

# **MHSA - PREVENTION AND EARLY INTERVENTION**

## ***SUPPORTING CHILDREN AND YOUTH AT RISK FOR SCHOOL FAILURE***

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# SUPPORTING SCHOOL SUCCESS: THE PROBLEM

**Children begin to fail in school before  
other risk behaviors begin to emerge**

★ *research suggests early school failure  
to be at least partially causative of  
other risk behaviors*

*(U. of Michigan 10/07)*

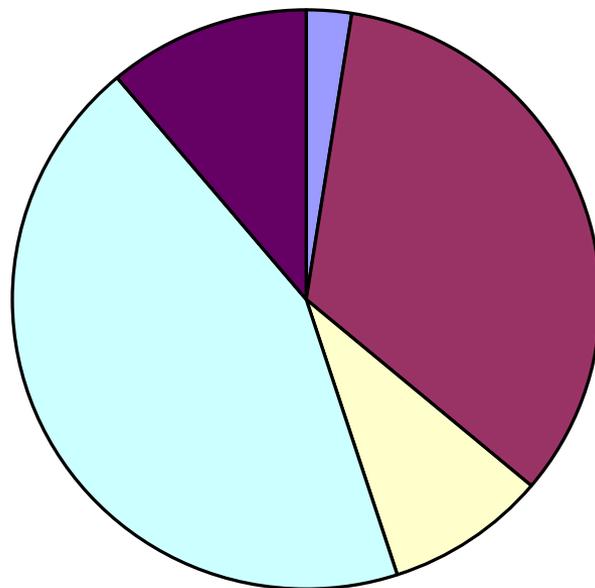
# Antisocial Behavior

University of Oregon Institute on Violence and Destructive Behavior

- Antisocial behavior early in a child's school career is the single best predictor of delinquency in adolescence.
- The stability of aggressive behavior over a decade is approximately equal to that for intelligence. The correlation for IQ over ten years is .70; for aggressive behavior, it approximates .80.
- Antisocial children can be identified very accurately at age 3 or 4.

# Situational Factors and School Failure

## CALIFORNIA DROPOUT STATS 2005-06



- Migrant Education
- English Learners
- Special Education
- Socioeconomically Disadvantaged
- Other

# **MHSA**

## **Prevention and Early Intervention**

### **Frameworks for Addressing Risk for School Failure**

# Resilience

## Protective Factors

- Caring and support
- High expectations
- Meaningful participation

## Internal factors

- Social Competence
- Problem-Solving Skills
- Autonomy
- Sense of purpose and future

# 40 Developmental Assets

Search Institute [www.search-institute.org](http://www.search-institute.org)

## EXTERNAL

- Support
- Empowerment
- Boundaries and expectations
- Constructive use of time

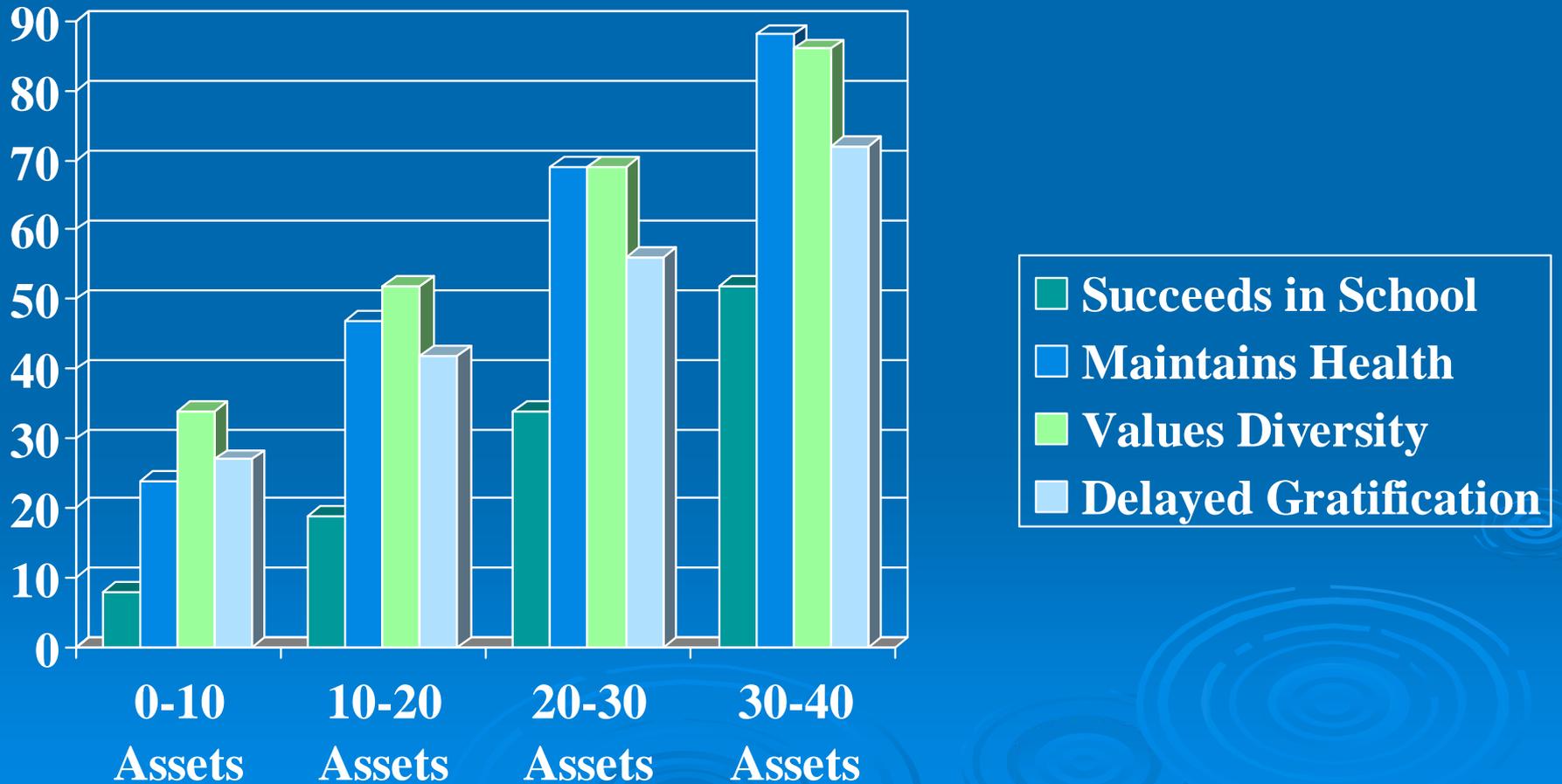
## INTERNAL

- Commitment to learning
- Positive values
- Social competencies
- Positive identity

# Assets and School Success

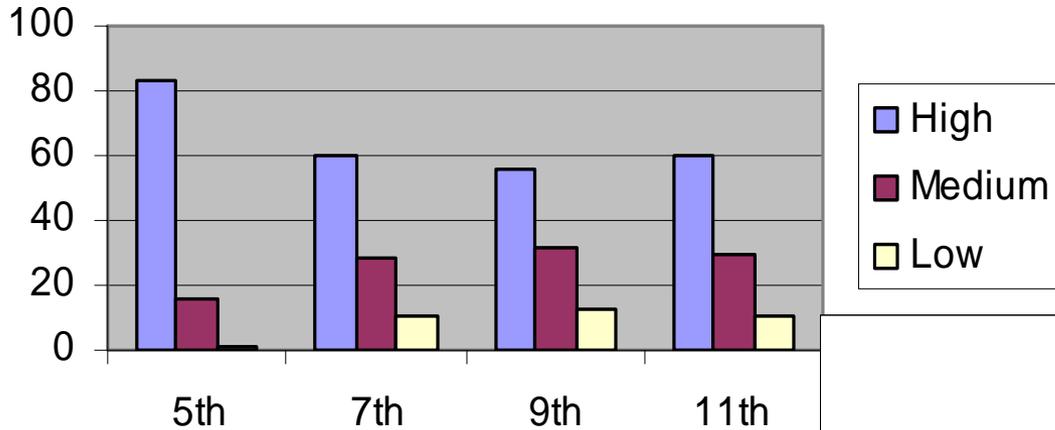
- GPA increases as assets increase
- GPA decreases as assets decline
- Students from *all racial/ethnic backgrounds* with high levels of assets (31–40) are much more likely than those with few assets (0–10) to be successful in school
- Low-income students who experience more developmental assets appear to be much more likely to do well in school than low-income students who experience few assets

# Assets and Positive Outcomes

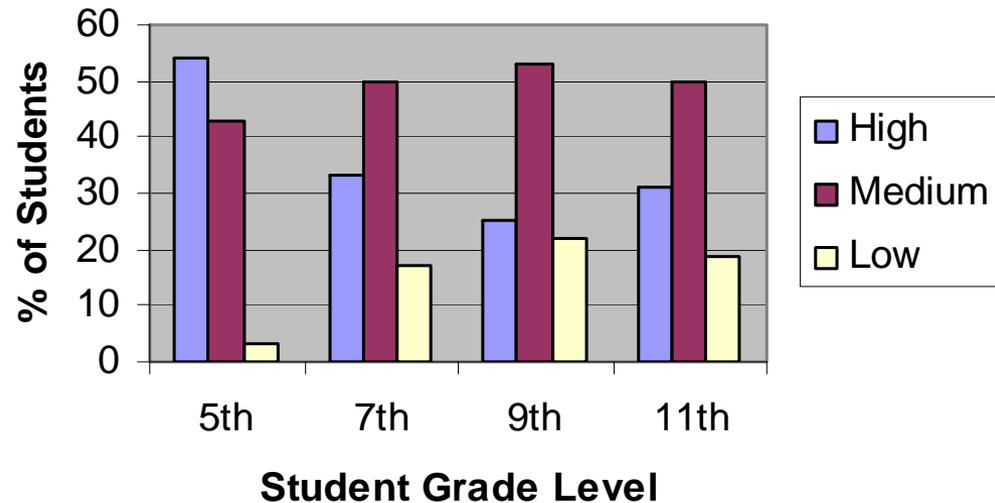


# California Healthy Kids Survey

**External Assets - Home Env. (5th),  
Community Env. (7, 9, 11)**



**External Assets - School Environment**



*PREVENTION and EARLY  
INTERVENTION*

**Guidelines,  
Principles,  
Resources**

**CHILDREN AND YOUTH  
AT RISK FOR SCHOOL FAILURE**

# PEI GUIDELINES CHILDREN/YOUTH AT RISK FOR SCHOOL FAILURE

- **Priority age: 51% of PEI for 0-25**
- **5 Key Community MH Needs:**
  - All present in schools
- **Priority Populations:**
  - All present in schools

# PEI Principles

- **Integrated Service Experience for Individuals and Families**

- Within and across agencies, including proximity
- Schools – on or near campuses
- After school programs
- Drop-in centers
- Boys and Girls Club
- Within and across communities
- Access culturally and linguistically appropriate services
- Within and across ages

Continuity of PEI activities from preschool to K-12

# PEI Principles

## Outcome-Based Program Design

### *How do we measure PEI???*

- Improved academic performance, attendance, behaviors
- Reduction in risk factors
- Increase in protective factors
- School climate
- Improved skills related to MH (social skills, anger management)
- Increased awareness and understanding of Mental Health and Mental Illness
- Reduced stigma/discrimination
- Reduction in diagnoses of psychiatric disorders
- # contacts with targeted population

*Profiles of those failing in school now should be reflected in the people served and our goals for next year!*

# PEI Principles

- **Leveraging Resources**
  - **Co-funding opportunities** – *if you build it cost-effectively, they will come!*
    - Medi-Cal (schools may have Medi-Cal)
    - First 5 California
    - Healthy Start
    - Early Mental Health Initiative (EMHI)
    - Safe and Drug Free Schools – US Dept of Ed – SAMSHA – CDE
    - Title 1 and other categorical funds
    - AB 1802 – supplemental funds for school counseling grades 7-12
    - 21st Century – US Dept of Ed funding for enhancement activities beyond school hours

# PEI Principles

- **Leveraging People Resources –**  
*many hands make light work*
  - **Take a giant step outside the traditional roles**  
client-clinician, professional-consumer,  
teacher-student, Education-MH, my silo-your silo
    - Program development
    - Training, training of trainers
    - Supervision
    - Facilitation
    - Outreach
    - Evaluation
      - To drive meaningful program improvements
      - To validate continued funding

# PEI Principles

- **Leveraging People Resources**
  - **Alternative personnel as service providers addressing PEI**
    - Paraprofessionals
    - Volunteers/Mentors
    - Consumers
    - Community
    - Staff contributing from multiple agencies

*—increased likelihood of accessing diverse, culturally competent supports—*

# PEI Principles

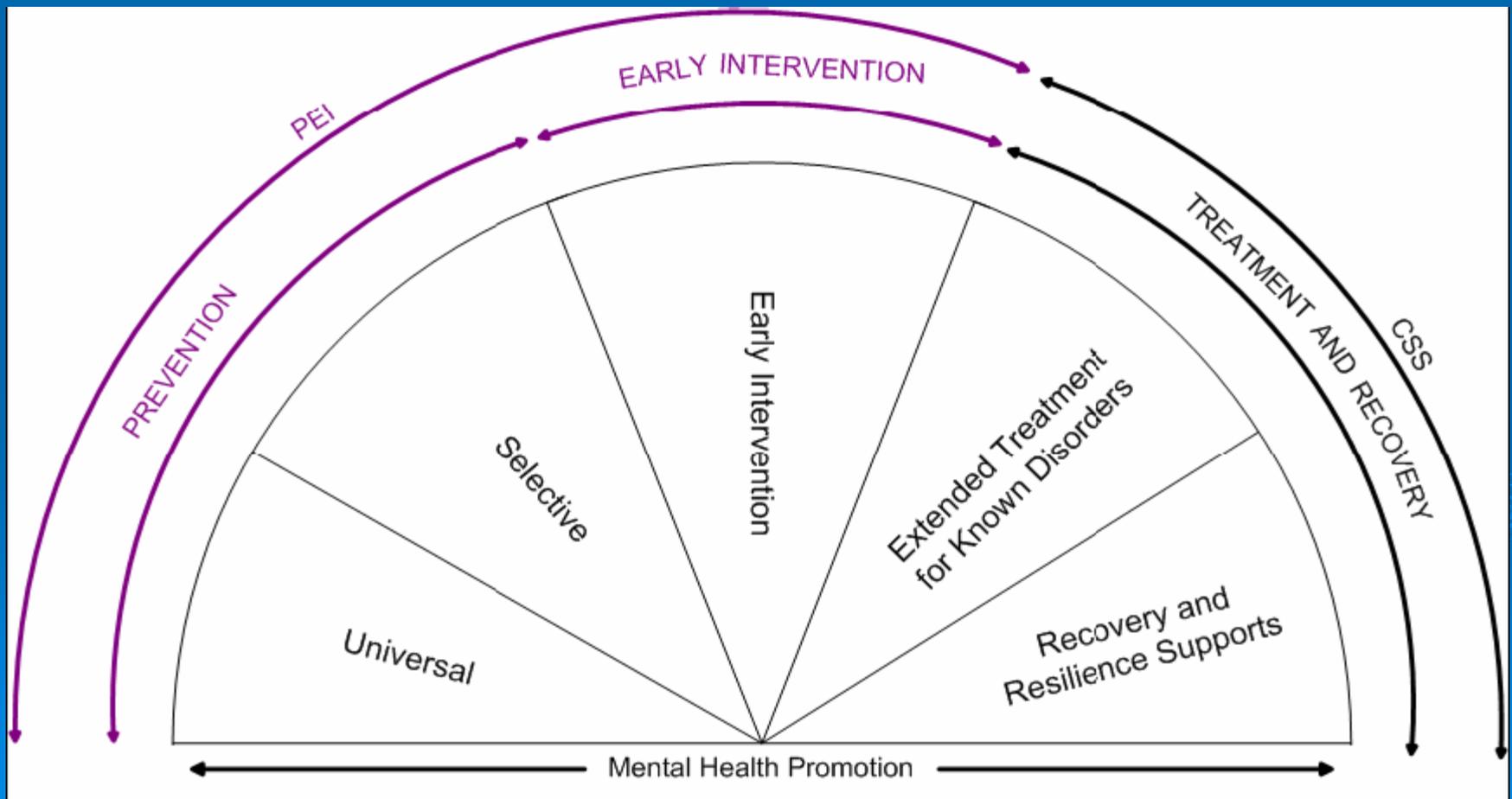
- **Reduction of Disparities in Services and Outcomes**
  - Joint goal of Education and Mental Health
- **Reduction of Discrimination**
  - Addressing early → lessens the symptoms, normalizes support
- **Cultural Competence**
  - **Access:** Underrepresented cultures an issue in *achievement* and *mental health* in preschools and K-12
  - **Inter-agency Cultural Competence**
    - Understanding between Education and Mental Health a common deterrent to effective collaboration/coordination of services
      - Information/Terminology (jargon)
      - Process
      - History
- **Stigma Reduction**
  - New Health Standards from CDE

# PEI Principles

- **Optimal Points of Investment**
  - **Preschool**
  - **K-12 Education (and preschool)**
    - **Staff training**
    - **Parents/Students**
  - **Transitions – access to parents and students**
    - **Entering Preschool**
    - **Entering Kindergarten**
    - **K to 1st**
    - **3rd to 4th**
    - **5th/6th to Middle/Junior High School**
    - **8th/9th to High School**
    - **Junior-Senior Years to community/higher education**
    - **Any school change**

***Maintain awareness of cultural, linguistic needs  
across transitions!***

# DEFINING PREVENTION-EARLY INTERVENTION IN CONTEXT OF SCHOOL SUCCESS/FAILURE



# Pyramid of Interventions



# Prevention Strategies

## Reducing School Failure

- **Reduce risk factors**
- **Enhance protective factors  
(relationships!)**
- **Develop internal and external assets**
- **Provide seamless flow of services  
between agencies**
- **MHSA/MH coordinate services, assist  
with training, co-fund services**

# Universal Prevention

## ➤ **Health Education** – *new standards March 2008*

[www.cde.ca.gov/be/ag/ag/yr08/documents/mar08item11.doc](http://www.cde.ca.gov/be/ag/ag/yr08/documents/mar08item11.doc)

- Strong, broad prevention/wellness focus K-12
- **School-wide climate, community building, establishing behavioral norms**
  - Character education
  - Positive Behavior Supports (a.k.a. “Building Effective Schools Together”)\*
    - **Staff/community/students develop clear positive behavior expectations**
    - **School-wide acceptance of desired behaviors**
    - **Consistent communication**
    - **Consistent supports for positive behavior**
  - Peacemakers\*

# Universal Prevention

## ➤ **Social-Emotional Learning (SEL)**

- **Programs/curricula implemented school-wide, district-wide**
- **Social skills and social competence programs**

**Skills:** Empathy, Anger/Emotion Management, Impulse Control, Problem Solving, Communication

**Curricula:**

- Incredible Years (Child, Staff, Parent components)\*
- Promoting Alternative Thinking Strategies (PATHS)\*
- Second Step (K-8)\*
- Resolving Conflicts Creatively Program (RCCP)

[www.esrnational.org/](http://www.esrnational.org/)

# and More...

## ➤ **Bullying prevention**

- Olweus\*
- Steps to Respect (Grades 3-6) [www.cfchildren.org](http://www.cfchildren.org)
- Operation Respect, “Don’t Laugh at Me”  
[www.operationrespect.org](http://www.operationrespect.org)

## ➤ **Youth specific**

- Reconnecting Youth\*

## ➤ **Parent/family**

- Families and Schools Together (FAST)\*
- General training related to skills/issues addressed in PEI school programs
- Home-school relationship building

## ➤ **Diversity, Cultural Awareness/Sensitivity**

- A World of Difference [www.adl.org](http://www.adl.org)

# Selective Prevention

## Prevention Targeted to Specific Population

- **Healthy Start\* Grants – CA Dept of Ed**
  - **School-Community Collaboration**
  - **Comprehensive Health services and resource linkages on school site**
  - **Linkages to other services (including mental health) prevention/early intervention, interagency collaboration, school-family outreach**

# Selective Prevention

- **Head Start\*/Even Start**
  - Health, Education, Parent support
- **Comprehensive Wellness Centers, Family Resource Centers\***
  - Combine funding sources and agency services
- **Raices**
  - Promotoras, or community educators
  - Community members help residents access health and social services.

[Mario Hernandez, PhD](http://www.ilru.org/html/training/webcasts/archive/2007/01-10-SEDL.html), University of South Florida  
[www.ilru.org/html/training/webcasts/archive/2007/01-10-SEDL.html](http://www.ilru.org/html/training/webcasts/archive/2007/01-10-SEDL.html)

# Early Intervention

- **Short-term (1 yr. or less), low intensity**
- **Targeted to specific individuals demonstrating early signs**
- **Supports well-being, resilience**
- **Avoids (or delays) more intensive and costly interventions**
- **Typically pre-diagnosis**
  - **Pre-Special Ed qualification as Emotionally Disturbed (ED)**
  - **Pre-26.5 services** (mandated services for Special Education students requiring mental health treatment)
- **Exception: "Individuals exhibiting At-Risk Mental State (ARMS) or First Onset of Psychiatric Illness with Psychotic Features"**

# Early Intervention Programs and Services

- **Primary Intervention Program (PIP)\*** - children
- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)\*** – children and youth
- **Social Emotional Learning (SEL)** in targeted groups
  - communication, problem solving, anger management
- **Mentoring** – relationship based
  - Across Ages\*
  - Big Brothers, Big Sisters
  - Research supports focus on relationship, acceptance more than on skills, homework
- **Peer programs**
  - Mediation
  - Mentoring
  - Include “students at risk” as mediators

# Early Intervention Programs and Services

## ➤ Other

- **Student Assistance Programs\***
  - School staff and liaisons
  - Focus on early intervention, support across academic, social, behavioral realms
  - Ongoing monitoring for success, adjustments
  - Staff training and implementation available through National Masonic Foundation for Children  
[www.masonicmodel.org](http://www.masonicmodel.org)
- **Student Study/Student Success Team**
- **School Attendance Review Board\***
- **Suspension/Expulsion hearings**
  - MH presence
  - Peer mediation

# Early Intervention Programs and Services

- **Response to Intervention**
  - Mandated in new IDEA federal regulations
  - Interventions for students at risk of failing
  - Tiered interventions with special education referrals on third tier
  - Requires evidence-based interventions
  - Ongoing monitoring for success
  - **INCLUDE BEHAVIORAL/MH barriers to learning and interventions**

For specific resources see:

➤ **MHSOAC Resource Materials document**

[www.dmh.ca.gov/DMHDocs/docs/notices07/07\\_19\\_Enclosure6.pdf](http://www.dmh.ca.gov/DMHDocs/docs/notices07/07_19_Enclosure6.pdf)

➤ **UCLA School Mental Health Project**

[www.smhp.psych.ucla.edu/](http://www.smhp.psych.ucla.edu/)

➤ **SAMHSA** [www.samhsa.gov](http://www.samhsa.gov)

➤ **California Dept. of Education**

- Mental Health strategies, resources info.

[www.cde.ca.gov/ls/cq/mh/](http://www.cde.ca.gov/ls/cq/mh/)

**THE EARLY MENTAL HEALTH  
INITIATIVE (EMHI)**

**and**

**PRIMARY INTERVENTION PROGRAM  
(PIP)**

# Early Mental Health Initiative

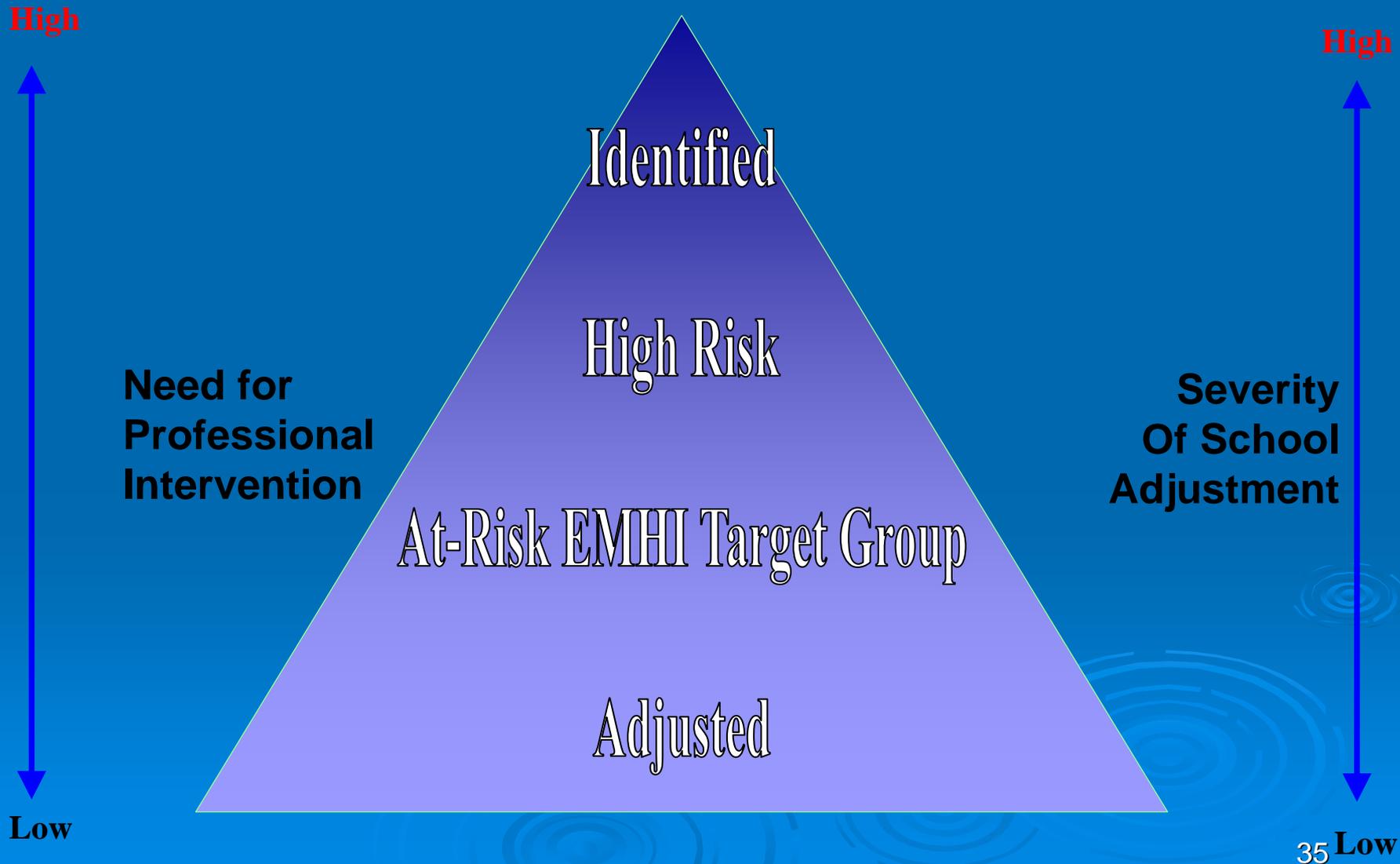
## ➤ Collaborative effort between CDE and DMH

- Proposition 98 funds, awarded through DMH to public schools
- Funds 3 year matching grants (50% grant-50% in-kind match)
- Funds both Prevention and Early Intervention services

## ➤ EMHI Goals

- To enhance the social and emotional development of young children in grades K-3
- To increase the likelihood that students experiencing mild to moderate school adjustment difficulties will succeed in school
- To increase personal competencies related to life success
- To minimize the need for more intensive and costly services as students grow older

# What Types of Students Does EMHI Serve?



# Early Mental Health Initiative

- **Addresses mental health/behavioral barriers to learning**
- **Emphasizes culturally competent services**
- **Priority for children in or at risk for out-of-home placement**
- **Systematic selection process identifies children with mild-moderate school adjustment difficulties**
- **Low cost services, limited duration**
  - **Weekly 30-40 min/session, 12-15 weeks, approx 2 cycles of participants/year**
- **Typical program serves 10-20% of K-3 per year**
- **Many years of evaluation demonstrate effectiveness of services**

# Early Mental Health Initiative

## Models of Service

- **Direct services to selected students (Early Intervention)**
  - **Primary Intervention Program (PIP)**
  - **“Other Model” Services**
    - **Small group services (2-4 students)**
    - **Skill Based**
      - **Social skills, empathy, problem solving, anger management**
    - **Topic based**
      - **Divorce, loss, new school**

# Early Mental Health Initiative

- **Enhancement Services (*Prevention & EI*)**
  - **Parent/Family Services**
    - Outreach
    - Education
    - Family Fun Nights (relationship building)
  - **Classroom/school-wide**
    - Second Step, Character Ed, Steps to Respect World of Difference, etc.
  - **Teacher support**
    - Inservice training re: school adjustment, student support
    - Consultation regarding student adjustment issues

# Early Mental Health Initiative

## ➤ Professional roles

- **Project Coordinator** – hours vary based on program design
- **School Mental Health Professionals** – approx 2-4 hr/wk/site
- **Mental Health Consultant** – from cooperating mental health entity
- **PC/SBMHP/MHC collaborate to provide**
  - Program coordination
  - Supervision/Training
  - Systematic selection of students
  - Linkage to other services for students beyond the scope of EMHI

# Early Mental Health Initiative

- **Child Aides (Paraprofessionals)**
  - **Service providers**
  - **PIP Aide at 15 hr/wk serves 12-15 students/week**
  - **Group aide @ 15 hr/wk serves 7-9 groups/wk, 2-4 students/group**
  - **Cost based on local pay rate for paraprofessionals**

# Primary Intervention Program (PIP)

- **Early intervention model**
- **Services provided by paraprofessionals**
- **Services provided one-to-one**
- **12-15 weeks non-directive play**
  - **Therapeutic**
  - **Developmentally appropriate**
- **Relationship based (resilience/assets)**
- **Designated PIP activity room stocked for expressive, interactive creative play**

# Primary Intervention Program (PIP)

## ➤ Program staffing/costs

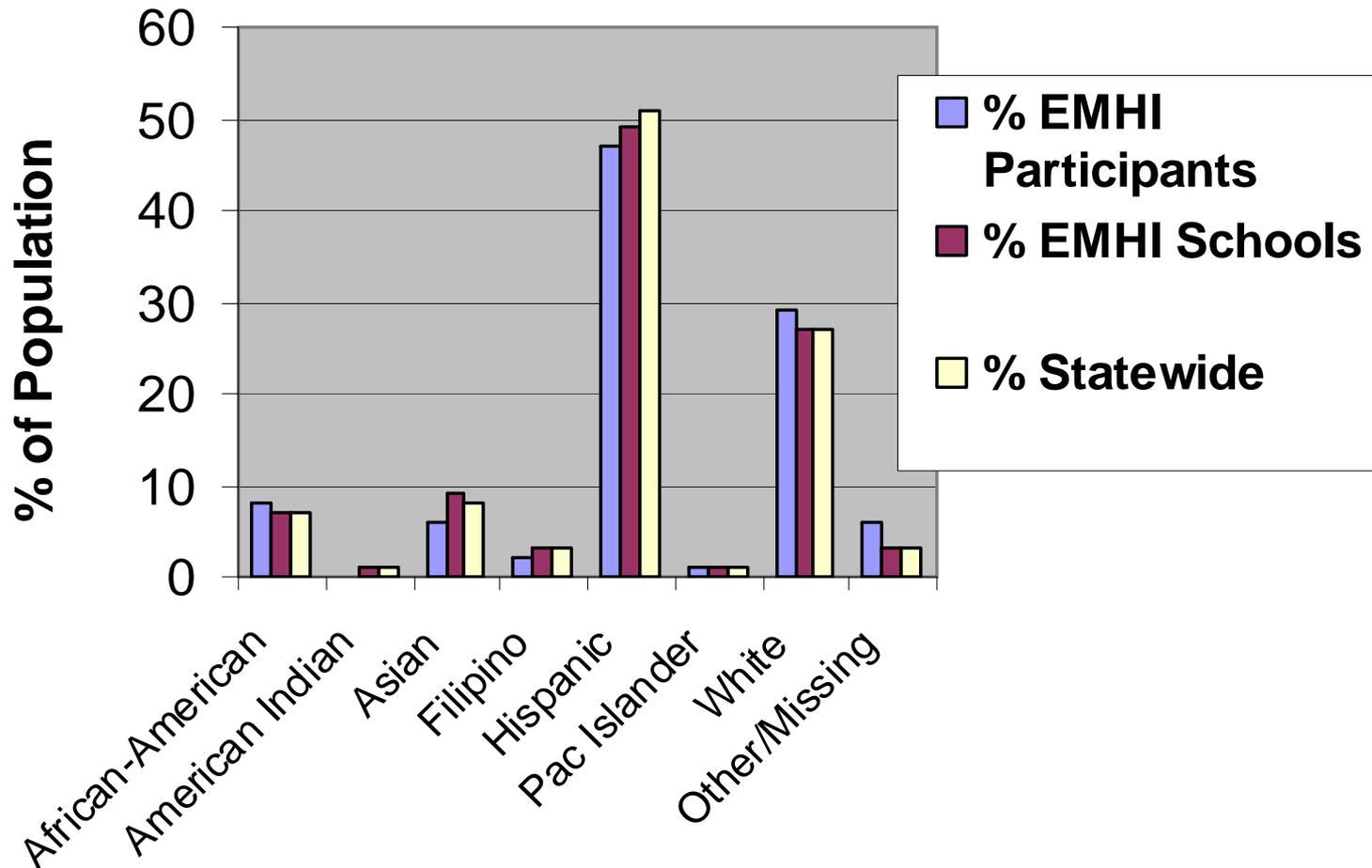
- Identified professionals for initial and ongoing supervision/training, coordination
  - 2-4 hr/wk per school (hours can be consolidated in multiple site program)
- Child aides hired through school district or MH
  - Pay rate varies across CA
  - 36-38 weeks/year = 2 cycles of participants
- Confidential space identified for services
  - Supplies approx \$700 first year
- Average cost state-wide: \$735 per child

# EMHI PROGRAM EVALUATION

## Duerr Evaluation Resources

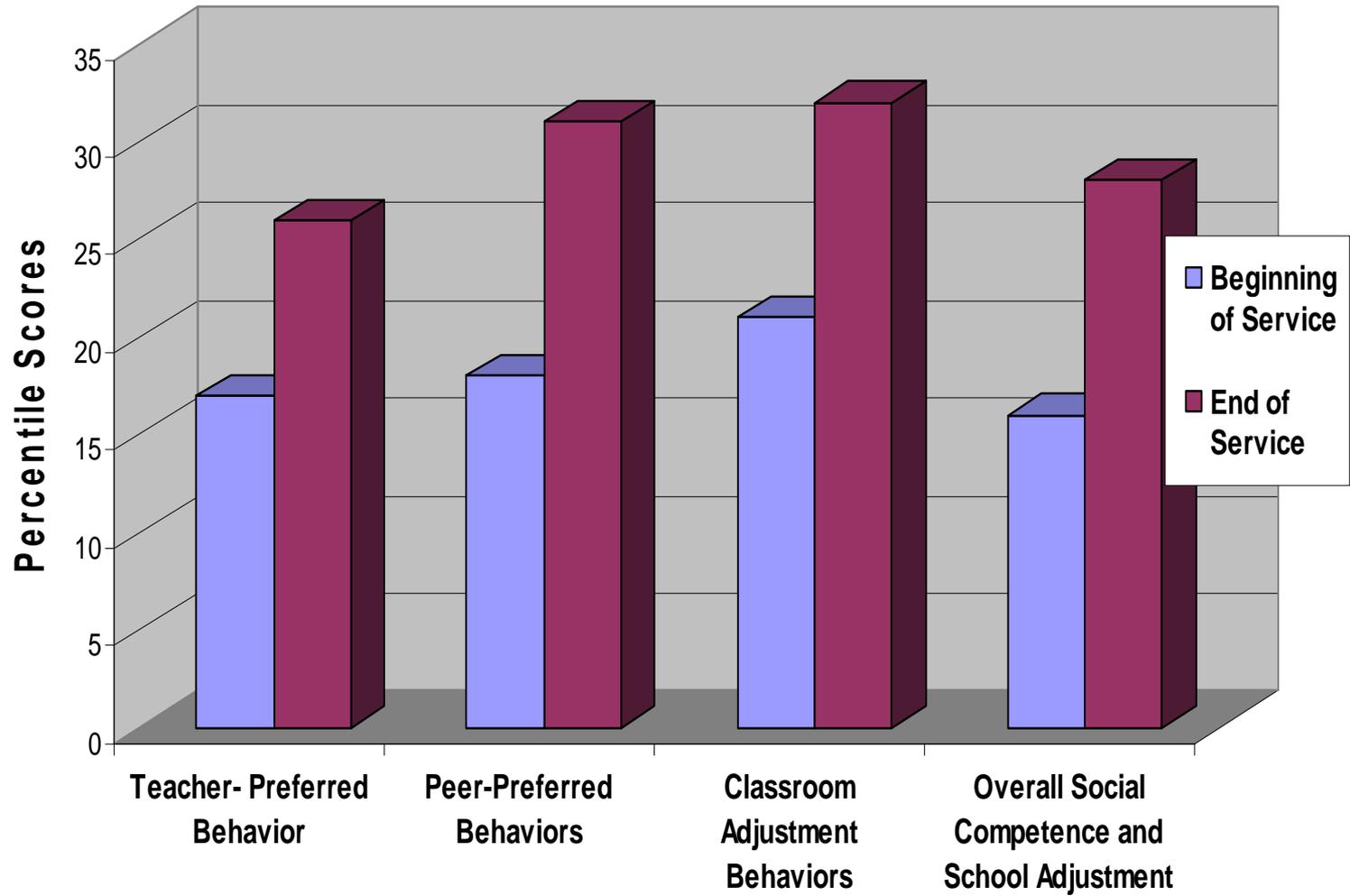
- ***Evaluation completed for all students receiving direct services***
  - Walker Survey Instrument (WSI)
    - 19 item behavior rating scale completed by teacher
  - Walker-McConnell Scale (WMS)
    - 43 items, same subscales as WSI
    - Pre-post-service evaluation completed by teacher
  - Participant Data Instrument (PDI)
    - Demographics
    - Program participation – number, type, duration of services
    - MH Professional summary of student progress

# 2006/07 Ethnicity of EMHI Participants and EMHI Schools and EMHI Schools



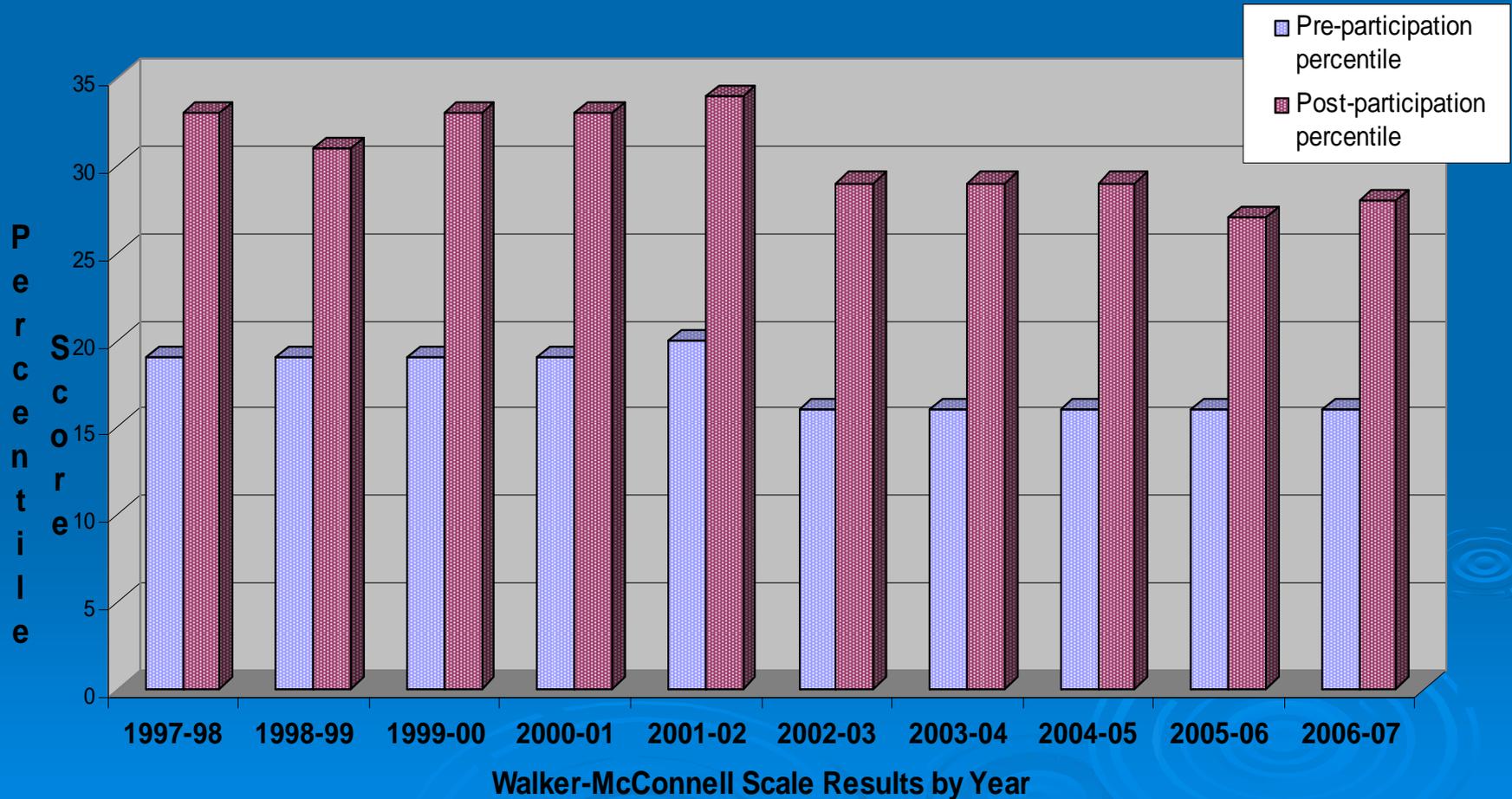
# EMHI EVALUATION

## 2006/07 PRE-POST SCHOOL ADJUSTMENT RATINGS



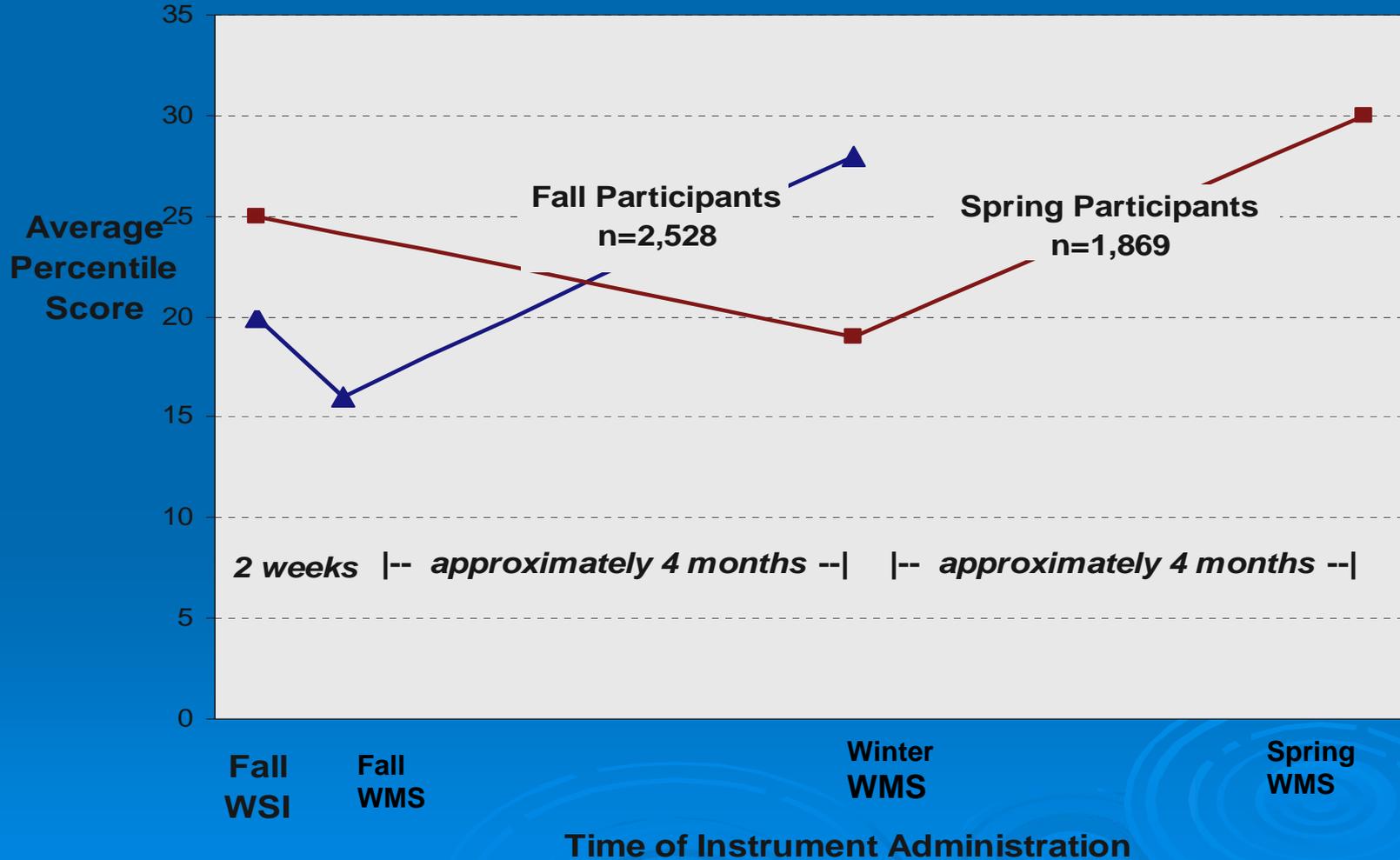
# EMHI EVALUATION

## 1996-2007 PRE-POST SCHOOL ADJUSTMENT RATINGS



# Statewide EMHI Data

## Fall Versus Spring Group Percentile Scores



# Early Mental Health Initiative

- More information on the Early Mental Health Initiative available at the California Dept. of Mental Health:  
[www.dmh.ca.gov/Services\\_and\\_Programs/Children\\_and\\_Youth/EMHI.asp](http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EMHI.asp)

[www.dmh.ca.gov](http://www.dmh.ca.gov) → “services” → “children and youth” → “EMHI”

Regional EMHI Program Analysts and Technical Consultants

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- Duerr Evaluation Resources  
888-275-3644  
[www.duerrevaluation.com](http://www.duerrevaluation.com)