Addressing Barriers

New ways to think . . .

Better ways to link

to Learning

Mental Health in Schools: Why Focus on School Policy?

Because schools are a portal for enhancing access to young people and their families, the tendency is for many researchers and practitioners with specific, yet different agenda to come to the school door seeking entry. Taken individually, each agenda appears imminently reasonable. Taken as a whole, they call for substantial access to students and teachers, additions to the curriculum, introduction of specialized interventions, changes in student support staff roles and functions, capacity building, resource allocation, and more. Thus, the various agenda raise fundamental policy questions about priorities and redeployment of sparse resources. Given this state of affairs, an appreciation of the mission of schools and current school improvement policy is essential for those who want schools to play a major role in addressing mental health and psychosocial concerns.

Two realities are evident when school mission and policy are understood: (1) addressing mental health and psychosocial problems are not *primary* facets of a school's mission and (2) current school improvement policy and practice *marginalizes* interventions related to such matters. That is, schools are first and foremost accountable for educating the young. So, it is one thing to assert the desirability and importance of a proposed agenda for addressing mental health and psychosocial problems; it is quite another to make the case that what is proposed should be adopted as a high priority by schools.

In general, schools are most receptive to proposals that frame agenda for addressing student problems in the context of school improvement policy and embed the work under a unifying concept that fits the educational mission.

Multifaceted Problems, Piecemeal Solutions

Anyone who works with young people is all too familiar with the litany of barriers to learning and teaching (e.g., inadequate school readiness; violence; youth subcultures that promote criminal acts, bullying, sexual harassment, interracial conflict, vandalism; frequent school changes; and a host of problems confronting immigrants and poverty laden families). And, while some barriers are the result of significant disabilities and disorders, external factors are responsible for the majority of learning, behavior, and emotional problems.

Moreover, students who only have one type of problem are rare. For example, an adolescent referred for misbehaving or using drugs is often truant, has poor grades, and is at risk of dropping out. Misbehavior is associated with learning and emotional difficulties; learning and behavior problems become overlaid with emotional reactions; emotional problems can lead to and exacerbate behavior and/or learning problems.

When problems arise, the trend is to refer students directly for assessment in hopes of referral for special assistance, perhaps even assignment to alternative programs. In some schools and classrooms, the number of referrals is dramatic. In a few cases where problems are severe, pervasive, and/or chronic, students are referred for a possible special education diagnosis (e.g., most often learning disabilities and attention deficit hyperactivity disorder).

Where schools intervene to address student problems, the interventions usually have been developed, organized, and function in relative isolation of each other. Practitioners mostly spend their time working directly with specific interventions and targeted problems and give little thought or time to developing comprehensive and cohesive approaches. Furthermore, the need to label students in order to obtain special, categorical funding and/or reimbursement from public/private insurance often skews practices toward narrow and unintegrated intervention approaches. One result is that a student identified as having multiple problems may be involved in programs with several professionals working independently of each other. Similarly, a youngster identified and helped in elementary school who still requires special support may cease to receive appropriate help upon entering middle school.

Pursuit of grant money also leads districts and schools to reshape their practices to meet a funder's requirements. Innovators/researchers also bring special projects to schools. All this can have pernicious results by diverting attention from system building. And when funding and projects end – usually within a period of a couple of years – little of the work remains. (The failure to sustain in such cases has been labeled "projectitis.")

In general, student and learning supports are fragmented, overspecialized, counterproductively competitive, unsustainable, and fundamentally marginalized in policy and practice. The result is a set of interventions that does not and cannot meet the needs of any school where large numbers of students are experiencing problems.

> Most of the time, teachers make requests for help to teams set up to deal with moderate behavior, learning, and emotional problems. The list of such referrals grows as the year proceeds. In many schools, the number of students experiencing problems is staggering. The longer the list, the longer the lag time for review – often to the point that, by the end of the school year, the team has reviewed just a small percentage of those referred. *And, no matter how many are reviewed, there are always more referrals than can be served.*

The solution is not found in efforts to convince policy makers to fund more special programs and services at schools. Even if the policy climate favored more special programs, such interventions alone are insufficient. More services to treat problems, certainly are needed. But so are programs for prevention and early-after-problem onset that can reduce the number of students sent to review teams and special interventions at schools. It is time to face the fact that *multifaceted problems usually require comprehensive, cohesive solutions applied concurrently and over time.* And, the entire constellation of barriers to learning calls for schools, families, and communities working together to develop a systemic approach rather than continuing to address each problem as a special agenda and in a piecemeal manner.

A Note About Youth Subcultures and Diversity in Addressing Problems

Given the multifaceted problems that arise at schools, those who are concerned about and have responsibility for gangs, safe schools, violence prevention, bullying, interracial conflict, substance abuse, vandalism, truancy, and school climate need to work collaboratively. The *immediate objectives* are to (1) educate others about motivational and behavioral factors associated with a particular subgroup and individual difference within subgroups, (2) counter the trend in policy and practice to focus on each subgroup in too fragmented a manner, and (3) facilitate opportunities on campus for youth subgroups to engage positively in subcultural activity and connect with effective peer supports (see page 15 for the link to the Center's youth subculture series).

Toward these ends, schools must reach out to the community and establish a collaborative mechanism where those with specialized knowledge not only bring that knowledge to the table, but also build a comprehensive system of student/learning supports to address pressing barriers to learning, teaching, parenting, and development. Those with specialized knowledge, of course, include youth themselves.

With these concerns in mind, let's look at implications for policy and implementation.

Needed: A Policy Shift

Our analysis of prevailing policies for improving schools indicates that the primary focus is on two major components: (1) enhancing instruction and curriculum and (2) restructuring school governance/management. The implementation of such efforts is shaped by demands for every school to adopt high standards and expectations and be accountable mainly for academic results, as measured by standardized achievement tests. Toward these ends, policy has emphasized enhancing direct academic support and moving away from a "deficit" model by adopting a strengths or resilience-oriented paradigm. As noted above, problems that cannot be ignored – school violence, drugs on campus, dropouts, teen pregnancy, delinquency, and so forth – continue to be addressed in a piecemeal manner. The result at schools is a variety of "categorical" initiatives which generate auxiliary programs, some supported by school district general funds and some underwritten by federal and private sector money.

Overlapping the efforts of schools are initiatives from the community to link their resources to schools. Terms used in conjunction with these initiatives include school-linked services (especially health and social services), full-service schools, school-community partnerships, and community schools.

A third and narrower set of initiatives is designed to promote coordination and collaboration among *governmental* departments and their service agencies. The intent is to foster integrated services, with an emphasis on greater local control, increased involvement of parents, and locating services at schools when feasible. Although the federal government has offered various forms of support to promote this policy direction, few school districts have pursued the opportunity in ways that have resulted in comprehensive approaches to address student problems. To facilitate coordinated planning and organizational change, local, state, and federal intra- and interagency initiatives and councils have been established. Relatedly, legislative bodies have rethought committee structures, and some states created new executive branch structures (e.g., combining education and all agencies and services for children and families under one cabinet level department).

The various initiatives do help *some* students who are not succeeding at school. However, they come nowhere near addressing the scope of need.

Policy makers increasingly are appreciating that funding and operating isolated programs is partially responsible for both the inability to provide for the many individuals in need and the limited results for the relatively few served. This has led to calls for greater coordination to reduce *fragmentation.* However, policy makers have failed to address the underlying problem; namely that interventions for youth problems are *marginalized* in prevailing education and public health policy. In schools, this means that such efforts are pursued as supplementary, auxiliary services and are among the first cut as budgets tighten. As a result, the entire arena is plagued by counterproductive competition for sparse resources, and little attention is paid to developing a comprehensive, systemic approach for addressing student problems.

Increased awareness of school policy deficiencies has stimulated analyses and initiatives to move from the current two- to a three-component policy framework for school improvement. The third component is conceptualized as a component that unifies all school-based and linked interventions designed to address barriers to learning and teaching and re-engage disconnected students. This includes mental health and psychosocial concerns.

Efforts to enhance how schools address student problems will benefit from a policy shift to a three component framework and an expansion of school accountability to drive development of the third component and integrate it fully with instruction and management. The shift will enable an extensive restructuring of all school-owned activity, such as pupil services, safe and drug free school initiatives, and compensatory and special education programs.

See the Exhibit on page 5 for examples of initiatives supportive of a move from a two- to a three-component blueprint for school improvement policy and practice.

Reworking Operational Infrastructure: Beginning at the School Level

Beyond policy changes, emergence of a cohesive and effective approach to addressing youth problems requires some reworking of *operational* infrastructure so that interventions play out at the school level every day. This calls for conceiving the operational infrastructure from the school outward. That is, first the focus is on mechanisms needed at the school level. Building on this, mechanisms are designed to enable a complex of schools to work together and with neighborhood and home resources to increase efficiency and effectiveness and achieve economies of scale. Finally, system-wide mechanisms can be (re)conceived to provide equitable capacity building in each locality.

Clearly, the focus on operational infrastructure is concerned with more than enhancing coordination. The reworking needs to allow for weaving together what is available at a school, expanding this through integrating school, community, and home resources, and enhancing access to community resources by linking as many as feasible to fill major gaps at a school. Braiding resources is essential for addressing student problems in cohesive, cost-efficient, and equitable ways. Moreover, such an approach is highly supportive of the intent to evolve a comprehensive intervention continuum that plays out effectively in *every locality.* It also addresses issues related to enhancing the functionality of school-community collaboratives.

For more on these topics, see

>*Frameworks for Systemic Transformation of Student and Learning Supports.*
  http://smhp.psych.ucla.edu/pdfdocs/systemic/frameworksforsystemictransformation.pdf

>*Fostering School, Family, and Community Involvement. Guidebook in series, Safe and Secure: Guides to Creating Safer Schools.*
  http://smhp.psych.ucla.edu/publications/44 guide 7 fostering school family and community involvement.pdf

Examples of Efforts Related to Moving from a Two- to a Three-Component Policy Blueprint

(1) *U. S. Dept of Education*

The following is an excerpt from the U. S. Department of Education's description for its program entitled: *Integrating Schools and Mental Health Systems:*

"...As described by the University of California, Los Angeles' Center for Mental Health in Schools, development and implementation of a comprehensive, systemic approach to improving the mental health status of children as called for requires a broad, systems change in which services move from:
    (1) serving the few to ensuring an equal opportunity to succeed for the many;
    (2) fragmented practices to integrated approaches;
    (3) narrowly focused, discrete, problem specific, and specialist-oriented services to comprehensive, multifaceted, cohesive systems approaches;
    (4) an efficacy research-base toward effectiveness research as the base for student support interventions, with articulated standards that are reflected in an expanded approach to school accountability; and
    (5) projects and pilot demonstrations toward sustainable initiatives that are designed to go to scale.
These themes reflect a new approach and recognize that schools cannot alone address the complex mental health needs of students. Rather states and communities are called upon to work with schools to develop networked systems to apply resources to the promotion of mental health and prevention of MEB disorder among their young people, as well as delivery of high quality treatment at the time of earliest onset and over time as needed. Including individuals, families, schools, mental health systems, justice systems, health care systems and relevant community-based programs, these systems build on available evidence-based programs utilizing a public health framework and utilize data-based decision making to evaluate the efficiency of individual programs or policies and to measure community-wide outcomes.
    A public health framework to mental health services provides a multi-layered approach to children's mental health services which may include promoting mental health, primary prevention and education, screening and detection, early identification and treatment, follow-up and crisis services, and case management if necessary. This approach allows for schools to build an infrastructure of support systems and policies for mental health service delivery, allowing maximum flexibility for tailoring approaches specific to student and site needs, and building the capacity of its workforce to support mental health promotion, early intervention and treatment while linking with community partners committed to the same outcomes across a sustainable continuum of care."

(2) *Congress*

In May, Congressional Education Committee Member Judy Chu issued a report entitled: *Strengthening Our Schools: A New Framework and Principles for Revising School Improvement Grants* (online at http://chu.house.gov/SOS%20Report%20FINAL.pdf). Representative Chu's report adopts the three-component framework outlined by the Center at UCLA. The third component, encompassing learning supports directly designed to remove barriers to student success, is presented as a primary and essential element of school improvement. Concerns related to mental health in schools are fully embedded in the component. (See the Center's summer 2010 quarterly journal for a related discussion – http://smhp.psych.ucla.edu/pdfdocs/Newsletter/summer10.pdf)

(cont.)

(3) *State Departments and Districts*

There is a growing movement for developing truly comprehensive systems of student and learning supports. See *Where's It Happening?* <http://smhp.psych.ucla.edu/summit2002/nind7.htm >. Below are two prominent examples of *state education departments* that have developed designs for a comprehensive system to address barriers to learning and teaching and re-engage disconnected students. They are moving to coalesce initiatives such as RtI into the new directions they are evolving.

>**Louisiana** — See their design document – *Addressing the Internal and External*
   Barriers to Learning and Teaching: Louisiana's Comprehensive Learning Supports System –
   http://www.louisianaschools.net/lde/uploads/15044.pdf   (Also see the video message about the
   state's Comprehensive Learning Supports System from State Superintendent Paul Pastorek –
   http://www.louisianaschools.net/lde/scs/2976.html)

>**Iowa** – See their design document – *Developing Our Youth: Fulfilling a Promise,*
   Investing in Iowa's Future - **Enhancing Iowa's Systems of Supports for Learning and**
   Development – http://smhp.psych.ucla.edu/pdfdocs/iowasystemofsupport.pdf

With respect to *schools districts* and their schools, the Center at UCLA currently is working with a collaborative initiative involving the American Association of School Administrators (AASA) and Scholastic, Inc. that initially is focused on four districts (a) Jefferson County Public Schools (KY), (b) Indian River County (FL), (c) Gainesville City Schools (GA), and (4) Sabine Parish Schools (LA). Each of these was chosen to be Lead Districts for developing a comprehensive system of learning supports and as a collaborative for demonstrating for other districts. Beyond this initiative, we are just beginning to work with the Tucson (AZ) Unified School District. As this works continues, we will all learn more about implementation.

(4) *Associations for Student Supports*

Recently, the National Association of School Psychologist approached the Center at UCLA about developing a joint information brief to highlight this matter. This four page informative is entitled *Enhancing the Blueprint for School Improvement in the ESEA Reauthorization: Moving from a two-to a three-component approach* (http://smhp.psych.ucla.edu/pdfdocs/enhancingtheblueprint.pdf).
   The informative is being circulated and other associations who agree with the shift in policy are signing on (e.g., the National Association of Pupil Services Administrators, the National School Climate Center).

Evidence-Based Practices and the Implementation Problem at Schools

Schools require effective interventions for promoting the positive and reducing the negative. Both are integrally related to promoting wellness and fostering a positive school climate.

Increasingly schools are being called on to implement science-based practices. While it is clear that many concerns confronting schools cannot wait for researchers to provide proven prototypes, it is also clear that adopting an existing empirically-supported intervention that effectively meets a priority need is the appropriate course of action. At the same time, just because an evidence-based practice exists is not a sufficient reason for schools to adopt it. At any school, the first question that arises about any new practice is where and how does it fit into the school's priorities.

Given that a new practice is adopted, the multifaceted and complex problems associated with implementation arise. These problems are familiar to anyone who has tried to move prototypes found efficacious under highly controlled conditions into the real world of schools. As the *National Implementation Research Network* has stressed, research to support implementation activities is scarce, and little is known especially about the processes required to effectively implement evidence-based programs to scale (see http://www.fpg.unc.edu/~nirn/).

Early research on the implementation problem has focused on concerns about and barriers to matters such as dissemination, readiness for and fidelity of implementation, generalizability, adaptation, sustainability, and replication to scale. All of these matters obviously are important.

However, the tendency has been to analyze and approach the implementation problem with too limited a procedural framework and with too little attention to context. These deficiencies become apparent when the implementation process is viewed from the perspective of the complexities of (1) diffusing innovations and (2) doing so in the context of organized settings with well-established institutional cultures and infrastructures that must change if effective widespread application is to take place.

Addressing these matters requires drawing on the growing bodies of literature on diffusion of innovations and systemic change. From that perspective, the implementation problem is framed as *a process of diffusing innovation through major systemic change.* For schools, such a process encompasses not only facilitating effective adoption/adaptation of prototypes at a particular site, but the added complications of replication-to-scale

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For more on this, see the Center's Quick Find Clearinghouse topic:
Systemic Change – http://smhp.psych.ucla.edu/qf/systemicchange.html

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Concluding Comments

What unites so many of us is the desire to ensure the well-being of the young. In our work, we stress the need to move beyond specific agenda items in seeking greater attention for addressing mental health and psychosocial concerns in schools. Specifically, we have emphasized expanding policy and practice in ways that can embed such concerns into the type of comprehensive, systemic approach necessary for addressing the complex factors interfering with schools accomplishing their mission. By working collaboratively, schools and communities can integrate fragmented and marginalized initiatives. Over time, this will enable development of a comprehensive system of student and learning supports.
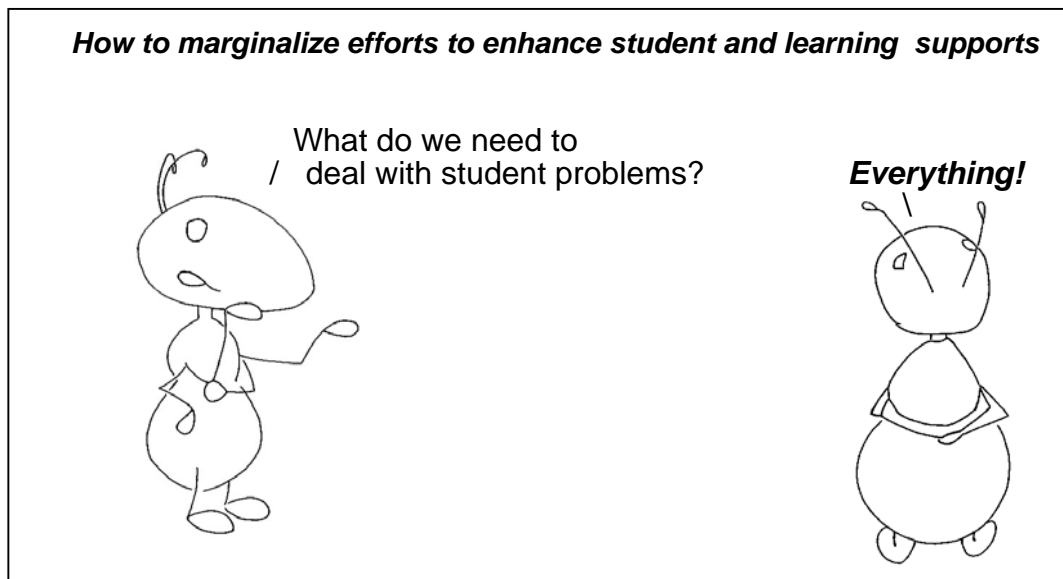
To guide development of a systemic approach, we have suggested a unifying framework for integrating school-community interventions. This includes subsystems for promoting healthy development, preventing problems, intervening early to address problems as soon after onset as is feasible, and addressing chronic and severe problems. There also is a need to fundamentally rework operational infrastructure to ensure leadership and mechanisms for building a comprehensive system at schools and for connecting school and community resources.

It is our view that, only by developing a comprehensive system, will it be feasible to facilitate the *emergence* of a school environment that fosters successful, safe, and healthy students and

staff. (It is important to remember that *school climate and culture are emergent qualities* that stem from how schools provide and coalesce on a daily basis the components dedicated to instruction, student and learning supports, and management/governance.)

Ultimately, enhanced intervention access and availability depend on moving the whole enterprise of student and learning supports out of the margins of school improvement policy and practice. In this respect, the impending reauthorization of the *Elementary and Secondary Education Act* (ESEA) represents a golden opportunity for moving to a *three-component framework* for turning around, transforming, and continuously improving schools. However, whether or not the reauthorization incorporates a three-component blueprint, pioneering work across the country is heralding movement in this direction. Properly conceived and implemented, the third component can provide a unifying concept and an umbrella under which schools can weave together all interventions specifically intended to address barriers to learning and teaching and re-engage disconnected students.

   The call for ensuring equity and opportunity for all youth demands no less.

How to marginalize efforts to enhance student and learning supports

What do we need to deal with student problems?

Everything!

Moving Beyond the Three Tier Pyramid:

Fitting *RtI* into a Comprehensive *System* of Student and Learning Supports

Aquestion frequently asked of our Center is: Where does some specific initiative, such as *RtI*, fit into a comprehensive system of student and learning supports? From our perspective, most such initiatives not only fit, they provide an opportunity to move forward in fully integrating a comprehensive system of student and learning supports into school improvement policy and practice.

About Response to Instruction and Other Interventions (RtI)

The last IDEA reauthorization called for what has been dubbed a "Response to Intervention" (*RtI*) approach. The intent is to use "well-designed and well-implemented early intervention" in the regular classroom as a way to deal with a student's problems and enhance the assessment of whether more intensive and perhaps specialized assistance (and perhaps diagnosis) is required. That is, the process calls for making changes in the classroom designed to improve the student's learning and behavior as soon as problems are noted and using the student's response to such modifications as "data" for making further changes if needed. The process continues until it is evident that problems cannot be resolved through classroom changes alone.

The approach overlaps ideas about authentic assessment and "pre-referral intervention" but is intended to be more systematically implemented with special attention to enhancing teacher capability to carry out "well-designed and well-implemented early intervention." This approach is meant to minimize inappropriate identification of students who don't need expensive special education. It also has the potential to build teacher capacity so that similar problems are prevented in the future. (It is important to emphasize that the approach involves teacher monitored individual plans and that the process is not to become a delaying tactic in providing students the interventions they need.)

RtI is currently being operationalized across the country. While there is variability in practice, the tendency in some places is to proceed as if all that is needed is more and better instruction. Clearly, good instruction is a necessary, but often an insufficient intervention.

If *RtI* is treated simply as a problem of providing more and better instruction, it is unlikely to be effective for a great many students. However, if *RtI* is understood to be part and parcel of a comprehensive system of classroom and school-wide student and learning supports, schools will be in a position not only to address problems effectively early after their onset, but will prevent many from occurring.

Therefore, we have suggested the following set of intervention concepts and a sequential approach as guides in operationalizing *RtI*. *First*, ensure an optimal learning environment. This means an enriched classroom and school environment that provides a rich array of options and choices and *personalized* teaching. For specific students at this stage, the emphasis is on responses to *instruction.* If instructional interventions prove insufficient, other forms of *special assistance* are introduced in the classroom, and if necessary, some supportive assistance outside the classroom is added to the mix to help students remain in the regular program; the emphasis at this stage is on responses to *intervention.* (If the problem proves to be severe and disruptive, an alternative setting may be necessary on a temporary basis to provide more intensive and specialized assessments and assistance.) Referral for special education assessment only comes after all this is found inadequate.

To spell this out a bit, *after ensuring an optimal learning environment:*

Step 1 calls for *personalizing instruction*. The intent is to ensure a student *perceives* instructional processes, content, and outcomes as a good match with his or her interests and capabilities.

>The initial concern is with the student's *motivation*. Thus: Step 1a stresses use of motivation-oriented strategies to (re)engage the student in classroom instruction. This step draws on the broad science-base related to human motivation, with special attention paid to research on intrinsic motivation and psychological reactance. The aim is to enhance student perceptions of significant options and involvement in decision making.

[*Note:* A core difficulty here is that of mobilizing unmotivated students (especially those actively disengaged from classroom instruction). If motivational considerations are not addressed effectively, an invalid assessment is made of responses to intervention and ultimately of whether a student has a true disability or disorder.]

>The next concern is *developmental capability*. Thus: Step 1b stresses use of teaching strategies that account for current knowledge and skills. In this respect, the emphasis on tutoring (designated as "Supplemental Services" in Title I) can be useful if the student perceives the tutoring as a good fit for learning.

>Then, if necessary, the focus expands to encompass *special assistance*. Thus: Step 2 stresses use of special assistance strategies to address major barriers to learning and teaching, with an emphasis on the principle of using the least intervention needed (i.e., doing what is needed, but no more than that). In this respect, the range of strategies referred to as "Prereferral Interventions" and the programs and services that constitute student/learning supports are of considerable importance. (Again, the impact depends on the student's perception of how well an intervention fits his or her needs.)

[*Note:* Prereferral interventions identify regular classroom problems, identify the source of the problems (student, teacher, curriculum, environment, etc.), and take steps to resolve the problems within the regular classroom.]
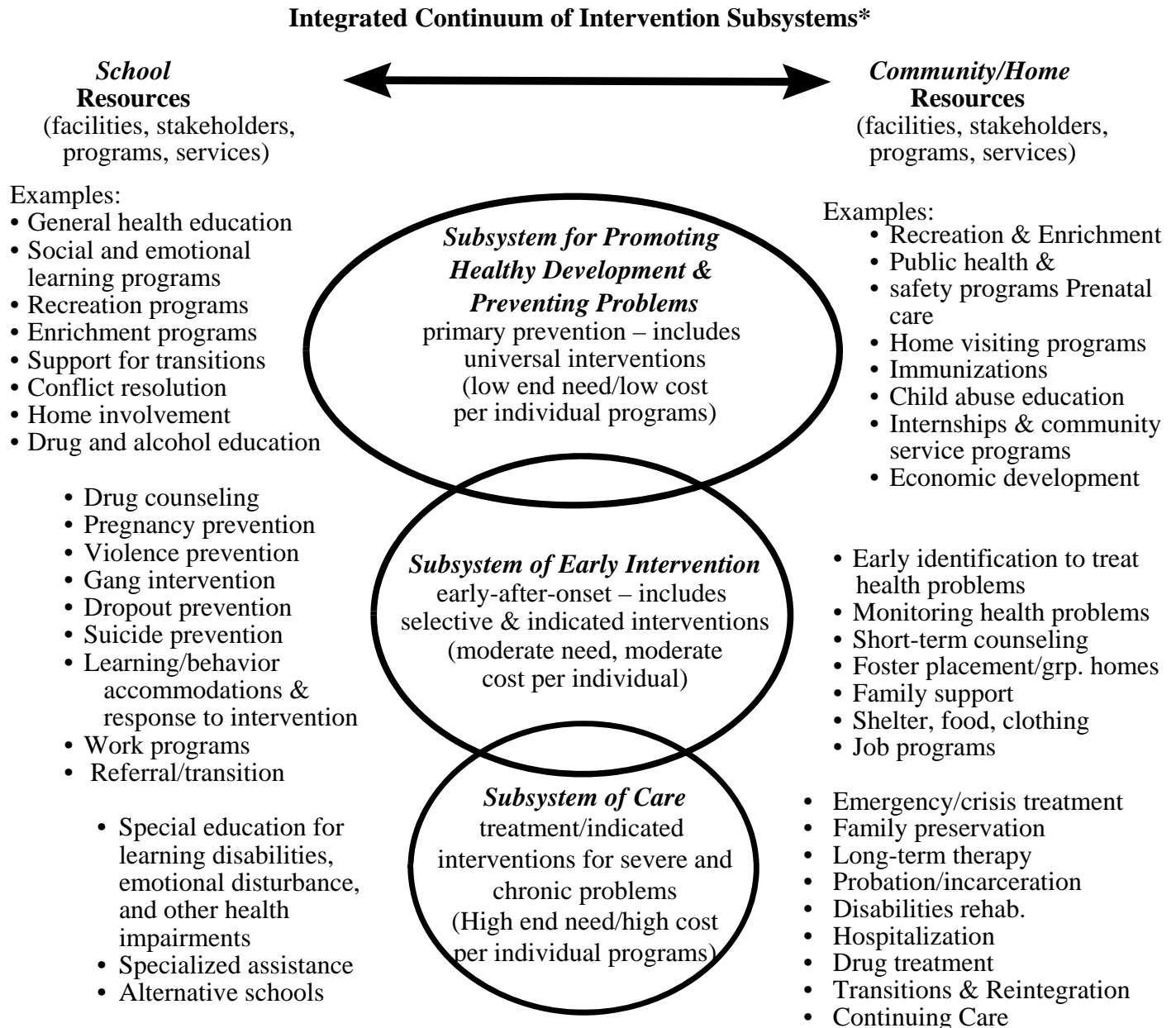
Fitting RtI Into a Comprehensive System of Student and Learning Supports

Too frequently, *RtI* is not conceived or implemented in ways that (1) address major barriers to learning and teaching and (2) re-engage disconnected students. To change this state of affairs, strategies such as *RtI,* positive behavior support initiatives, and all other student and learning supports should be embedded into a comprehensive system of student and learning supports. This will not only reduce the numbers who are inappropriately referred for special education or specialized services, it also will enhance attendance, reduce misbehavior, close the achievement gap, and enhance graduation rates.

Implied in all this is that specified staff are working to ensure (1) development of an optimal learning environment in classrooms and schoolwide, (2) classroom teachers are learning how to implement "well-designed early intervention" in the classroom, and (3) support staff are learning how to play a role, often directly in the classroom, to expand intervention strategies as necessary

In fitting *RtI* into a comprehensive system of supports, it is important to understand that the three tiered framework highlighted in *RtI* presentations needs to be reworked into a *system* framework that clarifies (a) full continuum of integrated intervention *subsystems* and (b) the critical arenas of intervention *content*. And the framework needs to emphasize the importance of weaving together school-community-home resources to develop the system.

With respect to full continuum of integrated intervention *subsystems*, we stress the graphic below:

Integrated Continuum of Intervention Subsystems*

School
Resources
(facilities, stakeholders,
programs, services)

Community/Home
Resources
(facilities, stakeholders,
programs, services)

Examples:
• General health education
• Social and emotional
  learning programs
• Recreation programs
• Enrichment programs
• Support for transitions
• Conflict resolution
• Home involvement
• Drug and alcohol education

• Drug counseling
• Pregnancy prevention
• Violence prevention
• Gang intervention
• Dropout prevention
• Suicide prevention
• Learning/behavior
  accommodations &
  response to intervention
• Work programs
• Referral/transition

• Special education for
  learning disabilities,
  emotional disturbance,
  and other health
  impairments
• Specialized assistance
• Alternative schools

Subsystem for Promoting Healthy Development & Preventing Problems
primary prevention – includes
universal interventions
(low end need/low cost
per individual programs)

Subsystem of Early Intervention
early-after-onset – includes
selective & indicated interventions
(moderate need, moderate
cost per individual)

Subsystem of Care
treatment/indicated
interventions for severe and
chronic problems
(High end need/high cost
per individual programs)

Examples:
• Recreation & Enrichment
• Public health &
• safety programs Prenatal
  care
• Home visiting programs
• Immunizations
• Child abuse education
• Internships & community
  service programs
• Economic development

• Early identification to treat
  health problems
• Monitoring health problems
• Short-term counseling
• Foster placement/grp. homes
• Family support
• Shelter, food, clothing
• Job programs

• Emergency/crisis treatment
• Family preservation
• Long-term therapy
• Probation/incarceration
• Disabilities rehab.
• Hospitalization
• Drug treatment
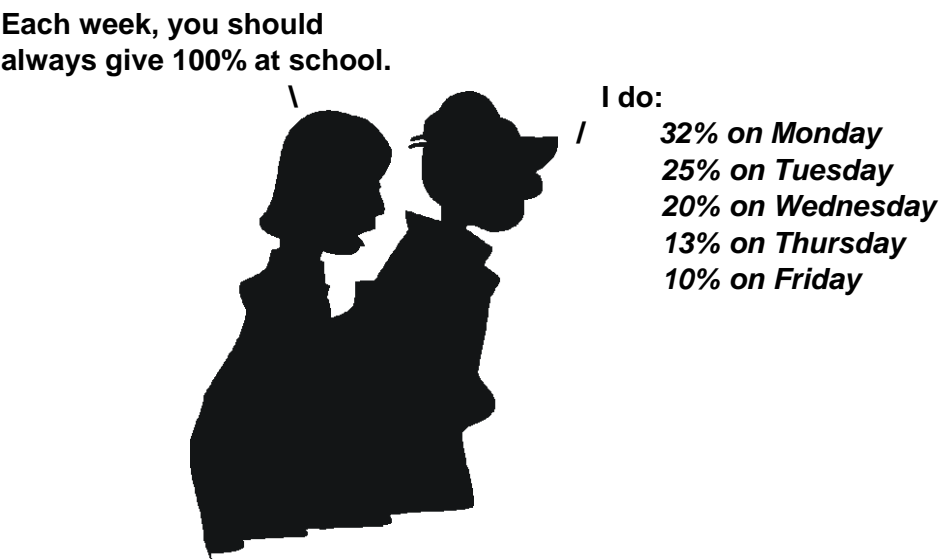• Transitions & Reintegration
• Continuing Care

Systematic school-community-home collaboration is essential to establish cohesive, seamless intervention on a daily basis and overtime within and among each subsystem. Such collaboration involves horizontal and vertical restructuring of programs and services.

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*Various venues, concepts, and initiatives permeate this continuum of intervention *systems.* For example, venues such as day care and preschools, concepts such as social and emotional learning and development, and initiatives such as positive behavior support, response to intervention, and coordinated school health. Also, a considerable variety of staff are involved. Finally, *note that this illustration of an essential continuum of intervention systems differs in significant ways from the three tier pyramid that is widely referred to in discussing universal, selective, and indicated interventions*.

With respect to the *content* of a comprehensive system of supports, most prototypes are emphasizing some version of six basic arenas related to each of the three integrated intervention subsystems. As illustrated below, the entire enterprise can be represented by a matrix formed by (a) the full continuum of integrated intervention *subsystems* and (b) the key arenas of intervention *content*.

Integrated Intervention *Subsystems*

Arenas of Intervention *Content*	Subsystem for Promoting Healthy Development & Preventing Problems	Subsystem for Early Intervention	Subsystem of Care
In Classroom			
Support for Transitions			
Crisis response/prevention			
Home involvement			
Community engagement			
Student & Family Assistance			

This matrix provide a tool for mapping and analyzing all student and learning supports at a school. In doing so, it will be evident that a well-conceived approach to *RtI* fits into every cell.

Each week, you should always give 100% at school.

I do:
32% on Monday
25% on Tuesday
20% on Wednesday
13% on Thursday
10% on Friday

Needs Assessment: Input from the Field

During June 2010, we sent out a request to all on our email list to provide input about (a) specific topics that need greater attention and (b) what more should we be doing to advance efforts for schools to develop a comprehensive system of learning supports with mental health matters fully integrated into the work.

In general, the responses focused mostly on wanting us to amass and develop more resources related to (a) specific problem areas, (b) practice/process matters, and (c) system concerns.

A. Specific Problem Topics about Which Respondents Wanted More Resources

>re: *mental health in schools* (e.g., resiliency and positive psychology; social and emotional learning; effective mental health screening and follow up; use of MH supports to improve graduation rates)

>re: *pervasive school wide student problems* (e.g., school wide and district wide interventions that improve school cultures to engage students; early identification and intervention for students with school attendance problems; bullying both in person, via internet; addressing behavior problems before they escalate)

>re: *students with special needs* (e.g., cultural competency; needs of immigrant and English language learners; accommodations and the use of 504 plans; incarcerated youth; small classes with extra support; need more on young children with severe mental health problems)

>re: *family involvement and support* (e.g., need for evidence based programs for family involvement in schools; depression in mothers; disruptions at home)

>re: *broader community and social concerns* (e.g., cultural concerns, gender issues, institutional racism; trauma and stressors related to the economy, wars, natural disasters; childhood trauma and it's impact)

>re: *clarifying that specific problems overlap* (e.g., integrating health/MH/addictions; tying all risks/MH issues together for school staff to see the impact)

B. Practice/Process Topics

>re: *general concerns for all students schoolwide* (e.g., school climate highlighting prosocial, risk prevention, health/MH promotion; a focus for high schools on nurturing students; making classrooms/schools family/community friendly; linking best practices with achievement)

>re: *support for all students to succeed* (e.g., build on existing schools programs such as Response to Intervention; enhancing use of evidence based practices and their outcomes by integrating them into schools/districts; how to develop teachers who can establish small groupings in order to provide more support to students who need it)

>re: *special populations* (e.g., transition of high risk students from alternative schools; strengthen school attendance review board processes)

>re: *integration of resources to provide support for all students* (e.g., focus on establishing a district wide steering group for learning supports; explore how school based and community based providers might account for each other better and combine resources and expertise)

C. System Topics

>re: *policy concerns* (e.g. evidence to show how learning supports leads to better outcomes; link schools to state mandates related to disproportionality and equity; continue analyses of national school improvement and specific state initiatives)

>re: *leadership for learning supports* (e.g. strengthening administrative skills of learning support leaders to align with system priorities; leadership development to facilitate system development)

>re: *capacity building for school staff* (e.g., guides and resources delineating (a) training for school staff and leadership in learning supports and training that leads to agreement on practices that will improve climate and relationships; aids for ongoing support and supervision; resources on performing around cuts in professional development by working in classrooms with teachers; how to work with staff in juvenile facilities; aids for improving technology in intervening and for staff development)

>re: *resource allocation* (e.g., info focused on increasing resources/funding and how to deal with budget cuts to avoid losing learning support staff; identification of additional funding sources)

>re: *data collection and accountability* (e. g. providing data on (a) extent to which MH interventions have positively impacted student MH/achievement and how to do more to integrate relevant indicators into school monitoring systems, (b) link between attendance in primary grades to social/emotional issues and dropouts, and (c) changes in outcomes when learning supports are reduced)

>re: *integrating schools and community support networks* (e.g., elucidating best strategies in linking school and community, including overcoming barriers across disciplines; delineating community building activities and ways to address school and community budget cuts; providing info for school personnel about working with communities; highlighting community organizations as co-conveners; clarifying what parents and parent organization can do to advocate for development, implementation, and evaluation of learning supports)

ADVANCING THE FIELD

Ideas were shared with respect to what is needed to advance the field. Some of the ideas reflect Center work that is underway; some can be added; some are beyond the Center's current capacity.

>re: *building strategic collaborations* (e.g., work with school boards, associations for training/policy on learning supports in schools/districts/community; work with special education related groups and associations; integrate work of various Centers in theory and work with schools/districts; work with other national associations to increase momentum; work with charitable organizations for scale up and policy change; cross cutting collaborations and coordination across disciplines)

>re: *networks for action* (e.g., develop regional hubs for the national initiative to disseminate knowledge, enhance leadership core; develop a cadre of "expert facilitators" to work with states/districts/schools using well developed tools and protocols; use partner organizations strategically to disseminate materials/reports; work with related federal grant opportunities)

>re: *research/outcomes for learning supports* (e.g., connect learning supports to measurement systems; need a well designed study or evaluation of learning supports for more outcome data to make the case; identify where learning supports are in schools/districts and how much it costs/saves; demonstration districts where the work is in place for others to see)

>re: *sustaining and scale up* (e.g., work with state departments as they set the agenda; integrate mental health standards into the core curriculum of education; system change through school improvement; integrate learning supports into university training programs; need a legislative focus on learning supports; need strategic social marketing strategies with specific messages to specific audiences; brief well formatted user friendly products; focus on implementation science and how to take good models to scale and sustain them; work with national champions)

The Center for Mental Health in Schools operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA.

Center Staff:
  Howard Adelman, Co-Director
  Linda Taylor, Co-Director
  Perry Nelson, Coordinator
  . . . and a host of graduate and undergraduate students

Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Admin., U.S. Dept. of Health & Human Services.

As we move forward, the implications from the feedback will be strategically incorporated into our current initiatives for advancing the field and will be immediately reflected in the Call to Action initiative related to the upcoming reauthorizations of both the ESEA and SAMHSA (see http://smhp.psych.ucla.edu/summit2002/ninhome.htm) .

**Some Recent Resources from Our Center to Aid in Enhancing
School Improvement Policy and Practice**

Policy & Practice Analyses Reports:

>*Youth Substance Use Interventions: Where Do they Fit into a School''s Mission?*
http://smhp.psych.ucla.edu/pdfdocs/subintervent.pdf
>*Turning Around, Transforming, and Continuously Improving Schools: Federal Proposals are Still
Based on a Two- Rather than a Three- Component Blueprint –*
http://smhp.psych.ucla.edu/pdfdocs/turning.pdf
>*Transforming Schools or Tinkering? An Analysis of CCSSO''s Model Core Teaching Standards*
http://smhp.psych.ucla.edu/pdfdocs/ccssoanalysis.pdf

Books:

>Mental health in schools: *Engaging learners, preventing problems, and improving schools* (2010).
Corwin Press.
>*The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers
to Learning. (2006).* Corwin Press.
>*The Implementation Guide to Student Learning Supports: New Directions for Addressing Barriers
to Learning* (2006). Corwin Press.
And, Scholastic has condensed the substance of these books into a handbook for Leadership Institutes
entitled:
>*Rebuilding for learning: Addressing barriers to learning and teaching and re-engaging students.*
(2008). Published by Scholastic as a noncommercial, not for sale handbook; online at
http://smhp.psych.ucla.edu/rebuild/RebuidlingV11RD28.pdf

Chapter:

>Adelman, H. S. & Taylor, L. (2010). Placing Prevention into the Context of School Improvement.
In B. Doll, W. Pfohl, & J. Yoon (eds) *Handbook of Youth Prevention Science.* New York: Routledge.

Latest Resource in Youth Subculture Series:

>*About Raves as a Youth Culture Phenomenon* — http://smhp.psych.ucla.edu/pdfdocs/youth/raves.pdf
(See the entire series on *Youth Subcultures: Understanding Subgroups to Better Address Barriers to
Learning & Improve Schools* at http://smhp.psych.ucla.edu/materials/trainingpresentation.htm#fact

Webinar:

>*Strengthening School Improvement by Developing a Comprehensive System of Learning Supports to
Address Barriers to Learning and Teaching.* A one hour webinar done as part of our Center's public-
private collaboration with the American Association of School Administrators and Scholastic, Inc.
See https://scholastic.webex.com/scholastic/lsr.php?AT=pb&SP=TC&rID=48915112&rKey=
09f14db0881f5159&act=pb

Online professional development leadership course: Rebuilding for Learning:

>The direct link is: http://rebuildingforlearning.scholastic.com

It can also be accessed from our website at: http://smhp.psych.ucla.edu/rebuild/rebuilding.htm

>>For a quick overview of the modules, see
http://smhp.psych.ucla.edu/rebuild/rfl/rflannouncement.htm
>>For specific details, see the syllabus
http://rebuildingforlearning.scholastic.com/site/online_institute/institute_syllabus
>>For an overview of each of the six sessions, take a look at the Facilitators Guide.
http://rebuildingforlearning.scholastic.com/site/downloadPDF/RebuildingForLearning.pdf
>>Download the accompanying handbook at
http://smhp.psych.ucla.edu/rebuild/RebuildingV11RD28.pdf

What the Center Does*

Policy and Practice Analyses and Much More to Support and Advance the Field
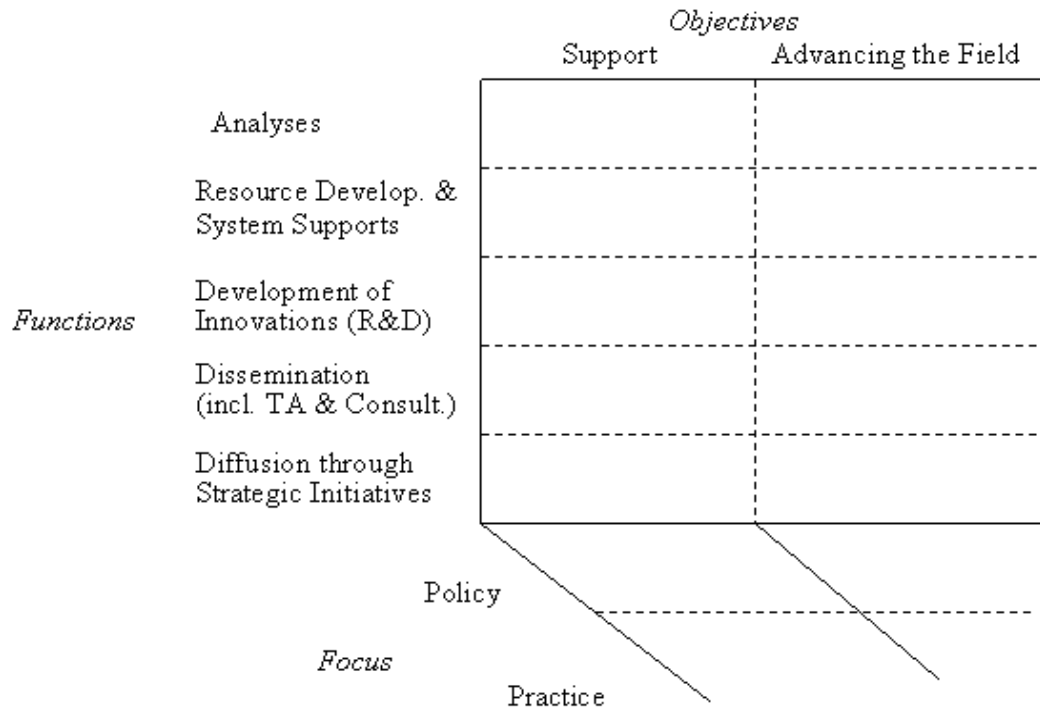
*The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Box 951563, Los Angeles, CA 90095-1563   Ph: (310) 825-3634 - Fax: (310) 206-8716 - Toll Free: (866) 846-4843 - email: smhp@ucla.edu - website: http://smhp.psych.ucla.edu

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