

Interview discussing a strategy to bring behavioral health services to schools
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Mark Masselli: This is Conversation on Health Care. Today, we are speaking with Dr. Howard Adelman, a national leader, who has been bringing behavioral health to schools and the Co-Director of the School Mental Health Project at UCLA and its federally supported National Center for Mental Health in Schools.

Welcome, Dr. Adelman. Your work is focused in on helping children and adolescents succeed and you do this by helping communities and schools develop mental health and behavioral health services for kids right in the schools, thus eliminating all the barriers and delays that young people often face when they need help. What was the inspiration for you? What convinced you that this was a critical step and that it would work?

Dr. Howard Adelman: Well, I started as a teacher and I really became concerned very early with the number of kids who just weren't doing well at school and often not only manifesting learning problems but related behavior and then emotional related problems. And it became quite clear that you didn't just place the burden of all this on the youngsters. They were coming from different backgrounds and different economic structures and different families and were having different types of interactions at school. So we really started to look at and say there is a wide range of barriers here that need to be looked at and that got us down to the business of saying well, who is in the business of trying to deal with some of this, and of course, that means schools and the surrounding communities.

Margaret Flinter: So Dr. Adelman, as you built and refined the model, I would like to talk a little more about those barriers. I think one is likely to encounter policy barriers and also what we could call the "bias barriers", perhaps the unwillingness of schools, or teachers, parents, school boards, even insurers to be willing to accept or to support behavioral health services being delivered in the school setting, not necessarily by the school personnel. Can you tell us the kinds of barriers that you have faced and particularly barriers that you see to more widespread implementation of the model, because the model hasn't caught on so extensively throughout the country?

Dr. Howard Adelman: Well, we all talk about two sets of barriers here. The first step that we are talking about are really the things that given the way kids interfere with kids being successful and so on. You have now raised the second set of barriers and those are really system barriers, what do you need to do if you really have some different ways of working and need to have major institutions shift a little bit to deal with it. And we have, over the years, really looked at this in terms of a very broad prototype – we don't really talk about models because we find when people work with schools, they don't respond well to the idea that you come in with some model. What we have really focused on are sort of blueprints of prototype framework that can be adapted by schools and schools in working with communities. We are identifying an underlying barrier and it is all related to the policy, that what we see as we try to work with schools a lot of fragmented

pieces going on, somebody gets an idea or somebody passes a piece of legislation for a specific type of approach. It all ends up playing out in the school and school working with the community in a terribly fragmented way and people have gotten on to that for some time and they started to talking about well we have got to coordinate things better. And as we studied this and started to really understand the underlying problem, we saw that it really was a matter that almost everything we were talking about and concerned about in terms of helping kids was marginalized in terms of school improvement policy.

Mark Masselli: You know Dr. Adelman, your approach to this blueprint to mental health in the schools calls for a continuum of interventions and resources both from the school and the community, as well as the development of strong partnerships with community-based mental health providers. But many of those organizations are already facing long waiting list. They are struggling financially. What's the advantage for these organizations to refocus and deploy clinical staff in the school settings and are there efficiencies or advantages to placing their staff in the schools versus the community offices?

Dr. Howard Adelman: Well, obviously it's a very big and important question. We need to break it apart a bit. The first issue is that when we are talking about a full continuum of interventions, you are no longer just talking about deep and clinical services. And one of the things we work with community providers and other community resources with is understanding that they have a role to play in the whole continuum which starts with the promotion of healthy development which moves on into real primary preventive type strategies, then moves on down to the issue of what you do and how you set things up, so that at the first time, if somebody is having trouble, you have interventions that can move in, and then finally, move down to sort of the systems of care level where you have kids who have chronic and severe problems. Now, if you think of the whole continuum, then what we are saying to agencies, for example, is that you will never have enough resources, and particularly now we know they just keep contracting, but you will never have enough resources in order to really deal with everything as a clinical problem nor should you because in the schools, we work with which of course are big urban centers and pro-rural school, we are finding that there are up to over 50% of the kids who are not doing well. Well, you can't treat all 50% on a one-by-one clinical model, there are just not enough resources to do it. So we really have to work with both ideas, one how do we come in and do things on the more universal level and the more targeted level, and then finally, having reduced the number, reduced the flow of referrals than having more resources to work with those one by one. The other thing we work with is trying to get schools to really understand that they need to redeploy their resources in a way and then work more systematically with the community to bring in resources in ways that help fill critical gaps and not just expect every agency to be able to help every school with clinical services.

Margaret Flinter: Dr. Adelman, we share with you a passion for eliminating any barriers or delays for kids and their families getting mental health services when they need it. And in our community health center, we have implemented behavioral health programs in school settings and several communities in Connecticut. One of the most striking outcomes we have seen, and we have only been able to measure this in one community where we provide a full-time behaviorist in every school, is a sustained reduction in the number of kids who present to the ER with psychiatric emergencies since the program began. So we would hope that that indicates

some success with more upstream early interventions, but we would be very interested in hearing about the results of any outcome studies or evaluations that might provide insight into the effectiveness of the services that you have developed and tell us what we can learn from that.

Dr. Howard Adelman: Well, if we think about this as a full range of program, sort of the continuum of interventions, we have not been just zeroing in on what we can do one on one. And so that we don't want to just use the service language, we really want to talk about what are we doing today in relation to schools in terms of reducing the number of kids who don't show up, that the absentee rate is a very important figuring and what we see very early in the game when schools start to work with this is an improvement in their overall attendance rates. And that's a very good thing for schools because of course their funding is based so much upon who shows up and who doesn't show up. Second thing we focus on is in terms of the number of inappropriate referrals that go on the schools that have now finally faced up to the fact that they have been contributing to a great deal of misdiagnoses around learning disabilities and ADHD and that as they function in a different way, they start seeing fewer and fewer of these kids inappropriately diagnosed and sent for specialized services which of course then frees up people to really work with kids who have those two problems.

Mark Masselli: Today, we are speaking with Howard Adelman, Co-Director of the School Mental Health Project. Dr. Adelman, we have talked about health care workforce issues with many of our guests, but we are usually talking about primary care providers, physicians and nurses. But we are equally concerned about training the next generation of behavioral health providers and training them to the model like School Health Services, can you tell us about your efforts or those at the Center for Mental Health in Schools to train the next generation across the country and to prepare them for the school settings?