A look at California Assembly Bill 114:

Transition of Special Education and Related Services Formerly Provided by County Mental Health Agencies*

(August, 2013)

Transition of Special Education and Related Services
Formerly Provided by County Mental Health Agencies

With the signing of California's Assembly Bill (AB) 114 on June 30, 2011, Assembly Bill (AB) 3632 was rendered inoperative. Under AB 3632, mental health services for students with disabilities in California were provided through state mandated interagency collaboration between school districts and county mental health agencies. In effect, county mental health agencies were mandated to provide "related mental health services" to students with disabilities. The new law states unequivocally that school districts are solely responsible for ensuring that students with disabilities receive the mental health services necessary to benefit from a special education program.

The shift, while simple on paper, has significant implications for special education programs across school districts in California. A relatively small percentage of special education students require mental health related services, but under AB 3632, the few students with the most intensive needs were receiving services from licensed personnel through county mental health agencies. Currently, some school districts employ trained mental health professionals, but most pupil services personnel (e.g., counselors, school psychologists) are not licensed to diagnose or provide the type of mental health services called for by AB 114. Consequently, it is unclear how school districts can meet the legislative mandate.

The California Department of Education (CDE) has published several memos that address components of the regulatory changes. This brief outlines stipulations in AB 114 that appear to cause the most confusion.

Funding

AB 114 transferred the responsibility of funding related mental health services from county mental health and child welfare departments to school districts. It states that funds shall be available only for the purpose of providing:

> …educationally related mental health services, including out-of-home residential services for emotionally disturbed pupils, required by an individualized education program pursuant to the federal IDEA of 2004 (20 U.S.C. Sec. 1400 et seq.).

There are four important considerations regarding the new funding structure:

1. Funding is distributed by the California Department of Education (CDE) directly to Special Education Local Planning Areas (SELPAs) based on Average Daily Attendance (ADA) of all pupils in the SELPA, without regard for the number of pupils in special education or the disability status of those pupils. Each SELPA then has license to determine its own formula for allocating funds directly to its LEAs. As a consequence, SELPAs may vary in how they fund related mental health services within school districts, charter schools, and programs.

2. The funds are targeted for related services and are only to be used for services formerly provided by county mental health agencies and the Department of Social Services.

3. The funds are not restricted to special education students identified under Emotional Disturbance (ED); the funds are available to all special education students who require related mental health services to benefit from their special education programs, as determined by the IEP team.

4. The funds are strictly to be used for the provision of related services as outlined in IDEA. As such, the funds are not available for services or programs provided for students who are not eligible for special education.

Related Services

Many school districts in California have adopted the term "educationally related mental health services," or ERMHS, to refer to the services previously provided by county mental health agencies. This has resulted in some confusion, especially the thinking that these services are somehow separate from the related services outlined in IDEA. The California Department of Education (CDE) has addressed the confusing terminology by stating that it will use the term "related services for students who have emotional and behavioral needs" in place of "educationally related mental health services."

Clarification in terminology is meant to reflect California's decision to move away from its own statutory framework for providing mental health services to students with disabilities and turn toward IDEA as the guiding force for providing mental health services under the umbrella of related services. IDEA defines related services as the following:

> Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in school, and parent counseling and training [34 *CFR* 300.34(a)].

The following are important considerations regarding related services, including mental health services:

>Educationally related mental health services are not a separate set of services under the law. Mental health services for students with disabilities should be thought of as related services, which include services that students with disabilities require to benefit from special education.

>The Office of Special Education Programs (OSEP) has made it clear that the list of related services in IDEA is not meant to be exhaustive or finite. Other services may be considered if they are necessary for a child with a disability to benefit from special education.

>Eligibility under "emotional disturbance" is not necessary to be eligible for receiving related mental health services. CDE states the following: "eligibility for related services is not contingent on a particular disabling condition and should be determined based on an assessment that reveals an individualized need for the service."

>OSEP has identified two critical requirements for a service to be considered a related service pursuant to IDEA:
>>The child's IEP team must determine that the related service is required in order for the child to benefit from special education.
>>The IEP team's determination of the appropriate related services must be written into the child's IEP.

Residential Care

IDEA permits residential care for students with disabilities if the IEP team determines it to be necessary for the student to benefit from his or her education:

> If placement in a public or private residential program is necessary to provide special education and related services to a child with a disability, the program, including non-medical care and room and board, must be at no cost to the parents of the child [34 *CFR* 300.34104].

According to CDE, for residential placements of students, both in and out of state, that existed prior to September 13, 2011, LEAs may enter into the necessary contractual agreements to maintain those placements. For placements after September 13, 2011, LEAs may consider the following three options:

1. Contract with a residential care facility that is affiliated with a California-certified nonpublic school through a master contract or Individual Services Agreement (ISA).

2. Contract with a residential care facility that is a California-certified nonpublic agency.

3. Contract with a residential care facility that is a vendor or contractor of the State Department of Mental Health or any designated local mental health agency.

Medication Monitoring

Under Chapter 26.5 of the California Government Code, "medication monitoring" was a service provided to special education students by county mental health agencies, and could include "prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness." Now that LEAs have assumed responsibility for related services under AB 114, there has been a great deal of confusion as to whether schools are responsible for medication management. While there has yet to be a sense of resolve regarding this particular area of service delivery, CDE has provided some guidelines for LEAs to consider:

>Pursuant to IDEA, "related services" may include medical services if they are necessary for the purpose of diagnosis or evaluation.

>Services provided by a physician, other than for diagnostic or evaluation purposes, are subject to the medical exclusion of IDEA.

>Services that may be provided by a school nurse or other qualified person are not subject to medical exclusion.

>School districts are encouraged to address medication monitoring on a case-by-case basis. LEAs should consider which personnel are qualified to perform the service, and the extent to which the child requires the service in order to benefit from a free and appropriate public education.

Service Delivery Models

CDE has not dictated a model for service delivery. As such, LEAs are responsible for choosing their own system of service delivery depending on their internal capacity to provide services and available resources within the community. In general, there are three options for service delivery models:

1. LEAs hire qualified personnel. District staff provides services.

2. LEAs contract with community providers or other qualified professionals to provide services.

3. LEAs contract with county mental health departments to provide services.

Licensure Requirements

Prior to AB 114, there was a distinct separation between services provided by the school, under the auspices of those holding Pupil Personnel Services credentials, and services provided by county mental health agencies, under the supervision of those possessing clinical licenses. Now that schools must provide all related services, and may do so within a variety of service delivery models, there has been a need to clarify the licensure requirements of any professionals involved in the provision of mental health services to students with disabilities. In general, for LEAs directly employing mental health professionals, the individual employed must hold a valid credential issued by the California Commission on Teacher Credentialing (CTC) with the appropriate authorization for those services, such as a Pupil Personnel Services credential, or be authorized to provide services based on another section of statute or regulation. For LEAs contracting with community-based mental health professionals, individuals and entities must be current contractors or vendors of the public agencies for the same related services for which the LEA is contracting, or must hold Nonpublic School (NPS) or Nonpublic Agency (NPA) certification.

Moving Forward in the Short Run

As districts adjust to the changes brought about by AB 114, the first concern is following the law, but at the same time, it is essential to use this time of change as a critical opportunity to rethink the role of mental health in schools.

In moving forward in the short run, district personnel will need to

- **Read about the regulatory changes straight from the source, which is CDE**. *Caution:* Many districts rely upon information gleaned from sources such as this and from other districts or other practitioners. Unfortunately, even well-intentioned individuals pass along incorrect or misinterpreted information, especially with respect to new mandates.

- **Develop ways to meet the mandates in keeping with the district's unique needs**. It will be important to map and analyze needs and resources and identify major gaps. *Opportunity:* There is an opportunity at this juncture to move beyond a narrow focus on special education students and clinical services and to introduce a range of strategies designed to reduce the numbers referred for specialized services. (See the appended discussion that highlights the Center's approach to mental health in schools.)

- **Outreach to community resources for help in filling gaps**. While a few districts are equipped to provide the intensive and individualized mental health services that special education students require, most are not. This is also the case in addressing a range of other problems that require intensive and specialized intervention. Many schools already are outreaching to community resources to see if they can help fill critical gaps.

Concluding Comments

In public schools, special education doesn't exist in a vacuum, and mental health concerns are not exclusive to those diagnosed for special education. So, while AB 114 is focused solely on mental health services for special education students, districts and schools need to take the lead over the long run in placing such services into perspective with respect to mission of public education.

As an aid for moving in this direction, the Center for Mental Health in Schools at UCLA has developed prototype frameworks for embedding a broad range of mental health concerns into school improvement policy as part of a high priority for addressing barriers to learning and teaching. The appendix to this report highlights these frameworks.

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Appendix

Fully Embedding Mental Health Concerns into a
Unified and Comprehensive System of Learning Supports

Prepared by Howard Adelman & Linda Taylor

**Fully Embedding Mental Health Concerns into a
Unified and Comprehensive System of Learning Supports**

Background for Recommendations

Over the past decade, American society has become increasingly aware of mental health concerns through tragic events such as the school shootings in Columbine, Newtown, and Taft. This increased awareness has created an immediate response from mental health stakeholders, parents, and policymakers who are demanding a greater focus on mental health in schools.

The problem is that in doing so, they find themselves competing, often counterproductively, with advocates arguing for schools and communities to expand their role in addressing many other initiatives for addressing a wide range of learning, behavior, and emotional concerns. In addition, the current trend is for policy makers to react mostly to problems that are politically sensitive and establish practices aimed at the most severe and chronic problems. This narrow focus has had limited success, and it skews intervention efforts in ways that result in little being done to prevent or at least intervene early after problems appear.

Those advocating for specific problems usually propose special initiatives. By limiting their focus to a specific problem, however, such initiatives often work against efforts to address a fuller range of factors causing problems for many youngsters and their schools. Over the years, policy makers have recognized that the fragmentation is counterproductive. This leads many to propose coordination of services as the solution. But, fragmentation is a symptom of policy marginalization. Better coordination, while desirable, has not and will not end the marginalization.

No single program or even a coordinated set of wrap around services can address the range of factors interfering with equity of opportunity to succeed at school for the large number of students affected. Moreover, the competition for resources resulting from separate advocacy for specific concerns is contributing to the continuing marginalization and resultant fragmentation of essential supports. In turn, this ensures that needed supports reach only a small proportion of students. State and local policy makers must move to end the marginalization and resist the siren's call from lobbyists for initiatives that focus too narrowly on addressing major problems.

While the good news about California's schools is that at many schools the majority of students are doing just fine. The bad news is that in too many schools across the state, particularly those serving lower income families, significant numbers of students are confronted with a wide range of barriers to learning and teaching that interfere with their students succeeding at school.

Emphasizing barriers to learning and teaching in no way is meant as an excuse for poor school performance. Indeed, doing so simply underscores common sense. As schools and districts move to high-quality, rigorous, grade-level standards and teaching, school and student success often will depend on addressing interfering factors. Indeed, the Carnegie Task Force on Education wisely stresses that while school systems cannot be responsible for meeting every need of their students, "when the need directly affects learning, the school must meet the challenge."

In meeting the challenge, schools certainly need to continue to broaden what they do about mental health concerns. But the complex array of factors interfering with schools achieving their mission calls for more than enhancing mental health services. Besides needing to address mental health concerns, almost every school is caught up in addressing dropout rates and excessive absences (of students and staff), bullying, harassment, substance abuse, and a variety of other problems that interfere with learning and teaching. Any combination of neighborhood, family, school, peer, and individual factors can lead to such problems. The higher the concentration of such "risk" factors, the greater the number of learning, behavior, and emotional problems.

The current state of affairs raises fundamental public education, public health, and civil rights concerns. Meeting the challenge requires embedding agenda for specific problems into the mission of schools by embracing an expanded vision for school improvement policy and practice that establishes innovative new directions for student and learning supports.

Efforts to establish and institutionalize new directions start with ensuring the work is fully integrated into school improvement policy and practice. Then, the focus is on reworking operational infrastructure and setting priorities for system development. Given sparse resources, the emphasis is on weaving together and redeploying existing school and community resources and taking advantage of natural opportunities at schools for addressing problems and promoting student, staff, and other stakeholder development.

The aim is development of a unified, comprehensive, systemic, and equitable approach to increase impact, reduce the number of individuals requiring special assistance, and enhance cost-effectiveness. This includes a focus on promoting the well-being of teachers and other school staff so that they can do more to promote the well-being of students. Classroom and school-wide learning supports extend the range of interventions for enabling academic, social, emotional, and physical development and ameliorate learning, behavior, and emotional problems. In doing so, the goals are to prevent the majority of problems, deal with another significant segment as soon after problem onset as is feasible, and end up with relatively few students needing specialized assistance and other intensive and costly interventions.

For individual students, the aim is to prevent and minimize the impact of as many problems as feasible and doing so in ways that equitably maximize school engagement, productive learning, and positive development. For the school and community as a whole, the intent is to contribute to a safe, healthy, nurturing environment characterized by respect for differences, trust, caring, support, social justice, and high expectations. All this is essential in enhancing a nurturing school climate and a school that is fully integrated into the community.

Key Policy and Implementation Concerns Involved in Establishing New Directions for Student & Learning Supports

In response to the number of schools and students in trouble, state departments and districts across the country are beginning to focus on new directions for student and learning supports. In doing so, sparse resources make it necessary for them to set priorities and phase in systemic changes.

With this in mind, districts and schools should pursue a process that first pulls together all student and learning supports and then, over a period of several years, develops a unified, comprehensive, and equitable system of interventions. Research indicates that accomplishing this requires pursuing four fundamental and interrelated policy and implementation concerns:

(1) expanding school improvement policy from a two- to a three-component framework; that is, adding to the prevailing focus on instruction and management, a third component dedicated to addressing barriers to learning and teaching,

(2) operationalizing the third component as a unified and comprehensive system of student and learning supports,

(3) reworking school leadership and infrastructure and the infrastructure for school-community collaboration to ensure development of the third component – with an emphasis on redeploying and weaving together existing resources,

(4) ensuring establishment of effective mechanisms for systemic change, scale-up, and sustainability.

The following recommendations focus on expanding school improvement *policy*, developing a unified and comprehensive *intervention system*, and establishing a *leadership and opertational infrastructure.*

***Recommendation:* Move to a Three-Component *Policy Framework* for Improving How Schools Address Student & Schooling Problems**

Moving beyond piecemeal initiatives to improve the well-being of children and youth requires an expanded vision of school improvement policy and practice.

Why? Because prevailing education policy is based on a narrow vision that stresses a two-component framework for school improvement. One component emphasizes enhancing instruction; the other intends to improve the management/governance of schools. Some attention, of course, also is given to student and schooling problems. However, in most school systems, these matters are at best a secondary concern in school improvement planning.

An expanded vision adds an emphasis on addressing barriers to learning and teaching as a unified, primary, and essential third component (see diagram below and Exhibit 1). The third component, dedicated to addressing barriers to learning and teaching, usually is referred to as a comprehensive system of learning supports. Moving to a three-component policy framework provides a driver for transforming what schools do in dealing with factors interfering with student success. Exhibit 1 highlights key systemic changes resulting from adoption of the third component.
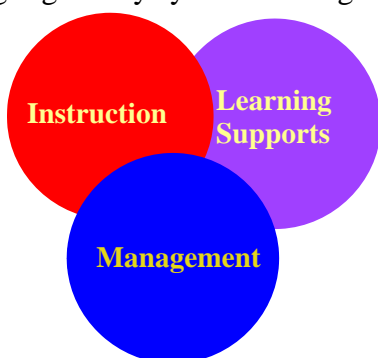
Learning supports are the resources, strategies, and practices that provide the physical, social, emotional, and intellectual supports that directly address barriers to learning and teaching and re-engage disconnected students.

A comprehensive learning supports system provides supportive interventions in classrooms and schoolwide and is fully integrated with efforts to improve instruction and management at a school.

Exhibit 1

Moving to a Three-Component Framework for Improving Schools

Adoption of a third component provides the basis for

- Reframing the existing wide range of initiatives, programs, and services and redeploying resources to develop a comprehensive and cohesive system for enabling learning

- Developing both in-classroom and school-wide approaches – including interventions to support transitions, increase home and community connections, enhance teachers' ability to respond to common learning and behavior problems, and respond to and prevent crises

- Realigning district, school, and school-community infrastructures to weave resources together with the aim of enhancing and evolving the learning supports system

- Pursuing school improvement and systemic change with a high degree of policy commitment to fully integrate supports for learning and teaching with efforts to improve instruction and school governance

- Expanding accountability systems both to improve data-based decision-making and to reflect a comprehensive picture of student and school performance that incorporates efforts to address barriers to learning and teaching.

Recommendation: **Establish a Unifying *Intervention Framework* for Student & Learning Supports**

In practice, the third component involves not only addressing interfering factors but re-engaging disconnected students. As operationalized in research and as adapted by pioneering states, districts, and schools, the intervention framework for the component combines both an integrated and systemic continuum of school and community interventions and a multifaceted and cohesive set of content arenas.

This framework embeds consideration of the many specific problems to which advocates want schools to attend. In doing so, it continues to provide for individual supports while stressing how schools can do more to meet the needs of all students.

Because behavior problems are so disruptive, the tendency is to focus a great deal of teacher and support staff time and attention on stopping misbehavior. From a learning supports perspective, misbehavior is addressed in ways that maximize the likelihood that the teacher can engage/re-engage the student in instruction and positive learning. From a motivational perspective, the goal is not social control per se, but to (a) prevent and overcome negative attitudes toward school and learning, (b) enhance motivational readiness for learning and overcoming problems, (c) maintain intrinsic motivation throughout learning and problem solving, and (d) nurture the type of continuing motivation that results in students engaging in activities away from school that foster maintenance, generalization, and expansion of learning and problem solving.

Individual Supports

The objective is to provide supports as personalized special assistance in the classroom. Such assistance combines with personalized instruction as a second step in a sequential approach to addressing learning, behavior, and emotional problems. Such assistance is an essential aspect of revamping classroom systems to address the needs of *all* learners. *Most teachers and many parents have little difficulty identifying students who need special assistance. More difficult is determining what type of assistance to provide and how to provide it.*

Classroom-based special assistance and other forms of individual student and family assistance often only require extending general problem solving strategies. Sometimes, however, more specialized interventions are needed, including in-school assistance outside the classroom and/or referrals to community mental and physical health and social services.

School-Wide Supports

Beyond the classroom, student and learning supports expand school-wide to encompass five other arenas that fit along a continuum of interventions. The continuum is designed to

- promote positive development and prevent problems
- intervene as early after the onset of problems as is feasible
- provide special assistance for severe and chronic problems.

As operationalized, this continuum expands the prevailing three tier model to emphasize each level as an interconnected system that weaves together school and community resources.

The five additional school-wide arenas for addressing barriers to learning and teaching at a school are:

- *Supporting transitions* (e.g., assisting students and families as they negotiate hurdles to enrollment, adjust to school, grade, and program changes, make daily transitions before, during, and after school, access and effectively use supports and extended learning opportunities, and so forth)

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- *Increasing home involvement and engagement* (e.g., increasing and strengthening the home and its connections with school)

- *Responding to, and where feasible, preventing school and personal crises and traumatic events* (including creating a caring and safe learning environment and countering the impact of out-of-school traumatic events)

- *Increasing community involvement, engagement, and support* (e.g., outreach to develop a greater community support from a wide range of entities. This includes agency collaborations and use of volunteers to extend learning opportunities and help students-in-need.)

- *Facilitating student and family access to effective services and special assistance* (on campus and in the community as needed).

Combining the continuum with the six arenas provides a matrix illustrating a unified, "big picture" intervention framework for student and learning supports (see Exhibit 2). The matrix guides rethinking and restructuring of daily work to enable learning at a school. It is especially useful as an aid in mapping and analyzing resources, identifying gaps and redundancies, enhancing coordination and integration of resources, and developing a unified, comprehensive, systemic, and equitable approach. Effectively implementing the framework facilitates adherence to the principle of using the least restrictive and nonintrusive forms of intervention required to appropriately respond to problems and accommodate diversity.

The following indicators can be used to help inform the success of implementation and for purposes of system accountability:

1. A continuously developing unified and comprehensive system of learning supports is fully integrated into school improvement efforts for all students regardless of educational designation.
2. Enhanced collaboration of teaching and student support professionals and between school and community resources.
3. Increased attendance
4. Reduced tardies
5. Reduced misbehavior
6. Less bullying and sexual harassment
7. Increased family involvement with child and schooling
8. Fewer inappropriate referrals for specialized assistance
9. Fewer inappropriate referrals for special education
10. Fewer pregnancies
11. Fewer suspensions and dropouts
12. Improved student academic performance

Exhibit 2. Combined Continuum and Content Arenas:
Framework for a Unified and Comprehensive System of Learning Supports*

Levels of Intervention

	Systems for Promoting Healthy Development & Preventing Problems	Systems for Early Intervention (Early after problem onset)	Systems of Care
Classroom-Focused Enabling			
Crisis/ Emergency Assistance & Prevention			
Support for transitions			
Home Involvement in Schooling			
Community Outreach/ Volunteers			
Student and Family Assistance			

Intervention Content Arenas

Accommodations for differences & disabilities

Specialized assistance & other intensified interventions (e.g., Special Education & School-Based Behavioral Health)

*Note: Various venues, concepts, and initiatives will fit into several cells of the matrix. Examples include venues such as day care centers, preschools, family centers, and school-based health centers, concepts such as social and emotional learning and development, and initiatives such as positive behavior support, response to interventions, and the coordinated school health program. Most of the work of the considerable variety of personnel who provide student supports also fits into one or more cells.

Recommendation: **Ensure Leadership and Operational Infrastructure
for the Third Component**

In moving toward a *Unified and Comprehensive System of Learning Supports*, schools must establish an administrative leader who is accountable for system development and sustainability. To make the job feasible, the leader will need to create a *resource*-oriented team (e.g., a *Learning Supports Leadership Team)*. Schools have *case*-oriented teams (i.e., a team that focuses on individual students who are having problems), but they rarely have a *resource*-oriented team focused on building a system of learning supports.

While maintaining case-oriented teams, policy needs to guide operational infrastructure expansion to include a designated administrative leader for learning supports at school and district levels and the creation of a Learning Supports Leadership Team at each site, a Learning Supports Leadership Council for a family of schools (e.g., feeder schools), and a district-level Learning Supports team for purposes of training, oversight, and continuity across the system. These elements are anchoring points for ensuring system development with equitable distribution of learning supports for students as well as critical points of contact for involving community resources to fill major gaps. They also provide mechanisms through which schools, the district, and community organizations can disseminate information about learning supports, as well as obtain updated information about the support needs of students and staff. The intent is to improve schools, so the infrastructure should be designed from the school outward (see Exhibit 3).

(1) *Administrative Leaders at Each Level*: At each school and at the district level, a designated administrative leader must be assigned to ensure planning, development, implementation, evaluation, and sustainability of the a unified and comprehensive system of learning supports. At the school level, this leader is responsible for the creation and capacity building of the Learning Supports Leadership Team and work groups and works with the district to facilitate development of a family of schools council. The various responsibilities and accountabilities must be delineated in a formal job description. This individual may be an assistant principal, dean, or other leader. It is essential that the appointment be at a high enough level to ensure this leader is an active participant at key planning and decision-making tables.
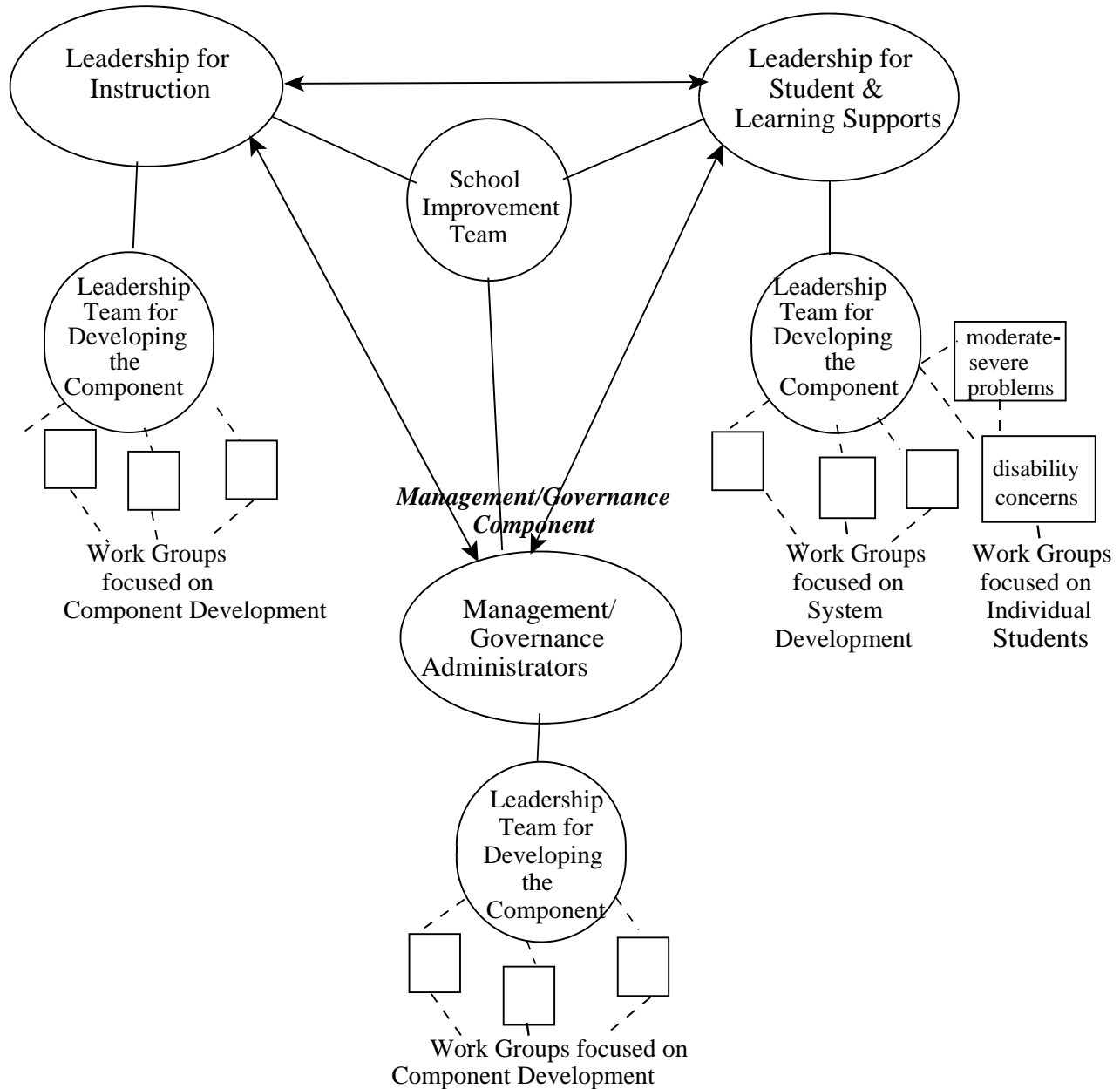
(2) *School Learning Supports Leadership Teams and Family of Schools Councils*. The leadership teams and councils serve as mechanisms for ensuring that a Unified and Comprehensive System of Learning Supports is developed and function effectively and efficiently at each school. Team and council members typically consist of administrator leader for the leatning supports at the school, student and learning support staff, representatives of the special education staff, one or more representatives of general education, and representatives of community stakeholders and resources. If a separate team is not reasonable, existing teams, such as student or stucent study or success teams, school crisis teams, or school improvement teams could expand their role to fulfill the resource-oriented functions listed below.

A Learning Supports Leadership Council for a family of schools (e.g., a feeder pattern) consists of representatives from school teams and are convened by a member of the District Learning Supports team once a month to assess learning support needs at school sites, provide technical assistance and training, monitor system outcomes, identify needed improvements, coordinate resources, and ensure the work achieves economies of scale. Additional Council participants may include principals and representatives from community agencies providing school-based or school-linked services.

Exhibit 3. Example of an Integrated Infrastructure at the School Level*

Facilitating Learning/Development
Instructional Component

Addressing Barriers to Learning
Learning Supports Component

Leadership for
Instruction

Leadership for
Student &
Learning Supports

School
Improvement
Team

Leadership
Team for
Developing
the
Component

Leadership
Team for
Developing
the
Component

moderate-severe
problems

disability
concerns

Work Groups
focused on
Component Development

Management/Governance Component

Work Groups
focused on
System
Development

Work Groups
focused on
Individual
Students

Management/
Governance
Administrators

Leadership
Team for
Developing
the
Component

Work Groups focused on
Component Development

*The infrastructure for a comprehensive system of learning supports should be designed from the school outward. That is, conceptually, the first emphasis is on what an integrated infrastructure should look like at the school level. Then, the focus expands to include the mechanisms needed to connect a family or complex (e.g., feeder pattern) of schools and establish collaborations with surrounding community resources. Ultimately, central district units need to be restructured in ways that best support the work at the school and school complex levels.

Teams and councils meet regularly. Based on their analyses and with a commitment to prevention, the focus is, first and foremost, on systemic changes in order to address as many factors as feasible that are causing problems. With a view to developing a comprehensive, multifaceted, and integrated system, they pursue strategies for weaving together the siloed activity at the school and braiding in whatever resources the community can bring to fill critical gaps.

Their functions include:
1. Aggregating data across students and from teachers to analyze school needs
2. Mapping resources at school and in the community
3. Analyzing resources
4. Identifying the most pressing program development needs at the school
5. Coordinating and integrating school resources & connecting withcommunity resources
6. Establishing priorities for strengthening programs and developing new ones
7. Planning and facilitating ways to strengthen and develop new programs and systems
8. Recommending how resources should be deployed and redeployed
9. Developing strategies to enhance resources and improve procedures (e.g., effective use of Response to Intervention, appropriate use of referral systems and follow-up)
10. Social marketing

In terms of the continuum of interventions, a Learning Supports Leadership Team works to ensure that the school's improvement plan:
- Develops broad-band practices (often designated universal approaches) to ensure welcoming and ongoing social supports, promote healthy development, and prevent problems
- Enhances personalized instruction to accommodate minor adjustment problems (e.g., providing a few more options to enable effective functioning and make participation more attractive)
- Provides personalized special assistance as necessary at school and through community referrals (e.g., identifying as early as feasible those not making a good adjustment and those who remain uninvolved due to major barriers, an intense lack of interest or negative attitudes, and/or lack of capability).

(3) *District Learning Supports Team*. Ultimately, central district units need to be restructured in ways that best support the work at the school and school complex levels. This team takes responsibility for enhancing use of all district resources available for addressing barriers to student learning and promoting healthy development. This includes analyzing how existing resources are deployed and clarifying how they can be used to build a comprehensive, multifaceted, and cohesive approach at school sites. It also integrally involves all relevant community stakeholders with a view to integrating human and financial resources from public and private sectors to ensure that all students have an equal opportunity to succeed at school.

Ultimately, a District Learning Supports Team performs essential functions related to the implementation and ongoing development of a comprehensive, multifaceted, and cohesive approach for addressing barriers to student learning and promoting well-being of students and staff. The team recommends priorities for system development.

Recommendation: **Job Descriptions**

Clearly, the above policy changes have major implications for the roles and responsibilities of district and school personnel. Administrative leaders for learning supports must ensure that the vision for a unified and comprehensive system of learning supports is achieved. While pupil service personnel will continue to be needed to provide a moderate degree of targeted direct assistance and support, their roles as facilitators of systemic reform will expand to about 50% of their time.

Examples of what the personnel preparation needs to ensure is that the administrator and pupil personnel staff have the competence to establish and maintain the operational mechanisms and processes necessary to develop and ensure sustainability of a comprehensive system of learning supports at a school. This includes
  * fully integrating the system into school improvement efforts
  * guiding systemic changes for enhancing interventions and related systems within the school and doing so in ways that ensure coordination and integration of programs/services/systems
  * developing, over time, programs/services/systems into a comprehensive, multifaceted, and cohesive system of learning supports
  * guiding the enhancement of school-community linkages and partnerships to fill major gaps and ensure school-community resources are woven effectively into the learning supports component
  * continuous capacity building (including stakeholder development)

Recommendation: **Staff Development to Enhance Capacity**

Implementing a Unified and Comprehensive System of Learning Supports requires significant changes to school culture and teaching practices. Schools need support in their efforts to embody a more inclusive and prevention/early intervention oriented approach to addressing student learning needs. Initial work needs to focus on system development for each school, assessing student and school needs and resources, and then reorganizing resources as necessary. Districts will need to develop inservice modules to support essential staff development. A critical staff development need that is emerging involves helping schools to effectively utilize research-based programs and practices that have the proven ability to meet specific learning support needs.

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Related references and resources are available from the Center for Mental Health in Schools at UCLA upon request.