



A Center Report . . .

Mental Health in Schools: Reflections on the Past, Present, and Future – *from the Perspective of the Center for Mental Health in Schools at UCLA*

Fall, 2004

The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA,

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Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U93 MC 00175) with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both are agencies of the U.S. Department of Health and Human Services.





UCLA CENTER FOR MENTAL HEALTH IN SCHOOLS*

Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA, our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community programs.

MISSION: *To improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.*

Through collaboration, the center will

- # enhance practitioner roles, functions and competence**
- # interface with systemic reform movements to strengthen mental health in schools**
- # assist localities in building and maintaining their own infrastructure for training, support, and continuing education that fosters integration of mental health in schools**

***Technical Assistance *Hard Copy & Quick Online Resources**
***Monthly Field Updates Via Internet *Policy Analyses**
***Quarterly Topical Newsletter**
***Clearinghouse & Consultation Cadre**
***Guidebooks & Continuing Education Modules**
***National & Regional Networking**

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About the Center's Clearinghouse

The scope of the Center's Clearinghouse reflects the School Mental Health Project's mission -- to enhance the ability of schools and their surrounding communities to address mental health and psychosocial barriers to student learning and promote healthy development. Those of you working so hard to address these concerns need ready access to resource materials. The Center's Clearinghouse is your link to specialized resources, materials, and information. The staff supplements, compiles, and disseminates resources on topics fundamental to our mission. As we identify what is available across the country, we are building systems to connect you with a wide variety of resources. Whether your focus is on an individual, a family, a classroom, a school, or a school system, we intend to be of service to you. Our evolving catalogue is available on request; and available for searching from our website.

What kinds of resources, materials, and information are available?

We can provide or direct you to a variety of resources, materials, and information that we have categorized under three areas of concern:

- C Specific psychosocial problems
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Among the various ways we package resources are our *Introductory Packets*, *Resource Aid Packets*, *special reports*, *guidebooks*, and *continuing education units*. These encompass overview discussions of major topics, descriptions of model programs, references to publications, access information to other relevant centers, organizations, advocacy groups, and Internet links, and specific tools that can guide and assist with training activity and student/family interventions (such as outlines, checklists, instruments, and other resources that can be copied and used as information handouts and aids for practice).

Accessing the Clearinghouse

- C E-mail us at smhp@ucla.edu
- C FAX us at (310) 206-8716
- C Phone (310) 825-3634
- C Toll Free (866) 846-4843
- C Write School Mental Health Project/Center for Mental Health in Schools,
Dept. of Psychology, Los Angeles, CA 90095-1563

Check out recent additions to the Clearinghouse on our Web site: <http://smhp.psych.ucla.edu>

All materials from the Center's Clearinghouse are available for order for a minimal fee to cover the cost of copying, handling, and postage. Most materials are available for free downloading from our website.

If you know of something we should have in the clearinghouse, let us know.



Center for Mental Health in Schools at UCLA



The *Center for Mental Health in Schools* operates under the auspices of the School Mental Health Project at UCLA.* It is one of two *national centers* concerned with mental health in schools that are funded in part by the U.S. Department of Health and Human Services, Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration -- with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (Project #U93 MC 00175).

The UCLA Center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. In particular, it focuses on comprehensive, multifaceted models and practices to deal with the many external and internal barriers that interfere with development, learning, and teaching. Specific attention is given policies and strategies that can counter marginalization and fragmentation of essential interventions and enhance collaboration between school and community programs. In this respect, a major emphasis is on enhancing the interface between efforts to address barriers to learning and prevailing approaches to school and community reforms.



*Co-directors: Howard Adelman and Linda Taylor.

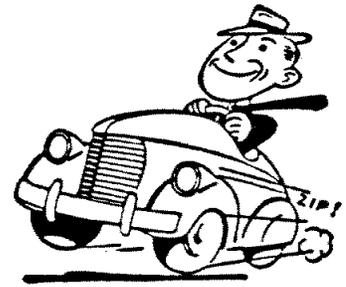
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Preface

This report stems from an invitation to the Center staff to reflect on the past, present, and future of mental health in schools for a brief presentation.

Because the topic is so broad, we knew that the request for a “brief” overview would not provide sufficient detail. So we opted to do a longer document with a brief Executive Summary.

As always, we owe many folks for the contents, and as always, we take full responsibility for any misinterpretations and errors.

Howard Adelman & Linda Taylor
Co-directors

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Executive Summary

Mental Health in Schools: Reflections on

the Past, Present, and Future —

from the Perspective of the Center for Mental Health in Schools at UCLA

Anyone who has spent time in schools can itemize the multifaceted mental health and psychosocial concerns that warrant attention. The question for all of us is: How should our society's schools address these matters? In answering this question, it is useful to reflect on what schools have been and are doing about mental health concerns.

Past as Prologue

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to succeed at school. It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. Such problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure. Because of all this, school policy makers, have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with problems that interfere with schooling.

The Last 50 Years

One interesting policy benchmark appeared in the middle of the 20th century when NIMH increased the focus on mental health in schools by publishing a major monograph on the topic. Since then, many initiatives and a variety of agenda have emerged – including efforts to expand clinical services in schools, develop new programs for “at risk” groups and incorporate programs for prevention of problems and promotion of social-emotional development.

Over the past 20 years a renewed emphasis on enhancing access to clients in the health and social services arenas has resulted in increased linkages between schools and community service agencies. This "school-linked services" movement has added impetus to advocacy for mental health in schools. More recently, some advocates for school-linked services have coalesced their efforts with those working to enhance initiatives for youth development, community schools, and the preparation of healthy and productive citizens and workers. These coalitions have expanded interest in social-emotional learning and protective factors as ways to increase students' assets and resiliency and reduce risk factors.

As another effort to advance the work, the U.S. Department of Health and Human Services in the mid 1990s established the *Mental Health in Schools Program*. The emphasis of this federal program is on increasing the capacity of policy makers, administrators, school personnel, primary care health providers, MH specialists, agency staff, consumers, and other stakeholders so that they can enhance how schools and communities address psychosocial and mental health concerns. Particular attention is given to prevention and responding early after the onset of problems as critical facets of reducing the prevalence of problems. Since 1995, the impetus for this initiative has been generated by two national centers: the *Center for Mental Health in Schools* at UCLA and the *Center for School Mental Health Assistance* at the University of Maryland, Baltimore.

Some Personal History

Along with many talented colleagues at UCLA and in the Los Angeles Unified School District, we (Howard Adelman and Linda Taylor, the co-directors of the UCLA Center) joined the movement for mental health in schools around 1960. However, the roots of the Center's perspective can found in the pioneering work with schools initiated by Grace Fernald in the 1920s at UCLA. She was a trailblazer in stressing that teachers must be concerned with a youngster's thoughts and feelings if they are to prevent and correct learning, behavior, and emotional problems.

When we took over direction of Fernald's lab school and clinic at UCLA in the early 1970s, we moved quickly from focusing only on clinical interventions to an emphasis on classrooms and schools as systems. From this perspective, models were developed that addressed problems first on a system level and

then clinically when still necessary. In the mid 1980s, we established the *School Mental Health Project* at UCLA and went out into the “real” world of urban school districts to apply what had been learned in the laboratory. And, in the mid 1990s, we established a national *Center for Mental Health in Schools* at UCLA, with funding from the federal Mental Health in Schools Program.

Where the Field is Now

Most schools have some *programs* to address a range of mental health and psychosocial concerns, such as school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, and violence. Some are funded by the schools or through extra-mural funds schools seek out; others are the result of linkages with community service and youth development agencies. Some programs are provided throughout a district; others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as “at risk.” The activities may be implemented in regular or special education classrooms or as “pull out” programs and may be designed for an entire class, groups, or individuals.

Despite the range of activity, however, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with MH and psychosocial problems. And, many schools report having large numbers of students in need of assistance. In some schools, this amounts to over half those enrolled.

Unfortunately, activities related to psychosocial and mental health concerns in schools are not assigned a high priority on a regular basis. This reflects the fact that existing student support services and school health programs do not have high status in the educational hierarchy and in current health and education policy initiatives. Such arenas gain stature for a while whenever a high visibility event occurs – a shooting on campus, a student suicide, an increase in bullying. Because of their usual humble status, such efforts continue to be developed in an ad hoc, piecemeal, and highly marginalized way. And, the marginalization not only produces fragmented approaches, it contributes to redundancy, counter-productive competition, and inadequate results.

The continuing trend is for schools and districts to treat such activity, in policy and practice, as desirable but not a primary consideration. It is not surprising, then, that program-related activity tends to be done on an ad hoc basis, and student support personnel almost never are a prominent part of a school's organizational structure. Even worse, such staff usually are among those deemed dispensable as budgets tighten. This, of course, reduces availability and access.

The marginalization spills over to how schools pursue special education mandates and policies related to inclusion. It also shapes how they work with community agencies and initiatives for systems of care, wrap-around services, school-linked services, and other school-community collaborations. And, it negatively affects efforts to adopt evidence-based practices and to implement them with fidelity.

Where is the Field Going?

Prediction is a risky business. A few matters are evident. For one, it is clear that the field of mental health in schools is in flux. For another, practitioners in the schools who are most associated with mental health concerns are realizing that changes are needed and are afoot. There is widespread agreement that a great deal needs to be done to improve what is taking place. And, at this point in time, no specific perspective or agenda is dominating policy, practice, research, or training.

However, we are detecting an emerging view. That view is calling for much more than expanded services and full service schools. It is focused on enhancing strategic collaborations to develop comprehensive approaches that strengthen students, families, schools, and neighborhoods and doing so in ways that maximize learning, caring, and well-being. And, it involves the full integration of mental health concerns into a school's efforts to provide students with learning supports. This means connecting various mental health agenda in major ways with the mission of schools and integrating with the full range of student learning supports designed to address barriers to learning. Moreover, given the current state of school resources, the work must be accomplished by rethinking and redeploying

how existing resources are used and by taking advantage of the natural opportunities at schools for countering psychosocial and mental health problems and promoting personal and social growth.

The emerging view recognizes that schools are not in the mental health business. Indeed, it is clear that many school stakeholders are leery of mental health, especially when the focus is presented in ways that equate the term only with mental disorders. They stress that the mission of schools is to educate all students. Advocates of the emerging view stress that when students are not doing well at school, mental health concerns and the school's mission usually overlap because the school cannot achieve its mission for such students without addressing factors interfering with progress. This is especially the case in schools where the number of students not doing well outnumbers those who are.

The emerging view, of course, requires major systemic changes. Such changes will require weaving school owned resources and community owned resources together to develop comprehensive and cohesive approaches. Efforts to advance mental health in schools also must adopt effective models and procedures for helping every school in a district. This means addressing the complications stemming from the scale of public education in the U.S.A.

Addressing the Mental Health of School Staff and Creating a Mentally Healthy School Climate

The emerging view also is focusing on promoting the well-being of teachers and other school staff so that they can do more to promote the well-being of students. As is the case for students, staff need supports that enhance protective buffers, reduce risks, and promote well-being. Every school needs to commit to fostering staff and student resilience and creating an atmosphere that encourages mutual support, caring, and sense of community. Staff and students must feel good about themselves if they are to cope with challenges proactively and effectively.

The ideal is to create an atmosphere that fosters smooth transitions, positive informal encounters, and social interactions; facilitates social support; provides opportunities for ready access to information and for learning how to function effectively in the school culture; and encourages involvement in decision making.

For any school, a welcoming induction and ongoing support are critical elements both in creating a

positive sense of community and in facilitating staff and student school adjustment and performance. School-wide strategies for welcoming and supporting staff, students, and families at school *every day* are part of creating a mentally healthy school – one where staff, students, and families interact positively with each other and identify with the school and its goals.

The Role of the Center for Mental Health in Schools at UCLA

The guiding principles and frameworks for the Center's work emphasize ensuring (1) mental health is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools/communities/homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. From this perspective, training and TA are designed not only to improve practitioners' competence, but to foster changes in the systems with which they work.

Impact evaluation data indicate the Center's work is helping enhance ongoing efforts related to mental health in schools and is generating new ways of understanding and addressing system, program, and person problems. Systemic outcomes attributed to the Center's work include fundamental changes in policy and system-wide infrastructure and practices and a variety of capacity and network building endeavors. Examples include: system-wide efforts to embed mental health in schools under the umbrella of a comprehensive student support component for addressing barriers to learning and promoting healthy development; resource mapping and analysis as an intervention; creation of new infrastructure mechanisms such as learning support resource-oriented teams and school community collaboratives; pursuit of sustainability in terms of systemic change, and much more.

The Center plans to expand on its accomplishments as it continues to address the extensive range of concerns that arise in providing training and technical assistance

related to mental health in schools. In particular, the emphasis will be on enhancing strategic approaches to maximize impact with respect to increasing resource availability and delivery systems, building state and local capacity, improving policy, and developing leadership to (1) expand programmatic efforts that enable all students to have an equal opportunity to succeed at school and (2) accomplish essential systemic changes for sustainability and scale-up.

Of special significance is the Center sponsored Summit Initiative: *New Directions for Student Support*. Begun in 2002, this nationwide initiative is on the way to becoming a major catalytic force for changes in policy and practice across the country. The initiative is co-sponsored by a growing list of over 30 organizations, including all the major associations representing school-owned student support staff.

Also of major significance is the Center's ongoing work in connection with the field-defining document entitled: *Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations*. The guidelines developed by the Policy Leadership Cadre for Mental Health in Schools have been adapted into the first ever set of *Guidelines for Student Support Component* as part of the Summit Initiative.

And, of particular importance for the future is the work the Center is doing to integrate MH in schools into the recommendations of the President's New Freedom Commission on Mental Health. It seems clear that the New Freedom Initiative's intent to transform the mental health system can be instrumental in advancing progress related to mental health in schools.

In all this work, because systems are driven by what they are held accountable for, we have stressed that accountability frameworks and indicators for schools and community agencies will have to be expanded to ensure such a component is pursued with equal effort in policy and practice. Such expanded data sets also have the potential to improve the evidence-base for school and community interventions.

Concluding Comments

Any effort to enhance interventions for children's mental health must involve schools. Schools already provide a wide range of programs and services relevant to mental health and psychosocial concerns. And, schools can and need to do much more if the mandates of the *No Child Left Behind Act* and the *Individuals with Disabilities Education Act* and the recommendations of the *President's New Freedom Commission on Mental Health* are to be achieved.

The emerging view seems to be that mental health in schools must be embedded into the basic mission of schools. To this end, all of us must help develop well-integrated, comprehensive, multifaceted support systems that enable students to learn in ways that assure schools achieve their mandates. By doing so, we will ensure that mental health in schools is understood as essential to the aim of leaving no child behind.

School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.

Mental Health in Schools: Reflections on the Past, Present, and Future —

from the Perspective of the Center for Mental Health in Schools at UCLA

Ask any teacher and you will hear the litany of mental health concerns that arise daily and at critical times during the school year. The kids who are misbehaving, the ones who seem emotionally upset, the ones who are victims of physical and sexual abuse, the ones who can't get along with others, those who have difficulty adjusting to school requirements, and more. Urban schools, in particular, are host to and also generate many mental health concerns. And, not only with respect to kids. Families and school staff are affected as well. A sense of some of this is captured by an old joke:

Mother to son: *Time to get up and go to school.*

Son: *I don't want to go. It's too hard and the kids don't like me.*

Mother: *But you have to go – you're their teacher.*

Anyone who has spent time in schools can itemize the multifaceted mental health and psychosocial concerns that warrant attention. The question for all of us is: How should our society's schools address these matters? In answering this question, it is useful to reflect on what schools have been and are doing about mental health concerns.

Past as Prologue

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to succeed at school. It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. Such problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure. Because of all this, school policy makers, have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with problems that interfere with schooling. Prominent examples are seen in the range of counseling, psychological, and social service programs schools provide.

The Last 50 Years

One interesting policy benchmark appeared in the middle of the 20th century when NIMH increased the focus on mental health in schools by publishing a major monograph on the topic.* Since then, many initiatives and a variety of agenda have emerged – including efforts to expand clinical services in schools, develop new programs for “at risk” groups, and incorporate programs for the prevention of problems and the promotion of social-emotional development.

*Lambert, N.M., Bower, E.M., Caplan, G., et al., (1964). *The protection and promotion of mental health in the schools*. Washington, DC: U.S. Government Printing Office.

Over the past 20 years a renewed emphasis on enhancing access to clients in the health and social services arenas has resulted in increased linkages between schools and community service agencies. This "school-linked services" movement has added impetus to advocacy for mental health in schools. More recently, some advocates for school-linked services have coalesced their efforts with those working to enhance initiatives for youth development, community schools, and the preparation of healthy and productive citizens and workers. These coalitions have expanded interest in social-emotional learning and protective factors as ways to increase students' assets and resiliency and reduce risk factors.

As another effort to advance the work, the U.S. Department of Health and Human Services (through HRSA's Maternal and Child Health Bureau, Office of Adolescent Health) in the mid 1990s established the *Mental Health in Schools Program*. This federal program responds to a manifest need for improving the Nation's ability to address the mental health of its children and youth and is concerned specifically with enhancing capability for pursuing a wide range of mental health concerns relevant to school settings. The emphasis is on increasing the capacity of policy makers, administrators, school personnel, primary care health providers, mental health specialists, agency staff, consumers, and other stakeholders so that they can enhance how schools and their communities address psychosocial and mental health concerns. Particular attention is given to prevention and responding early after the onset of problems as critical facets of reducing the prevalence of problems. Since 1995, the impetus for this initiative has been generated by two national centers: the *Center for Mental Health in Schools* at UCLA and the *Center for School Mental Health Assistance* at the University of Maryland, Baltimore (see Exhibit 1).

*Some
Personal
History*

Along with many talented colleagues at UCLA and in the Los Angeles Unified School District, we (Howard Adelman and Linda Taylor, the co-directors of the UCLA Center) joined the movement for mental health in schools around 1960. However, the roots of the Center's perspective can be found in the pioneering work with schools initiated by Grace Fernald in the 1920s at UCLA. She was a trailblazer in stressing that teachers must be concerned with a youngster's thoughts and feelings if they are to prevent and correct learning, behavior, and emotional problems.

When we took over direction of Fernald's lab school and clinic at UCLA in the early 1970s, we moved quickly from focusing only on clinical interventions to an emphasis on classrooms and schools as systems. From this perspective, models were developed that addressed problems first on a system level and then clinically when still necessary. In the mid 1980s, we established the *School Mental Health Project* at UCLA and went out into the "real" world of urban school districts to apply what had been learned in the laboratory. And, in the mid 1990s, we established a national *Center for Mental Health in Schools* at UCLA, with funding from the federal Mental Health in Schools Program.

Exhibit 1

Two National Training and Technical Assistance Centers for Mental Health in Schools

The federal *Mental Health in Schools Program* is sponsored by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB), Office of Adolescent Health. When the program was renewed in 2000, HRSA and SAMHSA's Center for Mental Health Services braided resources to co-support the work. The two national centers initially funded in 1995 successfully reapplied during the 2000 open competition. These two centers are the *Center for Mental Health in Schools* at UCLA and the *Center for School Mental Health Assistance* at the University of Maryland, Baltimore.

The guiding principles and frameworks for the current work of the two Centers emphasize ensuring (1) mental *health* is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools/communities/homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. From this perspective, training and TA are designed not only to improve practitioners' competence, but to foster changes in the systems with which they work. Such activity also addresses the varying needs of locales and the problems of accommodating diversity among those trained and among populations served.

To these ends, the Centers enhance (a) availability of and access to resources to improve and advance MH in schools, (b) the capacity of systems/personnel, and (c) the role of schools in addressing MH, psychosocial, and related health concerns.

All this is accomplished through activities organized around five major tasks: (1) needs assessment (individuals and systems), (2) translating needs into a content focus and generating new ideas, frameworks, data, and knowledge, (3) gathering & developing materials – including development of guidebooks and training curricula, (4) designing & initiating effective delivery systems – strategies for direct assistance to practitioners, including newsletters, electronic networking, clearinghouse, and a consultation cadre; strategies to support those currently providing training; and strategies for stimulating policy for local training and TA, and (5) quality improvement strategies.

Where the Field is Now

Many people hear the term mental *health* and they think mental *illness*. Many people hear *mental health in schools* and they think it's only about therapy and counseling. But, it isn't *just* about the activities mental health professionals do in their offices, such as providing students with therapy or counseling.

Mental health in schools *also means to be about*

- ! providing programs to promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers

- ! providing programs and services to intervene as early after the onset of learning, behavior, and emotional problems as is feasible
- ! the mental health of families and school staff
- ! building the capacity of all school staff to address barriers to learning and promote healthy development
- ! addressing systemic matters at schools that affect mental health, such as high stakes testing (including exit exams) and other practices that engender bullying, alienation, and student disengagement from classroom learning
- ! drawing on all empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address barriers to learning and promote healthy development.

School-based interventions relevant to mental health encompass a wide variety of practices, an array of resources, and many issues. Unfortunately, addressing psychosocial and mental health concerns in schools typically is not assigned a high priority. Such matters gain stature for a while whenever a high visibility event occurs – a shooting on campus, a student suicide, an increase in bullying. Because of their usual humble status, such efforts continue to be developed in an ad hoc, piecemeal, and highly marginalized way (see Exhibit 2).

Unfortunately, addressing psychosocial and mental health concerns in schools typically is not assigned a high priority.

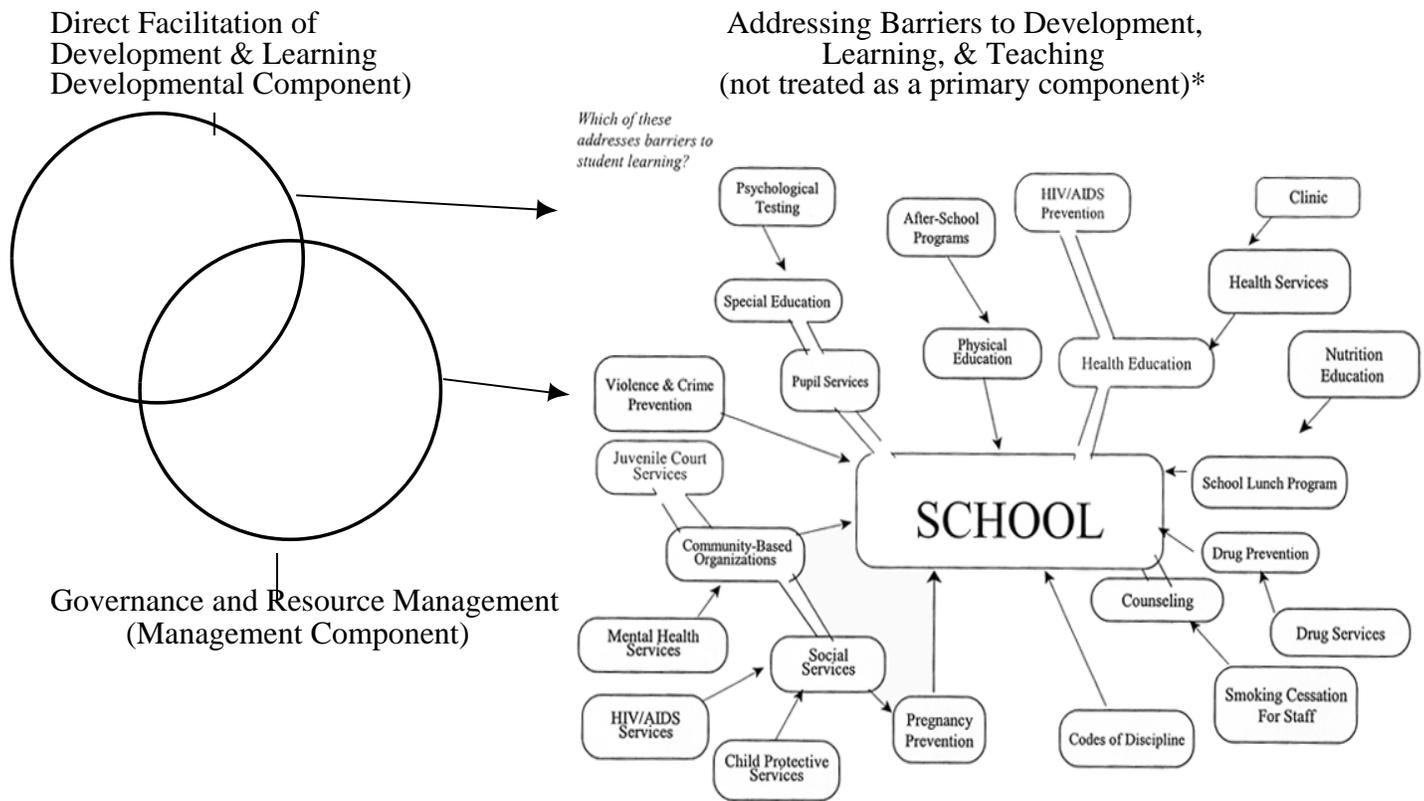
Marginalization not only has increased fragmentation, it contributes to redundancy, counterproductive competition, and inadequate results. Thus, the fundamental policy problem related to mental health in schools is that existing student support services and school health programs do not have high status in the educational hierarchy and in current health and education policy initiatives. The continuing trend is for schools and districts to treat such activity, in policy and practice, as desirable but not a primary consideration. Since the activity is not seen as essential, the programs and staff are marginalized. Planning of programs, services, and delivery systems tends to be done on an ad hoc basis; interventions are referred to as "auxiliary" or "support" services. Student support personnel almost never are a prominent part of a school's organizational structure. Even worse, student support staff usually are among those deemed dispensable as budgets tighten. This, of course, reduces availability and access.

The marginalization spills over to how schools pursue special education mandates and policies related to inclusion. It also shapes how they work with community agencies and initiatives for systems of care, wrap-around services, school-linked services, and other school-community collaborations. And, it negatively effects efforts to adopt evidence-based practices and to implement them with fidelity.

Despite all this, most schools have some *programs* to address a range of mental health and psychosocial concerns, such as school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, and violence. Some are funded by the schools or through extra-mural funds schools seek out; others are the result of linkages with community service and youth development agencies. Some programs are provided throughout a district; others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." The activities may be

Exhibit 2

Mental Health in Schools and All Direct Efforts to Address Barriers to Learning and Development are Marginalized and Fragmented in Policy and Practice



Adapted from: *Health in Academic: A guide to Coordinated School Health Programs* (1998). Edited by E. Marx & S.F. Wooley with D. Northrop. New York: Teachers College Press.

*While not treated as a primary and essential component, every school offers a relatively small amount of school-owned student "support" services – some of which links with community-owned resources. Schools, in particular, have been reaching out to community agencies to add a few more services. All of this, however, remains marginalized and fragmented in policy and practice.

implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals.

School districts use a variety of *personnel* to address MH concerns. These may include "pupil services" or "support services" specialists such as psychologists, counselors, social workers, psychiatrists, and nurses, as well as a variety of related professionals and paraprofessionals. The majority of these folks tend to focus on students seen as problems or as having problems.

Clearly, diverse school and community resources are attempting to address complex and overlapping psychosocial and mental health concerns. Despite the range of activity, however, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with MH and psychosocial problems. And, many schools report having large numbers of students in need of assistance. In some schools, this amounts to over half those enrolled.

Where is the Field Going?

Prediction is a risky business. A few matters are evident. For one, it is clear that the field of mental health in schools is in flux. For another, practitioners in the schools who are most associated with mental health concerns are realizing that changes are needed and are afoot. There is widespread agreement that a great deal needs to be done to improve what is taking place. And, at this point in time, no specific perspective or agenda is dominating policy, practice, research, or training.

However, we are detecting an emerging view. That view is calling for much more than expanded services and full service schools. It is focused on enhancing strategic collaborations to develop comprehensive approaches that strengthen students, families, schools, and neighborhoods and doing so in ways that maximize learning, caring, and well-being. And, it involves the full integration of mental health concerns into a school's efforts to provide students with learning supports.

All – Not Just Some Students

Two parables help differentiate the old and emerging views of mental health in schools. The old *view* fits the *starfish* metaphor.

The day after a great storm had washed up all sorts of sea life far up onto the beach, a youngster set out to throw back as many of the still-living starfish as he could. After watching him toss one after the other into the ocean, an old man approached him and said: *It's no use your doing that, there are too many, You're not going to make any difference.*

The boy looked at him in surprise, then bent over, picked up another starfish, threw it in, and then replied: *It made a difference to that one!*

This parable, of course, reflects all the important clinical efforts undertaken by staff alone and when they meet together to work on specific cases.

The emerging view is captured by what can be called the *bridge* parable.

In a small town, one weekend a group of school staff went fishing together down at the river. Not long after they got there, a child came floating down the rapids calling for help. One of the group on the shore quickly dived in and pulled the child out. Minutes later another, then another, and then many more children were coming down the river. Soon every one was diving in and dragging children to the shore and then jumping back in to save as many as they could. In the midst of all this frenzy, one of the group was seen walking away. Her colleagues were irate. How could she leave when there were so many children to save? After long hours, to everyone's relief, the flow of children stopped, and the group could finally catch their breath.

At that moment, their colleague came back. They turned on her and angrily shouted: *How could you walk off when we needed everyone here to save the children?*

She replied: *It occurred to me that someone ought to go upstream and find out why so many kids were falling into the river. What I found is that the old wooden bridge had several planks missing, and when some children tried to jump over the gap, they couldn't make it and fell through into the river. So I got someone to fix the bridge.*

Fixing and building better bridges is a good way to think about the type of comprehensive approach that underscores the importance of taking time to improve and enhance resources, programs, and systems in schools – including a focus on mental health concerns.

The emerging view stresses connecting mental health agenda with the mission of schools

The emerging view stresses connecting various mental health agenda in major ways with the mission of schools and integrating with the full range of student learning supports designed to address barriers to learning. This, of course, requires major systemic changes. Such changes will require weaving school owned resources and community owned resources together to develop comprehensive and cohesive approaches for addressing barriers to learning and enhancing healthy development.

Furthermore, pursuit of mental health in schools also must address complications stemming from the scale of public education in the U.S.A. That is, efforts to advance mental health in schools also must adopt effective models and procedures for helping every school in a district. Moreover, given the current state of school resources, the work must first and foremost focus on rethinking and redeploying how existing resources are used and take advantage of the natural opportunities at schools for countering psychosocial and mental health problems and promoting personal and social growth that arise each day, over the school year, during every transition, and as soon as a student is identified as having problems (see Exhibit 3).

The emerging view recognizes that schools are not in the mental health business. Indeed, it is clear that many school stakeholders are leery of mental health, especially when the focus is presented in ways that equate the term only with mental disorders. They stress that the mission of schools is to educate all students. Advocates of the emerging view stress that when students are not doing well at school, mental health concerns and the school's mission usually overlap because the school cannot achieve its mission for such students without addressing factors interfering with progress. This is especially the case in schools where the number of students not doing well outnumbers those who are.

The reality that psychosocial and mental health concerns must be addressed if schools are to function satisfactorily and students are to learn and perform effectively is underscored by the Carnegie Council Task Force on Education of Young Adolescents (1989) in stating:

School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.

This necessity is revealed in the aims of the *No Child Left Behind Act* and the *Individuals with Disabilities Education Act*. And, it is consonant with the goals and recommendations of the *President's New Freedom Commission on Mental Health*. Indeed, these initiatives reflect a shared agenda and must coalesce in school improvement policies and initiatives in ways that more wisely invest and use sparse resources.

Exhibit 3

Some Natural Opportunities to Enhance Mental Health at School

Natural opportunities at schools for countering psychosocial and mental health problems and promoting personal and social growth can be grouped into four categories: (1) daily opportunities, (2) yearly patterns, (3) transitions, and (4) early after the onset of student problems.

Daily Opportunities. Schools are social milieus. Each day in the classroom and around the school students interact with their peers and various adults in formal and informal ways. Every encounter, positive and negative, represents a potential learning experience. All school staff, and especially teachers, can be taught ways to use the encounters to minimize transactions that work against positive growth and to capitalize on many opportunities to enhance social-emotional learning.

Appreciation of what needs attention can be garnered readily by looking at the school day through a mental health lens. Is instruction carried out in ways that strengthen or hinder development of interpersonal skills and connections and student understanding of self and others? Is cooperative learning and sharing promoted? Is inappropriate competition minimized? Is the school climate safe, supportive, and caring. Are interpersonal conflicts mainly suppressed or are they used as learning opportunities? Are roles provided for all students to be positive helpers throughout the school and community? How widespread is bullying? How safe do students and staff feel at school? Of course, appreciating problems and opportunities is not enough. Pre- and in-service education must focus on teaching those working in schools how to minimize what's going wrong and enable personal and social growth.

Major examples of natural opportunities *in the classroom* to enhance mental health and minimize emotional and behavioral problems arise each time students relate to each other and to staff during class and group instruction. Some activities are especially rife with opportunity such as cooperative learning experiences, peer sharing and tutoring, and when addressing interpersonal and learning problems. Examples of some major *school-wide* opportunities include providing roles for all students to be positive helpers and leaders throughout the school and community (e.g., service learning); engaging students in strategies to enhance a caring, supportive, and safe school climate; and focusing on both attitude and skill development during conflict resolution and crisis prevention efforts.

Yearly Patterns. The culture of most schools yields fairly predictable patterns over the course of the year. The beginning of the school year, for example, typically is a period of hope. As the year progresses, a variety of stressors and opportunities for personal and social development are encountered. Examples of stressors include homework assignments that are experienced as increasingly difficult, interpersonal conflicts, and testing and grading pressures. Additional stressors and developmental experiences arise around special events associated with holidays, social events, sports, grade promotions, and graduation.

Each month strategies can be implemented that encourage school staff to minimize stressors and enhance coping through social-emotional learning and shared problem solving. To support such efforts the Center for Mental Health in Schools at UCLA has developed a set of monthly themes as examples for schools to draw upon and go beyond.* The point is to establish a focus each month and build the capacity of school staff to evolve the school culture in ways that reduce unnecessary stressors and naturally promote social and emotional development.

Transitions. Students are regularly confronted with a variety of transitions – changing schools, changing grades, and encountering a range of other minor and major transitory demands. Such transitions are ever-present and usually are not a customary focus of institutionalized efforts to support students. Every transition can exacerbate problems or be used as a natural opportunity to promote positive learning and attitudes and reduce alienation.

Schools need to build their capacity to address transitions proactively and in the process to be guided by their goals for enhancing personal and social functioning. On a daily basis, staff can capture opportunities before school, during breaks, lunch, and afterschool. With respect to newcomers, the focus can be on welcoming and social support processes and addressing school adjustment difficulties. Examples of desirable interventions for frequently occurring school-wide and classroom-specific events include welcoming new arrivals (students, their families, staff); preparing students for the next year; providing ongoing social supports as students adjust to new grades, new schools, and new programs; addressing adjustment difficulties as the year begins; and using before and after-school and inter-session activities as times for ensuring generalization and enrichment of such learning.

At the First Indication that a Student is Experiencing Problems. Stated simply, every student problem represents a need and an opportunity to avoid exacerbating and to enhance mental health. Often the first response when a problem arises is to control it; the second response should include a mental health focus.

*See the website of the Center for Mental Health in Schools for details on how to pursue such themes – <http://smhp.psych.ucla.edu>

*Addressing the
Mental Health
of School Staff
and Creating a
Mentally
Healthy School
Climate*

The emerging view also is focusing on promoting the well-being of teachers and other school staff so that they can do more to promote the well-being of students. As is the case for students, staff need supports that enhance protective buffers, reduce risks, and promote well-being. From this perspective, every school needs to commit to fostering staff and student resilience and creating an atmosphere that encourages mutual support, caring, and sense of community. Teachers, principals, student support personnel, office staff, bus drivers all impact learning outcomes at a school. How staff work together and support each other makes a crucial difference. Staff and students must feel good about themselves if they are to cope with challenges proactively and effectively. Students achieve when they have quality teaching and appropriate support to enable learning.

The advocated ideal is to create an atmosphere that fosters smooth transitions, positive informal encounters, and social interactions; facilitates social support; provides opportunities for ready access to information and for learning how to function effectively in the school culture; and encourages involvement in decision making. And, concerns about school climate should always include a major focus on the mental health of schools. The concept of *climate* plays a major role in shaping the quality of school life, learning, and the mental health of all who are involved. (School/ classroom climate sometimes is referred to as the learning environment, as well as by terms such as atmosphere, ambience, ecology, and milieu.) A good place to start in enhancing a school's supportive environment is to improve the ways every newcomer – staff, students, parents – is welcomed and “inducted” into the school. Too often, newcomers experience benign neglect or worse. The goal should be to make such *transitions-in* a special occasion and an opportunity to make the arrival an enriching experience.

Research indicates a range of strategies for enhancing a positive climate. All who work in schools have a role to play in ensuring that such strategies are in place. Proactive efforts to develop a positive school climate require careful attention to (1) enhancing the quality of life at school and especially in the classroom for students and staff, (2) pursuing a curriculum that promotes not only academic, but also social, and emotional learning, (3) enabling teachers and other staff to be effective with a wide range of students, and (4) fostering intrinsic motivation for learning and teaching. With respect to all this, the literature advocates

- a welcoming, caring, and hopeful atmosphere
- C social support mechanisms for students and staff
- C an array of options for pursuing goals
- C meaningful participation by students and staff in decision making
- C transforming the classroom infrastructure from a big classroom into a set of smaller units organized to maximize intrinsic motivation for learning and not based on ability or problem-oriented grouping
- C providing instruction and responding to problems in a personalized way
- C use of a variety of strategies for preventing and addressing problems as soon as they arise
- C a healthy and attractive physical environment that is conducive to learning and teaching.

For any school, a welcoming induction and ongoing support are critical elements both in creating a positive sense of community and in facilitating staff and student school adjustment and performance. School-wide strategies for welcoming and supporting staff, students, and families at school *every day* are part of creating a mentally healthy school – one where staff, students, and families interact positively with each other and identify with the school and its goals.

The Role of the
Center for
Mental Health
in Schools at
UCLA

*Mental health
is understood
in terms of
psychosocial
problems
as well as
disorders and
in terms of
strengths as
well as deficits*

*the roles of
schools,
communities,
and homes are
enhanced and
pursued jointly*

The guiding principles and frameworks for the Center's work emphasize ensuring (1) mental *health* is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools/communities/homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. The overriding aims for any center focused on *mental health in schools* encompass not only promoting understanding of these broad areas of concern, but functioning on the cutting edge of change so that the concerns are addressed effectively. From this perspective, training and TA are designed not only to improve practitioners' competence, but to foster changes in the systems with which they work. In doing so, the emphasis is on addressing the varying needs of locales and the problems of accommodating diversity among those trained and among populations served.

To date, the goals have encompassed efforts to enhance (1) availability of and access to resources to improve and advance MH in schools, (2) the capacity of systems/personnel, and (3) the role of schools in addressing MH, psychosocial, and related health concerns. For goal 1, objectives have included (a) enhancing delivery systems, (b) identifying related TA providers and develop strategies to enhance connections for resource development and delivery, (c) enhancing Center use of advanced technology for training/TA, (d) developing additional strategies for targeting and connecting with hard to reach constituencies. For goal 2, the objectives have included (a) developing and evolving content focus, (b) expanding direct TA/training activity and evolving networks and coalitions among school and community stakeholders, (c) developing and packaging content to enable self-directed learning, (d) developing and promoting models for enhancing pre- and inservice education. For goal 3, the objectives have included (a) clarifying models/frameworks/blueprints to ensure advancement of comprehensive approaches to MH in schools in ways that mesh with and advance school/community reforms, (b) evolving strategies for affecting policies, infrastructure, programs, pre- and inservice training, (c) fostering coalitions to enhance cohesive policy and practice, and (d) targeting key groups who shape policy/practice related to MH in schools to enhance their understanding.

The work has been organized around five major tasks: (1) needs assessment (individuals and systems), (2) translating needs into a content focus and generating new ideas, frameworks, data, and knowledge, (3) gathering and developing materials – including development of guidebooks and training curricula, (4) designing and initiating effective delivery systems – strategies for direct assistance to practitioners (e.g., newsletters, electronic networking, clearinghouse, consultation cadre); strategies to support those currently providing training; and strategies for stimulating policy for local training and TA, and (5) quality improvement strategies.

Impact evaluation data indicate that the Center's work is helping enhance ongoing efforts related to mental health in schools and is generating new ways of understanding and addressing system, program, and person problems. Systemic outcomes attributed to the Center's work include fundamental changes in policy and system-wide infrastructure and practices and a variety

of capacity and network building endeavors. Examples include: system-wide efforts to embed MH in schools under the umbrella of a comprehensive student support component for addressing barriers to learning and promoting healthy development; resource mapping and analysis as an intervention; creation of new infrastructure mechanisms such as learning support resource-oriented teams and school community collaboratives; pursuit of sustainability in terms of systemic change, and much more (see Appendix A).

equity considerations are confronted

The Center plans to expand on its accomplishments as it continues to address the extensive range of concerns that arise in providing training and technical assistance related to mental health in schools. In particular, the emphasis will be on enhancing strategic approaches to maximize impact with respect to increasing resource availability and delivery systems, building state and local capacity, improving policy, and developing leadership to (1) expand programmatic efforts that enable all students to have an equal opportunity to succeed at school, (2) enhance the focus on evidence-based strategies, and (3) accomplish essential systemic changes for sustainability and scale-up.

The strategic focus includes (a) connecting with major initiatives of other centers, foundations, federal government, and policy bodies, and national associations, (b) connecting with major initiatives of state departments and policy bodies, counties, and school districts, (c) collaboration and network building for program expansion and systemic change, (d) catalytic training to stimulate interest in program expansion and systemic change, and (e) catalytic use of TA, internet, publications, resource materials, regional meetings, etc. to stimulate interest in program expansion and systemic change (see Exhibit 4).

Of special significance is the Center sponsored Summit Initiative: *New Directions for Student Support*. Begun in 2002, this nationwide initiative is on the way to becoming a major catalytic force for changes in policy and practice across the country. This initiative is co-sponsored by a growing list of over 30 organizations, including all the major associations representing school-owned student support staff (see Appendix B).

Marginalization & fragmentation of policy, organizations, and daily practice are countered

Also of major significance is the Center's ongoing work in connection with the field-defining document entitled: *Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations*. The guidelines developed by the Policy Leadership Cadre for Mental Health in Schools have been adapted into the first ever set of *Guidelines for Student Support Component* as part of the Summits Initiative. All indications are that this work is receiving wide attention and use and should have a major impact in shaping how mental health in schools is conceived.

And, of particular importance for the future is the work the Center is doing to integrate mental health in schools into the goals and recommendations of the President's New Freedom Commission on Mental Health. It seems clear that the New Freedom Initiative's intent to transform the mental health system can be instrumental in advancing progress related to mental health in schools. In our work responding to the Commission's report, the figure, table, and set of guidelines included here in Appendix C were offered as basic frameworks for enhancing the agenda for children's mental health and mental health in schools. Based on these frameworks, we suggested that policy is needed to guide and facilitate the development of a potent "enabling" or "learning support" should

The challenges of evidence-based strategies and achieving results are addressed

have a component to address barriers to learning/development and support the promotion of healthy development at every school and in its surrounding community (see Appendix D). We stressed that such policy should specify that the component is to be pursued as a primary and essential facet of school and community improvement and in ways that complement, overlap, and fully integrate with direct efforts to facilitate learning and development. The aim, over time, is for schools and communities to develop such a component by weaving family, community, and school resources into a cohesive and integrated continuum of interventions, encompassing systems for (a) promoting healthy development and preventing problems, (b) intervening early to address problems as soon after onset as feasible, and (c) assisting those with chronic and severe problems.

In all this work, because systems are driven by what they are held accountable for, we have stressed that accountability frameworks and indicators for schools and community agencies will have to be expanded to ensure such a component is pursued with equal effort in policy and practice. Such expanded data sets also have the potential to improve the evidence-base for school and community interventions (see Center documents on evidence-based approaches).

Concluding Comments

Any effort to enhance interventions for children's mental health must involve schools. Schools already provide a wide range of programs and services for all students who are not succeeding, many of which are relevant to mental health and psychosocial concerns. And, schools can and need to do much more if the mandates of the *No Child Left Behind Act* and the *Individuals with Disabilities Education Act* and the recommendations of the *President's New Freedom Commission on Mental Health* are to be achieved.

Those concerned with enhancing mental health in schools must:

not lose sight of the larger context which legitimizes mental health in schools. Advancing mental health in schools is about much more than expanding services and creating full service schools. It is about establishing comprehensive, multifaceted approaches that strengthen students, families, schools, and neighborhoods and do so in ways that maximize learning, caring, and well-being for all students;

approach the matter with an understanding that they are part of a larger enterprise and one that meshes with the basic mission of schools. That enterprise is one of providing essential support systems that enable students to learn in ways that assure schools achieve their mandates;

encourage reformers to view the difficulty of raising achievement test scores through the complementary lenses of addressing barriers to learning and promoting healthy development.

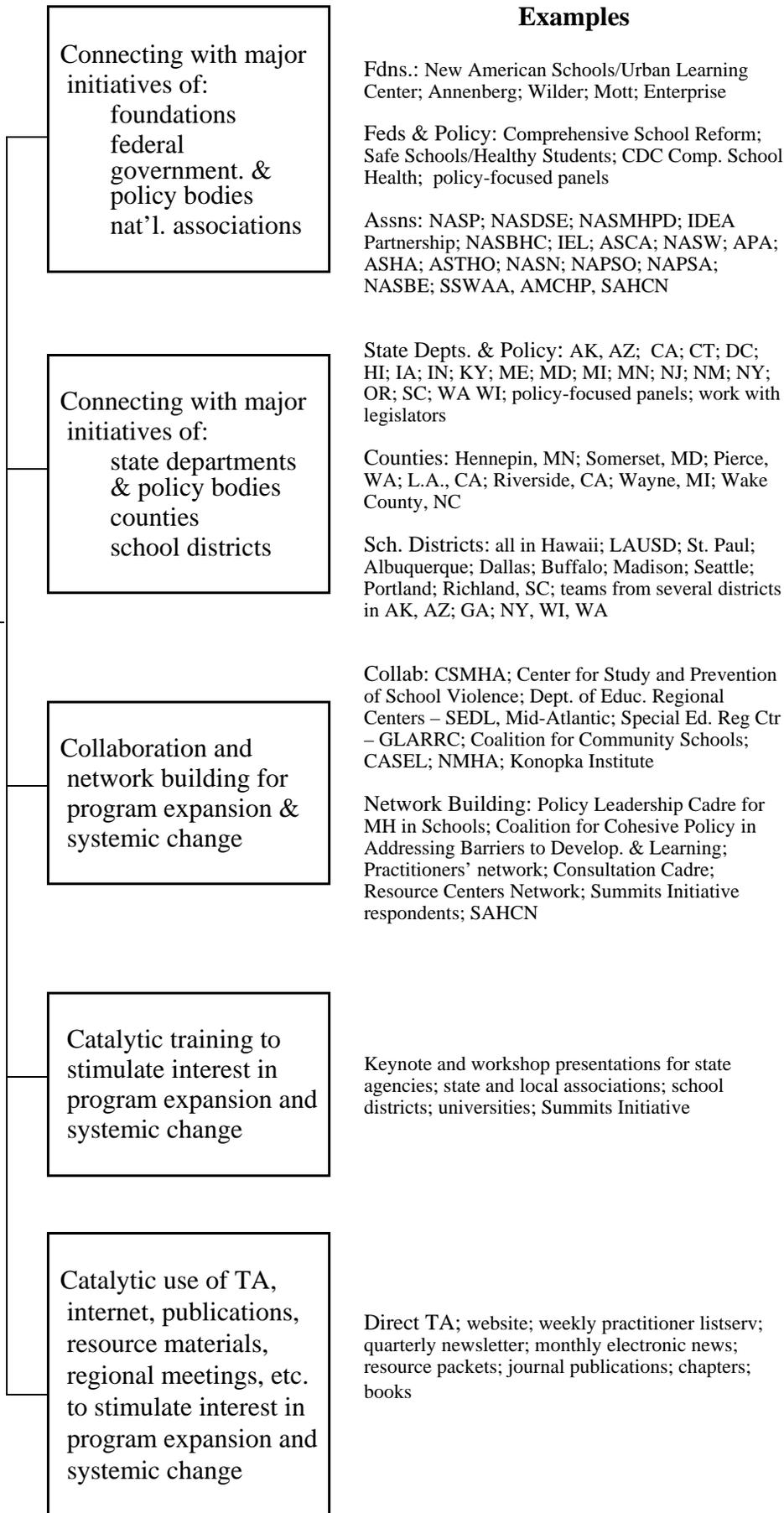
By approaching matters in this way, we can ensure that mental health in schools is understood as essential to the aim of leaving no child behind.

Exhibit 4. Center’s strategic approach to enhancing MH in Schools.

*Strategic Approach to Achieving the Aim of Enhancing Mental Health in Schools**

*Emphasis is on enhancing resource availability & delivery systems, building state and local capacity, improving policy, and developing leadership to

- (1) expand programmatic efforts that enable all students to have an equal opportunity to succeed at school
- (2) accomplish essential systemic changes for sustainability and scale-up.



A Few Online References

For more on mental health in schools, go to <http://smhp.psych.ucla.edu>. For example, on the homepage, click on “About Mental Health in Schools.”

Also see the following online resources from the Center for Mental Health in Schools at UCLA:

Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations
<http://smhp.psych.ucla.edu/pdfdocs/policymakers/cadreguidelines.pdf>

New Directions for School & Community Initiatives to Address Barriers to Learning: Two Examples of White Papers to Inform and Guide Policy Makers
<http://smhp.psych.ucla.edu/pdfdocs/Report/newdirectionsforschoolandcommunity.pdf>

Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports
http://smhp.psych.ucla.edu/pdfdocs/Report/resource_oriented_teams.pdf

Integrating Agenda for Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health
<http://smhp.psych.ucla.edu/pdfdocs/newfreedomcommisison/newfreedbrief.pdf>

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Appendices

- A. Evaluation of Centers' Impact – Exec. Summary (June, 2004*)
- B. Brief Description of Summit Initiative: New Directions for Student Support
- C. Some Basic Frameworks for Enhancing the Agenda for Children's Mental Health and Mental Health in Schools
 - Interconnected Systems for Meeting the Needs of All Children
 - From primary prevention to treatment of serious problems:
A continuum of community-school programs to address barriers to learning and enhance healthy development
 - Guidelines for Mental Health in Schools
- D. A Policy and Practice Shift to Establish an Enabling or Learning Support Component
 - Some Characteristics of a Comprehensive, Multifaceted Approach to Addressing Barriers to Development and Learning
 - Reframing How Schools Address Barriers to Learning
 - An Enabling Component at a School Site
 - The Enabling Component and the Continuum of Interventions

About the Federal Mental Health in Schools Program

Developed in 1995, the *Mental Health in Schools Program* focuses on enhancing the role schools play in mental health for children and adolescents. Specifically, the emphasis is on increasing the capacity of policy makers, administrators, school personnel, primary care health providers, mental health specialists, agency staff, consumers, and other stakeholders so that they can enhance how schools and their communities address psychosocial and mental health concerns.** Particular attention is given to prevention and responding early after the onset of problems as critical facets of reducing the prevalence of problems.

The initiative is sponsored by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB). When the program was renewed in 2000, HRSA and SAMHSA's Center for Mental Health Services braided resources to co-support the work. At that juncture, five-year awards were offered for two national-focused training and technical assistance centers. The two centers initially funded in 1995 successfully reapplied during the 2000 open competition. These centers are the *Center for Mental Health in Schools* at UCLA and the *Center for School Mental Health Assistance* at the University of Maryland, Baltimore.

The guiding principles and frameworks for the current work of the two Centers emphasize ensuring (1) mental *health* is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools/communities/homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. From this perspective, training and TA are designed not only to improve practitioners' competence, but to foster changes in the systems with which they work. Such activity also addresses the varying needs of locales and the problems of accommodating diversity among those trained and among populations served.

To these ends, the Centers enhance (a) availability of and access to resources to improve and advance MH in schools, (b) the capacity of systems/personnel, and (c) the role of schools in addressing MH, psychosocial, and related health concerns.

All this is accomplished through activities organized around five major tasks: (1) needs assessment (individuals and systems), (2) translating needs into a content focus and generating new ideas, frameworks, data, and knowledge, (3) gathering & developing materials – including development of guidebooks and training curricula, (4) designing & initiating effective delivery systems – strategies for direct assistance to practitioners, including newsletters, electronic networking, clearinghouse, and a consultation cadre; strategies to support those currently providing training; and strategies for stimulating policy for local training and TA, and (5) quality improvement strategies.

*This impact summary incorporates the combined work of both the *Center for Mental Health in Schools* at UCLA and the *Center for School Mental Health Assistance* at the University of Maryland, Baltimore. Full impact evaluation reports from each Center are available: see <http://smhp.psych.ucla.edu/pdfdocs/evaluation/impacteval02rep.pdf> for the UCLA report; contact csma@psych.umaryland.edu for the University of Maryland report.

**Examples of those using the Centers include administrators of national and state departments of education and state and county departments of health and mental health; directors of state school health and mental health programs and initiatives; executives of child and family commissions; administrators of national and regional resource centers and associations; members of boards of education; administrators, support staff, and teachers from school districts and regional education service areas; primary health care providers; members of community-based organizations; family members of mental health consumers; university center administrators and faculty; administrators of national education reform organization; staff of health law programs; public and private mental health practitioners; and agents representing school-based health centers, special education and treatment programs, and health system organizations; and much more.

Highlights of Achievements

Process data indicate the Centers are continuing to

- C expand their individual and institutional client base
- C enhance capacity for training and TA (including preparing adaptable training materials, establishing national, regional, and local meetings and networks, expanding resource libraries, and helping consumers develop self-help strategies and local support networks)
- C develop system and program models for MH in schools (including providing support for those interested in using new approaches)
- C facilitate networking of organizations across the country to work for new directions, greater policy cohesion, and collaborative resource use, development, and dissemination
- C develop comprehensive system and program models that approach mental health and psychosocial concerns in ways that integrally connect with school reform.

These strategies are designed, over time, to enhance school-community collaboration through reducing marginalization, fragmentation, and counterproductive competition in school districts, at school sites, and at health and social service agencies.

As summarized in each Center's evaluation report, findings show extremely positive ratings for all facets of Center activity. Consumers indicate high degrees of satisfaction with the amount and quality of the work and with accessibility to resources and staff. About 90% of respondents indicated it was extremely or very easy to access the resources, and the percentages were even higher among strategic and frequent users. A similar pattern was found for ratings of timeliness and appropriateness of response, with 90% of all respondents rating this facet highly.

More importantly, consumers report their needs are being met. While 84% of the total responses indicated this was so, 99% of strategic users and 93% of frequent users said their needs were met. Even 80% of casual users said this was the case. Significantly, 99% of all respondents indicated that they would use the resources again and would recommend them to others.

In terms of impact, users report the work has resulted in a variety of policy and practice outcomes – some of which is framed in terms of expanded school mental health and some of which encompasses mental health under the umbrella of a comprehensive student support component for addressing barriers to learning and promoting healthy development. The outcomes span from helping to enhance and sustain existing initiatives to shaping policy for fundamental changes in approaches to MH in schools. With respect to programs, practices, training, and research, the work is reported as providing standards, direction, and guidance for enhancing ongoing efforts, as well as generating new ways of understanding and addressing system, program, and person problems. Also attributed to the work are changes in policy, infrastructure, and a variety of capacity and network building outcomes. These include enhanced services, system-wide changes, resource mapping and analysis as an intervention, infrastructure mechanisms such as resource oriented teams and school community collaboratives, building networks and enhancing partnerships, approaching sustainability as a systemic change process, and much more.

With respect to current and future impact, three major Center-guided initiatives are especially notable. One is institutionalization of a ground-breaking national conference. This highly influential conference uniquely provides a yearly forum not only for learning and sharing, but for advancing school mental health as a field. The second initiative encompasses the continuing efforts related to the field-defining *Guidelines for Mental Health in Schools*. All indications are that the guidelines already are receiving wide attention, and the Centers will continue to work to ensure they have a major impact in shaping the future of MH in schools. And, building on the above, is the Summits Initiative: *New Directions for Student Support* – inaugurated in October, 2002. Restructuring the student support facets of schools is a necessary step in reinvigorating efforts to connect school and community resources. Thus, this initiative is central to all efforts to enhance MH in schools and is one of the most promising routes to enhancing student and family access to prevention, early-after-onset interventions, and treatment. These initiatives are only examples of the extraordinary role the Centers are playing across the nation; they also demonstrate the Centers' potential over time for producing a major impact in every school.

Impact

Available data indicate the Centers are influencing policy and practice across the country. They are reaching into and being used by every state and territory (and beyond). A wide range of consumers in urban, rural, and frontier locales are being served. Those using the Centers draw on the many resources and forms of assistance to increase their impact at national, state, and local levels. The focus of these users is on enhancing policy, program development, practice, technical assistance, training, research, and on building capacity, infrastructure, and networks. To these ends, they seek input (e.g., information, ideas, resources) to strengthen their performance and impact, and they involve staff from the Centers directly in developmental and systemic change activities. Finally, it can be noted that the Centers' staff are regularly included in a great many national, state, and local efforts to enhance MH for children and youth in general and related to MH in schools in particular.

As would be expected, degree of impact is strongly related to category of user. For example, the data indicate:

- *Strategic users* report the strongest impact to date (with as many as 60-77% reporting quite a bit of impact in many arenas of their work).
- Over 50% of *frequent users* indicate that they are having quite a bit of impact in most arenas.
- Surprisingly, even *casual users* indicate an impact (e.g., their ratings of impact in various arenas range from 10-41% indicating “quite a bit” and many more indicating “some” impact of their work).

User Satisfaction

○ *Ease of access* – 90% of all respondents indicated that it was extremely or very easy to access the resources. Highest ratings came from strategic (98%) and frequent users (94%).

○ *Timeliness & appropriateness of response* – 90% of all respondents rated this item highly. Again, the highest ratings came from strategic (98%) and frequent users (94%).

○ *How well Center met needs* – 84% of all respondents rated this item highly. High ratings were given by strategic (99%) and frequent users (93%), while 80% of casual users gave the highest ratings. At the same time, only 1.8% of casual users indicated their needs weren't met to some degree.

○ *Consumers plans for future and/or recommended use* – 99% indicated they would use the Centers again and recommend them to others.

Clearly, the data indicate an enterprise that is readily accessible and that responds in a timely and appropriate manner. Consumers value the resources, plan to continue using them, and are recommending that others do so as well. Most importantly, the findings support how well consumers' needs are being met and how well access to the Centers is enhancing the impact of their work.

Note: Data reported here represent evaluations done over the past three years. The reports from each year detail the evaluation methodology and major findings related to the many strategies used to enhance the likelihood of impact.

Two Examples of the Unique Contribution of Each Center

National Conference for Advancing School-Based Mental Health Programs

To provide a national focus on mental health in schools, the *Center for School Mental Health Assistance* established this ground-breaking yearly conference. Attendance has increased each year, with approximately 800 enrolling in the conference held in October, 2003. This eighth conference was offered in partnership with The Policymaker Partnership of the National Association of State Directors of Special Education; its theme: *Mental Health in Schools: Doing What Works!*.

The conferences brings together school and community professionals from across the country and abroad to learn and to share. At the most recent conference, participants learned about:

- C Using What Works in the School Setting
- C Building on Youth, Family, School, and Community Strengths
- C Advancing School Mental Health Policy, Funding, Training, and Technical Assistance
- C Advanced Practice in Schools

Opportunities were provided to acquire and improve skills for:

- C Developing a full continuum of services from mental health promotion to intensive treatment
- C Enhancing quality assessment and improvement efforts
- C Involving diverse stakeholders in all aspects of programming
- C Integrating evidence-based approaches into the full continuum of prevention and intervention
- C Addressing funding issues and learn about innovative funding mechanisms

Enhancing No-Cost Access to Major Resources

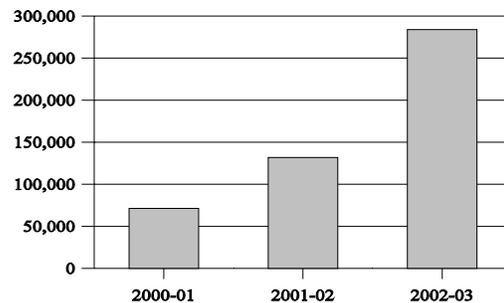
Data tallied regularly on the exponential growth of visits to the UCLA Center's website provide an indication of how useful the Center has become. From Oct., 2000-Sept., 2001, there were 71,360 unique visitors; over the next 12 months the number grew to 131,889; and for the period from Oct. 2002-Sept. 2003, the number of visitors was 283,931.

The previous year visitors downloaded 398,097 documents. For the 2002-2003 funding period, 467,408 documents were downloaded.

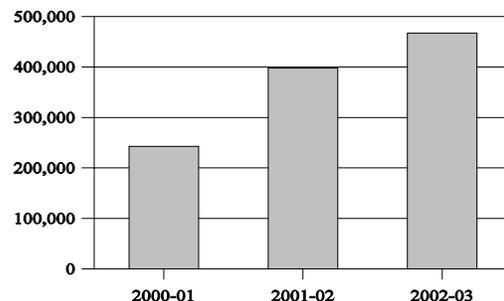
For September 2003, there were over 28,000 unique visitors; in October, the number of unique visitors per day went over 1,000.

Clearly, Center resources are being used, and given these data, it is reasonable to assume they are being found useful.

Number of unique visitors



Number of downloads of documents



Appendix B

Brief Description of Summit Initiative:
New Directions for Student Support



New Directions for Student Support ... a national initiative

*School systems are not responsible for meeting every need of their students.
But, when the need directly affects learning, the school must meet the challenge.*

Despite decades of discussion about ensuring all students have an equal opportunity to succeed at school, reformers have paid little attention to rethinking the way schools provide student supports.

Until now! A national initiative for *New Directions for Student Support* is underway. The goal is to bring student support into the 21st century by revolutionizing what schools do to address barriers to learning and teaching.

It's an Imperative for

- >>>any school designated as low performing
- >>>closing the achievement gap
- >>>making schools safe

Meeting the Challenges Requires Rethinking ALL Support Programs, Resources, and Personnel

Most people hear the term *student support* and think mainly about pupil service personnel (e.g., school psychologists, counselors, social workers, nurses) and the special services such staff provide. But, schools need and have many more resources they use to meet the challenge of ensuring all students have an equal opportunity to succeed at school.

Besides traditional support staff, learning support is provided by compensatory education personnel (e.g., Title I staff), resource teachers who focus on prereferral interventions, and personnel who provide a variety of school-wide programs (e.g., after school, safe and drug free school programs). New Directions stem from rethinking how *all* these resources are used.

******After holding a national summit and three regional summits, it is clear that the next steps are to organize at the state level. To date, four states have already held statewide summits and are in the process of pursuing *New Directions for Student Support*. And, so far, over 30 organizations have signed on as initiative co-sponsors (see the other side of this announcement).**

Interested in exploring any of this further?

Go to the homepage of the Center for Mental Health in Schools at UCLA (<http://smhp.psych.ucla.edu>) and click on the green button labeled "Summits for New Directions."

Or contact:

Howard Adelman or Linda Taylor, Co-Directors, Center for Mental Health in Schools,
Box 951563, UCLA, Los Angeles, CA 90095- 1563
(866) 846-4843 – toll free; Fax: (310) 206-8716; email: smhp@ucla.edu

The Summits Initiative is sponsored by the national *Center for Mental Health in Schools at UCLA*.^{*}
So far, the growing number of co-sponsors includes:

- C American School Counselors Association
- C American School Health Association
- C Association for Supervision and Curriculum Development
- C California Association of School Psychologists
- C California Center for Community School Partnerships
- C California Department of Education
- C Center for Cooperative Research and Extension Services for Schools
- C Center for Prevention of Youth Violence, Johns Hopkins University
- C Center for School Mental Health Assistance at the University of Maryland at Baltimore
- C Center for Social and Emotional Education
- C Coalition for Cohesive Policy in Addressing Barriers to Development and Learning
- C Coalition for Community Schools
- C Collaborative for Academic, Social, and Emotional Learning
- C Education Development Center
- C Indiana Department of Education
- C Johns Hopkins University Graduate Division of Education
- C Minnesota Department of Education
- C National Alliance of Pupil Service Organizations
- C National Association of Pupil Services Administrators
- C National Association of School Nurses
- C National Association of School Psychologists
- C National Association of Secondary School Principals
- C National Association of Social Workers
- C National Association of State Boards of Education
- C National Center for Community Education
- C National Middle School Association
- C Policy Leadership Coalition of Mental Health in Schools
- C Region VII Comprehensive Center
- C School Social Work Association of America
- C Urban Special Education Leadership Collaborative
- C Wisconsin Department of Public Instruction



U.S. Department of Health and Human Services



*The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA. Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U93 MC 00175), with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both are agencies of the U.S. Department of Health and Human Services.



Appendix C

Some Basic Frameworks for Enhancing the Agenda for Children's Mental Health and Mental Health in Schools

C Interconnected Systems for Meeting the Needs of All Children

**C From primary prevention to treatment of serious problems:
A continuum of community-school programs to address
barriers to learning and enhance healthy development**

C Guidelines for Mental Health in Schools

Interconnected Systems for Meeting the Needs of All Children

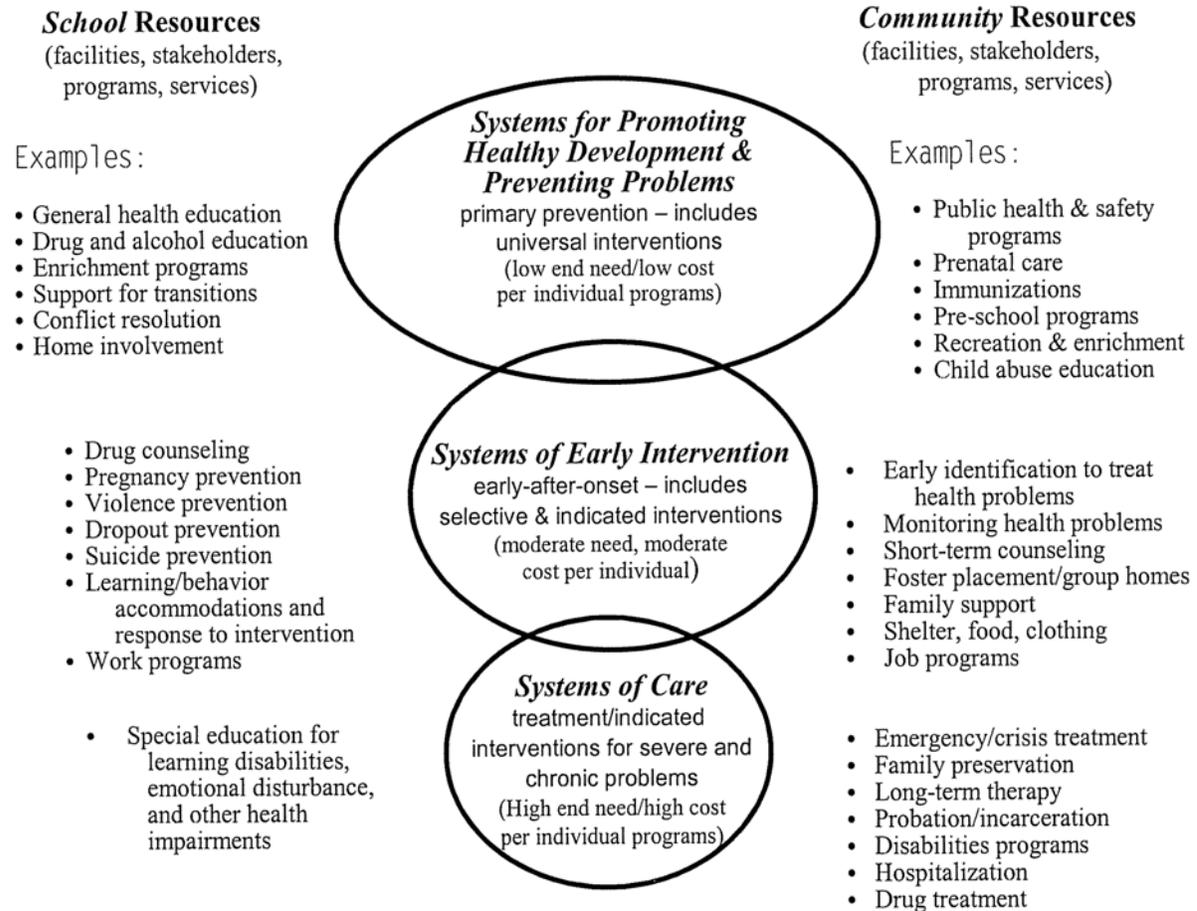
The figure on the following page is conceived in terms of three overlapping *systems*: systems for positive development and prevention of problems, systems of early intervention to address problems as soon after their onset as feasible, and systems of care for those with chronic and severe problems. To date society's policy makers have not committed to establishing such an interconnected set of systems.

Note that we conceive the continuum as encompassing a holistic and developmental emphasis. The focus is on individuals, families, and the contexts in which they live, learn, work, and play. And, a basic assumption underlying the application of any of the interventions is that the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity would be used initially. Another assumption is that problems are not discrete, and therefore, interventions that address root causes should be used.

Exhibit C-1. Interconnected Systems for Meeting the Needs of All Children

Providing a *Continuum of School-community Programs & Services*

Ensuring use of the *Least Intervention Needed*



Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems of prevention, systems of early intervention, and systems of care.*

*Such collaboration involves horizontal and vertical restructuring of programs and services
(a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)
(b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies

**From Primary Prevention to Treatment of Serious Problems:
a Continuum of Community-School Programs
to Address Barriers to Learning and Enhance Healthy Development**

Note that the continuum of interconnected systems highlighted in the previous Exhibit are transcribed into an array of programmatic examples in the following Exhibit. Moving through the continuum, the emphasis is on (1) public health protection, promotion, and maintenance that foster positive development and wellness, (2) preschool-age support and assistance to enhance health and psychosocial development, (3) early-schooling targeted interventions, (4) improvement and augmentation of ongoing regular support, (5) other interventions prior to referral for intensive and ongoing targeted treatments, and (6) intensive treatments.

In support of specific types of programs exemplified, a little bit of data can be gleaned from various facets of the research literature, most often project evaluations and dissertations. For obvious reasons, no study has ever looked at the impact of implementing the full continuum in any one geographic catchment area. However, we can make inferences from naturalistic “experiments” taking place in every wealthy and most upper middle income communities. Across the country, concerned parents who have financial resources, or who can avail themselves of such resources when necessary, will purchase any of the interventions listed in order to ensure their children’s well-being. This represents a body of empirical support for the value of such interventions that cannot be ignored. (As one wag put it: *The range of interventions is supported by a new form of validation – market validity!*)

Although schools cannot do everything, the above conceptualization of a comprehensive approach provides a reasonable basis for mapping what is currently being done by schools and then conducting a variety of analyses. Our focus here is on how well the current state of the art approximates the ideal of having a comprehensive, multifaceted, and cohesive approach for addressing barriers to learning.

Exhibit C-2. From primary prevention to treatment of serious problems: A continuum of community-school programs to address barriers to learning and enhance healthy development

Intervention Continuum

Examples of Focus and Types of Intervention
(Programs and services aimed at system changes and individual needs)

Systems for Health Promotion & Primary prevention

1. *Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness*
 - economic enhancement of those living in poverty (e.g., work/welfare programs)
 - safety (e.g., instruction, regulations, lead abatement programs)
 - physical and mental health (incl. healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth)

Systems for Early-after-problem onset intervention

2. *Preschool-age support and assistance to enhance health and psychosocial development*
 - systems' enhancement through multidisciplinary team work, consultation, and staff development
 - education and social support for parents of preschoolers
 - quality day care
 - quality early education
 - appropriate screening and amelioration of physical and mental health and psychosocial problems

3. *Early-schooling targeted interventions*
 - orientations, welcoming and transition support into school and community life for students and their families (especially immigrants)
 - support and guidance to ameliorate school adjustment problems
 - personalized instruction in the primary grades
 - additional support to address specific learning problems
 - parent involvement in problem solving
 - comprehensive and accessible psychosocial and physical and mental health programs (incl. a focus on community and home violence and other problems identified through community needs assessment)

4. *Improvement and augmentation of ongoing regular support*
 - enhance systems through multidisciplinary team work, consultation, and staff development
 - preparation and support for school and life transitions
 - teaching "basics" of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support)
 - parent involvement in problem solving
 - resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth)
 - comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth)
 - Academic guidance and assistance
 - Emergency and crisis prevention and response mechanisms

5. *Other interventions prior to referral for intensive, ongoing targeted treatments*
 - enhance systems through multidisciplinary team work, consultation, and staff development
 - short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)

Systems for Treatment for severe/chronic problems

6. *Intensive treatments*
 - referral, triage, placement guidance and assistance, case management, and resource coordination
 - family preservation programs and services
 - special education and rehabilitation
 - dropout recovery and follow-up support
 - services for severe-chronic psychosocial/mental/physical health problems

Guidelines for Mental Health in Schools

The following set of Guidelines were developed by the *Policy Leadership Cadre for Mental Health in Schools* as part of the major work presented in the document entitled:

Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations.

This field-defining resource and reference work is designed to address national policy and practice concerns about what mental health (MH) in schools is, is not, and should be.

Major topics covered include:

- ! definitional concerns
- ! the rationale for MH in schools
- ! specific guidelines for a comprehensive, multifaceted approach
- ! ways in which MH and psychosocial concerns currently are addressed in schools
- ! ways to advance the field.

To enhance the document's resource value for policy and capacity building, a variety of supportive documents and sources for materials, technical assistance, and training also are provided.

The document (along with an executive summary) can be downloaded from the Cadre webpages which are hosted on the website of the Center for Mental Health in Schools – go to <http://smhp.psych.ucla.edu/policy.htm>

Exhibit C-3**Guidelines for Mental Health in Schools*****1. General Domains for Intervention in Addressing Students' Mental Health***

- 1.1 Ensuring academic success and also promoting healthy cognitive, social, and emotional development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)
- 1.2 Addressing barriers to student learning and performance (including educational and psychosocial problems, external stressors, psychological disorders)
- 1.3 Providing social/emotional support for students, families, and staff

2. Major Areas of Concern Related to Barriers to Student Learning

- 2.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity)
- 2.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)
- 2.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

3. Type of Functions Provided related to Individuals, Groups, and Families

- 3.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)
- 3.2 Referral, triage, and monitoring/management of care
- 3.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)
- 3.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems – toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services
- 3.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
- 3.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

(cont.)

Guidelines for Mental Health in Schools (cont.)

4. *Timing and Nature of Problem-Oriented Interventions*

- 4.1 Primary prevention
- 4.2 Intervening early after the onset of problems
- 4.3 Interventions for severe, pervasive, and/or chronic problems

5. *Assuring Quality of Intervention*

- 5.1 Systems and interventions are monitored and improved as necessary
- 5.2 Programs and services constitute a comprehensive, multifaceted continuum
- 5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development
- 5.4 School-owned programs and services are coordinated and integrated
- 5.5 School-owned programs and services are connected to home & community resources
- 5.6 Programs and services are integrated with instructional and governance/management components at schools
- 5.7 Program/services are available, accessible, and attractive
- 5.8 Empirically-supported interventions are used when applicable
- 5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
- 5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)
- 5.11 Ethical issues are appropriately accounted for (e.g., privacy & confidentiality; coercion)
- 5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

6. *Outcome Evaluation and Accountability*

- 6.1 Short-term outcome data
 - 6.2 Long-term outcome data
 - 6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality
-
-

Appendix D

A Policy and Practice Shift to Establish an Enabling or Learning Support Component

Of special note is the Center's work in clarifying that the marginalization and fragmentation of the field stems from current policy for school improvement initiatives which are dominated by a two-component model. Exhibit D-1 illustrates our emphasis on shifting policy from a two- to a three-component approach. The focus is on braiding existing resources to create a comprehensive and cohesive third component for addressing barriers to enable students to learn and teachers to teach. As with the other two components, such an "enabling" (or learning support) component must be treated in policy and practice as primary and essential in order to combat marginalization and fragmentation. Furthermore, to be effective it must be fully integrated with the other two components. Properly conceived, it provides a focal point for developing a comprehensive framework to guide planning and implementation of learning supports (including mental health concerns) at all levels.

Various states and localities are moving in the direction of a three component approach for school improvement. In doing so, they are adopting different labels for their enabling component. For example, the California and Iowa Departments of Education and several districts across the country have adopted the term *Learning Supports*. So has the New American Schools' Urban Learning Center comprehensive school reform model. Some states use the term *Supportive Learning Environment*. The Hawai'i Department of Education calls it a *Comprehensive Student Support System (CSSS)*. Whatever it is called, the important points are that (a) all three components are seen as necessary, complementary, and overlapping and (b) efforts to address barriers to development, learning, and teaching must not be marginalized in policy and practice. The above pioneering initiatives recognize that to enable students to learn and teachers to teach, there must not only be effective instruction and well-managed schools; barriers to learning also must be handled in a comprehensive way. In each case, there is recognition at a policy level that schools must do much more to *enable* all students to learn and all teachers to teach effectively. In effect, the intent, over time, is for schools to play a major role in establishing the type of widely advocated framework for a school-community continuum of interventions that consists of

- systems for promoting healthy development and preventing problems
- systems for intervening early to address problems as soon after onset as is feasible
- systems for assisting those with chronic and severe problems (again see Appendix C).

Such a continuum encompasses efforts to enable academic, social, emotional, and physical development and address learning, behavior, and emotional problems at every school. Most schools have some programs and services that fit along the entire continuum. However, the tendency to focus mostly on the most severe problems has skewed things so that too little is done to prevent and intervene early after the onset of a problem. As a result, the whole enterprise has been characterized as reflecting a "waiting for failure" approach.

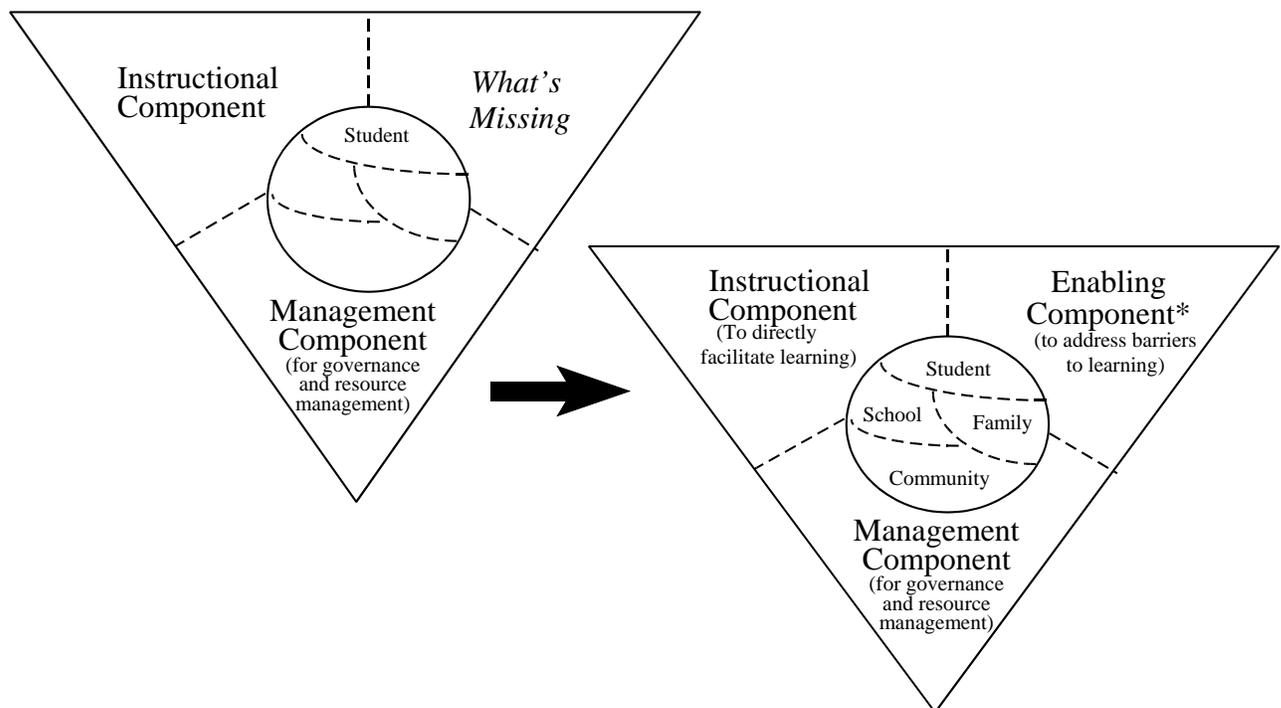
Some Characteristics of a Comprehensive, Multifaceted Approach to Addressing Barriers to Development and Learning

The concept of an enabling or learning supports component is formulated around the proposition that a comprehensive, multifaceted, integrated continuum of enabling activity is essential in addressing the needs of youngsters who encounter barriers that interfere with their benefitting satisfactorily from instruction. The concept of an enabling component embraces healthy development, prevention, and addressing barriers.

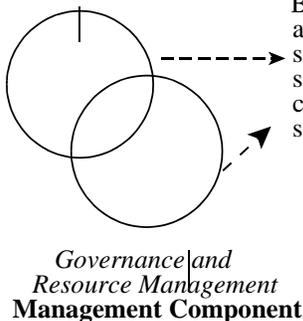
The focus for an enabling or learning support component begins in the classroom, with differentiated classroom practices as the base of support for each youngster. This includes:

- Addressing barriers through a broader view of "basics" and through effective accommodation of learner differences
- Enhancing the focus on motivational considerations with a special emphasis on intrinsic motivation as it relates to learner readiness and ongoing involvement and with the intent of fostering intrinsic motivation as a basic outcome
- Adding remediation as necessary, but only as necessary.

Exhibit D-1. Moving from a two- to a three-component model for school improvement.

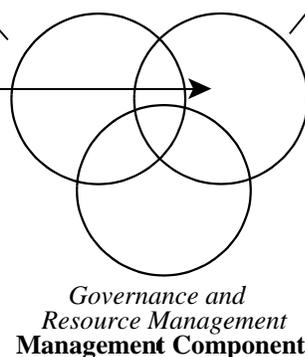


*Direct Facilitation of
Development & Learning*
**Developmental/
Instructional
Component**



Besides offering a small amount of school-owned student "support" services, schools outreach to the community to add a few school-based/linked services.

*Direct Facilitation of
Development & Learning*
**Developmental/
Instructional
Component**



*Addressing Barriers
to Learning*
**Enabling
Component***

*The third component (an enabling component) is established in policy and practice as primary and essential and is developed into a comprehensive approach by weaving together school and community resources.

Note that remedial procedures are added to instructional programs for certain individuals, but only after appropriate nonremedial procedures for facilitating learning have been tried. Moreover, such procedures are designed to build on strengths and are not allowed to supplant a continuing emphasis on promoting healthy development.

Beyond the classroom, policy, leadership, and various organizational and operational mechanisms ensure school- and community-wide programs expand the focus on addressing barriers to development, learning, parenting, and teaching. The intent is to have youngsters and families feel they are truly welcome at school and throughout the community and have them experience a range of social supports. Some of this activity requires partnering among schools, some requires weaving school and community resources and programs together. The array of programs must encompass prevention and early intervention to ensure that the supports provided and the delivery processes correspond to the severity, complexity, and frequency of each youngster's needs. School and community programs can enhance a caring atmosphere and sense of community by promoting cooperative learning, peer tutoring, mentoring, mutual support, and conflict resolution. Such a climate can play a key role in preventing learning, behavior, emotional, and health problems.

Reframing How Schools Address Barriers to Learning

Leaving no child behind means addressing the problems of the many who are not benefitting from instructional reforms. Because of the complexity of ensuring that all students have an equal opportunity to succeed at school, policy makers and practitioners need an operational framework to guide development of a comprehensive, multifaceted, and cohesive enabling/learning supports component.

For individual youngsters, the intent of an Enabling Component is to prevent and minimize as many problems as feasible and to do so in ways that maximize engagement in productive learning. For the school and community as a whole, the intent is to produce a safe, healthy, nurturing environment/culture characterized by respect for differences, trust, caring, support, and high expectations. In accomplishing all this, the focus is on restructuring support programs and melding school, community, and home resources. The process is designed from the school outward. That is, the initial emphasis is on what the classroom and school must do to reach and teach all students effectively. Then, the focus expands to include planning how the feeder pattern of schools and the surrounding community can complement each other's efforts and achieve economies of scale. Central district and community agency staff then restructure in ways that best support these efforts.

Pioneering efforts have operationalized such a component into a framework consisting of six programmatic arenas to categorize and capture the essence of the multifaceted ways schools need to address barriers to learning (see Exhibit D-2). Based on this work, the intervention arenas are conceived as

- *enhancing regular classroom strategies to enable learning* (i.e., improving instruction for students who have become disengaged from learning at school and for those with mild-moderate learning and behavior problems)
- *supporting transitions* (i.e., assisting students and families as they negotiate school and grade changes and many other transitions)
- *increasing home and school connections*
- *responding to, and where feasible, preventing crises*
- *increasing community involvement and support* (outreach to develop greater community involvement and support, including enhanced use of volunteers)
- *facilitating student and family access to effective services and special assistance as needed.*

As a whole, this six area framework provides a unifying umbrella to guide the reframing and restructuring of the daily work of all staff who provide learning supports at a school. In essence, they constitute the “curriculum” of an enabling or learning support component.

Research on this type of comprehensive approach is still in its infancy. There are, of course, many “natural” experiments underscoring the promise of ensuring all youngsters access to a comprehensive, multifaceted continuum of interventions. These natural experiments are playing out

in every school and neighborhood where families are affluent enough to purchase the additional programs and services they feel will maximize their youngsters' well-being. It is obvious that those who can afford such interventions understand their value.

Most *formal* studies have focused on specific interventions. This literature reports positive outcomes (for school and society) associated with a wide range of interventions. Because of the fragmented nature of available research, the findings are best appreciated in terms of the whole being greater than the sum of the parts, and implications are best derived from the total theoretical and empirical picture. When such a broad perspective is adopted, schools have a large research-base to draw upon in addressing barriers to learning and enhancing healthy development. Examples of this research-base have been organized into the above six arenas and are highlighted in a Center document.*

Note that a key element of the component involves building the capacity of classrooms to enhance instructional effectiveness. Such “classroom-focused enabling” involves personalized instruction that accounts for motivational and developmental differences and special assistance in the classroom as needed. Beyond the classroom, we stress five other arenas in which schools also must develop programs and services that enable teaching and learning. By defining the concept in terms of six arenas, a broad unifying framework is created around which learning support programs can be restructured.

Unfortunately, most school reformers seem unaware that for all students to benefit from higher standards and improved instruction, schools must play a major role in developing such an enabling curriculum. Without it, the resolution of learning, behavior, and emotional problems at school is left to current strategies for improving instruction and controlling behavior. And, clearly this has been tried and found wanting.

An Enabling Component at a School Site

Operationalizing an enabling component requires delineating each arena and then creating an infrastructure for restructuring the way resources are deployed. Each arena is described briefly below, and outlined more fully in the series of self-study surveys available from the Center.**

Classroom-based Approaches to Enable and Re-engage Students in Classroom Learning. This arena provides a fundamental example not only of how the enabling component overlaps the instructional component, but how it adds value to instructional reform. When a teacher has difficulty working with a youngster, the first step is to address the problem within the regular classroom and involve the home to a greater extent. Through programmatic activity, classroom-based efforts that enable learning are enhanced. This is accomplished by increasing teachers' effectiveness so they can account for a wider range of individual differences, foster a caring context for learning, and prevent and handle a wider range of problems when they arise. Such a focus is seen as essential to increasing the effectiveness of regular classroom instruction, supporting inclusionary policies, and reducing the need for specialized services.

Work in this arena requires programmatic approaches and systems designed to personalize professional development of teachers and support staff, develop the capabilities of paraeducators and other paid assistants and volunteers, provide temporary out of class assistance for students, and enhance resources. For example: personalized help is provided to increase a teacher's array of

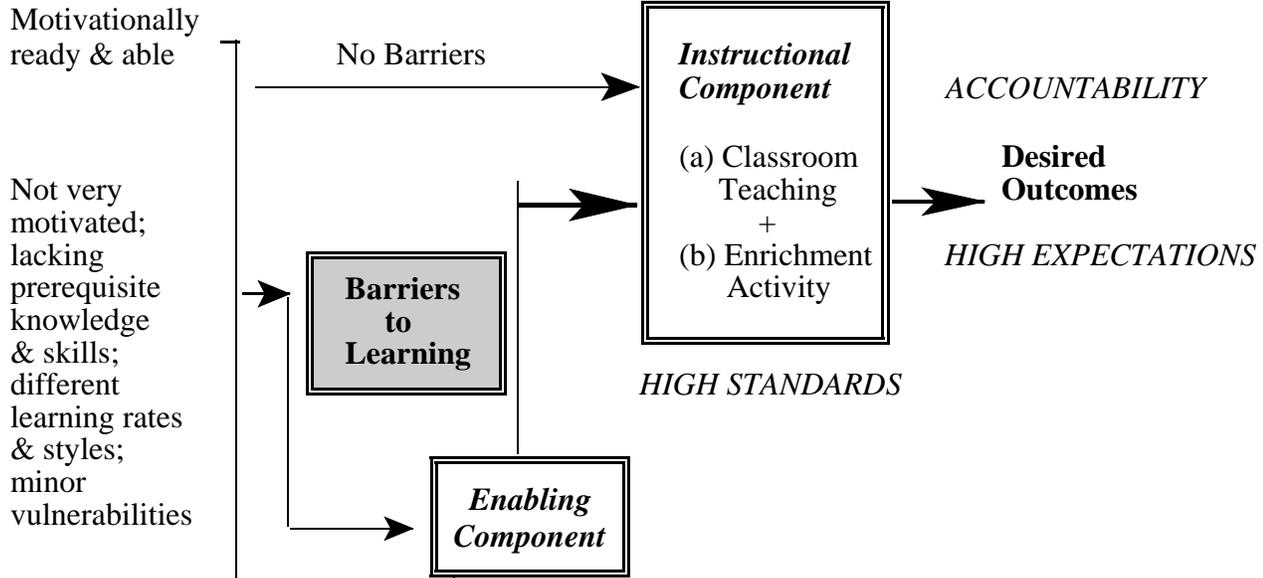
**Addressing Barriers to Student Learning & Promoting Healthy Development: A Usable Research-Base*
<http://smhp.psych.ucla.edu/pdfdocs/briefs/BarriersBrief.pdf>

***Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs*
<http://smhp.psych.ucla.edu/pdfdocs/Surveys/Set1.pdf>

Exhibit D-2. An enabling component to address barriers to learning and enhance healthy development at a school site.

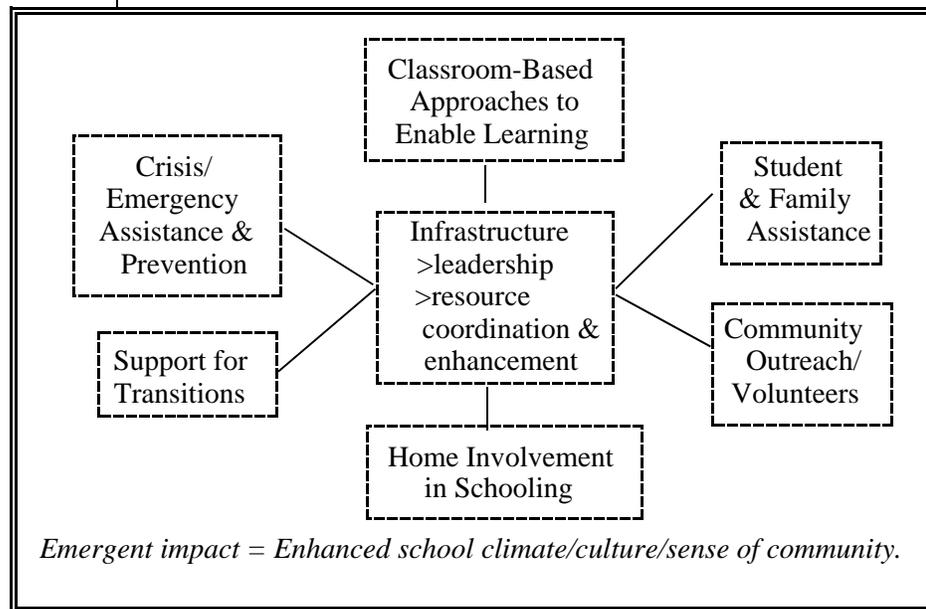
Range of Learners

(categorized in terms of their response to academic instruction)



The Enabling Component = A Comprehensive, Multifaceted Approach for Addressing Barriers to Learning

Such an approach weaves six clusters of enabling activity (i.e., an enabling component curriculum) into the fabric of the school to address barriers to learning and promote healthy development for *all* students.



strategies for accommodating, as well as teaching students to compensate for, differences, vulnerabilities, and disabilities. Teachers learn to use paid assistants, peer tutors, and volunteers in targeted ways to enhance social and academic support.¹ As appropriate, support *in the classroom* also is provided by resource and itinerant teachers and counselors. This involves restructuring and redesigning the roles, functions, and staff development of resource and itinerant teachers, counselors, and other pupil service personnel so they are able to work closely with teachers and students in the classroom and on regular activities. All this can provide teachers with the knowledge and skills to develop a classroom infrastructure that transforms a big class into a set of smaller ones. Classroom-based efforts to enable learning can (a) prevent problems, (b) facilitate intervening as soon as problems are noted, (c) enhance intrinsic motivation for learning, and (d) re-engage students who have become disengaged from classroom learning.

Classroom-Based Approaches encompass

- C **Opening the classroom door to bring available supports in** (e.g., peer tutors, volunteers, aids trained to work with students-in-need; resource teachers and student support staff work in the classroom as part of the teaching team)
- C **Redesigning classroom approaches to enhance teacher capability to prevent and handle problems and reduce need for out of class referrals** (e.g. personalized instruction; special assistance as necessary; developing small group and independent learning options; reducing negative interactions and over-reliance on social control; expanding the range of curricular and instructional options and choices; systematic use of prereferral interventions)
- C **Enhancing and personalizing professional development** (e.g., creating a Learning Community for teachers; ensuring opportunities to learn through co-teaching, team teaching, and mentoring; teaching intrinsic motivation concepts and their application to schooling)
- C **Curricular enrichment and adjunct programs** (e.g., varied enrichment activities that are not tied to reinforcement schedules; visiting scholars from the community)
- C **Classroom and school-wide approaches used to create and maintain a caring and supportive climate**

Emphasis at all times is on enhancing feelings of competence, self-determination, and relatedness to others at school and reducing threats to such feelings.

Crisis Assistance and Prevention. Schools must respond to, minimize the impact of, and prevent crises. This requires school-wide and classroom-based systems and programmatic approaches. Such activity focuses on (a) emergency/crisis response at a site, throughout a school complex, and community-wide (including a focus on ensuring follow-up care) and (b) prevention at school and in the community to address school safety and violence reduction, suicide prevention, child abuse prevention, and so forth.

Desired outcomes of crisis assistance include ensuring immediate emergency and follow-up care so students are able to resume learning without undue delay. Prevention activity outcome indices reflect a safe and productive environment where students and their families display the type of attitudes and capacities needed to deal with violence and other threats to safety.

A key mechanism in this area often is development of a crisis team. Such a team is trained in emergency response procedures, physical and psychological first-aid, aftermath interventions, and so forth. The team also can take the lead in planning ways to prevent some crises by facilitating development of programmatic approaches to mediate conflicts, enhance human relations, and promote a caring school culture.

Crisis Assistance and Prevention encompasses

- C Ensuring immediate assistance in emergencies so students can resume learning**
- C Providing Follow up care as necessary** (e.g., brief and longer-term monitoring)
- C Forming a school-focused Crisis Team to formulate a response plan and take leadership for developing prevention programs**
- C Mobilizing staff, students, and families to anticipate response plans and recovery efforts**
- C Creating a caring and safe learning environment** (e.g., developing systems to promote healthy development and prevent problems; bullying and harassment abatement programs)
- C Working with neighborhood schools and community to integrate planning for response and prevention**
- C Staff/stakeholder development focusing on the role and responsibility of all in promoting a caring and safe environment**

Support for Transitions. Students and their families are regularly confronted with a variety of transitions – changing schools, changing grades, encountering a range of other daily hassles and major life demands. Many of these can interfere with productive school involvement. A comprehensive focus on transitions requires school-wide and classroom-based systems and programmatic approaches designed to (a) enhance successful transitions, (b) prevent transition problems, and (c) use transition periods to reduce alienation and increase positive attitudes toward school and learning. Examples of programs include school-wide and classroom specific activities for welcoming new arrivals (students, their families, staff) and rendering ongoing social support; counseling and articulation strategies to support grade-to-grade and school-to-school transitions and moves to and from special education, college, and post school living and work; and before and after-school and inter-session activities to enrich learning and provide recreation in a safe environment.

Anticipated overall outcomes are reduced alienation and enhanced motivation and increased involvement in school and learning activities. Examples of early outcomes include reduced tardies resulting from participation in before-school programs and reduced vandalism, violence, and crime at school and in the neighborhood resulting from involvement in after-school activities. Over time, articulation programs can reduce school avoidance and dropouts, as well as enhancing the number who make successful transitions to higher education and post school living and work. It is also likely that a caring school climate can play a significant role in reducing student transiency.

Support for Transitions encompasses

- C **Welcoming & social support programs for newcomers** (e.g., welcoming signs, materials, and initial receptions; peer buddy programs for students, families, staff, volunteers)
 - C **Daily transition programs for** (e.g., before school, breaks, lunch, afterschool)
 - C **Articulation programs** (e.g., grade to grade – new classrooms, new teachers; elementary to middle school; middle to high school; in and out of special education programs)
 - C **Summer or intersession programs** (e.g., catch-up, recreation, and enrichment programs)
 - C **School-to-career/higher education** (e.g., counseling, pathway, and mentor programs; Broad involvement of stakeholders in planning for transitions; students, staff, home, police, faith groups, recreation, business, higher education)
- C **Staff/stakeholder development for planning transition programs/activities**

Home Involvement in Schooling. This arena expands concern for parent involvement to encompass anyone in the home who is influencing the student's life. In some cases, grandparents, aunts, or older siblings have assumed the parenting role. Older brothers and sisters often are the most significant influences on a youngster's life choices. Thus, schools and communities must go beyond focusing on parents in their efforts to enhance home involvement. This arena includes school-wide and classroom-based efforts designed to strengthen the home situation, enhance family problem solving capabilities, and increase support for student well-being. Accomplishing all this requires school-wide and classroom-based systems and programmatic approaches to (a) address the specific learning and support needs of adults in the home, such as offering them ESL, literacy, vocational, and citizenship classes, enrichment and recreational opportunities, and mutual support groups, (b) help those in the home improve how basic student obligations are met, such as providing guidance related to parenting and how to help with schoolwork, (c) improve forms of basic communication that promote the well-being of student, family, and school, (d) enhance the home-school connection and sense of community, (e) foster participation in making decisions essential to a student's well-being, (f) facilitate home support of student learning and development, (g) mobilize those at home to problem solve related to student needs, and (h) elicit help (support, collaborations, and partnerships) from those at home with respect to meeting classroom, school, and community needs. The context for some of this activity may be a *parent or family center* if one has been established at the site. Outcomes include indices of parent learning, student progress, and community enhancement specifically related to home involvement.

Community Outreach for Involvement and Support (including volunteers). Most schools do their job better when they are an integral and positive part of the community. Unfortunately, schools and classrooms often are seen as separate from the community in which they reside. This contributes to a lack of connection between school staff, parents, students, and other community residents and resources. And, it undercuts the contributions community resources can make to the school's mission. For example, it is a truism that learning is neither limited to what is formally taught nor to time spent in classrooms. It occurs whenever and wherever the learner interacts with the surrounding environment. All facets of the community (not just the school) provide learning opportunities. *Anyone in the community who wants to facilitate learning might be a contributing teacher.* This includes aides, volunteers, parents, siblings, peers, mentors in the community, librarians, recreation staff, college students, etc. They all constitute what can be called *the teaching community*. When a school successfully joins with its surrounding community, everyone has the opportunity to learn and to teach.

Home Involvement in Schooling encompasses

- C **Addressing specific support and learning needs of family** (e.g., support services for those in the home to assist in addressing basic survival needs and obligations to the children; adult education classes to enhance literacy, job skills, English-as-a-second language, citizenship preparation)
- C **Improving mechanisms for communication and connecting school and home** (e.g., opportunities at school for family networking and mutual support, learning, recreation, enrichment, and for family members to receive special assistance and to volunteer to help; phone calls from teacher and other staff with good news; frequent and balanced conferences – student-led when feasible; outreach to attract hard-to-reach families – including student dropouts)
- C **Involving homes in student decision making** (e.g., families prepared for involvement in program planning and problem-solving)
- C **Enhancing home support for learning and development** (e.g., family literacy; family homework projects; family field trips)
- C **Recruiting families to strengthen school and community** (e.g., volunteers to welcome and support new families and help in various capacities; families prepared for involvement in school governance)
- C **Staff/stakeholder development to broaden awareness of and plan programs to enhance opportunities for home involvement**

For schools to be seen as an integral part of the community, outreach steps must be taken to create and maintain linkages and collaborations. The intent is to maximize mutual benefits, including better student progress, an enhanced sense of community, community development, and more. In the long run, the aims are to strengthen students, schools, families, and neighborhoods.

Outreach focuses on public and private agencies, organizations, universities, colleges, and facilities; businesses and professional organizations and groups; and volunteer service programs, organizations, and clubs. Greater volunteerism on the part of parents, peers, and others from the community can break down barriers and increase home and community involvement in schools and schooling. Thus, enhanced use of community volunteers is a good place to start. This requires development of a system that effectively recruits, screens, trains, and nurtures volunteers. Another key facet is opening up school sites as places where parents, families, and other community residents can engage in learning, recreation, enrichment, and find services they need.

Over time, this area can include systems and programmatic approaches designed to

- ! recruit a wide range of community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and individuals with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements),
- ! train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer-cross-age tutors and counselors, and professionals-in-training to provide direct help for staff and students – especially with targeted students),

- ! reach out to students and families who don't come to school regularly – including truants and dropouts,
- ! enhance community-school connections and sense of community (e.g., orientations, open houses, performances, cultural and sports events, festivals, celebrations, fairs, workshops).

Community Outreach for Involvement and Support encompasses

- C **Work group for planning and implementing outreach to involve** (e.g., community resources such as public and private agencies; colleges and universities; local residents; artists and cultural institutions, businesses and professional organizations; service, volunteer, and faith-based organizations; community policy and decision makers)
- C **Staff/stakeholder development on the value of community involvement and opening the school to expanded forms of community activities and programs**
- C **Mechanisms to recruit, screen, and prepare community participants**
- C **Orienting and welcoming programs for community participants**
- C **Programs to enhance a sense of community**
- C **Policies and mechanisms to enhance and sustain school-community involvement** (e.g., support for maintenance; celebration of shared successes; “social marketing” of mutual accomplishments).

Student and Family Assistance. Specialized assistance for students and family should be reserved for the relatively few problems that cannot be handled without adding special interventions. In effect, this arena encompasses most of the services and related systems that are the focus of integrated service models.

The emphasis is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, social, physical and mental health assistance available in the school and community are used. As community outreach brings in other resources, these are linked to existing activity in an integrated manner. Additional attention is paid to enhancing systems for triage, case and resource management, direct services for immediate needs, and referral for special services and special education as appropriate. Ongoing efforts are made to expand and enhance resources. A valuable context for providing such services is a center facility, such as a family, community, health, or parent resource center.

A programmatic approach in this area requires systems designed to provide special assistance in ways that increase the likelihood that a student will be more successful at school, while also reducing the need for teachers to seek special programs and services. The work encompasses providing all stakeholders with information clarifying available assistance and how to access help, facilitating requests for assistance, handling referrals, providing direct service, implementing case and resource management, and interfacing with community outreach to assimilate additional resources into current service delivery. It also involves ongoing analyses of requests for services as a basis for working with school colleagues to design strategies that can reduce inappropriate reliance on special assistance. Thus, major outcomes are enhanced access to special assistance as needed, indices of effectiveness, *and* the reduction of inappropriate referrals for such assistance.

Student and Family Assistance encompasses

- C **Providing support as soon as a need is recognized and doing so in the least disruptive ways** (e.g., prereferral interventions in classrooms; problem solving conferences with parents; open access to school, district, and community support programs)
- C **Referral interventions for students & families with problems** (e.g., screening, referrals, and follow-up – school-based, school-linked)
- C **Enhancing access to direct interventions for health, mental health, and economic assistance** (e.g., school-based, school-linked, and community-based programs)
- C **Follow-up assessment to check whether referrals and services are adequate and effective**
- C **Mechanisms for resource coordination to avoid duplication of and fill gaps in services and enhance effectiveness** (e.g., school-based and linked, feeder pattern/family of schools, community-based programs)
- C **Enhancing stakeholder awareness of programs and services**
- C **Involving community providers to fill gaps and augment school resources**
- C **Staff/stakeholder development to enhance effectiveness of student and family assistance systems, programs, and services**

A well-designed and supported *infrastructure* is needed to establish, maintain, and evolve the type of a comprehensive approach to addressing barriers to student learning outlined above. Such an infrastructure includes mechanisms for coordinating among enabling activity, for enhancing resources by developing direct linkages between school and community programs, for moving toward increased integration of school and community resources, and for integrating the instructional/developmental, enabling, and management components. We discuss infrastructure considerations in other Center documents.

The Enabling Component and the Continuum of Interventions

In Appendix C, we included a framework for a continuum of interventions. Three systems were delineated. Combining that continuum with the six arenas of the enabling component produces a matrix which frames the range of intervention activity encompassed by our discussion (see Exhibit D-3). This is what we mean by the phrase *a comprehensive, multifaceted, and integrated approach*. The matrix can be used to guide mapping and analysis of the scope and content of a component to address barriers to learning, development, and teaching.

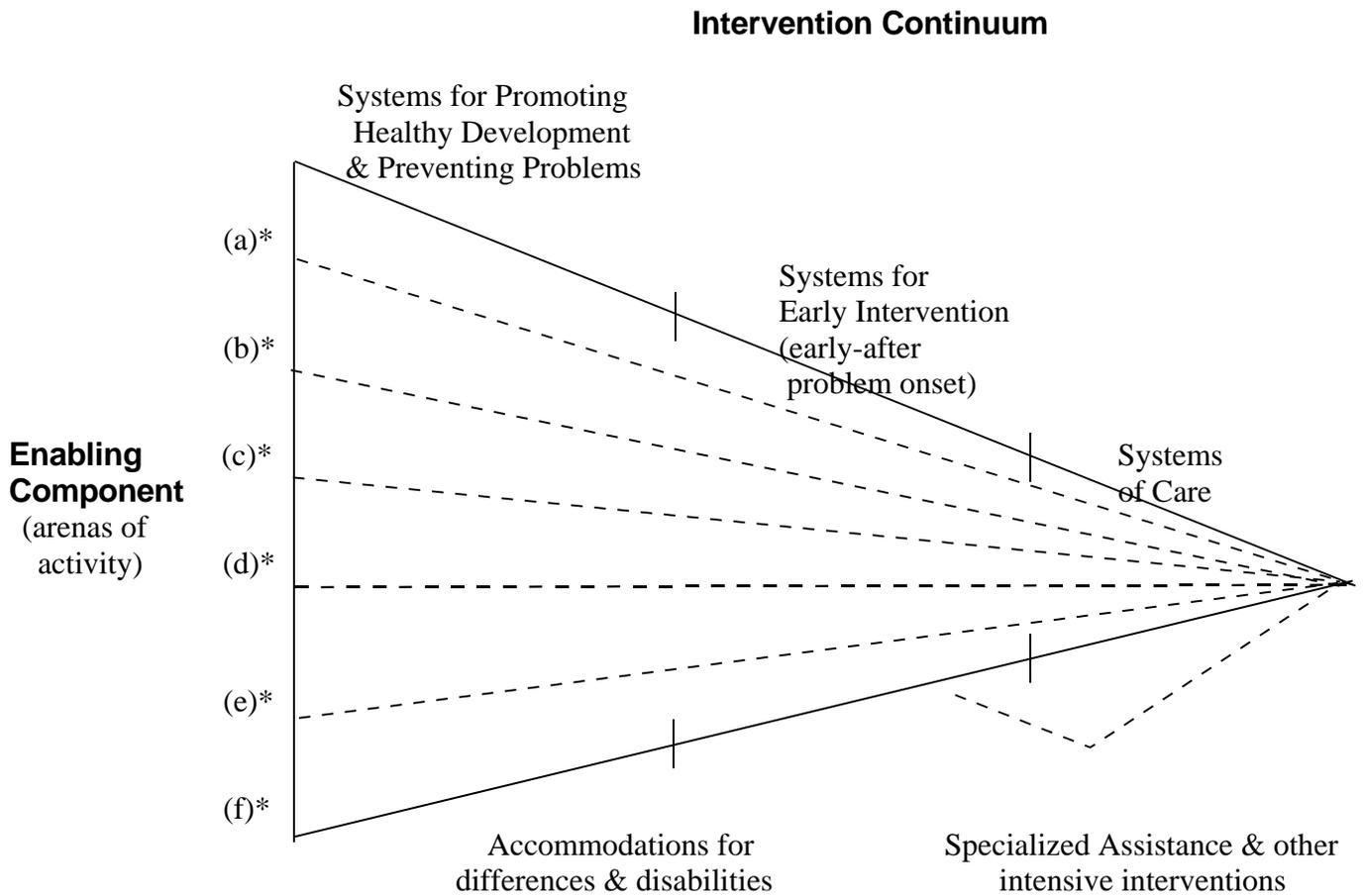
Exhibit D-4 captures the essence of the matrix but is intended to convey another message. The aim in developing such a comprehensive approach is to prevent the majority of problems, deal with another significant segment as soon after problem onset as is feasible, and end up with relatively few needing specialized assistance and other intensive and costly interventions.

Exhibit D-3. Matrix for reviewing scope and content of a component to address barriers to learning.*

		Scope of Intervention		
		Systems for Promoting Healthy Development & Preventing Problems	Systems for Early Intervention (Early after problem onset)	Systems of Care
Organizing around the Content/ "curriculum" (for addressing barriers to learning & promoting healthy development)	Classroom-Focused Enabling			
	Crisis/ Emergency Assistance & Prevention			
	Support for transitions			
	Home Involvement in Schooling			
	Community Outreach/ Volunteers			
	Student and Family Assistance			
		Accommodations for differences & disabilities	Specialized assistance & other intensified interventions (e.g., Special Education & School-Based Behavioral Health)	

*Note that specific school-wide and classroom-based activities related to positive behavior support, "prereferral" interventions, and the eight components of Center for Prevention and Disease Control's Coordinated School Health Program are embedded into the six content ("curriculum") areas.

Exhibit D-4. Integrated frameworks for addressing barriers to learning and promoting healthy development.



- (a) = Classroom-based approaches to enable and re-engage students in classroom learning
- (b) = Support for transitions
- (c) = Home involvement in schooling
- (d) = Community outreach/volunteers
- (e) = Crisis/emergency assistance and prevention
- (f) = Student and family assistance

Infrastructure for an Enabling Component

As noted above, *development* of comprehensive school-wide approaches require shifts in prevailing policy and new models for practice. In addition, for significant systemic change to occur, policy and program commitments must be demonstrated through effective allocation and redeployment of resources. That is, finances, personnel, time, space, equipment, and other essential resources must be made available, organized, and used in ways that adequately operationalize policy and promising practices. This includes ensuring sufficient resources to develop an effective structural foundation for system change, sustainability, and ongoing capacity building.

Key Mechanisms. To these ends, existing infrastructure mechanisms must be modified in ways that guarantee new policy directions are translated into appropriate daily practices. Well-designed infrastructure mechanisms ensure local ownership, a critical mass of committed stakeholders, processes that overcome barriers to stakeholders effectively working together, and strategies that mobilize and maintain proactive effort so that changes are implemented and there is renewal over time. From this perspective, the importance of creating an atmosphere that encourages mutual support, caring, and a sense of community takes on another dimension.

Institutionalization of comprehensive, multifaceted approaches necessitates restructuring the mechanisms associated with at least six infrastructure concerns. These encompass processes for daily (1) governance, (2) leadership, (3) planning and implementation of specific organizational and program objectives, (4) coordination and integration for cohesion, (5) management of communication and information, and (6) capacity building. For example, infrastructure changes must be redesigned to ensure the integration, quality improvement, accountability, and self-renewal.

In redesigning mechanisms to address these matters, new collaborative arrangements must be established, and authority (power) redistributed – again easy to say, extremely hard to accomplish. Reform obviously requires ensuring that those who operate essential mechanisms have adequate resources and support, initially and over time. Moreover, there must be appropriate incentives and safeguards for individuals as they become enmeshed in the complexities of systemic change.

And, let’s not forget about linking schools together to maximize use of limited resources. When a “family of schools” in a geographic area collaborates to address barriers, they can share programs and personnel in many cost-effective ways. This includes streamlined processes to coordinate and integrate assistance to a family that has children at several of the schools. For example, the same family may have youngsters in the elementary and middle schools and both students may need special counseling. This might be accomplished by assigning one counselor and/or case manager to work with the family. Also, in connecting with community resources, a group of schools can maximize distribution of limited resources in ways that are efficient, effective, and equitable.

All of the above requires substantive organizational and programmatic transformation. Thus, key stakeholders and their leadership must understand and commit to the changes. And, the commitment must be reflected in policy statements and creation of an organizational structure at all levels that ensures effective leadership and resources. The process begins with activity designed to create readiness for the necessary changes by enhancing a climate/culture for change. Steps include:

- (1) building interest and consensus for establishing a comprehensive, multifaceted component to address barriers to learning and teaching;

- (2) introducing basic concepts to relevant groups of stakeholders;
- (3) establishing a policy framework that recognizes such a component is a primary and essential facet of the institution's activity;
- (4) appointment of leaders for the component, who are of equivalent status to the leaders for the instructional and management facets, to ensure commitments are carried out.

At schools, obviously the administrative leadership is key to ending the marginalization of efforts to address learning, behavior, and emotional problems. The other key is establishment of a mechanism that focuses specifically on how learning support resources are used at the school. In some schools as much as 30 percent of the budget may be going to problem prevention and correction. Every school is expending resources to enable learning; few have a mechanism to ensure appropriate use of existing resources and enhance current efforts. Such a mechanism contributes to cost-efficacy of learner support activity by ensuring all such activity is planned, implemented, and evaluated in a coordinated and increasingly integrated manner. It also provides another means for reducing marginalization. Creation of such a mechanism is essential for braiding together existing school and community resources and encouraging services and programs to function in an increasingly cohesive way. When this mechanism is created in the form of a "team," it also is a vehicle for building working relationships and can play an expanded role in solving turf and operational problems.

One of the primary and essential tasks a learning support resource-oriented mechanism undertakes is that of enumerating school and community programs and services that are in place to support students, families, and staff. A comprehensive "gap" assessment is generated as resource mapping is compared with surveys of the unmet needs of and desired outcomes for students, their families, and school staff. Analyses of what is available, effective, and needed provide a sound basis for formulating priorities and developing strategies to link with additional resources at other schools, district sites, and in the community and enhance resource use. Such analyses also can guide efforts to improve cost-effectiveness.

In a similar fashion, a learning support resource-oriented team for a complex or family of schools (e.g., a high school and its feeder schools) and a team at the district level provide mechanisms for analyses on a larger scale. This can lead to strategies for cross-school, community-wide, and district-wide cooperation and integration to enhance intervention effectiveness and garner economies of scale. For those concerned with school reform, such resource-oriented mechanisms are a key facet of efforts to transform and restructure school support programs and services.

We call the school level resource-oriented mechanism a *Learning Support Resource Team* (previously called a Resource Coordinating Team). Properly constituted, such a team provides on-site leadership for efforts to address barriers comprehensively and ensures the maintenance and improvement of a multifaceted and integrated approach.

When we mention a Learning Support Resource Team, some school staff quickly respond: *We already have one!* When we explore this with them, we usually find what they have is a *case-oriented team* – that is, a team that focuses on individual students who are having problems. Such a team may be called a student study team, student success team, student assistance team, teacher assistance team, and so forth.

To help clarify the difference between resource and case-oriented teams, we contrast the functions of each as outlined in Exhibit D-5.

Exhibit D-5. Contrasting Team Functions	
<p>A Case-Oriented Team</p> <p>Focuses on specific <i>individuals</i> and discrete <i>services</i> to address barriers to learning</p> <p>Sometimes called:</p> <ul style="list-style-type: none">○ Child Study Team○ Student Study Team○ Student Success Team○ Student Assistance Team○ Teacher Assistance Team○ IEP Team <p>EXAMPLES OF FUNCTIONS:</p> <ul style="list-style-type: none">>triage>referral>case monitoring/management>case progress review>case reassessment	<p>A Resource-Oriented Team</p> <p>Focuses on <i>all</i> students and the <i>resources, programs, and systems</i> to address barriers to learning & promote healthy development</p> <p>Possibly called:</p> <ul style="list-style-type: none">○ Resource Coordinating Team○ Resource Coordinating Council○ School Support Team○ Learning Support Team <p>EXAMPLES OF FUNCTIONS:</p> <ul style="list-style-type: none">>aggregating data across students and from teachers to analyze school needs>mapping resources>analyzing resources>enhancing resources>program and system planning/development – including emphasis on establishing a full continuum of intervention>redeploying resources>coordinating and integrating resources>social "marketing"

A resource-oriented team exemplifies the type of mechanism needed to pursue overall cohesion and ongoing development of school support programs and systems. As indicated, its focus is not on specific individuals, but on how resources are used. In pursuing its functions, the team provides what often is a missing link for managing and enhancing programs and systems in ways that integrate, strengthen, and stimulate new and improved interventions. For example, such a mechanism can be used to (a) map and analyze activity and resources to improve their use in preventing and ameliorating problems, (b) build effective referral, case management, and quality assurance systems, (c) enhance procedures for management of programs and information and for communication among school staff and with the home, and (d) explore ways to redeploy and enhance resources – such as clarifying which activities are nonproductive, suggesting better uses for resources, and establishing priorities for developing new interventions, as well as reaching out to connect with additional resources in the school district and community.

Minimally, a resource-oriented team can reduce fragmentation and enhance cost-efficacy by assisting in ways that encourage programs to function in a coordinated and increasingly integrated way. For example, the team can coordinate resources, enhance communication among school staff and with the home about available assistance and referral processes, and monitor programs to be certain they are functioning effectively and efficiently. More generally, this group can provide

leadership in guiding school personnel and clientele in evolving the school's vision, priorities, and practices for learning support.

Although a resource-oriented mechanism might be created solely around psychosocial programs, it is meant to focus on resources related to all major learning support programs and services. Thus, it tries to bring together representatives of all these programs and services. This might include, for example, school counselors, psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, after school program staff, bilingual and Title I program coordinators, health educators, safe and drug free school staff, and union reps. It also should include representatives of any community agency that is significantly involved with schools. Beyond these "service" providers, such a team is well-advised to add the energies and expertise of administrators, regular classroom teachers, non-certificated staff, parents, and older students.

Where creation of "another team" is seen as a burden, existing teams, such as student or teacher assistance teams and school crisis teams, have demonstrated the ability to do resource-oriented functions. In adding the resource-oriented functions to another team's work, great care must be taken to structure the agenda so sufficient time is devoted to the additional tasks. For small schools, a large team often is not feasible, but a two person team can still do the job.

Properly constituted, trained, and supported, a resource-oriented team complements the work of the site's governance body through providing on-site overview, leadership, and advocacy for all activity aimed at addressing barriers to learning and teaching. Having at least one representative from the resource team on the school's governing and planning bodies ensures the type of infrastructure connections that are essential if programs and services are to be maintained, improved, and increasingly integrated with classroom instruction. And, of course, having an administrator on the team provides the necessary link with the school's administrative decision making about allocation of budget, space, staff development time, and other resources.

*We hope you found this to be a useful resource.
There's more where this came from!*

This packet has been specially prepared by our Clearinghouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories.

Systemic Concerns

- ! Policy issues related to mental health in schools
- ! Mechanisms and procedures for program/service coordination
 - Collaborative Teams
 - School-community service linkages
 - Cross disciplinary training and interprofessional education
- ! Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- ! Issues related to working in rural, urban, and suburban areas
- ! Restructuring school support service
 - Systemic change strategies
 - Involving stakeholders in decisions
 - Staffing patterns
 - Financing
 - Evaluation, Quality Assurance
 - Legal Issues
- ! Professional standards

Programs and Process Concerns

- ! Clustering activities into a cohesive, programmatic approach
 - Support for transitions
 - Mental health education to enhance healthy development & prevent problems
 - Parent/home involvement
 - Enhancing classrooms to reduce referrals (including prereferral interventions)
 - Use of volunteers/trainees
 - Outreach to community
 - Crisis response
 - Crisis and violence prevention (including safe schools)
- ! Staff capacity building & support
 - Cultural competence
 - Minimizing burnout
- ! Interventions for student and family assistance
 - Screening/Assessment
 - Enhancing triage & ref. processes
 - Least Intervention Needed
 - Short-term student counseling
 - Family counseling and support
 - Case monitoring/management
 - Confidentiality
 - Record keeping and reporting
 - School-based Clinics

Psychosocial Problems

- ! Drug/alcohol abuse
- ! Depression/suicide
- ! Grief
- ! Dropout prevention
- ! Gangs
- ! School adjustment (including newcomer acculturation)
- ! Pregnancy prevention/support
- ! Eating problems (anorexia, bulim.)
- ! Physical/Sexual Abuse
- ! Neglect
- ! Gender and sexuality
- ! Self-esteem
- ! Relationship problems
- ! Anxiety
- ! Disabilities
- ! Reactions to chronic illness
- ! Learning, attention & behavior problems