 6 – 8; and 17% in grades 9 – 12. The most commonly used curriculum is **Second Step**.

Only 40% of schools reported the implementation of the SEL curriculum in their schools as consistent. The top barriers include:

- 1 Insufficient time for teachers to implement (46%)**

- 2 Lack of reinforcement skills at home (34%)**

- 3 Lack of on-going implementation support (34%)**

- 4 Funding (32%)**

- 5 Difficulty integrating into curriculum (32%)**

Universal Screening

Fifty-seven percent of participating schools reported conducting universal screening to identify students at risk for social, emotional, and/or behavioral issues. In most schools (78%), the school mental health care staff is responsible for coordinating universal screening. About a third of schools reported that universal screening is carried out by the Response to Intervention (RTI) coordinator or by the school administrator.

The most commonly used strategies for universal screening include:

- 1 Formal screening measure (71%)**

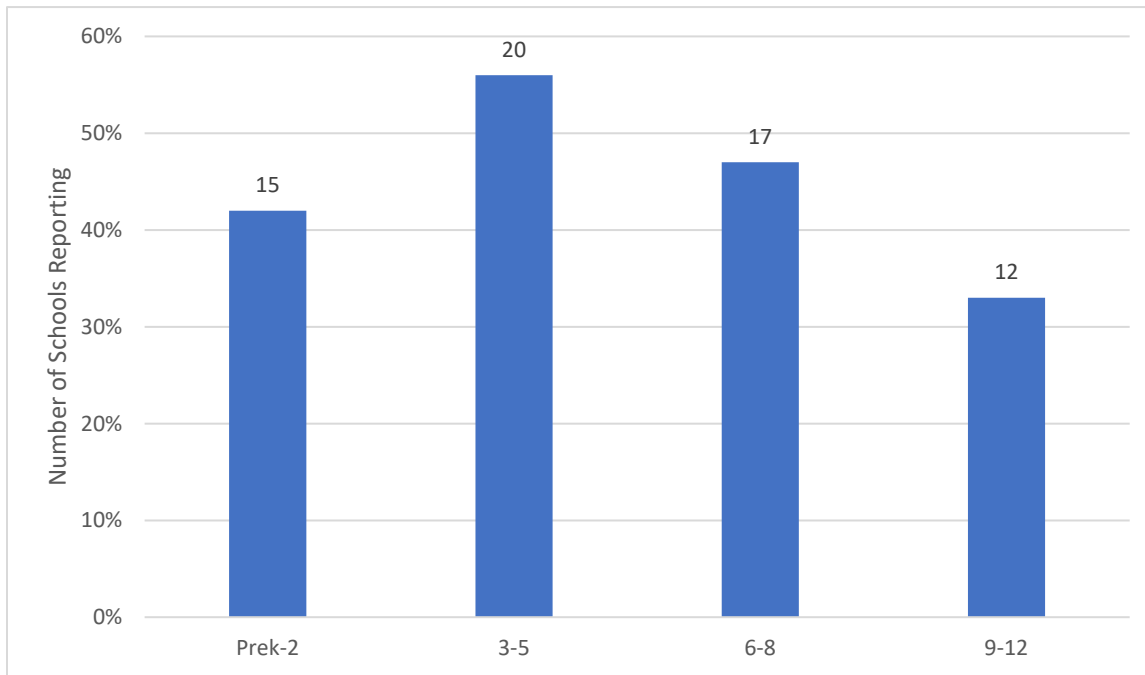
- 2 Office discipline referrals (50%)**

- 3 Student absences (50%)**

- 4 Teacher nominations (44%)**

- 5 Needs assessment created by the school (26%)**

Of the schools conducting universal screening (34 schools), the following represent the school grades that participate in universal screening:



Graph 3. Percentage of schools that utilize screening at different grade levels.

Schools reported multiple actions following identification of at-risk students, including:

- 1 Students are referred to the school social worker (81%)**

- 2 Students are placed into tiered intervention based on the results of the screener (57%)**

- 3 Further assessment is conducted to determine the need for social, emotional, and/or behavioral supports (54%)**

- 4 Students are referred to outside services based on the results of the screener (46%)**

- 5 A triage process is employed to address the needs of the most at-risk students immediately (43%)**

The most commonly employed school-based interventions for students identified as at-risk include:

- 1 Development of a Behavior Intervention Plan (BIP) (94%)**

- 2 Check-in, Check-out Behavior Intervention (92%)**

- 3 Skills groups (78%)**

- 4 Response to Intervention (72%)**

5 Multi-Tiered Systems of Support (MTSS) (42%)

Crisis Events and Response Services

Fifty-eight percent of schools reported targeted student screening for trauma, homelessness, or to identify additional social, emotional, and/or behavioral supports or mental health services. Most of these special groups are either self-identified or referred by teachers.

Suicide Ideation/Self-harm Events

According to the CDC Web-based Injury Statistics Query and Reporting System (WISQARS) Leading Causes of Death Reports for 2018, **suicide was the second leading cause of death for group ages 10-14 and 15-24.**⁸

Of the 53 schools responding to this question, 83% reported having at least one incident involving suicidal ideation or self-harm during the school year. For the 49 schools that provided information about how the incident was handled, most reported it was handled internally by the school (92%) or by the parent (61%).

Homicide Ideation/Threat Events

According to the CDC's WISQARS Leading Causes of Death Reports for 2018, **homicide was the third leading cause of death for group ages 15-24**, with most of the deaths committed by firearm.

Of the 52 schools responding to this question, 35% of schools reported having at least one incident involving homicidal ideation or threats at their schools. For the 29 schools that provided information about how the incident was handled, most reported these events were handled internally (69%) followed by parental intervention (45%).

Medical Events and Hospitalizations

Of the 45 schools responding to this question, 55% of schools reported having at least one medical event. Of the 38 schools that responded to the follow-up question, such events are handled primarily by school staff (71%) or parental support (55%).

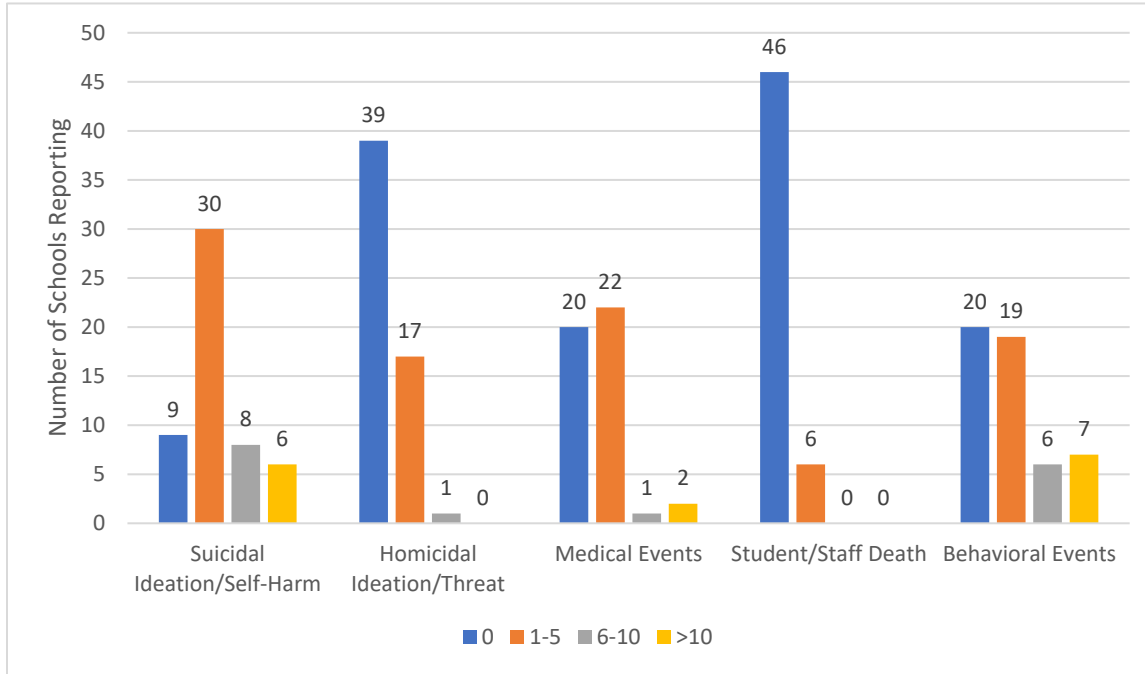
Psychiatric Hospitalizations and Intense Behavior Events

Of the 53 schools that responded to this question, 60% of schools reported that at least one student had been hospitalized during the school year. Of the 42 schools that responded to the follow-up question, 60% reported having a transition policy or protocol in place to facilitate the student's return to school.

⁸ <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>

Fatalities

Schools reported a total of 6 student and staff deaths for the 2019-2020 school year. Seventy-five percent of schools reported having mental health services for all students, 35% for staff only and 54% provided mental health services upon request.



Graph 4. Number of suicide ideation/self-harm, homicidal ideation/threat, medical, deaths, and behavioral events that occurred in 2019-2020 school year.

Homelessness

Every year, as required by the Department of Housing and Urban Development (HUD), a homelessness survey is conducted by UNITY of Greater New Orleans. This survey reported a total of 3,059 homeless as of January 2019. One of the bright spots on the report was a 31% decrease in family homelessness since 2016. The decrease is credited to the Continuum of Care program's federal standard to house families within 45 days or less, resulting in no families being left living on the streets or in their cars for this year.⁹

Even though there have been great improvements in housing families in need, there must be a system in place for schools to identify homeless students to make the necessary arrangements for placement and assistance. All participating schools reported having a process in place to connect homeless students and their families with services and resources.

Summary

Results from the survey suggest that most New Orleans schools face mental health staffing shortages that challenge their ability to provide supportive mental and behavioral health

⁹ <https://nola.gov/getattachment/Homelessness/2019-PIT-Report.pdf/?lang=en-US>

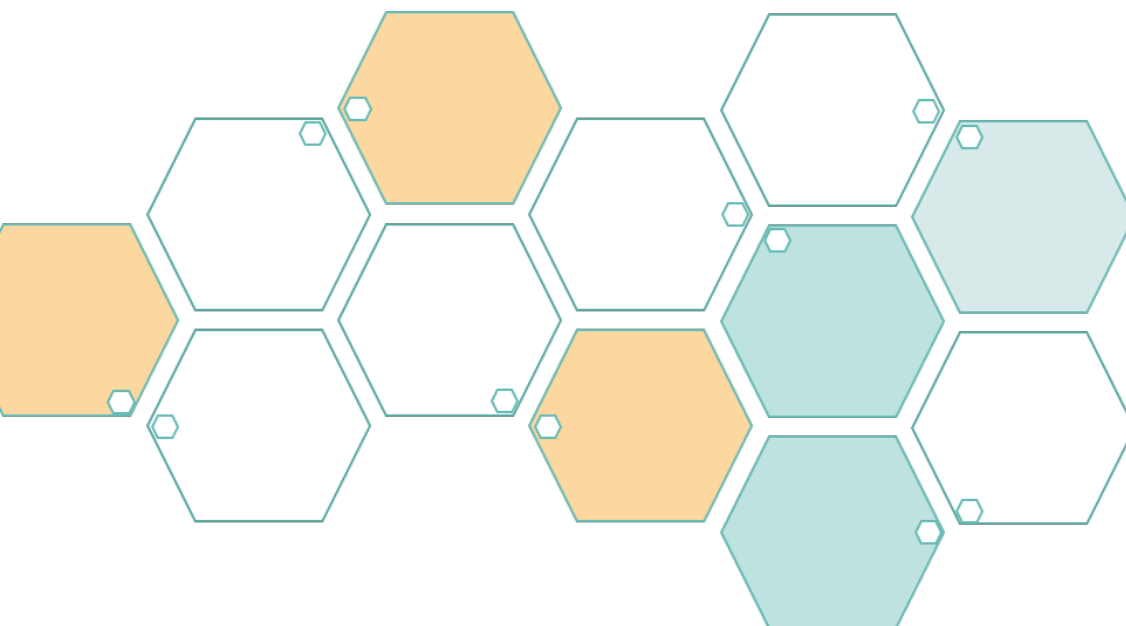
services to their students and to respond to crises. Sixty-two percent of schools reported that they did not have the adequate resources to address the mental or behavioral health needs of their students. To accommodate for these shortages, all schools that participated in this survey reported partnerships with a community mental health agency to provide on-site mental health services.

The vast majority of responding schools are incorporating universal strategies into their efforts to provide supportive mental and behavioral health programming for students. For example, 84% of the schools reported implementing a school-wide system of PBIS and over 50% of schools have incorporated universal screening and social-emotional learning into at least some grade levels. One area of universal programming lagging behind is substance use prevention; only 28% of the schools reported such programming.

In addition to the obvious need for more school-based mental health professionals, responding schools reported the need for more robust training and resources to provide and sustain mental and behavioral health services and universal programming in trauma-informed approaches, social and emotional learning, and bullying prevention.

Recommendations

- Align with Louisiana Dept of Education [Believe to Achieve](#) Educational Priorities, one of which is: “Remove barriers and create equitable, inclusive learning experiences for all children, with focus areas in mental and behavioral health, social emotional learning, and trauma-informed care.”
- Address shortages in school mental health staff. Need to be able to provide services to students with the highest mental and behavioral health needs.
- Increase the number of schools providing universal services to all grade levels, including social and emotional screening and learning curricula and trauma-informed approaches. Will require dedicated staff time and resources to ensure fidelity of implementation.



Appendix A: Special Program Schools

Data collected from the three special program schools (Center for Resilience, ReNEW Therapeutic, Youth Empowerment Program) was compared to the data from the OPSB system.

Organizational and Capacity Resources

Behavioral Health Staffing and Direct Services

Each of these special programs varied greatly in student population size and staffing. Center for Resilience served 35 students in 2019 and staff included a counselor and a psychiatrist. Youth Empowerment Program served approximately 400 students in 2019 and staff included a social worker. ReNEW Therapeutic was not able to provide the total student population for 2019, but the school reported having only a counselor.

All special program schools reported having mental health professionals on the school's leadership team.

When asked how mental health staff spent their time, two out of three special program schools reported up to 50% of mental health staff time was spent providing direct services, such as individual, group counseling, or crisis intervention (one school reported up to 75%). Two out of three special program schools reported their mental health staff spent less than 25% of their time on administrative duties, such as attendance calls, bus duties, or case notes (one school reported less than 50%).

Because these schools provide special education programming for students with complex socioemotional and behavioral needs, all schools reported up to 100% of the student population needing mental health services. Two out of three schools reported up to 100% of the student population receiving mental health services internally, while one school reported up to 50% of the student population receiving mental health services at school.

Center for Resilience and ReNEW reported addressing student mental and behavioral health needs through their full-time mental health staff, while up to 75% of YEP's mental or behavioral health services are provided by outside providers or partners. Sixty-seven percent of schools reported that they did not have the adequate resources to address the mental or behavioral health needs of their students.

Partnerships and Resources

All special program schools reported partnerships with a community mental health agency to provide on-site mental health services. The special program schools seek out partnerships for a variety of reasons, but most commonly to connect to additional resources (67%), likely because of case complexity (33%), or because they do not have the necessary staff (33%).

Sixty seven percent of participating special program schools stated that they do not have the adequate resources to address student mental or behavioral health needs. The top 5 following

resources were identified as being the most important to better meet the needs of students with mental or behavioral health concerns:

- 1 Professional development for teachers (100%)**

- 2 Family supports (33%)**

- 3 Substance use and abuse (33%)**

- 4 Labor and sex trafficking (33%)**

- 5 Sexual harassment/assault (33%)**

When asked about specific services provided by external agencies, two out of three schools reported using external agencies to provide services and supports for students coping with grief, loss, or trauma; substance use; care giver incarceration; gender identity; or high-risk behavior.

Universal/Tier I Services

Positive Behavioral Interventions and Supports (PBIS) Only two out of three special program schools disclosed having a schoolwide PBIS system in place.

Barriers to Implementation

These schools reported the implementation of PBIS to be consistent, but that addressing the following barriers could improve outcomes:

- 1 Community and family stability (50%)**

- 2 Resources (50%)**

Substance Use Prevention Programming

Two out of the three special program schools reported not having a universal substance use prevention program. Neither school provided a specific substance use prevention curricula or targeted grades.

Two out of the three special program schools reported having students they suspect struggle with substance use. One of these schools estimated that the problem affected up to 25% of their students, while the other school estimated 26% to 50% of their students are suspected or have confirmed to struggle with substance use.

Both schools reported having dealt with at least one student coming to school under the influence of drugs or alcohol with marijuana (100%) or pills (50%) as the most commonly encountered substances.

Social-Emotional Learning Curriculum

Only one special program school reported having an SEL curriculum at the universal level for grades Pre-K through 12th grade. Even though no specific curriculum was provided, the curriculum in place was reported to be consistently administered. One school reported using a daily student tracker to assess student learning progress and another school reported the following barriers for SEL implementation at their school: .

1 Comprehensive training

2 Funding

Universal Screening

Two out of three schools reported conducting universal screening to identify students at risk for social, emotional, and/or behavioral issues. One school reported youth advocates, clinical directors, or school administrators as responsible for coordinating the universal screening. The most commonly used strategies for universal screening include:

1 Formal screening (33%)

2 Office discipline referrals (33%)

3 Student absences (33%)

4 Needs assessment created by the school (33%)

Schools reported multiple actions following identification of at-risk students, including:

1 Referrals to outside services based on the results of the screening (50%)

2 A triage process to address the needs of the most at-risk students immediately (50%)

The most commonly employed school-based interventions for students identified as at-risk include:

1 Socio-emotional learning curriculum (50%)

2 Check-in, Check-out Behavior Intervention (50%)

3 Skills groups (50%)

4 Development of a Behavior Intervention Plan (BIP) (50%)

Crisis Events and Response Services

Suicide Ideation/Self-harm Events

One school reported having 10-15 suicide ideation or self-harm events during the school year, handled internally by school staff.

Homicide Ideation/Threat Events

One school reported having four homicide ideation or threat events during the school year, handled internally by school staff.

Medical Events and Hospitalizations

One school reported having five medical events during the school year, handled internally by school staff.

Psychiatric Hospitalizations and Intense Behavior Events

Two schools reported having students hospitalized for psychiatric or medical reasons during the school year. Both schools reported having a transition policy or protocol in place to facilitate the student's return to school.

One school reported approximately 30 intense behavior events occurring during the school year with another school stating that there were too many events to count. These intense behavior events were more often handled internally by school staff, MCRT, NOPD/SRO, or by the student's parent.

Fatalities

No schools reported student or staff deaths during the school year. All schools reported being able to provide mental health services for students, but only two schools provided mental health services to staff, and only available upon request.

Homelessness

All schools reported having a process in place to connect homeless students with services and resources.

Appendix B: 2019-2020 Governance Chart: New Orleans Public Schools

