

# The Excellence in School Mental Health Initiative: Final Report

**June 1, 2010**

**University of Maryland, Center for School Mental Health**

**Principal Investigator: Mark Weist, Ph.D.**

**Research Coordinator: Kerri Stiegler, MS**

**School Mental Health Clinicians: Jennifer Cox, LGSW, Courtney Vaughan, LGSW**

**Research Associate: Michael Lindsey, Ph.D.**

**Consultant: Nicholas Ialongo, Ph.D.**

Correspondence and Acknowledgements: Mark D. Weist, Ph.D., Professor and Director, Center for School Mental Health, Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine, 737 West Lombard Street, 4<sup>th</sup> Floor, Baltimore, MD 21201. As of July 1, 2010, his appointment will be with the University of South Carolina, Department of Psychology; [weist@mailbox.sc.edu](mailto:weist@mailbox.sc.edu), 803-777-8438. We extend our considerable appreciation to the Aaron & Lillie Straus Foundation, Inc., The Jacob and Hilda Blaustein Foundation, Inc., The Abell Foundation, and The Zanvyl and Isabelle Krieger Fund for their support of the *Excellence in School Mental Health Initiative*. We also convey our sincere thanks for the help and support of staff, families and students at Patapsco Elementary/Middle School (Principal, Marvin Darden) and Baybrook Elementary/Middle School (Principal, Ann Custis), the University of Maryland School Mental Health Program (Director, Nancy Lever; Associate Director, Michael Green) the Baltimore City Public Schools Division of Research and Evaluation (with significant help from Shawn Hales), and Nick Ialongo, Professor and Consultant, Johns Hopkins Bloomberg School of Public Health.



## TABLE OF CONTENTS

Purpose and Background

Implementation of Universal Prevention Programs

Implementation of Early Intervention Strategies

Parent/Family Involvement

Dissemination Activities

Evaluation

    Aggregate School Level Data

    The Psychosocial Environment Profile

    Baltimore City Public Schools System Climate Survey

    Prevention and Treatment Data

    Student Case Studies

    Focus Groups and Key Informant Interviews

Conclusion and References

Appendices for this report are available at <http://csmh.umaryland.edu/research/ESMHIReport>. The content of each appendix is as follows: Appendix A, ESMHI Activities Timeline; Appendix B, Parent Involvement; Appendix C, UMB School Mental Health Course Syllabus; Appendix D, Aggregate School Level Data; Appendix E, The Psychosocial Environment Profile; Appendix F, Baltimore City Public School System Climate Survey; Appendix G, Treatment and Prevention Data; Appendix H, Case Studies Attendance Data; Appendix I, Focus Group Data; Appendix J, Key Informant Interview Data; Appendix K, The School Mental Health Quality Assessment Questionnaire.



## The Excellence in School Mental Health Initiative: Final Report


### Purpose and Background

The Excellence in School Mental Health Initiative (ESMHI) began midway through the 2006-2007 school year, with funding from four Baltimore based foundations (Aaron & Lillie Straus Foundation, Inc., The Jacob and Hilda Blaustein Foundation, Inc., The Abell Foundation, and The Zanvyl and Isabelle Krieger Fund) to the University of Maryland, Center for School Mental Health (CSMH), a national program and policy analysis center for school mental health funded by the Health Resources and Services Administration (see <http://csmh.umaryland.edu>). The overall goal of the project was to demonstrate the potential for a full continuum of environmental enhancement, stakeholder involvement and evidence-based mental health promotion and intervention integrated into two schools serving students in grades Kindergarten through 8<sup>th</sup> grade (K-8). The project represents a collaboration among the supporting foundations, the two participating schools and their leadership and staff, the University of Maryland CSMH, the University of Maryland School Mental Health Program, the Johns Hopkins Bloomberg School of Public Health - Center for Prevention and Intervention (CPEI), and the University Partnership Schools, a consortium of universities, and local, state and neighborhood agencies, led by the College of Education at Towson University and focused on a range of strategies (education, health, mental health, social services, vocational) for enhancing student success in the Cherry Hill Neighborhood of the city.

A major aim of the project was to implement high quality school mental health along all dimensions of the school mental health promotion triangle. This triangle is similar to the public health triangle but adds a fourth dimension at the bottom and widest part of the triangle to include school climate and environmental factors including relationships among staff, parents, and students. The second widest dimension of the triangle encompasses universal prevention and seeks to reach all students, and ascending up the triangle early intervention and treatment interventions are implemented. Through the support of the foundation grants, we sought to demonstrate excellence in promotion and intervention along all points of this framework.

Through a strong program evaluation including descriptive, quantitative and qualitative elements, the expected impact of the initiative was to provide ideas and lessons learned to further strengthen the already strong expanded school mental health (ESMH) initiative in Baltimore City. The ESMH initiative emphasizes a “shared agenda” to build a full continuum of mental health promotion for students and their families in general and special education, with these “expanded” services building on those provided by school systems (Weist, 1997).

In a recent paper, Weist, Paternite, Wheatley-Rowe and Gall (2009), documented the impressive development of Baltimore’s ESMH initiative, which has had national impacts (also see Flaherty & Weist, 1999). Child serving systems in the city have long emphasized collaboration through integrated strategies to promote student health, wellness and school success (Walrath, Bruns, Anderson, Glass-Siegel, Weist, 2004). Expanded school mental health in Baltimore started with 4 schools connected to school-based health centers in 1989. Over time, leaders from child serving systems began to work more closely together in purposefully building an ESMH initiative.



By 1993, there were services in 32 Baltimore schools, 79 by 1999, 84 by 2003, and 105 in the 2008-09 school year, which represents over 50% of the city's roughly 190 schools. In the 2008-09 school year, 42 elementary schools, 41 middle/k-8 schools, and 22 high schools offered ESMH services (Weist et al., 2009).


Importantly, ESMH in Baltimore reflects a pattern of “braided funding” with contributions from most child serving systems, and budget allocations that are transparent to all public agencies and stakeholders. In the 2008-09 school year, the budget for ESMH in Baltimore was approximately \$3.1 million with budget allocations as follows:

- Baltimore Mental Health Systems, Inc. (BMHS). BMHS is the core service agency for the Public Mental Health System in Baltimore City and contributed 24% to the total overall budget.
- Baltimore City Public School System (BCPSS) contributed 46% to the total budget.
- Baltimore City Health Department contributed 7% to the total budget.
- Family League of Baltimore, Inc. (FLBC) is the local management board in this jurisdiction and contributed 6 % to the total budget.
- Baltimore Substance Abuse Systems, Inc. (BSAS) is the local substance abuse authority and most recent funder to join the collaborative partnership, and contributed 13% to the total budget.
- Department of Labor contributed 4 % to the total budget.

Please note that significant funding support for ESMH in Baltimore from Foundations (including those mentioned and the Annie E. Casey Foundation, and the Open Society Institute) is not included in the above allocations. In addition, the Medicaid-funded Public Mental Health System fee-for-service reimbursement is accessed by outpatient mental health centers for treatment services to students with emotional and behavioral disorders and their families. This array of diverse funding sources helps provide stability and support for the continuum of ESMH services.

The implementation of ESMH services has been guided by ongoing discussions and interactions with leaders from Baltimore City Schools, BMHS, community leaders and advocates, community mental health programs, other child serving systems (e.g., juvenile services, child welfare), and community stakeholders, especially families and youth. This collaboration has been associated with a progressive, organic evolution of these services. Early during the school year 2005-06, the network of ESMH providers agreed that the increased visibility and growth of these services necessitated more formal strategic planning and guidance. These systems, the University of Maryland CSMH, and the city Commissioner of Health worked together to develop this strategic plan and corresponding document, *Baltimore City Expanded School Mental Health Programs: Findings and Recommendations* (Sharfstein, 2006). Key components of the strategic plan include:

- Development of a “Standards” model addressing how services are organized, staffed, funded, and coordinated with community-based programs. These *Standards* were adopted by every participating provider agency.


- 
- Creation of a consistent funding process, with a goal of two thirds contractual funding for promotion and prevention services (not able to be funded through the traditional fee-for-service mechanism).
  - An application process by schools and community mental health agencies working together, with strong family input to receive contracts for services and to address key issues such as tailoring services to address school needs and strengths, emphasizing evidence-based practices, and participating in common training, quality assessment and improvement and evaluation processes (Weist et al., 2009).

Through the resources of the foundation grants for the ESMHI, services were deepened in each of the three years of the project, school years 2006-07 (Year 1), 2007-08 (Year 2), and 2008-09 (Year 3). In Year 1, one half year of services enhancement occurred (beginning in January), with increased clinical allocations (from .6 to 1.0 full time equivalent [FTE] at each school), the addition of graduate externs, the conduct of climate assessments and focus groups, and emphasis on building universal prevention strategies. These efforts continued in Years 2 and 3, which also included enhanced emphases on evidence-based early intervention and treatment services, and systematic program evaluation along dimensions reviewed here.

In this report, we describe our experiences “in the trenches” in these two inner-city schools, attempting to implement a full array of empirically supported and evidence based prevention strategies through this partnership. We present findings from a comprehensive program evaluation, and also present experiences, challenges and lessons learned, particularly from the vantage point of the two school mental health clinicians leading efforts in their schools.

### **Implementation of Universal Prevention Programs**

In partnership with the Johns Hopkins Center for Prevention and Early Intervention (CPEI), clinicians from the two schools supported the implementation of the Paths to Pax program. The overarching goal of the Paths to Pax program is to reach “pax”, a Latin word for peace, productivity, and harmony within the school setting. School climate enhancement is a foundational component of Paths to Pax and is encouraged through the implementation of a variety of materials and activities. For example, the program provides posters for hallways and inside the classroom urging peaceful conduct through use of positive and encouraging language called Pax Language (Embry, Flannery, Vazsonyi, Powell, & Atha, 1996; Flannery et al., 2003), and teachers are asked to use harmonicas and other nonverbal cues rather than raising their voice (Medland & Stachnik, 1972). The program also builds in time for students to write complementary notes, called “Tootles,” to their fellow class members, school staff, or family. One of the most important messages of the Paths to Pax Program that benefits school climate is that every staff member is trained and helps to reinforce good behavior and kindness among students through being a positive role model, using the Pax Language and bolstering students’ self esteem.




In addition to this environmental enhancement dimension, Paths to Pax involves two other components focused on classroom management and promoting problem solving and prosocial skills. The classroom management component, the Good Behavior Game (Barrish, Saunders, & Wolf, 1969) combines behavior modification, positive reinforcement from the teacher, and social reinforcement from peers. The other component is the PATHS (Promoting Alternative Thinking Strategies) lessons (Kusche, & Greenberg, 1994). The lessons teach children social skills, coping skills, feelings identification, and problem solving. PATHS lessons have been shown to reduce internalizing behavior, improve social competence, and improve skills of feelings identification and conflict resolution (Kelly, Longbottom, Potts, & Williamson, 2004).

As the ESMHI initiative began, one school was implementing Paths to Pax, but the other school was not. This necessitated starting from the beginning in implementing this program in the one school, including obtaining principal and school staff buy-in, purchasing program materials, and setting up and conducting training. At both schools there has been an ongoing emphasis on assuring coaching and strong implementation of the program.

The project benefitted from funding and a full time coordinator who spent considerable time to prepare, set up and smoothly conduct Paths to Pax training, which included stipends to teachers for summer training. However, attendance in initial training was still quite low with only 56% teacher participation at Bay Brook and 50% teacher participation at Patapsco (please note these statistics include teachers only, although all school staff was invited to the trainings). At this point, there were still seven teachers at Bay Brook and 12 teachers at Patapsco that needed training. During the September, 2007 trainings we were able to train four more teachers at Bay Brook and six more teachers at Patapsco. In November, 2007 there was another training session for middle school teachers held after school hours. Although Paths to Pax did not wind up being implemented in the middle school, no teachers from Bay Brook or Patapsco were able to make the training, many of the teachers cited needing to attend classes that evening. At the beginning of the 2008-2009 school year booster sessions and training for new teachers was offered at both Bay Brook and Patapsco, zero teachers from Bay Brook were in attendance and five teachers from Patapsco were present. Fortunately, we have had a coach visit the schools roughly once per week for the 2007-2008 school year and continued to serve Patapsco in the 2008-2009 school years, through the resources of the Johns Hopkins CPEI.

As the first year progressed it became apparent that a number of program elements were not being implemented. The Paths to Pax language was not often heard, and the Tootles displayed in each classroom were over a month old. It was determined through communication with teachers that they simply had too much on their agenda to incorporate mental health promotion and prevention activities. To address this challenge, the Paths to Pax coach continued to remind teachers to use all aspects of the program at both schools, and one school principal helped by using the Paths to Pax language on a regular basis and announcing Tootles over the loud speaker in the morning and afternoon before school ended for the day. These efforts led to some improvement in implementation.



In addition, problems with implementation were compounded by teacher mobility. During the 2007-2008 school year both schools lost two teachers in the middle of the school year, which left two classrooms in each school with students who were accustomed to the program but with new teachers coming in untrained. Further, each school lost approximately 7 teachers during the summer break. With so many teachers leaving the school, this was a major logistical and financial burden that arose when implementing such a comprehensive program. The Paths to Pax coach was instrumental in helping new teachers become acclimated to the program mid-year and supporting all teachers when they had difficulty with the program. The coach offered to meet with teachers during their preparation period and lunch to teach them the Good Behavior Game, and modeled PATHS lessons for teachers in their classroom.


Schools also had to consider the existing demands on educators in order to ensure that they were given adequate time to implement universal prevention along with teaching. In addition to negotiating the demands of teaching in an urban environment, significant student emotional/behavioral problems made implementation challenging. While Paths to Pax has been shown to reduce classroom disruptions, along with increasing academic and social proficiency and engaged learning (Dolan, et al., 1993; Kelly, et al., 2004), teachers reported that competing student and teaching demands reduced the effectiveness of their classroom management. In addition, while strategies are presented to work with students who are resistant to the program, in one school an entire classroom of second graders was presenting so many behavioral issues that Paths to Pax strategies seemed markedly insufficient. This teacher felt extremely overwhelmed and was having a difficult time getting any instruction in throughout the day.

In one of the schools, teachers found it difficult to fit the PATHS lessons into their regular curriculum. School administrators became aware that they needed to intervene with teachers who were struggling to find time to teach the PATHS lessons (Axelrod, Devaney, Ogren, Tanyu, and O'Brien, 2007) and began to increase their focus on holding teachers accountable for program delivery. Two examples of administrator support included allotting teachers a specific time before the students' lunch period to teach these lessons and promoting the program by making reminder announcements to teachers.

In general, in both schools there has been an ongoing struggle to maintain consistent implementation of Paths to Pax, with levels of implementation waxing and waning, with these fluctuations appearing to relate to changes in levels of administrative support, changes in school staff, and school staff negotiation of the many other demands of urban education. Presently, after the end of funding for ESMHI, in the fall of 2009, Paths to Pax is being inconsistently implemented in one of the two schools, and not at all in the other.

### **Implementation of Early Intervention Strategies**

Given the connection to the Johns Hopkins CPEI, focused on implementing evidence-based prevention and early intervention strategies in the real world setting of the school, our




school mental health clinicians became intensely involved in the research and implementation of two specific interventions: Coping Power and the Incredible Years Program. Their involvement with CPEI allowed them to receive ongoing training, coaching, and technical support for effective program implementation.

Coping Power is a preventive intervention developed for late elementary-age to early middle school-age children. The full curriculum consists of 34 sessions, an hour each, that are held in a group setting. Specific lessons that are addressed in group include (but are not limited to): goal setting, problem-solving skills, feeling identification, organizational skills, anger management, coping skills, etc., in an attempt to help these “at-risk” youth transition to their next grade successfully. Therefore, these 34 sessions are ideally carried over from one academic year, to the next (Lochman & Wells, 2004; Lochman, Wells, & Lenhart, 2008).

Clinicians attended a special training at Johns Hopkins University, geared towards allowing group leaders to understand how best to implement this intervention. Throughout the school year, clinicians from the University of Maryland School Mental Health Program (SMHP), and Johns Hopkins University gathered to provide input on the implementation of this intervention, as well as to participate in peer supervision. Data were collected weekly in group, where group members were able to report how effective that particular session was, and if they felt it was a worthwhile experience. Group leaders also filled out weekly surveys to ensure that each session was being implemented as it was intended, and to gain feedback on what could be added, deleted, adjusted, etc.

The Coping Power group was run at both schools during the 2007-2008 academic school year with five to six fourth and fifth grade students (ages 9-10). These children were identified as having behavioral issues and difficulties with social skills and anger management. This evidence-based curriculum is detailed in its layout and has specific goals for each session. Group leaders take ample time in the beginning of group, to design group rules and set up a specific behavior system, which includes incentives. Clinicians found that the students responded well with specific rules and consequences, and were motivated by the rewards. However, because these students were identified as having “behavior problems,” it was often difficult to sustain the structure of group, as some students had difficulty following directions. In addition to this challenge, many of the participants presented social skills deficits and had difficulty interacting appropriately with peers. A lot of time was taken out of group related to the need for behavior management. This is why it is extremely important to have at least one group member with positive social skills who can role model appropriate behavior for others.

Time management was a significant issue, not just in relation to dealing with discipline problems, but also getting through all of the required material. There was a significant amount of material in each session, and therefore, it was difficult to get through everything in a 45-60



minute time period. Often times, clinicians would have to continue with the lesson the following week, or omit material that they judged to be less important. It was noted that the order of the sessions was well designed, and group members were easily able to build on what they had learned from the previous week.


Another challenge that the clinicians experienced was facilitating teacher participation and support. In this curriculum, students are encouraged to identify specific individual goals, which often times, require teacher recognition and assistance. Unfortunately, many teachers reported being overburdened and unable to assist with Coping Power lessons. Relatedly, it was often difficult to have teachers take an interest in their students' goals, and to comment on their progress. Because of this, some students expressed that their hard work in group was going unnoticed in the classroom and reported feeling a lack of encouragement.

Overall, group members reported looking forward to coming to group weekly, and appeared eager to participate. Among the group of teachers that were engaged, they reported an increase in these students' organizational skills, problem-solving skills, and coping mechanisms. They also reported that students were more engaged in the classroom, and were displaying less disruptive behaviors.

In addition to Coping Power, clinicians worked with the Johns Hopkins CPEI in the implementation of the Incredible Years Program. This is also a preventive group intervention to implement with young children (ages four-eight) with behavior problems. The curriculum consists of 18-20 weekly, two-hour sessions, emphasizing training in skills such as: emotional literacy, empathy, communication skills, problem-solving strategies, anger management, etc. (Webster-Stratton, 2004; Webster-Stratton & Hammond, 1997). During the academic year of 2008-2009, our clinicians co-led this group with five or six first and second grade children, who were around six years of age. These children were identified as having difficulties including displaying inappropriate school behavior, and presenting limitations in social and problem solving skills.

In collaboration with and supported by the CPEI, clinicians traveled to Seattle for a three-day intensive training in the Incredible Years Program, and were able to be trained with clinicians from around the country to learn about the program. Clinicians reported this training and follow-up support was excellent and provided significant help in implementing the program.

Because Incredible Years was intended to be a two-hour long weekly intervention, deciding on a specific time to have group was quite difficult. Pulling children out of academic time for a two-hour period did not seem reasonable. Therefore, the clinician at Bay Brook decided to start group the last hour of the day, and continue for an hour after school. This was ideal, because the children were only missing 60 minutes at the end of their school day, and were dismissed from our office after group was finished. This time slot also increased parent/family participation because children had to be picked up by a caregiver after group, due to school not being in session. This gave the clinicians an opportunity to talk with parents and



family members, inform them of what was covered in group that day, and address any problems that occurred. The clinician at Patapsco ran this group over the students' lunch and resource time eliminating concern that students would miss core academic subjects.


The Incredible Years manual is very specific in its design, and even provides a script for group leaders. It incorporates visual aids, movement, and songs in addition to life-size puppets. All of these elements helped to engage group members. Group sessions were extremely structured, and gave the children specific routines that they were to follow each week. This appeared to give group members a sense of control, as they knew what to expect each session. The Incredible Years protocol emphasizes positive behavior, and group leaders reinforced almost all positive behaviors by group members; for example, through use of tokens exchangeable for small prizes.

Clinicians observed that because of the group's intensity and duration, group members appeared to grasp a lot of the ideas that were presented and looked forward to coming to group. When seeing these children outside of group, they were constantly asking about the puppets, and when the next time "Dinosaur School" (a term used to describe the group) would be. Parents and teachers of these children reported a decrease in disruptive behaviors both at home and at school, an increase in social skills and friendship-making skills, in addition to an overall better understanding of how others may feel in certain situations.

Group members were able to identify with the puppets, and it was useful in generalizing beyond specific problems that were children were having either at school or at home. However, it was challenging to keep five to six first and second grade students with behavior problems engaged in group. The clinicians and their co-leaders would have to constantly redirect children, change the activity and keep things moving. Time-out served as a behavior management technique, and for the most part, children responded appropriately to this consequence. Because of the length of group, clinicians needed to give children frequent breaks to stretch, for bathroom breaks, etc.

There was also a lot of time that was dedicated to preparing for group. There was a large amount of lesson material, and a group activity that was a part of every session. Group leaders spent a lot of time preparing activities, reviewing video vignettes, and getting materials ready before group began. However, it was evident that when taking ample time to prepare and organize for group, that particular group session would usually go much smoother, and children were more engaged.

Every week, each student would complete a survey where they were able to circle a smiley face or a frown face for several different questions, to determine whether the child was overall satisfied or not with that particular session. Frequently, the clinicians would see that if a child was reprimanded that particular day, or had to go to timeout, their survey would have far more frown faces than the other children. Group members also filled out surveys, to determine if the content was delivered appropriately and effectively, and to comment on what changes could be made.



Clinicians from the University of Maryland and Johns Hopkins programs met twice monthly, to hand in data, and to collaborate with others on the implementation of this group. It was extremely helpful to meet often with other clinicians who were also running the Incredible Years. Clinicians would find themselves using ideas that another group leader found to be effective, in addition to brainstorming with others on how to address certain problem areas that came up in group.


### **Parent/Family Involvement**

Over the past three years, the Excellence in School Mental Health Team, in partnership with the two schools and various community agencies has worked to improve family engagement and participation. Successes in this realm have been particularly prominent.

Barriers to family involvement in the schools are evident. Many parents and family members had been alienated from the school for several years and clinicians recognized obstacles for them to walk into an environment where so many of them had negative experiences themselves. The Cherry Hill and Brooklyn communities are fairly isolated geographically and in the parents' words "everybody knows everybody's business"- good and bad. This was also true for the school setting. If one parent had a bad experience in the school, news of this appeared to rapidly spread to other community members, which could lead to strained relations between parents and family members and school staff, including the clinicians. In addition to the difficulties involved in reaching parents via telephone, clinicians also had to face parents who had received mostly negative feedback about their children, parents who failed academically and socially in school themselves, parents who did not feel welcome in the school and the fact that both schools had a very high staff turnover rate.

While there was a strong emphasis on family engagement and empowerment in both schools, the project appeared to have more success in this area at Patapsco Elementary/ Middle School and experiences from this school are emphasized here. We approached this portion of the project by looking at the situation from the parents' point of view, considering why they would come to the school and what it had to offer them. A plan was developed including four key components: Parent Chit-Chat, Parent-Teacher Activities, Family Nights and a Parent Volunteer Program. Each of these components addressed different barriers faced in relation to parent and family involvement in the school.

The first piece of the four-part plan was to start the Parent Chit Chat group. Chit Chat was started as a low to no pressure meeting for parents to attend if they were interested in planning activities or assisting with improving the school. It started with no real agenda and was completely parent focused. Our first meeting was attended by two parents. From there clinicians gathered input from them and planned activities they were interested in. Clinicians encouraged open sharing by the parents about their experiences. Early stories from parents included themes of being ashamed that they could not help their children with homework or even provide them with basic needs such as food and security or purchase gifts for Christmas. From that very first meeting the group transformed into a group of parents who were inspired to



help themselves and who knew they could make a difference just by showing up and sharing ideas and resources. The energy of these initial parents spread to others and within a couple of months a group of 12-15 core parents attended each weekly meeting. Chit Chat has also been sustained into the 2009-2010 school year.

Step two in the process was to repair, restore, and create better relationships between staff and parents. We acknowledged that this was a process that could not be forced rather it had to be carefully grown. We started holding parent-teacher nights that did not involve issues pertaining to the students such as homework or discipline. These activities were planned with the sole intention of allowing teachers and parents to have the time and space to simply have fun together. The only rule we had was that there was to be absolutely no talking about students. Even if teachers had been trying to catch Ms. Smith about her son Johnny for 3 weeks, teachers were not allowed to talk to parents about their children during this time. This rule proved to be very successful in increasing parent attendance. Parents attended several events; many were sports oriented and clinicians observed them laughing and having fun with the teachers. They became acquainted with teachers on a personal level rather than a teacher-parent relationship where there is an imbalance of power. Events were planned monthly and included parent-teacher basketball, kickball and volleyball. Parent attendance doubled from our first event, a parent-teacher basketball game in Quarter 2 of the 2007-2008 school year where 20 parents attended, to our last event of the project, another parent-teacher basketball game in Quarter 3 of 2009 where 40 parents were present.

Step three in the process was to involve parents in “Family Nights” at the school. These events were developed with the principal and school staff and focused on ways to build relationships with and among parents through fun activities. Family nights included Bingo Night, Family Movie Nights and Holiday Celebrations. Attendance at family nights has also increased. For example, 25 parents attended Movie Night in the third quarter of the 2007-2008 school year, and 53 parents at the Thanksgiving event in the second quarter of the 2008-2009 school year. Please see activities timeline in Appendix A for details of all activities.

Finally, step four in our process was to get parents involved at the school in a structured and meaningful way through a Parent Volunteer Program involving parents and family members serving as volunteers to monitor school hallways and common areas, greet visitors and interact positively with students and staff. Parent volunteers chose T-shirts that stated “I’m a Parent Volunteer at 163,” and appeared to wear them proudly. Some of the parents stated that involvement in this program gave them something to do and a sense of purpose. The program also served as a springboard for increased connection between the school and community agencies. For example, a collaboration was established with the Maryland Food Bank, which enabled offering bags of food to parent volunteers. Further, an arrangement was made with the Department of Social Services (DSS) allowing parent volunteers to earn work hour credits for volunteering at the school. This relieved a lot of stress for parents who were concerned about losing DSS benefits related to non-compliance with work requirements. In total, parents volunteered 469 hours from August of 2007 to June of 2008, and volunteered 1979 hours from August of 2008 to June of 2009. Please see Appendix B for month to month specifics and statistics regarding the amount of food from the Maryland Food Bank that was awarded.



## Dissemination Activities

In recent months there have been efforts taken to share findings and lessons learned from the Excellence in School Mental Health Initiative (ESMHI). We have presented four times on parent involvement at the local and state level and once nationally. Presentations were given to the Maryland Association of School Principals, representatives from the Maryland State Department of Education, our own School Mental Health Program, the University of Maryland's Community Outreach Council, and in Minneapolis at the 14<sup>th</sup> Annual Conference on Advancing School Mental Health. All participants in these presentations have received our Best Practices in Parent Involvement handout (please view in Appendix B). Our hope is that our audiences will learn to build positive relationships with the parents at the schools where they work given that parent involvement is so critical to students' success emotionally and academically.

We have also presented on the versatility of focus groups at the 14<sup>th</sup> Annual Conference on Advancing School Mental Health. Specifically, on how gathering information from various key stakeholders can be used to inform the development, progress, and evaluation of a program. Following this method allows implementers to tailor certain aspects of interventions to the unique qualities of the school.

Based on our early experiences, the ESMHI team has one article published in the Journal, *Psychology in Schools* titled "School Mental Health and Prevention Science in the Baltimore City Schools" (Weist et al., 2009). We anticipate additional journal articles and publications from this project, all of which will acknowledge the critical contribution of the four supporting foundations.

Dr. Michael Lindsey, associate professor in the University of Maryland School of Social Work (UMSSW) has been a research associate with this project, and lessons learned from it have significantly contributed to a course he leads (with Drs. Weist and Nancy Lever from the CSMH) titled, *Best Practices and Innovations in School Mental Health*. This is a graduate level course offered not only to students enrolled in the UMSSW, but in other graduate departments throughout the University of Maryland system. The course was first offered in the fall semester of the 2008-2009 school year, and received perfect ratings by student participants, associated with a teaching award to Dr. Lindsey. The course is also matched with an internship experience working in school mental health, with one of the interns since joining the staff of the University of Maryland School Mental Health Program. The course is again being conducted in the Fall, 2010 semester, and plans are underway to further increase enrollment beyond the UMB campus and to use the course as an exemplar of interdisciplinary workforce preparation in school mental health. The syllabus for the course is presented in Appendix C. There will continue to be a range of other dissemination mechanisms, including presentations to the Baltimore City ESMH Advisory Committee; local, state and national conference presentations; and publications as above.

## Evaluation

Please note that we have comprehensively tracked numerous sources of data in relation to the timeline of the ESMHI. Since this is a program evaluation and did not employ a formal research design, we are unable to use evaluation data to make causal conclusions about impact. However, trends in the data are useful for considering possible program impacts and for making recommendations in relation to service and evaluation implications. Please also note that although this is a comprehensive program evaluation, Institutional Review Board (IRB) approval was obtained for the project from both the University of Maryland Baltimore, and the Baltimore City Public School System. All evaluation procedures and information collected as described below were approved by both IRBs.

### Aggregate School Level Data


Aggregate data were collected for Patapsco Elementary/Middle School and Bay Brook Elementary/Middle School from the 2004-2005 school year through the 2008-2009 school year. All data except for school suspensions were collected from the [www.mdreportcard.org](http://www.mdreportcard.org) website which is developed and maintained by the Maryland State Department of Education. Suspension data were acquired through contact with the Baltimore City Public School System's Office of Achievement and Accountability which is part of the Department of Research, Evaluation, Assessment and Accountability (DREAA). Maryland Student Assessment (MSA) score percentages were combined for years 2004-2005 and 2005-2006 and also for 2007-2008 and 2008-2009. These percentages were then compared between the two clusters to determine if they were statistically significant changes between the two percentages. There is some question as to the reliability of attendance and suspension data as these statistics appear to be inconsistent with clinician reports of student attendance.

### *Results: Patapsco*

Over the five years examined, enrollment remained relatively constant with the highest enrollment (421) in 2005-2006 and the lowest enrollment (364) in 2008-2009 (please see Appendix D for details of all statistics reported). Ethnic make-up also remained stable with a majority (98%-100%) of the students being African American. Approximately half of the students over these five years were female (50%-54%) and half were male (46%-50%).

Suspension data were extremely variable with 186 total in 2004-2005 dwindling to only 8 in 2006-2007. During the two full school years of the ESMHI project suspensions were at 18 in 2007-2008 and 13 in 2008-2009. This drastic change could be partly due to an establishment of a mediation room where disruptive students could go to complete their work under more supervision.

Patapsco remained a Title 1 (higher poverty) school for all five years examined. Attendance rates were constant and varied only from 93.9% (2005-2006) to 97.3% (2006-2007) for elementary school and from 93.2% (2005-2006) to 95.3% (2006-2007) for middle



school. Special education rates averaged 9.6% ( $SD=1.5$ ) for elementary grades for all years and 16.1% ( $SD = 4.8$ ) for middle school. The number of students receiving free-reduced lunch (FARMS) remained above 90% for elementary school for all years and fluctuated between 83.9% in 2007-2008 and 95.2% in 2008-2009 for middle school. Student mobility increased for elementary school during the two full years of the project from an average of 17.6% in the first three years examined to 26.8% in 2007-2008 and 21.7% in 2008-2009. Similarly, middle school mobility increased from an average of 19.3% in 2004-2007 to 24.9% in 2007-2008 and 27.7% in 2008-2009.


Patapsco did not meet Adequate Yearly Progress (AYP) for any of the years examined. However, there were statistically significant positive changes in MSA scores when comparing the average of scores in 2004-2005 and 2005-2006 to the average of scores in 2007-2008 and 2008-2009. Specifically, Grades 4 and 7 improved significantly in Reading scores and Grades 5, 6, and 7 showed marked improvement in Math scores (confidence levels were all above .95). Only students in grades 3 through 8 are required to take the MSAs.

#### *Results: Bay Brook*

Enrollment at Bay Brook has showed some increase between the 2004-2005 and 2006-2007 school years (341 and 361 respectively) and the two full years of the project (447 in 2007-2008 and 518 in 2008-2009). This increase is, in part, due to the addition of 6<sup>th</sup> (2006-2007), 7<sup>th</sup> (2007-2008), and 8<sup>th</sup> (2008-2009) grades at Bay Brook. However, based on clinician opinion, and focus group responses, issues of overcrowding were apparent beyond that of adding the middle school (the middle school is housed in an annex on Bay Brook's campus). Ethnic breakdown at Bay Brook was also predominantly African American (88.6%-92.1%) for all five years with the next largest group being Caucasian (5.0%-9.7%). Approximately half of the students over these five years were female (50%-54%) and half were male (46%-50%).

Suspension data were variable over the five years examined and in 2004-2007 averaged 23 ( $SD=3$ ) total suspensions, then rose to 53 in 2007-2008 and then dropped to 14 in 2008-2009.

Bay Brook also remained a Title 1 school for all five years. Please note that attendance rates, special education rates, FARMS percentages, and student mobility for middle school are only reported for the 2007-2008 and 2008-2009 school years. Attendance rates were constant for Bay Brook for all years with the lowest being 93.5% for 2007-2008 and 95.9% for 2008-2009 at the elementary school level. Middle school attendance for 2007-2008 was 92.2% and for 2008-2009 was 94.9%. Special education rates also remained fairly constant with an average of 15.0% ( $SD=1.1$ ) for elementary school and 13% in 2007-2008 and 15% in 2008-2009 for middle school. The number of students receiving free/reduced lunch (FARMS) also remained constant with an average of 88.3% ( $SD=3.4$ ) for all five years for elementary school and 85.9% in 2007-2008 and 93.1% in 2008-2009 for middle school. Student mobility dropped for Bay Brook with an average in elementary school of 18.4% ( $SD=2.0$ ) in the first three years




examined compared to 14% and 11.7% in 2007-2008 and 2008-2009 respectively. Mobility for middle school was reported at 10.7% in 2007-2008 and 13.4% in 2008-2009.

Bay Brook has met AYP for all years examined; however no changes, positive or negative, can be reported for MSA scores as none of the comparisons were statistically significant.

#### *Comparison Schools*

There were three schools chosen to compare with Patapsco and Bay Brook aggregate statistics. All three schools, Carter G. Woodson, Arundel, and Cherry Hill are located in the Cherry Hill area of Baltimore and are serving students from Pre-Kindergarten to eighth grade. Given that these students are residing in the same neighborhood as those attending Patapsco, they are exposed to the same levels of poverty, crime and drug use. The University of Maryland Baltimore's School Mental Health Program provides all three comparison schools with full time school mental health clinicians. We have been working with Carter G. Woodson for more than ten years, however Arundel and Cherry Hill are newer schools to our program and we have only been working with them since the 2008-2009 school year. All three comparison schools are Title 1 schools with a majority of their students participating in the Free/Reduced Lunch program during the past five years. For Arundel, 86.6%-95.9% of elementary students and 78.3%-95.0% of middle school students during the five years examined have participated in the program, 94.3%- 95.4% of elementary students and 92.4%-96.3% of middle school students at Carter G. Woodson participate in Free/Reduced Lunch and at Cherry Hill, 81.8%-89.1% elementary students and 74.2%-81.9% middle school students have been enrolled with the Free/Reduced Lunch program.

Regarding enrollment, both Carter G. Woodson and Cherry Hill had approximately 400-500 students in attendance for all five years and Arundel enrolled between 250 and 350 throughout the five years. It is important to note that for these three schools enrollment has steadily decreased each year from the 2004-2005 school year to the 2008-2009 school year by about 100 students. However, student mobility statistics have been variable for Arundel with a spike in elementary school statistics during the 2006-2007 school year rising more than 10% between the 2005-2006 school year and the 2006-2007 school year, mobility statistics then dropped down more than 10% then following year. Cherry Hill and Carter G. Woodson's mobility statistics have remained relatively constant for all five years in the elementary grades but for Cherry Hill, mobility has decreased for middle school from the 2006-2007 to 2008-2009 school years. The ethnic make-up of the schools is similar to Patapsco and Bay Brook in that a large majority of students (98%-99%) are African American. Similar to Patapsco and Bay Brook, reported attendance rates were high for all five years with all three schools reporting above 90% attendance for elementary and middle school in all years. Special education rates are also comparable for elementary grades with comparison schools ranging from 5.5% to 15.5% for all five years. For middle school, as with Patapsco and Bay Brook, special education rates are higher with comparison school statistics for all five years ranging from 11.1% to 26.1%.



AYP was not met at Cherry Hill for any of the years examined. At Arundel, AYP was not met until the 2008-2009 school year, and at Carter G. Woodson AYP was met for the 2007-2008 and the 2008-2009 school years. MSA scores were examined in the same way as Patapsco and Bay Brook with statistics being averaged between the 2004-2005 and 2005-2006 school years and compared with the average of the statistics from 2007-2008 and 2008-2009. Cherry Hill has made only one significant improvement for sixth grade math and, in fact, had a significant drop in third grade reading. Arundel, however, has made significant improvements in math for grades three through six and eight and in reading for grades three through six. Carter G. Woodson has also many significant improvements in math for grades three through six and eight and in reading for grade three, five and six.


*Discussion: Aggregate School Level Data*

Overall student enrollment at Patapsco fluctuated very little over the five years examined and Bay Brook's enrollment increased, this is in contrast to all three comparison schools where enrollment steadily decreased over all five years. Although student enrollment remained relatively consistent at Patapsco throughout the years examined, during the 2008-2009 school year some classroom numbers increased due to a lower number of staff, namely in 1<sup>st</sup> and 2<sup>nd</sup> grade. This was the first year that school budgets were managed by the school's administration and a mistake was made that led to three teachers, one classroom and two resource; being moved to other schools. Bay Brook's enrollment increased mainly due to the addition of the middle school grades, but could also be partly attributed to a Title 1 provision that allows families to remove their students from a school that has been identified for school improvement to a school that is not identified for school improvement. Given that Patapsco has not met AYP for any of the years examined, this provision allows students to be removed from Patapsco and could also be the reason for the increases in student mobility. This provision could also explain why student mobility increased drastically for Arundel, one of the comparison schools, during the 2006-2007 school year as Arundel also had not met AYP in prior years. Unfortunately, there is some question as to the reliability of attendance data as these statistics appear to be inconsistent with clinician reports of student attendance not just for Patapsco and Bay Brook but for all comparison schools as well. There is also doubt pertaining to the reliability of suspension data for Patapsco and Bay Brook (we were unable to obtain suspension data for the comparison schools).

Although Patapsco has not met AYP for the past five years, it is encouraging that MSA scores have increased significantly. It is important to note that Patapsco may have experienced transitional issues due to the replacement of most staff members when the school was restructured in 2005. MSA score trends for Arundel and Carter G. Woodson appear to be similar to Patapsco and both of these schools improved enough that Arundel met AYP in 2007-2008 and 2008-2009 and Carter G. Woodson met AYP in 2008-2009. Cherry Hill, however, has shown few marked improvements in MSA scores and, interestingly, is the comparison school the SMHP has the shortest relationship with.

Psychosocial Environment Profile

The Psychosocial Environment Profile (PSE), developed by the World Health Organization (2003), was given in October of 2007 and November of 2008 to all staff present at the



monthly school staff meetings. For Patapsco, there were 17 participants in 2007 and 22 participants in 2008 and for Bay Brook, there were 28 participants in 2007 and 24 participants in 2008. An informational document explaining the consent procedures was attached to each survey; however a signature was not required of participants as completing the survey served as implied consent.

The PSE is comprised of 100 statements where participants indicate how much the statement is true of their school; these items are split into seven quality areas or subscales. Quality area 1 (18 items) pertains to providing a friendly, rewarding and supportive atmosphere with items such as “The school is seen as an appealing place to work by those who work there.” Quality area 2 (8 items) are about supporting cooperation and active learning such as “Students are encouraged to ask questions in the classroom.” Quality area 3 is about forbidding physical punishment and violence (20 items), and Quality area 4 is about bullying, harassment, and discrimination (18 items). Quality area 5 (10 items) is about valuing the development of creative activities such as “All students have opportunities to experience creative learning experiences that involve reasonable, constructive competition.” Quality area 6 (13 items) pertains to connecting school and home life through involving parents and other family members and Quality area 7 (13 items) assesses promoting equal opportunities and participation in decision-making. Data with response rates below 90% were not included. Subscale and individual item means for 2008 were compared to those for 2009 from each school, with only significant changes presented. A sample survey and all results are presented in Appendix E.

#### *Results: Patapsco*

As shown in Appendix E, for Patapsco all significant changes from 2007 to 2008 were improvements. However, there was only one Quality area, Valuing the Development of Creative Activities (area 5), that showed an overall significant change from 2007 to 2008. There were 12 individual items that had significantly improved between the two years. On average, more participants rated that the “school held regular events where the achievements of the students are recognized” in 2008 than 2007 for both male and female students. Staff also felt that “parents were more interested in and supportive of the school and its governance.” Additionally, participants rated that “those in charge were more firm, fair and consistent” in 2008 than in 2007. When asked to rate whether there was “a procedure allowing students to voice concerns about inappropriate or abusive behavior,” more participants stated that there was such a procedure, on average in 2008 than 2007. Pertaining to Bullying, Discrimination and Harassment, participants reported the following improvements for 2008 compared to 2007; that “there is a publicized policy that harassment and bullying will not be tolerated,” “there are publicized procedures on how staff should intervene if bullying arises,” and that “the school disapproves of bullying inside and outside of school and while traveling.” The specific items in Quality area 5 that improved in 2008 were that “there is the opportunity for students to create their own imaginative games without adults,” that “all students are provided with opportunities to engage in physical activity as a recreation choice for males and females,” and that “there is a program of activities outside the school hours that students can join for both males and females.” Lastly, there was a marked improvement in staff perspectives regarding “the school involving students in decisions about the organization and rules of the school.”

### *Results: Bay Brook*

There were no significant changes in subscales for Bay Brook, there was one item that significantly improved and three items where means for 2008 went down compared to 2007. The item that improved was “Staff are concerned about what happens to each other.” Two items that did not improve were part of the Quality area 5 of Valuing the Development of Creative Activities, those were “the play and recreation periods are supervised by responsible adults” and “there are regular time available for recreation and play throughout the entire school day.” Lastly, there was a significant negative change for the item pertaining to “students taking part in deciding school rules” but only for female students.


### *Discussion: Psychosocial Environment Profile*

At Patapsco, there have been many more events sponsored by the ESMHI showcasing student success. All large activities that have been planned such as Parent Oscars and holiday plays or parties involve students providing the entertainment through song, dance, acting, and even telling jokes. Ms. Cox has also started giving awards for student of the month and holding large assemblies for students with perfect attendance or who have worn their uniforms all year. Regarding the increase in creative/physical activities, students have been given more recess time, and Ms. Cox has orchestrated many more after-school activities for students such as Chess Club, Family Nights like Kitchen Math and Movie Night, and students have attended parent-teacher activities as well. Rules being more consistently enforced could be due to the arrival of our current assistant principal, Ms. Mullally. The increased awareness of bullying among school staff could have been influenced by our team’s ability to discuss the issue frankly and to come to a resolution that is satisfactory for both students. We also arranged a presentation on bullying for Kindergarteners through the Girl Scouts of America.

At Baybrook, although there were few significant differences between the first and second year the assessment was given, it is not surprising that staff rapport has increased. Ms. Vaughan has provided activities such as staff breakfasts and wellness groups for teachers to relax and build relationships. It is not clear why a lack of physical time for students changed from the first to second year as recess time did not change; however, the school does not have a gym for students and it has been a topic raised often among staff and parents in conversation.

### Baltimore City Public School System (BCPSS) Climate Survey

Statistics for the Baltimore City Public School System’s Annual Climate Survey are available for public viewing at the BCPSS website at [http://www.bcps.k12.md.us/student\\_performance/Institutional\\_Research/School\\_Climate.asp](http://www.bcps.k12.md.us/student_performance/Institutional_Research/School_Climate.asp). For our purposes, these statistics were gathered for Bay Brook and Patapsco Elementary/Middle Schools for the fall of years 2006, 2007 and 2008. Surveys are given to students, parents/caregivers and school staff and percent agreement with each statement is tallied and posted with the *n* value and response rate. For this analysis, data with response rates below 90% were not included (Bay Brook parent data from 2008, Patapsco parent data from 2007). Further, of the 107 total items only items that pertained directly to our work with the ESMHI project were evaluated. This includes all items from the subscales “The Learning Climate” and “Parent/Family Involvement” as well as items pertaining to social, emotional, or behavioral issues in the Teachers and School Resources Subscales (42 items total).



Percentages were compared between all years (2006 to 2007, 2007 to 2008, and 2006 to 2008) for all items by first weighing percentages by each corresponding  $n$  and then using z-tests for the actual comparison. In the case of missing data, comparison was not possible. Changes were considered positive if percentages improved from 2006 to 2007 or 2006 and 2007 to 2008, scores were considered negative if percentages were not improved for 2008 compared to 2006 or 2007 or if scores for 2007 were lower than 2006. Please note that some statements are reversed so that a lower percentage is considered and improvement when compared to a high percentage. For example, in the statement “Misbehaving students get away with it,” a high percentage would be a negative outcome because participants are responding to how much they agree with a particular statement.


*Results: Patapsco*

There were a total of 22 items where significant changes were found between 2006 and 2007, 2007 and 2008, and/or 2006 and 2008. Fifteen of these items changed positively and seven changed negatively. Please see Appendix F for specific percentages and confidence levels (two-tailed).

Students reported that teachers were better able to handle disruptive students in 2008 compared to 2007, and that disruptions in the classroom were less likely to get in the way of student learning in 2007 compared to 2006. They also felt that the school’s rules and expectations pertaining to student behavior were significantly more clear and defined in 2008 than in 2006. From 2007 to 2008 significant positive changes were made in rewarding students for positive behavior, student/teacher interactions, and teacher encouragement. They also reported that compared to 2006, in both 2007 and 2008, teachers had more of an opportunity to talk with parents or guardians about students’ progress or problems. Also, on average, more students reported having someone that they can talk to about personal problems at school in 2008 than in 2007.

Parents also reported significant improvements at Patapsco. Specifically, more parents, on average, agreed in 2008 that the school tried to involve parents, was making progress with parent involvement, and that parents were actively involved in the School Improvement Team than in 2007. Also, significantly more parents stated that they were permitted to use school resources while school is not in season in 2008 than in 2007. School staff reported that more teachers knew their student’s names in 2008 than in 2006 or 2007.

Significant negative changes came entirely from the student perspective. However, many of the items that were negative changes from 2006 to 2007 were positive changes listed above for 2007 to 2008. Specifically, students reported that teachers were less able to handle disruptive students; that students and teachers were less likely to get along, and that teachers were less likely to have the opportunity to talk with parents or caregivers about student progress in 2007 than in 2006, but all were reversed for 2007 to 2008. Students also felt that misbehaving students were more likely to get away with it and that parents or guardians were less welcome at the school in 2008 than in 2006. Although students reported disruptions being less likely in 2007 than in 2006 to get in the way of learning, students rated disruptions being significantly more of an issue in 2008 than 2007. Lastly, on average, fewer students felt that



teachers cared about students in 2007 than in 2006.

*Results: Bay Brook*

For Bay Brook, significant changes for 25 items were found between 2006 and 2007, 2007 and 2008, and/or 2006 and 2008 with eight being positive changes and 17 being negative. Please note that there was a change in administration at the beginning of the 2006-2007 school year.


Some positive changes reported by students included a greater likelihood of teachers knowing most of the students at the school by name in 2008 than in 2007. Students also felt that teachers had more opportunity to talk with parents about student progress or problems in 2008 than 2007. According to students, there was a decrease in the amount that disruptions got in the way of learning in the classroom for 2008 when compared to 2007.

Parents also reported less disruptions getting in the way of student learning in 2007 compared to 2006. Parents reported that for 2007 compared to 2006; parents were more active on the School Improvement Team; the school was more likely to schedule meetings at times that were convenient for parents, and that the school was more likely to inform parents when a student does something bad at school. Staff felt that the school had clearer procedures for getting help for students with suspected learning problems in 2007 compared to 2006.

Again, all significant negative responses were from student participants. This group rated teachers' ability to handle disruptive students for 2007 significantly lower than for 2006 and also significantly lower for 2008 compared to 2006. Students also felt that the school's rules were less clearly defined pertaining to student behavior in 2008 compared to both 2006 and 2007. Similarly, students reported that misbehaving students were more likely to get away with a wrongdoing in 2007 compared to 2006. Students reported that they got along less with their peers and their teachers in 2007 compared with 2006 and in 2008 compared with 2006. Further, students felt that teachers cared more about their students in 2006 and 2007 compared with 2008. According to student participants, teachers were less academically encouraging in 2007 and 2008 than they were in 2006. Students also felt that teachers were less likely to believe all students can do well in school if they try in 2007 and 2008 compared to 2006. Lastly, less students, on average, agreed in 2008 that parents were informed when a student does something good at school compared to 2006.

*Discussion: BCPSS Climate Survey*

While Patapsco students rated the teachers' ability to handle disruptive students significantly lower in 2007 than 2006, these numbers rose significantly in 2008. Potential influences of the increase could be related to the ESMHI as our team assisted teachers in working with disruptive students through a high level of collaboration and teacher consultations, development and presentation of workshops such as *Behavior Management for Students with ADHD*, connecting students to community services, group therapy focused around teaching children coping skills (Incredible Years, Coping Power, FRIENDS, Go Girl Go, etc.), anger management and respect classroom presentations, and the influence of the Good Behavior Game




portion of the Paths to Pax program. However, it is important to note that these responses from students are contradicted by their ratings pertaining to classroom disruptions getting in the way of student learning. Specifically, students rated that disruptions got in the way more in 2006, less so in 2007 and higher again in 2008.

Students also reported clearer rules and expectations of their behavior. This could also be related to the implementation of the Good Behavior Game, but also to the influence of the assistant principal, Ms. Mullally, who, as previously mentioned is well liked and has restructured discipline procedures.

Student's ratings regarding student-teacher relationships were consistent for all years with students getting along with teachers, and feeling that teachers cared about them being high in 2006, lower in 2007 and rising again in 2008. Given that the Good Behavior Game and the Positive Behavior Intervention and Supports (PBIS) program provide incentives for good behavior it is not surprising that students rated rewards being higher in 2008 than in 2007. Increases in ratings pertaining to opportunities for parents to talk with teachers are most likely influenced by the increase of parent-teacher activities, parent volunteers, and overall better communication and relationships between the school staff and families. The ESMHI Team could also have influenced students' increased feelings of having someone at the school to talk to about personal problem through increased visibility of our staff. Patapsco parents reported that the school has improved regarding parent involvement and that parents were more actively involved in the School Improvement Team. Possible explanations could be the increase of activities for parents, families, and staff such as Chit Chat, the volunteer program, family nights, and parent-teacher sporting events.

Bay Brook students also reported that disruptions were less likely to get in the way in 2008 than 2007; this change could be partly attributed to the ESMHI professional development on disruptive behavior and Ms. Vaughan's ability to collaborate with teachers to find the most effective strategies to get through to disruptive students. Similar to Ms. Cox at Patapsco, Ms. Vaughan also implemented a number of groups pertaining to coping skills and has also conducted many classroom workshops on anger management and respect. Although students rated that teachers were more likely to know students' names in 2008 than in 2007, this is contradicted by student reports that in 2007 and 2008 students were less likely to get along with teachers, to feel that their teachers cared about them, to feel that teachers encouraged them to work hard, and to feel that teachers believed that all students can do well in school if they try in 2006.

Contrary to student perspectives that teachers' ability to handle disruptive students was worse for 2007 and 2008 than in 2006, parents reported disruptions getting in the way less for 2007 than 2006. This could, in part, be due to teacher's difficulty in handling the increased enrollment size, getting used to the new administration's style of running the school and the decline of the Paths to Pax program. Regarding parent involvement, parents reported being more involved with the School Improvement Team in 2007 than in 2006, which is consistent with parents' reports that the school improved with scheduling meetings at times when parents



are available. The ESMHI Team scheduled most parent meetings in the beginning of day so they would be able to attend after dropping their children off in class. Staff rated school procedures for getting help for students with learning problems as being clearer in 2007 than in 2006. This change could be attributed to the new administration placing an emphasis on students with disabilities getting the help that they need as well as the added support of the ESMHI Team at the school.

Students at Bay Brook also rated an increase in students' ability to get away with misbehavior; this is consistent with lower rankings of the school having clearly defined rules and expectations for behavior during the same time period.

#### Prevention and Treatment Data

All clinicians in the University of Maryland School Mental Health Program report data quarterly to Baltimore Mental Health Systems, the core service agency for the city. Data collected include number of individual sessions, number of students seen in individual or group treatment, number of students seen in prevention groups, parent contacts, and any other committees or activities the clinicians may be involved in such as teacher consultation and professional development, the School Improvement Team, or classroom presentations. Data presented (please see Appendix G for data regarding treatment, and Appendix A for all other activities) have been taken from these quarterly reports for the 2006-2007, 2007-2008, and 2008-2009 school years. Quarter 1 includes July, August, and September; quarter 2 includes October, November, and December; quarter 3 includes January, February, and March; and quarter 4 includes April, May, and June.


#### *Results: Patapsco*

For all three years, individual and group sessions were higher in quarters 2 and 3 than 1 and 4, with relatively lower productivity consistent with transitions at the beginning and end of the school year. A similar pattern was shown for family contacts. Number of new students seen increased in quarter 3 of the 2006-2007 school year (from 29 in quarter two, 2006 to 38 in quarter three, 2007) and remained high with an average of 38 for the following two school years. Please note that this improvement corresponded with the start of the ESMHI initiative. The number of group therapy sessions and contacts in group therapy increased beginning in the fourth quarter of the 2006-2007 school year, with zero groups in the first quarter of 2006, only four groups held during the second quarter, and one group held during the third quarter, numbers rose in the fourth quarter to 17 groups and ranged from seven group sessions to 32 sessions in the following quarters. Number of groups and group contacts also increased beginning in the second quarter of 2008 and remained high for the rest of the school year.

Generally, the number of other activities that Ms. Cox and interns working with her were able to plan and implement increased steadily over time for all three years. These included classroom presentations, staff presentations, parent-teacher events, family nights, and special student activities (e.g., Camp Chesapeake Courage).

#### *Results: Bay Brook*

Data trends at Bay Brook were similar to those at Patapsco with individual sessions being higher for all three years during quarters two and three. Unlike Patapsco, family contacts



were higher in the fourth quarter of each year, with moderate increases in overall contacts per year (e.g., from 49 in 2006-2007 to 59 in 2008-2009). Trends did not hold true for family contacts with many of the higher numbers in quarter four of the three years. As shown at Patapsco, the number of students seen and the number of students seen in groups increased in January of 2007, commencing with the start of the ESMHI and this pattern of higher productivity maintaining thereafter.

Ms. Vaughan and interns working with her have also increased their other activities during the two and one-half years examined. Classroom activities and prevention assemblies were not conducted during quarters three and four of 2007, however quarterly averages for 2007-2008 were 45 and rose to 50 during the 2008-2009 school year. ESMHI parent events have also become very successful with only ten parents in attendance for Parent Awareness Day in quarter four of 2007, and 50 parents and grandparents present at our Grandparents Day celebration during quarter one of the 2008-2009 school year. Staff presentations and activities also saw an increase with time, staff wellness groups in quarters one and two of 2007 only brought in an average of 8 teachers per group whereas staff breakfasts that followed were attended by almost all of the Bay Brook staff with 45 members present.

Ms. Vaughan has also implemented two school-wide activities, National High-Five Day, where students high-five each other and staff members hoping to receive a prize, and Kindness Week, where students earn beads for every kind act with prize incentives for classrooms and students with the most beads.


#### *Discussion: Prevention and Treatment Data*

The above statistics clearly document an increase in productivity across all types of preventive, clinical and other activities with the onset of the ESMHI initiative. Productivity in group intervention is particularly notable. This increase is also likely related to the greater clinical FTE at the school and the beginning of WhyTry groups which target at-risk students in the sixth grade; groups are larger than usual with 12-18 members present at one time.

Although Patapsco has had a sharp rise in classroom and assembly prevention due to school wide and middle school assemblies, at Bay Brook it is much more difficult to reach students in assembly format as they do not have a gymnasium or an auditorium to hold as many students. As mentioned in the Parent Involvement section, it can be inferred that attendance at parent information sessions increased after relationships with parents were built and after having conducted many fun activities before introducing informational resources to our parents.

#### Case Studies

Case studies were conducted for two students at each school; attendance data were also gathered for each of the four students. Attendance data were obtained through the Baltimore City Public School System's Office of Achievement and Accountability. We had attempted to gather data on attendance, student grades, discipline problems and suspensions for four students each treated intensively by the two clinicians. Unfortunately, data across the board were very patchy, and ultimately only attendance data were usable. Even for attendance, there were missing data for the 2007-2008 school year and this year has been omitted




in the time series analysis graphs located in Appendix H. Student 1 from Patapsco (11 year old male in 4<sup>th</sup> grade) was in treatment for all of the years examined; however, this student's attendance has worsened over time with the most amount of absences occurring in the 2008-2009 school year. Student 2 from Patapsco (9 year old male in 3<sup>rd</sup> grade) began treatment at the beginning of the 2008-2009 school year and had substantially less absences in this year than in the previous year. Attendance for Student 3 from Baybrook (11 year old male in 5<sup>th</sup> grade) remained relatively stable except for one spike prior to treatment in quarter 4 of 2004-2005. Attendance for student 4 from Baybrook (10 year old male in 5<sup>th</sup> grade) has shown marked improvement beginning in quarter three of the 2005-2006 school year, which is also the quarter this student began treatment with Ms. Vaughan. In addition to this information, we have organized very detailed clinical case information on each of these students, but do not believe this information has incremental value to this report.

### Focus Groups

Focus groups with school staff, students, and parents/caregivers were conducted in the spring of 2007, 2008 and 2009 at both Bay Brook and Patapsco. In 2007, one focus group was conducted with community leaders in the Cherry Hill (Patapsco) area. The purpose of the focus groups was to obtain information from diverse stakeholders on issues relevant to the delivery of effective school mental health services. Focus groups in 2009 also included a reflective component for stakeholders to express thoughts on the impact of ESMHI activities. The information gathered proved to be a critical piece of program development, assessment of progress, and evaluation of outcomes. For Bay Brook, there was an average of 5 participants in the student groups, 6 participants in the parent/caregiver groups, and 7 participants in the school staff groups (please see Appendix I for all demographics). For Patapsco, there was an average of 7 participants in the student groups, 6 participants in the parent/caregiver groups, 7 participants in the school staff groups, and 6 participants in the single community leader group.


In general, school staff ranged in age from 24-59, with 44% being Caucasian, 24% Asian, 21% African American, and the rest made up of Hispanic or Multi-racial/Other. Staff participants were mostly women (87%). When asked if either they or a family member had ever used mental health services 26% of staff participants replied "yes," 61% replied "no," and 13% replied that they did not know. Regarding student groups, age ranged from 6-15 and students were predominantly African American (94%) with 58% being girls. When asked if either they or a family member had ever used mental health services 53% of student participants replied "yes," 8% replied "no," and 39% replied that they did not know. The age in parent/caregivers groups ranged from 25-65 as some of the participants were grandparents. These groups were also predominantly African American (97%), with 88% of participants being women. When asked if either they or a family member had ever used mental health services 47% of caregiver participants replied "yes," 44% replied "no," and 9% replied that they did not know. Lastly, community leader participants ranged in age from 45-66 and all six participants were African American with five (83%) being women. Of the six participants in the community focus group, four (67%) reported that they or a family member had used mental health services, one (17%) did not, and one (17%) did not know.



School staff and parents/caregivers were recruited through flyer and word of mouth invitation by the clinicians and research coordinator. Students were recruited by sending home consent forms with the students of an entire class. For the 2007 focus groups it was discovered that the students were too young to effectively answer questions so recruitment in subsequent years took place only with 5<sup>th</sup> grade and above. All focus groups were held on school grounds; however, the time of day varied between morning before school begins, lunchtime, and immediately after school. At the start of each group, facilitators read through the consents/assents and all participants were required to sign before continuing on with the group (students were only eligible to participate if they brought back signed consents from their parents prior to meeting). After completing consents participants were instructed to fill out a basic demographic sheet. All focus groups were audio recorded and a note taker was present. Incentives included food and a raffle for one twenty dollar gift card to Wal-Mart per group. Facilitators made a conscious effort to keep the group on task without leading their answers. Questions for years 1 and 2 were designed to assess the positive and negative aspects of the school environment and to determine knowledge of services offered by the school and willingness to use those services (a complete list of questions for all years is provided in Appendix I). Year three questions were altered slightly to assess the perception of change (positive or negative) at the school during the years the project was being implemented.

#### *Focus Group Challenges and Solutions*

Generally, recruitment was challenging during the first year but became easier as stronger relationships were built with the school community, number of participants averaged 3.8 in 2007, 7.6 in 2008 and 6.3 in 2009. We suspect that this challenge was in part due to a distrust of outsiders in the community. Our school mental health clinicians were the most helpful in recruitment and as they became more visible trust appeared to be less of a barrier. More specifically, Ms. Vaughan and Ms. Cox were able to develop close, collaborative relationships with many of the parents and staff at their respective schools. Originally, it was proposed that we would also conduct focus groups with key community leaders, however only one group materialized from the Cherry Hill Community (Patapsco) with a great deal of struggle. Participants were very difficult to find and, in the end, one of our staff members used personal connections in Cherry Hill to drum up any participants at all. Recruitment with students was difficult only in regards to attaining parent/caregiver consent. The first year we chose classes that were too young and had very few students remember to bring the consent form back. During, the second and third years we targeted older students and went into two or three classrooms to ensure that we would have enough participants. We were very sensitive to the different needs of each group in scheduling the time of day to meet. Parent focus groups at Bay Brook were held in the morning before school and breakfast foods were served because many of the parents for this school worked during the day and into the evening. In contrast, parent groups at Patapsco were held in the afternoon since many of the parents there were free after school. Focus groups with school staff were held in the afternoons and food incentives were welcome after a long day of teaching. So as to not disrupt class time, we conducted focus groups with students during their lunch period and again, the pizza was a welcome treat. It is important to note that groups were not held in the evening or night times due to safety concerns.



Facilitation of the groups themselves only presented a few challenges that were easily overcome. The first being that participants would occasionally get off topic, particularly parent groups, and facilitators had to guide the group back to the questions. Although challenging, we interpreted this as a positive occurrence since the participants were so comfortable and open with us upon beginning the groups.

*Results: Patapsco*

Key themes were examined for each focus group conducted. Results from the 2007 focus groups were used to guide the development of the ESMHI project. Similarly, results from 2008 were used to determine progress and further inform the ESMHI Team of efforts that needed to be made in order to enhance the project in the following year. Lastly, results from 2009 were used as a final evaluation and provided to clinicians to help guide their continued work at the schools. Themes from each of the focus groups are presented in tables in Appendix I.

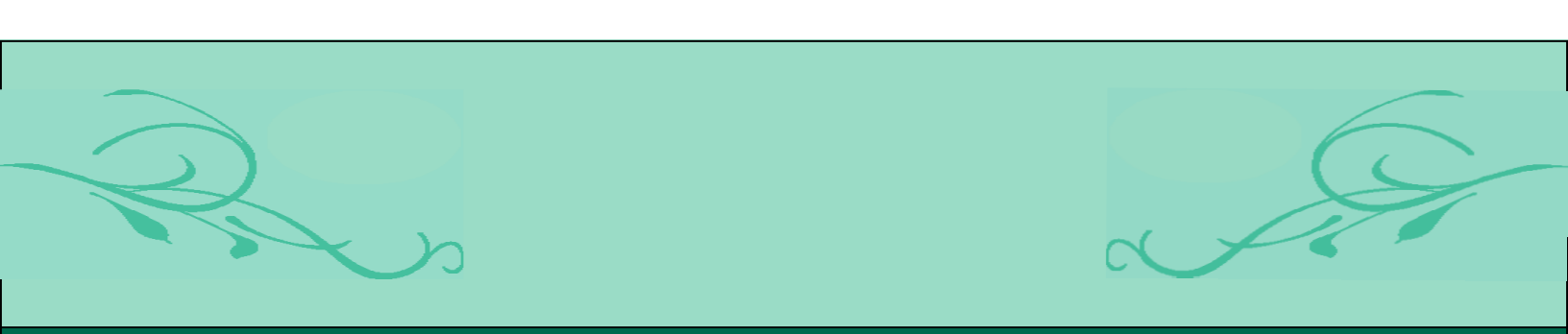
Key themes for 2007 for all groups included a lack of parent involvement and support, a lack of time for students to engage in physical play (recess, gym), and anger issues among the students.

Teachers and staff were concerned about students' reading abilities and school readiness. They perceived a limited support for education by parents and caregivers and were interested in any services that could help improve parents' ability to help their children and promote collaboration between school staff and parents. Staff noted that students needed more exposure to the world outside of the community. Staff also voiced a need for more realistic professional development, a safe space for teachers and staff to discuss school issues and increased staff support.

Students were mainly concerned with improving the physical environment (including the need for better/more school supplies) and security of the school. They did not like the way that students treated each other but reported that some of their fellow classmates were helpful and friendly. Although this group was unaware of mental health services offered at the school they viewed going to a counselor positively and named low grades, anger issues, improving relationships, and coping with bullying as some reasons a student would want to visit a counselor.

Parents/caregivers were also concerned about the disconnection between themselves and staff at the school. They suggested mailing materials home to ensure they receive them, adjusting the times that events are being held, and creating homework folders to help students be organized and to keep parents informed of their child's assignments. Similar to students, they perceived use of mental health counseling at the school favorably but did not know much about what was offered.

The community leader focus group expressed that the neighborhood has a strong history and bonds, but that it also has many problems such as poverty, drug abuse, and depression. They also noted that there is skepticism felt about outsiders by members of the community. One member felt that the school needed more qualified school staff and that the



staff should be trained by mental health professionals. Another was concerned that outside teachers are biased against Cherry Hill and they do not see potential in the students to learn. They also felt that there needs to be more/better communication between the school administration and parents/community leaders. Some suggestions for engagement included being flexible on times, providing incentives, providing attendees with a skill to learn, and parent learning programs (e.g. GED). The community leaders wished the churches would become more involved again and suggested starting a mentoring program.

During 2008, general themes for all groups included a lack of support and collaboration from the administration, a lack of respect from students, and concern about the safety of such a chaotic neighborhood.


Teachers requested that students be taught hygiene and health related skills at school and needed help regarding impulse control, anger management, and social skills. Regarding professional development, teachers and staff felt that more education on classroom management and dealing with traumatized children would be beneficial.

Students were concerned with the physical environment of the school and wished their relationships with their teachers were more pleasant. They enjoyed the after school activities, sports and events the most of all aspects of Patapsco. Students from this group also felt that seeing a counselor was beneficial to students and their families; however, they noted that some students are ostracized for doing so.

Parents/caregivers echoed the view of teachers/staff that some parents were intimidated by the school when they did not know anyone and also felt unwelcome. Parents were also concerned that although the teachers were very dedicated and presented positive attitudes, many were unprepared for working in the Cherry Hill community, need more mental health training, and need more aides in the classroom. Half of the parents present for this group knew about mental health services offered at the school but they felt that the needs of the students were so great that more counselors were necessary. Parents also suggested a hygiene presentation for the students as well as a mentoring program for males. They reported really enjoyed the new activities for parents such as Movie Night, field trips, and Parent Oscars.

As previously stated, 2009 questions were slightly different from 2007 and 2008 and focused more on assessing the impact of our initiative. Overall themes across groups include increased parent involvement (particularly around the parent Chit Chat group), less noise and chaos in the hallways during class, a need for a more attractive physical environment, and a need for more mental health staff.

Teachers and staff reported that relationships among staff members have improved since 2007 and all participants stated that Ms. Cox was great to collaborate with to help their students. Two recommendations to continue positive relationships with their student's parents were to call home for positive reasons and to take the time to talk to the parents outside of



Teachers and staff reported that relationships among staff members have improved since 2007 and all participants stated that Ms. Cox was great to collaborate with to help their students. Two recommendations to continue positive relationships with their student's parents were to call home for positive reasons and to take the time to talk to the parents outside of school (during drop off or pick up in the morning and afternoon). Teachers and staff were aware of Paths to Pax, WhyTry, sports clubs, chess clubs and other programs/activities available for students and also suggested including Upward Bound, a mentoring program, and Get out of the Game (gang prevention). They did note that a major reason activities at school fail is due to a lack of commitment from staff. Regarding professional development, teachers and staff were interested in observing other classrooms, a workshop on working with parents, and summer training for new teachers to include a community tour or training. Staff also wanted expectations from the administration to be clearer and to receive more positive feedback.


Student participants expressed that their teachers had improved with teaching skills but that many students were still misbehaving quite a bit. They were able to list many activities available at Patapsco including Fun Day, basketball and kickball games, and noted that it was fun for them to see parents and teachers having fun together. This group of students also saw mental health as positive and mentioned that they would like to have more groups like the focus groups to voice their opinions.

Parents/caregivers wished that the administration was more supportive of them as parent volunteers and also felt that there needed to be more respect among all members of the school community. But they also reported that there were some very strong and dedicated teachers at Patapsco. They felt that some of the negative student behaviors would be eliminated if teachers were stricter. Of the parents that were engaged in school activities, many became involved due to their concerns about how the school was run. Parent participants were mostly positive about school mental health services and stated that many parents who were not open to them could possibly be scared to ask for help. Parents also felt they would need less mental health help if the community was more harmonious.

*Results: Bay Brook*

For Bay Brook, general themes for 2007 included the presence of committed and passionate teachers, the need for more adults to supervise, and a need for increased parent involvement.

Teacher/staff participants at Bay Brook thought that parents might have problems with their own academic skills and were too intimidated to come to the school to ask how to help their children. This group advocated for more mental health support citing community and home problems being a big distraction to student learning. Similar to Patapsco, teachers and staff felt that students needed more exposure to the environment outside of their local community. Staff participants suggested emphasizing confidentiality and acknowledging stigma when trying to engage families in mental health services. The group reported needing more resources but being pleased with resources currently available such as the after school



program on increasing parent involvement and improving staff relationships, and a teacher mentor program.

Student participants liked that their teachers were dedicated and that the school was safe and free from graffiti. Their biggest concern was bullying especially on the walk home from school. They viewed seeing a mental health counselor positively. These students were also aware of the Paths to Pax program at Bay Brook as well as the after school program. They requested better security for their walk home, more help with academics, and a cleaner school.


Similar to students, parents felt the teachers at Bay Brook were very committed to the students and echoed that sentiment in regards to the administration. The parent group felt the school would benefit from more teacher's aides, more types of activities to the after school program, better cafeteria food, and better materials/resources for instruction. Although the group was unaware of the mental health services at Bay Brook, they had positive views about counseling being provided in the school and felt that it would be convenient to parents and their children and that other parents should be made aware of the services. Suggestions for improving parent involvement included giving more advance notice of meetings, offering a morning and afternoon meeting, providing parents with information so they can help their children academically, and including/expanding school activities to involve parents and siblings.

During the 2008 groups, common themes included the academic curriculum not being challenging enough, overcrowding, the need for more mental health counselors and a lack of sufficient security.

Teachers and staff felt that that the students would benefit from training in social skills, anger management, and counseling pertaining to ADHD, grief, and trauma. Although parents were attending parent/teacher conferences, school staff still felt that parental involvement was lacking. They cited substance abuse problems and being unaware or failing to use community resources as possible reasons. In an effort to increase parent involvement staff suggestions included providing more opportunities to engage with parents in a positive way, offering incentives, and coordinating events where students display their talent. Teachers and staff felt they would benefit from a clarification of disciplinary policies, professional development training on conflict resolution and social/life skills for their students, and a staff to staff mentorship program to provide more instructional support.

Students reported having a good relationship with their teachers, having enough classroom materials, less fights at school, and fun programs, activities, and classes. Student participants did not like that the bathrooms were not clean, the dress code, and the aggression of other students. This group also viewed mental health services positively and felt that the purpose of counseling was to have an outside source to share their problems with, to learn how to cope with difficult situations, and to provide an outlet for expressing feelings.

The 2008 parent group expressed their appreciation for the teachers' ability to handle large classrooms and keep in contact about their children. They continued to feel that the



school lunches needed improvement. Parents were concerned about the disrespectful attitude of many students, and suggested that a mentoring program would be beneficial in correcting this issue. Parents reported that morning meetings and more follow through from the school would be the best way for them to become/stay involved. In addition to remedies for overcrowding and better security, parents suggested providing students with more physical activities during the day and more challenging school work.

For 2009, general themes were a need for more administrative support, more mental health services/personnel, and more clear and consistent rules.

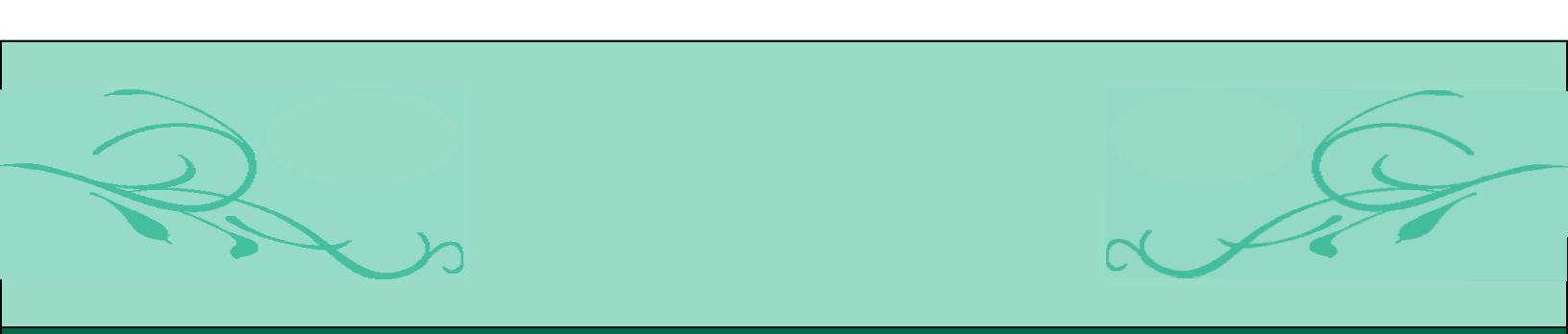
School staff reported that Ms. Vaughan had been able to see more students during this school year (although still requested more clinicians for the school) but had concerns about their students regressing during the summer. They also acknowledged that there was a great amount of stigma among parents in this community bringing their children to counseling and suggested offering gifts or food incentives as long as we could ensure they parents would not view the incentives as handouts. School staff still felt a disconnection with the staff in the other building. They requested more school spirit events, hands-on training to work with ADHD students, a peer-to-peer mentoring program and more training on teaching students respect and manners.

The student group viewed mental health services positively and many of the participants knew Ms. Vaughan and expressed liking her. They listed the after school program, WhyTry, and 8<sup>th</sup> grade fundraisers and field trips as being the activities available in the school. Unfortunately, both student and parent participants reported favoritism among school staff and students cited this as a reason for there not being enough activities at the school (e.g., “8<sup>th</sup> grade is favored and has more activities”). Students also requested an improvement in physical aspects of the school.

The parent group reported that the school had worsened in the previous two years and cited a change in administration as being the reason. They felt that there was favoritism for specific students as well as for certain members of the school staff by the administration. All but one of the parent participants viewed mental health services as positive but felt that the need was too great and there were not enough counselors to serve all of the students with mental health issues. Parents reported that their involvement could be improved through better communication and collaboration with the school staff, a school website, and the presence of more community volunteers. This group also cited a lack of space for activities (Bay Brook does not have a gym or auditorium) as a major barrier to holding school events. A few of the parent participants reported that they became involved with the school out of concern regarding the problems occurring in the school.

#### *Discussion: Focus Groups*

Focus group data were valued highly during this project as we developed a great deal of our programs and activities around feedback from school staff, student, and parent groups. These groups also provided a mechanism for active stakeholder involvement. It is important to note that much of the feedback from the focus groups overall pertained to relationships




between the students, staff, parents, and community.

One of the most common responses in both staff and parent groups was that there was a great deal of difficulty with parent involvement. At Patapsco, parent Chit Chat was started, and the parent Volunteer Program was strengthened drastically (please see the Parent Involvement section for details). Further, at both schools the ESMHI Team fostered relationships with the PTA and helped these groups to hold activities throughout the year as well as hosted our own activities such as Family Nights and parent-teacher activities. Further feedback suggested a need for improvement of staff relationships. The ESMHI Team reacted by beginning wellness groups for school staff at both schools, holding staff breakfasts and potlucks, and encouraging “Tootle” writing (positive notes) between staff members. At Patapsco, the parent Chit Chat group painted and decorated the staff lounge in gratitude for their hard work. Results from the student and staff focus groups also indicated a desire for improvement of student-teacher relationships. We responded by hosting (or helping to host) activities where students, staff, and parents could all have fun together such as student-teacher basketball games (Patapsco) or the Winter Wonderland Dance (Bay Brook).

In analyzing the data, our team noticed that few of the focus group participants from all groups were aware of the extent or presence of the School Mental Health Program at Bay Brook or Patapsco and some participants told us that there was a stigma to using services in these communities. Simply from increasing the clinicians from part-time to full-time they were seen more frequently by parents, school staff, and students. We also added one and then two interns to each school which further increased the recognition of school mental health staff at Patapsco and Bay Brook. It was also beneficial that our team attended many regular school events and hosted many of our own. During the Christmas season, notes about the program with candy canes went out to all school staff.

Further, we brought two parents from the National Alliance on Mental Illness (NAMI) into the schools to present on mental health. It became apparent early in the project that the language we used was of the utmost importance to addressing the potential stigma of mental health in these communities. For example, instead of the terms “mentally ill” or “mental disorder” “mental health” and “wellness” were used. In years 2 and 3, many participants requested more school mental health staff at the schools, which we took as a good sign because that meant that our program was being recognized favorably.

Another type of common response pertained to the behavioral difficulties of the students at both schools. Participants noted that because there are many traumatized students in these communities that disruption, anger, and a lack of respect and manners (social skills) are seen throughout the school day. One way our team tackled these issues was by increasing the number of students seen individually by adding one and then two interns to each school. In addition, many more prevention groups were conducted during the two and one-half years of the project; some of these include Coping Power, Incredible Years, Go Girl Go, and FRIENDS group. Clinicians assisted teachers by going into classrooms and presenting on manners, respect, and anger management. At Bay Brook, we were also able to bring in a speaker on



disruptive behavior to present to school staff and began a mentoring program for boys. At both schools our clinicians presented to school staff and parents on working with children with ADHD.

School staff were also concerned that the students and parents had very little exposure to the community outside of Cherry Hill and Brooklyn. At Patapsco, we helped support a PTA trip to Washington DC in 2008 and again in 2009. The purpose of this trip was to show the parents how accessible the area was and a few parents followed up by taking their children to see the museums in Washington DC. Further, Ms. Vaughan and Ms. Cox have chaperoned and participated in planning field trips for students at both schools.


### Key Informant Interviews

Key informant interviews were conducted with school staff at both schools during the spring of 2009. All interviews were audio recorded and a note taker was present. Interviewees were asked to comment on changes that have occurred at the school during the grant period and to rank how well they knew our school mental health clinicians and to comment on their work. The ten questions used in the key informant interviews are presented in Appendix J. Due to the low number of participants at Bay Brook, demographic information is presented combined for both schools. Interviewees had many roles at the school; there were six teachers, two social workers, three administrative staff, and one person from office staff. Ages ranged from 26 to 58 and nine participants reported their ethnicity as African American with the remaining three being Caucasian. Many of the participants (9) reported working with multiple grades. Seven participants reported having used mental health services in the past either for themselves or a family member. For Patapsco there were a total of eight interviews given and for Bay Brook there were three.

Some challenges in conducting the key informant interviews were experienced. Since interviews occurred at the end of the school year recruiting participants was particularly difficult. In fact, there were a few occasions where the interviewee was called out of the room so many times we were unable to complete the interview by the end of the school day. Fortunately, most of the participants that were interviewed also agreed to be recorded for a video interview to be presented in the ESMHI presentation to foundation supporters on November 18, 2009.

### *Results: Patapsco*

Key themes for both schools are presented in Appendix J. All eight interviewees from Patapsco reported being either familiar or very familiar with Ms. Cox and interns working with her and rated their impact on the school very highly. Participants relayed many benefits of having the ESMHI Team at Patapsco including a greater sense of trust and collaboration among the school community, providing mental health services to more students, more parent involvement, and being able to meet immediate needs of the students. All eight interviewees reported having noticed changes in the school's efforts to promote student health and mental health and to reduce barriers to learning since the start of the ESMHI project. A positive change to the environment, more positive collaboration, and calmer and quieter classrooms and hallways are some of the changes noted. Regarding student behavior, respondents felt




the students were more able to communicate their feelings, and were motivated by incentives, which enabled them to learn better. It was also stated that with improved coping skills, there are less outbursts in class and more focus from the students. Interviewees also noticed that conversations among school staff had changed to being about the whole child rather than just academics. Also, respondents reported that parents have more confidence in the school to support their children and are more willing to talk to teachers about their children's difficulties. Lastly, it was stated that the school staff morale has improved through working as a team, participating in more activities with families, increased consistency, and feeling more supported in the classroom, and lowering their own frustration by learning how to work with children who have behavioral difficulties.

*Results: Bay Brook*

For Bay Brook, all three interviewees reported being very familiar with the ESMHI Team's work at the school, and rated the impact of the work on the school very highly. Similar to Patapsco, participants in the interviews felt that Ms. Vaughan has helped to establish a greater sense of trust between the school and the community and has also been able to provide more students with the help that they need. All interviewees reported noticing positive changes at the school during the years of the project. They noted a more positive environment with happier staff and students, calmer students, and an improvement in staff use and perception of mental health services. Participants felt that students are better able to control their feelings and are less angry as well as showing improved academic performance. Lastly, it was reported that relationships among school staff, parents and students has improved and that parents have been more receptive to talking with teachers about their children.

*Discussion: Key Informant Interviews*

At Patapsco and Bay Brook, interviewees reported many positive impacts and positive changes during the project of having our ESMHI Team at the school. An increase of trust and collaboration can be attributed to Ms. Cox's and Ms. Vaughan's perseverance in building relationships among students, parents/caregivers and staff. At Patapsco, activities like Family Nights and Parent-Teacher sporting events have provided an avenue to foster these relationships. We were also able to provide more mental health services to more students by increasing our clinician's time from part time to full time and, later, by adding interns two and then three days per week. Ms. Cox and Ms. Vaughan have also been able to provide crisis intervention to students and help to fill in the gaps while they are waiting for an individualized education plan (IEP). The calmer environment and increased coping ability of the students could be attributed to a number of ESMHI influences such as, serving more students with severe behavioral problems in individual therapy, the start of more groups pertaining to coping and social skills (Incredible Years, Coping Power, FRIENDS), and in class presentations on anger management and respect. Also, Paths to Pax elements could have contributed to this change; although not fully implemented by very many teachers, some teachers did use certain aspects of the program with their students. Teachers have also learned how to work with children with behavioral problems through professional development presentations such as our ADHD information session and through close collaboration with Ms. Cox or Ms. Vaughan. Respondents noted that parents at both schools are more willing to talk with teachers. At Bay Brook, Ms. Vaughan has been able to serve as a mediator to help parents and teachers better



understand each other's point of view. Since parent involvement has been so successful at Patapsco, it is not surprising that an interviewee would observe parents being more willing to talk with teachers. Through parent Chit Chat and Parent-Teacher activities, families and school staff have been able to build relationships by spending time together without the stressors of the school day weighing on their interactions. Chit Chat has also been valuable in teaching parents/caregivers how to advocate for themselves and their children.

## **Conclusion**

School mental health programs are growing related to the increased recognition that building more comprehensive services for youth in this universal natural setting has many advantages (Evans, Weist, & Serpell, 2007; Flaherty & Osher, 2003; Robinson, 2004; Weist, Evans & Lever, 2003). However, as we build promotion and prevention for children and youth, capitalizing on the significant advantages of doing this work in schools, there are many other dimensions of infrastructure and implementation support needing attention. As demonstrated in this report, schools are highly fluid and challenging environments, with busy and often stressed staff, who may be skeptical about new agendas. In addition, educators and education leaders are contending with intensive accountability demands, and justifying effort on evidence-based school mental health programs and services in this environment can be difficult. Further, even when schools buy in to this agenda, there is a need for ongoing advocacy, as in our experience, when school principals begin to lose interest, staff lose interest and program implementation and the potential to achieve valued outcomes falls off (see Weist, 2009). Clearly, this outcome was seen in one of the schools, with the principal losing interest in the Paths to Pax program associated with its abrupt end in the school.

Efforts like the ESMHI boost efforts to incorporate evidence-based prevention and intervention into school mental health through elements such as critically needed infrastructure support, and strong training, coaching, and fidelity monitoring, enabled to a large degree through partnerships with two universities focusing on applied research that is being actively shaped by, and benefiting the local schools and community (see Wandersman, 2003). As programs attempt to respond to encouragement and mandates for the implementation of evidence-based strategies in "real world" settings such as schools, program developers, researchers, and implementers must continue to engage all involved stakeholders in an iterative process to refine and adapt the intervention and to gather recommendations for improving the likelihood of successful implementation. Our use of focus groups in this project assisted in making this iterative process a reality.

We hope this report and corresponding processes that will emanate from the ESMHI (e.g., presentations, publications, networking), provides a cogent example of attempting to integrate in a full continuum of empirically supported approaches to promote student wellness, mental health and school success into the real world setting of schools. In this example, we hope we have highlighted the promise of the work as well as numerous barriers and strategies for overcoming them toward effective school mental health promotion and intervention in highly challenged inner city schools.




## Recommendations

In the Fall of 2009, University of Maryland CSMH staff listed in this report discussed the project and its findings with officers from the Aaron and Lillie Straus Foundation, the Jacob and Hilda Blaustein Foundation, the Abell Foundation, and the Zanvyl and Isabelle Krieger Fund in reacting to a draft report and themes that emerged during the project toward a set of recommendations that could help further advance expanded school mental health (ESMH) in Baltimore City. Each of these foundations contributed resources and guidance to the project and we greatly appreciate this support.

A major conclusion in these discussions was that Baltimore City is engaged in many important and innovative actions to support the sustainability and progressive growth and improvement of ESMH, building from a platform of roughly 105 out of 185 schools providing expanded services. This includes a prominent, interdisciplinary and cross-system Advisory Board for ESMH (including foundation officers and city leaders), an innovative funding plan including individual schools and community mental health centers (CMHC) collaborating in applications as part of a unified request for proposals (RFP), a document developed by former Health Commissioner, Josh Sharfstein (2006) that has functioned as a strategic plan, and an ESMH network involving all OMHC staff who work in the schools through 12 provider agencies, and leadership and coordination of this network by Denise Wheatley-Rowe, jointly appointed by the Baltimore City Public School System (BCPSS) and the Baltimore Mental Health System (BMHS).

Recommendation 1 emphasizes strengthening these elements. For example, a) assuring that the Advisory Board meets consistently, has an evolving membership of actively engaged members, is well run, and actively seeks to grow (in number of schools) and improve (along many dimensions of quality) ESMH in Baltimore, b) that the “braided” funding strategy with many city agencies contributing, expand and become more diverse through systematic advocacy (e.g., as has occurred through connection to the *Safe and Sound* campaign), and c) that efforts be made to strengthen the ESMH network (e.g., by increasing training on evidence-based practices, improving support to clinicians in implementing them in between meetings). In addition, more formal strategic planning using the report by Sharfstein (2006) as a platform for discussion is indicated (also see Hoover Stephan et al., 2007; Weist & Murray, 2007).


Recommendation 2 calls for increased administrative support for and accountability of ESMH to increase the likelihood of evidence-based practices. A major observation in this project was that considerable investment in evidence-based prevention and intervention in schools will have a minimal and transient impact unless school principals and other leaders value these services, consistently express and demonstrate their support for them, and convey and enforce expectations to school employed and collaborating OMHC staff that consistent implementation is required. For example, PATHs to PAX is an outstanding program with a very strong evidence-base and positive impacts observed in this project and in others using it in the city (see Kusche & Greenberg; 1994; the work of the Center for Prevention and Early Intervention at the Johns Hopkins Bloomberg School of Public Health; Nicholas Ialongo, Principal Investigator), but these impacts fall away when principals act as if implementation



does not matter (Weist et al., 2009a). The other major dimension here is that evidence-based practices are labor intensive, and for SMH staff to implement them will require resources, administrative support, training, technical assistance, peer-to-peer support and ideally coaching within school buildings (see Fixsen et al., 2005; Weist et al., 2009 b).

Recommendation 3 calls for an enhanced focus on relationships in all dimensions for effective and evidence-based prevention and intervention in ESMH. As demonstrated repeatedly in this project and consistent with reports of others (Flaherty et al., 1998; Waxman, Weist, & Benson, 1999), good work emanates from mutual respect and genuine collaboration among school mental health staff (both employed by the school and the OMHC), the principal and school administrators, teachers, and families and students. ESMH programs should assure that hired staff are committed to children and youth, have high integrity and excellent social skills, as without these qualities efforts are likely to fail (Paternite et al., 2006). In addition, efforts to build and continuously expand and improve relationships should be purposeful, and systematically assessed and adjusted based on ongoing program quality assessment and improvement. In this context, family outreach and engagement/empowerment is critically important, and these efforts should be prioritized with resources allocated to increase the likelihood of strong family/student involvement (Hoagwood, 2007; Hoagwood et al., 2007; McKay, 2004). This objective is more likely to be accomplished when school mental health staff, educators, and administrators consistently interact with families with respect and interest in mutual collaboration versus as an expert or adversary (Lever et al., 2003). Schools should continuously monitor how they are interacting with students and families, and plans to improve these interactions should be implemented with systems of accountability to staff as indicated above.

Recommendation 4 builds on the first three recommendations and emphasizes the need for strong and well functioning teams to coordinate, monitor, and continuously improve the school's efforts to promote a positive climate, behavior, mental health and school success of students (see Axelrod et al., 2004). The reality is that school teams in the city schools often do not function well, with inconsistent holding of meetings, poor leadership, and fractionated agendas with multiple teams sometimes pursuing similar goals. Within individual school buildings, an effort needs to occur to map out the functioning of all teams, consider ways to integrate them, and promote consistent meeting toward accomplishment of valued goals and objectives. Leadership of these teams is essential and ideally should reflect a collaboration among school-employed and OMHC staff (Paternite et al., 2008). In particular, assessment and improvement of school teams focusing on Student Support, and Positive Behavior Support should be a priority, with consideration of potentially integrating these two teams, which should work closely with the School Improvement Team (which also usually needs strengthening). The University of Maryland CSMH has developed strategies for ongoing assessment and improvement of schools' mental health promotion and intervention efforts, including the School Mental Health Quality Assessment Questionnaire (see Appendix K as well as [www.schoolmentalhealth.org](http://www.schoolmentalhealth.org) for this and many other relevant resources). Schools are encouraged to use these resources as part of systematic strategies to improve the functioning of teams charged with positive behavior support and mental health promotion.



Recommendation 5 emphasizes the need for school teams (ideally strengthened as above) to focus on quality of data relevant to SMH programming. As shown in this report, our ability to document project impacts in many cases was compromised by unreliable data. School teams should consider all relevant data sources, including student grades, standardized test scores, changes in restrictiveness of services, attendance, tardiness, office referrals for behavioral issues, and suspensions, and when concerns are identified about the reliability of particular data sources systematic actions should be taken to address them (see Bruns et al., 2004). Schools connected to Positive Behavior Intervention and Support (PBIS) have the advantage of a common data system and a culture of data-based decision making. Moving in the direction of true implementation of PBIS would be a positive step for all schools - even without this connection systematic data assessment and improvement should be a priority. The Johns Hopkins Center for Prevention and Early Intervention (Nicholas Ialongo, PI) is focused on data improvement through a formal collaboration with the city schools' Division of Research, Evaluation and Accountability. This is an important resource for the school system and schools in ongoing efforts to improve data. As the process of collecting and analyzing school data improves, the ability to document impacts of SMH at the student and program level will be enhanced, which will in turn enhance advocacy efforts.

Recommendation 6 calls for using SMH programs as a foundation for activities aimed at enhancing staff wellness. In both schools of this project a common theme encountered by SMH staff was the high level of stress reported by staff and the general lack of resources and supports for them to reduce stress and promote wellness. In addition, staff wellness in schools is a federal priority; for example, reflecting one of eight components in the Coordinated School Health Framework of the Centers for Disease Control and Prevention. Yet of the eight components, this one is likely the least developed (see Marx, Wooley, & Northrop, 1998). Staff wellness activities plausibly enhance their functioning in school, which should impact student school performance and outcomes. Considerable resources for staff wellness have been developed by the CSMH and additional ones for this project and these could have broad benefit to the ESMH network.

Recommendation 7 emphasizes the need for enhancements in systematic training, technical assistance and on-site support for leaders and staff within the ESMH network and their school-employed collaborators to enhance evidence-based practices, promote growing positive relationships among school staff and with youth and families, assure the positive functioning of school mental health teams, improve data quality and utilization and build evaluations that enhance program improvement, and support staff wellness (recommendations 2-6). This infrastructure support for the quality of services provided by the ESMH network would facilitate the programs' abilities to achieve valued outcomes, and in turn facilitate policy impact of strategies presented in Recommendation 1.

## References

- Axelrod, J., Burke, R., Cashman, J., Evans, S.W., Koller, J., Morris, E., Paternite, C., Rietz, K., & Weist, M.D. (2004). Enhancing student resilience through innovative partnerships. In C. Clauss-Ehlers, & M.D. Weist (Eds.), *Community planning to foster resilience in children* (pp. 327-342). New York, NY: KluwerAcademic/Plenum Publishers.
- Axelrod, J., Devaney, E., Ogren, K., Tanyu, M., & O'Brien, M.U. (2007). From programs to integrated programming-A framework for implementing and sustaining school-wide social and emotional learning. In S.W. Evans, M.D. Weist, & Z.N. Serpell (Eds.) *Advances in school-based mental health interventions: Best practices and program models, Vol II.* (pp.9.1-9.20) Kingston, NJ: Civic Research Institute.
- Barrish, H.H., Saunders, M., & Wolf, M.M. (1969). Good behavior game: Effects of individual contingencies for group consequences on disruptive behavior in a classroom. *Journal of Applied Behavior Analysis, 2*(2), 119-124.
- Bruns, E.J., Walrath, C., Siegel, M.G., & Weist, M.D. (2004). School-based mental health services in Baltimore: Association with school climate and special education referrals. *Behavior Modification, 28*, 491-512.
- Dolan, L. J., Kellam, S. G., Brown, C. H., Werthamer-Larsson, L., Rebok, G. W., Mayer, L. S., Laudolff, J., Turkkan, J., Ford, C., & Wheeler, L. (1993). The short-term impact of two classroom-based preventive interventions on aggressive and shy behaviors and poor achievement. *Journal of Applied Developmental Psychology, 14*, 317-345.
- Domitrovich, C.E., Bradshaw, C.P., Poduska, J.M., Hoagwood, K., Buckley, J.A., Olin, S., Romanelli, L.H., Leaf, P.J., Greenberg, M.T., & Jalongo, N.S. (2008). Maximizing the implementation quality of evidence-based preventive interventions in schools: A conceptual framework. *Advances in School Mental Health Promotion, 1*(3), 6-28.
- Embry, D.D., Flannery, D.J., Vazsonyi, A.T., Powell, K.E., & Atha, H. (1996). Peacebuilders: A theoretically driven, school-based model for early violence prevention. *American Journal of Preventative Medicine, 12*(5), 91-100.
- Evans, S.W., Weist, M.D., & Serpell, Z. (2007). *Advances in school-based mental health interventions: Best practices and program models (Vol. II)*. New York: Civic Research Institute.
- Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M., & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature (FMHI Publication #231)*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.
- Flaherty, L.T., Garrison, E., Waxman, R., Uris, P., Keyes, S., Siegel, M.G., & Weist, M.D. (1998). Optimizing the roles of school mental health professionals. *Journal of School Health, 68*, 420-424.
- Flaherty, L. T., & Osher, D. (2003). History of school-based mental health services. In M. D. Weist, S. W. Evans, & N. A. Lever (Eds.), *Handbook of school mental health: Advancing practice and research* (pp. 11-22). New York, NY: Springer.
- Flaherty, L.T., & Weist, M.D. (1999). School-based mental health services: The Baltimore Models. *Psychology in the Schools, 36*(5), 379-389.

- Flannery, D.J., Vazsonyi, A.T., Liau, A.K., Powell, K.E., Atha, H., Vesterdal, W., & Embry, D. (2003). Initial behavior outcomes for the peacebuilders universal school-based violence prevention program. *Developmental Psychology, 39*(2), 292-308.
- Hoagwood, K.E. (2005). Family-based services in children's mental health: A research review and synthesis. *Journal of Child Psychology and Psychiatry, 46*(7), 690-713.
- Hoagwood, K., Olin, S.S., Kerker, B., Kratochwill, T.R., Crowe, M., & Saka, N. (2007). Empirically-based school interventions targeted at academic and mental health functioning. *Journal of Emotional and Behavioral Disorder, 15*(2), 66-92.
- Hoover Stephan, S., Weist, M., Kataoka, S., Adelsheim, S., & Mills, C. (2007). Transformation of children's mental health services: The role of school mental health. *Psychiatric Services, 58*, 1330-1338.
- Kelly, B., Longbottom, J., Potts, F., & Williamson, J. (2004). Applying emotional intelligence: Exploring the promoting alternative thinking strategies curriculum. *Educational Psychology in Practice, 20*(3), 221-240.
- Kusche, C., & Greenberg, M. (1994). PATHS; promoting alternative thinking strategies. South Deerfield, MA: Developmental Research Programs Inc.
- Lever, N.A., Adelsheim, S., Prodent, C., Christodulu, K.V., Ambrose, M.G., Schlitt, J., & Weist, M.D. (2003). System, agency and stakeholder collaboration to advance mental health programs in schools. In M.D. Weist, S.W. Evans, & N.A. Lever (Eds.), *Handbook of school mental health: Advancing practice and research* (pp. 149-162). New York, NY: Springer.
- Lochman, J. E., & Wells, K. C. (2004). The coping power program for preadolescent aggressive boys and their parents: Outcome effects at the 1-year follow up. *Journal of Consulting and Clinical Psychology, 72*(4), 571-578.
- Lochman, J.E., Wells, K.C., & Lenhart, L.A. (2008) *Coping power: Child group program, facilitator guide*. New York: Oxford University Press.
- Marx, E., Wooley, S., & Northrop, C. (1998). *Health is academic*. Education Development Center, Newton, MA.
- McKay, M. (2004, March). Engagement of families in evidence-based trauma treatment: Preliminary findings. In K. Hoagwood (Chair), *Organizational efficacy: Impact of culture, climate, and family engagement on clinical care*. Symposium conducted at the 17<sup>th</sup> annual Research Conference, *A System of Care for Children's Mental Health: Expanding the Research Base*, Tampa, FL.
- Medland, M.B. & Statchnik, T.J. (1972). Good-behavior game: A replication and systematic analysis. *Journal of Applied Behavior Analysis, 5*, 45-51.
- Paternite, C.E., Weist, M.D., Axelrod, J., Anderson-Butcher, D., & Weston, K. (2006). School mental health workforce issues. In M. Hoge, J. Morris, A. Daniels, N. Adams, L. Huey, & G. Stuart (Eds.), *A thousand voices: The national action plan on behavioral health workforce development* (pp. 199 – 210). Rockville, MD: U.S. Substance Abuse and Mental Health Services Administration.
- Paternite, C.E., Weist, M.D., Burke, R., & Flaspohler, P. (2008). Mental health issues in schools. *Encyclopedia of counseling, Volume 1: Changes and challenges for counseling in the 21<sup>st</sup> century* (pp. 288-293). New York: Sage.

- Robinson, K.E. (2004). *Advances in school-based mental health interventions: Best practices and program models*. New York: Civic Research Institute.
- Sharfstein, J.M. (2006). Baltimore City expanded school mental health programs findings and recommendations. Baltimore City Health Department.
- Walrath, C.M., Bruns, E.J., Anderson, K.L., Glass-Siegel, M., & Weist, M.D. (2004). Understanding school mental health services in Baltimore City. *Behavior Modification*, 28(4), 472-490.
- Wandersman, A. (2003). Community science: Bridging the gap between science and practice with community-centered models. *American Journal of Community Psychology*, 31, 227-242.
- Waxman, R.P., Weist, M.D., & Benson, D.M. (1999). Toward collaboration in the growing education - mental health interface. *Clinical Psychology Review*, 19, 239-253.
- Webster-Stratton, C. (2004). Incredible Years child group leader training: Therapist's guide for Dinosaur school treatment program. Seattle, WA: Incredible Years.
- Webster-Stratton, C. & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journals of Consulting and Clinical Psychology*, 65, 93-109.
- Weist, M.D. (1997). Expanded school mental health services: A national movement in progress. In T.H. Ollendick, & R.J. Prinz (Eds.), *Advances in clinical child psychology, Volume 19* (pp. 319 - 352). New York: Plenum Press.
- Weist, M.D. (2009, March). Comments on *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities, Institute of Medicine (2009)* at the Public Dissemination Event. National Academy of Sciences; Board on Children, Youth and Families, Washington, DC.
- Weist, M.D., Evans, S.W., & Lever, N.A. (Eds.). (2003). *Handbook of school mental health: Advancing practice and research*. New York: Springer.
- Weist, M.D., Lever, N., Stephan, S., Youngstrom, E., Moore, E., Harrison, B., Anthony, L., Rogers, K., Hoagwood, K., Ghunney, A., Lewis, K., & Stiegler, K. (2009b). Formative evaluation of a framework for high quality, evidence-based services in school mental health. *School Mental Health*. 1(3), 196-211.
- Weist, M.D., & Murray, M. (2007). Advancing school mental health promotion globally. *Advances in School Mental Health Promotion, Inaugural Issue*, 2-12.
- Weist, M.D., Stiegler, K.L., Stephan, S., Cox, J., & Vaughn, C. (2009a). School mental health and prevention science in the Baltimore City schools. *Psychology in the Schools*. 47(1), 36-54.
- Weist, M.D., Paternite, C.E., Wheatley-Rowe, D., & Gall, G. (2009). From thought to action in school mental health promotion. *International Journal of Mental Health Promotion*.
- WHO, UNICEF, EDC, UNESCO, World Bank, PCD and EI, 2003. Creating an Environment for Emotional and Social Well-Being: An important responsibility of a Health-Promoting and Child Friendly School. WHO Information Series on School Health – Document 10. Geneva: WHO.  
[http://www.who.int/school\\_youth\\_health/media/en/sch\\_childfriendly\\_03.pdf](http://www.who.int/school_youth_health/media/en/sch_childfriendly_03.pdf)