



National Center for Mental Health Promotion
and Youth Violence Prevention

**School-Based Mental Health
Teleconference
Wednesday, October 11, 2006
12:30 – 2:00 P.M. Eastern Time**

FACILITATOR: Ron Slaby, Ph.D., Technical Assistance Specialist, National Center for Mental Health Promotion and Youth Violence Prevention

Presenters: Howard Adelman, Ph.D. and Linda Taylor, Ph.D.
Co-Directors of the Center for Mental Health in Schools at UCLA

NATIONAL CENTER STAFF:

Anne Wang, Evaluation Specialist; Kim Netter, Technical Assistance Specialist; Erin Tackney, Communications Assistant; and Jamie Griesbach, Research Assistant

PURPOSE OF THIS CALL:

- To provide information about our Technical Partner, the Center for Mental Health in Schools at UCLA
- To identify resources available through the Center for Mental Health in Schools at UCLA
- To provide a networking opportunity for grantees interested in school-based mental health

INTRODUCTION TO TELECONFERENCE

The National Center for Mental Health Promotion and Youth Violence Prevention is hosting this event with guest speakers, Dr. Howard S. Adelman and Dr. Linda Taylor, co-directors of the School Mental Health Project and its federally-supported Center for Mental Health in Schools at UCLA. The two have worked together for over thirty years to improve the ability of schools and communities to address a wide range of psychosocial and educational problems experienced by children and adolescents.

The Center for Mental Health in Schools was established in 1995. For the first ten years it was designated as a technical assistance center that also did policy and program analyses. Now, the Center is officially designated as a policy and program analysis center (which continues to provide technical assistance support). It is funded by the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

HIGHLIGHTS FROM PRESENTATION

The first hour of this presentation provided an overview of the Center for Mental Health in Schools' mission and work and the many opportunities it provides for accessing resources, networking, and advancing the field. Because the web site offers easy access at no cost, it was recommended that everyone visit and sample the site at <http://smhp.psych.ucla.edu/> -- (see "First Visit" icon). You may be particularly interested in the following:

About Mental Health in Schools (<http://smhp.psych.ucla.edu/aboutmh/aboutmhover.htm>) – this provides an overview of mental health in schools and the differences between the school-based and clinical approach.

Hot Topics & Ongoing Hot Issues (<http://smhp.psych.ucla.edu/hottopic.htm>) -- discusses and provides resources on pressing matters such as violence and school truancy

Quick Finds <http://smhp.psych.ucla.edu/websrch.htm#quickfind> -- easy access at no cost to the Center's online clearinghouse which contains a wide range of community resources and training aids. Each Quick Find is a gateway to resources (including materials, documents and many centers that focus on topics of interest). We have materials that address mental health from preschool through high school.

We also have a range of networking opportunities, policy reports, a newsletter, and a "What's New" section with the most recent resources produced.

After highlighting the resources, Adelman and Taylor emphasized the following matters related to their work with projects such as those funded by the federal Safe Schools/Healthy Students initiative:

- (1) It is essential to focus on sustainability from the outset. (see the Center's sustainability guide entitled *Sustaining School and Community Efforts to Enhance Outcomes for Children and Youth: A Guidebook and Tool Kit* at -- <http://smhp.psych.ucla.edu/pdfdocs/sustaining.pdf>)
- (2) Systemic Change is the Key to Sustainability. (Sustainability is not just about finding another grant.)
- (3) Because schools are in the education business (not the mental health business), it is essential to reframe the work by embedding it in an unifying, umbrella concept such as addressing barriers to learning which is a good match for the mission of schools.

Approach

Because systemic change is the key to sustainability, the Center has emphasized embedding nonacademic matters (such as psychosocial and mental health concerns) under the umbrella of *barriers to learning*. School administrators, teachers, and support staff respond well to the concept of working together to address barriers to learning.

The UCLA center focuses on addressing a wide range of barriers to learning and teaching. This involves two major facets: (a) ensuring students (and teachers) can get around such barriers and then (b) working with teachers to ensure students re-engage in classroom learning.

SLIDE SHOW PRESENTATION

The National Initiative: New Directions for Student Support (see <http://smhp.psych.ucla.edu/summit2002/ndannouncement.htm>)

This initiative is designed to encourage the type of policy and systemic changes that can sustain the valued functions demonstrated by projects such as SS/HS. The emphasis in

this work is to clarify that new directions are imperative if schools and communities are to

- develop a comprehensive, multifaceted, and cohesive component for addressing major barriers to learning and teaching
- use the resources that are already in place more effectively
- reduce the achievement gap and increase graduate rates.

New Directions for Student Support Involves Working on Four Interrelated System Problems

(1) Expanding the Policy Framework

Everyone complains about the fragmentation of services, but they are really experiencing a marginalization of the whole enterprise of addressing barriers to learning. For far too long, programs and services have been added in an ad hoc and piecemeal manner. This reflects the prevailing policy emphasis. As everyone knows, academic accountability dominates school policy making. It is essential to work on expanding the prevailing policy framework from its current two component emphasis (i.e., on the instructional and management components). Work to develop effective systems of learning supports to address barriers to learning need to be brought out of the margins by making this emphasis a primary and essential component of school improvement planning. To this end, it is essential to remember that, unlike a mental health agency which tends to deal with a small segment of the population (usually children with severe problems), schools are responsible for all children. School policy must focus on all children – not just the few that are in the most trouble.

(2) Reframing Intervention

If the marginalization of student supports is to end, a framework that presents a coherent picture of a comprehensive, multifaceted, and cohesive set of interventions must be formulated and operationalized. Minimally, such a framework must delineate the essential scope and content focus of the enterprise.

Our approach conceives the *scope* of activity as a school-community continuum of interconnected intervention systems consisting of

- *systems for promotion of healthy development and prevention of problems*
- *systems for intervening early to address problems as soon after onset as is feasible*
- *systems for assisting those with chronic and severe problems.*

This continuum is intended to encompass efforts to enable academic, social, emotional, and physical development and address learning, behavior, and emotional problems at every school.

For any school and community, the continuum encompasses many activities, programs, and services. These are not presented as a lengthy list of specifics. Rather, they are clustered into a delimited, set of overlapping arenas, each of which reflects the intervention's general "content" focus.

Note: Schools have not been very good about intervening with children when the problems first begin. This has been described as a "waiting-for-failure" approach. In

reaction to this sad state of affairs, the 2004 IDEA reauthorization has new provisions. One is “early intervening;” another is “Response to Intervention.” (See the lead article in the most recent Center newsletter/journal.) Rather than pulling children out of the classroom, each of these approaches provides an opportunity to work more directly with classroom teachers to enable them to address barriers to learning and teaching and re-engage students in classroom instruction.

Pioneering school initiatives have operationalized six arenas of intervention *content*. In doing so, these trailblazers have moved from a “laundry-list” of interventions to a defined set of general categories that captures the multifaceted work schools need to pursue in comprehensively addressing barriers to learning. The categories are:

- Classroom-focused enabling–enhancing regular classroom strategies to enable
 - learning (e.g., improving instruction for students with mild-moderate learning and
 - behavior problems and re-engaging those who have become disengaged from
 - learning at school)
- Support for transitions (e.g., assisting students and families as they negotiate school and grade changes, daily transitions)
- Home involvement with school – strengthening families and home and school connections
- Crisis response and prevention – responding to, and where feasible, preventing school and personal crises
- Community involvement and support (e.g., outreach to develop greater community involvement and support, including enhanced use of volunteers)
- Student and family assistance – facilitating student and family access to effective services and special assistance as needed.

Combining *scope* and *content* generates a matrix framework (e.g., in our work, the matrix consists of the three levels of the intervention continuum and the six content arenas). Such a framework helps convey a big picture of a comprehensive, systemic approach. It currently is being used as a unifying intervention framework and as an analytic tool for mapping and analyzing what schools are and are not doing. This, then, provides a well-founded basis for setting priorities to guide school improvement planning and for sitting down with school leaders to help them see the “big picture” for intervention. (For more on this, see <http://smhp.psych.ucla.edu/summit2002/standardsforenabling.pdf> look especially for the matrix that can be used to map and analyze what interventions are in place, where redundancies exist, and what gaps need to be filled.)

(3) *Rethinking Infrastructure*

The current infrastructure does not include a major place at decision making and planning tables for those concerned with student/learning supports. This is a complicated matter that the Center has addressed in our policy and practice analyses. (for example, see the lead article in the summer, 2006 newsletter/journal -- <http://smhp.psych.ucla.edu/pdfdocs/Newsletter/summer06.pdf>)

(4) Systemic Change

See -- *Systemic Change for School Improvement* at --
<http://smhp.psych.ucla.edu/pdfdocs/systemic/systemicchange.pdf>

And for more on all of the above see the two books by Adelman & Taylor that Corwin Press has published on these matters –

- [The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning](http://www.corwinpress.com/booksProdDesc.nav?prodId=Book226872) --
<http://www.corwinpress.com/booksProdDesc.nav?prodId=Book226872>
- [The Implementation Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning](http://www.corwinpress.com/booksProdDesc.nav?prodId=Book227121) --
<http://www.corwinpress.com/booksProdDesc.nav?prodId=Book227121>

QUESTIONS AND ANSWERS

1. *What is the age of consent for treating students in schools in the state of Georgia?*
Since that's state specific, we will check it out and get back to you. (We have a pretty good network of folks in Georgia who will have more information on this.) In general, parents are involved in providing consent and that is an ongoing problem to work on. Often, we find it is essential to involve families. Those who do counseling in schools have the wonderful opportunity to work with children in that environment as a mediating role.

2. *Can you address creative ways to fund mental health in schools?*
This is the \$64,000 question that we receive most often. There are a couple of things to consider when you step back from the immediate crisis of sustaining salaries for project staff. One thing we learned early is to explore new, creative ways to keep a program by examining the valued functions rather than emphasizing the desire not to lose a staff position. When you look at the various opportunities and existing resources, you may find areas that overlap, which can be reorganized to redeploy resources to support multiple programs. And, while Medicaid is one source, be aware that it can be a problem for schools. It often only provides for the children with the most needs and tends to force schools into the individualized care model.

3. *We are in our third year. How can we integrate a mental health component and a Systems of Care grant?*
Systems of Care people are pretty well organized, but sometimes they are weak in connecting with Special Education; but they really do want to work on this. To achieve integration, you need to designate specific leadership to facilitate the work and you need to expand stakeholders' understanding of why this is important and what it means for braiding resources. You need to create links between schools and partners in different ways – broader than simply having a liaison person. You need experts and ongoing partnerships. It's critical to have a shared agenda at the systemic level and not just connecting a few separate programs.

4. *In terms of using data, is there a condensed version of outcome data that is useful in discussion with new partners?*
The easiest access to the compilation of data and program descriptions we have put together is to go to the tool kit that is referenced on the New Directions page of our web

site. (<http://smhp.psych.ucla.edu/summit2002/ndannouncement.htm>). We also put together new data that show that things aren't going as well as they could be through the current strategy (see <http://smhp.psych.ucla.edu/pdfdocs/plateau.pdf>).

Different needs call for different data. For example, school-based health centers often talk about the need to map out their resources so that others know what is available. See also our discussion of the value of creating a sub-committee of a school-board to examine available supports and opportunities for new money.

<http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidh.pdf>

5. What programs would you recommend for social skills and anger management in the classroom?

There is a great deal of work going on to improve interventions in the classroom. One example is the CASEL (Collaborative for Academic, Social, and Emotional Learning) approach. We also encourage teachers and staff to use natural opportunities to help children learn social skills, such as on the playground or in the cafeteria. Those are examples of opportunities to build social skills in a natural way. (See the Center's Quick Find on Social and Emotional Development and Social Skills --

http://smhp.psych.ucla.edu/qf/p2102_05.htm)