Addressing Barriers to Learning

New ways to think . . .

Better ways to link

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*Everyone knows the importance of having data on **results.** Few would argue against being **accountable** for their actions and outcomes. But solving complex problems requires use of comprehensive, multifaceted, and integrated interventions, and thus, the accountability framework also must be comprehensive, multifaceted, and integrated.*

Expanding the Framework for School Accountability

In the lead article of our Winter 1998 issue, we asked whether accountability is becoming just another mantra. At the very least, it seems evident that the attempt to use accountability to drive reforms in the public sector is bearing bitter fruit.

As with many other efforts to push reforms forward, policy makers want a quick and easy recipe to use. Most of the discussion about accountability centers on making certain that program administrators and staff are held accountable. Little discussion wrestles with how to maximize the benefits (and minimize the negative effects) of accountability efforts. As a result, in too many instances the tail is wagging the dog, the dog is getting dizzy, and the public is not getting what it needs and wants.

School accountability is a good example of the problem. Policy makers want schools, teachers, and administrators (as well as students and their families) held accountable for higher academic achievement. As measured by what? As everyone involved in school reform knows, the only measure that really counts right now is achievement test scores. These tests drive school accountability, and what such tests measure has become the be-all and end-all of what is attended to by school reformers. This produces a growing disconnect between the realities of what it takes to improve academic performance and where many policy makers and school reformers are leading the public.

This disconnect is especially evident in schools serving what are now being referred to as "low wealth" families. Such families, and those who work in schools serving them, have a clear appreciation of many barriers to learning that must be addressed so students can benefit from classroom instruction. Parents and teachers stress that, in many schools, major academic improvements are unlikely until comprehensive and multifaceted programs/services to address these barriers are developed and pursued effectively. At the same time, it is evident to anyone familiar with the situation that there is no direct accountability for whether these barriers are addressed. To the contrary, when achievement test scores do not reflect an immediate impact for the investment, efforts essential for addressing barriers to development and learning often are devalued and cut.

Thus, rather than building the type of comprehensive, multifaceted, and integrated approach needed to enable improved academic performance, prevailing accountability measures pressure schools to maintain a narrow focus on strategies whose face validity suggests a direct route to improving performance. The implicit underlying assumption of most of these teaching strategies is that students are motivationally ready and able each day to benefit from the teacher's instructional efforts. The reality, of course, is that in too many schools the *majority* of youngsters are not motivationally ready and able and, thus, are not benefitting from the instructional refinements. For many students, the fact remains that there are a host of external interfering factors. Logically, well designed, systematic efforts should be directed at addressing such factors. However, accountability pressures override the logic and result in the marginalization of

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almost every initiative that is not seen as directly (and quickly) leading to academic gains.

Ironically, not only does a restricted emphasis on achievement measures work against the logic of what needs to be done, it works against gathering evidence on how essential and effective it is to address barriers to learning directly. As long as school accountability ignores these concerns, it remains difficult to make an empirical case for school interventions that focus on interfering factors. This is not to say that it would be easy to show causal connections between such strategies and the immediate and direct results they are meant to produce (never mind showing the long-term, indirect outcomes that they hope to engender). As Lisabeth Schorr and Daniel Yankelovich warn in an op ed article entitled *What works to Better Society Can't Be Easily Measured:*

> . . . "Alas, insistence on irrefutable scientific proof of causal connections has become an obstacle to finding what works, frustrating the nation's hunger for evidence that social programs are on the right path. Ironically, the methods considered most scientific can actually defeat thoughtful assessments of promising interventions.
>
> Why is this so? It is because scientific experiments are best equipped to study isolated interventions, whereas the most promising social programs don't consist of discrete, circumscribed pieces. . . .
>
> Many new approaches now are becoming available for evaluating whether complex programs work. What they lack in certainty they make up for in richness of understanding that builds over time and across initiatives. Quarrels over which method represents "the gold standard" make no more sense than arguing about whether hammers are superior to saws. . . ."

Properly designed and implemented, school accountability policies provide an important arena in which to pursue the type of new evaluation approaches essential for demonstrating how important education support programs are to the success of school reform.

All this leads to an appreciation of why an expanded framework for school accountability is needed – a framework that includes direct measures of achievement and much more. The figure on page 5 highlights such a framework.

Few would argue with the notion that ultimately school reform must be judged in terms of whether the academic performance of students improves significantly (approaching "high standards"). At the same time, it is essential that accountability encompasses all facets of a comprehensive and holistic approach to facilitate and enable development and learning. Such an approach comprises programs designed to achieve high standards for learning related to social and personal functioning and those designed to address barriers to student learning. Currently, efforts in these arenas are given short shrift because they are not part of the accountability framework. To be more specific, it is clear that concerns about social learning and behavior, character/values, civility, healthy and safe behavior, and other facets of youth development are not included when school accountability is discussed. Similarly, school programs/services designed to address barriers to student learning are not attended to in a major way in the prevailing accountability framework. We suggest that "getting from here to there" in improving academic performance also requires expanding the accountability framework to include high standards and related accountability for activities to enable learning and development by addressing barriers. Among the accountability indicators ("benchmarks") for such programs are increased attendance, reduced tardies, reduced misbehavior, less bullying and sexual harassment, increased family involvement with child and schooling, fewer referrals for specialized assistance, fewer referrals for special education, and fewer pregnancies, suspension, and dropouts.

Concern about the need to expand the accountability framework is being driven home through litigation. For example, in California, the ACLU recently initiated a suit against the state to hold them accountable for the substandard conditions found in too many schools. As one of the lawyers states:

> "There is a whole lot of talk now about accountability in education. ... I think this is an excellent idea, But who is accountable to our students? The state has established and works through local school boards, but that is a political and legislative choice, not a constitutional mandate. Under general state constitutional law, the buck stops with the governor, the superintendent of public instruction, and other state officials.
>
> But in the daily reality of our schools, there is another answer to the question of who is accountable to our students: No one. The patchwork of laws and regulations that govern conditions in public schools is made up mainly of holes. . . . Public school students lack some of the

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Center News

Want resources?
Need technical assistance?

Contact us at:
E-mail: **smhp@ucla.edu** Ph: **(310) 825-3634**
Write: Center for Mental Health in Schools
Department of Psychology, UCLA
Los Angeles, CA 90095-1563

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If you're not receiving our monthly electronic newsletter (ENEWS), send an E-mail request to:
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leave the subject line blank, and in the body of the message type: **subscribe mentalhealth-L**

Also, if you want to submit comments and info for us to circulate, use the form inserted in this newsletter or contact us directly by mail, phone, or E-mail.

NEW Feature on Our Website:

News Item(s) of the Week – Because our electronic newsletter (ENEWS) is circulated monthly, we have added a news section on our website's *What's New?* page. We could make this a daily news feature if it proves popular. Go to http://smhp.psych.ucla.edu and click on What's New? Let us know if it is useful.

Also, on the web site, we are adding *Quick Finds* (easy access to information on a variety of topics) on a regular basis. Recent topics include:

- Rural School Mental Health
- Classroom Management
- Bullying
- At-Risk Youth Education

Go to http://smhp.psych.ucla.edu/websrch.htm

Revised Packets Available

Recently updated packets are available by downloading from the web or by order:

- *Violence Prevention and Safe Schools*
- *Financial Strategies to Aid in Addressing Barriers to Learning;*
- *School Interventions to Prevent Youth Suicide*

Summit on Pioneer Initiatives to Reform Education Support Programs

On May 22, 2000, leaders of reform initiatives met to share progress and lessons learned to date. Represented were:

- *Memphis City Schools* – where the reform encompasses a comprehensive restructuring at all levels so that every school site can evolve a student support system that effectively addresses barriers to learning
- *Detroit Public Schools* – where schools are using the mechanism of a Resource Coordinating Team and the concept of an enabling component to develop an integrated "Learner Support System"
- *Los Angeles Unified School District* – where Organization Facilitators (systemic change agents) are enhancing Learning Supports at the school cluster level
- *Hawai'i Dept. of Education* – developing a "Comprehensive Student Support System" (CSSS) throughout the state in ways that fully integrate with the instructional and management components at school sites
- *Washington State Office of Public Instruction* – where the concept of a supportive "Learning Environment" is used to enhance and integrate school and community collaborations for student and family support
- *California Department of Education* – which uses the concept of "Learning Support" and is exploring how to enhance integration of its various education support systems
- *New American School's Urban Learning Center model* -- the only comprehensive school reform model to incorporate a comprehensive, multifaceted, and integrated approach to addressing barriers to learning.

A collated set of descriptions for each of the initiatives is available from the center (for the cost of copying and handling). A report on the summit is in preparation and will soon be available.

No crisis this week, please; my schedule is full.

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

Policy Leadership Cadre for Mental Health in Schools

Participants at the two regional meetings held in March and April of this year have made the Cadre a reality. Three initial tasks have been identified and task workgroups formed.

√*Task A. Strategies for Enhancing Organizational Linkages.* Clarifying ways to improve the capacity of school mental health providers to work collaboratively.

√*Task B. Developing a Comprehensive "Map" of Existing Centers and Other Sources.* The idea is to expand existing resource mapping for enhancing MH in schools and begin analyses and formulation of implications for coalescing what exists and filling gaps. (e.g., How can resources be improved and access to them enhanced?)

[As soon as an expanded map is developed, the work group will clarify strategies for facilitating its widespread dissemination both as an aid to the field and as a next step in stimulating discussion for greater cooperation and coordination among those developing resources and doing training and TA related to mental health in schools.]

√*Task C. Develop a "Policy-Oriented Document on MH in Schools."* The intent is to enhance clarity and consensus about what is meant by the term (MH in Schools) and to provide a sense of what the "gold-standard" is for best practice. Development of the document would involve input from all stakeholder groups.

[Once developed, the document would be adapted into several formats to fit different audiences (e.g., practitioners, school policy makers and administrators, training institutions).]

The report from these regional meetings was just mailed out as well as posted on our web site. (http://smhp.psych.ucla.edu/policy.htm). You will also find posted there the names of all who have volunteered to work on one or more tasks.

If you would like to participate on one or more of the work groups and/or join the Cadre, you can sign up by sending contact information (name, agency, address, etc) via email at smhp@psych.ucla.edu or call us at (310) 825-3634.

Do You Know About?

ADHD Class Action Suit

In Texas, a major class action suit has been filed against Ciba-Geigy Corporation, Novaritis Pharmaceuticals, Children and Adults with Attention Disorder (CHADD), and the American Psychiatric Association. The suit states allegations based on fraud and conspiracy. From approximately 1955, Ciba-Geigy, which in 1996 merged with Sandoz Pharmaceuticals to become Novaritis, has been the exclusive or primary manufacturer and supplier of Ritalin in the U.S.A.

The suit claims Ciba/Novaritis planned, conspired, and colluded to create, develop, and promote the diagnosis of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) to increase the market for Ritalin. It also claims the company (1) actively promoted and supported the idea that a significant proportion of children suffer from a "disease" requiring narcotic treatment/ therapy, (2) actively promoted Ritalin as the drug of choice, (3) actively supported groups such as CHADD, both financially and with other means so that the organization would promote and support (as a supposed neutral party) the ever-increasing implementation of ADD/ADHD diagnoses as well as directly increasing Ritalin sales, (4) distributed misleading sales and promotional literature to parents, schools, and others in an effort to further increase the number of diagnoses and the number of persons prescribed Ritalin.

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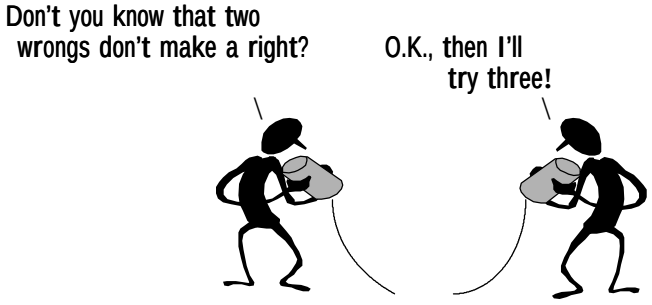
Empirically Supported Interventions

With growing interest in the topic of research-supported programs, the journal *School Psychology Quarterly* is adding a new standing section on the topic. As a kick off, the first of a two part article provides an overview of the historical, contextual, and methodological perspectives on the use of empirically supported interventions in school and community contexts.

See K.C, Stoiber & T.R. Kratochwill (2000), Empirically supported interventions and school psychology: Rationale and methodological issues Pt. I. *School Psychology Quarterly*, *15*, 75-105.



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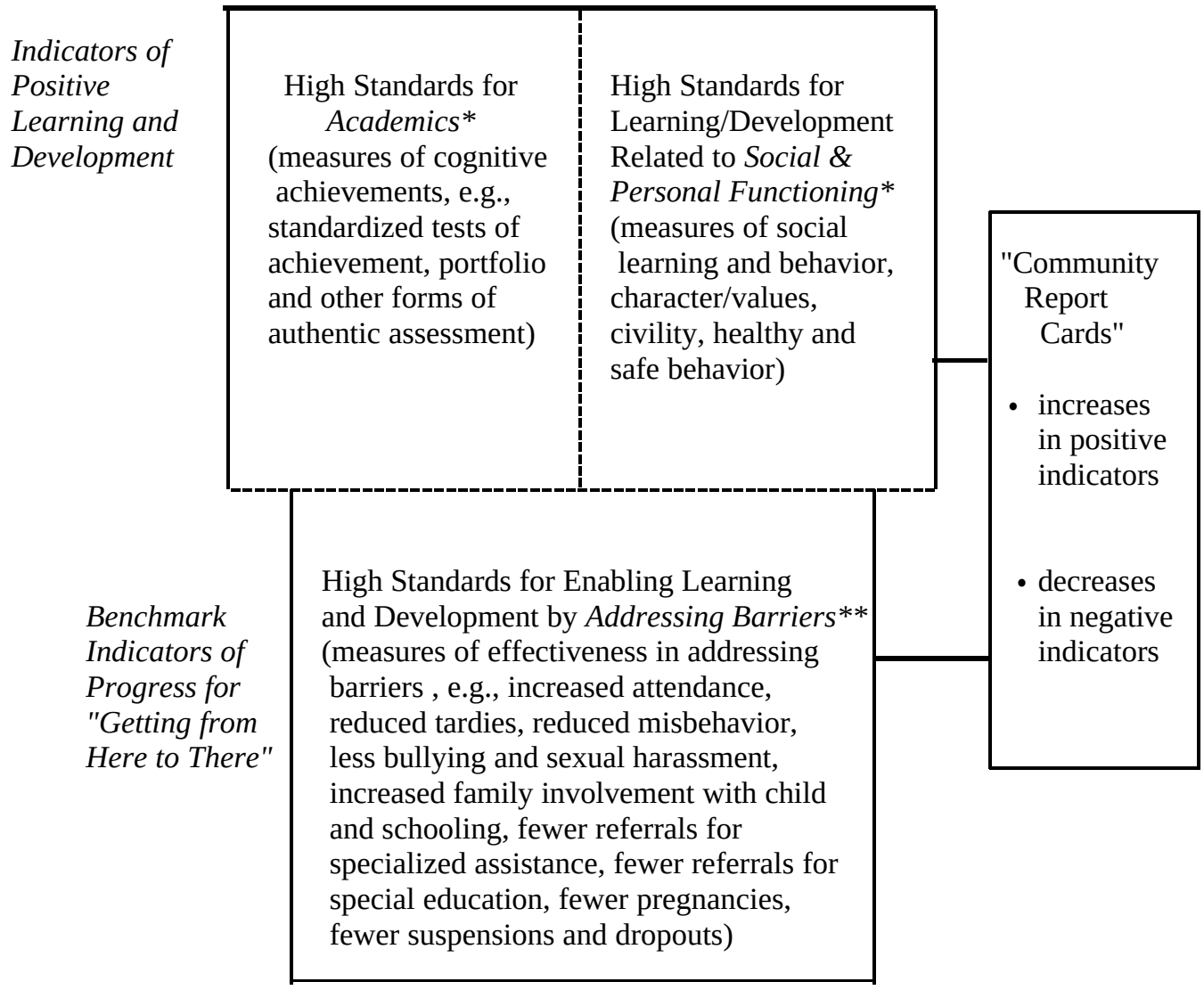
same protections from slum conditions that tenants have had since 1919.

Where there are standards for schools, no one ever bothers to find out whether they are routinely violated. We regularly inspect workplaces, restaurants and apartment houses. No one inspects our public schools. . . . We desperately need accountability starting at the top."

(Gary Blasi, UCLA professor of law)

This article is our first step in encouraging adoption of an expanded accountability framework for schools. At this stage, we hope to promote a discussion of the need for and the nature and scope of such an expanded framework. We invite all who want to share perspectives on the matter to send us commentary.

Expanding the Framework for School Accountability



*Results of interventions for directly facilitating development and learning.

**Results of interventions for addressing barriers to learning and development.

Ideas into Practice
Involving Parents in Counseling

*T*hose who work regularly with youngsters know the impact of a lack of parental commitment. For instance, when youngsters are referred for counseling, parent follow-through is estimated at less than 50%, and premature termination occurs in 40-60% of child cases (Kazdin, 1997). Clearly, not all parents feel that such counseling is worth pursuing. Even if they do enroll their child, dropping out in short order is likely if the family experiences the process as burdensome, unpleasant, or of little value. Conversely, children seem to do better when parents perceive few negatives related to the intervention and its potential outcomes (Kazdin & Wassell, 1999).

In addition to reducing dropouts, there are many reasons to involve parents. For example, it seems essential to do so when they are the cause of or an ongoing contributor to a youngster's problems. Moreover, in more cases than not, we want the family's cooperation in facilitating, nurturing, and supporting desired changes in the youngster. Equally important, what parents learn in the process may generalize to other venues, such as home involvement in school and parent advocacy.

All this underscores the importance of attending to motivation for involvement. A variety of psychological, socioeconomic, language, racial, and ethnic factors affect a parent's motivation to enroll and maintain a youngster and be active participants themselves. Based on theories of intrinsic motivation (e.g., see Ryan & Deci, 2000), we suggest ideas for: (1) using initial contacts to assess and address parent motivation for involvement and (2) maintaining their motivated involvement over time.

Accounting for and Enhancing Motivational Readiness

Think in terms of a range of motivational differences. With respect to their youngster's participation and their own role in the intervention process, parents range from those who are:

- highly involved (e.g., motivated and active participants who advocate for their children and seek out resources)
- marginally involved (e.g., minimally motivated and cooperative)
- reluctant to highly resistant (e.g., not at all motivated, uncooperative, avoidant, reactive).

Those in the last group often have been pushed to pursue assistance by the school or the justice system. Working to establish appropriate family cooperation and involvement often is a critical process objective at all points along the continuum. An intervener must, from first contact, assess parents' motivation for enrolling their youngster and for their own possible involvement. And, assessment processes must be designed to enhance the motivation of family members, or at least to minimize conditions that can reduce their motivation. As Ed Deci and his colleagues well articulate, this means using practices that can enhance (or at least reduce threats) to:

- feelings of competence
- feelings of self-determination
- feelings of relatedness to others.

As an intervener first encounters the family, multiple opportunities arise to assess their motivation and engender parent involvement. In doing so, it also is important to minimize perceptions of coercion and enhance feelings of control and competence by involving parents in decisions.

Following are four aspects of initial contact that require practices that account for motivational concerns:

1) Using the consent process to assess and enhance motivation. Informed consent presumes that participation is voluntary and that clients can terminate with no penalty or prejudice. By approaching consent as an intervention step, an intervener provides a natural opportunity for parents to express their questions, concerns, doubts, and fears. If they agree to proceed, the family has made an essential, formal commitment. That is, properly implemented, the process not only protects client rights, it can help reduce feelings of coercion and promote feelings of self-determination, enhance feelings of competence, and foster feelings of positive relatedness between the family and intervener.

At this stage, it is especially important to counter feelings of coercion and intimidation among mandated referrals. This requires reframing the referral as an opportunity for a family to explore all *their* options for improving the situation. A useful place to begin is by sharing available assessment information as a basis for discussing the problem and what to do and ways to work together. Suggesting a short time frame (e.g., 3 sessions) can help reduce the feeling of coercion, and so can choices about who the intervener will be (e.g.,with respect to age, sex, ethnicity, language). Families not ready or willing to engage may need the option of a "cooling-off" period (e.g., so they can view the need in a less reactive manner).

In many settings, a youngster's consent also must be elicited. Modeling for parents how to explain the nature of the intervention and elicit consent not only can help enhance the youngster's participation, it helps parents further understand the importance of their involvement.

The above practices can help establish a perspective from which parents see the need for intervention and for their involvement. The ensuing decision to consent can enhance

their feelings of self-determination, competence, and relatedness to the intervener.

2) Contracting for involvement. Negotiating a "contract" should include mutual expectations about involvement. At the outset, the focus with parents who are not highly motivated may just be on scheduling (e.g., regular appointments, arriving on time) and sharing relevant information. Over time, such initial agreements may be renegotiated to encompass greater degrees of family involvement.

To elicit appropriate involvement, an intervener must demonstrate respect for parent roles and efforts related to the youngster's day to day experiences. This involves validating those aspects of what they are doing right. Then, discussion of what they might want to change can be initiated as one basis for clarifying why their inclusion in the process is necessary.

A special problem arises with youngsters whose parents are divorced and/or remarried. The dynamics of such families require clarifying the respective roles and involvements of each member, with particular reference to family communication and problem-solving abilities to serve intervention's aims (Lew & Bettner, 1999).

3) Handling privacy and confidentiality. Concerns about privacy and confidentiality influence the nature and scope of involvement. Families vary in how much info they want interveners to share with others. One parent may want discussions kept confidential from the youngster, the other parent, and other staff at a school. Some parents are uncomfortable with the intervener holding conversations which are not shared with them.

For many, assurances of privacy and confidentiality are sufficient to enlist cooperation and participation. For others, discussion of these matters must go further (e.g., pronouncements of reporting requirements are unlikely to enhance the involvement of abusive parents). There is no easy solution to the confidentiality dilemma. One strategy that can pay dividends is to reframe the topic in ways that clarify that the intent isn't to play a game of "keeping secrets" or to elicit info to report to authorities. To the contrary, what must be conveyed is: (a) the intent is to encourage a flow of info that is essential to solving problems and (b) when mutual sharing is necessary, the intent is to find ways to facilitate such sharing (Taylor & Adelman, 1998).

4) Handling parent reactions to initial contacts and assessment. Enrollment procedures may require families to complete extensive paperwork, including lengthy questionnaires asking about psychological problems. Completing such forms requires literacy and candor that may exceed a family's skills and/or motivational readiness and may reinforce negative feelings about participation. If this appears likely, an intervener must make these processes more consumer friendly by ensuring the level of discourse is a good match for the family's level of skills and motivation.

Initial assessments are a major opportunity to demonstrate and validate the importance of parent involvement. Because causal attributions for problems often play a major role in shaping behavior, data about such attributions require special attention. If parents blame themselves or each other for the child's problems, an intervener must be ready to explore these perceptions quickly and nonjudgmentally. Extra efforts may be required to convince parents that such feelings are natural and that the intervener is not assigning blame and is only seeking to correct problems.

Toward the other end of the continuum, some families are overly or inappropriately involved. This may not be evident at first. Such parents may be reluctant to allow the youngster to meet alone with the intervener; they may want more frequent appointments than is common practice or may call frequently between appointments; they may self-generate lists or logs of problem behaviors. Such behavior often calls for separate sessions with the parents to clarify their underlying motivation and elicit changes that will facilitate rather than hinder the youngster's progress.

In sum, concern about parent involvement begins at first contact. Strategies to address this concern can help move parents to perceive an intervener as a potential ally rather than an enforcer or an agent of social control.

Maintaining Motivation and Involvement During the Process

Good practice calls for processes that both assess and enhance motivation not only initially, but throughout the period of intervention. Extrapolating from the literature on intrinsic motivation (e.g., Ryan & Deci, 2000), three considerations seem basic for maintaining involvement:

- ensuring parents feel a growing sense of relatedness to the intervener
- enhancing valuing by providing many desirable ways for parents to participate and, then, facilitating their decision making (including their ongoing decisions to change how they are involved)
- providing continuing support for learning, growth, and success (including feedback about the benefits of their involvement).

Such considerations play out especially in relation to intervention alliances and assignments. For example, use of "homework" provides opportunities to involve parents and develop alliances. Other occasions arise around the family's role in facilitating, supporting, and nurturing the youngster's progress.

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In forming alliances with youngsters, special concerns arise. For instance, many teens are trying to develop separate identities from their families and don't want counselors having any contact with a parent. Parents, however, are likely to feel excluded and alienated from the

process if the counselor avoids them. They also may feel threatened by the growing bond between their child and the intervener. Conversely, if a bond is established with one of the parents, the youngster and/or the other parent may feel threatened or jealous. Any of this may lead to abrupt and premature withdrawal of a youngster from counseling.

Counselors must (a) help all concerned parties appreciate the appropriateness and value of various alliances and (b) listen to and validate the feelings that accompany each's perceptions. The danger in not doing so is to be seen by one or more of the parties as a biased and untrustworthy person. In general, when parents understand the process and feel heard and validated, an intervener is more likely to be perceived as an ally. Such an alliance can prevent premature termination and enhance parent involvement.

There are, of course, parents who want the intervener to take over and are satisfied not to form a close alliance. The need here is to move them to middle ground as soon as feasible. This requires frequently clarifying and demonstrating that specific forms of contact are beneficial (e.g., in terms of progress and for anticipating and preventing problems).

Concluding Comments

Interveners who want to enlist parent involvement must be clear about the value and forms of and barriers to such involvement. From initial contact, they must include a focus on the family's motivation and incorporate processes that avoid lowering motivational readiness and, when necessary, enhance such motivation. Clearly, this is an area where the full implications for research, theory, practice, and professional training are just beginning to be appreciated.

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In the Rush to Identify Who May Become Violent, Serious Errors Will Be Made

Those who work in schools will be wise to heed the cautions outlined in *Early Warning, Timely Response*. (see http:www.ed.gov/offices/OSERS/OSEP/earlywrn.html)

It is important to avoid inappropriately labeling or stigmatizing individual students because they appear to fit a specific profile or set of early warning indicators. It's okay to be worried about a child, but it's not okay to overreact and jump to conclusions.

Educators and families can increase their ability to recognize early warning signs by establishing close, caring, and supportive relationships with children and youth -- getting to know them well enough to be aware of their needs, feelings, attitudes, and behavior patterns.... Unfortunately, **there is a real danger that early warning signs will be misinterpreted.** . . . [Avoid this] by using [the following]] principles . . .:

Do no harm. . . . First and foremost, the intent should be to get help for a child early. The early warning signs should not be used as a rationale to exclude, isolate, or punish a child. Nor should they be used as a checklist for formally identifying, mislabeling, or stereotyping children. . . .

Understand violence and aggression within a context. Violence is contextual. Violent and aggressive behavior as an expression of emotion may have many antecedent factors ... .

Avoid stereotypes. . . . It is important to be aware of false cues -- including race, socio-economic status, cognitive or academic ability, or physical appearance. . . . such stereotypes can unfairly harm children, especially when the school community acts upon them.

View warning signs within a developmental context. . . . The point is to know what is developmentally typical behavior, so that behaviors are not misinterpreted.

Understand that children typically exhibit multiple warning signs. . . . Research confirms that most children who are troubled and at risk for aggression exhibit more than one warning sign, repeatedly, and with increasing intensity over time. Thus, it is important not to overreact to single signs, words, or actions.

Lessons Learned

Financing Mental Health for Youngsters

Recently, we were asked to do an issues' brief on financing mental health. The following is a summary of some major points we covered.

Data on financing for mental health (MH) are difficult to amass. Difficulty arises from many factors. For one, the figures depend on whether the focus is on mental illness, psychosocial problems, and/or promoting general wellness. Another difficulty stems from variations in where the funds flow from (public and private sources at national, state, and local levels) and to whom they go (e.g., to agencies, schools, community based organizations for direct, administrative, and evaluative costs related to programs, services, initiatives, projects, training, research).

Some Data

Most information on MH expenditures focuses only on direct treatment of mental disorders, substance abuse, and dementias (e.g., Alzheimer's disease). Adult and child data are not separated. As noted in the 1999 Surgeon General's report on MH:

- total expenditures in 1996 were above $99 billion or about 7 percent of total U.S. health spending (estimated at $943 billion) – a percentage decline over the decade
- more than two-thirds ($69 of the $99 billion) was consumed by MH services, with outpatient prescription drugs as among the fastest-rising expenses (accounting for about 9 percent of total direct costs)
- treatment of substance abuse was almost $13 billion (about 1 percent of total health spending)
- public sector per capita costs for treating the 5.1 million individuals with serious mental illness (about 1.9 percent of the population) is estimated at $2,430 per year, leaving about $40 per year for persons without insurance and with problems that are not seen as severe.

Who paid? Approximately $37 billion (53 percent) for MH treatment came from the public sector. Of the remaining $32 billion, $18 billion came from private insurance. Most of the rest was direct payment (including copayments related to private insurance and for prescription costs not covered by Medicare or supplementary insurance, as well as direct payment by the uninsured or insured who choose not to use their insurance coverage for MH care.)

Another perspective is provided by what is spent in schools.

- Federal government figures indicate 5.2 million are in special education. Costs are about $43 billion (and rising), with the federal government funding only about 5.3 billion. Estimates in many school districts indicate that about 20% of the budget can be consumed by special education. How much goes specifically for efforts to address MH concerns is unknown, but given that over 50 percent of those in special education are diagnosed as learning disabled and over 8 percent are labeled emotionally/behaviorally disturbed, much of the budget probably underwrites MH related activity.

- Looking at total education budgets, one group of investigators report that nationally 6.7 percent of school spending (about 16 billion dollars) is used for student support services, such as counseling, psychological services, speech therapy, health services, attendance problems, and diagnostic and related special services for students with disabilities. Again, it is unclear how much is specifically devoted to MH, and the figures do not include costs related to time spent on such matters by other school staff, such as teachers and administrators. Also not included are expenditures related to special initiatives such as safe and drug free schools programs and special arrangements such as alternative and continuation schools and funding for special school-based health, family, and parent centers.

Based on available studies, the following are some conclusions about the impact of current financing policy:

- Funding for MH and psychosocial concerns is marginalized in policy and practice, categorical in law and related regulations, fragmented in planning and implementation, and inequitable with respect to access. This has created an ad hoc, de facto, and inadequate MH "system."

- The public sector (particularly state and local government) provides the greatest proportion of financing for MH services because insurance coverage is not on a par with coverage for physical health.

- The vast proportion of public and private funding for MH is directed mainly at severe, pervasive, and/or chronic psychosocial problems. For those in crisis and those with severe impairments, financing is only sufficient to provide access to a modicum of treatment, and even this is not accomplished without creating major inequities of opportunity. Too few programs and services are available for youngsters, and what is available too often is inadequate in nature, scope, duration, intensity, quality, and impact.

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- With the expansion of Medicaid funding for MH care, there has been a reduction of direct state funding (with the result that the Medicaid program's design has profoundly reshaped delivery of mental health care).

- In the private sector, insurance and the introduction of managed care are reshaping the field, with an emphasis on cost containment and benefit limits and with expanded coverage for prescription drugs.

- There is a policy trend toward tying significant portions of public financing for MH and psychosocial concerns of youngsters to schools. A related trend encourages school and community collaborations.

Funding Sources

A central financing principle is that funding should not drive programs, rather the program vision should drive financing. A related principle is that no single source of or approach to financing is sufficient to underwrite major systemic changes. In addition to general agency and school funding, programs to address youngsters' MH related concerns increasingly are seeking access to a variety of funding sources including:

- Medicaid and Supplemental EPSDT (Early Periodic Screening, Diagnosis, and Treatment)
- Maternal and Child Health (Title V) block grants
- ESEA (Elementary and Secondary Education Act) Title I and Title XI
- IDEA (Individuals with Disabilities Education Act)
- Community MH Services block grant
- programs from the several agencies concerned with promoting health, reducing violence and substance abuse, and preventing pregnancy, dropouts, and HIV/AIDS
- Titles IV-B, IV-E, and XX of the Social Security Act
- after school programs and job programs
- state-funded initiatives for school-linked services
- and, as feasible, private insurance reimbursements and private fee for services.

The Emerging Program Vision

For communities and schools, the range of MH and psychosocial concerns confronting young people require much more than providing services for those with mental disorders. The activity encompasses a multifaceted continuum of programs and services including those designed to:

- promote healthy social and emotional development (assets) and prevent problems (by fostering protective factors and resiliency and addressing barriers to development and learning)

- intervene as early-after-the onset of a problem as is feasible
- provide specialized assistance for persons with severe, pervasive, and/or chronic problems.

Establishing the full continuum and doing so in an integrated and systematic manner requires weaving community and school resources together and requires financing for start-up costs and underwriting for wide-scale.

Strategies for Improving Financing Practices

- *redeploying resources* by:
  >enhancing efficiency to maximize resource use
  >shifting funding from higher to lower-cost programs/services to increase the system's ability to meet the needs of the many
- *leveraging* (public/private, dollars/non-monetary resources) by using what is available to qualify for other resources (e.g., new or matching funds)
- *refinancing* – a specialized form of leveraging that substitutes federal and state entitlement funding (which is open-ended) and related administrative claiming to free up local funds to serve other youngsters and their families (Examples of federal entitlement programs are among the funding sources previously cited.)
- *pooling* – combining some funds from several agencies and programs to enhance collaboration for a shared goal (as occurs with block funding); at a less ambitious level, several funding streams might be *coordinated* to support coordinated/integrated intervention activity; at the most ambitious level, budgets for overlapping roles and functions would be *blended*
- reinvesting savings resulting from policies that ensure funds accrued from effective financial strategizing are kept to further a program vision
- *amortizing costs* with one-time funds or over time
- minimizing reliance on *pernicious funding* (e.g., project funding that distracts from expeditiously moving forward a program vision or that sets in motion activity that is not sustainable when the project ends)
- using effective *brokers* to facilitate the focus on financing.

Opportunities to Enhance Funding

- reforms that enable redeployment of existing funds away from redundant and/or ineffective programs
- reforms that allow flexible use of categorical funds (e.g., waivers, pooling of funds)
- health and human service reforms (e.g., related to Medicaid, TANF, S-CHIP) that open the door to leveraging new sources of MH funding
- accessing tobacco settlement revenue initiatives

- collaborating to combine resources in ways that enhance efficiency without a loss (and possibly withan increase) in effectiveness (e.g., interagency collaboration, public-private partnerships, blended funding)
- policies that allow for capturing and reinvesting funds saved through programs that appropriately reduce costs (e.g., as the result of fewer referrals for costly services)
- targeting gaps and leveraging collaboration (perhaps using a broker) to increase extramural support while avoiding pernicious funding
- developing mechanisms to enhance resources through use of trainees, work-study programs, and volunteers (including professionals offering pro bono assistance).

For More Information

The Internet provides ready access to info on funding and financing.

Regarding funding, see:

>*School Health Program Finance Project Database* – http://www2.cdc.gov/nccdphp/shpfp/index.asp
>*School Health Finance Project of the National Conference of State Legislators* – http://ncsl.org/programs/health/pp/schlfund.htm
>*Snapshot from SAMHSA* – http://www.samhsa.gov
>*The Catalog of Federal Domestic Assistance* – www.gsa.gov/
>*The Federal Register* – www.access.gpo.gov/GPOAccess
>*GrantsWeb* – http://www.research.sunysb.edu/research/kirby.html
>*The Foundation Center* – http://fdncenter.org
>*Surfin' for Funds* – guide to internet financing info http://smhp.psych.ucla.edu/ (search *Quick Find*)

Regarding financing issues and strategies, see:

>*The Finance Project* – http://www.financeproject.org
>*Center for Study of Social Policy* – http://www.cssp.org
>*Center on Budget and Policy Priorities* – http:www.cbpp.org
>*Fiscal Policy Studies Institute* – www.resultsaccountability.com
>*Making the Grade* – http://www.gwu.edu/~mtg/sbhcs/financing.htm

A Few References

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Why we need a focus on mental health in schools

Parent:

How did you do on your tests?

Student:

Well, the results of my urine drug testing were positive and my IQ test was negative.

Commentary: **Connecting School Health to School Reform***

Those concerned about enhancing the health status of children and adolescents know that schools provide an important venue for their efforts. This perspective is well articulated in a 1997 Institute of Medicine report and in initiatives funded by the federal government designed to foster coordinated school health programs and mental health in schools. One fundamental problem encountered by those who want schools to play a greater role related to health stems from the simple fact that schools are not in the health business. Education is the mission of schools, and policy makers responsible for schools are quick to point this out whenever schools are asked to do more about physical or mental health. In response, proponents of school health argue that their efforts will contribute to healthier students, and healthier students will learn and perform better. However, this argument has had limited impact because the accountability pressures on schools increasingly have focused attention on improving instruction at the expense of all matters not seen as *directly* related to raising achievement test scores. In this context, the case for school health (putting aside standard health education units and courses) probably is best made by not presenting it separately, but embedding it as one element of a comprehensive, multifaceted continuum of programs and services schools need to enable effective learning and teaching. Such a continuum encompasses efforts to both promote healthy development and address barriers to development, learning, parenting, and teaching.

Any analysis of policy reflects the lens through which the observer chooses to look. Thus, we find that viewing efforts to enhance the well-being of young people through the lens of addressing external and internal barriers to learning produces analyses that differ markedly from prevailing discussions of school health and general school reform. Such a lens also has relevance for analyses of school-community partnerships, community schools, school-linked services, full service schools, youth development programs, and related work. The resulting perspective helps develop a full appreciation of the importance and value of (a) embedding *school* health into a broad framework of activity for addressing barriers to learning and (b) fully integrating the activity into school reform policy.

At this point, we hasten to stress that our emphasis on addressing barriers to learning in no way is meant to diminish the importance of the complementary perspective gained by using the lens of promoting healthy development. Together, both perspectives provide a sense of what is meant by a holistic, developmental approach.

*From: H.S. Adelman & L. Taylor (2000), Looking at school health and school reform policy through the lens of addressing barriers to learning. *Children's Services: Social Policy, Research, and Practice, 3*, 117-132.

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