

Removing Behavioral Health Barriers to Learning

An Achievement Connections Strategy

Executive Summary

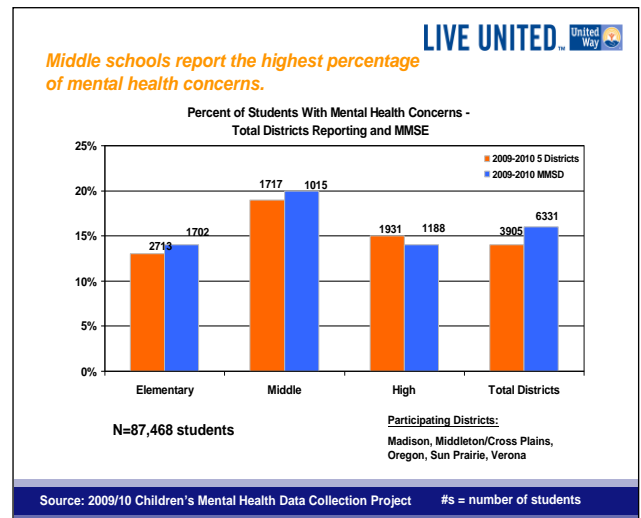
In 2010, five school districts in Dane County conducted research that showed that 16% (6,331) of the combined 87,468 K-12th grade students experienced behavioral/mental health¹ issues that interfered with their ability to learn². This data and national research about the impact of mental health problems on learning³ compels us not to overlook this as one of the factors that contributes to truancy, dropping out, or lack of academic success. For this reason *“increasing the early identification and treatment of mental and behavioral health issues”* was elevated as one of four key Achievement Connections strategies to increase the graduation rate in Dane County to 95% by 2020.⁴

Our goal is to minimize or remove behavioral and mental health issues that interfere with a student’s ability to learn. United Way of Dane County is partnering with school districts and community agencies to identify and treat problems such as anger, anxiety, and depression in school settings through two key programs, CBITS and FACE-Kids. Personal accounts from students and their teachers tell us that these interventions are making a positive difference in their classroom experiences. A look at recent data suggests that something is happening that’s resulting in fewer students disconnecting from school through truancy or dropout. We believe that our collective focus on addressing behavioral health barriers to learning is contributing to this positive trend.

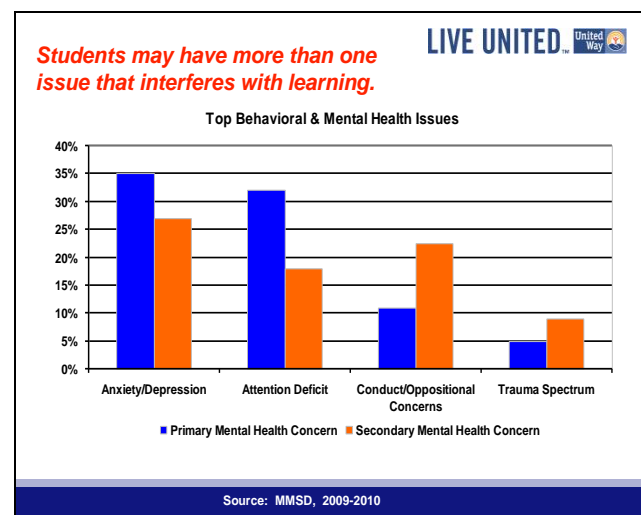
Scope and Dimension

Data collected over several years consistently highlights three key findings about the scope of behavioral health concerns seen in schools:

- **Middle schools deal with the highest proportion of students with behavioral health concerns.**



- **Anxiety/depression, attention deficit and conduct/oppositional disorders top the list of behavioral health concerns**



- **About 5% of students with behavioral health concerns are dealing with the impacts of trauma.**

Psychological trauma is an experience that is emotionally painful, stressful, or shocking, which can result in lasting emotional and physical affects and overwhelms one's ability to cope.⁵ It can result from a one-time event or traumatic experiences that are interpersonal, intentional, prolonged and repeated.

Trauma brings with it a range of physiological and emotional responses such as the inability to regulate emotions and control impulsive behaviors that make learning difficult. The effects of trauma experienced in childhood can be reflected in unhealthy physical and emotional behaviors in adults if a healthy recovery from the event(s) has not occurred⁶. Fortunately, trauma can be treated effectively; the earlier the better.

Schools Respond

Schools in Dane County have adopted practices that integrate a comprehensive system of learning supports and interventions to address barriers to learning for all students.⁷ Embedding mental health services in the school is recognized as a key component of learning supports. Schools value collaboration with community partners around the common goal of helping students succeed in school, a practice that has fostered creative school-based strategies for students with behavioral and mental health concerns.

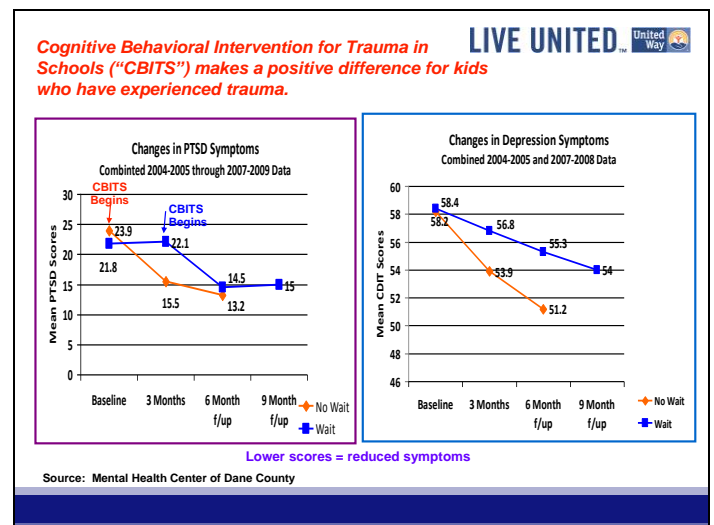
CBITS

National research shows that 1 in 4 youth will experience a traumatic event by their 16th birthday. As early as 6th grade, children who have witnessed or experienced violence or trauma can be identified as "at risk." If these children exhibit symptoms of psychological trauma but are not identified and treated by the time they get to 9th grade, there is much less chance that they can be successfully helped. They are more likely to drop out of school, get in trouble with the law, drink alcohol, abuse drugs and become pregnant.

Description

The **C**ognitive **B**ehavioral **I**ntervention for **T**rauma in **S**chools program (CBITS) provides screening, early intervention and treatment for 6th graders who are

experiencing Post Traumatic Stress Disorder (PTSD) and depression. Students with clinically-significant levels of exposure to violence/trauma, symptoms of PTSD and depression benefit greatly by participating in CBITS groups where they learn skills that help them work through the trauma and manage its effects on their lives. In 2006 addressing trauma through this evidence-based program became the primary behavioral health strategy of Achievement Connections.

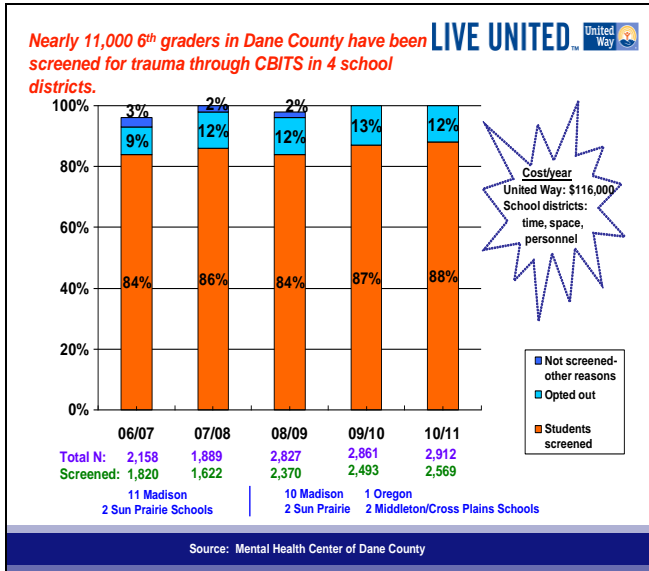


CBITS groups are made up of 4-8 students. Sessions are held at school once a week for 10 weeks. They are co-facilitated by a school counselor/social worker/psychologist and a trained mental health therapist from a community agency. The therapist provides 2-3 individual sessions with each CBITS participant to help them face and come to terms with the event(s) that triggered the trauma ("exposure therapy"). Teaching and consultation is also provided to teachers and parents to help them understand how trauma may underlie behaviors they see in their student/child, and how they can respond appropriately.

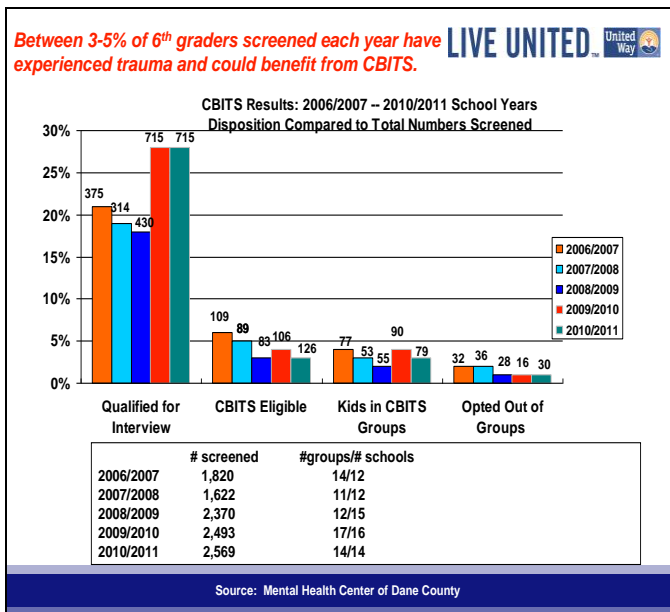
Implementation to Date

- CBITS has been implemented in 4 of the 16 school districts in Dane County: Middleton/Cross Plains, Oregon, Madison and Sun Prairie.
- Nearly 11,000 students have been screened for PTSD and depression through CBITS since 2006.

- An average of 97 6th graders a year who are screened are eligible for the school-based intervention. The majority of these students participate in CBITS groups.
- Because parent consent is required, about one-third of eligible students do not participate in the CBITS groups.



The 2,500 students screened in these 4 school districts represent 52% of the 4,974 6th grade students in the County



Students found to have trauma exposure and participate in CBITS benefit through reduced symptoms of PTSD and depression, becoming more available for learning, and likely having

altered the trajectory of their life course in a positive direction. The screening also benefits the broader student body by identifying students who may be struggling with other behavioral health concerns during the 6th grade – a time when the school transition alone can be inherently difficult. These students can be directed to other resources for help such as school counselors, health providers, parents, or FACE-Kids groups.

FACE-KIDS

The Five+ Agency Collaborative Effort for Kids program (FACE-Kids) provides treatment and prevention group services to Dane County children and youth with a wide range of mental health needs. It is a resource for all schools that need help responding to the challenges presented by students with behavioral or mental health issues.

Description

FACE-Kids is implemented through a collaboration of seven community-based mental health providers who pool staff resources and expertise to provide accessible group counseling in schools, neighborhood centers, and FACE-Kids agencies⁸. With one phone call to the FACE-Kids Coordinator, schools can request the services of a mental health therapist to come into the school and co-facilitate an 8-10 week group session around most any concern that is disrupting learning for a student or larger group. The Coordinator matches the school's need with an appropriate therapist from one of the collaborating agencies. Similar to CBITS, the school and agency staff work together in developing and running the group during the school day.

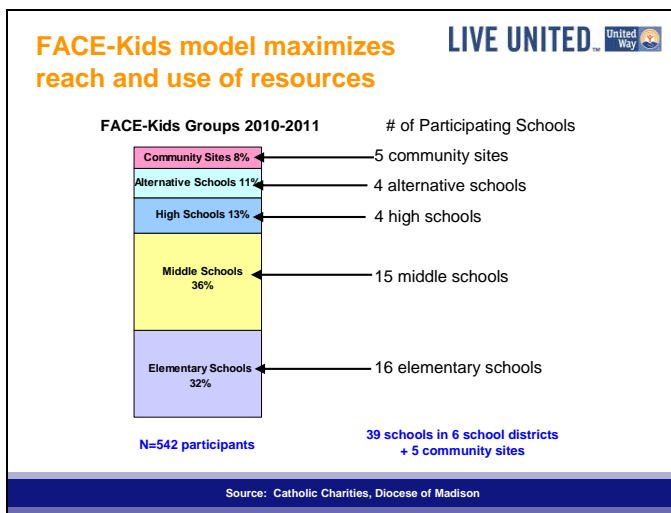
The coordinated, collaborative design of this program provides great flexibility in targeting resources where needed, developing interventions to respond to new and diverse needs of students and schools, and efficiently maximizing system capacity to reach a large number of students. These features make FACE-Kids an important second component of our Achievement Connections behavioral health strategy.

“We kept things real and we got to express our feelings and talk to someone.”

- FACE-Kids participant, on what they liked most about the group.

Implementation to Date

- In 2010, 520 students participated in 211 FACE-Kids groups offered in 34 schools and several off-site locations in 7 Dane County school districts.
- Eight to ten week groups were provided on topics ranging from anger management, anxiety, and grief and loss, to self esteem and social skills.
- **FACE-Kids served 7% of the 7,772 students in these districts who are estimated to have behavioral/mental health issues.**



FACE-Kids has proven its ability to serve a diverse population. During the 2010/11 school year 60% of the participants in FACE-Kids groups were minority students. The ability to work with students on-site in the schools has provided low-income and minority students access to helpful services they otherwise may not receive. Our most recent Madison schools data showed that African American students are disproportionately represented among students with mental health issues (20% of the overall school population, 26% of students with mental or behavioral health concerns interfering with their ability to learn), and that a greater proportion of students who are suspended have behavioral health concerns (56%) than students who do not (44%).⁹

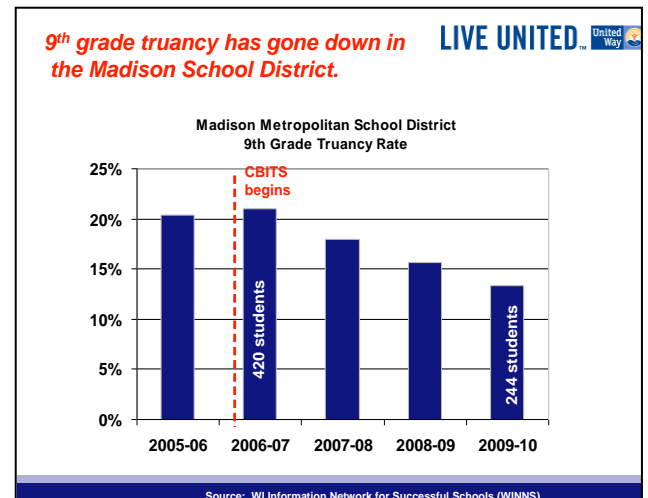
“Teachers and other staff have reported noted improvements in the skills and decision-making of our youth after participating in these groups. Students also reported positive outcomes in many of the assessed areas.”

- Local school Psychologist's reflections on FACE-Kids

Results to Date

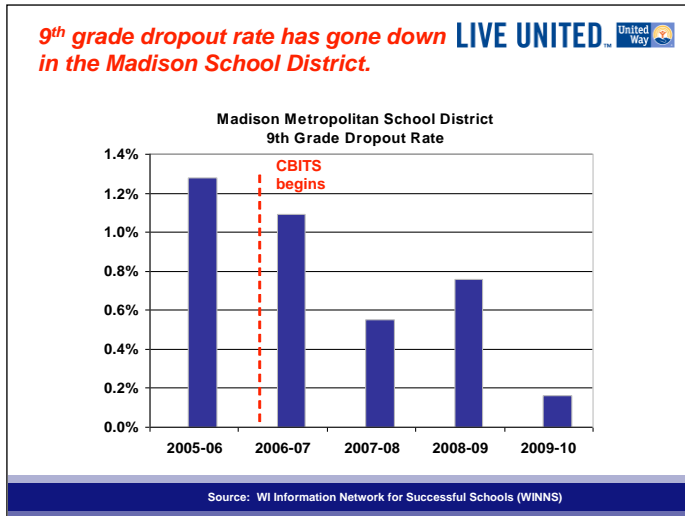
Participation in CBITS, FACE-Kids or other interventions provided by school districts does not singularly correlate with graduating from high school. We deploy CBITS as part of a comprehensive plan to improve graduation rate. The MMSD students in the first cohort to participate in CBITS screening and groups are now finishing 10th grade (2011/12). We can't yet evaluate their graduation rate; however we can examine attendance/dropout data to determine if these students have stayed in school and on course to graduate. The MMSD data shows

- Truancy
 1. The 9th grade truancy rate has declined. The downward trend has been steady since levels were at their highest point in 2007/08 when 21% (420) of 9th graders were truant.
 2. In 2009/10, 13.3% (244) of 9th graders were truant. This class had the lowest truancy rate of 9th graders over the previous 5 years.



- Drop out
 1. The 9th grade drop-out rate has also declined though the pattern has been more uneven than for truancy.
 2. 9th graders in the class of 2009/10 had the lowest drop out rate (.16%, 3 students) of 9th graders in the previous 5 years. In 2005/06 the dropout rate for 9th graders was 1.28%, 28 students.

3. In comparison, no progress occurred in the *high school* drop out rate over the same period, which was 2.27% in 2005/06 and 2.28% in 2009/10.



We have begun to assess the longer term impact of these interventions on student achievement. We will continue to work with our partners on gathering and evaluating data on the behavioral health strategies we are currently deploying, and on seeking additional best practices in behavioral health interventions in the schools. The data and research will guide the continued implementation of these programs that promote student academic success by removing behavioral health barriers to learning.

¹ Definition of mental health—the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity, from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. From *The Executive Summary—A Report of the Surgeon General on Mental Health*, 1999.

² Madison, Middleton/Cross Plains, Oregon, Sun Prairie and Verona School Districts.

³ See Achievement Connections Mobilization Plan, 2008. This is United Way’s business plan for achieving the goal of increase the graduation rate for Dane County to 96% by 2014.

⁴ Other strategies are: 1) increase student engagement in the school and in the community; (2) increase parents/guardians access to tools for emotional support; and 3) re-engage the youth who have dropped out of school.

⁵ “*Creating Trauma-Sensitive Schools: Speaker Notes Part One – What is Childhood Trauma & How Does It Affect Children?*” WI Department of Public Instruction, 2010.

⁶ Diverse Childhood Experiences Study Felitti VJ, Anda RF, Nordenberg, D, Williamson DF, Spitz AM, Edwards V, Koss MP, et al JS. *The relationship of adult health status to childhood abuse and household dysfunction.* American Journal of Preventive Medicine. 1998; 14:245-258.

⁷ See information about the “Response to Intervention” and “Positive Behavioral Intervention in Schools” models available on the UCLA Mental Health Project website, smph.psych.ucla.edu

⁸ The collaborating agencies are Catholic Charities, Children’s Service Society; Family Services; Lutheran Social Services; Agrace HospiceCare, Mental Health Center of Dane County and The Rainbow Project, with Catholic Charities as coordinator.

⁹ To further serve FACE-Kids participants with major mental health problems who are most at-risk of school failure, the FACE-Kids Connections program was designed and piloted to help connect students needing therapy was resources in the community. Initial results are promising.

United Way Staff Contact:

Sandy Erickson
 608.246.4354
sandye@uwdc.org