

Applying a Public Health Paradigm to Mental Health Prevention and Intervention in Schools: From Policy to Implementation

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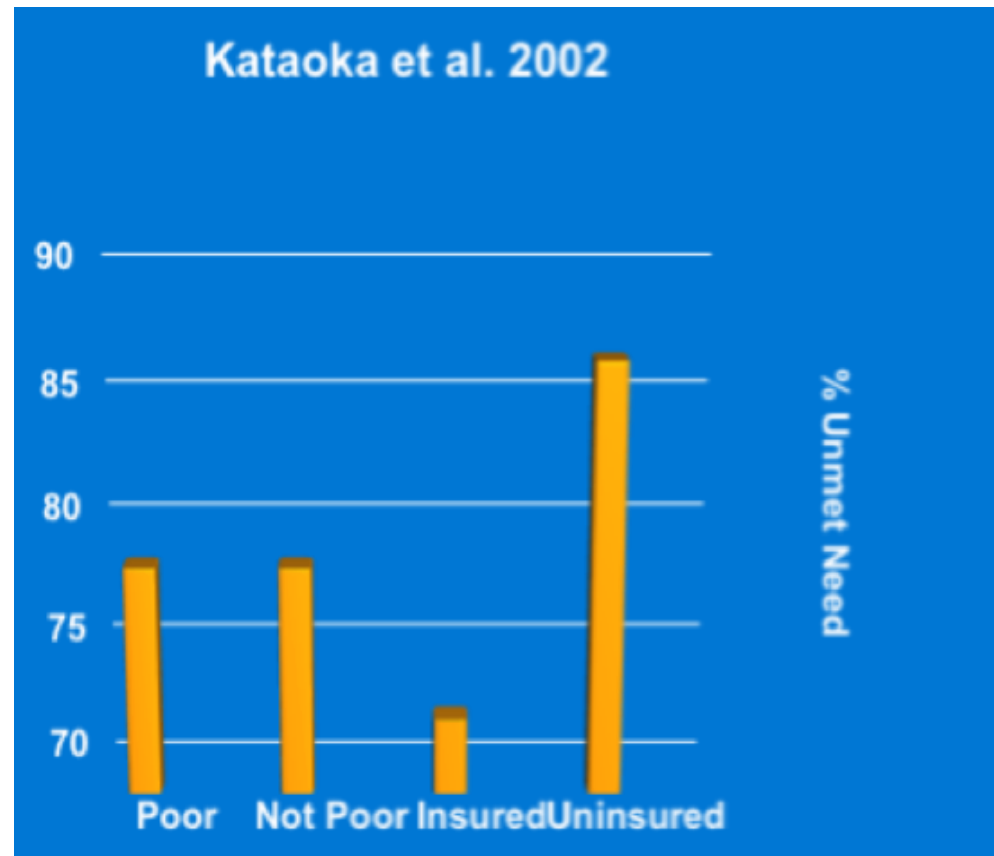
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7.5 Million U.S. Children with Unmet MH Need

- 6% to 7.5% U.S. children received MH services in 1997
- Only 21% of children in need received services within year
- Uninsured especially vulnerable
- Courtesy of Tara Mehta, Ph.D. University of Illinois-Chicago



Why Behavioral Health in Schools?

Academic Perspective

- Impacts school environment and culture
 - Increases safety and security
 - Increases engagement
 - Improves teacher retention
- Improves grades, attendance and behavior of students (key metrics for school evaluation)
- Develops competencies necessary for success post-secondary (college and workforce development)

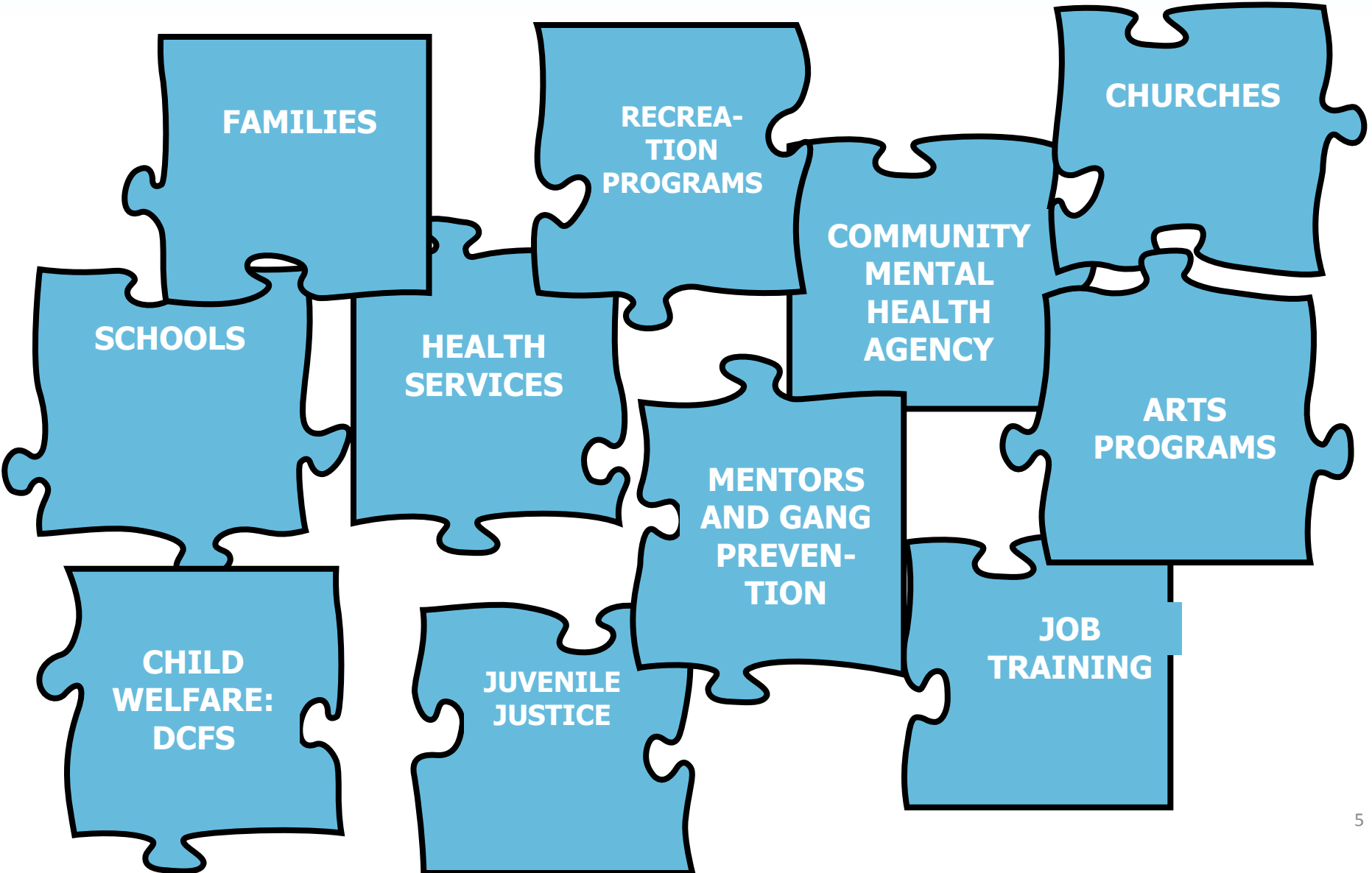
Mental Health Perspective

- Prevention and early intervention
- Decreases stigma
- Overcomes barriers of access including travel/insurance/need for parent engagement and access during the day
- Group intervention a more normative social situation
- Specific skills-based therapies fits well in a school setting aimed at promoting resilience and success

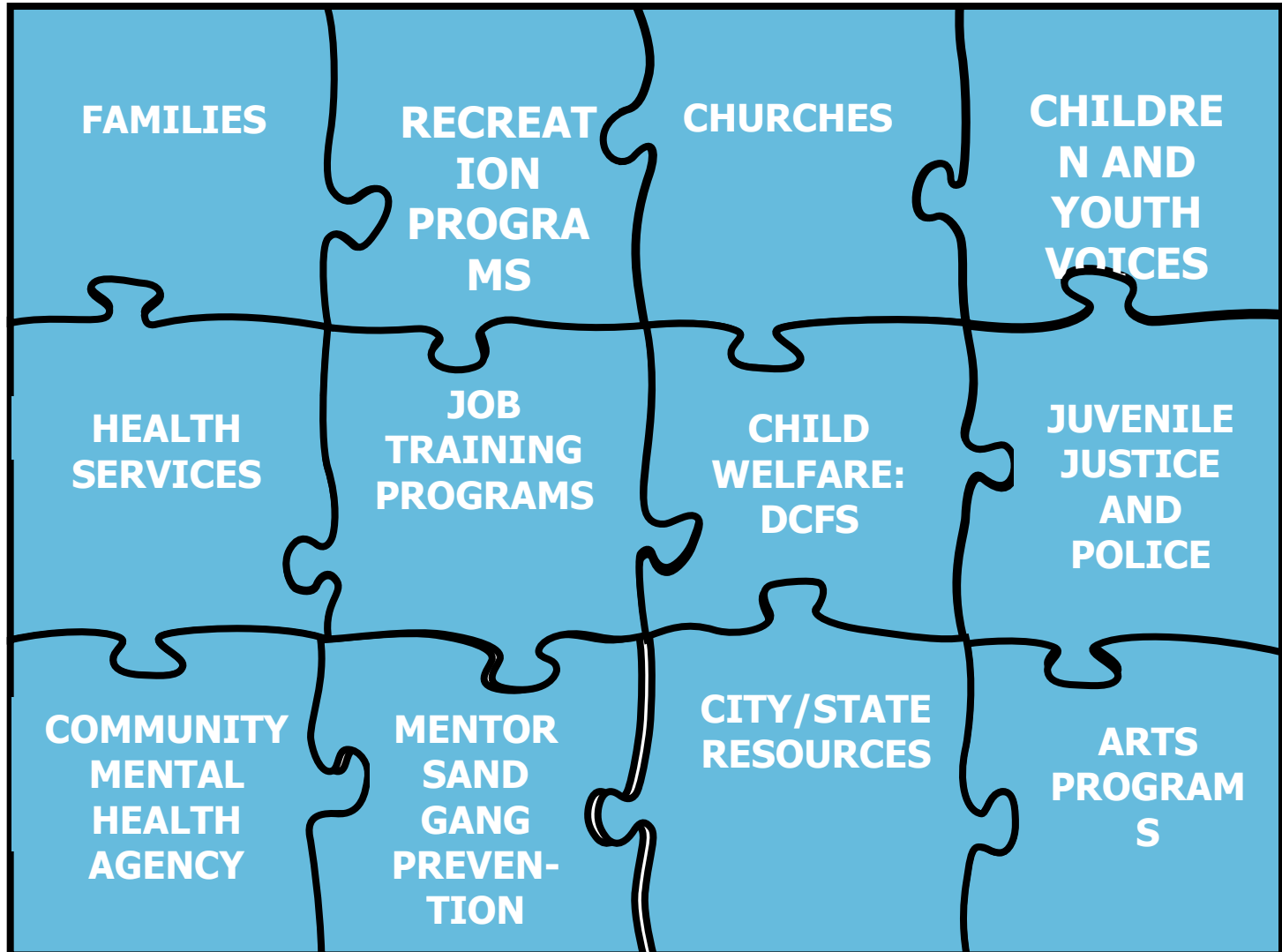
Illinois Children's Mental Health Act Illinois, 2003

- Develop plan to provide comprehensive, coordinated mental health services for children and adolescents throughout the state
- School Districts must develop/implement plans:
 - Instruction in social-emotional skills
 - Response to children with social, emotional, or mental health problems that impact learning

Common State for Services for Children and Youth in Communities



GOAL: COORDINATED SERVICES TO SUPPORT SUCCESS



An Integrated Framework

Academic Systems

Intensive Interventions

Individuals or small groups (2-3)
Assessment-based, customized interventions
High Intensity
Longer duration/more frequent progress monitoring

Strategic Supports (small groups)

Some students (at-risk)
Diagnostic data used to pinpoint needs
Strategic instruction/progress monitoring
Existing structures (i.e., after school)

Universal Instruction

All students
High-fidelity implementation of core curriculum
Preventive, proactive

Behavioral Systems

Intensive Interventions

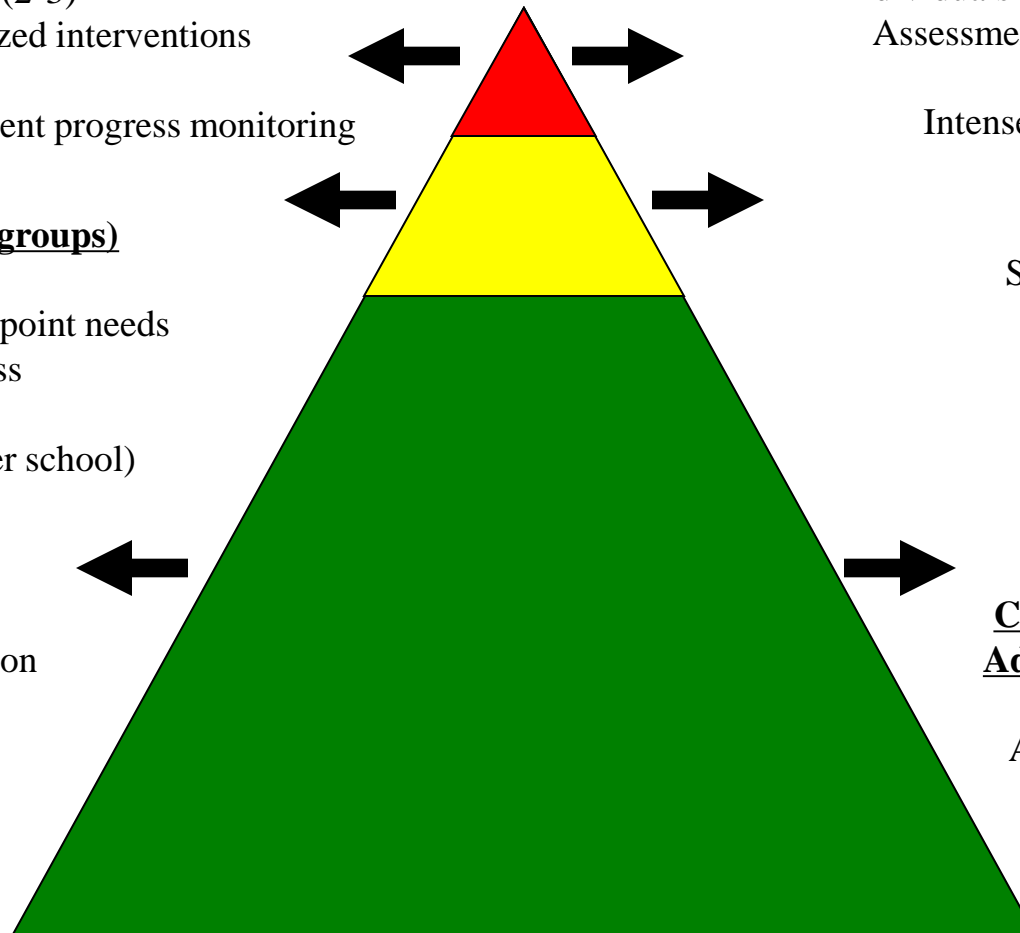
Individuals or small groups (2-3)
Assessment-based, customized interventions
Intense, durable procedures

Strategic Supports

Some students (at-risk)
High efficiency
Rapid response

Universal School Climate, Student Skills, Adult Skills, Classroom Management

All settings, all students
Preventive, proactive



Multi-Tiered System of Behavior Supports



ALL STUDENTS

(Examples: PBIS or Foundations, Second Step, Talking Circles)

POSITIVE LEARNING CLIMATE

School climates with positive relationships, clear expectations, and collective responsibility establish appropriate behaviors as the norm. Respectful, learning-focused, participatory **classroom environments** with well-managed procedures and behaviors maximize learning time

SOCIAL AND EMOTIONAL LEARNING

Explicit curricula, along with integrated instructional practices that promote social and emotional development, teach students how to form positive relationships, make responsible decisions, and set goals. These are critical skills for college and career success.

SOME

(Ex: CI/CO; Peer Jury; CBITS, AC and TF,)

TARGETED SUPPORTS

For at-risk students, classroom-based responses can help de-escalate behavior problems, clinical group interventions address anger, trauma, and violence; and restorative practices provide students with strategies to resolve conflicts

FEW

(Ex. Individualized Counseling)

INDIVIDUALIZED INTERVENTIONS

For students with the highest levels of need, highly-targeted and individualized behavior strategies provide more intensive intervention and monitoring.

Data-Driven Decisions and Evaluation

- Delivery of evidence-based interventions
- Systematic referral/screening process
 - “Match right student to right intervention”
- Supported Implementation Model
- Data Collection and Monitoring
 - Intervention-specific and universal evaluation and monitoring tools

Identifying Students for Tier II Targeted Interventions

Teacher completes request for assistance form and SDQ, Teacher returns forms to the gatekeeper /CARE Team or identified location

If referral is appropriate, gatekeeper consults with behavioral health resources.

Assess for participation in Anger Coping (CPS Personnel)

- Teacher completes Report of Reactive and Proactive Behaviors (TRRPB) returns to group leader
- Group leader reviews TRRPB and meets with student to determine if appropriate for group

Assess for participation in CBITS Group (CPS Personnel)

- Group leader meets with student to complete the Trauma Symptoms Inventory to determine if appropriate for group

Assess for participation in other Interventions

Group leader (CPS personnel) notifies parents/guardians of recommended intervention and targeted goals

Form groups, Implement, Ongoing Progress Monitoring

Complete Post-Test Assessment

Identify appropriate resource to provide student support, refer student for that intervention, complete consent process if appropriate, implement intervention, and monitor progress

Recommended Next Steps

- Continued discussion of resource allocation: School and Community Capacity to provide services
 - Decrease reliance upon grant initiatives to provide community mental health providers in schools (short term fix; staff turnover due to unpredictable nature of work)
 - Medicaid reform to provide increased reimbursement for mental health services provided in a school setting
 - Consideration of modified job descriptions and allocations for school mental health professionals to address behavioral health needs of all students (progress with new REACH evaluations; and state and national professional groups standards/models)
- Data system coordination to integrate data systems for decision and evaluation purposes
- Collaborative Process between CPS (OSEL and IRB) and academic and CBO organizations to pilot/evaluate additional interventions across all three tiers to promote social/emotional and academic functioning. Data system coordination to integrate data systems for decision and evaluation purposes