

# CODE CHRONICLES LES CHRONIQUES DU CODE

ISSUE NO. 7  
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**WELCOME TO ISSUE SEVEN! BIENVENUE À LA SEPTIÈME ÉDITION!**  
Read on and enjoy the contributions of our many writers from school districts across Ontario. Prenez connaissance des contributions de vos collègues de par tous les conseils scolaires de l'Ontario. Bonne Lecture!

## CONTRIBUTORS

Thanks to the following for participating in this issue

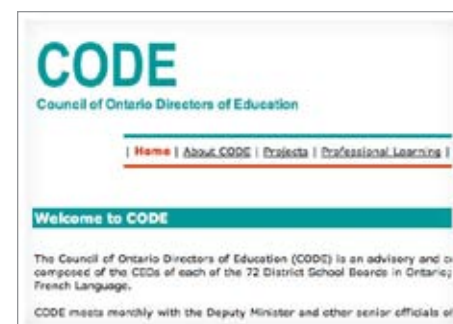
Cluster 13 Leadership Team  
Durham District School Board  
The SBMHA Consortium  
HP Education Services  
The Windsor-Essex Cluster  
Peter Levesque  
Harvard Family Research Project

## On the CODE website

If you haven't yet explored the Council of Ontario of Directors website, come on over and take a look at [www.ontariodirectors.ca](http://www.ontariodirectors.ca)

You'll find a variety of resources and information, including conference details, support materials, project plans, activities, professional learning opportunities, reports, and more.

Thanks for visiting the site and please check back often for new projects and regular announcements.



## Letter from the Editors

Brian Finnigan, Nancy Tully-Peever

**WE ARE** pleased to present to you this seventh online edition of CODE Chronicles.

As we reflect on our previous issues, important themes begin to emerge in the work being done in special education in school boards across Ontario. Over the past five years, the work of the CODE Special Education Project has demonstrated the power of knowledge mobilization and exchange and its potential to change practices in special education in relation to improved student achievement. Schools and school boards, in partnership with local service providers, have played a key role in creating positive outcomes for all students, including students with special needs. In

addition, the collaborative processes developed by school boards have enabled relationships to develop across disciplines and have provided opportunities for various groups to work together to improve results for students with special needs.

We would like to thank all of our contributors to this edition and we encourage you to post comments to the authors of these articles using the email links provided at the end of each article.

We continue to welcome your feedback and encourage you to continue to share your successes and challenges in your own school districts as well as with colleagues across the province.



Your editors,

Brian Finnigan [bffinnigan@sympatico.ca](mailto:bffinnigan@sympatico.ca)  
Nancy Tully-Peever [ntpeever1@rogers.com](mailto:ntpeever1@rogers.com)

## From Our Co-Chairs

Michelle Forge, Co-Chair – CODE Special Education Project, John Fauteux, Co-Chair – CODE Special Education Project

**WE ARE** pleased to bring you another edition of CODE Chronicles. In this edition, you will read about a number of collaborative projects in which boards across the province are engaged. You will also have the opportunity to learn about a number of initiatives that focus on bringing together community- and school-based resources to focus on supporting children, youth, and

their families. All of these articles underscore the importance of partnerships and the transformational impact that collaboration can have both within the school and within the community.

The Harvard Family Research Project has done some excellent work related to school/community partnerships and their impact on learning. You will find infor-

mation about the HFRP website and the recently released Partnerships for Learning document in this newsletter.

We are grateful to all of the CODE Chronicles contributors who have generously shared their experiences and knowledge. The articles in this edition truly reflect the power and potential of collaboration at all levels of learning in our schools and communities.

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**Email:** [chronicles@ontariodirectors.ca](mailto:chronicles@ontariodirectors.ca)  
**Post:** 1123 Glenashton Drive  
Oakville, Ontario  
L6H 5M1

# The Algoma Model: A Collaborative Approach to Supporting the Positive Behaviour, Well-Being and Mental Health of Children and Youth

**Cluster 13 Leadership Team:**  
 Vezina, Asima Superintendent of Education, Algoma DSB  
 Bruno, John, Superintendent of Education, Huron Superior Catholic DSB  
 McKenzie, Dr. Lynn Ryan, Director, Algoma Family Services  
 Larocque, Russ, Director of Clinical Services, Algoma Family Services  
 Iacoe, Rico, Student Support Leadership Initiative Head

## Introduction

In Ontario, increasing mental health support for children and youth has been recognized by educational leaders as a key challenge that must be addressed. "There is broad acknowledgement that student mental health needs exceed the current capacity of school systems to respond adequately."<sup>1</sup>

According to Children's Mental Health Ontario:<sup>2</sup>

- One in five children and youth has a mental health issue.
- Only 17% of these children currently receive treatment in Ontario.
- Canada's youth suicide rate is the third highest in the industrialized world.
- Mental health disorders and difficulties are closely associated with declining academic performance.



These statements are not surprising to educators or to community-based mental health professionals charged with the mandate of providing mental health services and supports to children, youth, and their families. From an educator's point of view, it means that four or five students in the typical classroom are struggling with a diagnosable mental health issue. For mental health service providers, it means they have the capacity to provide support to approximately 20% of the children and youth requiring treatment.

There is a growing recognition across Canada that "...identifying youth at risk and intervening as early as possible improves their life trajectories, their productivity as Canadians and reduces the prevalence of mental health problems in adulthood."<sup>3</sup> This same body of research supports the delivery of evidence-based mental health services for children and youth within the school setting.

## Student Support Leadership Initiative: Cluster 13 – Algoma

Through the Ministry of Education and Ministry of Children and Youth Services' Student Support Leadership Initiative (SSLI), the Algoma Region has begun to implement a strategy that will develop creative solutions to address child and youth mental health issues using research, collaboration, joint decision making, and partnership. The rest of this article outlines some of the key elements to their strategy.

In the early stages of the Student Support Leadership Initiative (SSLI), Cluster 13 (Algoma) made the conscientious decision to focus in on two areas:

### 1. Building relationships and increasing understanding of roles and mandates among community partners

During the first two years of the project, the SSLI leadership team documented the services, programs and supports currently available in the Algoma District. It was interesting to note that during this process, it was realized that not only was the educational community unaware of all of the different supports available to children and youth, but the partners were also not completely aware of what other agencies were offering and what their mandates were. As a result, an inventory was created that could be kept current and could be easily searched and accessed by a variety of user groups, including the general public.

The Algoma Model Website ([www.algomamodel.ca](http://www.algomamodel.ca)) is a result of these efforts. It is a portal developed by school boards in conjunction with community partners to assist schools, agencies and the general public in searching key services, supports and resources that address the mental health and well-being of school-aged children and youth in the Algoma District. The local coalition began with approximately 10 partners at the table and, as the definition of mental health was acknowledged and embraced as a collective community responsibility, the number of committed partners continued to grow and is currently sitting at over 40.

A number of features on this website are helping to build awareness, including:

1. A complete listing of services/supports/programs, including program descriptions and contact numbers;
2. A resource for teens that links to sites such as Mind Your Mind, The New Mentality, Teen Mental Health, and Kids Help Phone;
3. A services search engine that supports searches by community and across all local agencies to find specific programs, supports and services (e.g., substance abuse programs, supports for depression, classes in conflict resolution); and
4. A "Learn More" section that provides a library of articles, resources and current research specifically designed for teachers and parents in the categories of Prevention, Intervention, Treatment, and Crisis.

The website has become a very good resource for principals looking to find non-academic supports and resources (as per the Safe Schools legislation) for students who are on long-term suspension or expulsion or for students who have been victimized. It will also be a resource that will support the Equity and Inclusive Education strategy. A number of school boards in Ontario have adapted the website design and database for

use by their SSLI cluster and have customized it to meet the needs of their community. The portal has been set up to be easily transferrable to other jurisdictions wishing to use a similar format.

### 2. Developing a Common Vision: The Algoma Model

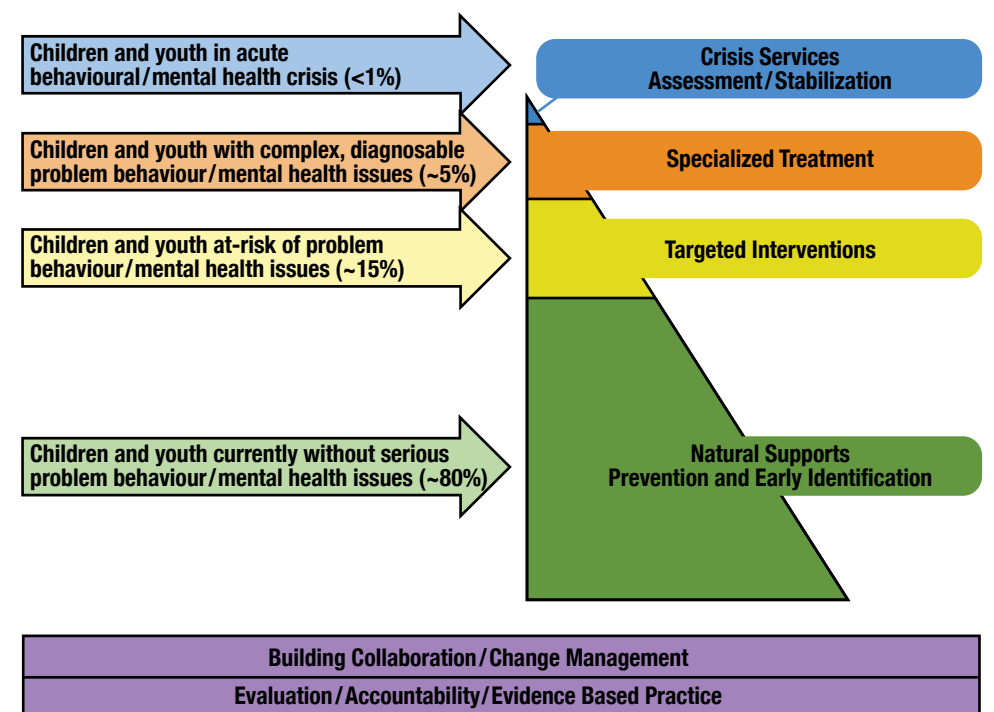
Priority two was to build a commitment to working together through the creation of a common vision for a more effective and wider-reaching system of mental health support for children and youth. Throughout this process, the team adopted the definition of mental health as described by the World Health Organization: "a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community."

Today, the leadership team has over 40 community partners who have committed to the following Algoma Model objectives:

- Developing and implementing a collective vision for delivering comprehensive, integrated services for children and youth through collaboration and partnership;
- Enhancing and increasing the use of positive, evidence-based resources for child and youth mental health using a school-based mental health model;
- Maximizing the use of existing resources throughout the Algoma region.

Our work over the next several years will be to move the vision of the Algoma Model forward using a tiered intervention model based on the work of Duchnowski and Lynn (2006)<sup>4</sup>, who have synthesized current research regarding effective School-Based Mental Health (SBMH) strategies. The Algoma Model uses population-based tiers of intervention and sees schools as "hubs of opportunity" to support the mental health of children and youth through a comprehensive range of natural supports, targeted interventions, specialized treatment, and crisis services. The model (see below) helps all partners in a community to understand where their services, supports, and programs fit into an overall range of supports and services for children and youth.

### The Algoma Model



For example, hospital and mental health treatment providers are providers of crisis services and specialized treatment. Students in the early stages of developing a drug and alcohol dependency or an eating disorder may be supported with an evidence-based program delivered by an agency or school personnel in the yellow section—targeted interventions. The green section, Natural Supports, indicates programs focused on prevention—for example, the local partnership initiative delivering the AI's Pals Program, shown through research to build resiliency in young children, is being developed in all elementary schools. Character education also fits nicely into this universal intervention section.

As we look to the future, Cluster 13 is currently moving into Year 4 of the SSLI initiative and has been working with the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (Children's Hospital of Eastern Ontario) to develop a Logic Model to guide the development, implementation and evaluation of the Algoma Model over the next several years. We recognize that schools represent the single largest resource setting available to the children and youth in our communities. Schools, in partnership with local service providers, can play a key role in positive child and youth mental health and well-being. We look forward to continuing our work as a cluster and realizing the benefits for the children, youth, and families we serve.

1 Santor, D., Short, K., and Ferguson, B. (2009). *Taking mental health to school: A policy-oriented paper on school-based mental health for Ontario*. Ottawa: The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO. [http://www.onthepoint.ca/products/product\\_policypapers.htm](http://www.onthepoint.ca/products/product_policypapers.htm)

2 Children's Mental Health Ontario. *Just the Facts*. [http://www.kidsmentalhealth.ca/join\\_the\\_cause/just\\_the\\_facts.php](http://www.kidsmentalhealth.ca/join_the_cause/just_the_facts.php)

3 Mental Health Commission of Canada. *Child and Youth*. <http://www.mentalhealthcommission.ca/English/Pages/ChildandYouth.aspx>

4 Kutash, K., Duchnowski, A.J., and Lynn, N. (2006). *School-Based Mental Health: An Empirical Guide for Decision Makers*. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies, Research and Training Center for Children's Mental Health. ●

# Alternative Curriculum Expectations and Assessment Companion Tool (ACE-ACT)

Crichton, Doug, Superintendent of Special Education, Durham DSB  
Bigness, Susan, Project Lead

## Background

Data collected by the Ministry of Education as part of the Assessing Achievement in Alternative Areas (A4) project indicate that 0.9% of students enrolled in elementary and secondary schools in the province are not accessing Ontario curriculum and are exempted from standardized provincial tests. This represents approximately 17,000 students in the province. The study also revealed a lack of consistency in the use of assessment methods for these students. Additionally, boards of education were not collecting board-wide data on the achievement of these students (only 15.9% of boards reported collecting this data).

## The Project

In June 2008, the Barrie region began to collaborate on a project to address these issues. Following discussions held by the superintendents, a working committee was formed, comprised of representatives from each of the 11 boards of education in the region. The working committee was comprised of board special education consultants and administrators, a language class teacher, a speech and language pathologist, and a researcher. This committee's mandate was to develop a tool to enable boards to monitor the progress of the students whose progress was not tracked using the usual data collection methods (i.e., CASI, EQAO, etc.). The working committee addressed the issue of data collection and it was determined that a data collection tool would not be sufficient until there was consistency across the region regarding what data to collect. A curriculum document containing expectations was required as well. Because oral language is the foundation for all skill development, it was decided that the project would start with an oral language curriculum.

The committee then worked collaboratively over the next several months to develop the Alternate Curriculum Expectations (ACE) document, a set of curriculum expectations that outline the development of oral language from birth to age 4, and the Assessment Companion Tool (ACT), which allows teachers to measure student achievement of the expectations as outlined in the ACE document. The assessment tool is designed to work in tandem with the curriculum expectations and to provide classroom teachers with a method to measure the developmental growth of a student in the area of oral language.

The ACE and ACT documents focus on student development and achievement in oral language rather than on disability and give teachers a measure for analyzing student achievement. As well, this assessment method also offers teachers a progressive tool for monitoring student skill acquisition and allows teachers to set specific and measurable performance tasks for individual students. It is not designed to replace other assessment methods but rather, to be used in combination with those methods to increase student achievement.

The curriculum expectations are outlined in 10 developmental levels. While the levels progress developmentally, students do not have to master the expectations in order. Students do not have to complete all the expectations within a level before progressing to a developmentally higher level. The assessment tool is designed to be sufficiently detailed to give teachers excellent data on the progress of a student, and it can be used for diagnostic, formative, or summative assessment. It may be used individually or as a whole-class assessment. The documents can also be used to design, monitor, or assess IEP-based goals and can better inform parents about the progress of their children.

## The Pilot Study



With the document completed in draft form, the working group members selected teachers from each of their boards, in both mainstream and small-class settings, to pilot the use of the curriculum document and assessment tool with appropriate students in their classes during the fall and winter of the 2009–2010 school year. The intent of the pilot was multi-faceted. The teachers selected received in-service, common to all boards involved, on the use of the documents and were asked to develop student IEPs in the area of oral language

using expectations from the ACE document. IEPs from the previous year (prior to the use of ACE) will be compared to those written with the assistance of the documents to evaluate whether teachers were better able to select appropriate student goals and write them in measurable, specific terms. Report cards from both before and after the use of ACE were also gathered to evaluate whether teachers were better able to write meaningful report card comments in parent-friendly terms. Parents were also surveyed to find out whether they were better able to understand the progress that their child was making, as reported on the report card. Teachers were surveyed prior to the study regarding tools available to them to program for students and to report on progress to parents, and they will be surveyed at the end of the project to see if the ACE-ACT documents have assisted them.

All data from the project will be analyzed by June 2010. It is anticipated that all 11 boards will institute this common curriculum and assessment tool for use by their teachers for the next school year.

## The Ministry and the A4 Pilot Project

During the fall of 2009, the Ministry announced funding for projects in the area of Assessing Achievement in Alternative Areas (A4). The Barrie region has used this project to enhance its ongoing ACE-ACT project. Data analysis for the project will be supported by a researcher as well as by the project lead. Further funds will be used to create a platform to support data that teachers of students on alternative curriculum will input into a centralized data collection tool, enabling board administrators to analyze data related to student progress.

## Collaboration

One of the key lessons from this project was the value of the collaborative processes developed by the boards in the Barrie region. The input from the various disciplines on the committee was invaluable in the development of the project. The participation of every board in the region allowed relationships to develop across disciplines and provided opportunities for the various members to consult with each other and discuss issues not related to alternative curriculum. A strong collaborative relationship has been developed and continues to be fostered through networking opportunities and other shared projects. ●

✉ Comments about this article? Email [crichton\\_doug@durham.edu.on.ca](mailto:crichton_doug@durham.edu.on.ca)

# Knowledge Exchange at the Mental Health Commission of Canada

Peter Levesque

Knowledge exchange, knowledge mobilization, knowledge transfer, evidence-based practice, dissemination—there are over 100 related terms in current use to describe the explicit process of going from what we know to what we do. Articles have been written about what each term means. Examples have been given of people and organizations using them. Yet there is still confusion about what knowledge exchange is and why it is important.

When I was asked to write about knowledge exchange at the Mental Health Commission of Canada (Commission), my immediate answer was yes. It was yes because I respect the knowledge exchange work of the Council of Ontario Directors of Education. Your perspectives and efforts are important, have lasting impact, and influence the work of so many other sectors of our society and economy. Over the past five years, the work of the CODE Special Education Project has demonstrated the power of knowledge exchange and, when done well, its potential to fundamentally change how we do business. Many of the components of the Knowledge Exchange Strategy of the Mental Health Commission of Canada are similar to the components of the process that were used in the CODE Special Education Project.

This article will provide you with some background about the Commission, about the emerging Knowledge Exchange (KE) strategy, and why KE is an important part of the infrastructure needed for improvement in all sectors. You will find many parallels to the capacity-building activities that have been part of the CODE Special Education Project over the past five years.

## Background

The proposal to create the Commission was first made by the Standing Senate Committee on Social Affairs, Science and Technology in November 2005. Almost two years earlier, in February 2003, the Committee, under the leadership of Senator Michael Kirby, had undertaken the first-ever national study of mental health, mental illness and addiction.

The Government of Canada announced funding for the Commission in its March 2007 budget and indicated that the mandate and structure of the Commission would be closely based on the proposal contained in the Senate Committee report. This report included a recommendation that the Commission “create an Internet-based, pan-Canadian Knowledge Exchange Centre to allow governments, service providers, researchers and the general public to access evidence-based information about mental health and mental illness and to enable people across the country to engage in a variety of collaborative activities.”

The Senate Standing Committee Report, *Out of the shadows at last: transforming mental health, mental illness and addiction services in Canada* recommended the following:

- That knowledge exchange be regarded as one of the core strategies of the Commission;
- That it create a pan-Canadian network as a reliable “point of access” that is also accessible to all;
- That it filter the accelerating accumulation of data on mental health;
- That it provide Internet-based distribution of information;
- That it publish studies, reports, and other documents; and
- That it monitor national and international developments in mental health.

The report also recommended NOT doing some things. These include:

- DO NOT fund and undertake specific research projects;
- DO NOT recreate and implement existing knowledge;
- DO NOT recreate existing tools;
- DO NOT maintain research databases;
- DO NOT provide 1-800 services; and
- DO NOT direct consumer/system/provider advocacy.

## « Knowledge Exchange, continued

The challenge of creating a “Knowledge Exchange Centre” was evident from the start. Mental health is complex. It includes a wide range of needs across a spectrum of intensities, across the lifespan, with most services available falling outside of what we would recognize as a formal system. Yet, there is no health without mental health. As educational leaders, you know that education is more difficult when there are mental health difficulties, whether in the student, the teacher, the parent, or administrators.

### Strategy Development



For the past few months, Commission staff have been meeting with people across Canada. These include leaders in child and youth mental health; family and caregivers; First Nations, Inuit and Métis; lawyers and judges; scientists; researchers; policy-makers; seniors’ mental health; service systems; and the workforce. Staff have also been meeting with people who have expertise in pushing content out; pulling partners in; cultural diversity; context analysis; e-communication; social networks; international trends in knowledge exchange; and social media.

What is emerging is a clear sense that “knowledge exchange” is really about facilitating the “exchange of knowledges”—knowledge is plural. It is fundamentally a social process. Data and information do not become knowledge until they have a social life—a diversity of social lives. While KE is often supported by technology, the human demands must drive the supply of tools and activities—not the other way around.

The strategy that is developing involves bringing together several core concepts:

- Push, pull, linkage, and exchange as the key knowledge exchange processes;
- Content, context, capacity, and culture as the key points of conversation;
- Managing the what, so what, now what questions as part of a value chain; and
- Balancing logic, technology/techniques, ethics, and empathy in order to be more inclusive.

Furthermore, it is apparent that leadership is not from the top or from the bottom, but from the middle and for a purpose. Value creation can come from many sources and may not always be captured by measured outputs, but will likely show up as outcomes. Innovation is both conceptual as well as applied—new ways of thinking are as important as new ways of doing. We are aiming to be demand-driven and supply-influencing rather than the other way around. The aim is to be transparent with high levels of integrity, managing but taking risks, and seeking to create diverse partnerships to assist us with creativity, continual learning, and adaptation.

### Practice

The challenge is how to bring all of these concepts into practice. While a KE strategy for the Commission is still in the drafting stage, it may be useful for you to know what is being planned.

#### Building on the evidence of good KE practice, core activities include:

1. Developing a knowledge-access/content-push strategy that includes implementing a content management system for Commission and Advisory Committee projects, the development of protocols for multiple formats of “knowledge artifacts,” and the identification of current mental health and practice content leaders.
2. Identifying KE leaders, both those within mental health but also those interested but not necessarily inside the “system,” and linking them to each other in a pan-Canadian community of practice that includes both electronic and face-to-face communication that is facilitated and ongoing.
3. Developing a strategy to foster the use of social media and conversation support. While the focus of the attention on social media is often on the technology, we are placing an emphasis on the social part. Better linkage often leads to better exchanges. We plan to convene and facilitate conversations about knowledge areas in mental health using both electronic tools and face-to-face techniques that support better dialogue and discussion, in an effort to recognize and respect the complexity of the issues and the diversity of cultural and experiential perspectives.
4. The Commission has received funding for 10 years and has a sunset of 2017. Recognizing this, we plan to build the capacity of individuals and organizations to do KE across Canada so that the work catalyzed by the Commission may have a better chance of continuing whether or not the Commission continues to exist.

### Infrastructure

Over the past 10 years, I have argued that KE is part of the infrastructure that Canadians need—like roads, water, schools, and electrical grids. We educate people and have a literate, intelligent, creative population. We produce data and information at ever-accelerating rates on an accelerating range of topics. We do not, however, have a system or culture that facilitates getting what we need to know, when we need to know it, in a format we can use, available in a timely and cost-effective way. It happens sometimes, but we all know how many decisions get made without good access to the needed evidence.

The Senate Committee heard this loud and clear and recommended that KE be included as a core strategy of the Commission. But this has never been done in mental health in Canada and has not been completely implemented anywhere else in the world as far as I have been able to ascertain. Over the previous two years, there has been significant discussion about what a Knowledge Exchange Centre should look like but it is still an idea—a good idea but a difficult one.

Knowledge Exchange is now recognized as part of the infrastructure we need to build. KE is a core piece of the puzzle in supporting “the social life of knowledge.” Having data and information is important, but it does not necessarily lead us to where we want to go. In fact, we all hear the cries of ‘too much information.’ The Commission recognizes that we need to facilitate discussions, we need to filter data and information from many

sources to make it palatable for consumption, we need to convene groups of people to come together to determine meaning and directions to go in, and we need to amplify the messages that show how to help those in need and to build the capacity of the communities they reside in.

This does not happen on the corner of the desk of some well-meaning but overworked person—at least, not for very long. It happens when there are resources, training, colleagues, tools, and a profession of dedicated individuals embedded in contexts as diverse as the needs of the people they serve. KE is important both for economic and ethical reasons. It makes good sense to use what we know more effectively.

During the time that I worked with the CODE Special Education Project, it was very clear to me that the tenets of knowledge exchange are very much a part of the work of educators. The educational community will be an important contributor as we move the mental health knowledge exchange agenda forward across the country.

It was a privilege to discuss how best to create a KE system for mental health for all Canadians. The strategy development period from January to May 2010 was filled with many possibilities; however, the real challenge lies with implementation.

For more information on the Commission and its work in KE, please contact Geoff Couldrey, Vice-President, Knowledge and Innovation at the Mental Health Commission of Canada, Suite 800, 10301 Southport Lane SW, Calgary, AB, T2W 1S7.

To learn more about knowledge exchange and actions for mobilizing knowledge in your practice and context, please contact Peter Levesque, Director, Knowledge Mobilization Works, 2-2026 Lanthier Dr., Suite 388, Ottawa, ON, K4A 0N6. Peter can be reached by email ([pnlevesque@gmail.com](mailto:pnlevesque@gmail.com)), by phone (613-552-2725), on Twitter (@peterlevesque), or using Skype (peterlevesque). ●

✉ Comments about this article? Email [pnlevesque@gmail.com](mailto:pnlevesque@gmail.com)

## Introducing the National School-Based Mental Health and Substance Abuse Consortium: Building Awareness, Mobilizing the Field

Lori Wilder, Superintendent of Student Services, Bluewater DSB  
Kathy Short, Clinical Child Psychologist, Evidence-Based Education and Services Team, Hamilton-Wentworth DSB  
(On behalf of the SBMHSA Consortium)

### Taking Mental Health to School, 2009

When students aren’t “in the room” because they are troubled, they are not ready for the curriculum – we are talking about 1 in 5 kids – so many are impacted

Mental health issues consume our daily work, from policy to staffing to coordination to liaison – this is our number one concern.

It scares us – we don’t know what to do. We don’t get mental health 101, but we deal with this every day. Educators don’t have the tools they need.



Some amongst you will recognize these words - because they are yours. Last spring, Directors and Superintendents of Education from across the province participated in interviews supporting a scan of the Ontario practice landscape in School-Based Mental Health (SBMH). This work culminated in a policy-ready paper and companion scan document, *Taking Mental Health to School* (Santor, Short, & Ferguson, 2009), that was presented to senior policy officials from five Ontario Ministries that “touch” child and youth mental health. During the interviews, we asked you what you wanted us to tell policy-makers about the needs related to mental health in schools. This is what you told us.

1. We are gravely concerned about student mental health. Children and youth appear to be suffering more and more under the weight of emotional and behavioral problems.
2. Student achievement and student mental health are strongly linked. We need to pay attention to this issue as educators.
3. Educators are ill-prepared to manage the emotional distress they witness each day within the student population we serve. Mental health literacy is not a routine part of teacher education, nor is it systematically included in professional learning activities.
4. Cross-sectoral provincial coordination and leadership is needed in this area. Policy-makers need to model the collaborative approach that is required, and to provide direction to school boards about how best to serve the mental health needs of our young people.
5. In spite of current challenges, school boards throughout the province are implementing creative, collaborative approaches to supporting student mental health. Many of those interviewed described wonderfully innovative models of service delivery, and the adoption/development of many universal mental health promotion and prevention programs in schools.
6. Current efforts, while innovative and resourceful, are insufficient for meeting the needs of our most troubled students. Much more needs to be done, systematically across the province, to support educators in their attempts to support children and youth at school. Educator mental health literacy was identified as a critical need for the system.

## « Mental Health and Substance Abuse Consortium, continued

Much of what Ontario school board leaders told us last spring is consistent with the literature in SBMH. Child and youth mental health problems are prevalent.

*Studies suggest that as many as one in five Canadian children and youth experience mental health issues that have a significant impact on their academic, social, and family life* (Canadian Council on Learning, 2009; Canadian Institute for Health Information, 2009).

Mental health and student achievement are, indeed, linked.

*Mental health difficulties contribute to problems with achievement and relationships in the classroom. In severe cases, they prevent students from regularly attending school. More often, students struggle on with these problems on a daily basis, leading to further social and academic functioning concerns* (Chan, Zadeh, Jhang, and Mak, 2008; Kessler, Foster, Saunders, and Stang, 1995).

And educators around the globe do feel ill-prepared to manage these difficulties.

*The recent International Survey of Principals concerning Emotional and Mental Health and Well-being (Intercamhs, 2008), and other Canadian reports (Bourget and Chenier, 2007; Kirby and Keon, 2006) proclaim the need for mental health literacy amongst educators. In many ways, this flows from the understanding that schools are good places to promote positive mental health, to identify and intervene early to prevent the onset of problems, and to respond to children and youth in distress. In fact, in many cases, schools are the only place that children and youth receive any type of support for mental health difficulties* (Manion, Davidson, Clark, Norris, and Brandon, 1997; Offord et al., 1987a; Rohde et al., 1991).

### National School-Based Mental Health and Substance Abuse Consortium, 2009-2012

In response to concerns about child and youth mental health, and the potential for schools to assist with supporting students with social-emotional development, the Mental Health Commission of Canada has initiated a research and practice synthesis project which is being undertaken by the National School-Based Mental Health and Substance Abuse (SBMHSA) Consortium. This Consortium is led by the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO, and includes 40 core members, representing 23 research and practice organizations, reaching in excess of 75 networks. The mandate for the Consortium is to conduct a synthesis of the national and international literature on SBMHSA, to initiate an environment scan of Canadian programs and services, and to lead a national survey of school districts, with a view to developing a broad framework and practice recommendations related to school-based mental health and substance abuse in Canada.

#### The SBMHSA Consortium is organized into four teams:

1. **Review Team** (will conduct a systematic review of reviews on SBMHSA),
2. **Survey Team** (will connect with service providers, researchers, and policy-makers about SBMHSA implementation issues),
3. **Scan Team** (will collate best practices from the field), and
4. **Knowledge Translation and Exchange Team** (will field test some strategies for sharing Consortium findings and building momentum related to SBMHSA in Canada).

The Teams have been hard at work for the past year completing foundational work for their assigned tasks. Over the next year, the review, survey, and scan will be conducted. All of the Consortium work will culminate in 2011-2012, with knowledge and products that are relevant to the work of schools and communities in supporting child and youth mental health. The KTE Team will ensure that information gathering by Consortium teams is shared with key knowledge audiences.

Directors and Superintendents of Education, and others in leadership positions associated with school-based mental health and substance use (e.g., Chief Psychologists, Directors of Social Work Services), are a critical knowledge audience for the Consortium. We want to ensure that we provide leaders with the information that they need to mobilize mental health promotion efforts in their districts and communities. To this end, we invite you to connect with the Consortium at any time to describe your knowledge needs, to become involved in engagement activities and/or to nominate a promising program to the Scan Team. Please feel free to directly email any of the team members with your suggestions and questions (Key Contacts: Dr. Ian Manion, manion@cheo.on.ca (Consortium Lead, Scan Team Lead), Dr. Charles Ungerleider, cungerleider@directions-eprg.ca (Survey Team Lead, Review Team Lead), and Dr. Kathy Short, Kathy.Short@hwdsb.on.ca (KTE Team Lead)).

It is anticipated that through the work of the national SBMHSA Consortium, school district leaders will be better equipped with the knowledge needed to support children and youth with mental health problems, and to play a role in promoting the social-emotional well-being of all students that we serve in Canadian schools. The Consortium aims to work alongside school district and community leaders to build awareness and to mobilize efforts towards a healthier student population, locally, provincially, and nationally. ●

## Hewlett-Packard–International Society for Technology in Education (ISTE) Professional Learning Program

Joan Rocha, HP Education Services

*“I’m very interested in technology and would like to take our board to the next level in regard to assistive technology and meeting the needs of exceptional students,” writes a special education consultant in Peterborough Victoria Northumberland and Clarington Catholic District School Board (PVNCCDSB). A mentor advises him that setting goals is an important first step. The key is picking the right goals: “From the infinite number of possible goals, how do you begin to decide what to choose and what is most important?”*

The consultant is one of several educators from PVNCCDSB and the Kawartha Pine Ridge District School Board (KPRDSB) in Peterborough participating in a professional learning program through CODE. The program is offered by Hewlett-Packard (HP) in collaboration with the International Society for Technology in Education (ISTE). The educators will work online with their mentor to design, implement, and measure the impact of improvement initiatives designed to help educators use technology effectively to improve teaching and learning. Within that work, each of the individuals on the team will develop an individual learning plan for their professional growth and select from an array of online courses, publications, and other resources to increase their individual effectiveness in using technology to improve student learning.

In both of those pursuits, setting goals is an important early step. The mentor continues, “There are varying ways to do this, but I might recommend you start with (gulp) assessment scores and other data. Here are some examples:

1. Reading scores have dropped (or have remained consistent) in our elementary schools. Let’s make reading our focus. (You could get even more detailed—‘Are we talking reading fluency or decoding skills?’—but I think you get the idea). In fact, let’s make reading our focus for the entire year, for all students (which, of course, includes students in special education).
2. The science scores at middle school are low. Let’s make improving our science scores a goal.
3. The number of students with plans that have goals focusing on communication has increased (Preschool, Autism, some LD, SLI, etc.) Let’s set a goal for improving communication strategies.
4. There are a number of high school teachers who have reported that the incoming students from middle school seem to be lacking in their ability to write. Let’s make improved writing at the middle school our goal.

*“One thing that you might notice from all of the examples is that they are all centred around the change you want to make regarding students (changes in student/school performance), and NONE of them mention technology.”*

This advice might be unexpected coming from a mentor in a program offered by two organizations focused on technology, but it is one of the keys to success in the more than 2,000 teams that have participated in the program in the last six years. Start with the goals that describe changes in student learning or system effectiveness, and then select the strategies and technologies that will most directly impact those goals.

When an educator is planning how to teach a concept, that educator analyzes the students within the class and decides the best way for those students to receive the information, be engaged by the content, and then express what they know. To anyone who has ever been in a debate, argument, or discussion (and who hasn’t?), it should come as no surprise that people are different. Part of acknowledging our humanity involves recognizing that people vary and have different thoughts, opinions, and desires. Students are people, and therefore each will have a preferred method for taking in information and then expressing what they’ve learned. Recognizing this diversity and structuring lessons around this understanding are the core principles upon which the idea of the Universal Design for Learning is built.

According to the National Center on Universal Design for Learning ([www.cast.org](http://www.cast.org)), “Universal Design for Learning helps meet the challenges of diversity by recommending the use of flexible instructional materials, techniques, and strategies that empower educators the tools they need to meet students’ diverse needs.” The core principles of Universal Design for Learning include providing multiple means of representing information, provision of multiple means of expressing thoughts and knowledge, and providing multiple means of engaging students. Technology can be used by the teacher to differentiate instruction based on the learners within the class.



When a teacher develops a lesson, that teacher plans different ways for representing the information, provides different avenues for students to express what they’ve learned, and develops different ways to engage students in the content based on the students’ preferred learning styles. Using the technology available, the teacher differentiates the lesson to meet the needs of each learner. Technology can be used to help provide these different

forms of representation, expression, and engagement. For instance, as a teacher develops the lesson for how to teach a concept, she analyzes her class and determines that some students need the information presented orally, while some other students need to experience the content visually, and other students need to act out the content in order for it to make sense.

## « ISTE Professional Learning Program, continued

The following are some basic examples of using technology to differentiate instruction based on different modalities:

### Auditory Learners

- Listening to a story told via CD, streaming audio, or podcast – <http://nightlightstories.net>
- Practicing typing by creating music – <http://buttonbeats.com>
- Using text to speech to have text read aloud – <http://vozme.com>

### Visual Learners

- Highlighting text – <http://diigo.com>
- Watching a video – <http://schooltube.com>
- Creating graphic organizers – <http://mywebspiration.com>

### Kinesthetic/Tactile Learners

- Creating a video – <http://onetruemedia.com>
- Playing a game – <http://funschool.kaboose.com>
- Using a virtual manipulative – <http://nlvm.usu.edu/en/nav/vlibrary.html>



Teachers developing lessons make decisions about what technology can best be implemented to meet the needs of the students in their classrooms. Lesson design is limited to the availability of the technology they have at their disposal. The more tools they have access to utilize for instruction, the more choices they have to find methods for successful differentiation. When the number of resources is limited or access to the resources is

cumbersome, the ability to successfully integrate these tools to differentiate instruction is hindered. Therefore, district-wide technology decisions should be framed around the concept of universally designed instruction.

Mentor for both teams is Chris Bugaj from the HP Professional Learning Program. Chris is an Assistive Technology trainer for Loudoun County Public Schools in Virginia, 45 minutes west of Washington, D.C. He is one of the founding members of Loudoun County Public Schools' Assistive Technology Team (<http://www.loudoun.k12.va.us/at>) and he writes and speaks extensively about assistive technology. Chris is the host of the A.T.TIPScast, an award-winning podcast featuring different tools that can be used to differentiate instruction. Chris is the co-author of *The Practical (and Fun) Guide to Assistive Technology in Public Schools: Building or Improving Your District's AT Team*, which will be available in April 2010.

Chris advises both groups to focus on the larger student population, not just those who use assistive technology. He says, "When it comes time to put tools and strategies in place to meet the goals I think you'll find that many of the tools and strategies can be used by almost anyone, universally, rather than just by a specific population. Also, when it comes time to measure the results, we can measure by disability category AS WELL AS by the entire student population." In other words: essential for some, good for all.

Future editions of this newsletter will describe the work the teams have done through this program and the impact it has had in their boards and classrooms. ●

Want to learn more about this program? Visit [www.hp.com/education](http://www.hp.com/education)

## Student Support Leadership Initiative: The Windsor-Essex Cluster WeKidsMentalHealth.ca

Heather Liffiton, SSLI Project Consultant

### Background Information

The Student Support Leadership Initiative was developed in 2008 by the Ministries of Education and Children and Youth Services. This initiative supports and is aligned with Ontario's Safe Schools Strategy, recommendations of the Working Table on Special Education, and Ontario's policy framework for child and youth mental health.

The purpose of the Student Support Leadership Initiative is to develop leadership within and across school boards and community agencies to establish or enhance local partnerships that will better meet the needs of students through collaborative planning, coordination, and referrals.

### Funding

As part of the government's Safe Schools Strategy, multi-year funding of \$3 million per year for three years beginning in 2007–08 was provided for the Student Support Leadership Initiative.

### Why Leadership is Important

Effective, coordinated service delivery for children, youth and their families requires collaboration among educational, social service, and health sectors. Further to this, successful and sustainable partnerships that embrace mutual regard and high levels of awareness across disciplines of each other's expertise, policies, philosophies, and objectives require

effective communication and joint ownership at all levels. Leadership within and across school boards and community agencies guides this process of collaborative planning and coordination that leads to the collective efficacy necessary to tackle the complex issues related to children and youth mental health. The SSLI projects across the province have been a "call to action" in support of children and youth mental health.

### The Windsor-Essex Student Support Leadership Initiative (SSLI)

From the beginning of the SSLI project in the Windsor-Essex region, the planning team set out to build upon an already well-established partnership between school boards and local community agencies. It was clear, however, that in order to strengthen and sustain the partnerships, more could be done to build awareness, improve communication, align priorities, and define protocols with respect to serving students with complex "at-risk" behaviours and significant mental health needs.

Our local SSLI cluster working group was comprised of local leaders: our "champions for children's mental health" representing school boards and community agencies; superintendents from Windsor Essex Catholic District School Board and Greater Essex County District School Board; the Vice President of Family Mental Health, Windsor Regional Hospital; the Principal of the local school authority; and two project consultants. The commitment and high level of support for this SSLI project demonstrated by our community leaders and senior school board officials provided the endorsement and support necessary to make this work a priority in our region.

### Our First Steps

Following the template of priorities provided by the Ministries for the SSLI project, an electronic survey was developed by our local team and distributed to school board staff and service providers to measure our effectiveness as partners and to determine what stakeholders reported as being necessary to enhance our working relationships. The survey also considered the following:

- The identification of successful practices in our community related to children and youth mental health;
- Issues and challenges of partnership; and
- Understandings of the local processes for referrals and access to supports and services.

The analysis of the collected data indicated that both sectors wanted more education and training about the supports and services available in each sector and how those services could be accessed by children, youth, and families. The survey results also revealed that there was work to be done in order to build and strengthen a coordinated and collaborative approach between education and service providers. All respondents identified the need for additional and up-to-date information about the disorders and mental health issues children and youth in our community are experiencing.

The survey data was shared with our local service providers; senior administration and trustees of both school boards; the Parent Involvement Councils of both boards; the Special Education Advisory Councils; union representatives for teachers and support staff; principals and vice-principals; and individual community agencies such as Maryvale Adolescent and Family Services.

### Windsor-Essex SSLI Collaboration and Knowledge Exchange

The Windsor-Essex Cluster working team responded to the needs identified by our community with a multi-layered plan that has included a number of initiatives designed to increase awareness and build capacity. The projects described below have been successful because of the coordinated and purposeful direction of the leaders in this community working together to make a difference. The SSLI projects have created excitement in our community about the potential for change and the possibilities for our children and youth.

- Local Service Providers Meetings: Leaders from community agencies and local school boards come together on a regular basis to review services for our children and youth, consider policies and protocols, and discuss community needs. This forum facilitates ongoing communication and collaboration amongst all sectors.
- Creation of the WeKidsMentalHealth.ca Website: Our new website was developed in collaboration with service providers and school boards to ensure that the information about mental health supports and services was "at the finger tips" of front-line staff working with children, youth, and families. This locally developed website provides capacity building and access to current research and evidence-based strategies for educators, support staff, and parents. "Help Lines" and distress centre information is readily available for all students, parents, and stakeholders. The data collected by the analytics embedded in the website will be examined four times per year by our local SSLI and will be used to help us respond in a more precise way to the needs of the community.
- Community Presentations: The local SSLI cluster will continue to meet with stakeholder groups, parent associations, school boards, and agencies in order to build capacity about the resources and supports available in our community.
- The Development of Common Consent Forms: This past year, a common consent form to streamline the referral process to agencies for children and youth in crisis was developed and implemented collaboratively by educators and service providers.
- The Development of Protocol for Community Case Conferencing of High Risk Students: A pilot case-conferencing format was developed and implemented in 2010 to expedite a one-point access process for severely "at-risk" students. School superintendents and service provider managers meet to leverage the supports and resources necessary to expedite services for students with severe mental health needs.



## « Student Support Leadership Initiative, continued

- Capacity Building: The SSLI team has delivered a two-day symposium designed to build awareness of the mental health needs in our community. Educators, service providers, parents, and students listened to the latest research about mental health and strategies to support our youth. The workshops were delivered by local psychologists, neuropsychologists, and social workers. The SSLI group in Windsor-Essex intends to make the symposium an annual event.

### Pilot Projects Under Way for 2010–11

- An expansion of our Nurse Practitioner and Psychiatrist Supporting School-Based Teams Project in our schools identified as having low socio-economic status.
- Our local SSLI's Understanding Mental Health in Children and Youth DVD series and toolkit will be released 2010–11 to all schools and service providers.
- Development and implementation of the After-School Outreach Clinics for Teens in Rural Areas will continue.
- Advocacy to create a joint school/service providers liaison position called Teacher Coach, Children's Mental Health will be increased. The project requires a teacher coach to work directly in classrooms to assist teachers and support staff in implementing research-based strategies that will assist students identified as having significant behavioural and/or mental health issues. ●

Comments about this article? Email [hliffiton@sympatico.ca](mailto:hliffiton@sympatico.ca)

## Partnerships for Learning: Promising Practices in Integrating School and Out-of-School Time Program Supports

Harvard Family Research Project



Across the country, many schools and communities are trying to create and support efforts to institutionalize partnerships for learning, including those that rethink the use of time across the school day and year and across the developmental continuum. These partnerships are not merely transactional in nature, but rather transformative: partnering entities work together to integrate and complement their services with the shared goal of supporting children's learning.

Referred to by different terms—integrated, expanded, or complementary learning—the concept has one critical element in common: partners are able to create a web of learning and developmental supports for children and youth in which the linkages add up to more than the sum of their parts. The past 10 years have witnessed tremendous growth in programs and initiatives aimed specifically at developing and sustaining intentional partnerships between out-of-school time programs (OST) and schools in order to support—but not replicate—in-school learning and healthy development.

Partnerships for learning can be structured differently according to local community needs, can be housed in a variety of school and community-based settings, and can involve a range of partners, including schools, after-school and summer programs, physical and mental health services, and other community resources.

This new report from HFRP is aimed to help school and OST program leaders, decision makers, and funders, to understand and implement effective OST-school partnerships for learning. Specifically, the report

- Describes the benefits of OST-school partnerships for children, schools, and OST programs.
- Presents five research-derived principles of promising OST-school partnerships, offering specific strategies and examples for each.
- Profiles three “on-the-ground” partnership efforts based on in-depth interviews conducted at the three selected sites.
- Discusses conditions for optimal success in developing sustainable OST-school partnerships.



Download the full article at <http://www.hfrp.org/publications-resources/browse-our-publications/partnerships-for-learning-promising-practices-in-integrating-school-and-out-of-school-time-program-supports>

### Related Resources:

Resource Guide to OST-School Program Partnerships: an annotated bibliography of evaluations, reports, and case studies of OST-school program partnerships.

Partnerships for Learning: Profiles of Three School-Community Partnership Efforts: Greater San Jose After-School All-Stars at August Boeger Middle School, San Jose, California; Citizen Schools at Bedichek Middle School, Austin, Texas; KIPP SHINE Prep, Houston, Texas.

### About Harvard Family Research Project

Located at Harvard Graduate School of Education, we have helped stakeholders develop and evaluate strategies to promote the well-being of children, youth, families, and their communities since 1983. Visit our website [www.hfrp.org](http://www.hfrp.org) to learn more.

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Watch for the next issue of CODE Chronicles coming in September 2010.