

Effective Practices Brief



Another Quality Publication Courtesy of the Center on Disability Studies, COE University of Hawai'i at Manoa

Supporting All Students to Achieve High Standards



Purpose of this Brief:

To review School Based Behavioral Health, where we have come from, where we are now, and where we are going - for instructional staff, administrators, behavior support staff and families across the state of Hawaii, and to identify areas of supports we will all need as we shift from a medical model to a school based model of delivering mental and behavioral health services to Hawaii's children.

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School Based Behavioral Health Review Creating a Context

Overview: In response to the Felix Consent Decree five high priority areas have been identified to target our state's educational resources. These target areas have been selected based on our largest challenges in creating an educational system that more effectively meets the needs of all children. National Specialists have been hired to work with the Department of Education in designing and implementing improvements in the following target areas: School Based Behavioral Health (SBBH), Literacy, Autism, Individual Education Plans (IEPs), and Functional Behavioral Assessment.

This Brief focuses on School Based Behavioral Health as a comprehensive system of services and supports for children and their families. This is the first Brief in a series focusing on each of the five target areas and the content or approach that each Specialist is taking throughout Hawaii. Future Briefs focusing on a broader scope of Research Based Practices for each of the target areas will encourage readers to further develop their base of knowledge, becoming critical consumers of Research Based Practices to apply in their own schools. Additional Briefs will highlight Promising Practices drawn from Research Based Practices being implemented throughout Hawaii; this will demonstrate the growing resources and creative implementation of National research that is being applied locally for the benefit of our children. Let's begin.



School Based Behavioral Health:

What is SBBH?

School Based Behavioral Health (SBBH) provides behavioral health services coordinated and delivered by the school and community partners on the school campus and/or through close and affiliated community based resources. This represents a theoretical and implementation shift in how Hawaii has managed mental and behavioral health needs of students, shifting from a medical model to an instructional model for managing and delivering behavioral health resources and services.

SBBH offers a multifaceted and integrated approach for schools to provide mental health and behavioral supports and services to all students within the school. The resources that School Based Behavioral Health offers are considered an enhancement of current supports already available at many Hawaii schools through the Comprehensive Student Support System (C555), representing the student support component of C555.

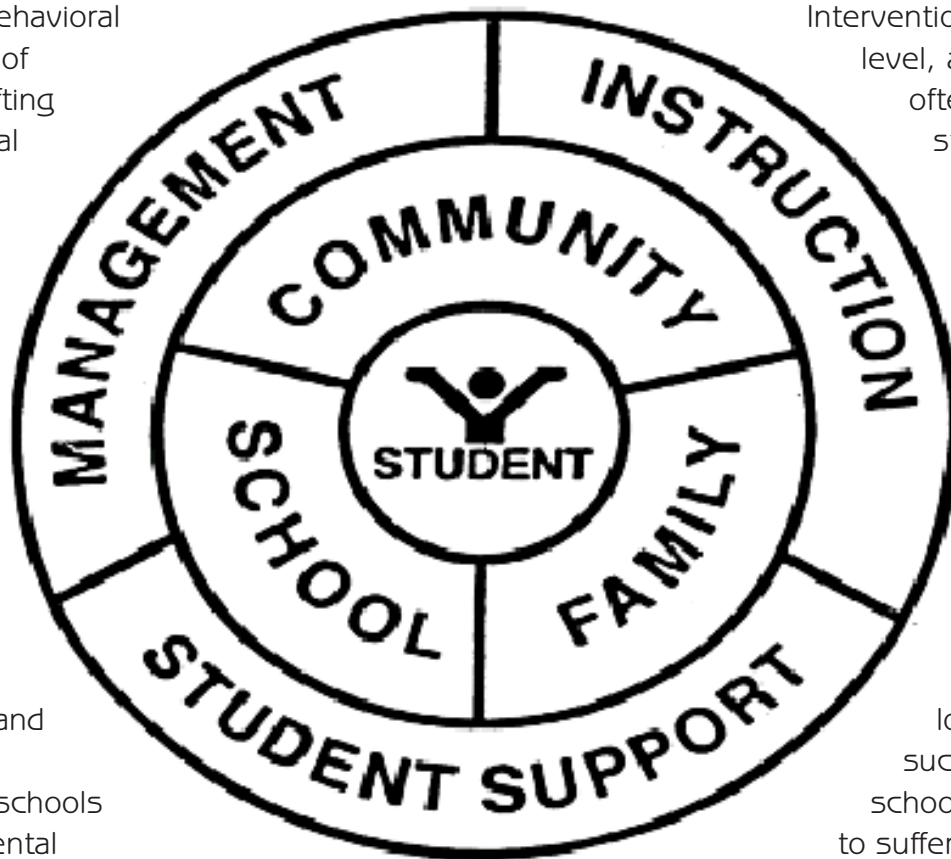
Why Change?

Prior to July 1, 2001 a medical model of clinical diagnosis and treatment of children's behavioral and mental health needs was the norm in schools throughout Hawaii. This older model focused on the child as the identified patient with approaches to treatment that often times took students out of the classroom and away from peers and teachers to address behaviors that related to their performance in school.

Intervention at this level, although often helpful to students, many times did not include instructional interventions, or independence and skill building components, and without these components long term success in school continued to suffer. The clinical model is not sufficient to

meet the needs of an instructional approach, which creates a full spectrum of services on the school campus to meet all student's needs from prevention, through individual supports and services, to intensive supports.

The shift from an outsourced medical model to an integrated instructional model is truly in the best interest of our children. However, the driving impetus for this change has been



the Felix Consent Decree, creating an urgency and entry into such a large change from a challenging angle. Ideally, a shift of this kind would begin with professional and resource development, focusing on prevention and early intervention services in addition to formal and intensive supports. We have not been afforded this luxury. In response to court benchmarks SBBH has been implemented with an initial focus on “Felix Class” students who fall into the CSSS levels 4 and 5 of support, those whose special needs can only be met by individually planned services and programs

As SBBH moves to function optimally across all five levels of student support and weaves into the six Enabling Components of CSSS, we will begin to see a rich spectrum of school and community resources that provide all students with prevention and early intervention supports. This will help shift our focus to identify and support students early in their areas of need by providing well-targeted and developed resources, interventions, and services. When students are supported at these early levels of intervention, fewer students will require higher levels of interventions allowing greater numbers of students to perform to the best of their ability with more independence and more evident educational outcomes.

Who does this change affect?

This change affects all students and will serve to strengthen the “safety net” of CSSS to identify and support students at early levels of prevention and early intervention, ultimately creating many opportunities to “catch them early” in potential problem areas. The implementation of SBBH affects all professional staff related to the school, all teachers, administrators, behavioral support staff (including Therapists, Psychologists, and

Behavioral Specialists).. Focused professional development for School Psychologists and Behavioral Specialists will include skills in Functional Behavioral Assessment, Behavioral Support Plan development, implementation of Evidence-Based Treatment (e.g., Cognitive Behavior Management), and comprehensive plan management. Instructional staff will also receive training in expanded skills that will aid them in implementing their part of the overall SBBH plan.

For families SBBH encourages continuous involvement from the point of referral through independence, when the student no longer needs the specific support or service. Parents are considered full members of the team and will be supported to play an active role in each step of planning and implementation for their child. With SBBH taking the full spectrum of support into consideration, families will be encouraged to be actively involved in early intervention through intensive supports, building a rich and multifaceted webbing of support around each child.

What does SBBH “look like”?

The vision of School Based Behavioral Health includes building a comprehensive array of resources that range from utilizing naturally occurring community resources (i.e., local individuals, businesses and organizations, friends around each child, child and neighborhood supervision resources), through accessing formally structured services based on effective practice guidelines.

The basic schema of SBBH is as follows:

- Identify and refer at risk students
- Assess both the nature and context of problem behaviors
- Plan for intervention and support

- Provide service, intervention, support
- Evaluate the effectiveness of the planned services, interventions, and supports
- Coordinate care
- Provide technical assistance and supervision

For students requiring supports at levels 4 & 5 a designated Care Coordinator, will be assigned, the student team selects a Care Coordinator whom is best suite to oversee the complexities of the particular plan. Looking at students who receive support services through levels 1-3 we might see services focused on a building or classroom systems of support that would affect all children in that area. For example, ameliorating identified barriers to success in the cafeteria or school hall way will call on the same underlying behavior principles and approach as targeted interventions and supports for a particular student. This approach allows schools to widen their scope and definition of what it means to support all students to achieve to the best of their ability, creating broad and deep resources to bolster children to succeed.

A principal tool in assessing the nature and content of problem behaviors comes in the form of a Functional Behavioral Assessment (FBA). FBA is a framework for information gathering that allows the team to identify areas of needed support in the SBBH process, involving all team members for an individual student, and facilitates the team in an inquiry process that leads to designing specific strategies and the development of a plan to target resources for improved school success. A future Brief will cover Functional Behavioral Assessments in more depth.

Evaluation of interventions will provide on going refinement of approach and encourage continued reliance on research based practices and evidence based supports at all levels. Over time Hawaii will build a bank of research based interventions and services that are meeting the needs of all children. Through reporting to ISPED we will build our own database of successful approaches, drawn from evidence-based strategies to assess students needs and provide services responsive to those needs. We will strengthen our foundation of working together to support all our children to do their best in school.

Technical assistance and supervision will continue to be offered and built into every step of the process, providing for professional development and support to all those that are implementing SBBH.

Summary

The transition to School Based Behavioral Health is a process, one that has been prompted by the Felix Consent Decree, and that pushes Hawaii to implement a plan for change which requires ongoing system reform and professional development. This shift requires us to capitalize on current expertise of parents, school staff, community members, and private providers. Successful implementation of SBBH promises an improved array of resources and services available through schools, enhancing the Student Support component of CSSS. Through School Based Behavioral Health we are positioned to serve all children by developing a multifaceted array of services and supports and by weaving a strong web around each child, each school, and each community that will provide resources along the whole spectrum from prevention through intensive support.



With SBBH we are looking at not just changing how behavioral health services are made available to students, we are working to shift what has been an “ad-hoc and marginalized component of educational reform. The simple fact is that education support activity is marginalized at most schools, and thus the positive impact such activities could have for the entire school is sharply curtailed.” (Adelman, Taylor 2001) As Hawaii takes steps to shift our mental and behavioral health services to children we must remember that this is a process, one that requires time and supports for those that are implementing changes at the school level. In this time of change it is important that we all work together, to support each other as professionals and advocates for children. When we hold this as our primary agenda and surrender to the process of change we will draw on our collective wisdom for the betterment of our collective future.



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