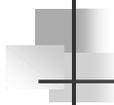


Berkeley Schools-Mental Health Partnership

Addressing the Whole Child:
Building a System of
Universal Learning Supports

*Lisa Warhuus, Ph.D.
Manager, Integrated Resources
Berkeley Unified School District*



Presentation Outline

- I. The Schools-Mental Health Partnership:
Creating a Mental Health System for
Berkeley School Children
- II. Positive Behavioral Supports: Mental
Health Prevention in Schools
- III. Accomplishments and Challenges of the
Berkeley Schools Mental Health
Partnership



Schools-Mental Health Partnership

Mission

The Schools-Mental Health Partnership is an interagency collaboration committed to building a comprehensive system of school-based and school-linked mental health care so that all Berkeley children have access to the social and emotional support they need for healthy development and school success.

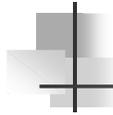
3



Schools-Mental Health Partnership Members

- Berkeley Alliance
- Berkeley Unified School District
- Birth-to-Five Action Team
- City of Berkeley
 - Mental Health – Family, Youth and Children’s Services (FYC)
 - Public Health – School-Linked Health Services
- School Mental Health Providers
- Alameda County Behavioral Health

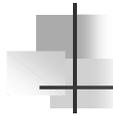
4



Partnership Process

- Assess existing initiatives, services, and district and community data
- Form the Schools-Mental Health Workgroup and complete the strategic plan
- Implement strategic plan

5



Resource Assessment

- District Student Services
- K-8 Schools
- City resource mapping
- Interviews school mental health providers
- Parent focus groups
- Data analysis
- Finance assessment

6

Summary of Findings

- No coherent **system** of school mental health services driven by what we have, not what is needed
- Continuum of services is limited and fragmented
- No consistent prevention strategies among the schools and within mental health system
- Lack of a finance strategy for services (decentralized by school)

7

Summary of Findings, Cont.

- Parents concerned about safety, bullying, school climate, and lack of cultural competence and outreach
- Both schools and mental health providers reported difficulty accessing services, interfacing with one another and coordinating services for students
- Schools requested case management, parent support and teacher consultation services

8



Summary of Findings, Cont.

- Poor coordination of services around individual students
- Overuse of individual long-term therapy
- Limited capacity to follow through on SST plans
- Universal assessment generally limited to academic measures
- Lack of district level services for students with emotional disturbance

9



Outcomes

- Children are healthy and ready to succeed in school
- Quality services and supports are accessed early and easily by families and children who need them
- Students are engaged and feel safe and supported in school
- Schools are able to support the learning needs of all students
- Strong family-school-community partnerships support student success

10



Guiding Principles

- That school, home, and community resources together provide the **Universal Learning Supports** necessary to promote healthy development and address barriers to student learning.
- School-Based mental health services address the needs of the whole child and support **social and emotional development and learning** for all students.
- That a **continuum of care** includes prevention, early intervention and intensive intervention when needed.
- In an **integrated and seamless system** of care, supports and services.
- That the continuum of services and service systems should be based upon and adapted from **proven models**.

11



Guiding Principles

- That all children, youth and families should have **equal access** to services and resources in proportion to their needs.
- That **cultural competence** must be integrated in all aspects of the system of care.
- An **ecological approach** considers the interaction of family, community, school, economics, public systems, and biology on the well being of the child or youth.
- An **asset-based and family centered** approach builds on the skills, talents, strengths and resources of children and families.
- That **partnerships based on trust** form the foundation of successful school communities.
- In a system of care that is outcome driven and where all key stakeholders have responsibility and are **accountable for results**.

12



Cornerstones of Partnership Plan

1. Build a Universal Learning Support System (ULSS) in the Schools:

- Identify students that need support
- Address barriers to learning
- Build a continuum of mental health services

13



Universal Learning Support System

A ULSS provides **appropriate** services to **all** children and youth who need them to be successful academically, behaviorally and socially. To accomplish this goal, a ULSS must have an appropriate continuum of highly accessible services, ranging from the least to the most intensive, and the ability to deploy them equitably to children, youth and families based on need.

14



Addressing Barriers to Learning

- Academic
- Social
- Behavioral
- Health
- Attendance
- Family and Community

15

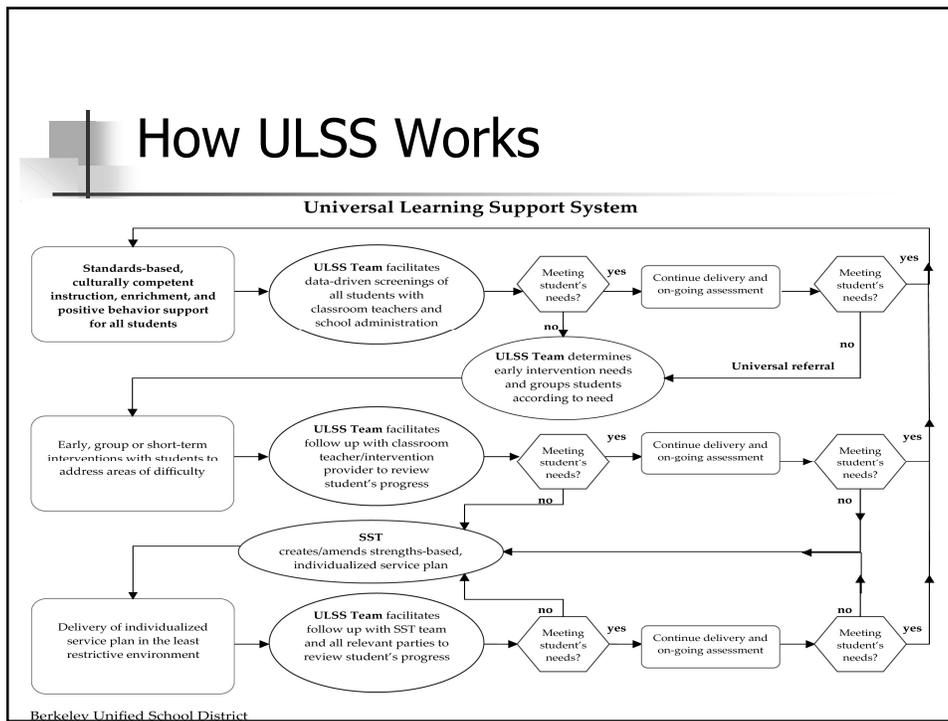


Continuum of Services

- Promoting Healthy Development
 - Healthy School Climate, Early Childhood Focus, School-Linked Preventive Health Services
- Early Intervention
 - Expansion of Appropriate School-Based Mental Health Practices
- Intensive Support
 - Expansion of Resources to Effectively Serve Students with Extensive Emotional Support Needs

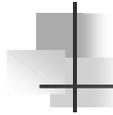
16

How ULSS Works



Cornerstones of Partnership Plan (cont.)

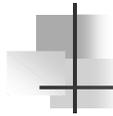
2. Coordinate interagency collaboration through the Office of Integrated Resources
3. Emphasize mental health prevention as a core component of the school day
4. Staff with Family and Student Support Coordinators and Family Liaisons
5. Develop Inter-Institutional Finance Strategy
6. Develop Birth-to-Five Support System



SMHP Plan Priority 3: Mental Health Prevention in Schools

Implementing
Positive Behavioral Supports
through Interagency Partnership

19

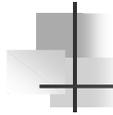


What is School-Wide Positive Behavior Support (SW-PBS)?

“A systems-oriented, data driven approach for establishing the social culture and behavioral supports needed for a school to be an effective learning environment for all students.”*

*Source: Walker, 2008

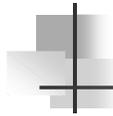
20



Features of SW-PBS

- Prevention emphasis
- School-wide buy in and collaboration between staff, administrators, students and parents.
- Site team that leads the process
- Define and teach positive social expectations
- Acknowledge positive behavior

21

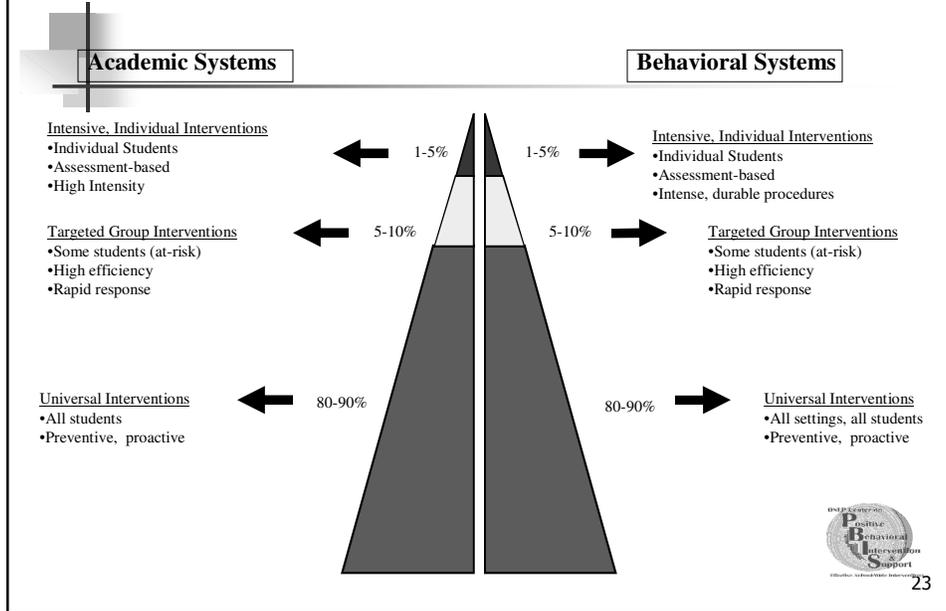


Features of SW-PBS

- Arrange consistent consequences for problem behavior
- On-going collection and use of data for decision-making
- Continuum of intensive, individual intervention supports
- Implementation of the systems that support effective practices

22

Designing School-Wide Systems for Student Success



What about students who continue to struggle?

- Targeted Group PBS** – addressing students who are at-risk for school failure, or display a chronic pattern of inappropriate behavior that do not respond to school-wide interventions (approx 10-15%)
- Individual Student PBS** –reflect school-wide expectations for student behavior coupled with team-based strategies applied with individual students based upon child-centered behavior (approx. 1-5%)

Evidence*

Can SW-PBS be implemented and sustained?

- When sufficient technical support is provided, schools are successful in adopting SW-PBS to fidelity.
- Longitudinal studies indicate that SW-PBS practices have sustained up to 10 years following implementation, even with turnover in administrators and core team members.

*Source: Horner, Sugai & Vincent, 2005

25

Evidence*

Does SW-PBS improve academic and social behavior outcomes?

- 20-60% reduction in office discipline referrals for students with and without IEPs
- Increases in the time students spend in instruction
- Decreases in the amount of time administrators and teachers spend addressing problem behaviors

*Source: Horner, Sugai & Vincent, 2005

26

Evidence*

Does SW-PBS improve academic and social behavior outcomes?

- Improvements in the perception of school safety and mental health through decreases in “risk factors” and increases in mental health “protective factors.”
- Preliminary results indicate that SW-PBS implementation is associated with a decrease in the number of students for intensive behavioral support needs.

*Source: Horner, Sugai & Vincent, 2005

27

What is BEST?

- Developed at the University of Oregon, Institute for Violence and Destructive Behavior based on the principles of PBS.
- A standardized staff development model for schools and districts to implement and sustain PBS.
- Includes content related to school-wide discipline, classroom management, and individual student supports.

28

Resource needs for BEST Implementation

- Trainer expenses for 4 days per year for 2-3 years for each site team
- Teacher/staff release time for trainings
- Additional team planning/implementation time (if needed)
- District and/or mental health point persons trained as trainers and providing site support (to strengthen sustainability).

29

THE SMHP Model for PBS Implementation

- Develop PBS Coaches in BUSD *and* in Mental Health.
- Develop PBS Teams at the sites that include mental health clinicians (school or agency employed)
- Include Pre-Schools in PBS implementation
- Long term goal to expand PBS implementation to City and community recreation centers and after school programs

30

The SMHP Approach to PBS Implementation

- Develop PBS coaches in BUSD *and* in mental health agencies.
- Develop PBS teams at the sites and district level that include mental health clinicians/administrators
- Include pre-schools and BUSD after school programs in PBS implementation
- Long term goal to expand PBS implementation to city and community recreation centers

31

Additional Information & Resources

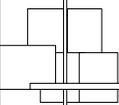
U.S. Office of Special Education Programs
T.A. Center on PBIS

- Website: <http://www.pbis.org>

University of Oregon, College of Education,
Institute on Violence and Destructive
Behavior

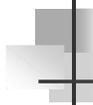
- Website: <http://www.uoregon.edu/~ivdb>

32



Berkeley Schools-Mental Health Partnership

Accomplishments and Challenges



Some Accomplishments to Date

- ✓ Completed strategic plan
- ✓ Office of Integrated Resources coordinating implementation of the plan
- ✓ BUSD established ULSS teams in the schools
- ✓ ULSS teams working more systematically to identify student needs and provide appropriate learning supports
- ✓ BUSD Parent Resource Office bridging parent support efforts in the schools

34



Some Accomplishments to Date

- ✓ Family Youth and Childrens' Services (FYC) adopted an internal plan calling for enhancing school-based mental health services
- ✓ FYC hired senior staff member to oversee school-based services and convene school-based mental health providers
- ✓ FYC increased clinicians working in the schools
- ✓ Every Berkeley school has community mental health agency providing school-based services

35



Some Accomplishments to Date

- ✓ School-based mental health providers are active members of site ULSS teams
- ✓ Start-up of School-Linked Health Services Program initiated by City of Berkeley, HHS in partnership with BUSD
- ✓ Alameda County Behavioral Health approved flexible use of EPSDT (MediCal) billing in the schools
- ✓ Training of educators and mental health providers, including several cross training venues (Summer Institute, Positive Behavioral Supports, ULSS infrastructure)

36



Some Accomplishments to Date

- ✓ Regular convening of School-Based Mental Health Providers facilitated by FYC
- ✓ Completed initial evaluation of implementation effort
- ✓ Progress toward PBS implementation: Monitored initial implementation at two sites, provided district-wide educator/mental health provider full day forum on PBS, identified new pilot sites for 2008-2009 school year.

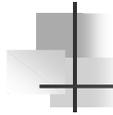
37



Challenges

- Getting practitioners on board
- Resources for organizing and providing services
- Collaborative governance despite divergent interests
- Capacity to sustain systems change process
- Keeping policy makers' attention
- Addressing inter-institutional differences while engaging parents, families and community

38



Contact Information

Lisa Warhuus, Ph.D.
Manager, Integrated Resources
Berkeley Unified School District

1835 Allston Way, #5
Berkeley, CA 94704

(510) 644-8991
Lisa_warhuus@berkeley.k12.ca.us