

Fall 2002

Update from the Director of Special Education

Welcome back to another school year!

We have decided to organize each edition of Inside Special Education by topic areas. For this fall issue we are focusing on Behavior and Mental Health issues and initiatives.

The support for the provision of mental health services in schools has come and gone over the past thirty years, but is currently in a period of resurgence due to a number of factors. According to the Surgeon General's Report of 1999, at least 1 in 5 children and adolescents face a mental health issue, and 1 in 10 have a mental disorder that results in significant functional impairment. It also reports that schools are the primary provider of mental health services for school-aged children. These issues, in conjunction with the limited funding, are often a source of tension between education, mental health agencies, and families.

Several major public laws enacted in the mid-nineties have targeted the need for mental health services in the schools. The Improving Americas' Schools Act and the Goals 2000: Educate America Act of 1994 mandated development of a more comprehensive approach to meeting the needs of low achieving students. The reauthorization of IDEA in 1997 called for

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Inside CDE Special Education newsletter is published and edited by the Special Education Services Unit at the Colorado Department of Education, 201 East Colfax, Room 300, Denver, CO 80203. Phone: (303) 866-6694.

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The purpose of the *Inside Special Education* newsletter is to serve as a medium for the dissemination of information pertaining to special education in the state of Colorado and the activities of the CDE Special Education Unit. This quarterly newsletter is designed to disseminate information on professional issues, procedural changes, and upcoming events to Colorado educators.

All views and opinions expressed in this newsletter are those of the authors and do not necessarily reflect the views of the Colorado Department of Education or the University of Colorado-Denver.

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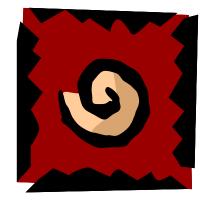
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functional behavioral assessments and behavioral intervention supports for students with disabilities experiencing behavior and disciplinary problems. Most recently, "No Child Left Behind Act of 2001" sets up grants for two specific reasons: to increase the supports and services offered by school social workers, school counselors and school psychologists in the area of mental health and to offer grants for the integration of schools and mental health systems. I believe that as IDEA is reauthorized over the next few months we will see additional opportunities for interagency collaboration to meet the mental health needs of our students.

When the US Department of Education, Office of Special Education Programs (OSEP) conducted an evaluation of our state special education programs, they noted that we need to be sure we are considering the mental health needs of our students as we develop their IEPs. That was only 3 years ago, and since that time we have, with the help of families and many of the professionals in the field, put many new strategies in place. One exciting new Colorado Initiative is the Schoolwide Positive Behavioral Supports. This initiative is being endorsed by Deputy Commissioner Roscoe Davidson. Another new resource that will be available soon is the *Guide to School Mental Health Services*, produced by the Colorado Department of Education, Special Education Services Unit.

I hope this issue provides you with information and resources that will assist you in making this a successful school year.

> Sincerely, *Lorrie Harkness* State Director Special Education



Positive Behavioral Supports: A Colorado Initiative

By Behavior Initiative Leadership Team at CDE

A new and exciting initiative in which The Colorado Department of Education has engaged in is School-wide Positive Behavior Supports for All Students. This project, a joint effort of the CDE Prevention Initiatives and Special Education Services Units, promises to have a tremendous impact on schools and student behavior throughout Colorado. Over the next three years, the project will collaborate with Dr. George Sugai and Anne Todd of the OSEP Center on Positive Behavioral Interventions and Supports at the University of Oregon to train building level teams from districts across our state. Dr. Sugai and Ms. Todd have already trained leadership teams from schools in the Commerce City and Harrison Districts, pilot sites for the first year of the initiative.

Positive Behavioral Supports (PBS) is a framework designed to assist schools in their efforts to improve school climate and behavioral support for all students, especially those with challenging social behaviors. The goal is to establish school environments that support the adoption and sustained use of evidence-based practices. PBS is not a new practice, nor is it a specific curriculum. Rather, it is a general, systems approach to preventing problem behavior and is applicable to all students, not limited to any one group.

PBS is based on a long history of behavioral practices and on effective instructional design and strategies. It meets the challenge of increasing a school's capacity to establish clearly defined outcomes that relate to academic and social behavior, accommodate the broad range of problem behaviors seen in classrooms, engage in team-based problem solving, collect and utilize relevant data in making programmatic decisions, and create a priority for a <u>preventive</u> model of behavior support.

An overriding tenet of PBS is the belief that effective practices are only as good as the systems that support the adults who use them. Thus, the project asks for a firm commitment from the schools involved, for strong administrative leadership and support, and for a focus on "working smarter."

Commerce City and Harrison School Districts were selected as pilot sites for the 2002-2003 academic year because they met a set of specific criteria including attendance at a prior **Positive Behavior Supports** training. In addition, districts gualified based on high suspension and expulsion rates, and high mobility rates. Schools were eligible for grants that promote services for expelled and at-riskof-expulsion students. Both districts have an active Behavior Evaluation and Support Team (BEST) and were willing to make a commitment of a .5 FTE coach.

During academic year 2002-2003, the two pilot districts, Harrison and Commerce City, will establish and maintain building leadership teams, conduct selfassessments, examine school discipline data, and identify strengths as well as areas of immediate focus. The teams will develop action plans and begin to establish school-wide expectations.

Coaches in each of the two districts have

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been assigned on a half-time basis to provide technical assistance and support to the participating schools. Kiki McGough (Commerce City), Andrea Mangino (Harrison), and Theresa Villegas (Harrison) will help teams begin the PBS implementation process, collect school data, and develop and complete their action plans.

Coaches will be available to attend team meetings and to consult frequently with the building team leader. They are critical personnel in the PBS project as they help

schools identify outcomes, examine the integration possibilities for all the behavior efforts they have in place, and create maximum efficiency in the use of their programs.

The two-day, August training, conducted by George Sugai and Anne Todd, was an

informative and motivating event for the 115 attendees. Dr. Roscoe Davidson, Deputy Commissioner, welcomed participants who included general and special education teachers, principals, school psychologists, behavior and learning specialists/coordinators, special education coordinators and directors, child advocates, and an assistant superintendent. Teams had the opportunity to learn in-depth about PBS, teaching behavioral expectations in classroom and non-classroom settings, managing escalating behavior, and making data-based decisions. They also began identifying strategies for implementing Positive Behavior Supports in their schools.

Schools participating from Commerce City include Monaco, Rose Hill, Hanson, and

DuPont Elementary Schools, Adams City and Kearney Middle Schools, and Adams City High School. Harrison buildings include Otero, Turman, Stratmoor Hills, Stratton Meadows, Chamberlin, Wildflower, and Oak Creek Elementary Schools, Gorman Middle School, and Harrison High School.

In future years, the project hopes to include districts from all of Colorado's eight regions. As the pilot year continues, we will be developing criteria for participation and disseminating information about the project to superintendents, special education

> directors, principals, and behavior teams throughout the state.

For additional information about the OSEP Center for PBIS and the states in which this initiative is underway, visit www.pbis.org. For

more information about the CDE Positive Behavior Supports Initiative, contact Cyndi Boezio, Jackie Borock or any member of the Behavior Learning Team at 303-866-6694 or Cindy Wakefield at 303-866-6750.



Behavior Evaluation and Support Teams: A Colorado Success Story

By Faye Gibson

In 1992, the Colorado Department of Education Special Education Services Unit began an innovative project focused on building capacity in districts to provide supports and training for those staff working with students with challenging behaviors. The project started with teams from five districts in the state and has grown now to a powerful initiative in which 40 district level teams have been trained and are active throughout Colorado.

The Colorado Behavior and Evaluation Support Team (BEST) Project has seen many successes in the six years since its inception. In this issue of Inside Special Education, we feature one of the newer participants in the BEST Project, the District Wide Emotional and Behavioral Support Team ("DWEBS") from Canon City, and one of the long-time teams, Douglas County.

"DWĒBS" District Wide Emotional and Behavioral Support Team Canon City – Southeast Region

Although they laughingly refer to themselves by their acronym, the DWEBS, everything about this team is professional, innovative, and dedicated. **Debi Blackwell**, Director of Special Services and Federal Programs for the Canon City School District, speaks with excitement and pride when describing the team members and the activities that have already made them well known throughout the district. "Our philosophy," she says, "is that behavior needs to be shaped with the same kind of attention that is paid to academics. I looked for people who 'owned' that philosophy, who were creative, and who had the flexibility and desire to participate."

Canon City formed its team in late Spring 2001 and attended the Sopris Institute and BEST Training in Breckenridge that summer. Ms. Blackwell credits Ann Pearce, CDE Regional Liaison to the Southeast, as encouraging them to start a behavior team. "She made us believe we could do it," Debi shared.

Team members represent elementary, middle, and secondary schools in the district, as well as a variety of disciplines including general and special education, school psychology, school social work, and counseling. Dinah Navarette, a counselor at Harrison Elementary School, is a former physical education teacher. Harrison's Principal, Sandy Collins, was previously both a high school level vocational ed teacher as well as an elementary teacher. Today she serves as building leader for the school's center-based SIED program. Social workers, Bob Boezinger and Linda Hanenberg, represent Skyline and Washington Elementary Schools respectively. School psychologist, Kirsten Javernick, serves both Lincoln and McKinley Elementary Schools. The secondary level is well represented by Scott Manchester, a former general education classroom teacher who is now Counselor at Canon City Middle School and by Tim Ritter, the Counselor at Canon City High School. Tim is a former special education teacher.

When forming the team, it was important to Debi Blackwell that general education be well represented. "Concern about behavior is not just a special ed movement," she states. Debi looked for people with behavior intervention experience and with a variety of backgrounds. It was also important that team members be able to relate to both new

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and experienced faculty and staff. As an active member of the team, Debi provides not only the central administration perspective, but the link to the district Board of Education. Her participation was vital to the new program's immediate credibility.

In their first year as a team, the DWEBS have logged many hours! During the first weeks of the Fall 2001 semester, they attended a faculty meeting at every building in the district in order to introduce themselves and their mission through a clever skit. The team's mission, to build capacity among staff for effectively managing all students' behavior, was enthusiastically promoted and received.

The Team's next step was to conduct a survey in all buildings. The survey, based on Randy Sprick's work (Administrator's Desktop *Reference*), was related to each individual staff member's assessment of behavior management school wide; that is, how did people feel about behavior management in their own school environment. When the results were compiled, the DWEBS found several trends. Chief among them was that building staff believed student behavior in common areas such as hallways, cafeterias, bathrooms, and bus waiting areas was particularly problematic. Data from each school was shared with the Principal who then shared the results at a faculty meeting.

Recognizing that staff needed assistance in managing student behavior, the DWEBS developed an inservice which helped staff look at: establishing expectations around behavior in common areas, setting goals for managing behavior in common areas, and developing strategies for managing behavior. They presented the inservice in every building throughout the academic year, working with small groups of faculty and staff to help them determine what they viewed as acceptable or unacceptable behavior, and how to elicit and maintain the acceptable. The inservices were so successful that the team was asked to provide a second inservice in several schools, and they were even invited to a neighboring district to work with their faculty.

In addition to such professional development opportunities, the team provided ongoing support and guidance. One very wellreceived activity was the Weekly Tip! Every school's weekly newsletter included a tip on a behavior management strategy furnished by the DWEBS, an idea that earned positive

feedback from faculty, staff, and administrators.

Late in the 2002 spring term, the DWĒBS administered a post-survey, using the same questions as their initial inquiry. Of the 24 questions on the survey, the average improvement was 10%-20%,

but on issues related specifically to the DWEBS' work, improvement was 40% - 60% - results which both thrilled the team and substantiated their impact in the district.

Areas showing significant advances were: the staff's ability to deal overall with children's challenging behaviors and with conflict situations; as well as improvement in students' recess behavior, lunchroom behavior, bus area behavior, classroom behavior, conflict situation behavior. One of the most exciting results for the team was that staff acceptance of responsibility of managing behavior of <u>all</u> students showed a 40% increase!



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"Folks need to see that unlike other behavior teams that are focused on crisis management, we want to be a preventive team -- a group that's facilitating the knowledge of others," says Ms. Blackwell. By way of making their vision clear, the DWĒBS have presented twice at the Board of Education meetings and have been featured in the local Canon City paper, *The Daily Record.* The team has great support from Superintendent Frank Cooper and the school board. In fact, one member of the Board of Education has frequently attend DWĒBS' meetings.

During the coming academic year, the DWEBS are focusing on new staff in the district. They have conducted an inservice for all new staff members on the basics of classroom management. Each team member is paired with several new staff members in order to provide ongoing support throughout the year. The team is also working with building principals this year to look at "repeat offender" data. The team will help analyze the data to determine whether specific inservices should be designed relative to building needs.

It has taken a lot of time and effort to produce results in just one short year, and Debi Blackwell is quick to thank every team member. She sums up the year and looks forward to the one ahead in this way: "This is one of those seemingly small things that makes a big difference. It's like tossing a pebble into a pond and just seeing the ripples grow larger and larger."

For additional information about Canon City's dynamic and successful team, please contact Debi Blackwell at 719-276-5716 or by e-mail at blackwd@canon.K12.co.us.

Douglas County Behavior Support Team Douglas County – Metro Region

Douglas County was an enthusiastic participant in the first CDE-BEST training ten years ago. Since that time, the team has attended every BEST summer and follow-up training in order to hone skills and increase the effectiveness of their team activities. The team prides itself on delivering effective services and technical assistance to staff who work with students with challenging behaviors. Opportunities to hear nationally known speakers provided through CDE training have served the team well and members are committed to taking the information back to their district. The team both supports individual students and provides workshops and inservices in the district.

The six members of the Douglas County Behavior Support Team (BST) represent a variety of disciplines. **Nancy George-Nichols**, Behavior Coordinator for Douglas County, coordinates the team. Other members of the team include Behavior Specialists **Jon Smith, Nancy Townsend,** and **Sheila Redler**, along with Significant Support Needs Specialists, **Don Bell** and **Dan Wray.**

The Behavior Support Team assists staff in expanding building level capacity to educate students with difficult behaviors and to see behavior as a central part of the school curriculum. Staff usually requests services of the team when a student's behavior is significantly challenging, when current interventions have not been successful, or when new interventions are warranted. Additionally, the team's services are often sought when the parents and the school disagree about the most appropriate

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programming efforts, when services are fragmented, or when a student is at-risk of a more restrictive placement.

The team has a procedure in place that has worked well when people want to access their services. First, the school staff member contacts the team with a description of the student and the challenge. Team members are assigned to the case and arrange to observe the child in multiple settings. They also interview the student, the parents, and the teachers involved, as well as reviewing all available data and records. Following this extensive preparation, the BST facilitates a functional behavioral assessment (FBA) and conducts a behavior intervention planning conference.

One of the advantages of this approach, says Nancy George-Nichols, is that "our meetings are opportunities for all general and special education teachers, administrators, support staff, and parents to 'get on the same page' in understanding and responding to challenging behavior." She goes on to say that, each meeting "ends with a behavior plan in place." Behavior plans are based on hypotheses generated from the FBA and include environmental strategies, describe strategies for direct instruction about behavior, and outline teachable moments in response to both appropriate and inappropriate behaviors.

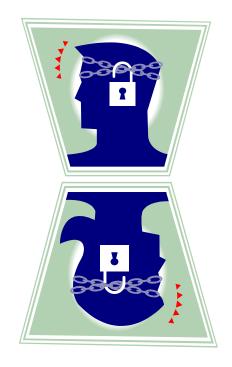
The team's work doesn't end there. They do extensive follow-up with building staff on implementation of interventions, data collection and analysis, refining hypotheses, and developing new supporting strategies. Over the years, the BST has assisted buildings in their work with hundreds of individual students.

In addition to working with building level cases, the BST helps building teams to:

develop building-wide behavior management systems, evaluate program effectiveness, and design needs assessments. Members provide staff development programs on-site in such areas as crisis intervention, resiliency training, conducting FBAs, and developing behavior interventions. They have trained building faculty, administrators, paraeducators, bus drivers, and campus monitors. Their workshops fill up quickly and the team has received very positive feedback about them.

For information about the Douglas County BST and their programs, contact Nancy George-Nichols at 303-814-5043.

Both Ms. George-Nichols in Douglas County and Ms. Blackwell in Canon City are quick to thank CDE for the continuing education and support provided to their teams through the BEST project. In turn, CDE is excited to have such talented and dedicated teams involved as BEST.



Sliver Grants Support Behavior Initiatives Throughout Colorado

by Cyndi Boezio & Faye Gibson

Even as we enjoy the success of the Behavior Evaluation and Support Team (BEST) project, the Special Education Services Unit continues to field questions about challenging behaviors and the most effective ways to deal with them. A number of administrative units have recently proposed innovative and exciting projects that will engage their schools and staff in activities focused on improving behavioral supports for students

while providing professional development opportunities for service providers and families. One of the primary goals of Colorado's State Improvement Plan is to insure meaningful participation of all students, including those with behavior challenges or significant affective needs. The Special

Education Services Unit was pleased to fund six sliver grants that address this goal.

<u>Adams County 12</u>, Northglenn-Thornton, will use its \$27,000 sliver grant to increase the capacity to provide positive behavior supports for all students. Initially focusing on the district's middle schools, the project will increase staff awareness of school-wide behavior support systems, improve the capacity of all staff to conduct functional behavior assessments, and will enhance parent understanding of Behavior Intervention Plans. Participating schools will establish functioning behavior teams and many will make a three-year commitment to adopt a school wide positive behavior supports program. To find out more about Adams 12's grant, contact *Eric Sellstrom @ adams12.org.*

Adams County 50, Westminster, designed a project to provide behavioral support to all students in the district. The thrust of the grant is to decrease suspensions and expulsions and to increase the participation of at-risk students in their home school setting. The ultimate goal of the project is to provide a safe and productive learning environment, ensuring that all students participate in successful learning experiences. The \$44,000 received from the



CDE will enable the district to provide training to staff and parents in such areas as school wide positive behavior supports, crisis prevention, functional assessment, and the Critical Friends program. The project will build capacity throughout the district using a trainer of trainers model with building teams. For more information, contact *Jacalyn Whittington*

@adams50.k12.co.us.

<u>Aurora</u> received funds for their sliver grant, *Effective Affective Needs: Building Capacity in Aurora Public Schools.* This \$134,000 grant will allow Aurora to be proactive in addressing the behavior needs in their large district. The initiative focuses on four areas: developing a continuum of services at the middle school level, providing professional development to staff and substitute teachers in the area of SIED, providing training about behavior supports to general educators, and increasing the coordination between parents and schools in relation to behavioral issues.

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In order to learn more about Aurora's grant, contact Susan McAlonan at *susanm@ctech.aps.k12.co.us* or Suzanne Chapin at *suzannec@wmsmith.aps.k12.co.us*.

The Mt. Evans BOCES is also undertaking a new behavior initiative based on the funding of their \$18,700 grant. The project will expand the capacity of schools to deliver both school wide and classroom positive behavior interventions by implementing two related models: School Wide Positive Behavior Support (SWPBS) as presented by Dr. George Sugai, and Dr. Randy Sprick's program, Proactive and Positive Behavior Management. SWPBS will be piloted in four schools in the BOCES. Representatives of all schools isn the BOCES will attend the Sprick training. Joyce Conrey at *jconrey_do@qwest.net* can offer more information about the Mt. BOCES sliver grant.

The Santa Fe Trail BOCES calls its \$71,500 grant "Building Achievement Capacity." This project expands the work accomplished during 2001-2002 by the behavior and writing cadres, as well as adding two new cadres in math and reading. By the end of the grant period, the BOCES will have created and implemented a four step staff development model that can be replicated to support teachers as they acquire new skills and as they create positive, productive learning environments. They will also develop manuals that will match student needs with best practices and current educational research. "Building Achievement Capactiy" anticipates having an impact on more than 350 students with disabilities. Sandy Malouff at *smalouff@centurytel.net* can proved additional information.

Thompson School District received a \$15,600 continuation grant to enhance the efforts of the 2001-2002 Behavior Support Team Training Initiative. During the next academic year, the project will provide behavior support training in all 28 school sites and will develop additional training specific to the unique situations encountered by bus drivers and paraprofessionals. Topics in the inservices will include: developing effective student assistance teams, conducting functional behavior assessments, and writing useful behavior plans. To learn more details about Thompson's grant, contact Karen Pielin at *pielink@thompson.k12.co.us* or Barbara Long at longb@thompson.k12.co.us.

In Colorado, as well as nationally, behavior is frequently cited as a crucial topic in which professional development opportunities are needed for all educators. The CDE Special Education Unit is sure that the sliver grants recently funded will have positive results for all Colorado students, especially those with behavior challenges.



Grant money for Services for Expelled Students and Expulsion Prevention Programs

The Colorado Legislature provides several million dollars to school districts, many of whom work in partnership with community organizations, to address the needs of students whose behaviors which may lead to suspension and expulsion, and to provide educational services to expelled students.



The most recent application for funding is available on the Colorado Department of Education's web site at <u>http://www.cde.state.co.us/cdeprevention/pi expelled grant.htm</u>, and is due September 16, 2002. School districts can request up to \$4,000 per student, depending on the strategies employed.

Expulsion is the last step taken after all other attempts to intervene with a student who has the most intense, chronic behavior challenges have failed. School districts work with the student's parent or guardian, and with community-based organizations, to develop alternatives to help students who are at risk of expulsion, and support students who are unable to avoid expulsion.

Services can also be provided by local and non-profit agencies, with the school district providing a portion of its per-pupil operating revenue. Examples of this include drug or alcohol treatment programs, counseling services and family preservation services.

Some examples of strategies funded through the Services for Expelled Students and Expulsion Prevention Programs grants are pro-social skill building, service learning, restorative justice, alternative education, mentoring, tutoring, job shadowing, counseling and mental health support.

President Bush Addresses Mental Health Issues

By Heather Hotchkiss

President George W. Bush announced the creation of The President's New Freedom Commission on Mental. In his address, the President stated that "our country must make a commitment: Americans with mental illness deserve our understanding, and they deserve excellent care."

The Commission's mission is to study the United States mental health service delivery system, including both the private and public sector providers. The Commission will advise the President on methods to improve the system so that adults with serious mental illness

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and children with serious emotional disturbances can live, work, learn, and participate fully in their communities. This President's Commission is the first comprehensive study of the nation's public and private mental health service delivery systems in nearly 25 years.

The President said, "Stigma leads to isolation, and discourages people from seeking the treatment they need. Political leaders, health care professionals, and all Americans must understand and send this message: Mental disability is not a scandal; it is an illness. And like physical illness, it is treatable, especially when the treatment comes early."

President's New Freedom Commission on Mental Health

Mission

- 1. Conduct a comprehensive study of the United States mental health service delivery system, including both the private and public sector providers.
- 2. Advise the President on methods of improving the system.

Goal

Recommend improvements to enable adults with serious mental illnesses and children with serious emotional disturbances to live, work, learn, and participate fully in their communities.

 Review the current quality and effectiveness of public and private providers and Federal, State, and local government involvement in the delivery of services to individuals with serious mental illnesses and children with serious emotional disturbances, and identify unmet needs and barriers to services.

- Identify innovative mental health treatments, services, and technologies that are demonstratively effective and can be widely replicated in different settings.
- 3. Formulate policy options that could be implemented by public and private providers and Federal, State, and local governments to integrate the use of effective treatments and services, improve coordination among service providers, and improve community integration for adults with serious mental illnesses and children with serious emotional disturbances.

Principles

The Commission shall

- Focus on the desired outcomes of mental health care, which are to attain each individual's maximum level of employment, self-care, interpersonal relationships, and community participation.
- Focus on community-level models of care that efficiently coordinate the multiple health and human service providers and public and private payers involved in mental health treatment and delivery of services.
- Focus on those policies that maximize the utility of existing resources by increasing cost effectiveness and reducing unnecessary and burdensome (Continued on page 13)

(Continued from page 12) regulatory barriers.

- Consider how mental health research findings can be used most effectively to influence the delivery of services.
- Follow the principles of Federalism, and ensure that its recommendations promote innovation, flexibility, and accountability at all levels of government and respect the constitutional role of States.

For more information and the full text of the President's address, go to: <u>www.mentalhealthcommission.gov</u> or contact:

President's New Freedom Commission on Mental Health 5600 Fishers Lane, Room 13C-26 Rockville, Maryland 20857 Phone: 301-443-1545 Fax: 301-480-1554

For questions or to submit any comments that would be helpful to the work of the Commission, please send no more than one (1) page to <u>staff@mentalhealthcommission.gov</u> To obtain assistance in accessing **mental health information** and **treatment referrals** to a local facility, please contact the National Mental Health Information Center: <u>ken@mentalhealth.org</u>, or call (800) 789-2647. You may also visit their website at:

www.mentalhealth.samhsa.gov.

2002 Mental Health and Substance Abuse Summit

By Heather Hotchkiss History of Our Inaugural Event

In early 2000, a group of advocate and provider organizations began discussions about devising a comprehensive solution to the crisis in funding for community-based mental health and substance abuse systems. The planning group clearly saw that this crisis in funding was also having a significant impact on other systems across Colorado: education, criminal and juvenile justice, social services/ child welfare, physical health and the business community.

The result of these discussions was the first Mental Health and Substance Abuse Summit, which brought the mental health and substance abuse community together with stakeholders from these other systems. Participants spent a day examining Colorado's mental health and substance abuse systems, including issues related to funding, public education, legislative action and cross-system impact. Now, we are planning our second Summit to continue building on this critical effort.

Our Goals for 2002

The overarching goal of the Summit is to achieve increased funding for mental health and substance abuse systems throughout Colorado. We will achieve this goal by crafting a 'Vision Document,' a document that will outline the community's vision, issues with the current system and recommendations necessary for change. This 'Vision Document' will address the issues of inadequate funding by garnering input from key stakeholders in the following systems:

- Business
- Criminal and Juvenile Justice
- Education

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- Hospitals and Primary Care
- Social Services/Child Welfare

We hope to achieve increased funding by utilizing the 'Vision Document' to create a unified voice on these issues and as a tool for discussions with public, policy-makers and legislators.

For more information, please contact Kyle Sargent, Director of Public Policy at the Mental Health Association of Colorado: 303.377.3040, x27 or <u>ksargent@mhacolorado.org</u>.



Policy Paper

An exciting Policy Paper entitled "Mental Health, Schools and Families Working Together for All Children and Youth: Toward a Shared Agenda" was recently published by the National Association of State Mental Health Program Directors and the National Association of State Directors of Special Education.

The purpose of the policy paper is to encourage state and local family and youth organizations, mental health agencies, and schools to enter new and closer relationships to achieve positive social, emotional and educational outcomes for every child. The paper offers recommendations and encouragement to family and youth organizations along with state mental health and education leaders to help them move toward systemic collaboration and better coordination and integration of programs and services. The goal is to lay the groundwork for building partnerships to address the social-emotional and mental health needs of all children.

Because of the challenges facing students in

the 21st century, schools need a broad range of mental health programs and services, including strategies for building a supportive school environment, strategies for early intervention, strategies for intensive intervention and a framework for trauma response. By delivering appropriate interventions earlier, fewer children may ultimately need more intensive and expensive interventions. The solution is to align systems to ensure a comprehensive, highly effective system for children and youth and their families.

The document outlines strategic recommendations for action which address the phases of systemic change. For example, NASMHPD AND NASDSE should lead a pilot effort that affiliates states committed to a shared agenda, establish a national advisory body, and convene teams from interested states to learn from each other and collectively pursue promising practices, such as:

- Ways to identify blended resources,
- Strategies to link state agencies with local agencies,
- Strategies for creating durable

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By Barb Bieber

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partnerships, including alignment of missions, policies and practices across agencies, shared accountability, resource mapping, redeployment of existing resources and action planning,

- Personnel preparation systems that ensure that all personnel are well trained for their roles, and
- Capacity building efforts, including crosstraining that has potential to move the shared agenda beyond demonstration sites.

Though state and community initiatives, policy and practice can be aligned across agencies to achieve a shared agenda.

Guide to School Mental Health Services

By Barb Bieber

Developed by the Special Education Services Unit at CDE, a new "Guide to School Mental Health Services" will be available this fall. It is designed to assist school personnel, students and their families in understanding and accessing mental health services in school and during transition from school.

According to the Surgeon General's Report on Mental Health (1999) an estimated one in five students will experience a mental health problem during their school years, with 11% experiencing significant mental health impairment. With such a significant proportion of students experiencing social/emotional problems, it is important for school personnel to know about the supports that students need to benefit from education. Research supports the fact that a positive school climate and effective interventions can contribute to improved student achievement.

school mental health services are the

supports that students receive to enhance social/emotional or behavioral adjustment and well-being. These services range from school-wide prevention efforts to individualized interventions.

For parents and school staff who may have questions about the mental health services available in schools and how to access these supports, the guide begins with a description of the signs that a student may need mental health services and describes how an initial referral is made. In addition to providing vignettes of students with different kinds of mental health issues, it discusses what to do if more intensive services are needed. The differences between school mental health services and those provided by community mental health centers are explained along with examples of how the schools and community agencies can collaborate to provide services. The mental health needs of students preparing to transition from school to adult services are also discussed.

The "Guide to School Mental Health Services" will be distributed this fall. In addition, it will soon be available on the CDE web site to be downloaded and printed at no cost.



RESOURCE:

Mountain Plains Regional Resource Center (MPRRC) is one of six Regional Resource Centers, a part of the <u>Federal and Regional Resource Centers Network (RRFC)</u>, providing services to the fifty states, the District of Columbia, the U.S. Trust Territories, and the schools of the Bureau of Indian Affairs (BIA). The MPRRC serves the <u>BIA</u>, <u>Arizona</u>, <u>Colorado</u>, <u>Kansas</u>, <u>Montana</u>, <u>Nebraska</u>, <u>New Mexico</u>, <u>North Dakota</u>, <u>South Dakota</u>, <u>Utah</u>, and <u>Wyoming</u>

The Mountain Plains Regional Resource Library is now available over the Internet. All materials (except for Journals and Workshops) can be requested online. If you have any questions or comments, don't hesitate to contact us!

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Mountain Plains Regional Resource Center, a Division of the Center for Persons with Disabilities at Utah State University—a resource of the United States Department of Education - Office of Special Education Programs.

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New Training on Management of Juvenile Sex Offenders

By Michael Ramirez

Recent messages headlining many of our newspapers convey frightening stories of unimaginable brutality against our children. It seems that we routinely hear alarming stories of child abduction, abuse and terror. Educators are being asked to mitigate acts of terror and harm against our most vulnerable citizens through policy and program development within their purview. School personnel are faced with the enormous task of having to create "action-plans" for the unimaginable. Creating a safe school

environment is a daunting task involving broad levels of expertise from representatives of multiple community agencies. Schools are being forced to deal with problem behaviors and mental health disorders with which they are typically unfamiliar; such as juvenile sex-offenders.

Program development and policy

implementation is most effective when based on well-researched practices. The challenge is to know how to access research based strategies for low-incidence but highly divergent students. The Colorado Department of Public Safety, Division of Criminal Justice, Office of Domestic Violence and Sex Offender Management has partnered with a number of state and community agencies and private providers to disseminate information about sex offending behavior that poses a risk to the community. This information is available through two-day overview trainings held at six locations throughout the state. Although the exact locations for the training have not been finalized, the tentative dates of the training are as follows:

- August 22-23, 2002
 Denver Metro area
- September 5-6, 20002 Greeley/Fort Collins area
- September 26-27, 2002 Durango
- October 10-11, 2002 Summit County
- October 24-25, 2002
 Denver Metro area
- November 7-8, 2002 Pueblo



In 1992, the Colorado General Assembly passed legislation that the Sex Offender Treatment Board develop standards and guidelines for the assessment, evaluation, treatment and behavioral monitoring of sex offenders. This board, currently known

as the Sex Offender Management Board (SOMB), adopted, "The Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who have committed sexual offenses," effective July 2002. A legislative mandate given to the Sex Offender Management Board (SOMB) was to develop and prescribe a standardized procedure for the evaluation and identification of juvenile sex offenders. It further mandated that the Board recommend a behavior management, monitoring, treatment, and compliance process based upon the knowledge that unlawful sexual behavior poses a risk to the community. The priority for these Standards

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and Guidelines is the physical and psychological safety of victims and potential victims.

Information contained in the guidelines is useful in planning for the integration of known juvenile sexual offenders into the local school setting. As members of a multidisciplinary team the educator has a responsibility to the juvenile offender as well as the victim or potential victims. In particular, section 5.8 of the Standards and Guidelines outlines the:

Responsibilities of Schools/School Districts:

- 5.810 If the juvenile is enrolled in a school, Juvenile sex offenders may or may not be the school/school district should designate a representative from the school or school district to participate as a member of the multidisciplinary team. The representative may be the resource principal or other professional.
- 5.820 Schools/School districts are responsible for the training of school representatives on the multidisciplinary team regarding iuveniles who commit sexual offenses.
- 5.830 The responsibilities of the school representative on the multidisciplinary team may include, but are not limited to:
 - Communicating with the Α. multidisciplinary team regarding the juvenile's school attendance, grades, activities, compliance with supervision conditions and any concerns about observed high-risk behaviors
 - В. the supervision plan

- С. Providing informed supervision and support to the juvenile while in school
- D. Developing a supervision safety plan considering the needs of the victim(s) (if in the same school) and potential victims
- Ε. Attending multidisciplinary team meetings as requested
- F. Participating in the development of transition plans for juveniles who are transitioning between different levels of care and/or different school settings.

identified with a disability. Therefore, it is critical that these students not fall in the undefined area between general education and special education services. It is difficult to know who holds primary responsibility as a gatekeeper for these students. officer, social worker, counselor, vice Nonetheless, for the safety of all kids it is important that someone take responsibility of knowing how to become an informed member of the multidisciplinary team for the juvenile sex offender.

A copy of the juvenile standards for sex offenders was sent to every school superintendent and BOCES executive director during July 2002. Similarly, the standards were distributed widely to other state and local child and family serving agencies in Colorado. These Standards and Guidelines apply to juveniles who have committed sexual offences and are placed on probation, committed to the department of human services, placed on parole, or in out-of-home placements. The implementation of these Standards and Guidelines is designed to provide the best available treatment to juvenile offenders while at the same time providing maximum Assisting in the development of community safety. The elimination of

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(Continued from page 18) further victimization is the ultimate goal.

For information about the Sex Offender Management Board, or to obtain a copy of the, "*Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who have Committed Sexual Offenses,*" contact Keri Fitzpatrick at either (303)239-4197 or email her at, <u>keri.Fitzpatrick@cdps.state.co.us</u>. Information about the training dates and locations may be seen by visiting the web page located at <u>www.dcj.state.co.us/odvsom</u>. Additionally, Michael Ramirez of the Colorado Department of Education, Special Education Services Unit serves on the Sex Offender Management Board as the education representative. He can be reached either by phone (303) 866-6991 or email: <u>ramirez m@cde.state.co.us</u>.



School Staff Burnout

Adapted from Addressing Barriers to Learning - Center for Mental Health in Schools, Volume 7, Number 2(Spring, 2000)

Burnout is used to describe a syndrome that goes beyond physical fatigue from overwork. Stress and emotional exhaustion are part of it, but the hallmark of burnout is the distancing that goes on in response to the overload, -Christina Maslach It is easy to overlook the psychological needs of staff. Yet, when school staff don't feel good about themselves, it is unlikely they will be effective in making students feel good about themselves. In recent months, the resource packet most often downloaded from our Center website is the one entitled: "Understanding and Minimizing Staff Burnout." These data suggest the need for greater attention to the problem. And, the end of a school year is the right time to think about how to make things better in the coming year. After reading this article, take a good look at next year's school improvement and staff development plans. If these plans don't reflect a concern for preventing burnout, now is the time to redress this oversight.

An Intrinsic Motivational Perspective of Burnout

The behavior referred to as burnout is a psychological phenomenon. One way to understand the problem is in terms of three psychological needs that theorists posit as major intrinsic motivational determinants of behavior. These are the need to *feel* competent, the need to feel selfdetermining, and the need to *feel interpersonally* connected. From this perspective, burnout can be viewed as among the negative outcomes that result when these needs are threatened and thwarted. And, such needs are regularly threatened and thwarted by the prevailing culture of schools. "It's too hard;" "it's unfair;" "You can't win;" "No one seems to care" – all are common comments made by school staff. They are symptoms of a culture that demands a great deal and too often fails to do enough to compensate for the problems it creates. It is a culture that too often undermines motivation for too many.

Each day elementary school teachers enter a classroom to work with about 30 students. Secondary teachers multiply that by a factor of at least five. These students bring with them a wide variety of needs. And, in some classrooms, many students have become

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disengaged from the learning process. Upon entering the classroom, the teacher closes the door, and all present try to cope with each other and with the designated work. The day seldom goes smoothly, and many days are filled with conflict and failure. For student support staff, the list of students referred for special assistance is so long that the reality is that appropriate services can be As with so many problems, it is easiest to provided only to a small percentage. Many support personnel find it virtually impossible to live up to their professional standards. Others who work at a school, such as front

office staff, are overworked, underpaid, often unappreciated, and seldom provided with inservice training. Their dissatisfaction frequently adds another layer of negativity to the school climate. Accountability demands and daily problems produce a sense of urgency and sometimes crisis that makes the culture of schools more reactive than proactive and more remedial than preventive. The result is a

structure oriented more to enhancing external control and safety than providing caring support and guidance. This translates into authoritarian demands and social control (rules, regulations, and punishment), rather than promotion of self-direction, personal responsibility, intrinsic motivation, and wellbeing.

Do youngsters who are "turned off" reflect instances of student burnout?

Given all this, it is not surprising how many staff (and students) find themselves in situations where they chronically feel overcontrolled and less than competent. They also come to believe they have little control over long-range outcomes, and this affects

their hopes for the future. And, all too common is a sense of alienation from other staff, students, families, and the surrounding neighborhood. Thus, not only don't they experience feelings of competence, selfdetermination, and positive connection with others, such feelings tend to be undermined.

What Needs to Change

view burnout as a personal condition. And, as in many other instances, this would be the least effective way to understand what must be done over the long-run to address

> the matter. The problem is multifaceted and complex. While stress-reduction activities often are prescribed, they are unlikely to be a sufficient remedy for the widespread draining of motivation. Reducing environmental stressors and enhancing job supports are more to the point, but again, alone these are insufficient strategies.

The solution requires reculturing schools in ways that

minimize the undermining and maximize the enhancement of intrinsic motivation. This involves policies and practices that ensure a daily focus on (1) promoting staff and student well-being and (2) addressing barriers to teaching and learning.

Promoting Well-Being

From an intrinsic motivational perspective, a school that wants to prevent burnout needs to be experienced by staff and students as a caring, learning environment in which there is a strong collegial and social support structure and meaningful ways to participate in decision making. Four key elements here are well-designed and implemented programs for inducting newcomers into the



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school culture in a welcoming and socially supportive way transforming working conditions by opening classroom doors and creating appropriate teams of staff and students who support, nurture, and learn from each other every day transforming inservice training into personalized staff into a school through ongoing capacity building restructuring school governance to enable shared decision-making.

There is a major disconnect between what teachers need to learn and what they are taught about addressing student problems and too little is being done about it.

Burnout is a school-wide concern. Schoolwide the focus must be on ensuring development of a comprehensive, multifaceted, and cohesive approach to addressing barriers to learning and teaching. A widely advocated framework for appreciating the necessary range of interventions outlines a continuum consisting of systems for promoting healthy development and preventing problems systems for intervening early to address problems as soon after onset as is feasible systems for assisting those with chronic and severe problems.

This continuum encompasses approaches for enabling academic, social, emotional, and physical development and addressing learning, behavior, and emotional problems. Most schools and communities have some programs and services that fit along the entire continuum.

Concluding Comments

Anyone who works in school knows about burnout. Staggering workloads, major problems, and endless hassles are the name of the game. The many frustrations, large and small, affect staff (and student) morale

and mental health. As with so many other problems, if ignored, burnout takes a severe toll. Rather than suffer through it all, staff who bring a mental health and motivational perspective to schools can take a leadership role to address the problem. In doing so, they need to focus on both promoting wellbeing and addressing barriers to teaching development and support from first induction and learning. Most of all, they need to imbue school improvement strategies with an intrinsic motivational perspective.



CALENDAR OF EVENTS

Sep 27-28 **10th Annual School Social Work Conference** - The Conference entitled "*Restoring Hope and Creating Healthy Hearts*" will be held in Winter Park. For more information, download a brochure/registration form at www.cde.state.co.us/cdesped/ssw



Nov 9-10 **CSSP Conference** - The Colorado Society of School Psychologists (CSSP) will be holding their annual conference on November 7th to 9th, 2002 at the Park Hyatt Hotel in Beaver Creek. Entitled "Creating a Future: Advocacy for School Psychology", the conference will focus on advocacy for children and the school psychology profession.

The Pre-conference on November 7th will feature Dr. Stephen Elliot who will present "Improving the Social and Academic Functioning of Children: Monitoring Progress and Designing Interventions That Work". Dr. Elliott has done exciting research on how social skills can and often do facilitate improved academic performance for many students. On Friday, November 8th there will be workshops by a variety of local speakers on topics ranging from threat assessment in the schools, to working with students with traumatic brain injury, to models for school-based mental health services.

Several national speakers will be presenting on Saturday, November 9th including Dr. Jack Fletcher from the University of Texas Medical Center who will focus on advances in research on the identification, assessment, and treatment of children with learning disabilities, Dr. Louisa Moats who will provide strategies to keep school psychology relevant in the rapidly changing field of reading disabilities, and Helen Fitzgerald from the American Hospice Foundation who will reexamine schools' crisis response to meet greater needs and will also discuss education/ support groups for bereaved children. Registration information is available on the CSSP web site at www.cssp.gen.co.us/

- Oct 9-10 **2002 Special Needs Related Services Conference and Fall Vendor Show** - A practical and applicable "Roll Up Your Sleeves" information packed vendor show and related services conference.2002 Collaborative Conference on Special Education. To download registration, go to: http://jeffcoweb.jeffco.k12.co.us/trans/cspta/pgl.html
- Oct 9-10 **6th Annual Rocky Mountain Collaborative Conference** "Achieving New Heights with Assistive Technology". For more information, call Assistive Technology Partners at (303) 315-1280 or (800) 255-3477.
- 2002-03 **Regional Child Find Meetings** Regional Child Find Meetings will be held throughout the year. For more information, contact: Nan Vendegna at (303) 866-6602 or via email at **vendegna_n@cde.state.co.us**.

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