



*Improving Schools,
Engaging Students*

Report . . .

Integration of Schools and Mental Health Systems:
An Overview of the State Grants from the U.S. Department of Education Program

(March 24, 2008)

The national Center for Mental Health in Schools at UCLA is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the School Mental Health Project in UCLA's Dept. of Psychology.

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Preface

There are relatively few major federal programs focused directly on advancing a systemic approach to mental health in schools. One such program is the U.S. Department of Education's grant program entitled: *Integration of Schools and Mental Health Systems*. Established in 2005, the program has funded 51 projects and is in the process of funding its fourth cohort.

Since the program's inception, our Center has taken steps to inform the field about this initiative and to advance the work. Now that the first projects have completed their period of funding, it is time to reflect on their contribution to advancing the field. To this end, this is the initial report in a series the Center will be preparing. The first reports will summarize what has been accomplished and learned to date; these will be followed by analyses of commonalities, unique facets, barriers to progress, and lessons learned; the final report in the series will explore implications for future policy and practice.

This first report focuses on summarizing the work of the eight state level projects funded as part of the first three cohorts.

Linda Taylor & Howard Adelman
Center, Co-directors

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Integration of Schools and Mental Health Systems:

An Overview of the State Grants from the U.S. Department of Education Program (March 24, 2008)

In 2005, the U.S. Department of Education implemented a grant program for the Integration of Schools and Mental Health Systems. As described on the Department's website, "this program provides grants to SEAs, LEAs, and Indian tribes for the purpose of increasing student access to quality mental health care by developing innovative programs that link school systems with local mental health systems." More specifically:

"A funded program must include all of the following:

- Enhancing, improving, or developing collaborative efforts between school-based service systems and mental health service systems to provide, enhance, or improve prevention, diagnosis, and treatment services to students;
- Enhancing the availability of crisis intervention services, appropriate referrals for students potentially in need of mental health services, and ongoing mental health services;
- Providing training for the school personnel and mental health professionals who will participate in the program;
- Providing technical assistance and consultation to school systems and mental health agencies, and families participating in the program;
- Providing linguistically appropriate and culturally competent services; and
- Evaluating the effectiveness of the program in increasing student access to quality mental health services, and making recommendations to the secretary of education about sustainability of the program."

See Exhibit 1 for the 2007 announcement of the request for proposals.

From its inception through today, a total of 51 projects have been funded, 20 in 2005, 16 in 2006, and 15 in 2007. A fourth cohort will begin in 2008. Funding is for an eighteen month period.

Given the importance of this federal program to policy making related to mental health in schools, our Center has taken various steps to inform the field about this initiative and to advance the work. For example, in 2006, we hosted a meeting which brought together nine teams from the first cohort of 20 program grantees. See Appendix A for the report from that meeting. In addition, we have been invited to provide input for a multiple district project in Washington County, Oregon (See Appendix B) and the citywide initiative in Berkeley, California (see Appendix C).

Recently, in response to a request from a non-funded state department of education for information about the work of the state level projects, our Center sent out requests for brief overviews to the eight funded at the state level – in 2005, Arkansas, Maryland, and Ohio, in 2006, Illinois and Utah, and in 2007, Delaware, Michigan, and South Carolina. This brief report offers summaries from the materials each state level project sent to the Center.

Based on available materials, our Center will soon do analyses of commonalities, unique facets, barriers to progress, and lessons learned from these eight projects. We will follow this with a report analyzing the other projects. Our long-term aim is to recommend policy directions for states and districts gleaned from current efforts and for the next generation of federal programs designed to advance the full integration of mental health in schools.

Exhibit 1

Request for Proposals

[Federal Register, December 7, 2007 CFDA# 84.215M]

The Grants program for the Integration of Schools and Mental Health Systems provides funds “to increase student access to high-quality mental health care by developing innovative approaches that link school systems with the local mental health system.”

Available: December 7, 2007. Deadline for Transmittal of Applications: January 30, 2008.

Eligible Applicants: State educational agencies, local educational agencies (LEAs), including charter schools that are considered LEAs under State law, and Indian tribes.

Estimated Range of Awards: \$150,000-\$350,000.

Estimated Average Size of Awards: \$250,000. Estimated Number of Awards: 19.

From the grant announcement:

“Historically, children’s mental health in schools has been a fragmented service-delivery model, as opposed to a broad public health framework. The goal of this framework, which is broad systems change, is described by the University of California, Los Angeles’ Center for Mental Health in Schools as a move from:

- ‘(1) serving the few to ensuring an equal opportunity to succeed for the many;
- (2) fragmented practices to integrated approaches;
- (3) narrowly focused, discrete, problem specific, and specialist-oriented services to comprehensive, multifaceted, cohesive systems approaches;
- (4) an efficacy research-base toward effectiveness research as the base for student support interventions, with articulated standards that are reflected in an expanded approach to school accountability;
- (5) projects and pilot demonstrations toward sustainable initiatives that are designed to go to scale.’*

These themes reflect a new approach and recognize that schools cannot alone address the complex mental health needs of students. The Grants for the Integration of Schools and Mental Health Systems program will enable schools to improve their approaches to meeting the mental health needs of children by increasing linkages to qualified community partners, such as local mental health and juvenile justice authorities, improving professional training, and accelerating and increasing the development and translation of evidence-based research into practice.

These systemic changes will transform the way that schools currently understand and address children’s mental health and will reflect a broader approach at the community and state levels. Through a comprehensive, integrated approach to children’s mental health, the United States can better address the mental health needs of all children.

(* Center for Mental Health in Schools. The Current Status of Mental Health in Schools: A Policy and Practice Analysis. University of California Los Angeles, March 2006.)

Applicable regulations, priorities, and other info available in the Federal Register notice online at: <http://www.ed.gov/legislation/FedRegister/announcements/2007-4/120707c.html>

Brief Summaries of Projects Funded at the State Level

I. 2005 State Level Grantees – This first cohort has completed the funded stage of work.

A. *Arkansas (from Final Performance Report)

Project Name: Craighead County School-Based Mental Health

A countywide school based mental health program for all eight public school districts and the countywide Alternative Learning Environment (38 schools) Advisory Board: mental health providers, juvenile justice, school districts, family, community leaders

Highlights of Outcomes:

- > Expanded the system of mental health services in each district
- > Increased of the number of students receiving school based mental health services by 7 percent
- > Provided integrated staff development to over 1,355 educators, mental health professionals, juvenile justice staff. (Examples: 135 participated in 28 sessions of integrated professional development related to suicide/self-injury, conferences on school safety, culturally appropriate services, crisis response, classroom management, referrals)
- > Created a crisis team in each district
- > PBIS implemented in 18 of the 38 Craighead county schools
- > Created and distributed brochures related to mental health services and school based mental health
- > Seven of the eight districts are now part of the Arkansas Department of Education School Based Mental Health Network

For more, see Exhibit 2.

Exhibit 2

Excerpts from the Arkansas Final Report

“Arkansas’ first comprehensive, countywide school based mental health program, the Craighead County School Based Mental Health Project (CCSBMHP) was implemented in Craighead County. All eight public school districts along with the countywide Alternative Learning Environment (ALE) known as SUCCESS did participate in the project. ...

Seven of the eight Craighead County school districts are members of the Arkansas Department of Education School Based Mental Health Network. All schools including Craighead County’s ALE known as SUCCESS and Nettleton’s Charter School known as RODA have a comprehensive, detailed linkage protocol in place in their schools.

In expanding the system of mental health services for the children and youth in each of the Craighead County school districts, the data indicated an increase of school based mental health services by two percent over the last reporting period for a total of seven percent of the Craighead County school population receiving school based mental health services. Each student receiving school based mental health services or mental health services outside the school setting have a crisis management protocol.”

Integrated staff development. “In June 2006, one hundred thirteen participated in teenage suicidal and self-injurious professional development. While another one hundred thirty-five participated in twenty-eight sessions of integrated professional development in August 2006. In December, 2006, a nationally-known school safety expert and author presented to over one hundred thirty participants. Some topics included were national trends in school deaths and violence, school responses and lessons learned since 9/11, practical ‘heightened security’ strategies for schools, and current trends and strategies in school emergency planning.

Providing Culturally and Linguistically Appropriate Services to Latino Families was the topic for the cultural diversity seminar in July 2007. Forty-six Craighead County educators, school based mental health professionals, and juvenile justice personnel participated. Participants received strategies to provide client-centered education and school based mental health services that respect individuals, family involvement, and diverse cultures.

In August 2007, the Arkansas Crisis Response Team (ARCRT) involved forty-two Craighead County educators, emergency personnel, school based mental health professionals and community leaders in an intense three days of professional development that dealt with strategic responses and interventions for natural, technological, and man-made disasters.

Seven hundred fifty-seven educators and school based mental health professionals were involved in two days of classroom management professional development. PBIS strategic approaches were presented for students in grades K-12.”

PBIS. “In Craighead County, eighty-seven percent of the school personnel have received professional development in making appropriate school based mental health referrals. Positive Behavior Intervention Support partnerships have been implemented between eighteen Craighead County schools and mental health providers. PBIS training began with Dr. Lucille Eber, Illinois PBIS Director, presenting an overview to all eight districts. Seven schools and SUCCESS, the countywide ALE, elected to implement PBIS in the fall of 2006.

The universal teams and coaches were selected, trained, and PBIS was implemented in fall 2006. In the spring 2007, ten additional schools elected to implement PBIS. The universal, secondary, and tertiary tiers of training began. All eighteen schools completed all three tiers of team and coaches’ training by September 2007. To have data to drive the PBIS strategies and success, twelve schools are utilizing the SWIS software.

Two brochures were developed to increase the awareness and the ease of access to mental health services for Craighead County families. A description of the school based mental health providers care initiatives was one while the other brochure was a parent resource guide to give assistance in finding the needed resources that are available in Craighead County for children and adolescents. The brochures were printed and disseminated to each Craighead County school district, the juvenile justice authority, and the mental health providers and other community resources.”

Cultural diversity.” Cultural diversity was implemented in all project objectives to improve linguistically appropriate and culturally competent mental health services for Craighead County schools, students and families. The presentation of Suicidal and Self-injurious students provided research data on the culturally diverse environments. Cultural diversity training was offered as a session during the integrated staff development opportunities. An experienced bilingual professional presented a highly informative seminar on providing culturally and linguistically appropriate services to Latino families. “

Some additional Data. “Across the three years, overall Average Daily Membership increased by almost 900 students (from 14,239 in 2004-2005 to 15,115 in 2006-2007). Free & Reduced Lunch

rates remained relatively stable (44% in 2004-2005, 46% in 2005-2006, and 46% in 2006-2007).

The behavioral incident data showed no clear pattern from 2004-2005 to 2006-2007, and should be interpreted with caution (there were 73 incidents in 2004-2005, 195 in 2005 - 2006, and 84 in 2006-2007). It is suspected that the large increase in 2004-2005 to 2005 - 2006 can be partially explained because reporting of incidents was more accurate and consistent, an indirect focus for this project. In 2006-2007, the project had permeated in the schools even more (e.g. with PBIS), and likely contributed to the 100 incident decrease. Again, however, the behavioral incident data should be interpreted with caution because of the inconsistent patterns from one year to the next.”

Sustainability. “Members of the Craighead County School-Based Mental Health Project Advisory Board will continue to meet and work collaboratively with the ongoing “ACTION for Kids” initiative. This program is a \$6.5 million, six-year SAMHSA grant through the Arkansas Division of Behavioral Health Services (DBHS). Four (4) eastern Arkansas counties are participating in the SAMHSA grant, one of which is Craighead County. In addition to the services offered through ACTION for Kids and the Arkansas DBHS, technical assistance and data collection/analysis will be available through the ADE for the seven school districts in the ADE SBMH Network for the purpose of encouraging and developing student mental health program sustainability.”

For more, contact: Marcia Harding, Associate Director, Special Education,
Arkansas Department of Education. Marcia-harding@arkansas.gov

B. *Ohio (from Final Performance Report and additional documents)

The project is a collaboration between the Ohio Department of Education and the Ohio State University's College of Social Work.

Objectives:

1. Implementation of the Ohio Community Collaboration Model for School Improvement within two pilot sites (Freedom elementary school in Lima, Fostoria Community Schools -- 5 schools)
2. Refinement and enhancement of the mental health service delivery system with these pilot sites
3. Cultivation of statewide and national partnerships to create infrastructure for sustainability.

Highlights of Outcomes:

- > At Freedom Elementary Schools community partnerships, needs/resource assessment, gap analysis, implementing programs, implementing evaluation system
- > At Fostoria Community Schools: included the Ohio Community Collaboration Model for School Improvement into the district comprehensive continuous improvement plan; hired 3 new mental health staff in the district; new grants and youth development programs; refined crisis response plans, enhanced mental health service protocols.
- > Developed School Based Linkage Protocol Technical Assistance Guide to refine learning support system
- > Developed Educator competency monograph (with Miami University and University of Missouri)
- > Presented information about the grant at numerous national conferences
Informed the development of the "Comprehensive System of Learning Supports" policy adopted by Ohio State Board of Education

For more see, Exhibit 3.

Exhibit 3

Excerpts from Ohio's Grant Performance Report

Noting that one broad objective was to implement the Ohio Community Collaboration Model for School Improvement (OCCMSI) at both the building-level and the district-level, project documents state:

“At the building-level, Freedom Elementary School within Lima City Schools served as our pilot site. With the technical assistance and support of OSU-CSW, Freedom was able to fully implement the model over the performance period of this grant. Specifically, this site completed milestones, such as 1) engaging community partners, 2) conducting needs/resource assessment to identify top non-academic barriers for student achievement, 3) conducting a gap analysis, 4) developing and implementing programs and strategies that address identified needs, and 5) implementing an evaluation system to both continuously improve programs/strategies and to support sustainability of these efforts.” Also noted: The school moved from Academic Emergency to Continuous Improvement on Ohio's Academic Report Card during the course of this project, received the Access to Better Care grant two years in a row, leading to the placement of three caseworkers in the school building, developed new student services teams and enhanced existing teams as the needs of the students changed, built

the capacities of teachers to use data to drive their instructional strategies, increased parent and family involvement, and generated a commitment and appreciation for expanded school improvement.

District-level implementation of the OCCMSI occurred in Fostoria Community Schools (FCS). FCS fully implemented the OCCMSI and incorporated it into the district's comprehensive continuous improvement plan (CCIP) two years in a row. Also noted: FCS hired three new mental health workers for the district through a collaborative contract between the three county ADAMH Boards that serve FCS students, received a 21st Century Community Learning Centers grant, an Ohio Integrating Systems Model (OISM) grant, and a TANF grant, implemented several new academic and youth development programs within their schools, including Leap into Learning at Longfellow, Project More, Project Success, and the Freshman Learning Community, refined their crisis response teams and planning tools, and enhanced their existing mental health service delivery protocols and processes within each of the five schools in the district through an innovative, collaborative approach between district administration and each school's School Improvement (SI) Team.

The project's overarching objective was to cultivate statewide and national partnerships in order to create the necessary infrastructure for long-term sustainability of this work. To these ends, the documents note participation in many professional development opportunities for purposes of networking with other states and USDOE grant recipients, taking an active role within the Ohio Mental Health Network for School Success (OMHNSS) and within the Mental Health Education Integration Consortium (MHEDIC) initiative. "Specifically, within the OMHNSS, folks at OSU-CSW are represented leaders within two action teams, including the Quality and Evidence Based Practice Action Team and the System Change Action Team. And, with regard to MHEDIC, the lead faculty member at OSU-CSW within this grant has taken lead responsibility of this national group." Stressed as one of the greatest successes at the state level was that the work informed development of the "Comprehensive System of Learning Supports" policy that was recently adopted by Ohio's State Board of Education. "Both of our pilot sites, as well as OSU-CSW, participated in conference calls and meetings in order to provide feedback and lessons learned based on this work. Now that this policy has been adopted, the climate has been set for future sustainability and growth of such efforts focused on learning support systems."

Challenges:

"In the beginning, much time was required to gain 'buy-in' and commitment to support the work. Until the district and school leadership involved with this work began to better understand and value the process inherent within the OCCMSI, efforts to implement the model could not move forward. Nonetheless, although this time-consuming buy-in process was a challenge, once the "switch" was made, implementation of the model was able to move forward more quickly. Also, we found that as implementation progressed, there was some slight resistance to change current practices. However, with such complex changes, this challenge seems both reasonable and realistic for the individuals responsible for implementing the changes. Oftentimes, these complex change efforts require new capacities and skills, as well as time; thus, they create some initial stress that often translates into some resistance."

For more, Contact: Cheryl Kish, Ohio Department of Education.
Cheryl.kish@ODE.state.oh.us

Also see: Anderson-Butcher, D., Iachini, A., & Wade-Mdivanian, R. (2007). *School linkage protocol technical assistance guide: Expanded school improvement through the enhancement of the learning support continuum*. Columbus, OH: College of Social Work, Ohio State University.

C. *Maryland [from the Final Performance Report and additional documents]

The project is a collaboration between the Maryland Department of Education and the Maryland School Mental Health Alliance (MSMHA).

Goals:

1. Further build a coordinated statewide training and technical assistance system to integrate educational and mental health systems and to advance a full continuum of mental health promotion, early intervention, prevention, treatment, and crisis intervention in the schools, guided by a systematic framework for quality assessment and improvement and emphasizing evidence-based practice.
2. Develop and empower four county school-mental health system integration teams (including families, youth, and school and community staff and leaders) to focus on systems integration and advancing the full continuum of effective school mental health programs and services in PBIS schools.
3. Promote the development of a multi-scale learning system involving active communication and collaboration between people, actions and initiatives occurring in the four counties, in the state of Maryland, nationally, and in other states linked to this application through the IDEA Partnership of the Office of Special Education Programs and the National Association of State Directors of Special Education.

Highlights of Outcomes

- > Created a website for the Maryland School Mental Health Alliance and 25 fact sheets and e-newsletter
- > Created mental health resource binders for all 12 participating schools and 4 family partners across four participating counties
- > Created mental health resource packets for all school staff at participating schools (1,955 packets)
- > Statewide conference on Children's Mental Health
- > Created a Crisis Resource Manual for each of the four participating counties
- > Provided intensive training to statewide Positive Behavioral Intervention and Support coaches
- > Developing School-Mental Health Integration teams in the four participating counties
- > Implementing quality assessment in 3 schools in each of 4 participating counties
- > Share lessons learned from the 4 demonstration schools at conferences and networks

For more see, Exhibit 4.

Exhibit 4

Excerpts from Maryland's Grant Performance Report

[Noted: After beginning the project, one of the five counties that had been selected, Baltimore County, opted to withdraw from the project due to reasons unrelated to the actual project. As a

school system, the superintendent had made a decision to refrain from participating in any additional programs at that time.]

Related to Goal 1:

Website – The MSMHA website went live in January 2006, and has its own URL, www.msmha.org. Each topic has been tailored for each of the three audiences (i.e., ADHD for caregivers, ADHD for school staff, and ADHD for providers). Fact sheets have been created on 32 different mental health/education topics. Following completion of the grant, project resources are housed on a new website developed by the CSMH, www.schoolmentalhealth.org.

Resource materials – With the assistance of the Maryland Coalition of Families for Children's Mental Health, the Center for School Mental Health, the Maryland Mental Hygiene Administration, and the Mental Health Association of Maryland, mental health resource binders with helpful information on mental health identification and referral for school staff and families were created and disseminated. In addition, basic mental health packets were created and approximately 1,955 were distributed to each of the project's demonstration schools faculty, custodial staff, cafeteria staff, transportation staff, etc.

A crisis resource manual with county specific and statewide information was developed and disseminated through website and email distribution. A crisis resource packet with best practice information was distributed in December 2006.

Advocacy – State Management Members from Mental Hygiene Administration and the Mental Health Association of Maryland have provided a voice at the state level to advocate for enhanced crisis coverage during the 2006 Maryland Legislative Session Mental Hygiene Administration (MHA) budget hearings. Currently, the Mental Health Association of Maryland, as a member of the workgroup for Maryland's State Incentive Transformation grant continues to advocate for expansion of crisis response services statewide.

PBIS – While the goal was to provide one workshop to PBIS teams at the Summer Institute, through the involvement on the PBIS Leadership Team, members of the MSMHA Management Team helped to facilitate four workshops on mental health related topics including ADHD/Disruptive Behaviors, Suicide Prevention, Evidence Based Practice and Family Involvement. [Noted: The training initiative needed to be modified due to limited time available at PBIS Coaches' Meetings and a concern that many of the coaches from the four counties were not attending these meetings. An overview of the project was presented at a Coaches meeting in January, and a shift of training was made to present more trainings directly in the counties and at summer trainings attended by a greater percentage of coaches.]

The project was introduced to PBIS coaches in Oct. 2005, and the importance of school-mental health system integration and the goals of the project were formally presented in Jan. 2006. Four workshops were presented to coaches at PBIS returning team training in July 2006. (Topics included: Effective Practice with ADHD and Disruptive Behavior Disorders, Suicide Prevention, Family Involvement, and Evidence-Based Practice.) Coaches were included in MSDE outreach to school employees to attend the School Health Interdisciplinary Program in August 2006. A training from the MSMHA was presented on clinician and family perspectives on effective practice around ADHD and Disruptive Behavior Disorders

Presentations were made at the National PBIS Conference-Mental Health Partnerships; PBIS Maryland and Building National Initiatives; Safe Schools Healthy Students Program in System of Care.

Related to Goal 2:

County integration teams – Teams were developed and met regularly in three of the four counties. Despite a great deal of outreach and support to the fourth county, they did not develop a formal integration team. While this one county did not have the formal integration team, the Family Liaison

made significant progress in linking the individual school representatives to the county Community Partnership Team and shared all pertinent information with the schools. In addition, while we did not have success at the school system level, at least four individuals in mental health related roles became invested in the project and took advantage of training opportunities and resources. [Noted: Anne Arundel County created a very strong county integration team and is actively pursuing enhanced mental health in schools through additional grants and contracts.]

Family Partners – Outreach to families in all four counties was accomplished through back to school nights, family workshops, countywide family mental health workshops, and through consultation and resource sharing. Four family partners, one from each county, were contracted through the Maryland Coalition of Families for Children's Mental Health. They received training and resources to assist them in promoting family involvement and empowerment within each of the counties. Family partners attended county integration team meetings and connected with county leadership to promote family involvement. Family partners participated in family/school integration activities through the Maryland Coalition of Families for Children's Mental Health Back to school night literature to engage families was distributed to every school involved in the project. The Family Liaison and Family Partners attended five back to school nights in two counties. Each school was encouraged to have one family event to better inform families about children's mental health. Each school held a meeting with the Family Liaison and the Family Partner to strategize about holding family events.

A statewide conference on Children's Mental Health was held in June 2007 and included family/youth co-presentation in all sessions and had significant outreach to encourage family participation as speakers and participants.

The Advisory Board was chaired by a parent of a child with mental health needs from Anne Arundel County (one of our target counties). The Management Team was attended by a Family Liaison who was actively engaged with developing training materials and resources and provides support to the four family partners.

Related to Goal 3

Promoting networking and a community of practice – Participants, family partners, the Advisory Board, and the Management Team ... [were] offered numerous opportunities for networking and connecting to a larger National Community of Practice that continues to drive school mental health advancements and training throughout the year.

The MSMHA, the Center for School Mental Health and the Maryland Coalition of Families for Children's Mental Health helped to co-sponsor three focus groups for diverse stakeholders invested in advancing school mental health. Findings were broadly disseminated within the state and nationally. Several MSMHA project leaders and school and family participants took part in these focus groups.

Following the completion of the project

The Management Team has been integrated into the statewide school mental health blueprint team. At least two of the four counties continue to use the integration team process, with one team having much success with obtaining new grants and contracts related to funding mental health in schools.

For more, Contact: Andrea Alexander at aalexander@msde.state.md.us

II. 2006 State Level Grantees – This second cohort is completing its funded stage of the work (although some have requested and received no-cost project extensions).

A. *Illinois (from Interim report)

The project is an interagency agreement between the State Board of Education, Children's Mental Health Partnership, Department of Human Services Division of Mental Health, and the Department of Juvenile Justice. State level partners are working together to develop a collaborative, integrated, continuum of services to meet the mental health needs of all students.

Objectives and accomplishments:

1. Build local state interagency coordination and collaboration across public schools, mental health providers, juvenile justice, and other child-serving systems to meet the mental health needs of Illinois students
Developed an School Mental Health Support Grants which fund 15 districts (85 schools). Grantees develop local interagency linkage agreements with mental health and other child serving agencies. Using "Guidelines for School-Community Partnerships developed by the Illinois Children's Mental Health Partnership for training.
2. Provide professional development, training, technical assistance, and networking to improve access to, delivery, and evaluation of evidence-based, culturally competence services for students.
Training content based on surveys from district implementation teams' readiness, strengths, barriers, technical assistance needs
3. Develop outcome indicators and data collection methods across agencies (local and state) that will permit ongoing evaluation of the effectiveness of state and local efforts to provide, improve, and expand services that address the mental health needs of Illinois students
Contract with Loyola University Chicago, Center for School Evaluation, Intervention, and Training as consultant (data system development and evaluation)

For more, see Exhibit 5.

Exhibit 5

Excerpts from Illinois' Grant Performance Report

“The Illinois State Board of Education, in collaboration with the Illinois Children’s Mental Health Partnership; the Illinois Department of Human Services, Division of Mental Health; and the Illinois Department of Juvenile Justice; formalized the state-level interagency agreement to ensure the ongoing collaborative implementation of this project. ... Grant implementation began in March 2007 upon the hiring of a project manager by the Illinois State Board of Education and a project coordinator by the Illinois Department of Human Services, Division of Mental Health. The state-level partners are working together to develop a collaborative, integrated, continuum of services to meet the mental health needs of all Illinois students. ...”

Objective 1 Accomplishments

“To further development of a comprehensive system of support designed to reduce the internal and external barriers to learning, teaching, and engaging in the educational process and to meet the mental health needs of all Illinois students, collaboration among project staff occurs daily to address issues regarding grant implementation, technical assistance, training, and integration on mental health initiatives. ... The need for regular input from the collaborative partners was determined early on, which led to monthly grant planning meetings. Project staff also has identified and actively participated in other state initiatives to explore potential for further collaboration and integration of mental health services in schools.

The Positive Behavioral Interventions Support Network, Response to Intervention, Illinois Alliance for School-based Problem-solving & Intervention Resources in Education, and Social and Emotional Learning are four initiatives currently in operation in Illinois schools that are designed to meet the universal mental health needs of all students.

The Illinois State Board of Education received assistance toward creating a comprehensive system of support when it was awarded state funding in state fiscal year 2007 to provide opportunities through School Mental Health Support Grants for schools to: 1. enhance the capacity of school districts to identify and meet the early intervention mental health needs of students in natural settings and in coordination with existing mental health support programs and structures; 2. develop a coordinated, collaborative student mental health support system that is integrated with community mental health and other child-serving agencies and systems; and 3. reduce the stigma associated with mental health and mental illness within the school community. Collaboration in distribution of these state funds has occurred across agencies and on many levels.

The Request for Proposals was developed and proposals were reviewed with assistance from the federal grant partners. The Illinois Violence Prevention Authority, a grant partner, provided assistance through amendment of an interagency agreement to expedite disbursement of funds in the absence of administrative rules for these grants. The Request for Proposals was released in February 2007, and 15 school districts from throughout Illinois were awarded School Mental Health Support Grants in April 2007, which are renewable in one-year increments for up to three years. These 15 school districts will provide early intervention mental health services to approximately 85 schools and 48,630 students. The grantees are required to develop local interagency linkage agreements with mental health organizations and other child-serving agencies, as appropriate, in their communities—a federal and state grant performance measure. Project staff is participating in the final review of the “Guidelines for School-Community Partnerships,” recently developed by the Illinois Children’s Mental Health Partnership. This document ... guide[s] development of the partnership agreements....

Challenges

“Hiring of project staff was delayed from November 2006, per the grant proposal timeline, until March 2007, which ... impeded full implementation of subsequent project activities according to the originally proposed timeline. The Illinois State Board of Education was delayed in disbursing Illinois Mental Health Support Grant funds until May 2007 because of the late hiring of project staff and the absence of administrative rules for these grants. The impending summer recess deferred training sessions, school district implementation, and development of partnership agreements to fall 2007.”

Objective 2 Accomplishments

“Provision of technical assistance is a three-part process. District implementation teams participated in surveys teleconferences in May & June 2007 to assess grantees’ 1) implementation readiness; 2) strengths and assets in the school, district, and community; 3) anticipated barriers; and 4) technical assistance needs. This information provided the basis upon which training content was developed, per the 10 topics included in the proposal. Project partners provided input to finalize the format, content, presenters, and schedule for six training and networking sessions. Technical assistance also ... provided through onsite visits to schools in the 15 funded districts.... Ongoing technical assistance ... provided through regular telephone and e-mail contact.”

Challenges

“Although grant training and networking were originally scheduled to occur quarterly, an unforeseen delay occurred when state funding was postponed until May 2007. As stated previously, the impending summer recess deferred training sessions to fall 2007, with the first training session scheduled for October....”

Objective 3 Accomplishments

“The Illinois State Board of Education and its project partners ... agreed to enter into a contract with the Loyola University Chicago, Center for School Evaluation, Intervention, and Training, to serve as the evaluation and data consultant for this project. Loyola works with the Illinois State Board of Education on other state-level initiatives.... It is expected that the data system developed through this project will be integrated with current data collection practices and will be relevant to other state initiatives sponsored by the collaborative partners.”

Challenge

“The diverse data needs of the four state-level collaborative partners ... resulted in unforeseen conflicts in the development of the data collection system. The project partners [used] the data expertise of the data consultant to create a data collection system that ... attempt[s] to meet the needs of all partners, while simultaneously maintaining consistency with current systems. The delay in recruiting and hiring project staff in turn delayed completion of other project tasks.

For more, contact: Juana Burchell, Illinois State Board of Education. Jburchel@isbe.net

B. *Utah [From Proposal]

Name of the project: *Utah Behavior Initiative Links* (UBI Links)

This project of the Utah State Office of Education (USOE) builds on an existing statewide educational initiative (the Utah Behavior Initiative begun in 2001 with USDOE IDEA funding to implement Positive Behavior Interventions and Supports). *UBI Links* is designed to enhance the infrastructures at state, district, and school levels.

Goal: To develop an integrated and collaborative infrastructure within participating schools that offers students access to a continuum of mental health services including education, prevention, health promotion, screening, referral, crisis intervention, treatment, and recovery.

Objective 1: By the end of the 15th month, 65% of participating schools will have comprehensive, detailed linkage protocols in place in the provision of mental health services.

Objective 2: By the end of the 15th month, 60% of qualified school personnel in the participating schools will be trained to make appropriate referrals to mental health services.

Objective 3: By the end of the grant period, 50% of teachers trained to conduct screening will have actually screened students in the classroom setting.

For more, see Exhibit 6.

Exhibit 6

Excerpts from Utah's Proposal

UBI Links is an enhancement of an existing school-based service, UBI. The framework of the UBI is the Positive Behavioral Intervention and Supports (PBIS) that emphasizes school-wide systems of support that include proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments. UBI Links is intended to enhance UBI by integrating PBIS with the Systems of Care, a framework used in mental health system. UBI Links itself is grounded in the conceptual framework of the 'systemic change process', which guides the project design. This process has six major aspects: 1) broad stakeholder ownership, 2) systems view, 3) evolving mindset, 4) understanding the systemic change process, 5) systems design, and 6) developing learning community.

UBI Links is designed to enhance the current UBI project by strengthening linkage, family and youth development, and training. As a result, the system infrastructure will be enhanced in: 1) local community's capacity in planning and delivering a full spectrum of mental health services, 2) statewide standardized screening and referral protocols, 3) a referral network composed of public and private providers, and 4) competent workforce to deliver quality services.

In 2006, there were 10 school districts and 55 schools (38 elementary schools, 17 middle/junior high schools; 36 in urban communities and 19 in rural communities) participating in UBI, with six more scheduled to start in September 2007. Students' racial/ethnic characteristics vary a great deal among these 55 schools. One has a large Native American population; several have significant numbers of Hispanics; some have refugees and immigrants from around the world; and some have very few minorities. The UBI Links is designed to enhance the infrastructure at multiple levels: state, districts, and individual schools, to achieve integration of schools and mental health systems.

Because there is no high school among the 55 schools, UBI Links is designed to encourage a couple of high schools to participate in this project. High school students from this new cohort are the secondary target population. UBI Links plans to aggressively market the project to high schools. However, this outreach is not be easy because high schools have traditionally focused their resources and attention on academics and graduation, not mental health issues. When recruiting high schools, UBI Links intent is to start with those that already have some form of school-based mental health education and to emphasize that good mental health care is conducive to learning and reduce drop out rates.

There is a great need for system integration as well. There are seven major public systems that serve children: education, mental health, substance abuse, juvenile justice, child welfare, disability, and health. Each has different or even competing mandates, organizational boundaries, outcomes, and funding streams. They may struggle with each other for power and control. It is challenging to achieve integration and collaboration, or, even if achieved, to sustain it. Without system integration and collaboration, services will remain fragmented, difficult to access and less effective. UBI Links is designed to address this issue through networking, participatory planning, cross training and interagency agreement, etc.

UBI Links adopts a cross system approach, and cross system/disciplinary training is critical for the success of the project. Training is at every level (state, district, and school) for education, mental health, juvenile justice, other professionals and family and youth. The training includes, at a minimum: 1) PBIS, 2) Systems of Care, 3) cultural competency, 4) organizational cultures and mandates, 5) service systems and programs, 6) philosophy of care and values, 7) eligibility criteria, 8) funding streams, 9) externalizing and internalizing behaviors, including suicidality, 10) evidence-based practices, and 11) screening and assessment instrument and protocol.

With respect to long-term sustainability, the project focuses on State and local level infrastructure development and system integration through collaboration, developing the interagency agreement, developing service provision protocols, and workforce development. Project funds will be used to start the collaborative efforts but maintenance of these efforts will require a mindset and philosophy of collaboration, not necessarily funds. The strategic planning process follows the "systemic change process" to ensure that collaboration is fostered in all project activities, such as developing a common vision, family and youth development, and broad stakeholder involvement. The Interagency Agreement is one tool to ensure that agencies retain the mindset of collaboration and are vigilant in steering work activities toward collaboration. A Learning Community will be established through the train-the-trainers and peer mentoring and coaching models.

For more, Contact: Carol Anderson, Utah State Office of Education
carol.anderson@schools.utah.gov

III. 2007 State Level Grantees – This third cohort is just underway.

A. *Michigan (from proposal)

A partnership between the Department of Education, Department of Community Health, and the School Community Health Alliance of Michigan.

Focus:

1. Development of a statewide model Student Mental Health Linkage policy through the work of Integration of Schools and Mental Health Committee
2. Local pilot work with three school districts. Increasing linkages that build and enhance capacity of mental health services through the work of 3 pilot projects with community partners in collaboration with schools resources at the local school district level.
3. Mental Health training for school personnel and school-based and school-links health center staff. Increase awareness of mental health needs and referrals through the delivery of professional development and training at the state and local level. Topic will include partnership development, needs assessments, early identification and referrals, mental health training, etc.
4. Development of state and national partnerships related to mental health for children and youth.
 - > Integrates recommendations from the Michigan Mental Health Commission Report (2004)
 - > Parents/caregivers and families integrated as a full partner at both state and local levels Address the mental health continuum of care for school-aged children at state and local levels
 - > Will make recommendations on how to further develop statewide capacity around student mental health
 - > Develop a statewide model policy on student mental health and school integration with a companion guide

For more, see Exhibit 7.

Exhibit 7

Excerpts from Michigan’s Proposal

“This project represents a public health model that incorporates the student support framework that UCLA Center for Mental Health in Schools promotes. It also integrates recommendations from the Michigan Mental Health Commission Report released in 2004. Michigan's proposed project seeks to integrate both the development and enhancement of state level partnership that work together to ensure the availability of mental health services for Michigan's youngest citizens, our school-aged children. To that end the project will work to develop and integrate community partnerships with school resources for referrals to and delivery of high quality and culturally appropriate mental health services. In addition, this project embraces the value and unique perspective that parents/caregivers and families provide and will be integrated as a full partner in the work at both the state and local levels.

This project will concurrently work to address the mental health continuum of care for school-aged children at the state and local levels. MDCH where state mental health services are housed, will take the lead in partnership with MDE in convening an Integration of Schools and Mental Health Committee. This committee will be charged with developing both short and long-term goals that lead

to state and local systems change, and will build upon the work of existing groups. It will explore data related to student behavior, along with other statistics in order to help guide the development of collaborative arrangements and policy development. Further, this committee will work to identify best practices used in other states, and will work cooperatively with state and national groups around increased access to mental health services for school-aged children.

MDE will develop a statewide model Student Mental Health policy as a tool designed to support service coordination, integration and linkages across multiple systems, and serve as a guide in assisting school districts with adopting an integrated student mental health policy.

Along with its state level activities, MDE will be contracting with SCHA-MI to work with three local school districts serving as pilot sites. Each site has a school-based health center, a parent and community advisory board, a school improvement team, and access to potential resources. The districts offer strong and committed staffs, excited about helping to begin the process of developing integrated mental health services. All three sites have requested to participate in this project and letters of commitment from the each school superintendent can be found in Attachment A. Beecher, an urban school district, Waterford, a suburban school district and Alcona a rural district, each represent the unique dynamics of a particular constellation of community structures. There will be stark differences and similarities among the sites that will shape lessons learned, and serve as a guide in helping Michigan develop a statewide model policy, as well as a resource for other school districts across the state that seek to implement a similar policy and continuum of care. At the end of this project, a lessons learned document will have been developed and fashioned to act as a companion to State's model policy.

Finally this project will provide both professional development opportunities and trainings for school personnel and community partners along with technical assistance. Trainings will be developed around needs that have been identified by pilot sites and others. Topics will include; partnership development, needs assessments, early identification and referrals, mental health trainings, etc. Both on-site and off site technical assistance and consultations will be provided. Every other month conference calls with the three pilot sites will be conducted.

At the end of the grant cycle, this project will have accomplished and/or delivered the following; 1) document outlining the work of the statewide steering committee with recommendations on how to further develop statewide capacity around student mental health; 2) development of a statewide model policy on student mental health and school integration with a companion guide describing the three pilot sites process for local implementation; 3) development and implementation of a student mental health integration policy with defined referral arrangements and access to a continuum of services in at least 3 schools; 4) 100 teachers, school personnel and community partners trained in early identification of mental health needs; 5) 25 mental health workers from SBSLHs trained in administering the CAFAS and draft formal agreements with local CMHs and/or other mental health groups; and 6) 25 trainers from SBSLHCs trained on how to use SAMSA's Teacher Training module.”

For more, contact: Kyle Guerrant, Michigan Department of Education.
Guerrantk@michigan.gov

B. *South Carolina (from project proposal)

Funded through the Office of Exceptional Children, Partnership between Department of Education, Department of Mental Health, The Department of Juvenile Justice, and the Federation of Families. To serve six regional centers that serve 36 school districts in 23 counties. Project builds on other similar state initiatives and grants (school based mental health, Continuum of Care for ED Children, PBIS, IDEA Partnership Project Shared Agenda Seed Grant).

South Carolina's Shared Agenda Committee (SAC) is designated as the project's advisory board. SAC includes parents of children with mental and emotional health issues, DMH, SDE, the Federation of Families, the South Carolina Department of Juvenile Justice (DJJ), the South Carolina Department of Social Services (DSS), the Continuum of Care for Emotionally Disturbed Children and Youth (COC), the South Carolina Department of Health and Environmental Control, the South Carolina Department of Health and Human Services, Palmetto Behavioral Health (private hospital), the University of South Carolina School of Social Work, the Mental Health Association of South Carolina, "YouthNet" and "Gateways to Success" systems of care programs, and the National Alliance for the Mentally Ill.

Goal:

To establish and expand linkages among local youth, families, school, mental health and juvenile justice systems for coordinated mental health services for youth (collaboration, access, training, technical assistance, cultural competence).

Designated as Focused Agenda, the project seeks to offer a full array of mental health services as well as prevention/early intervention for all students; plans to provide six regional trainings to include families, professionals from mental health, education, juvenile justice to develop MOAs to stimulate local working relationships; plans to look for indicators for youth with IEPs (decrease in dropping out, strengthened family involvement); plans to support a SC Youth Leadership team to work in reducing stigma; plans to increase student access to quality mental health care and expand existing and develop new innovative approaches to link local school systems with the local mental health system.

Focused Agenda focuses on six regions of the state that are experiencing either increases in the need for mental health care for students or stagnancy at local partnership efforts. The project includes six regional mental health centers, 37 school districts, 425 schools, 23 counties, and the potential to reach more than 240,000 children. Through direct technical assistance and cross-training for counselors, parents, and school personnel, the project intends to bolster the capacity of these regions to develop and sustain the awareness, communication methods, and collaboration necessary to ensure that student availability of and access to high quality mental health care.

Activity is designed to build local capacity and ensure sustainability. The project aims at fostering interagency linkages and local capacity building through two primary and mutually supporting mechanisms: training and local relationship building . These mechanisms are designed to empower child-serving professionals and families to expect mental health identification, assessment, and treatment before children and youth encounter juvenile justice and other restrictive placements. Major emphasis on enhancing cultural competence and understanding factors related to poverty.

Objectives:

1. Establish sustainable collaboration among local schools, school district, mental health agencies, social services, and juvenile justice to provide a coherent continuum of services to students, including prevention, diagnosis, and treatment.
2. Improve student access to crisis intervention services, including appropriate referrals for students potentially in need of mental health services, and ongoing mental health services.
3. Create and implement a cohesive, collaborate model for training and professional development for school-based mental health personnel, school personnel, counselors, teachers, administrators, social workers, and juvenile justice staff.
4. Provide technical assistance to local partnerships, including schools, districts, mental health agencies, parents, and physicians on coordinating services, public awareness campaigns, prevention, diagnosis, and treatment.

Intended outcomes:

1. Develop sustainable relationships at local level of service delivery
2. Share resources and information about outcomes for students receiving services
3. Provide intensive, sustained training for school, juvenile justice, and mental health staff
4. Enable families to participate in all aspects
5. Build local capacity to provide, improve, expand quality mental health care to students in school across the state

For more, see Exhibit 8.

Exhibit 8

Excerpts from South Carolina's Proposal

“In 2005, the SC Department of Health and Human Services (the state Medicaid agency) along with the Continuum of Care for Emotionally Disturbed Children convened a Systems Redesign Committee, including the SC Departments of Education, Mental Health, and Juvenile Justice. This group, tasked with system re-design and coordination of all child-serving agencies and systems, has reviewed best practice models of mental and behavioral health services, focusing on prevention and intervention. One of the group's major recommendations was for the state to expand school-based mental health services and Positive Behavior Intervention Supports (PBIS) programs.

To offer on site the full array of mental health services as well as prevention/early intervention programs for all students, South Carolina's School-based Mental Health (SBMH) program is designed to include partnerships with local schools, parents/family members, teachers/school staff, community organizations, businesses and city/county governments. Since 1993, the SBMH program has grown from one school to more than 500 schools. The program helps identify emotional disturbances at early points and intervene to assist parents, teachers, and counselors in developing comprehensive strategies in resolving these disturbances.

The SBMH program has several goals:

- > Increase the accessibility of mental health services for children and families in need of these services in a non-stigmatizing environment
- > Provide mental health programs that address early intervention and prevention services for schools and the community
- > Provide consultation for teachers and other school staff on mental health issues
- > Increase partnerships that promote emotional health.

Partners in the proposed Focused Agenda, the South Carolina State Department of Education (SDE), the Department of Mental Health (DMH) and the Department of Juvenile Justice (DJJ), have long recognized the need to collaborate to improve the quality and availability of services for children and adolescents with emotional disorders. At the state level, we have launched Project Shared Agenda to initiate a seamless system of community-based and culturally competent services for children and families through the School-based Mental Health program. We have promoted collaboration at the local level, better access to mental health services, and a stronger family voice.

Our efforts have been sustained and are providing essential prevention and early intervention services in schools. Improvements include increases in school attendance (93%), behavior and life skills (74%) and participation in family home and community programs (99%) as well as decreases in discipline referrals (58%), inpatient/hospitalizations (12%), and referrals through juvenile justice referrals (96% of these youth remain out-of-trouble).

We have collaborated to support the needs of children across our state, including

- > *Seed Grant for Shared Agenda*: South Carolina was one of ten states to receive an IDEA Partnership “seed grant” to promote family-school-mental health system collaboration and professional development. ...
- > *School-wide Positive Behavior Interventions and Supports (PBIS)*: More than 140 schools now participate in this nationally disseminated, research-based model that creates better conditions for positive student behavior and that includes providing services with other child-serving agencies, especially mental health.
- > *Crisis Prevention (CPI)*: Since 1991, the SDE’s Office of Exceptional Children has directed an initiative to develop *trainers in Crisis Prevention for all districts*. Districts now share available trainers so that every district in the state has access to training. The training emphasizes de-escalation skills for staff and includes staff safety and physical intervention. Currently, 100 trainers are active, and in July 2007, we expect to add an additional 30 trainers. ...
- > *Coordination with Family Resource Center for Disabilities and Special Needs Council*: The SDE’s Office of Exceptional Children has also been involved with the Family Resource Center for Disabilities and Special Needs Council to develop *a manual of best practices* for students at risk for crisis events. ...
- > *Collaboration with Juvenile Justice*: DMH and DJJ have developed a Memorandum of Agreement to *coordinate services through local community mental health centers and offices of juvenile justice for youth* who have emotional problems and are involved or at risk of becoming involved with the juvenile justice system. ...
- > *Federation of Families in South Carolina*: The Federation of Families of South Carolina assists parents of children with emotional, behavioral, or psychiatric disorders in establishing *community parent groups*. ...

Yet, for all these accomplishments, ample evidence suggests that too little collaboration and dialogue are occurring across the local level, in the smallest schools, and in the more isolated mental health centers. Conversations held by the SDE, DMH, and DJJ with parents, school-based mental health counselors, school counselors, and juvenile justice indicate that we need to provide greater technical assistance and guidance at the local level to ensure that parental awareness and effective partnerships result in accessibility of high quality mental health services for students....”

Building Local Capacity to Provide, Improve, and Expand Services . “In Focused Agenda, the partners will guide communities/schools interested in implementing the steps necessary for a successful partnership and the selection of an appropriate, community-specific, violence prevention initiative as outlined below.

- > Contact the local community mental health center to set up meetings with the Director and Children Services Director

- > Develop a local community advisory team to assess local strengths and needs
- > Outline the anticipated benefits of mental health benefits for the community/school
- > Based on needs assessment, select most appropriate prevention program
- > Establish memorandums of agreement and/or contracts between agencies.

Through this process, community/school advisory teams will use resources within their community to begin early intervention and violence prevention school mental health initiatives.

After carefully researching the needs of their particular students and community, each community/school advisory team will choose a model that best suits their needs. This team will also consider programs promoted by their school district. Each team will then determine how to implement the program in the school, with the principal of each school leading the successful implementation of the school-based program.

Focused Agenda will draw on the strengths of Project Shared Agenda (PSA) to increase student access to quality mental health care by developing innovative approaches to link local school systems with the local mental health system. Focused Agenda will also result in system improvement by using grant resources to help local sites

- develop communication links between schools, mental health, and families
- distribute data showing the positive results for students who have received school based mental health services,
- participate in multiple opportunities for school and mental health staff to participate in shared training events that target prevention, detection, and screening; treatment; and case management.
- enable giving voice to families through education, networking, and support.”

For more, contact: Mike Paget, Educational Associate for Students with Emotional Disabilities, Office of Exceptional Children, South Carolina Department of Education. mpaget@ed.sc.gov

C. *Delaware [From project proposal and from a brief description of the grant in the Fall 07 DCMHS (Division of Child Mental Health Services) Newsletter]

The project is a collaboration of the Division of Child and Mental Health Services and the Delaware Department of Education.

Purpose:

To increase the schools' abilities to identify and appropriately refer children for mental health treatment, thereby increasing access to services for children and families. Additionally, the grant will be used to identify and increase the availability of community mental health resources.

Steps to be Taken:

- Step one - schools will be visited by project team members to gather information (from a few key people) about current practices, to identify the strengths and needs of current practices, to gather staff development needs, and to administer a brief survey (for pre- and post- data collection).
- Step two - protocols, resources, training aids, etc will be developed by project team members based on information gathered in step one.
- Step three - schools will be revisited by project team members to provide training and assistance on the products and the processes developed in step two. This will help ensure the capacity for the schools to continue to support children needing mental health services after the grant is complete.

All this will be accomplished within the context of existing "systems" in the schools such as Positive Behavior Support, RTI, Student Assistance Teams, Wellness Centers, K-3 Early Intervention Program, etc

For more, see Exhibit 10.

Exhibit 10

Delaware Brief Description

"...The Division of Child and Mental Health Services and the Delaware Department of Education are collaborating on a new project to integrate schools and the public child mental health system.... DCMHS will hire three Family Crisis Therapists who will, over the course of 15 months, meet with each and every one of the state's 210 public schools to establish linkage protocols, using a public health approach to provide school staff and families the tools they need to identify children and adolescents who may benefit from mental health intervention, and make an informed and appropriate child behavioral health referral. ...

Delaware DOE will manage the logistics with part-time staff to schedule meetings of the clinical staff with every public school in Delaware. In most cases, there will be two meetings with each school. The initial meeting is to learn how the school presently identifies children who may benefit from

mental health intervention and existing protocols for referral. There will also be information sharing about services available through the Division of Child Mental Health Services. DCMHS and schools will work together to create a written protocol to help ensure informed referrals are made to public mental health services. There will be discussion and some training about how to help families identify private health insurance-funded resources. Within DCMHS, the project will be managed by Intake and Assessment Unit. ..The goal of the project is to integrate schools and public children's mental health system to increase access of Delaware's students and their families to public mental health services."

The grant is described as “ a perfect complement to Delaware's current efforts toward increasing access of children to public mental health services. The project will provide school staff statewide with the tools they need to identify children who may need child mental health treatment and appropriately refer them for treatment. School staff for Special Education will be specifically included in this training. With the establishment of a comprehensive, detailed, written protocol in each school, the improvement in the school's ability to maintain its increased effectiveness in making appropriate referrals of children and their families for mental health services will be a lasting, statewide change in our service system that will result in documented increases in referrals by schools, an increase in the number of children receiving public child mental health services and thereby increased access for Delaware children to public mental health treatment.

Also significant is that DCMHS and DOE will ensure that other, existing school-based staff who perform related services (e.g. Positive behavioral supports specialists, the Family Crisis Therapists of State Children's Department who work in the elementary schools, School Wellness Center staff where there is a School Wellness Center in the high school and of course school counselors and psychologists) are all involved in the training and professional development around making appropriate referrals to the public children's behavioral healthcare system or to private commercial insurance providers (as indicated by the child and family insurance status) and in the development and use of the referral protocol in each public school, thereby helping to ensure uniform and lasting process improvement designed to increase access of students and their families to child mental health services. ...

The training provided to all public schools by DCMHS under this grant project will include, in concert with the DCMHS Family Psycho-education grant (CMS Real Choices Mental Health System Transformation Grant) information about evidence-based practices to effectively treat children. The product of the Delaware CMS grant, a manualized approach to Family Psycho-education on children's mental health, is available via website (<http://www.udel.edu/cds/familyeducation>) and will be reviewed with each school for potential use with children and families. The grant evaluation will analyze and report on new evidence-based practices provided in the state child mental health service system. While some will happen during the grant period, it is expected that the increased level for expectation of schools and families for the provision of evidence-based practice for children's mental health needs will have an effect that extends well beyond the grant period and which will continue to be monitored by DCMHS.”

For more information, contact: Dennis Rozumalski at drozumalski@DOE.K12.DE.US

Concluding Comments

As each project ends its period of federal support, the expectation is that the work will be sustained and can become a catalyst for work in districts across the state. The degree to which these expectations are met in the eight states discussed in this report should be evaluated.

Initial analyses and discussion of the federal program can be done in the coming months, and we shall endeavor to contribute our analyses to the discussion. Over the next few years, there needs to be an evaluation of the overall impact of the *Integration of Schools and Mental Health Systems* initiative and related federal programs (e.g., the Safe Schools/ Healthy Students Initiative).

There is much to learn from the projects that have been funded, and future initiatives to advance mental health in schools must be formulated based on informed analyses. Of particular importance are analyses that reflect a vision of where mental health fits into school improvement planning and decision making and how to ensure projects catalyze systemic change that is sustainable and designed to advance the work in all states and school districts.

Appendix A

Center for Mental Health in Schools at UCLA Meeting with Nine Teams from the First Cohort

The following is the brief summary from the summer meeting (July 11, 2006) with nine teams from the first cohort of Integrating Schools and Mental health Systems grantees. The report was prepared by the co-directors of the UCLA Center.

In attempting to capture the key points from July 11, we have briefly summarized what was shared about (1) current activity, (2) common challenges and possible solutions, and (3) opportunities for further collaboration and mutual support. Many lessons learned can be extrapolated from what has happened to date.

Current Activity

In sharing current efforts, it was clear that projects were at different stages of development and that each was pursuing a range of possible opportunities for integrating schools and mental health systems. As a whole, the projects are

- >building on existing partnerships and initiatives and strengthening best practices –
These efforts include a range of activity at different stages of development designed to bring together existing systems for mental health, juvenile justice, faith based organizations, social service agencies, local police, and others. For some, this is being done by focusing on current concerns in schools such as bullying, depression, anger control, etc.
- >pursuing development of a strong set of interacting mechanisms to increase "buy-in," systemic integration, and promote sustainability –
These efforts include forming work groups, expanding collaborative groups, finding champions, engaging key administrators, and in some cases, families and students. One prominent example is the development by several projects of Learning Supports Resource Teams to carry out resource-oriented systemic analyses. (There was discussion of the importance of carefully defining the functions related to all infrastructure mechanisms, the difference between advisory, steering, collaborative bodies, and work groups.)
- >identifying the most pressing systemic problems and most promising opportunities through review of existing data –
Several projects are engaged in surveying students, families, and staff. Besides assessing needs and opportunities, these efforts also are used to mobilize partners to work together on community-specific concerns and to develop protocols for working on these problems.
- >experiencing systemic challenges related to population differences (e.g., changes in the local demographics, high numbers of students from others countries/cultures, other diversity considerations, locales with large populations, large geographic areas, large numbers of schools/districts) –
A focus on these matters is embedded in all aspects of the work. Also included here is the challenge stemming from how school and agency systems address families' attitudes about mental health and their willingness to participate in information-sharing and referral follow-through.
- >finding they can play unique roles for systemic change (e.g., as conveners, facilitators, change agents, coaches, brokers) –
Such roles are understood as providing opportunities to create sustainable mechanisms at schools and district.

- >working closely with school support staff and teachers and often building capacity –
Examples include providing opportunities for the training-of-trainers so that the staff development component becomes part of the ongoing activity of school staff.
- >exploring the best ways to let others know about their work –
This includes contributing to school newsletters, working with school/district websites, powerpoint presentations, brochures, and so forth. Such promotional work is seen as enhancing existing programs, as well as moving project objectives forward.
- >developing program evaluation as a process for planning and guiding project activities –
The discussion underscored the value of evaluation as a way to further focus on matters such as “What do we want to see changed? Where will the resources come from?”. There also was discussion of qualitative and quantitative measures and short-term and long term outcomes. And, two projects specifically offered their expertise to help others with evaluation issues.

A Few Major Challenges and Possible Ways to Handle Them

- >*Establishing Meaningful Interagency Agreements* –
Examples were shared; others will be shared by projects and the Center on request. Various process possibilities were explored. For example:
 - >>building on and strengthen existing agreements between the schools/districts and community partners
 - >>evolving agreements naturally over the course of building working relationships (e.g., begin with an agreement to explore partnerships and update it based on specific arrangements that are successfully implemented – by the end of the grant have an agreement in place that shows an ongoing working relationship that more specifically defines commitments and responsibilities of each partner)
- >*Facilitating Meaningful Involvement of School Administrators* –
The challenge of ensuring the ongoing, substantive involvement of superintendents, principals, and middle managers was recognized as crucial and key to school-community systemic integration of mental health in schools. In this respect, it was suggested that efforts be made to deemphasize that the initiative is a project and to take steps to fully integrate the work into ongoing school improvement planning.
- >*Understanding the differences in the culture of schools and the culture of agencies* –
The challenges here include enhancing institutional cultural understanding, overcoming problems stemming from "outsiders" coming to work at schools (including concerns about turf and threats to jobs), and more. It was stressed that a first step involves acknowledging such matters and taking time to learn about the institutional cultures of those systems that are to be integrated. The second step includes engaging all major stakeholders (unions, school student support staff, administrators, school boards, agency managers, etc.) in address these concerns.
- >*Capacity Building, for project staff and others* –
A major challenge here is to enhance the ability of project staff to play an effective role as systemic change agents. This is a topic that needs to be explored as projects continue to interact. With specific respect to capacity building related to crisis response training; one site offered to provide such training with a focus on embedding crisis response into the larger structures of school, city and state plans and mechanisms. A significant challenge in all this is how to integrate evidence based programs into current existing best practices and keep training highly relevant and motivating.

>*Sustainability* –

As project staff learn more about the challenges and opportunities in their locales, they are moving toward a stronger position to do long term strategic planning for sustainability. Every discussion of integrated activity related to overlapping concerns and areas of intervention provide an opportunity to explore ways to braid funding (e.g., Title I, special ed., safe and drug free school and community programs, tobacco cessation, behavioral health, children's initiatives stemming from departments of mental health, etc.). It was stressed that sustainability is facilitated when stakeholders appreciate how schools can help support the community and how the community can support schools.

Ongoing Networking and Support

Participants all felt the need for ongoing interaction to share information and expertise and request assistance related to challenges. It was decided to establish an interactive listserv for grantees. With the sending of this report, such a listserv is operational. As soon as feasible, sharing should include relevant samples of resources, guides, brochures, etc.

It was suggested that outreach be made to others who would be interested in joining the listserv and sharing their information and expertise.

It also was suggested that Listserv interactions be augmented by periodic conference calls on specific concerns and issues. As these arise, the UCLA Center will be pleased to host the call.

There also was a stated desire for additional face to face meetings (regional and at various sites) for major capacity building efforts (e.g., related to enhancing abilities as systemic change agents, how to include a focus on policy). This can be a topic for future discussion on the listserv.

And, of course, as we stressed, the UCLA Center can always be contacted for assistance.

Some Resources Related to the Above

Given the discussion about systemic approaches related to crisis, you may want to take a look at the Center's Quick Find on Crisis Prevention and Response –
http://smhp.psych.ucla.edu/qf/p2107_01.htm

Given the discussion of infrastructure mechanisms to facilitate system integration, you might look at

>Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated Infrastructure for Schools to Address Barriers to Learning and Promote Healthy Development
<http://smhp.psych.ucla.edu/pdfdocs/infrastructure/anotherinitiative-exec.pdf>

>*About Infrastructure Mechanisms for a Comprehensive Learning Support Component*
http://www.smhp.psych.ucla.edu/pdfdocs/infrastructure/infra_mechanisms.pdf

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Leadership Institute UCLA July 11, 2006

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Appendix B

Washington County (OR) Partnership for Student Success [From the Proposal]

The Northwest Regional Education Service District took the lead for this collaboration of seven independent school districts, mental health, juvenile justice, child welfare, and other private health and mental health organizations in Washington County. The project was designed to increase access of students to high quality mental health care by developing innovative approaches that link school systems with the local mental health system.

The aim was to make system change that reduces barriers to learning and that supports healthy social and emotional development. The partnership adopted the following goals and strategies:

(1) To increase systems integration through collaborative planning by a Leadership Council to develop a countywide plan

(2) To increase student/school connection through a Summit on Student/School “Connectedness” and through expanding environmental prevention interventions and student support systems

(3) To increase access through development of countywide protocols for identification, referral, and linkage with mental health services, including crisis intervention, with comprehensive, detailed linkage protocols developed for 75-90% of 85 schools

(4) To increase the availability of mental health and student support services through expanding best practices and evidence-based services

(5) To increase early identification and linkage by training 75% of 131 school administrators, 140 school counselors, and 33% of 3000 teachers in the 85 schools. The training focus is on early identification of mental health concerns, countywide protocols, and how to make appropriate referrals. ... also a focus on schools systems and student support for mental health and healthcare providers, juvenile and child welfare staff, families, and family-serving organizations

(6) To provide technical assistance to the project Leadership Council, work groups, schools, mental health organizations, and parents using the Center for Mental Health in Schools at UCLA, the Pacific University School of Professional Psychology, the Washington County Mental Health Program, community mental health providers, and school district personnel

(7) To increase cultural competency and utilization by underserved populations through culturally competent outreach, training, technical assistance and further development of culturally and linguistically competent services

(8) To evaluate project effectiveness and develop recommendations for enduring system improvements and sustainability through use of an external evaluator.

A 2007 newsletter brief report indicated training had been provided to “over 500 teachers, counselors and administrators countywide related to identification of mental illness and how to link students and families to resources for mental health treatment. The Partnership has also enhanced collaboration and communication between schools and community mental health agencies in a variety of ways. The Partnership for Student Success Leadership Council is continuing to guide the future of the initiative and looks toward continued opportunities to help all students be in school and ready to learn.”

Appendix C

Berkeley CA Integrated Resources Initiative

Berkeley has a strong school-community collaboration. The following are excerpts from two January 2007 documents prepared by the Berkeley Integrated Resources Initiative:

(1) *Schools-Mental Health Partnership Strategic Plan*

(<http://smhp.psych.ucla.edu/pdfdocs/wheresithappening/BIRI%20Schools%20Mental%20Health.pdf>)

(2) *Universal Learning Support System Assessment Report* (<http://smhp.psych.ucla.edu/pdfdocs/wheresithappening/Universal%20Learning%20Support%20System%20Assessment%20Report.pdf>)

“In June 2005 the Berkeley Alliance – a longstanding partnership between the Berkeley Unified School District, the City of Berkeley, the University of California-Berkeley, and the Berkeley community – formally committed to supporting the Berkeley Integrated Resources Initiative. This is a community-wide endeavor to integrate school and community resources, in policy and practice, with a common goal of promoting healthy child and youth development and breaking down barriers to learning.

“The Vision calls for the Berkeley Unified School District, the City of Berkeley, the University of California-Berkeley, and local community organizations [to] work collectively and purposely to identify and weave their relevant resources to effectively address barriers to learning and promote healthy development for all Berkeley children and youth.”

The Mission calls upon the partners to “address barriers to learning and promoting healthy development for Berkeley children and youth. [This] entails the strengthening of students, schools, families, and neighborhoods to foster a developmentally appropriate learning environment in which children and youth can thrive. The systemic change process emphasizes a coordinated school improvement and agency reform effort that leverages and weaves school-owned and community-owned resources in a comprehensive manner. In their work together, schools and agencies will create and provide a continuum of support for children and youth that emphasizes promoting healthy development for all, intervening early when problems arise, and providing specialized services to address critical needs.”

The first step taken was to undertake a comprehensive mapping of resources and gaps in Berkeley. To accomplish this goal it was necessary to establish a conceptual framework for the assessment. The partnership sought a model that was comprehensive enough to address the wide range of issues facing children and families as they grow and develop. After some reflection, the partnership adopted the Comprehensive Systemic Intervention Framework developed by Drs. Adelman and Taylor of the UCLA Center for Mental Health in Schools....

In August 2005 Berkeley Unified School District received an Integrating Mental Health in Schools grant from the U.S. Department of Education. This grant, organized around the Adelman and Taylor framework, called for a systemic reform process that would affect all of the public schools and students in Berkeley.”

“The Berkeley Schools Mental Health Partnership is part of the Berkeley Integrated Resources Initiative, a community wide endeavor launched in 2005 to integrate school and community resources in policy and practice, with a common goal of promoting healthy child and youth development and breaking down barriers to learning. The initiative builds on a longstanding partnership between the Berkeley Unified School District, the City of Berkeley, the University of California at Berkeley and the broader community and weaves together existing institutional change efforts into a single coordinated and unified process. The initiative calls for a systemic change process in which the

organizations collaborate along a common vision, language and process, and implement necessary policy changes to sustain the effort over time.

In order to provide structure, direction and a shared theoretical approach to their work, the initiative adopted the Comprehensive Systemic Intervention Framework developed by Drs. Adelman and Taylor of the UCLA Center for Mental Health in Schools.”

“This framework is based on the premise that the ‘range of barriers to student learning is multifaceted and complex and the number of students affected is quite large...[and therefore] it is reasonable to stress that a comprehensive and systemic approach to intervention is necessary.’ This framework, therefore, ‘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; and systems for assisting those with chronic and severe problems.’

Drs. Adelman and Taylor categorize six Universal Learning Supports in an attempt to capture ‘the multifaceted work schools need to pursue in comprehensively addressing barriers to learning.’ The BIRI Steering Committee has added a seventh arena, cultural literacy, to emphasize the importance of supporting children and youth in culturally competent ways, given the diversity of the Berkeley community. The categories are:

1. Classroom-focused enabling - enhancing regular classroom strategies to enable learning (e.g., improving instruction for students with mild-moderate learning and behavioral problems and re-engaging those who have become disengaged from learning at school)
2. Support for transitions (e.g., assisting students and families as they negotiate school and grade changes, daily transitions)
3. Home involvement with school - strengthening families and home and school connections
4. Crisis response and prevention - responding to, and where feasible, preventing school and personal crises
5. Community involvement and support (e.g., outreach to develop greater community involvement and support, including enhanced use of volunteers)
6. Student and family assistance - facilitating student and family access to effective services and special assistance as needed"
7. Cultural literacy - the ability to tailor outreach, engagement, and intervention to the unique cultural and linguistic characteristics of students and families.”

“A Universal Learning Support System (ULSS) is constructed to provide **appropriate** services to **all** children and youth who need them to be successful academically, behaviorally and socially.

To accomplish this goal, a ULSS must have an appropriate continuum of highly accessible services, ranging from the least to the most intensive, and the ability to deploy them equitably to children, youth and families based on need. The system would be based on the framework of Drs. Adelman and Taylor and be a single, unified, interagency coordinated, and integrated system of services and supports. The system would be funded, staffed and governed by all relevant public and private agencies and community organizations that share the goal of promoting healthy children, youth, families and communities....”

Comments from the Manager of Integrated Resources, Berkeley Unified School District:

“We have seen mental health as one part of a broader system of "Universal Learning Supports" (ULSS) for our students.... I did a training for a subsection of our ULSS Council (elementary schools) focused on the organization and coordination of learning support resources more holistically than we had done in the past, emphasizing a continuum of services (I kept pushing to try and get people to think about prevention/promotion) in areas such as

mental and physical health, afterschool programming, special education, and on more abstract sometimes unrecognized supports such as the unique strengths of teachers/staff and their relationships with students.

So while we are pushing an elephant one step at a time, I really feel that our system is moving. But it is clearly a long term process that takes time, and also needs to be resourced. We are looking at ways of generating new financial resources to support it. Some of these appears may well come directly from BUSD, which is a real sign of increased buy-in.”

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