

The Full Purpose Partnership Model for Promoting Academic and Socio-Emotional Success in Schools

Jeffrey A. Anderson, John H. W. Houser, and Allison Howland

Abstract

In 2003, a partnership between a local system of care and a large urban school district led to the creation of a schoolwide educational model called the Full Purpose Partnership (FPP). This model was implemented in several elementary schools in Indianapolis, Indiana to integrate the principles of systems of care and wraparound with the techniques of positive behavioral interventions and supports. The goal of the model is to build school capacity for simultaneously addressing students' educational, health (including mental health), social, and psychological needs. The overall objective is to positively impact school functioning for all students. The application of systems of care to schools and their integration with positive behavioral interventions and supports is relatively new, and thus, the purpose of the evaluation reported in this paper was to increase understanding. Data were collected through interviews and focus groups with members of the various stakeholder groups involved with the FPP. In addition, one member of the evaluation team acted as a participant observer in the FPP schools. Using an emergent case study design, this study focused primarily on the operation of the FPP model vis-à-vis stakeholder perceptions regarding model implementation. Emerging themes included: (1) the role of Care Coordinators in FPP schools; (2) adult "buy-in" and other factors impacting FPP implementation; (3) school climate; and (4) mental health and behavioral impact. Results suggest that the FPP model is positively influencing not only participating schools but the entire school district.

Key Words: schoolwide reform, positive behavior interventions and supports, interagency collaboration, schools, systems of care, wraparound, full purpose, partnerships, model, academic, social, emotional, students, families, parents

Introduction

In 2003, a school-based pilot project called the Full Purpose Partnership (FPP) was developed and implemented in several elementary schools in Indianapolis Public Schools in Marion County, Indiana (Crowley, Dare, Retz, & Anderson, 2003). The FPP model emerged from a partnership between the school district and a local system of care called the Dawn Project and was designed to integrate system of care (Stroul & Friedman, 1986) and wraparound principles (VanDenBerg & Grealish, 1996) with the techniques of positive behavioral interventions and supports (Eber, Sugai, Smith, & Scott, 2002; Lewis, Powers, Kelk, & Newcomer, 2002; Sugai & Horner, 2002). Systems of care and wraparound have emerged in this country during the past 25 years specifically to serve students with the most serious long-term challenges who require sustained interventions over time from multiple child-serving systems, including child welfare, juvenile justice, mental health, and special education (Anderson, Wright, Smith, & Kooreman, 2007). Wraparound has been described as “a philosophy of care that includes a definable planning process involving the child and family that results in a unique set of community services and natural supports individualized for that child and family to achieve a positive set of outcomes” (Burns & Goldman, 1999, p. 13). A core aspect of positive behavioral interventions and supports is its focus on the prevention of problem behavior through the direct teaching of expected behaviors across school settings, as well as providing more intensive and/or individualized interventions for students requiring additional supports to be successful (Horner, Sugai, & Lewis-Palmer, 2005). The FPP model has created a school-based intersection of these approaches. The purpose of this paper is to describe the model and present findings from a process evaluation of the first four schools adopting the FPP approach.

Developing Systems of Care in Schools

Researchers have suggested that better connections among schools, social service agencies, and families can positively influence children’s school functioning, including academic achievement (e.g., Anderson et al., 2007; Harry, 2002; Henderson & Mapp, 2002; Jeynes, 2005; Meyer, Anderson, & Huberty, 2007; Walker, Wilkins, Dallaire, Sandler, & Hoover-Dempsey, 2005). For example, Walker, Ramsey, and Gresham (2004) noted that schools need

to be supported and encouraged to partner with families and social service agencies so they can help all children and youth to be successful in school. However, while schools increasingly have become the de facto service system for mental health and related service provision for children and youth (Farmer, Burns, Phillips, Angold, & Costello, 2003), it has also become clear that the traditional educational system was not well designed for the broad range of health, mental health, social, and psychological challenges that students may experience (Epstein & Walker, 2002; Robertson, Anderson, & Meyer, 2004; Woodruff et al., 1999).

In what has become a seminal monograph for the field, Stroul and Friedman (1986) defined a system of care as “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families” (p. 3). Since its publication almost 25 years ago, system of care initiatives have emerged across the United States promoting communication and collaboration among child-serving systems, community and social services agencies, and families (Kutash, Duchnowski, & Friedman, 2005). These approaches often embed the principles of wraparound within a team-based framework (Bruns, Burchard, & Yoe, 1995; VanDenBerg & Grealish, 1996; Wright, Russell, Anderson, Kooreman, & Wright, 2006; Walker & Schutte, 2004) that brings together family members, individuals who support the family (e.g., relatives, family friends), a care coordinator, often the student, and representatives from the agencies involved with the family (e.g., therapist, probation officer, teacher). System of care teams begin their work by conducting a strengths-based assessment. Family members and professionals use this information to collaboratively develop a comprehensive plan that encompasses all aspects of the student’s life. For example, the team might focus on helping a student develop and maintain appropriate peer and adult relationships at home, in school, and in their neighborhood (Anderson & Matthews, 2001). Goals are monitored by the team to ensure progress and adjustments are made to the plan as necessary. Teams are both flexible enough to respond to individual situations and standardized in that they adhere to the core principles of wraparound and systems of care (Stroul & Friedman, 1986; Walker & Schutte, 2004). Although the application of systems of care to schools is relatively new, these approaches offer valuable support to educators not typically found in schools (e.g., Anderson et al., 2007; Crowley et al., 2003; Eber et al., 2002; Robertson et al., 2004). Indeed, a number of researchers have suggested that involvement with a system of care is associated with improved functioning at school (Anderson et al., 2007; Anderson, Meyer, & Somers, 2006; CMHS, 1998; Manteuffel, Stephens, & Santiago, 2002; Meyer et al., 2007).

The Full Purpose Partnership

The inception of a system of care in central Indiana called the Dawn Project led to a variety of partnerships among the various social serving agencies that work with students experiencing emotional and behavioral challenges (Anderson, Meyer, Sullivan, & Wright, 2005). One ongoing collaboration that followed the creation of the Dawn Project has been with Indianapolis Public Schools (IPS). Together, IPS and the Dawn Project developed the Full Purpose Partnership (FPP) model. This model, paid for through district special education funding, is built around four *essential elements*: (a) effective curricula and instruction; (b) inquiry driven, data-based decision making; (c) systems of care and wraparound principles, which include authentic family involvement, strengths-based practice, cultural competence, and interagency collaboration; and (d) schoolwide positive behavior supports (Smith, Anderson, & Abel, 2008). Each of these essential elements is conceptualized through a three-tiered system of schoolwide supports and programming (e.g., Eber et al., 2002; Lewis & Sugai, 1999). Specifically, the tiers focus on prevention, early intervention, and comprehensive intervention.

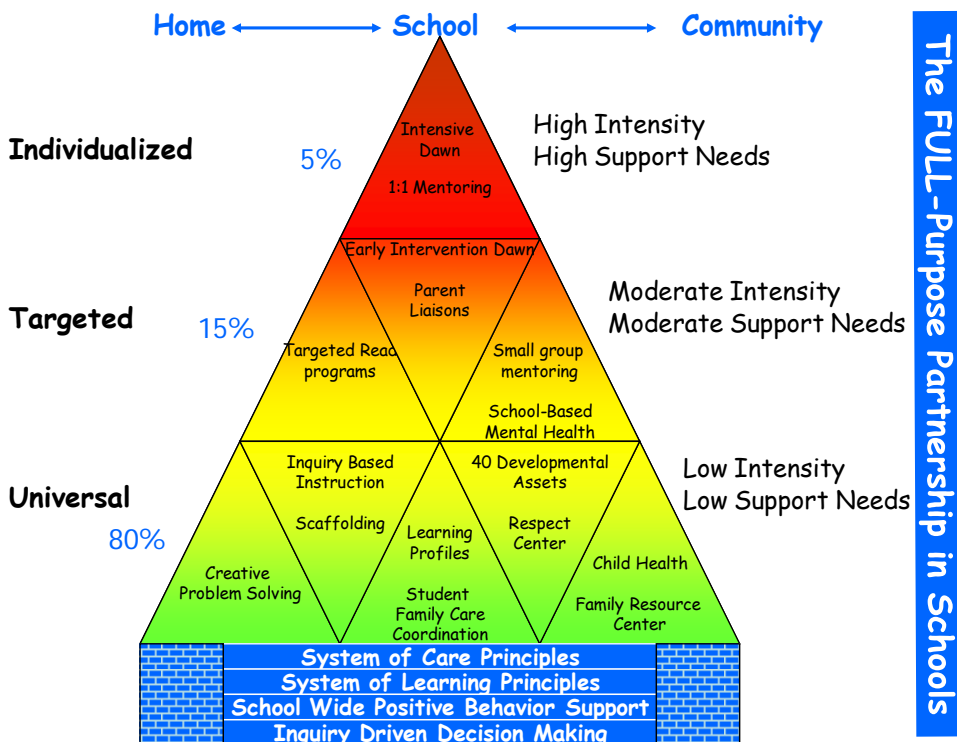


Figure 1. Continuum of Supports Triangle with Corresponding Programming (Ropa, Jackson, & Anderson, 2009).

Continuum of Supports Triangle

The goal of FPP is to create and sustain effective opportunities for teaching and learning for all students through ongoing school–home–community connections, with the ultimate objective being improved academic achievement. Borrowing heavily from positive behavior and supports, the basic tool used to examine school functioning from this perspective is the Continuum of Supports triangle (see Figure 1). This approach was developed in the field of public health and has been widely adopted in education (Walker, Ramsey, & Gresham, 2004). The triangle provides a visual representation of what the school does to implement the FPP model across the three tiers. The listed percentages indicate the proportion of students in a school who may be functioning at each level. A simple way to think about this is, at any given time, 85-90% of students do not have any noticeable academic or behavioral challenges, 10-15% of students need some additional supports to be successful in school, and 1-5% of students may need more intensive levels of supports to be successful (OSEP Center on PBIS, 2009). A central goal of the FPP is to support all students and increase the percentage of students who do not need additional supports from middle and upper tier interventions.

At tier one, the school faculty first describe what is occurring at each level to support children, as well as the other kinds of supports that are needed to make sure the triangle continuum is complete. The bottom of the triangle is called the prevention level. This is what schools do to ensure that all students are successful, such as the academic instruction and supports provided to all students. This will include differentiation of instruction, proactive classroom management, breakfast and lunch programs, data study teams (sometimes called behavior teams), and many other supports. Broadly, the goal is to ensure the teaching is meaningful and interesting and that students are ready to engage in learning. Prevention also includes fully involving families in schools. The philosophy is that the more supports schools create and provide at the prevention level of the triangle, the less likely it becomes that students will develop higher support needs.

Unlike tier one's focus on prevention, the upper two tiers of the FPP model (i.e., early intervention and comprehensive intervention) concentrate on what happens *after* academic or behavior challenges occur. In the second tier (i.e., early intervention), schools provide "targeted" interventions or supports for students who are exhibiting some academic or behavioral challenges. These include tutoring, mentoring, instruction in social skills and conflict resolution, school-based mental health services, and many others. The top tier (i.e., individualized supports) includes more intensive forms of supports for students

who are demonstrating significant challenges in learning or behavior. A variety of intensive interventions may be implemented for individual students, such as behavior plans, community-based supports such as family or home-based therapy, concentrated one-on-one mentoring, or academic remediation. FPP schools ensure that services and supports are provided for students quickly after a referral (Adelman & Taylor, 2000). An additional goal of the three tiered system is to use information learned from the upper tiers to strengthen the lower tiers. For example, one school decided that a conflict resolution program being used as a second tier intervention would be helpful for all of their students and subsequently provided it to all students by moving it to tier one.

Developing and sustaining the FPP school-based model is the fundamental goal of the School and Family Care Coordinator (“Care Coordinator”), whose role is to facilitate the emergence of the system of care principles, work with the school faculty to develop schoolwide behavioral expectations, and support school efforts to implement differentiated curriculum and instruction so that all learners can be successful. Care Coordinators work for the Dawn Project system of care (i.e., they are not school employees) and are trained in collaborative teaming and working across disciplines (e.g., education, mental health, child welfare) and with families. They are supervised by a *lead* Care Coordinator who is in turn supervised by a small leadership team consisting of administrators from IPS and the Dawn Project. Care Coordinators build connections among families, schools, and communities and are committed to including caregivers in all decisions that affect their children. Simply stated, Care Coordinators support the school’s educational goals by attending to some of the tasks that teachers and school administrators typically lack the time to accomplish.

The purpose of this study was to move beyond a formative evaluation of the initial FPP model conducted during its first year of operation (see Smith et al., 2008) to generate an understanding of the basic processes of the FPP model and how these processes were perceived by program stakeholders at the first four schools that adopted the model. As a primarily process evaluation (Patton, 2003), our goal was to explore the focus and orientation of the FPP model rather than its accountability. Thus, data were gathered from key stakeholders (i.e., district and school level administration, school staff, and community partners) and analyzed to better understand how the model works, not necessarily to evaluate its performance; however, as was evidenced in the findings, respondents in the evaluation clearly viewed performance as an important aspect of the model.

Methods

This study was conducted during the 2006-2007 school year in four elementary schools in Indianapolis Public Schools (IPS), a large urban school district in the Midwest. Three of the schools were in their third year of the FPP program, while the fourth was in its first year. The study was conducted by an evaluation team that included a university researcher, a graduate student who was participating in an internship in the FPP schools, and several members of a doctoral level course on interagency collaboration in children's social services. Although the researcher had previously served as a consultant on the development of the FPP model, this study was unfunded. The Institutional Review Board at the researcher's university approved this work.

Setting

At the time of this study, the student population of IPS included approximately 37,000 students: 58% African American, 28% Caucasian, 10% Hispanic, and 3% Multiracial. Roughly 77% of families in the district received free lunch services, while another 12% qualified for reduced lunch. Almost a quarter of the families in the district (24.3%) lived below the poverty line, 28.3% of parents reported less than a high school education, and 55.5% of the students in this school district were living in single parent homes. Additionally, at the time of the evaluation, IPS was providing special education services for 19.8% of its student population.

Data Collection

While data for this study were collected from four different sources, most of the information for this study was gathered from semi-structured interviews with key stakeholders in the FPP schools. Additionally, focus groups, a variation of the interview (McMillan & Schumacher, 2001), were used to gather information from teachers and school staff. Focus groups frequently are used in evaluation studies as a recognized technique for obtaining an in-depth understanding of a program with purposefully selected participants vis-à-vis a group interview (Lofland & Lofland, 1984; Schatzman & Strauss, 1973).

Participants

First, interviews were conducted with 35 members of various stakeholder groups who had been involved with the inception and/or implementation of FPP, including district and agency administrators, school principals, school staff, and School and Family Care Coordinators. Semi-structured interviews

were conducted with each participant, with the exception of school teachers and school staff, who participated in focus groups.

Second, focus groups were conducted at each school. To recruit focus group participants, the principals at the four FPP schools offered an open invitation to their teachers and staff. The evaluation team then selected a sample of 8 to 10 individuals at each school including as much as possible: 1) both males and females; 2) teachers who had been at the school before FPP as well as newer teachers; 3) representative ethnicities of the adults in the school; 4) representatives from across grade levels and/or content areas; and 5) support staff. To protect confidentiality and because of the specificity of these eligibility criteria and the relatively small number of participants per group, no further information about interviewees or focus group membership is reported.

Additional Sources of Data

A third source of data for this study came from one of the evaluation team members who was a participant observer (Denzin & Lincoln, 2003) in the FPP schools. Observations primarily involved shadowing the Care Coordinators for entire school days and recording their daily activities, totaling approximately 180 hours over a period of 15 weeks. This experience, along with the prior experience of the evaluation team leader in developing the FPP model, provided the study team with unique perspectives and insights about the FPP. A final source of data consisted of the artifacts collected by the evaluation team, including documents related to FPP operations (e.g., meeting notes), staff training (e.g., handouts), school correspondence (e.g., school newsletters; invitations for families to attend special events), parent center materials (e.g., informational brochures), and others. These artifacts also were reviewed as part of the analyses.

Analytic Strategies

The primary focus of this study was to understand the processes involved in implementation of the FPP model, particularly from the contextualized viewpoint of the stakeholders responsible for implementation. Thus, a multicase emergent study design was selected. The goal was to obtain a “responsive and holistic understanding of the dynamics of an educational program” (Kenny & Grotelueschen, 1980, p. 5), both within and among the four FPP schools. The emergent aspect of the design was used to enable issues and themes articulated by stakeholders who were invested in the FPP process not to just emerge, but to drive the investigation (Stake, 1995). To preserve and extend the emergent design, the constant-comparative method (Glasser & Strauss, 1967) was employed, thereby allowing researchers to engage in simultaneous data collection

and analysis (Merriam, 1998). Interviews and focus groups were audiotaped, transcribed, and then examined and coded using the constant comparative method. Using this method to analyze the data from the artifacts, interview and focus group transcriptions, and observations was not only well suited to the study design, but also to the entire data collection process. As information from each of the sources was obtained, data were initially coded to clarify and extend subsequent data collection and analyses. Throughout the ensuing data collection activities, the evaluators built from the existing data to inform the collection process, corroborate or question existing themes, and allow for additional questions regarding the FPP model to emerge.

To strengthen the internal validity and trustworthiness of our findings, a number of well known strategies were used (Denzin & Lincoln, 2003; McMillan & Schumacher, 2001; Merriam, 1998; Yin, 2003). First, we were able to triangulate our findings across multiple data sources (interview/focus groups, observations, and documents/artifacts), as well as through discussions among the evaluation team members who had varied interests, theoretical orientations, and disciplinary backgrounds that included school psychology, special education, social work, urban and multicultural education, and public health. Team members engaged in independent preliminary analyses of data prior to weekly research meetings during which group analyses were conducted “to establish validity through pooled judgment” (Foreman, as cited by Merriam, 1998, p. 204). Additionally, member checks with interview and focus group participants were conducted to solicit feedback about emergent themes. This ensured that themes were consistent with the shared experiences of the various stakeholder groups and individual participants. Finally, prolonged engagement (McMillan & Schumacher, 2001) in the FPP model was evidenced by the extensive amount of time spent in FPP schools by at least two members of the evaluation team.

Results

All of the themes that emerged from the various data collection processes used in this study fell into a similar conceptual framework. Indeed, there was so much consistency and overlap that findings from different data sources and across schools were combined and are reported together as four broad conclusions: (1) service coordination by the School and Family Care Coordinator (“Care Coordinator”) was associated with stakeholders’ perceptions of how well FPP was being implemented in schools; (2) adult buy-in, as well as initial and ongoing training, influenced FPP implementation, maintenance, and capacity building; (3) a child-centered and strengths-based philosophy shared

among staff, teachers, families, and students was perceived to be directly linked to changes in the school culture and a sustained positive school climate; and (4) school-based mental health services and behavior supports were critical components of the FPP model that were perceived to produce better outcomes and increased satisfaction among students and staff (see Table 1). Unique differences in the perspectives of specific stakeholder groups, schools, or sources of data are noted in the following sections.

Table 1. Themes/Subthemes from Stakeholder Interviews and Focus Groups

Themes	Subthemes
Role of Care Coordinator and FPP implementation	<ul style="list-style-type: none"> a. Importance of Care Coordinator to FPP success b. Flexibility of the Care Coordinator c. FPP supports teachers and teaching
Factors impacting FPP implementation	<ul style="list-style-type: none"> a. Broad buy-in increases likelihood of FPP success b. Need for initial and ongoing training c. FPP is constantly influenced by students and staff transitions
School culture and climate	<ul style="list-style-type: none"> a. Importance of common, guiding principles b. Ownership of and accountability for all students c. Positive school climate/culture resulting from FPP
Mental health and behavior supports	<ul style="list-style-type: none"> a. Value of mental health and other services addressing the “whole child” b. Positive mental health and behavior outcomes c. Value of preventative measures

Role of Care Coordinator and FPP Implementation

This theme generated the most discussion from study participants. The data made clear how important respondents felt the Care Coordinator is to the FPP model, as well as how much the FPP model influences how schools operate. In terms of analyzing the data, it was difficult to untangle perceptions about the role of the Care Coordinator from perceptions of how the FPP model was operating in a given school. That is, the role of the Care Coordinator in a school was deeply intertwined with how well stakeholders felt that FPP was being implemented in that school. Further, given the individualized nature of FPP to the specific context of the school and community, no two Care Coordinator had the exact same job description. Each Care Coordinator’s role had

developed in response to a specific and unique context. On the other hand, similar themes emerged regarding the essential aspects of a Care Coordinator's roles. For example, findings indicated that respondents view the role of the Care Coordinator as "vital and unique" and focused on making connections. One respondent referred to the Care Coordinator as a "resource connector." Someone else noted,

We make sure that all our students' needs are being met by making sure that the medical, dental, mental health issues they may have [are met].... [The Care Coordinator makes] sure we keep them in school, making sure we do every possible thing we can to keep our students healthy and making sure they are academically being serviced appropriately.

Respondents also pointed out that Care Coordinators are important resources for teachers as well as for students and their families:

I think that it gives teachers an opportunity to be able to say, "I just really don't know how to handle this anymore, is there anyone who can help me?" and finally have something in place that people can come to a coordinator...and realize they don't have to have all the answers, they just have to know how to ask for help sometimes.

Care Coordinators described their role as one of actively transforming the culture of their schools. Specifically, these individuals noted that through activities such as "positive behavior support team meetings, working one on one with teachers, hosting brainstorming sessions, doing some...staff boosters as well as doing stuff for our students to make sure that they are feeling engaged in the school process," the school begins to buy into the FPP model. On the other hand, teachers and principals suggested that the primary focus of the Care Coordinators was to bring external resources into the school and/or link those resources with families. Teacher and principal respondents were less likely to directly connect the Care Coordinators to cultural change or the behavioral supports within the school.

Another essential Care Coordinator attribute identified by the Care Coordinators themselves was their ability to be flexible, particularly because the FPP model builds from an individual school's strengths and needs. According to one Care Coordinator,

You never know what kind of hat you're going to have on for the day... You always have this "to do list" but I think being successful in this role, you have to be flexible in saying that's my "to do list" but there might be ten other things that come up before I ever get to that list that are more important.

The importance of Care Coordinator flexibility was echoed by teachers, who repeatedly noted that Care Coordinators are able to help out with tasks that teachers cannot adequately accomplish because of the lack of capacity or time. As an example, one teacher described a mother who was struggling to navigate the Medicaid system: “We don’t have time to sit down with that student’s mother and work through that system, because that is such a complicated system, and [the Care Coordinator] could do that for her. In return, her children became better students, so it benefits the whole school.”

Several respondents used the “toolbox” metaphor in relation to the Care Coordinator, saying that that schools and educators have “more tools for their toolbox” now. In fact, this supported a common overall theme among teachers—the support they felt from both the Care Coordinator and the overall FPP program. Teachers overwhelmingly indicated that the FPP model allows teachers to focus more on teaching, thus allowing them to perform their primary role better. This perspective on being able to teach more effectively also was confirmed by the principals and by the collective input of the district level administrators. Moreover, administrators also noted that the Care Coordinators are essential for capacity building in the school and, because Care Coordinators work for an outside agency (i.e., the Dawn Project) and not the school district, they are protected from being overwhelmed by the additional school duties that often plague social workers (e.g., helping with attendance; answering phones when the school secretary is out). As one administrator pointed out, “They are not IPS employees, so they are not pulled out to put out fires and can focus solely on connecting families and communities, accessing resources, and supporting school staff and students in the FPP process.”

Factors Impacting FPP Implementation

In the words of one stakeholder, for FPP to succeed in a school, those who are implementing it “have to make sure that it is a good fit with the staff.” In fact, interviewees overwhelmingly indicated that “buy-in” or “agreeing to participate in the model” was essential to the success of the FPP model. Respondents said further that without buy-in from an entire school staff, the model would be difficult if not impossible to implement fully or successfully. One Care Coordinator put it this way: “It’s not one person. It’s not that I’m the Care Coordinator, and I make the Full Purpose Partnership. The whole school buys into this philosophy and they want to model the strength-based philosophy.” Another respondent made a similar point, asserting that FPP cannot happen without having the administration, teachers, and families on board.

This perception was echoed by many of the interviewees who said that such buy-in needs to occur prior to a school actually implementing FPP. When

the model was initially being designed, IPS administration had decided that at least 85% of a school's staff had to agree to become an FPP school, and respondents in this evaluation strongly supported this requirement. At the three original schools, there was complete agreement among each staff to become a pilot FPP school, with the exception of one teacher at one school. According to a respondent from that particular teacher's school, it is common knowledge that the teacher who initially did not want her school to become a model school is now a strong advocate for the FPP model.

On the other hand, at the school that was in its first year of implementation of the model, less time had been provided to develop buy-in and common understanding. Respondents familiar with that school noted that this resulted in some confusion regarding what the FPP model meant for teachers and administrators in the school. As a result, at the time of this study, the school principal was still working to help the school's stakeholders (i.e., parents, teachers, and students) understand the FPP model and how it should function. It was clear that by not providing enough time to establish common understanding and ownership of FPP before implementation, barriers to smooth and effective functioning were created.

Respondents also said that thorough training in the principles and practices of FPP is necessary if the model is to be successful. Respondents pointed out that training needs to occur before a school implements FPP and needs to be ongoing once the school has adopted the model. Moreover, findings suggested that such training is not just important for teachers and staff, but also for the students as well, and that training is important to sustaining initial buy-in. Similarly, district level administrative respondents highlighted the importance of training specifically as a prerequisite for getting whole school buy-in and also suggested that the success of the first three FPP schools was critical for generating interest and eventually buy-in from other schools in the district. These respondents also noted how important it had been for the district to purposefully select the original schools for the pilot, pointing out that selection was based on the high-need neighborhoods these schools served. As one interviewee noted, "We knew that if we could make the FPP model successful in these schools, other schools with similar or less intensive needs would want to implement this model, too."

The importance of providing training opportunities for both new students and staff when they first join an FPP school also emerged as an aspect of this finding. As one person put it, stakeholders need to realize that there will always be new students and staff members who are "in the learning curve." The FPP model also was perceived to help such integration occur more effectively: "What I think is exciting is to watch the FPP leaders, our teacher leaders, really

support and welcome any new staff member that comes into the building and help coach them in the FPP process.” This person further noted that such processes appear to be in contrast to the culture of non-FPP schools, which are often “resistant to new people, including new staff coming into the building.” Similarly, teacher respondents noted that the FPP model reduced the impact of problems associated with high levels of mobility among students.

School Culture and Climate

Having a set of common values and guiding principles was recognized by respondents as an important aspect of the FPP model. From our findings, several key values and principles emerged as core to the FPP philosophy. As noted previously, embracing an approach in which teachers and staff focus on the strengths and abilities of each student, rather than a “deficit model” based on student problems and weaknesses, was widely acknowledged as a fundamental FPP component and was repeatedly described as “the source of a real change” in the school culture. One teacher referred to this as an “overriding philosophy of...positive skill building.” Another interviewee noted that child-centered decision making is when the school, family, and community are united around the child. In fact, the idea of treating students as individuals was recognized by principals and teachers alike as another central aspect of the FPP. While respondents often cited schoolwide rules and expectations first when discussing school climate, much of the feedback from teachers focused more on the day-to-day attitudes and interactions in the school. Teachers specifically noted a real change towards a more positive culture in the school that involved far less negative talk among adults than in the past. Teachers also stated that as the positive climate in the school developed, it had a positive impact on students and, in turn, parents.

Respondents also identified the emergence of a new sense of community, including a range from community within classrooms to the extended school family as community. One person put it this way, “When we’re part of something, we’re part of a school, we’re part of a community, part of a parent group, then we act like it. That to me has been part of the difference FPP has made.” Not surprisingly, ethical accountability and “ownership of all children by a school’s faculty and administration” were also highlighted by interviewees as important values that guide practice. District level administrators also provided unique insights into the school culture theme based on their familiarity with both FPP and non-FPP schools. There were emphatic comments about the positive school culture of FPP schools, as in this example: “As soon as you walk through the door, you immediately sense a positive climate that is very different from schools that have not had the opportunity to implement the

FPP model. From the positive messages displayed physically, to the affirmation of students by all staff, it is a totally different feel than typical schools.”

Mental Health and Behavior Supports

The mental health services that were introduced into these schools after the implementation of FPP were overwhelmingly viewed as providing a vital asset to both students and schools. In fact, providing school-based mental health services was identified as a crucial step in becoming an FPP school. As one teacher noted, having mental health services in the school “has been a benefit for our children [and families] because the children have needs that the educators cannot fulfill.” The use of wraparound care, which often utilizes mental health services and other necessary resources to “wrap” children with the supports they need to succeed, and addressing all aspects of a student’s life instead of just school were both viewed as very important. Related to bringing mental health into the FPP schools, respondents noted the increased use of problem analysis to examine the triggers, purposes, and reasons that underlie problematic behavior. When the behavior team reviews a problematic behavioral event that has occurred, data are examined to find the reason behind the behavior instead of just focusing on the incident itself. FPP schools also are expected to document every office referral and disciplinary action that occurs in the school. The school’s behavior team then uses this information to look for patterns in problem behavior such as location, time of day, and type and possible reason for behavior. One principal respondent described this process: “We look at some hot spots and what we can do differently as a team to address the hot spots...I think we can be really proactive when we look at the data, and the data helps drive us to find opportunities and solutions for our students.” Another person put it this way: “...we sit down every week to figure out what is going on. Does this child need additional academic support? Do they need additional mental health services? Do they need to be tested for special ed services? Do we need to link the family to someone?” District level administrators also described the importance of the work of the behavior teams in these schools, with one interviewee stating: “The child study teams seem more efficient in these schools because they not only have a variety of resources for students and families to access, but they are more skilled and may be more motivated to address student challenges because of the additional training they were provided.”

Respondents noted repeatedly that the increased mental health services and improved behavioral approaches led to better mental health and behavioral outcomes among students. A perceived change in student behavior that included lower levels of problem behavior was reported by principals and teachers from each of the FPP schools. One respondent put it this way:

The thing that we always hear is how quiet and well run our building is. I think that has a lot to do with schoolwide expectations. Everybody is on the same page about behavior, discipline, and expectations. There is no “this classroom does it this way” and “this grade level does it this way.” We are all on the same page.

Both teachers and principal respondents also noted that the reduced behavioral disruptions allowed teachers to increase their focus on academics and instruction. In fact, interviewees not only described how these schools make it a priority to keep students in school, they also reported that their schools were able to better address the root cause of problem behaviors, including those that typically would have led to suspension or expulsion. One person, describing the large drop in suspension rates at her school, went on to say that even after a suspension does occur, “we want to make sure—did we do everything we needed to do before it got that far?”

Finally, the importance that interviewees placed on prevention in their schools cannot be overstated. Specifically, the FPP model was viewed as incorporating a focus on prevention to avoid and reduce behavioral issues in schools. Though preventative measures such as schoolwide expectations required teachers to take time from instruction several times a year to review academic and behavioral expectations with their students, teachers also reported that this “worthwhile investment” actually saved them time in the long run. One respondent noted that preventative measures allow support staff such as the social worker to stop “putting out fires always instead of really taking care of her job” of meeting the more essential needs of families.

Discussion

Schools can no longer afford not to have full-time staff members who are devoted solely to engaging families and the community (Warren, 2005). In the FPP, respondents clearly emphasized this point, highlighting the importance of the Care Coordinator as a neutral party whose role was to nurture the relational power among families, schools, and communities by building processes that bring together their collective resources and expertise (Sanders, 2003; see, e.g., Howland, Anderson, Smiley, & Abbott, 2006). The theory of social capital provides an applicable framework for understanding the critical importance of the FPPs’ focus on relational power, particularly for schools serving urban communities. Social capital “refers to the set of resources that inhere in relationships between and among people” (Warren, 2005, p. 135). This theory purports that regardless of resources available (e.g., expertise) or unavailable (e.g., additional funding), when the stakeholders have mutually respectful and trusting

relationships, they are more likely to achieve collective goals. Thus, developing and nurturing such relationships among school partners, including families, is particularly important to effectively utilize the social capacities of urban schools where financial shortfalls and limited access to other resources pose common barriers to educational gains. This mobilization of social capital was perhaps most clearly manifested in the school–family relationship, which has been strengthened and redefined through the FPP process. One district level administrator’s thoughts about the idea of trusting and cooperative relationships reiterate this point: “These FPP schools have been successful in engaging support and participation of many parents who did not have successful school experiences themselves and were previously disenfranchised. That speaks volumes.” A teacher described the central purpose of the FPP model as providing “extra supplements and extra resources of people and other avenues...to help our families to be more successful.” In regard to the high level of parent participation in the school, one teacher asserted that “parents feel welcome to come into the school and seek out someone that can help them. So, it’s not only getting more people in the building to volunteer, but it’s more importantly the quality of services that we can provide...for people.”

Parental Engagement

By providing quality services for families, stakeholders reported that FPP schools have benefited by receiving assistance and services from parents in ways that are not typically seen in non-FPP schools. For example, rates of volunteerism in FPP schools were perceived as far surpassing non-FPP school rates. Respondents credited the presence of parents in the school and improved parent–teacher communication with increasing parents’ expectations of their children’s social competence and academic attainment. In turn, higher parent expectations were widely perceived to be having a positive impact on student behavior and performance. One principal commented that the increased trust earned from parents has led to parents to become more willing to support the school. The development of strong communicative relationships among administrators, teachers, and parents has created an environment where “all of the adults that children know, also know each other and coordinate their efforts” (Warren, 2005, p. 136). Indeed, FPP schools create “social closure,” a term used by Coleman (1988) indicating that children are presented with a similar set of expectations across environments and a united, holistic approach to their social/emotional and academic development.

Community Partners

Social capital and social closure theories can also be used as a lens to sharpen and refine our view of the relationships between FPP schools and other

community organizations. These schools serve as repositories for social capital by creating and helping to sustain networks of human expertise and resources that can collectively focus on common and mutually beneficial goals, such as academic progress (Warren, 2005). The buy-in and enthusiasm from community organizations were particularly striking for one principal, who stated that “from numerous businesses to nonprofits to specific charitable organizations, we’ve been absolutely inundated, in a very good way, from all segments of stakeholders in our community.” Another principal, referring to the various organizations that provide services to or through her school, put it this way: “I should call them partners, not services, because service means they do something for us when we may not do anything in return. FPP is all about helping one another. Parents help us, we help parents. Businesses help us, we help them. And the goal is that we are going to produce more successful students that are better prepared for the workplace.” Through the FPP model, schools have been able to find “community partners that may have wanted to partner with the school, not necessarily with the whole district or corporation, but they know there is a school in their neighborhood and really didn’t know how [to establish a partnership].... We try to tell our community partners that our students today will be your employees tomorrow, so why not start getting these kids now? Why not start making them see, ‘Ok, I’m going to do this and this if I want to do this job.’”

Satisfaction

The change in the school’s culture as well as new or improved mental health and behavioral management services appear to have made real differences not just in student behavior, but in their satisfaction with school as well. As researchers have suggested, when students’ psychological and social needs are adequately addressed, their likelihood of succeeding in school increases (Vander Stoep et al., 2000; Zinns, Bloodworth, Weissberg, & Walberg, 2004). One person noted that the students really have responded well to being treated with respect and being allowed to make and learn from their mistakes. Students also feel safe to express themselves as individuals and seem to appreciate an environment that is safe and consistent, as established through clearly and universally established expectations and norms. A difference in being an FPP school, according to one principal, was the existence of an authentic sense of respect throughout the school; respect that is, in turn, recognized and reciprocated. Part of this stems from FPPs focus on approaching problem behaviors proactively. Using the information provided through functional assessment of problematic behavior, FPP schools are able to implement schoolwide supports aimed at reducing and preventing such behavior in the future. Rather than just

punishing poor behavior, multiple stakeholder respondents indicated that they would rather teach appropriate behavior, using reinforcement through praise and positive behavior interventions and supports (Eber et al., 2002; Sugai & Horner, 2002).

Strengths-Focused

Adopting a strengths-based orientation (Rapp, 1998) was a central theme in the FPP model. Like much of the children's social services arena, schools tend to be deficit focused, and the process of developing a strengths-based orientation necessitates a substantial paradigm shift in thinking. Researchers have noted that teachers report not feeling adequately prepared for working with students from poor and diverse backgrounds (Brown & Medway, 2006) and typically approach teaching these students from a deficit base. Typically, attention is focused on problem behavior, while appropriate behavior goes mostly unnoticed. Strengths-based approaches, on the other hand, posit that all children, families, schools, and communities possess strengths and assets that can be used to overcome problems and difficulties. Working from a strengths perspective requires educators to recognize the power of appreciating the beliefs, traditions, hopes, and dreams of the children and families with whom they work (Eber et al., 2002). As such, FPP schools begin every committee meeting with a discussion of the good things that are happening. They make it a ritual to start with successes and celebrate the positive. Finally, the strengths-based focus goes beyond positive reframing (i.e., taking something negative and restating it positively), instead creating and promoting a belief system that all of us have competencies, talents, and potential (see, e.g., Epstein, 1999; Rapp, 1998).

Limitations

It is obvious that any inferences drawn from this exploratory study must be made cautiously and several limitations are noted. First, we used purposeful sampling in this study and acknowledge the possibility that not all stakeholder perspectives were adequately represented in the process. However, respondents were invited to be interviewed because they were able to reflect on the FPP model from a variety of perspectives, including both teachers who were part of the initial implementation as well as staff who joined FPP schools more recently. We also checked and rechecked our respondent list before initiating data collection and have some evidence that our study sample was representative of the broad range of the adults who are working in the FPP schools. Still, we recognize the possibility in this type of research that a different group of respondents might have produced a different set of findings. Second, this research was conducted in four elementary schools in one school system in a

single metropolitan area in the Midwest, thereby making any generalization to other districts, communities, or schools unclear. Moreover, these schools were not randomly assigned and there were differences among the schools in terms of demographics. However, a review of the findings of this study may allow educators to form their own contextualized generalizations (Stake, 1995). Finally, although we used multiple sources of data for this study, our findings are largely based on stakeholder perspectives. Thus, even though, for example, respondents sometimes reported that the FPP has led to improved school functioning, we were not able to corroborate this perception with more objective sources of information such as standardized test score averages for the schools. We suggest comparing stakeholder perceptions of academic achievement with actual achievement data from each school in future research.

In spite of the limitations, we were encouraged by these findings. Respondents overwhelmingly noted the extent to which the FPP model is positively influencing not only the participating schools but the entire IPS school district. Indeed, the philosophy behind FPP was clearly seen as leading to better and sustained relationships within and among schools, increasing school level capacity for prevention and early intervention of both behavioral and academic concerns, and ultimately improving student outcomes. These results also remind us that behavioral and academic challenges are inextricably intertwined and thus need to be addressed simultaneously (Adelman & Taylor, 2006; Anderson et al., 2004; Eber et al., 2002). The FPP model appears to promote transformations that change how schools operate and how educators connect with students, parents, and community stakeholders.

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Jeffrey A. Anderson is a faculty member in special education in the Department of Curriculum and Instruction and a research scientist in the Center for Adolescent and Family Studies, both in the School of Education at Indiana University-Bloomington. He has a wide range of research interests that broadly

involve examining the role and impact of interagency collaboration and family engagement in public schools. Correspondence concerning this article should be addressed to Jeffrey Anderson; Associate Professor, Special Education Programs; Department of Curriculum and Instruction; School of Education; Indiana University; Room 3232; 201 N. Rose Ave.; W. W. Wright Education Building; Bloomington, IN 47405, or jander2@indiana.edu

John H. W. Houser is currently a post-doctoral fellow at Riley Hospital for Children in Indianapolis, Indiana. His research interests include educational reform, school–community collaboration, and social justice in schools.

Allison Howland is an assistant professor of special education in the Division of Education at Indiana University Purdue University Columbus. Her research interests include family engagement and mental health integration in schools.