



**30 years
& counting**

**School Practitioner
Listserv**

**A Weekly Community of Practice Network
for Sharing and Interchange**



June 20, 2016

Concerns from the Field:

**>Needed: A school-community response to
a local substance abuse problem**

- Center Response
- Responses from Colleagues in the Field

Response to Last Week's Concern:

>About designing a mental health component for schools

Featured Set of Center Resources:

>Sharing, Technical Assistance, Coaching, Mentoring

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**Please forward this to a few colleagues you think might be interested.
The more who join, the more we are likely to receive to share.**

**For those who have been forwarded this and want to be part of
the weekly exchange, send an email to Ltaylor@ucla.edu**

**For previous recent postings of this community of practice, see
<http://smhp.psych.ucla.edu/practitioner.htm>**

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Note: In keeping with the *National Initiative for Transforming Student & Learning Supports*,* this community of practice network has expanded in number of participants and topics discussed. The thematic emphasis is on (1) daily concerns confronting those working in and with schools, (2) the transformation of student and learning supports, and (3) promoting whole child development and positive school climate.

Concern from the Field: “I have recently been hired by our state Department of Education to help establish a pilot, school-focused program in a small, rural town in our state that has been dealing with a drug epidemic. While this is an initial effort for our Dept. of Ed., our Division of Mental Health and Addictions (DMHA) has had an on-going community-focused effort for youth throughout the state. They are thrilled that schools are joining in this effort and I am collaborating closely with a number of their staff members so that we might create a strong, successful model that we can then take to other school-districts/regions in the state. We are also reaching out to other state-level partners (Juvenile Justice, Early Childhood, Health, Department of Child Services, etc) so that we might stop working in silos, harness efforts/resources and begin to speak a common language.

I have been so grateful to have found your listserv and am interested as to what other technical assistance you are able to provide.

While DMHA already has a strong model in our state with a great deal of grant funding, this is just a first step for our schools and so we are pioneering some new ground. We have an opportunity/responsibility with this small pilot effort to do this well with the ultimate goal of changing educational policy within our state and what concerns me most at this point is that I feel pressure to get some quick results within the schools, which often means doing things the old way and throwing services at a barrier to student learning that are not sustainable or integrated. Creating “buy-in” from school leadership and, ultimately, others at the state department of education as to the need for system changes in addressing barriers to learning is going to be of key importance. Data collection and access to grant funding are also areas.

Thank you in advance for your guidance and for the work you are doing in this area that I truly believe can transform education. I would greatly appreciate any technical assistance you might be able to provide.”

Center Response: This clearly is a big challenge and a great opportunity for pulling together a wide range of resources to have an impact on not only the substance abuse epidemic, but a wide range of barriers to learning. In general, while grants can help, weaving together currently available resources is a workable, sustainable, and scalable strategy.

As a starting point, take a look at the following *Quick Finds* for some basic resources from our Center and others.

>*Substance abuse* -- http://smhp.psych.ucla.edu/qf/p3001_03.htm

>*Collaboration* (ideas on pulling the agencies and other local resources together) – http://smhp.psych.ucla.edu/qf/p1201_01.htm

Among the Center resources cited are:

>*Creating School and Community Partnerships for Substance Abuse Prevention Programs* – http://smhp.psych.ucla.edu/publications/38_creating_school_and_community_partnerships_for_substance_abuse_prevention_programs.pdf

>*Schools, Families, and Community Working Together: Building an Effective Collaborative* – <http://smhp.psych.ucla.edu/pdfdocs/buildingeffectivcollab.pdf>

>*Agencies Addressing Problems of Children and Youth: Pursuing a Continuum of Interventions and Working with Schools* – <http://smhp.psych.ucla.edu/pdfdocs/agenciesschools.pdf>

Also, see our *System Transformation Toolkit* for the following guides:

>*Enhancing School-Community Infrastructure and Weaving School-Community Resources Together* – <http://smhp.psych.ucla.edu/pdfdocs/studentupport/toolkit/aidg.pdf>

>*Notes on Infrastructure for Learning Supports at District, Regional, and State Offices* – <http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidk.pdf>

After exploring these resources, email us any specific questions that need answering, including queries about how we can provide ongoing technical assistance and distance coaching.

Responses from Colleagues in the Field: We asked a few colleagues who work with state departments of education on similar collaborations to share their perspectives on the above concerns; here's a sample of what we heard from them:

- (1) "I have a MILLION things I can share.... I'd much prefer to have a conversation with them... However, via email here is what I can offer...
First, they should look at school districts in their state who are doing some great work around SEL and MH etc. I know of several.
Second, SAMHSA offers state level Safe Schools/Healthy Students grants (we are a recipient of one) that focuses on this very thing (bringing various partners together with the school to address MH needs). This person can look into that AND I can also connect them to the SSHS project lead here.
Third, getting school buy-in can be challenging until you help them see the 'Why' and how it makes things easier for them (eventually). A quick win for us was focusing on Staff Wellness first ... taking care of the adults in the school so they are mentally healthy/whole and can take care of the kids. ... Then, when the adults feel taken care of, they are more apt to listen to you to help take care of the students. Unfortunately in this work however there really isn't too many quick wins ... it takes YEARS to change a system.... BUT getting supportive, community partners who can bring resources and services to help the school WHILE it is working on system/climate change is beneficial. I will also add it helps to do a needs assessment (even if, for time sake, it's just a 'what do you really need right now, school' conversation). There may be low hanging fruit there as well. I have slides/data that help to 'hook' educators, linking this work to academic outcomes."
- (2) "This puts me in mind of a principal that once explained to me that she was assigned to a high-risk school and expected to turn it around. She drew a line in the sand and told her supervisors that she would need 3 years to make the changes they wanted 'over night'.
So I guess my first bit of advice is to prepare a logical explanation why changes will take time, regardless of the pressure to do something now. Understand that 'throwing services at barriers' can't be sustained and other reasonable people will understand as well. (% of students proficient doesn't change over night, why would anything as complex as a drug epidemic be different?!)
My next suggestion has to do with building a continuum of programs and services that is coordinated among all interested agencies and bureaus. I would work on universal, indicated and intensive services and ask them to begin their collaborative effort with an assessment of what exists.
Then, I'd stress that evidence-based interventions (programs and policies) are the best way to go for schools since it will help 'at-risk' youth as well as the general student body. Outcomes are proven (as long as the programs are implemented with fidelity) and they WILL make a difference. I would assume that the other agencies have money for indicated and intensive services so they could use this continuum to build a comprehensive school/community system focused on substance abuse. If helpful, you might direct them to the Iowa Collaboration for Youth Development site (<http://www.icyd.iowa.gov>) to see how they've incorporated Learning Supports.
I'm concerned by the comment about getting 'quick results within the schools' since my assumption is that a drug epidemic has to do with older youth/young adults that are no longer in school. I'm not sure how to respond to that other than to involve families. They might consider involving the State Extension Office since they have programs and activities for youth and families and know how to do outreach. My suggestion there is to

go to the director or lead administrator for youth and families, not faculty or local offices where the pilot school is located. Perhaps they could help organize something at the local level for these state agencies since they have staff there, but again, would need to come from the top.

My suggestion for data collection for the school is to use indicators that support learning (e.g., attendance, tardies, office referrals and types of referrals, existing survey data, or other information that already exists in the building). These would naturally be overarching indicators and need to be broken down to show changes from month to month that could be more closely tied to evidence-based approaches that are being implemented. For example, a universal evidence-based prevention program for 6th graders might address positive social interactions. Data from office referrals (bullying or fighting) could be dissected to more closely align with the outcomes of that specific program so that changes would be more evident over time.

This is a really complex situation and a great opportunity. I guess I'd recommend they read up on the latest and greatest about prevention/intervention/etc. with regard to this epidemic, get everyone into a room for a day and plan to be innovative. Sounds like they have a lot at stake but also have a lot of interest in making this pilot work.

Final point, they may want to try this in more than one place. Maybe somewhere that's not in such a world of hurt. That way, policy makers can't ignore future funding requests because this pilot/model only helps 'troubled' youth. It can be designed as a positive youth development model that helps all."

- (3) "Here's my answer: it's a long road, but there are significant baby steps to breaking down silos. The first begins with YOU! You have to ask yourself, do I want to see the change of breaking down silos happen? And what am I willing to do to make that happen? And how long do I have? The role you have is a delicate one where others may have been, people gravitate to silos when attempts at working together have failed or so they thought.

With that in mind, it does take a champion who can clearly articulate a vision of working together, convening and deciding on what action steps to take first.

Second, never underestimate the power of relationships, both those you have created and those others have created and how those may bump into each other. Collaboration even on the smallest level is the key.

Third, build trust with a principal or a few. Don't try to reach all of them. Go where you're wanted and remember that your agenda is never quite as important as their agenda so build in your agenda to theirs. For example many schools are looking at reform models or accreditation. The great thing about all reform models ... is that they all point to the fact that the barriers to learning take a village and a school and their staff cannot manage that except through a system of care that is working together. But even then, mental health starts with caring adults, pro social programs for kids and kids and families coming together. This takes time focus and not losing heart.

Last, hire a consultant to assist and keep things on track so that you won't be a target when change is called for! At least if a consultant does not work, you can often identify the barriers towards change! Keep theory of change in mind. Find the 20% energetic early adopters and make baby steps until you tip to a change momentum that people want to be a part of."

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Invitation to listserv participants: *What's your take on all this?* What is your experience in working with communities and multiagency initiatives? Any lessons learned to share? Comments? Recommendations? What's happening locally? Send your responses to Ltaylor@ucla.edu

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Response to Last Week's Concern:

>About designing a mental health component for schools

We received the following from William Dikel, M.D. Consulting Child, Adolescent and Adult Psychiatrist dikel002@umn.edu (612) 275-7385):

“The majority of my time is spent assisting school districts, locally and nationally, in developing mental health plans. I would like to add to your answer my overview of essential components of a school mental health plan. Readers can contact me if they have any questions.

School districts often have medical plans- e.g., protocols for addressing chronic medical illness such as diabetes, or for infectious disease. They tend to not have mental health plans. Given the nature and extent of mental health disorders experienced by students, and the effect that these have on education, a mental health plan makes sense. Because of the huge variability of school district resources, staff skill sets, community services, student population, etc., mental health plans need to be tailored to each district, sometimes to each school.”

Below is Dr. Dikel's list of “Essential Components of a School District Mental Health Plan”

- 1.) **Roles and Responsibilities:** ... clarify the roles and responsibilities of staff who work with students who have mental health disorders. Who works, directly or indirectly with a student who has a mental health disorder? Teacher, School Psychologist, School Counselor, School Social Worker, School Nurse, Principal, and, if the student is in special education: Special Education Teacher/Case Manager, Special Education Director. Who does what? How do you prevent gaps in services? How do you prevent overlapping roles?...
- 2.) **Supervision:**... What are staff doing? How many hours/week for each activity? How are they prioritizing their activities? What is the outcome of their activities?
- 3.) **Pre-referral Interventions:**...
- 4.) **Educational planning:** Team meetings regarding students who have MH problems
- 5.) **Methods of Conducting Ed Evaluations of Students who have MH Disorders:**....
- 6.) **Clarification of Behavioral vs. Clinical Contributors to the Student's School Difficulties**
– Use of the Clinical-Behavioral Spectrum Concept:...
- 7.) **Designing Accommodations and Modifications Based on the Symptoms of a Student's MH Disability:** Understanding the nature of a student's mental health disorder results in interventions that are tailored for the student....
- 8.) **Crisis Intervention:** How are crises (e.g., a suicidal student) to be assessed? e.g.: how does the district coordinate services between the school district social worker, the county crisis team, law enforcement and a co-located MH professional who is treating the student
- 9.) **Mental Health Data Practices:** Clarification of how mental health data should be handled:
.... Assurance that district data practices are following requirements of HIPAA, FERPA and State Data Practices
- 10.) **Gathering and Analysis of Individual and Group MH Data:** Gathering information that documents the nature of a student's mental health diagnosis, changes in symptoms in response to treatment, outcome data, etc.
- 11.) **Documentation of Activities:**...
- 12.) **Protocols and Checklists:** It is helpful to create specific protocols and checklists that assure that services have been provided and to assure staff accountability.
- 13.) **Symptom Monitoring and Communication of Behavioral Observations to Parents and Medical/Mental Health Providers:**...
- 14.) **Provision of Direct Services to Students:** Crisis intervention, counseling, frequency and duration of services, nature of interventions...

- 15.) **Adopting Evidence-Based Teaching Methods for Students who have Emotional/Behavioral Problems:...**
- 16.) **Creating Partnerships with Community Providers, Including the Establishment of Co-located Mental Health Services:** Coordination of care: If on-site, co-located mental health services are available, who does what?
- 17.) **Maximizing Reimbursement to Assure Program Sustainability:** Assuring that services do not rely on time limited grants. Identifying sources of income. Consideration of Medicaid Billing, etc.
- 18.) **Coordinating with County Resources:** Crisis, Truancy, Children’s Mental Health, Child Protection, Juvenile Probation, Public Health, Developmental Disabilities
- 19.) **Mental Health Training:** For Educational Staff, Administrators, Mental Health Staff, Nurses, Student Health Curriculum
- 20.) **Consultation as Needed:** Use of psychiatric consultation in cases where diagnosis, medication issues, medical issues are problematic. Use of other consultants (e.g., behavior analysts) as needed.
- 21.) **Outcome Assessment:** Have interventions been successful? What does the behavioral data indicate? academic data? If outcomes are negative, what interventions will be altered?
Summary: A mental health plan needs to be tailored to the specific resources, strengths, demographics, student populations, etc. within the district. There is no ‘one size fits all’ school mental health plan. However, there are shared characteristics. A well constructed school district mental health plan results in improved services for students and in improved academic performance, reduced behavioral incidents and cost savings for the district.”

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Featured Set of Center Resources

>Sharing, Technical Assistance, Coaching, Mentoring

- Sharing:** This is a constant focus for us as you can see from
- >the weekly Practitioner Community of Practice – <http://smhp.psych.ucla.edu/netexch.htm>
 - >the monthly ENEWS – <http://smhp.psych.ucla.edu/enews.htm>
 - >the quarterly e-journal – <http://smhp.psych.ucla.edu/news.htm>
 - >the website – <http://smhp.psych.ucla.edu/>
 - >the Facebook entries – <https://www.facebook.com/uclacsmh/>
 - >the regular listserv emails to over 113,000 colleagues (to sign-up contact Ltaylor@ucla.edu).

While we provide a broad range of resources for addressing barriers to learning and re-engaging disconnected students and families, we are especially concerned with helping schools to develop a *unified, comprehensive, and equitable system of learning supports* (with mental health concerns firmly embedded into the system).

Please send resources ideas, requests, comments, and experiences for sharing with colleagues. Send to Ltaylor@ucla.edu.

Technical Assistance: Every day we receive and respond to technical questions from around the world. See <http://smhp.psych.ucla.edu/need.htm> for general information about how we approach the matter (including a “Do-it-yourself” section). Send specific requests to Ltaylor@ucla.edu.

Coaching and Mentoring: To support the efforts of those developing a unified, comprehensive, and equitable system of learning supports, the Center offers free mentoring and coaching, along with technical assistance. This is done (mostly via email and phone) at no cost to those who are pioneering the work with teams that are moving this work forward. Those making such systemic changes have found it particularly helpful when we work with them in preparing a design document and strategic plan for the work in ways that integrate the transformation into district and school strategic plans and implementation.

*For information about the

National Initiative for Transforming Student and Learning Supports,

see

<http://smhp.psych.ucla.edu/newinitiative.html>

***THE MORE FOLKS SHARE, THE MORE USEFUL AND
INTERESTING THIS COMMUNITY OF PRACTICE BECOMES!***

Send resources ideas, requests, comments, and experiences to **Ltaylor@ucla.edu**

We post a broad range of issues and responses to the *Net Exchange*
on our website at **<http://smhp.psych.ucla.edu/newnetexchange.htm>**
and to *Facebook* (access from the Center's home page **<http://smhp.psych.ucla.edu/>**)