Building Legislative Support for Expanded School Mental Health

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Expanded School Mental Health

- Programs join families, schools, mental health and other community systems
- To develop a full array of effective programs and services that improve the school environment, reduce barriers to learning, and provide prevention, early intervention and intervention
- for youth in general and special education
Why Expanded School Mental Health (ESMH)?

Integrated approaches to reduce academic *and* non-academic barriers to learning are the most effective in achieving the outcomes families, schools and communities care about.
Referrals from Schools to Other Settings

- 96% referred to school-based program received services
- 13% referred to other community agency did

– Catron, T., Harris, V., & Weiss, B. (1998)
Treatment as Usual Show Rates in Traditional Outpatient Settings (McKay et al., 2005) from Kimberly Hoagwood
Other Concerning Facts

- Around 1 in 5 youth will present an emotional/behavioral disorder
- Around 1 in 10 present significant impairment, and 1 in 20 present “extreme functional impairment”
- Between $\frac{1}{6}$th and $\frac{1}{3}$rd receive any services
- Modal number of specialty mental health visits is 2
- Major lack of systematic quality assessment and improvement in traditional settings
“Shame” and “Strain” on Families

“Youth and families experience blame; have widespread distrust of professionals; have concerns about losing custody; are often unable to pay for care...have to glue services together”

– Kimberly Hoagwood (APA Congressional Briefing, October, 2007)
Growing Emphasis and Support

- Schools as the “defacto” sites for mental health care
- Educational Mandates, e.g., Response to Intervention
- A range of federal grant programs
- Strong international interest
Advantages

- ACCESS
- Promotion and Prevention
- Efficiency and Cost Effectiveness
- Systems Collaboration/ Economies of Scale
- Natural/ Ecological Approach
- Reduced Stigma
ESMH is The Public Health Approach

**Academic Systems**

- **Intensive, Individual Interventions**
  - Individual Students
  - Assessment-based
  - High Intensity

- **Targeted Group Interventions**
  - Some students (at-risk)
  - High efficiency
  - Rapid response

- **Universal Interventions**
  - All students
  - Preventive, proactive

**Behavioral Systems**

- **Intensive, Individual Interventions**
  - Individual Students
  - Assessment-based
  - Intense, durable procedures

- **Targeted Group Interventions**
  - Some students (at-risk)
  - High efficiency
  - Rapid response

- **Universal Interventions**
  - All settings, all students
  - Preventive, proactive
Outcomes

An average student enrolled in a social and emotional learning program ranks at least 10 percentile points higher on achievement tests, has better attendance and classroom behavior, likes school more, has better grades, and is less likely to be disciplined.

– Weissberg and Shriver, August, 2005 New York Times article based on research by Weissberg and Durlak (see www.casel.org)
In 2007, in MD, 644 days of instructional time and 848 days of administrator time was recovered due to decrease in major problem events across 60 schools implementing SWPBCS.
Percent Change in MSA Scores from 2003-2006 for SWPBS Schools vs. all Schools

- 3rd Reading
- 3rd Math
- 5th Reading
- 5th Math
- 8th Reading
- 8th Math

MSA Scores for PBIS Schools

MSA Scores for all BCPS Schools
Good Behavior Game (GBG)

Classroom management system that is implemented during regular classroom instruction that promotes:

- Self-control
- On-task learning and behaviors
- Focused attention
- Academic engagement
- Positive social relationships
GBG Outcomes

- Teachers gain 60-90 minutes more of teaching and learning time each day
- 75-125 fewer disruptions per hour in the classroom
- 20%-30% less need for special education
- 20%-50% reduction in use of tobacco or other drugs over a child’s lifetime
Evidence-Based Group Interventions in Schools

EG: Cognitive Behavioral Intervention for Trauma Symptoms (L. Jaycox, et al.)
Compared to wait-list control:
- PTSD and Depressive symptoms decreased
- Grades and classroom behavior improved
- Parents reported overall improved behavior and functioning
ESMH Can Reduce Risk for Drop-out by Targeting:

- Emotional and Behavioral Disturbance
- Aggression
- High Risk Peer Group/Social Behavior
- Poor Attendance
- Low Educational Expectations
- Lack of Effort and Commitment to School
- Low Extracurricular Participation

*National Drop Out Prevention Center, 2007*
Promising Program Evaluation Data

Referrals to Special Education were reported by 8% of staff in ESMH schools, compared to 19% of staff in non ESMH schools (p < .001).

– Bruns et al. (2004)
Prince George’s County SMH Initiative

Intensive, evidence-based mental health intervention for students in special education in two schools

Training and support to 11 schools with specialized programs for youth presenting emotional problems

Broader training and support county wide (e.g., for all school psychologists)
Non-Public Placements

From 2005-06 to 2006-07 these were reduced from
- 7 to 3 in one High School,
- 11 to 4 in one Middle School

Average cost savings of $40,000 per student, with a total of $440,000 in estimated savings FOR THE FIRST YEAR ALONE
School Mental Health Act

Goal: “Assist local communities and schools in applying a public health approach to mental health services both in schools and the community”

Sponsored by Senators Kennedy, Dominici and Dodd

Would expand *Safe Schools-Healthy Students* to 200 school districts, each receiving $1 million per year for 5 years (2009-2013)

A $1 billion dollar investment
Legislative Needs

- “Hard” support for ESMH
- Moving to scale in all jurisdictions
- Downsizing fee-for-service bureaucracy
- Assurance of evidence-based practice (e.g., through licensure laws)
- On the ground support for high quality practices and evaluation
- Interdisciplinary training and staffing models
A National Community of Practice

- CSMH and IDEA Partnership
  (www.ideapartnership.org) providing support
- 30 professional organizations and 12 states
- 10 practice groups
- Providing mutual support, opportunities for dialogue and collaboration
- Advancing *multiscale learning*
- Sign up at www.sharedwork.org
Multiscale Learning Examples

- Baltimore helps NYC with RFP process for ESMH
- Maryland Department of Education helps Ohio Department of MH in SMH response to the pandemic flu
- Ohio, Maryland, and Missouri collaborate on a competitive grant application for Integrating MH and Schools
10 Practice Groups

- Mental Health-Education Integration
- Developing a Common Language
- Connecting Education and Systems of Care
- Connecting SMH and Positive Behavior Support
- Improving SMH for Youth with Disabilities
10 Practice Groups (cont.)

- SMH, Juvenile Justice and Dropout Prevention
- Family Partnerships
- Youth Involvement and Leadership
- SMH – Child Welfare Connections
- Quality and Evidence-Based Practice
Twelve States

- Hawaii
- Illinois
- New Hampshire
- North Carolina
- Maryland
- Missouri
- New Mexico
- Ohio
- Pennsylvania
- South Carolina
- South Dakota
- Vermont
Next Meeting of the Community


See http://csmha.umaryland.edu, www.sharedwork.org or call 410-706-0980 (or 888-706-0980 toll free)
www.schoolmentalhealth.org

Website developed and maintained by the CSMH with funding from the Baltimore City Health Department

User-friendly mental health related information and resources for caregivers, teachers, clinicians, and youth
Welcome to the School Mental Health Connection!

This site offers school mental health resources not only for clinicians, but also for educators, administrators, parents/caregivers, families, and students. To efficiently find resources that fit your needs, just click the link to the left that corresponds to your role in the school community. However, since you may benefit from resources in numerous domains within this site, we encourage you to explore many areas.

The resources on this site emphasize practical information and skills based on current research, including prominent evidence-based practices, as well as lessons learned from local, state, and national initiatives.

The School Mental Health Connection is designed for use by anyone who is interested in school mental health. It is also a central feature of the Baltimore School Mental Health Technical Assistance and Training Initiative.

What's New
View the newly-released Directory of Community Services for Baltimore City.
Educators: Check out the user-friendly Mental Health Fact Sheets for the Classroom, provided by the Minnesota Association for Children's Mental Health.

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Other Helpful School Mental Health Websites

- Center for the Advancement of Mental Health Practices in Schools
  
  [http://schoolmentalhealth.missouri.edu/about.htm](http://schoolmentalhealth.missouri.edu/about.htm)

- Center for School-Based Mental Health Programs
  
  [http://www.units.muohio.edu/csbmhp](http://www.units.muohio.edu/csbmhp)

- UCLA Center for Mental Health in Schools
  
  [http://smhp.psych.ucla.edu](http://smhp.psych.ucla.edu)
New Journal

*Advances in School Mental Health Promotion*

- The Clifford Beers Foundation and the University of Maryland
- See [www.schoolmentalhealth.co.uk](http://www.schoolmentalhealth.co.uk)
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