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Policy Leadership Cadre for Mental Health in Schools

Report from the Regional Conferences

This report was prepared by Howard Adelman and Linda Taylor, Co-directors of the School Mental Health Project at UCLA and its Center for Mental Health in Schools. Address correspondence to the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 -- Phone: (310) 825-3634.

Support comes in part from the U.S. Department of Health and Human Services, Public health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health.
Leaders for mental health in schools suggest that the well-being of young people can be substantially enhanced by addressing key policy concerns in this arena. In this respect, they recognize that policy must be developed around well-conceived models and the best available information. Policy must be realigned horizontally and vertically to create a cohesive framework and must connect in major ways with the mission of schools. Attention must be directed at restructuring the education support programs and services that schools own and operate and weave school owned resources and community owned resources together into comprehensive, integrated approaches for addressing problems and enhancing healthy development. Policy makers also must deal with the problems of “scale-up” (e.g., underwriting model development and capacity building for system-wide replication of promising models and institutionalization of systemic changes). And, in doing all this, more must be done to involve families and to connect the resources of schools, neighborhoods, and institutions of higher education.
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Preface

In June, 1999, our Center hosted a “mini-summit” to enhance initiatives specifically for mental health in schools. The event brought together leaders for an informal exchange on policy and infrastructure concerns. One of the recommendations was to find ways to increase the pool of leadership and establish a policy leadership cadre for mental health in schools as a key infrastructure component. Such a group can be a direct force for advocacy and action, a catalyst, a focus for capacity building, and provide a critical mass for mentoring.

Following the meeting, our Center began work to expand and coalesce the policy leadership pool focusing specifically on mental health in schools. The response to our initial queries about interest were outstanding, and steps were taken to plan two regional sessions for Policy Leadership Cadre members and other interested parties (including representatives from various organizations). An east coast work session was held in February in the D.C. area; a west coast session was held in April. (See Appendix A for a list of participants.)

Focused specifically on mental health in schools, the key tasks identified for initial discussion were how to (a) expand and coalesce the leadership pool, (b) develop formal linkages among key organizations (associations, agencies), (c) develop cooperative agreements among Centers and other resource sources, (d) facilitate ongoing mapping and monitoring of policy initiatives, and (e) expand advocacy for policy reforms and comprehensive, multifaceted initiatives.

The agenda for the regional meetings reflected the above tasks, specifically exploring:

- status and plans for the Cadre’s development and differentiation of Cadre from the Coalition for Cohesive Policy in Addressing Barriers to Development and Learning (see Appendix B)
- current activity of relevance to policy leadership for mental health in schools
  > the Policy Academies funded by SAMHSA’s Center for Mental Health Services (see Appendix C) and on other federal initiatives and funding opportunities related to mental health in schools (e.g., from DOE, DHHS -- HRSA, SAMHSA, DOJ)
  > expert panel on guidelines for mental health in schools (AAP/NSNA/HRSA)
- current activity to link key organizations in ways that can improve the capacity of school mental health providers to work collaboratively (e.g., uniting the mental health sections of the National Assembly on School-Based Health Care and the American School Health Association -- see Appendix D)
- the need to develop a comprehensive “map” of the various centers & other resource sources (e.g., clarifying existing resources, creating and disseminating a resource map, stimulating discussion for greater cooperation and coordination among those developing resources and providing training related to mental health in schools)
- a proposal for a policy-oriented document on mental health in schools.

This document reflects work done prior to and during the regional meetings. We recognize that our efforts to report are always filtered through a personal lens; thus, we apologize for any errors of omission or commission. We have attempted to minimize errors and make improvements to this document based on feedback received from participants.

Howard Adelman & Linda Taylor
Context for a Policy Leadership Cadre for Mental Health in Schools

The next few years appear destined to produce major mental health policy initiatives. Despite the renewed policy interest, considerable ambiguity and conflict continues with respect to the role schools should play in addressing mental health and psychosocial concerns. For these and other reasons the notion of mental health in schools continues not to be a high priority in policy or practice, and little effort has been made to formulate an explicit framework to guide policy makers in this arena.

As interest in mental health is burgeoning, there also is growing concern about serious flaws in policies and practices at all levels aimed at preventing and correcting emotional, behavior, and learning problems. One response is reflected in initiatives to increase collaboration within schools, among schools, between schools and community agencies, and among agencies at local, state, and federal levels. Such initiatives mean to enhance cooperation and eventually increase integrated use of resources. The hope is that cooperation and integration will lead to better access and more effective and equitable use of limited resources. Another implicit hope is that collaboration will enhance the amount and range of available programs and services and lead to comprehensive approaches. And, of course, all of this is meant to improve results.

In 1999, those leaders who met for the Mini-Summit on Expanding Leadership for Mental Health in Schools outlined a set of key concerns to be addressing in the coming years. These concerns are summarized in Exhibit 1.)
Exhibit 1

Enhancing a Policy Focus Relevant to Mental Health in Schools: Some Key Concerns

What key concerns must be addressed to enhance the policy context for mental health in schools? While hardly exhaustive, the following synthesis provides a sense of agenda for the coming years.

- There is confusion about what constitutes mental health in schools -- including disagreements regarding emphasis and breadth, and there is a dearth of unifying concepts, frameworks, and models.

  (Is the focus on specific services for those with emotional problems? Does the term encompass programs responding to psychosocial problems? prevention? affective education? wellness? school climate? How should families be involved?)

- There is no provision for an evolving synthesis, analysis, translation, and diffusion of research findings that have direct relevance to mental health in schools.

  (What data support the value to schools of including a focus on mental health? What interventions look promising? What are the gaps in our knowledge base about interventions schools might find useful?)

- There is no ongoing synthesis and analyses of existing policy (federal, state, local) relevant to mental health in schools. This deficiency exists with respect to clarifying

  > how existing policies affect relevant practices at the school level (including analyses of how funding is shaping the nature and scope of what does and doesn't happen each day at school sites)

  > how existing policies affect development of effective large-scale systems (e.g., school district-wide approaches, school district and community-wide partnerships)

  > how gaps in existing policy limit mental health in schools

(cont.)
Exhibit 1 (cont.)

- Related to the lack of policy analyses is a failure to confront the policy marginalization and fragmentation that hinders attempts to improve how schools address mental health and psychosocial concerns. In addition to addressing the above concerns, efforts to change this state of affairs must move rapidly to counter prevailing trends that continue to marginalize the focus in schools on mental health and psychosocial concerns. These trends include:

  > the skewed focus that equates mental health with severe and profound problems and minimizes prevention (including promotion of healthy social and emotional development) and early-after-onset interventions

  > the lack of a significant integration with school reform of efforts to address barriers to learning

  > the lack of a significant connection between initiatives for mental health in schools and managed care/health reform

  > the tendency not to map and analyze current resources used for psychosocial and mental health activity at school sites

  > the dearth of attention given to enhancing policy cohesion in ways that minimize “silos” or “stovepipes” (redundancy, waste), maximize use of resources, and foster integrated school-community partnerships

  > the failure to develop effective infrastructures to ensure development and maintenance of comprehensive, multifaceted, and integrated approaches and related accountability procedures to clarify what's working

- The above matters tend not to be a significant focus in programs that prepare mental health professionals or in general courses offered to the citizenry.

Those involved in school and community reforms recognize that institutions of higher education currently are part of the problem (e.g., because of the inadequacy of professional preparation programs and professional continuing education programs, because of what higher education doesn’t focus on in pursuing research and doesn’t teach undergraduates). To achieve more than a marginal involvement of these mega-resource institutions requires policy, models, and structural changes that ensure truly reciprocal relationships designed to effectively address the pressing educational, social, and health concerns confronting our society. (Attention to professional preparation is especially important now given the "graying" of current support services personnel in schools and the need for such personnel to assume rapidly changing roles and functions and to enhance their cultural competency.)
Decisions about the Cadre’s First Activities

Those attending the regional meetings agreed to pursue the following tasks as the immediate focus for the Cadre’s work.

\[\sqrt{Task A.  Strategies for Enhancing Organizational Linkages}\]. Clarifying ways to improve the capacity of school mental health providers to work collaboratively

\[\sqrt{Task B. Developing a Comprehensive "Map" of Existing Centers and Other Resource Sources}\]. The idea is to expand on existing mapping of resources for enhancing mental health in schools and to begin analyses and formulation of implications for coalescing what exists and filling gaps. (e.g., How can resources be improved and access to them enhanced?) As soon as an expanded map is developed, the work group will clarify strategies for facilitating its widespread dissemination both as an aid to the field and as a next step in stimulating discussion for greater cooperation and coordination among those developing resources and doing training and TA related to mental health in schools

\[\sqrt{Task C. Develop a "Policy-Oriented Document on MH in Schools."}\] The intent is to enhance clarity and consensus about what is meant by the term (MH in Schools) and to provide a sense of what the "gold-standard" is for best practice. (See Exhibit 2..) Development of the document would involve input from all stakeholder groups. Once developed, the document would be adapted into several formats to fit different audiences (e.g., practitioners, school policy makers and administrators, training institutions).

The names of Cadre members who volunteered to form initial work groups related to each task are listed on the Website hosted by the Center for Mental Health in Schools. Other interested parties are encouraged to sign up for any of these groups. To access the site, go to http://smhp.psych.ucla.edu – then click on to “Contents” and scroll down to Hosted Web Sites and click on “Policy Leadership...”

**CADRE Listserv**

The Listserv for the Policy Leadership Cadre for Mental Health in Schools has been established and already has about 100 participants and is growing

To sign-up, send an E-mail request to: listserv@listserv.ucla.edu leave the subject line blank, and in the body of the message type: subscribe leaders-L

The address to post messages is: leaders-l@listserv.ucla.edu

Use the Listserv for general information sharing directly related to the Cadre's concerns.
Exhibit 2

Proposed Policy-Oriented Document on MH in Schools

The following proposal was discussed at the regional meetings of the Leadership Policy Cadre for MH in Schools and a work group was established to proceed with it.

In the coming year, various efforts are underway related to mental health in schools should be incorporated into a document that provides a policy-oriented analysis and recommendations. The following seven questions provide a structure for developing such a document:

(1) What are appropriate guidelines for MH in schools?
   (e.g., encompassing a full continuum of interventions from prevention of psychosocial and MH problems, MH education, and youth development – to early intervention such as provided by school-based and linked service providers – to providing for serious emotionally disturbed youngsters served through special education programs and systems of care)

(2) What are the prevailing and emerging “models” for MH in schools?

(3) What are the prevailing and emerging “best” practices
   (e.g., with respect to programs, services, systems for prevention, early-after-onset intervention, and specialized assistance for severe/pervasive/chronic problems; to assist students, families, staff; for assuring quality; for evaluating result?)

(4) What must be accomplished to enhance the focus on MH in schools?
   (i.e., “How to do we get there from here?”)

(5) What organizations should be working together in efforts to lead the way?

(6) What capacity building (including TA & training) is needed to support the above?

(7) What existing resources can be coalesced and what are the sources for additional support?

(cont.)
With respect to the seven questions, it can be noted that:

(1) Guidelines – The American Academy of Pediatrics and the National Assn. of School Nurses (with funding from HRSA) has a panel working on developing guidelines (see the Appendix E for a draft outline of the topics for which the panel is developing guidelines). In addition, there are formulations of principles and underlying values that could be included here.

(2) Major models – There are at least five models which are not mutually exclusive:
   (a) the “Student Support Services” model that is prevailing practice in most school districts (this includes the provision of related services for special education students);
   (b) the “School-district Mental Health Unit” model that exists in various forms in a few districts (e.g., L.A., Memphis, Dallas);
   (c) the “Linking/Basing Community MH Services to Enhance/Expand What Schools Do” model (e.g., co-location of services -- including school-based health centers, full service schools -- including family resource centers, Comer’s School Development Model; New Jersey’s School-Based Youth Services program);
   (d) the “Restructuring of Student Support Programs/Services” approach (e.g., New American Schools’ Urban Learning Center Model, restructuring in L.A.U.S.D., Memphis City Schools, Hawai‘i);
   (e) multifaceted and integrated approaches (e.g., systems of care, “wrap-around” models, integrated services and community development)

(3) Guides to Best Practices – Current emphasis on research-based, empirically-supported practices is generating many compilations of exemplary and promising practices. This should also encompass best practices for evaluating results.

(4) Systemic change – There is a dearth of models, plans, and policy related to this, but there is a relevant literature from which extrapolations can be made.

(5) Coalescing concerned organizations – There are a great many stakeholder groups concerned with enhancing mental health in schools. These include groups such as the various school support service guilds and associations, school policy makers and administrators’ organizations, family alliance organizations, nongovernmental “Centers” and coalitions, the Coalition for Cohesive Policy in Addressing Barriers to Development and Learning, the Community School Coalition, the Leadership Policy Cadre for MH is Schools, special initiatives (e.g., Making-the-Grade, school-linked services initiatives), other groups who define their focus as being on Youth Development, etc. etc. And, of course, there is the matter of interface with governmental agencies and private foundations.

(6) Capacity building at all levels – A good start on enhancing TA and training has been made by various centers and agencies. But clearly work needs to be done on how the various efforts cooperate/collaborate (e.g., dividing and sharing activity) and interface with institutions of higher education. Ultimately, the need is for processes that can improve the quality of what is done at every school site.

(7) Coalescing and Expanding Resources – Some work has been done on mapping resources for enhancing mental health in schools. Now there needs to be an analysis and formulation of implications for coalescing what exists and filling gaps. (e.g., How can resources be improved and access to them enhanced?)
A Few Other Themes/Concerns Raised at the Regional Meetings

**Financing of School Mental Health** -- As the Surgeon General’s recent report on mental health (MH) underscores, the nation’s response to mental illness always is inadequately financed. Consequently, substantial numbers of youngsters cannot avail themselves of needed services. Moreover, access to existing services reflects major sociocultural disparities. And, given this state of affairs, it is hardly surprising how limited funding is for programs to foster social and emotional development and overall wellness.

Based on available studies, the following are some conclusions about the impact of current financing policy:

- Funding for MH and psychosocial concerns is marginalized in policy and practice, categorical in law and related regulations, fragmented in planning and implementation, and inequitable with respect to access. This has created an ad hoc, de facto, and inadequate MH “system.”

- The public sector (particularly state and local government) does the greatest proportion of financing of MH services because insurance coverage is not on a par with coverage for physical health.

- The vast proportion of public and private funding for MH is directed mainly at severe, pervasive, and/or chronic psychosocial problems. For those in crisis and those with severe impairments, financing is only sufficient to provide access to a modicum of treatment, and even this is not accomplished without creating major inequities of opportunity. Too few programs and services are available for youngsters, and what is available too often is inadequate in nature, scope, duration, intensity, quality, and impact.

- With the expansion of Medicaid funding for MH care, there has been a reduction of direct state funding (with the result that the Medicaid program’s design has profoundly reshaped delivery of mental health care).

- In the private sector, insurance and the introduction of managed care are reshaping the field, with an emphasis on cost containment and benefit limits and with expanded coverage for prescription drugs.

- There is a policy trend toward tying significant portions of public financing for MH and psychosocial concerns of youngsters to schools and a related trend toward encouraging school and community collaborations. However, adequate financing has not accompanied the policy trend. In this respect there are a variety of initiatives relevant to mental health in schools that might be pursued and woven together (see Appendix F).

**Opportunities to Enhance Funding** -- Various emerging opportunities to enhance MH program funding for young people and for sustaining and improving such programs were mentioned. These include:

- reforms that enable redeployment of existing funds away from redundant and/or ineffective programs
reforms that allow flexible use of categorical funds (e.g., waivers, pooling of funds)

health and human service reforms (e.g., related to Medicaid, TANF, S-CHIP) that open the door to leveraging new sources of funding for mental health

new initiatives stemming from tobacco settlement revenues

pursuing collaborations that combine resources in ways that enhance efficiency without a loss (and possibly with an increase) in effectiveness (e.g., interagency collaboration, public-private partnerships, blended funding)

policies that allow for capturing and reinvesting funds saved through programs that appropriately reduce costs (e.g., as the result of fewer referrals for costly services)

targeting gaps and leveraging collaboration (perhaps using a broker) to increase extramural support while avoiding pernicious funding

developing mechanisms to enhance resources through use of personnel in training, work-study and service programs, and volunteers (including professionals offering pro bono assistance).

Ultimately, the trend is to find ways to weave school and community resources together. This ideal represents a major transformation and “reculturing” of prevailing infrastructures and operational systems. Movement in this direction is reflected in current reform efforts designed to restructure systems and redeploy resources.

Initiatives to Counter Violence in Schools -- Concern was voiced about the degree to which the increasing emphasis on safe schools is perpetuating strategies that overemphasize public safety at the expense of addressing the psychosocial factors that contribute to violence and the social and emotional-oriented interventions that are essential for prevention and for addressing the needs of youngsters after an incident. Current initiatives also are seen as focusing so much on incidents of killings on campus that they tend to ignore the more wide-spread and large-scale problems of campus bullying and sexual harassment, as well as gang-related violence in the community.

Connecting County MH with MH in Schools -- Among the trends noted for connecting community resources with schools was the work underway for contracting with community providers to conduct mental health services in schools. The positive aspects of this were discussed as enhancing the availability and access of such services, especially to underserved populations. From a policy perspective, one major issue that arises is the possible undercutting of financial support for a school district's support service staff in ways that result in diminishing the resources available for addressing mental health and psychosocial concerns in schools. Also, at issue is whether such collocation of services produces a new form of fragmentation and works against development of comprehensive, multifaceted, and integrated approaches for meeting the needs of youngsters, their families, and their communities. A range of other policy and practical issues arise including matters of legal responsibilities, credentialing, supervision, confidentiality, and mechanisms for coordination and cross-disciplinary training.
**Comprehensive, Multifaceted Approaches** -- For communities and schools, the range of MH and psychosocial concerns confronting young people was discussed as requiring much more than providing services for those with mental disorders. The activity encompasses a multifaceted continuum of programs and services including those designed to:

- promote healthy social and emotional development (assets) and prevent problems (by fostering protective factors and resiliency and addressing barriers to development and learning)
- intervene as early-after-the onset of a problem as is feasible
- provide specialized assistance for persons with severe, pervasive, and/or chronic problems.

Establishing the full continuum and doing so in an integrated and systematic manner requires weaving community and school resources together and requires financing for start-up costs and underwriting for wide-scale.
Appendices

A. Participants

B. Differentiating Two Complementary Initiatives to Broaden the Infrastructure for Enhancing Policy

C. Policy Academies

D. Activity Related to Linking School Mental Health Providers

E. Draft Outline for Developing Guidelines for Mental Health in Schools

F. Surfin’ for Funds – Sources of Initiatives Relevant to Mental Health in Schools
Appendix A

Policy Leadership Cadre for Mental Health in Schools
RSVPs Regional Meetings – February & April, 2000

Olga Acosta, Associate Director
Center for School Mental Health Assistance
UMB Department of Psychiatry
680 W. Lexington Street, 10th fl.
Baltimore, MD 21201-15429
Phone: 410/706-0982  Fax: 410/706-0984
Email: oacosta@umpsy.umaryland.edu

Howard Adelman, Co-Director
UCLA School Mental Health Project / Center for Mental Health in Schools
UCLA- Department of Psychology
P.O. Box 951563
Los Angeles, CA 90095-1563
Phone: 310/825-1225  Fax: 310/206-8716
Email: adelman@psych.ucla.edu

Corrine Anderson-Ketchmark, Director Laision to System of Care
Educational Service District
Clark County Community Services
2500 NE 65th Ave.
Vancouver, WA 98661
Phone: (360) 750-7500
Email: Cakssw@aol.com

*Paula Armbruster, Director, Outpatient Clinic
Yale University
School of Medicine Child Study Center
230 S. Frontage Rd., P.O. Box 207900
New Haven, CT 06520-7900
Phone: (203) 785-6252  Fax: (203) 737-5455
Email: Paula.armbruster@yale.edu

*Scott Berenson
Associate Mental Health Specialist
California Department of Mental Health
1600 9th Street, Room 250
Sacramento, CA 95814
Phone: 916/654-2988

*Mary Jane Beilein, Director of Education
Mental Health Assoc. in Niagra Co. Inc.
151 East Ave.
Lockport, NY 14094
Phone: 716/433-3780  Fax: 716/433-3847
Email: mhaniag@pcom.net

Martin Blank, Staff Director
Coalition for Community Schools
1001 Connecticut Ave NW.
Suite 310
Washington, DC 20036
Phone: 202/822-8405  Fax: 202/872-4050
Email: blankm@iel.org

*last minute schedule conflict prevented attendance

Ronald Brill, Director
Emotional Education Project
448 Ignacio Blvd. Suite 214
Novato, CA 94949-6085
Phone: 415/898-7656  Fax: 415/898-8086
Email: rbrill@earthlink.net

*Candice Calhoun
Planner/Community Adolescent Program
Hawaii State Dept. of Health
Family Health Services Division
741-A Sunset Ave. Rm# 107
Honolulu, HI 96816
Phone: 808/733-8339  Fax: 808/733-9078
Email: cradner@fhsd.health.state.hi.us

*Jennifer Carroll
Center for the Study and Prevention of Violence
University of Colorado, Boulder
Boulder, CO 80309-0442  Phone: 303/492-1032
Email: Jennifer.A.Carroll@colorado.edu

*Joanne Cashman, Project Director
Policymaker Partnership at the National Association of State Directors of Special Education
King Street Station, 1800 Diagonal Rd., ste 320
Alexandria, VA 22314
Phone: 703/ 519-3800 ext 318  Fax: 703/ 519-3808
Email: jcashman@nasdse.org

*Jeane Chapman, Director
Memphis City Schools Mental Health Center
2597 Avery Ave., Rm. 102
Memphis, TN 38112
Phone: (901)325-5810  Fax: (901) 325-7634
Email: chapmanj@memphis-schools.k12.tn.us

Sam Chan, Dir. Professional Services
Cal. School of Professional Psychology - LA
21261 Doble Ave.
Torrance, CA 90502
Phone: 626/284-2777 x 3002  Fax: 626/284-0522
Email: slchan@aol.com

Mary Courtney, Ph.D
Coordinator of Educational Initiatives,
School Mental Health Alliance,
Behavioral Health Science, NS-LIJ
400 Lakeville Boulevard, Suite 250
New Hyde Park, NY 11042
Fax: (516)358-2629
E-mail: courtney@lij.edu
Rachel Grier, Senior Co-Chair  
NASBHC Mental Health Section  
Staff, Christiana Care  
William Penn H.S. Wellness Center  
713 E. Basin Road  
New Castle, DE 19720  
Phone: (302) 324-5749   Fax: (302) 324-5745  
Email: rachel@dol.net

DeEtte Hall, Director, CSHP  
ME Bureau of Health  
152 Capitol St.  
Augusta, ME 04333  
Phone: (207) 287-3695   Fax: (207) 287-9058  
Email: decette.hall@state.me.us

Mark Harris, Asst. Supt.  
Dallas Public Schools  
3700 Ross Ave. Box 384  
Dallas, TX 75204  
Phone: (214)951-8669   Fax: (214)951-9035  
Email: DRRMHarris@aol.com

*Kimberly Hoagwood, Assoc. Dir.,  
Adolescent Research, NIMH  
6001 Executive Blvd. 6-216  
Bethesda, MD 20892  
Phone: (301) 443-3364   Fax: (301) 443-6000  
Email: kh32p@nih.gov

Bonnie Ho, Professor  
CSU Hayward  
School of Education & Allied Services  
25800 Carlos Bee Blvd  
Hayward, CA 94542  
Phone: 510/885-3820   Fax: 510/885-4798  
Email: bho@csuhayward.edu

Lester Hunter  
Youth and Family Centers  
Dallas Public Schools  
P.O. Box 4967  
Dallas, TX 75208

Leslie Jackson, Federal Affairs Representative  
American Occupational Therapy Association  
4720 Montgomery Lane  
P.O. Box 31220  
Bethesda, MD 20824-1220  
Phone: (301) 652-2682   Fax: (301) 652-7711  
Email: lesliej@aota.org

Mary Grenz Jalloh, Director  
Upstate Center for School Safety  
175 Rt. 32 N.  
New Paltz, NY 12561  
Phone: (914) 255-8989   Fax: (914) 255-3836  
Email: mjalloh@mhric.org

Jenni Jennings, Coordinator  
Youth and Family Centers  
Dallas Public Schools  
P.O. Box 4967  
Dallas, TX 75208  
Phone: 214/951-8669   Fax: 214-951-9035  
Email: jjennings@popi.net

Annette Johnson, Director  
School Health  
NYS Department of Health  
Room 208; Tower Bldg; ESP  
Albany, NY 12237  
Phone: (516) 486-4966   Fax: (518) 474-5445  
Email: amj02@health.state.ny.us

*Deborah Johnson, Dir. of Community Services  
Primary Mental Health Project  
685 South Avenue  
Rochester, NY 14620  
Phone: 716/262-2920   Fax: 716/262-4761  
Email: dpjmhdp@pmhp.org

Judith Katz-Leavy, Senior Policy Analyst  
Center for Mental Health Services  
5600 Fishers Lane, Rm. 17C-02  
Rockville, MD 20857  
Phone: (301) 443-0000   Fax: (301) 443-1563  
Email: jkatz@samhsa.gov

Jennifer Kitson, Rural Prevention Coordinator  
National Association of School Psychologists  
323 West 12 th  
Hays, KS 67601  
Phone: (785) 623-2400   Fax: (785) 623-2409  
Email: jkitson@hays489.k12.ks.us

Jane Koppelmann, Deputy Director  
Making the Grade/RWJ Foundation  
1350 Connecticut Ave., NW  
Suite 505  
Washington, DC 20036  
Phone: (202) 466-3396  
Email: janek@gwu.edu

*Fred Krieg  
Sr. Vice President & Clinical Dir.  
Alliance Behavioral Services  
1100-B 9th St.  
Vienna, WV 26105  
Phone: (304) 295-9391   Fax: (304) 295-9401  
Email: fjk@1st.net

Libby Kuffner, Director of Public Policy  
National Association of School Psychologists  
4340 East West Hwy Suite 402  
Bethesda, MA 20814  
Phone: (301) 657-0270   Fax: (301) 657-0275  
Email: lkuffner@nasnweb.org

*last minute schedule conflict prevented attendance
Roger LaJeunesse, School Health Prg. Coord.
Institute for Public Sector Innovation
Edmund Muskie School of Public Service,
University of So. Maine
295 Water St.
Augusta, ME 04330
Phone: (207) 626-5290    Fax: (207) 626-5210
Email: Roger.LaJeunesse@state.me.us

*James Lape, Vice President
Trinitas Hospital
655 E. Jersey Street
Elizabeth, NJ 07208
Phone: 908/965-7060    Fax: 908/965-7457
Email: L15638@bellatlantic.net

*Phil Leaf, Professor
Dept. of Mental Hygiene
Johns Hopkins University,
624 N. Broadway
Baltimore, MD 21205
Phone: (410)955-3962    Fax: (410) 955-9088
Email: pleaf@jhsph.edu

Courtney A. Leyendecker, Program Officer
Center for Psychology in Schools & Education
American Psychological Association
750 1st St., NE
Washington, DC 20002
Phone: (202)336-6129 Fax: (202)336-6130
Email: cleyendecker@apa.org

Cynthia Lim, Program Support Specialist
L.A. Annenberg Metropolitan Project
350 S. Bixel #295
Los Angeles, CA 90017
Phone: (213) 580-8888 x242 Fax: (213) 580-8855
Email: clim@laamp.org

Myrna Mandlawitz, Washington Representative
Government Relations- SSWAA
2800 Quebec St. NW #218
Washington, DC 2008
Phone: 202-686-1637 Fax: 202-686-1637
Email: mandlawitz@erols.com

*Catherine Cross Maple
Director Student Support Services
Albuquerque Public Schools
120 Woodland NW
Albuquerque, NM 87107
Phone: 505/342-7202 Fax: 505/342-7294
Email: maple@aps.edu

Anne Mathews-Younes, Chief
Special Programs Branch
SAMSHA, Center for Mental Health Services
5600 Fishers Lane Rm. 18C-07
Rockville, MD 20857
Phone: (301) 443-0554 Fax: (301) 443-7912
Email: Amathews@SAMHSA.gov

*last minute schedule conflict prevented attendance

Jennifer Matjasko, Director of Communications and Networking, Collaborative to Advance Social Emotional Learning
Dept. of Psychology (m/c 285) WC
1007 W Harrison
Chicago, IL 60607
Phone: (312) 413-9406 Fax: (312) 355-0559
Email: jmatja1@uic.edu

*Sandy McElhaney, Director of Prevention
National Mental Health Association
1021 Prince St.
Alexandria, VA 22314-2971
Phone: (703) 684-7722 Fax: (703) 684-5968
Email: smcelhaney@nmha.org

Donald McKillop, Chair
CSUH / Dept. of Educational Psychology
25800 Carlos Bee Blvd.
Hayward, CA 94542
Phone: 510/885-3013
Email: dmckillo@csuhayward.edu

Paul Meyers, Consultant
CA Dept. of Education
660 J Street, Suite 400
Sacramento, CA 95814-2413
Phone: (916) 445-6773 Fax: (916) 323-6061

*Lisa Murphy
Lennox School District
329 N. Wetherly Dr., Suite 204
Beverly Hills, CA 90211
Phone: (310)273-9700 Fax: (310)234-1944
Email: lm@lennox.k12.ca.us

Perry Nelson, Project Coordinator
UCLA School Mental Health Project / Center for Mental Health in Schools
UCLA- Department of Psychology
P.O. Box 951563
Los Angeles, CA 90095-1563
Phone: 310/825-3634 Fax: 310/206-8716
Email: nelson@psych.ucla.edu

*Rona Novick, Clinical Director
School Mental Health Alliance, Behavioral Health Sciences, NS-LIJ
400 Lakeville Boulevard, Suite 250
New Hyde Park, NY 11042
Phone: (718) 470-8767 Fax: (516) 358-2629
Email: novick@lij.edu
Angela Oddone  
Mental Health Wellness Prog. Coor. 
NEA Health Info. Network  
120A E. Raymond Ave.  
Alexandria, VA 22301-1140  
Phone: 703/519-9899 Fax: 703/739-4070  
Email: aoddoneneahin@cs.com

Diane Oglesby, Senior Project Associate  
Nat. Assoc. of State Directors of Special Education  
King Street station 1,  
1800 Diagonal Rd., ste 320  
Alexandria, VA 22314  
Phone: 703\519-3800 ext. 318 Fax: 703\519-3808  
Email: dianeo@nasdse.org

David Osher, Director  
Center for Effective Collaboration and Practice  
Chesapeake Institute, AIR  
1000 Thomas Jefferson St., N.W. Suite 400  
Washington, DC 20007  
Phone: 202/944-5373 Fax: 202/944-5455  
Email: dosher@air-dc.org

Gayle Porter, Director  
School Based Program  
John Hopkins University  
1235 E. Monument St.  
Baltimore, MD 21202  
Phone: (410)955-3962 Fax: (410) 955-9088

Arlene Prather-O’Kane  
Program Manager  
Black Hawk County Health Dept.  
1407 Independence ave.  
Waterloo, IA 50703  
Phone: 319\291-2661 Fax: 319\291-2659  
Email: prathea1060@uni.edu

Mark Perrin, Chair  
NJ State Mental Health Board  
914 Maple Ave.  
Newton, NJ 07860  
Phone: 973/579-5218  
Email: umperrin@palace.net

Pat Rainey  
Education Programs Consultant  
Healthy Start  
CA. Dept. of Education  
Sacramento, CA 95814  
Phone: 916/657-5484 Fax: 916/657-4611  
Prainey@cde.ca.gov

Gail Reynolds, Administrator  
School Based Services  
University of Medicine & Dentistry of NJ  
University Behavioral Health Care  
100 Metroplex Dr.  
Edison, NJ 08817  
Phone: 732/745-5301 Fax: 732/418-4329  
Email: reynolga@umdnj.edu

Marcia Riggers, Director  
Office of Superintendent of Public Instruction  
PO Box 47200  
Olympia, WA 98504-7200  
Phone: (360) 753-2562 Fax: (360) 664-3575  
Email: mriggers@ospi.wednet.edu

Carrie Rose, IRIS Local Coordinator  
IRIS Initiative  
5321B Gardner Ave.  
Fort Knox, KY 40121  
Phone: 270/352-2289 Fax: 270/352-2296  
Email: carebrad@yahoo.com

Keith Sanders  
Hager Foundation  
408 St. Claire Drive  
Owensboro, Kentucky 42303  
Email: hager@mindspring.com

Marian Scheinholtz, Practice Associate  
American Occupational Therapy Association  
4720 Montgomery Lane  
Bethesda, MD 20814  
Phone: (301)652-2682 Fax: (301)652-7711  
Email: marians@aota.org

Gwen Schiada, Program Specialist  
U.S. Dept. of Education  
Safe and Drug Free Schools Program  
400 Maryland Ave.SW, Room 3E258  
Washington, DC 20007  
Phone: (202) 260-8273 Fax: (202) 260-3748  
Email: Gwen_Schiada@ed.gov

John Schlitt, Exec. Director  
Nat. Assembly of School Based Health Care  
666 11th. St., NW  
Suite 735  
Washington, DC 20005  
Phone: 202/638-5872 Fax: 202/638-5879  
Email: jschlitt@nasbhc.org

Rose Starr, Director  
School Mental Health Policy & Research  
School Mental Health Alliance, Behavioral Health Services NS-LIJ  
400 Lakeville Road, Suite 250  
New Hyde Park, NY 11042  
Phone: (718) 470-4002 Fax: (516) 358-2629  
Email: starr@lij.edu

Suzanne Silverstein, Outreach Coordinator  
Cedar Sinai Medical Center / Psychological Trauma Center  
8730 Alden Dr, Rm. E228  
Los Angeles, CA 90048  
Phone: 310/423-3541 Fax: 310/423-0114  
Email: suzanne.silverstein@cshc.org

*last minute schedule conflict prevented attendance
Darcy Steinberg  
Director, Adolescent & School Health Policy  
Assoc. of State and Terr. Health Officials  
1275 K St., NW Suite 800  
Washington, DC 20005  
Phone: (202) 371-9090 / Fax: (202) 371-9797  
E-mail: dsteinberg@astho.org

Laurel Stine, Director of Federal Relations  
Bazelon Center for Mental Health Law  
1101 15th St. NW Ste.1212  
Washington, DC 20005  
Phone: (202) 467-5730    Fax: (202) 223-0409  
Email: laurels@bazelon.org

Larry Sullivan, Director  
Safe Schools/Healthy Students Action Center  
National Mental Health Association  
1021 Prince St.  
Alexandria, VA 22314-2971  
Phone: (703) 684-7722 Fax: (703) 684-5968  
Email: lsullivan@nmha.org

Ronda Talley, Director  
Partnership for School Improvement  
3204 Goose Creek Rd.  
Louisville, KY 40241  
Phone: 502/386-1121  
Email: talleyrc@aol.com

*Judith Tarlo  
Director of Pupil Personnel Services  
NYC BOE  
110 Livingston St.  
Brooklyn, NY 11201  
Phone: 718/ 935-3415 Fax: 718/ 935-5489  
Email: jtarlo@nycboe.net

Linda Taylor, Co-Director  
UCLA School Mental Health Project / Center for  
Mental Health in Schools  
UCLA- Department of Psychology  
P.O. Box 951563  
Los Angeles, CA 90095-1563  
Phone: 310/825-3634  Fax: 310/206-8716  
Email: adelman@ucla.edu

*Charlene Vega, Pupil Support Services Officer  
Chicago Public Schools  
125 S. Clark St.- 8th Floor  
Chicago, IL 60603  
Phone: 773/553-1880 Fax: 773/553-1881  
Email: cvega@csc.cps.k12.il.us

*Marcy Viboch, Director  
Child Youth Program Development  
The Guidance Center  
START Program/Port Chester Middle School  
Bowman Ave.  
Port Chester, NY 10573  
Phone: (914) 935-0919 Fax: (914) 674-2847  
Email: mviboch@aol.com

*last minute schedule conflict prevented attendance

Alan Vietze, Director  
Mental Health Children's Services  
Middlesex County Department of Mental Health and Children's Services  
Middlesex County Administration Bldg., 5th flr  
1 JFK Square  
New Brunswick, NJ 08901  
Phone: (732) 246-5562 Fax: (732) 246-5644  
Email: amv801@aol.com

*Mary E. Walsh, Professor of Counseling  
Psychology & Director, Center for Child, Family and Community Partnerships  
Boston College School of Education  
Campanion Hill, 140 Commonwealth Ave  
Chesnut Hill, MA 02467-3813  
Phone: 617-552-8973 Fax: 617-552-1981  
Email: mary.walsh.1@bc.edu

*Debra Wentz, Exec. Dir.  
NJ Assoc. of Mental Health Agencies  
2329 Route 34  
Manasquan, NJ 08736  
Phone: 732/528-0900 Fax: 732/528-0921  
Email: dwentz@njmha.org

Peter Whelley, School Psychologist  
National Association of School Psychologists and  
Moultonborough Schools  
P.O. Box 500  
Moultonborough, NH 03254  
Phone: (603) 476-5535  Fax: (603) 476-8009  
Email: ptw@mail.moultonborough.k12.nh.us

George Williams, Board Member  
Dallas Public Schools  
3700 Ross Ave.  
Dallas, TX 75204

*Marlene Wilson  
Lennox School District  
10319 Firmona Avenue  
Lennox, CA 90304  
Phone: (310) 330-4950  
Email: mw@lennox.k12.ca.usrg.

Jennifer Wood, Senior Director  
Prevention & Children's MH Services  
National Mental Health Association  
1021 Prince St.  
Alexandria, VA 22313  
Phone: 703/838-7523  
Email: jwood@nmha.org

Darren Woodruff, Research Analyst  
Center for Effective Collaboration & Practice  
1000 Thomas Jefferson St., NW  
Washington, DC 20007  
Phone: 944-5378 Fax: 202/944-5455  
Email: dwoodruff@air.org
Others Not Able to Attend but Indicating Interest

Carol Chambers Clark, Director
Wellness Resources
3451 Central Ave.
St. Petersburg, FL 33713
Phone: 727/322-0841  Fax: 727/322-0841
Email: cccwellness@earthlink.net

Debra Davidson, Asst. Prof.
Maryville University
13550 Conway Rd.
St. Louis, MO 63141
Phone: 314/529-9533  Fax: 314/529-9191
Email: davidson@maryville.edu

Judith Kleinberg, Manager
Interagency Partnerships
New York State Education Dept.
One Commerce Plaza, 16th Floor
Albany, NY 12234
Phone: 578/474-1658  Fax: 578/486-4154
jkleinbe@mail.nysed.gov

Judith Leever, Coordinator
State Wide School Health Services
New York State Education Dept.
43 Turner Dr.
Spencerport, NY 14559
Phone: 716/349-7630  Fax: 716/9131
Email: jleeve@monroe2boces.org

Chris McElroy, Program Administrator
Partnerships in Learning
Washington State Education Agency
P.O. Box 47200 Old Capitol Bldg.
Olympia, WA 98504
Phone: 360/753-6760  Fax: 360/664-3575
Email: cmcelroy@osp.i.webnet.edu

Trina Osher, Coordinator
Policy & Research
Federation of Families for Children's MH
1021 Prince St.
Alexandria, VA 22314
Phone: 703/684-7710  Fax: 703/836-1040
tosher@lx.netcom.com

Beverly Phillips, Coordinator
Commonwealth Process
I.R.I.S
100 Fair Oaks
Frankfurt, KY 40621
Phone: 502/564-7610  Fax: 502/564-9010
Email: blphillips@mail.state.ky.us

Bruce Simons-Morton, Chief
Prevention Research Branch
Despr, NICHD
6100 Executive Blvd.
Bethesda, MD 20892-7510
Phone: 301/496-5674  Fax: 301/402-2084
Email: bruce_simons-morton@NIH.gov

Marcel Soriano, Professor
Dept. of Education
California State University, Los Angeles
5151 State University Dr.
Los Angeles, CA 90032
Phone: 323/343-4255  Fax: 323/343-4252
Email: msorian@calstatela.edu

Karen Stern, Program Manager
Res. & Program Development Division
Office of Juvenile Justice and Delinquency Prev.
810 7th Street, NW
Washington, DC 20531
Phone: 202/514-9395  Fax: 202/353-9096
Email: sternk@ojp.usdoj.gov

Mark Weist, Director
Center for Mental Health Assistance
UMB Dept. of Psychiatry
645 West Redwood St.
Baltimore, MD 21201-1549
Phone: 410/328-6364  Fax: 410/328-1749
Email: mwesit@umpsy.umaryland.edu
Appendix B

Differentiating Two Complementary Initiatives
Broaden the Infrastructure for Enhancing Policy

A Coalition for Policy Cohesion in Addressing
Barriers to Development & Learning

PURPOSE:
This is a broad-based, policy-oriented coalition of organizations who have a stake in addressing barriers to development, learning, and teaching, as well as concern for promoting healthy development. The Coalition’s aim is to stimulate strategic efforts to foster policy integration and close policy gaps as ways to deal with the marginalization and fragmentation that dominates a great deal of prevailing practice.

WHO PARTICIPATES?
Representatives of any organization whose work in some way includes a focus on addressing barriers and promoting healthy development.

INFORMATION ON CURRENT ACTIVITY & ON BECOMING A PARTICIPANT:
Currently, the Coalition is facilitated by the Center for MH in Schools at UCLA.

Current organizational and legislative proposals are on the internet at:
http://smhp.psych.ucla.edu
(on the Contents page, find Center Hosted Sites and click on Coalition)
OR
Contact: Center for MH in Schools
Ph: 310/825-3634

A Policy Leadership Cadre for MH in Schools

PURPOSE:
To expand, link, and build the capacity of the pool of persons who provide policy leadership for MH in schools at national, state, regional, and local levels. Such leadership includes a policy focus on promoting social-emotional development and preventing psychosocial and MH problems, as well as policies related to treatment of mental illness.

WHO PARTICIPATES?
Any individual willing to play a leadership role in (a) keeping up-to-date with respect to policy for MH in schools and (b) helping to inform, mobilize, support, and enhance the capability of others.

INFORMATION ON CURRENT ACTIVITY & ON BECOMING A PARTICIPANT:
Currently, the Cadre is facilitated by the Center for MH in Schools at UCLA.

Current proposals for mapping initiatives and guidelines are on the internet at:
http://smhp.psych.ucla.edu
(on the Contents page, find Center Hosted Sites and click on Policy Leadership Cadre)
OR
Contact: Center for MH in Schools
Ph: 310/825-3634
Appendix C

Policy Academies
ON DEVELOPING SYSTEMS OF CARE
FOR CHILDREN WITH MENTAL HEALTH NEEDS AND THEIR FAMILIES

New Opportunities for Improving the Lives of Children and Families!

Across the country, a quiet revolution is occurring in which states and communities are building comprehensive, coordinated, community-based, and culturally competent systems of care for children and their families. This quiet revolution is evidenced by new partnerships among agencies, private organizations, the business and faith communities, service providers, and families. The partnerships are being built to ensure that children and families with complex needs access the services and supports necessary to be successful in their school and in their communities. As California Senator Cathie Wright stated, “We’ve supported and funded Systems of Care in nearly 40 of the 58 counties in the State of California for three obvious reasons: our children are getting better; the families are satisfied with the results; and it is cost effective when compared with the old way of doing business.”

The Child, Adolescent, and Family Branch of the federal Center for Mental Health Services asked and provided funding support to the National Technical Assistance Center for Children's Mental Health at Georgetown University to coordinate a series of Policy Academies on Developing Systems of Care for Children With, or At Risk of, Emotional and Behavioral Disorders and Their Families. The first was held December 8-10, 1999 in historic Annapolis, Maryland. Five states (Kentucky, New Jersey, South Carolina, Oregon, and Utah) and the jurisdiction of Guam had the opportunity to conceptualize their vision and implement a major mental health policy to enhance community services and supports for children with, or at risk of, mental health disorders and for their families.

The Policy Academies are an exciting opportunity for states/federally recognized tribes/territories that are thinking about new policy initiatives to enhance community services and supports for children with, or at risk of, emotional and behavioral disorders and their families. Participants are part of a unique process designed to support a team of leaders in implementing their vision for improving services for children with mental health problems and their families. These state/federally recognized tribe/territory teams receive support and technical assistance to aid in conceptualizing, designing, and implementing their initiatives.

Process of Application and Purpose of the Policy Academies

Letters of invitation are sent to all governors or the highest official in the jurisdiction. For the first year, 13 states and 2 territories responded to the initial invitation and 6 were selected through a review process by representatives from several national organizations endorsing the Policy Academies. Delegations selected to participate in the first academy in December were asked to send individuals who would be essential to successfully implementing the proposed child mental health policy initiative. The number of members in each delegation that participated ranged from 8-14. Delegates included representatives of the governor’s office, cabinet secretaries, human services and budget agency directors and key staff, state legislators and key staff; family organizations, and advocates.
The Policy Academies are designed for states/federally recognized tribes/territories that are considering new policy initiatives in this area and who would like assistance from experts in further conceptualizing, designing, and implementing their visions and agendas. The purpose of the Policy Academy process is to assist states/jurisdictions to accomplish the following goals:

1. To define concrete objectives for a major child mental health policy initiative, such as
   - establishing cross-agency collaboration and financing for community services,
   - putting in place local administrative and direct services coordinating structures,
   - instituting family involvement in policy and direct services,
   - developing culturally competent local service systems, and
   - developing criteria and steps for program evaluation

2. To define a specific policy strategy such as legislation, an executive order, regulations, or memoranda of understanding that will accomplish the identified objectives

3. To strategize the next steps for gaining the consensus required to support and move the proposed child policy initiative throughout governmental processes;

4. To form partnerships to facilitate the successful implementation of the policy initiative.

Process: A Three-Pronged Approach

The Policy Academy process was designed to be more than just a single meeting. Participants receive technical assistance prior to the three-day academies. Technical support includes assisting delegations in conducting self-assessments of opportunities and challenges for a major policy initiative, clarifying a specific child mental health policy objective, identifying key stakeholders, and planning for participation at the meeting. During the academies, participants engage in plenary sessions and seminars provided by resource persons and individual delegation meetings, facilitated by knowledgeable persons to develop an action plan for follow-up.

After the academy, delegations receive follow-up technical support for a year to assist in implementing the child mental health policy that they have planned.

It is anticipated that over the next five years, with continued support from the federal Center for Mental Health Services, at least three other Policy Academies and an Alumni meeting will be designed and conducted by the National Technical Assistance Center for additional states, federally recognized tribes, and territories to assist them in the development of new child mental health policies for children and families.

Additional Information

For further information on the Policy Academies please contact

Joan Dodge, Ph.D., Senior Policy Associate
National Technical Assistance Center for Children's Mental Health
Georgetown University Child Development Center
3307 M Street, NW Suite 401
Washington, DC 20007-3935
(202) 687-5000
dodgej @gunet. georgetown. edu
Appendix D

*Activity Related to Linking School Mental Health Providers*

**Linking School Mental Health Providers**

Many *line staff* are struggling with new expectations for coordination and collaboration. Even when they see the benefits of collaboration for children and families, their training and professional affiliations often provide too few venues for interdisciplinary interactions. Clearly, there is a need for enhancing interdisciplinary connections in ways that facilitate communication, coordination, and integrated action among school mental health providers.

With this in mind, as the American School Health Association (ASHA) initiated its new section for *Social & Mental Health Professionals*, there was immediate discussion regarding how this new group would interface with other school practitioner oriented groups. The first contact was made with the *Mental Health Section* of the National Assembly for School-Based Health Care (NASBHC). Other outreach is being directed at various pupil service organizations.

At this point, the leadership of the school mental health sections in ASHA and NASBHC are seeking ideas for strengthening the connection between the members of their sections and reaching out to other school service providers. Also, the sections are interested in how to link effectively to federal, state, and local government agencies concerned with enhancing mental health in schools and increasing collaborative efforts, as well as with organizations providing relevant training and technical assistance.

*Why an increasing focus on linkages and coalitions is needed.*

(1) To reduce fragmented efforts and unnecessary redundancy in activity.

(2) To enhance the priority given to MH in Schools in policy, practice, research, and training.

(3) To provide mechanisms where issues related to role and turf can be addressed.

*What’s been tried and what’s being done currently?*

National Alliance of Pupil Services Organizations -- NAPSO

Multidisciplinary associations (e.g., American School Health Assoc., National Assembly for School-Based Health Care, American Orthopsychiatry Assoc.)

Multidisciplinary conferences and workshops (e.g., as offered by Center for School Mental Health Assistance, National Assembly for School-Based Health Care, American Orthopsychiatric Association, Center for Mental Health in Schools)

Organizing strategic organizational partners (e.g., Center for Effective Collaboration and Practice)

Organizing collaboratives (e.g., Collaborative to Advance Social Emotional Learning)

Interagency funding initiatives (e.g., Safe Schools/Healthy Students)

*What’s Next and What Can Policy Leaders for MH in Schools Do to Help?*

Some ideas that have been generated as first steps for enhancing interdisciplinary communication among those working every day in schools include putting information regarding multidisciplinary activity in newsletters, on websites, on listservs, and encouraging inclusion of this focus at conferences, etc.

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APPENDIX E

Draft Outline for Developing Guidelines for Mental Health in Schools

This is a working draft from the Expert Panel #3 for the National Guidelines Project on Health, MH, & Safety in Schools – a project of the American Academy of Pediatrics and the National Association of School Nurses (with funding from HRSA). This draft is not for circulation as a final product; feedback is welcome and should be sent to panel chair Howard Adelman at UCLA.

3. MENTAL HEALTH IN SCHOOLS -- Counseling, Psychology, and Social Service Programs

3.1 General Areas for Intervention in Addressing Student Needs

3.1.1 Promoting academic success and healthy cognitive, social, and emotional development and resilience
   (including promoting opportunities and protective factors; fostering development of assets and general wellness)

3.1.2 Addressing barriers to student learning and performance
   (including educational and psychosocial problems, external stressors, psychological disorders)

3.1.3 Providing social/emotional support for students, families, staff

3.2 General Nature of Student Needs that Should Be Addressed

3.2.1 Common educational and psychosocial problems
   (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity)

3.2.2 External stressors
   (e.g., reactions to objective or perceived stress/demands/crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)

3.2.3 Disorders
   (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; PTSD; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

3.2.4 Areas for promoting academic success and healthy cognitive, social, and emotional development and resilience
   (e.g., school performance; responsibility and integrity; self-efficacy; social and working relationships; self-evaluation and self-direction; temperament; personal safety and safe behavior; health maintenance; effective physical functioning; careers and life roles; creativity)

3.3 Type of Functions Provided related to Individuals, Groups, Families

3.3.1 Assessment for first level screening of problems, diagnosis, and intervention planning

3.3.2 Referral, triage, and monitoring/management of care

3.3.3 Direct services and instruction
   (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer-term treatment, remediation, and rehabilitation)

(continued)
3. MH IN SCHOOLS -- Counseling, Psychology, and Social Service Programs

3.3.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems -- toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services
3.3.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
3.3.6 Enhancing connections with and involvement of home and community resources

3.3 Timing of Intervention

3.3.1 Primary prevention
3.3.2 Early-after-onset
3.3.3 After the problem has become chronic

3.4 Assuring Quality of Intervention

3.4.1 Stakeholders participate in clarifying needs, activity, and use of resources
3.4.2 Programs and services constitute a comprehensive, multifaceted continuum
3.4.3 Interveners have appropriate knowledge and skills for their roles and functions
3.4.4 School-owned programs and services are coordinated and integrated
3.4.5 School-owned programs and services are connected to home & community resources
3.4.6 Programs and services are integrated with instructional and governance/management components at schools
3.4.7 Program/services are available, accessible, and attractive
3.4.8 Empirically-supported interventions are used when applicable
3.4.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
3.4.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)
3.4.11 Ethical issues are appropriately accounted for (e.g., privacy and confidentiality; coercion)
3.4.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)
3.4.13 Systems and interventions are monitored and improved as necessary
3.4.14 Continuing professional development is provided

3.5 Outcome Evaluation and Accountability

3.5.1 Short-term outcome evaluation
3.5.2 Long-term outcome evaluation
Surfin’ for Funds

Sources of Initiatives Relevant to Mental Health in Schools

Those working in the best interests of youngsters always are on the look out for funding opportunities. The picture is constantly changing. We have moved into an era of creative financing. Fortunately, the Internet now provides a major tool for identifying many funding opportunities and offers access to helpful documents and organizations that share expertise related to relevant financial strategies.

This document is meant to help as you use the Internet to learn about what is available at the moment. It is meant to be a general do-it-yourself aid and as a supplement to seeking specific technical assistance from centers such as ours. (If you are not personally connected to the Internet, hopefully you have access through your work site, local libraries, or a friend.)

I. Accessing Information through Sites Compiling Information on Funding Opportunities

Catalog of Federal Domestic Assistance – http://www.cfda.gov/
The Catalog of Federal Domestic Assistance is a government-wide compendium of Federal programs, projects, services, and activities which provide assistance or benefits to the American public. It details every federal grant, including description, eligibility, deadlines, and award procedures. It contains financial and nonfinancial assistance programs administered by departments and establishments of the Federal government. To directly do an online search, go to -- http://www.cfda.gov/public/faprs.asp -- The catalogue can be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington D. C. 20402, 202-512-1800.

The Federal Register is the “main” resource listing federal funding opportunities. It is published Monday through Friday, except Federal holidays. The current year’s Federal Register database is updated daily by 6 a.m. Documents are available as ASCII text and Adobe Acrobat Portable Document Format (PDF) files.

Notices of Funding Availability – http://ocd.usda.gov/nofa.htm
Notices of Funding Availability (NOFAs) are announcements that appear in the Federal Register, printed each business day by the United States government, inviting applications for Federal grant programs. This page allows you to generate a customized listing of NOFAs.

The Co-directors of the School Mental Health Project at UCLA and its Center for Mental Health in Schools are Howard Adelman and Linda Taylor. Support comes in part from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health.
School Health Program Finance Project Database – http://www2.cdc.gov/nccdphp/shpfp/index.asp
Designed to share with staff in local school districts practical information about how they can acquire funds for developing and improving various components of school health programs. SHPFP staff 1) compiles and organizes information about funding sources, including information about eligibility and application requirements; 2) tracks and updates changes in funding availability, legislation, and administrative regulations that may change these sources and requirements; 3) makes such information accessible to relevant organizations and individuals through electronic online information channels; 4) works with relevant organizations to help national, state, and local staff learn how to use the information; and 5) publishes reports about the evolving availability and nature of the diverse funding sources. The School Health Program Finance Project searchable database contains information on federal, foundation, and state-specific funding sources for school health programs.

TENET's Educational Grant Programs Webpage –http://www.tenet.edu/announce/grant.html#Fed
Provides a sampling of major federal education grant programs with links to specific agencies.

School Grants – http://www.schoolgrants.org/grant_opps.htm
Posts all types of grants for schools, teachers, and students. Provides links to federal and state agencies and foundations (http://www.schoolgrants.org/Links/links.htm)

The Finance Project – http://www.financeproject.org
The Finance Project is a national initiative to create knowledge and share information that will lead to the improved well-being of children, families, and communities. The Finance Project develops working papers and other tools and products, convenes meetings, roundtables, and forums, and conducts technical assistance activities. Their website lists New Initiatives and Project Descriptions and publications & resources such as: Federal Financing Issues and Options; State & Local Financing Issues and Options; Financing Comprehensive, Community-based Supports, and Services; Results-based Planning, Budgeting, Management, and Accountability Issues; Financing Early Childhood Supports and Services; School Finance Issues The Finance Project also hosts the Welfare Information Network, a valuable source of information regarding welfare, income security, and welfare to work programs – http://www.welfareinfo.org/

The Foundation Center – http://fdncenter.org/
The mission of the Foundation Center is to foster public understanding of the foundation field by collecting, organizing, analyzing, and disseminating information on foundations, corporate giving, and related subjects. It publishes the Philanthropy News Digest, a weekly listing of requests for proposals (RFPs) from U.S. grantmakers. (See -- http://fdncenter.org/pnd/current/index.html)

GrantsWeb is a starting point for accessing grants-related information and resources on the Internet. GrantsWeb organizes links to grants-related Internet sites and resources, including funding opportunities, grants data bases, policy developments, and professional activities. GrantsWeb is in the early stages of development.

American Psychological Association
http://www.apa.org?
Go to Search; type in Grants. Provides a useful summary listing of many funding opportunities.
II. Major Public Funding Agencies

Department of Health & Human Services
http://www.dhhs.gov/progorg/

The simplest way to check for grants in the various agencies of this Department is to go to the Catalog of Federal Administrative Assistance as listed in the previous section of this document – www.cfda.gov/. Alternatively, go to the Department’s web address and click on the agency you want to check out (e.g., Administration for Children and Families -- ACF, Centers for Disease Control and Prevention -- CDC, Health Resources and Services Administration -- HRSA; National Institutes for Health -- NIH; Substance Abuse and Mental Health Services Administration -- SAMHSA. Once at the site, you can go to the Grants pages and find out about agency grants, including what the various units are offering.

For example:
On SAMHSA’s grant page (http://www.samhsa.gov/GRANT/gfa_kda.htm), you will find information on grants from the Center for Mental Health Services, the Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment.
On HRSA’s grant page (http://www.hrsa.dhhs.gov/grantsf.htm), you will find information on grants the Bureau of Primary Health Care, the Bureau of Health Professions, Bureau of Maternal and Child Health and the HIV/AIDS Bureau.
On NIMH’s grant page (http://www.nimh.nih.gov/grants/grants/), you will find program announcements and requests for application.
On NIDA’s funding page (http://165.112.78.61/Funding.html), you will find announcements.
On NIAAA’s grant page (http://silk.nih.gov/silk/niaaa1/grants/grants.htm), you will find program announcements, requests for applications and other relevant information.

Examples of types of relevant grant opportunities the DHHS has funded recently include:
> Comprehensive Community Mental Health Services for Children with SED
> Conference Grants Program
> Homeless Families Program
> Community Action Grants for Service Systems Change,
> National Training and Technical Assistance Center for Children
> Violence Prevention/Resilience Development -- School and Community Action Grants
> Violence Prevention Coordinating Center
> Community-Initiated Prevention Interventions
> Family Strengthening
> Substance Abuse Prevention/HIV Care
> Adolescent Treatment Models
> Targeted Capacity Expansion Program
> Community Action Grants
> Practice/Research Collaboratives
> Comprehensive Community Treatment Program for the Development of New and Useful Knowledge
> National Training Institute for Child Care Health Consultants
> National Resource Center for Health and Safety in Child Care
> Adolescent Health Center for State Maternal and Child Health Personnel
> Maternal and Child Health Provider Partnerships
> Community Organization Grants (COG) Program
> Interagency -- with Departments of Justice and Education – http://www.ed.gov/offices/OESE/SDFS
  Safe Schools/Healthy Students Initiative
  School Violence Prevention and Early Childhood Development Activities

Health Care Financing Administration (HCFA),
http://www.hcfa.gov/

Provides general information on service funding related to Medicaid/EPSDT and the State Children’s Health Insurance Program (SCHIP). Specific information can be found on each state’s website, which can be accessed via the U.S. State & Local Gateway – http://www.statelocal.gov/
Department of Education – [http://www.ed.gov/GrantApps](http://www.ed.gov/GrantApps)

The simplest way to check for grants in the various units of DOE is to go to the site listed above or go to [http://www.ed.gov/funding.html](http://www.ed.gov/funding.html) or to the Catalog of Federal Administrative Assistance as listed in the previous section of this document – [www.cfda.gov/](http://www.cfda.gov/). Another quick option related to the most recent application notices is to go to Federal Register ED Announcements – [http://gcs.ed.gov/fedreg/announce.htm](http://gcs.ed.gov/fedreg/announce.htm)

Examples of types of relevant grant opportunities the DOE has or may fund include:

- Alternative Strategies: Grants to Reduce Student Suspensions and Expulsions, and Ensure Educational Progress of Suspended and Expelled Students
- Neglected and Delinquent/High Risk Youth Program
- Even Start Statewide Family Literacy Initiative Grants
- 21st Century Community Learning Centers Program
- Parental responsibility/Early Intervention Resource Centers
- Teacher Quality Enhancement Grants
- Character Education
- Emergency Immigrant Education Program
- Goals 2000 Comprehensive Local Reform Assistance Program
- Developing Hispanic Serving Institutions Program
- Linking Policy and Practice Audiences to the 1997 Amendments of IDEA
- State and Federal Policy Forum for Program Improvement
- Center on Achieving Results in Education for Students with Disabilities (special educ.)
- Rehabilitation Short-Term Training (special educ.)
- Centers for Independent Living (special educ.)
- Special Demonstration Programs (special educ.)
- Community Parent Resource Centers (special educ.)
- Elementary School Counseling Demonstration
- Middle School Drug Prevention and School Safety Program Coordinators
- State Grants for Incarcerated Youth Offenders
- Civic Education
- Systems-Change Projects To Expand Employment Opportunities for Individuals With Mental or Physical Disabilities, or Both, Who Receive Public Support
- Safe and Drug-Free Schools

### Note:

Opportunities exist to transfer a percentage of various federal grants to enable better outcomes related to the intent of the grant. For example, Title XI of the Improving Americas Schools Act of 1994 allows school districts, schools, and consortia of schools to use up to 5% of their ESEA funds to develop, implement, or expand efforts to coordinate services. A similar provision was included in the reauthorization of IDEA. And with respect to social services block grants, there is a provision that allows each State to transfer up to 10% of its allotment for any fiscal year to preventive health and health services, alcohol and drug abuse, mental health services, maternal and child health services, and low-income energy assistance block grants in order to enable the State to furnish social services best suited to the needs of individuals residing in the State.

Office of Juvenile Justice and Delinquency Prevention (OJJDP), Department of Justice – [http://ojjdp.ncjrs.org](http://ojjdp.ncjrs.org)

See OJJDP website for Notice of Comprehensive Program Plan for Fiscal Year 2000

Examples of types of relevant grant opportunities in which the Department of Justice is or has been involved:

- Mental Health and Juvenile Justice: Building a Model for Effective Service Delivery
- Fiscal Year 2000 Missing and Exploited Children's Program

- Safe Schools/Healthy Students Initiative
- School Violence Prevention and Early Childhood Development Activities

This site also offers a gateway to other Department of Justice and federal agency funding opportunities (i.e., Education, Health and Human Services, Housing and Urban Development, Interior, Labor, Transportation) – [http://ojjdp.ncjrs.org/grants/otherag.html](http://ojjdp.ncjrs.org/grants/otherag.html)


Use search engine to find information on School to Work Grants.

Also, see the Catalog of federal Domestic Assistance for information on the Department of Labor’s Youth Services Delivery Systems program focused on youth who are or have been under criminal justice supervision.
### III. Foundations


### IV. A Few Other Resources with Relevant Summaries, Reports, and Analyses

**School Health Finance Project of the National Conference of State Legislatures**
*(funded by DASH, CDC)*

Summary of surveys of states and territories focused on gathering information on block grant and state support for school health programs. The data collected are designed to identify the sources for school health funding and the procedures required to access funds in each state. The databases provide information about how states and territories use federal and state funds for school health programs and can be used to develop and improve school health programs. The block grant survey collects information about how states use six specific federal block grants to fund school health programs (i.e., *the Community Mental Health Services Block Grant, Community Prevention Grants, Community Services Block Grant, Maternal and Child Health Services Block Grant, Preventive Health and Services Block Grant, Substance Abuse Prevention and Treatment Block Grant, Safe and Drug-Free Schools and Communities Block Grant*). The state revenue survey collects information about how states appropriate state general revenue for school health programs (structured around the eight components of the CDC Coordinated School Health Program model).

**The Future of Children**
[http://www.futureofchildren.org/sch/index.htm](http://www.futureofchildren.org/sch/index.htm)

The Winter 1997 edition of the Future of Children journal (V. 7, No. 3) dealt with *Financing Schools*. It is available for downloading in PDF form with Adobe Acrobat. The articles titles are:

- Financing Schools: Analysis and Recommendations
- School Finance: Fifty Years of Expansion
- Sources of Funding for Schools
- How and Where the Education Dollar Is Spent
- Equity and Adequacy in School Funding
- School Finance Policy and Students' Opportunities to Learn: Kentucky's Experience
- Considering Nontraditional Alternatives: Charters, Private Contracts, and Vouchers

**Making the Grade**
[http://www.gwu.edu/~mtg/sbhcs/financing.htm](http://www.gwu.edu/~mtg/sbhcs/financing.htm)

Focuses on financing issues related to School-Based Health Centers. The following papers can be accessed through the above Website.

- Issues in Financing School-Based Health Centers: A Guide for State Officials
- Medicaid, Managed Care, and School-Based Health Centers:
- Proceedings of a Meeting with Policy Makers and Providers
- The New Child Health Insurance Expansion
- Nine State Strategies - Executive Summary
- School Health Centers and Managed Care: Seven School-Based Health Center Programs
  - Forge New Relationships
V. Accessing Information Through Our Center

Whenever we learn about funding opportunities, we cite them in our monthly electronic news and, as appropriate, in our quarterly newsletter. These documents, then, are added to our website for ongoing access. In addition, as we become aware of reports and other documents that discuss sources, explore issues, and provide analyses, we add these to our Center Clearinghouse and reference them in documents we produce to provide overviews on different topics such as financial strategies. You can easily find what we have by using the search features on our Website.

You should begin with a Quick Find Search. This type of search yields basic information on specific topics for which we receive frequent requests, such as “Financing and Funding.” To do a Quick Find search, go to the site http://smhp.psych.ucla.edu/ and click on Search, you will see the Quick Find section and a place to “Select a response to a frequent request.” Since you are interested in funding opportunities, find the topic “Financing and Funding” and hit “go.” It will provide you a list of resources you may find useful, and when you scroll down, you will find a list of agencies and Website links which you can then access.

VI. Accessing Information Through Our Sister Center

Additional resources on funding strategies and related technical assistance are available from our sister center: Center for School Mental Health Assistance (CSMHA) at the University of Maryland at Baltimore. http://csmha.ab.umd.edu

A Final Note: In the spirit of creative financing, it is important to think in term of collaborative partnerships. One type of partnership involves seeking funds with University colleagues. This opens up access to a variety of research funds and strengthens applications for programs that involve a major evaluative component.
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• School Reform


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Kretzmann, J., & McKnight, J. (1993). Building communities from the inside out: A path toward finding and mobilizing a community’s assets. Chicago: ACTA Publications.


- Schools and Health


• **Interprofessional and Cross-Training**


• **Systemic Change**


• **Prevention of Youngsters' Problems**


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**Evaluation**


